

## **SECTION 999.5(d)(1)**

### **DESCRIPTION OF TRANSACTION**

#### **(d)(1)(A)**

**(A) The following is a full description of the proposed transaction:**

#### ***Sale of Windsor***

The proposed transaction involves the sale of a continuing care retirement community known as "Windsor" ("Windsor" or the "Community"), located on an approximately 2.8-acre site at 1230 E. Windsor Road, Glendale, California. Originally the two-story home of the mayor of Glendale, Windsor, then known as Windsor Manor, opened in 1937. Later, physical additions were made permitting a total population of 40. The original building was razed in 1965 and a new structure was built with a total of 78 living units, with more construction in 1973. Currently, Windsor has a total of 141 apartments, including 74 residential living apartments, 39 assisted living apartments, and a 28-bed health center. It offers continuing care contracts, regulated by the California Department of Social Services pursuant to Health & Safety Code sections 1770 et seq.

#### ***Seller: HumanGood SoCal***

The current owner of Windsor is HumanGood SoCal, a California non-profit public benefit corporation, and the proposed purchaser is Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (referred to herein as "Ararat," "Ararat Home," and "Ararat Home of Los Angeles"). A Purchase and Sale Agreement was entered into between the parties on May 17, 2022. The purchase price is \$14,500,000.

HumanGood SoCal, formerly known as Southern California Presbyterian Homes, was founded in 1955, when the leaders of three Southern California presbyteries of the Presbyterian Church recognized the need for communities that would support older adults in their aging journeys. From 2011 to February 2017, Southern California Presbyterian Homes and its affiliates were branded as "be.group."

HumanGood SoCal is a subsidiary of HumanGood, a California nonprofit public benefit corporation. HumanGood SoCal adopted HumanGood as its sole corporate member in May 2016 with the approval of the California Attorney General as part of an affiliation between Southern California Presbyterian Homes dba be.group and American Baptist Homes of the West.

#### ***Purchaser: Ararat Home of Los Angeles***

Ararat Home of Los Angeles is a non-profit, non-denominational organization that operates three residential care and nursing facilities on two campuses and serves as a cultural center for the Armenian community in the Los Angeles area. Ararat was founded in 1949 by a group of Armenian-Americans who recognized the need for a facility to care for elderly Armenians in Los Angeles. Ararat is an experienced senior living operator with an excellent RCFE and SNF licensing compliance record. As a nonprofit with strong ties to the predominantly Armenian



Community, Ararat Home of Los Angeles is an ideal choice for a Buyer with plans to integrate the facility further into the community.

### ***Proposed Transaction***

As more fully discussed elsewhere in this application, HumanGood SoCal decided to sell Windsor due to the sustained operational challenges and significant and growing financial losses the Community has experienced over the last five years. After soliciting valuations from multiple parties and entertaining a lower verbal offer from another organization, HumanGood SoCal and Ararat entered into a non-binding Letter of Intent as of March 24, 2022 with an initial agreed-upon purchase price of \$14,800,000. Following initial diligence and negotiations, the parties entered into a Purchase and Sale Agreement on May 17, 2022 (as amended on July 29, 2022, the "PSA") for a purchase price of \$14,500,000. The reduction in purchase price was to account for the initial understanding by Ararat that the original purchase price of \$14,800,000 included the transfer of accounts receivable. Both parties agreed on a \$300,000 price reduction in order to cause all receivables accrued prior to closing to remain the assets of HumanGood SoCal.

The 45-day due diligence period established by the PSA ended on July 13, 2022. At that time, Ararat lifted all contingencies and the parties issued formal notices to residents, employees, applicable regulatory agencies and the public of their intent to complete the transaction following receipt of necessary governmental approvals. These notices are attached to this Application under Section 999.5(d)(10). Shortly after making such announcements, on July 15, 2022, Ararat submitted applications for licensure to the Continuing Care Contracts Branch of California's Department of Social Services (DSS/CCCB), the Community Care Licensing CCLD Division of DSS (DSS/CCLD), the California Department of Public Health ("CDPH"), and the Center for Medicare and Medicaid Services ("CMS"), and HumanGood submitted this application for approval by the California Attorney General. The transaction is expected to close, and title to Windsor is expected to transfer to Ararat, after approval by the California Attorney General and upon receipt by Ararat of a Certificate of Authority from DSS/CCCB and a Residential Care Facility for the Elderly ("RCFE") license from DSS/CCLD. On the date of such approvals (the "Closing Date"), Ararat will become the new licensed operator of the Community's independent living and assisted living residences (the "RCFE Premises"), and Ararat will assume resident contracts and various operating contracts pursuant to an Assignment and Assumption Agreement.

As permitted by CMS and CDPH, the Closing Date will occur before Ararat has received its skilled nursing facility license from CDPH and Medicare and Medi-Cal certification from CMS and other applicable state and federal governmental authorities. To assure that a licensed party at all times controls the physical premises of the Community's skilled nursing facility (the "SNF Premises") while CDPH processes Ararat's skilled nursing facility license application, the parties will enter into an Interim Lease effective as of the Closing Date. Under the Interim Lease, Ararat will agree to sublease its interest in the SNF Premises back to HumanGood SoCal, subject to the agreement of HumanGood SoCal to engage Ararat to manage the SNF Premises on an interim basis on behalf of HumanGood SoCal pursuant to an Interim Management Agreement effective on the Closing date. The Interim Lease and Interim Management Agreement will be in effect from the Closing Date until the date that CDPH issues Transferee a new skilled nursing facility license for the SNF Premises (such period, the "Management Period"). In order to facilitate a transition of operational and financial responsibility from HumanGood SoCal to Ararat during the Management Period in a manner which will ensure the continued operation of the SNF Premises in compliance with applicable law and in a manner which does not jeopardize the health and welfare of the

residents of the SNF Premises, the parties will also enter into an Operations Transfer Agreement on the Closing Date. Forms of the Interim Lease, Interim Management Agreement and Operations Transfer Agreement are provided in the subsection of this Application responsive to H&S Code Section 999.5(d)(1)(B).

**SECTION 999.5(d)(1)(B)**

- (B) A complete copy of all proposed written agreements or contracts to be entered into by the applicant and the transferee that relate to or effectuate any part of the proposed transaction.**

The following agreements have been or will be executed to effect the proposed sale and, along with drafts of such agreements, are attached to this Section:

1. First Amendment to Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles dated July 29, 2022.
2. FINAL Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles dated May 17, 2022.
3. DRAFT of Windsor Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles - Redline dated May 13, 2022.
4. DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline dated May 11, 2022.
5. DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline dated May 5, 2022.
6. DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline dated April 25, 2022.
7. Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline from Ararat Home of Los Angeles dated April 6, 2022.
8. FIRST DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles dated March 29, 2022.
9. Revised Letter of Intent from Ararat Home of Los Angeles dated March 28, 2022.
10. Letter of Intent from Ararat Home of Los Angeles - Redline and Comments by HumanGood SoCal dated March 28, 2022.
11. Letter of Intent from Ararat Home of Los Angeles – Redline and Comments by HumanGood SoCal dated March 25, 2022.
12. Letter of Intent from Ararat Home of Los Angeles – Redline dated March 8, 2022.
13. Letter of Intent from Ararat Home of Los Angeles – Redline dated February 24, 2022.
14. Operations Transfer Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline from Ararat Home of Los Angeles dated June 13, 2022.
15. Operations Transfer Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline from HumanGood SoCal dated June 10, 2022.

16. DRAFT of Interim Lease Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles, to be entered into upon the closing date of the sale July 8, 2022.
17. Interim Management Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles, to be entered into upon the closing date of the sale dated July 8, 2022.

**1) First Amendment to Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles dated July 29, 2022.**

**FIRST AMENDMENT TO PURCHASE AND SALE AGREEMENT**  
**(Windsor Manor)**

**THIS FIRST AMENDMENT TO PURCHASE AND SALE AGREEMENT** (this "**Amendment**") is made and entered into as of this 29th day of July, 2022, by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("**Seller**") and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation, or its assigns ("**Purchaser**").

**RECITALS:**

A. **WHEREAS**, Seller and Purchaser entered into that certain Purchase and Sale Agreement dated May 17, 2022 (the "**Agreement**"), pursuant to which Purchaser agreed to acquire and Seller agreed to sell the Real Property, the Facility, and the Business operations conducted therein, subject to the terms and conditions set forth in the Agreement; and

B. **WHEREAS**, Seller and Purchaser now desire to amend the Agreement to, among other things, confirm that Purchaser has waived all contingencies to Closing, provide a date for the approval of public announcements, provide Purchaser with additional time to submit its licensing applications, and confirm mutually agreed upon form documents ancillary to the Agreement, all upon the terms and conditions contained herein.

**NOW, THEREFORE**, in consideration of the terms, conditions and covenants contained in the Agreement and in this Amendment, and of other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Seller and Purchaser agree as follows:

1. **Recitals Incorporated; Certain Defined Terms.** The foregoing recitals are true and correct. Unless otherwise defined herein, capitalized terms used herein shall have the meanings ascribed to such terms in the Agreement.

2. **Purchaser's Waiver of Contingencies to Closing.** Purchaser hereby acknowledges that the Due Diligence Period has expired, that Purchaser is satisfied with its Due Diligence Review and that Purchaser has elected to proceed to Closing.

3. **Public Announcement Date.** Seller and Purchaser hereby agree that either party may make a public announcement or disclosure concerning the execution of the Agreement or the transactions contemplated thereby on or after July 15, 2022.

4. **Licensing Applications.** The parties agree that Purchaser shall have additional time to submit its licensing applications as required under Section 10 of the Agreement, which applications include the CHOW, the application for a new Certificate of Authority and the SNF Application. The parties agree that Purchaser shall submit each of these applications by August 1, 2022.

5. **Forms of Leaseback Documents and OTA.** Pursuant to Section 10.2 of the Agreement, Seller and Purchaser have approved the attached forms of the following documents: Interim Lease (attached hereto as Exhibit A); Interim Management Agreement (attached hereto as Exhibit B); and OTA (attached hereto as Exhibit C).

6. **Identification of Due Diligence Materials.** Attached hereto as Exhibit D is a list of the Due Diligence Materials provided by Seller to Purchaser in accordance with Section 4.1.1 of the Agreement.

7. **Representation.** Purchaser hereby represents that it has no intention of reducing the capacity of nursing home beds at the Facility and intends to continue providing services to Medicare and Medicaid (Medi-Cal) residents after the Closing.

8. **Effect of Amendment.** Except as amended and/or modified by this Amendment, the Agreement is hereby ratified and confirmed and all other terms of the Agreement shall remain in full force and effect, unaltered and unchanged by this Amendment. In the event of any conflict between the provisions of this Amendment and the provisions of the Agreement, the provisions of this Amendment shall prevail. Whether or not specifically amended by the provisions of this Amendment, all of the terms and provisions of the Agreement are hereby amended to the extent necessary to give effect to the purpose and intent of this Amendment.

9. **Governing Law.** This Amendment shall be governed by, construed and enforced in accordance with the laws of the State of California.

10. **Counterparts.** This Amendment may be executed in any number of counterparts, each of which shall be deemed an original, but all of which when taken together will constitute one and the same instrument. The signature page of any counterpart may be detached therefrom without impairing the legal effect of the signature(s) thereon provided such signature page is attached to any other counterpart identical thereto except having additional signature pages executed by other parties to this Amendment attached thereto. This Amendment may also be executed by facsimile or PDF signatures, and each copy of this Amendment bearing the facsimile or PDF signature of any party's authorized representative shall be deemed to be an original. The parties hereto agree to exchange original signatures as soon as practical thereafter.

**[SIGNATURES APPEAR ON THE FOLLOWING PAGES]**

**IN WITNESS WHEREOF**, the parties have executed this Amendment as of the day, month and year first written above.

**SELLER:**

**HUMANGOOD SOCAL,**  
a California non-profit public benefit corporation

By:  \_\_\_\_\_

Name: Dan Ogus

Title: Chief Operating Officer

**PURCHASER:**

**ARARAT HOME OF LOS ANGELES, INC.,**  
a California non-profit public benefit corporation

By:  \_\_\_\_\_

Name: Sinan Sinanian

Title: Board Chair



**EXHIBIT A**

**FORM OF INTERIM LEASE**

[Attached]

## INTERIM LEASE AGREEMENT

**THIS INTERIM LEASE AGREEMENT** (this "Interim Lease") is made and entered into as of this \_\_\_\_ day of \_\_\_\_\_, 2022 (the "Effective Date") by and between Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation ("Landlord"), and HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("Licensee").

### RECITALS

A. Licensee, as "Seller," and Landlord, as "Buyer", are parties to that certain Purchase and Sale Agreement dated May 17, 2022 (the "Purchase Agreement"), pursuant to which Licensee is, on the Effective Date, transferring and assigning, and Landlord is acquiring, substantially all of the assets of Licensee relating to that certain continuing care retirement community commonly referred to "Windsor" and "Windsor Manor" and located at 1230 E. Windsor Road, Glendale, California (the skilled nursing portion of the Facility, together with all of Landlord's right, title and interest in and to the assets being transferred or assigned to Landlord pursuant to the Purchase Agreement, the "Facility"), all as more particularly set forth in the Purchase Agreement.

B. Licensee currently holds skilled nursing facility license (the "SNF License") for the operation of the Facility.

C. As of the Effective Date, Landlord has applied for a new skilled nursing facility license (the "New License") from the California Department of Public Health ("DPH") for the continued operation of the Facility as a Skilled Nursing Facility by Landlord.

D. Pending the issuance of the New License to Landlord, Landlord desires to lease the Facility to Licensee and Licensee desires to lease the Facility from Landlord for the purposes of assuring that a licensed party at all times controls the physical premises of the Facility and providing for the continued operation of the Facility by Licensee under the SNF License.

E. Concurrently with this Interim Lease, Licensee and Landlord are entering into that certain Interim Management Agreement of even date with the Effective Date (the "Interim Management Agreement") and together with this Interim Lease, the "Interim Agreements"), pursuant to which Licensee is engaging Landlord to manage the Facility, all as more particularly set forth in the Interim Management Agreement.

F. The parties are interested in documenting the terms and conditions under which the Lease of the Facility shall occur.

G. Commensurate with DPH policy and within applicable time frames, Landlord will notify DPH of a change in licensure application and will submit to DPH all documentation required in connection therewith.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants herein contained, IT IS AGREED AS FOLLOWS:

## **AGREEMENT**

### **1. LEASE OF THE FACILITY**

Landlord does hereby lease to Licensee, and Licensee does hereby lease from Landlord, the Facility. Licensee hereby agrees to act as “tenant” of the Facility during the term hereof for the limited purpose of allowing Licensee to continue operating the Facility under the SNF License pending issuance of the New License in the name of Landlord, provided, however, that Licensee shall not have any liability for any claim in connection with this Interim Lease except to the extent resulting from the negligence or willful misconduct of Licensee. Without limiting the foregoing, Landlord shall be solely responsible for acquiring, maintaining and paying for any liability or other insurance for the Facility and shall be solely responsible for any losses relating to the Facility which are not covered by such insurance. In connection with the foregoing, Landlord agrees that during the Lease Term (as defined below) and for a period of three (3) years after the Lease Term, Licensee shall be named as additional insured on all policies of liability insurance for the Facility maintained by Landlord which policies of insurance shall be approved by Licensee. Prior to the Effective Date, Landlord shall provide to Licensee certificates of insurance evidencing such coverage.

### **2. TERM OF LEASE; DILIGENCE IN OBTAINING REQUIRED APPROVALS**

The term of this Interim Lease (the “Lease Term”) shall commence on the Effective Date and shall terminate automatically without the need for further action or the execution of any further documents by any of the parties hereto, upon the date on which the New License is issued to Landlord. Landlord hereby covenants and agrees to proceed with commercially reasonable diligence to secure the New License and to inform Licensee in writing promptly upon issuance of the New License. In the event the Lease Term extends beyond the date that is twelve (12) months after the Effective Date, Landlord shall pay to Licensee a sum equal to Five Thousand Dollars (\$5,000) per month, commencing on \_\_\_\_\_, and on the first day of each month thereafter for the duration of the Lease Term, as compensation for its services provided under this Interim Lease; PROVIDED, HOWEVER, that if Tenant has proceeded with commercially reasonable diligence to secure the New License and the New License is delayed for reasons beyond Landlord’s reasonable control, such fee shall not be charged until the date that is fifteen (15) months after the Effective Date.

### **3. RENT**

3.1. Landlord shall be entitled to any net cash flow from the operation of the Facility. Further, Landlord shall be responsible for all costs and expenses related to the operation of the Facility during the term of this Interim Lease.

3.2. Without limiting the foregoing, Landlord shall be solely responsible for the condition of the Facility, including without limitation, all repairs (whether or not structural), and Landlord shall bear the risk of any condemnation or eminent domain proceeding and shall bear the entire risk of any fire or other casualty or damage to or destruction of any or all of the Facility.

3.3 Notwithstanding any provisions of this Interim Lease to the contrary, the obligations of Licensee and Landlord arising under this Section 3 for the period prior to the termination of this Interim Lease shall survive any termination of this Interim Lease.

#### **4. ASSIGNMENT**

The rights and obligations of a party under this Interim Lease may not be assigned or further sublet, or otherwise transferred in whole or in part without the prior written consent of the other party, provided, that Landlord may collaterally assign its rights under this Interim Lease to any lender providing financing for the Facility.

#### **5. SKILLED NURSING FACILITY REGULATIONS**

5.1. During the Lease Term, Licensee shall use commercially reasonable efforts to maintain, for the benefit of Landlord, the SNF License and any other necessary licenses, permits, consents, approvals and certifications from all governmental authorities that have jurisdiction over the ownership and operation of the Facility (other than any material permits or licenses required to be held by any of the commercial tenants under the commercial leases in connection with their respective operations at the Facility), such that the Facility will comply with all applicable and relevant regulations related to skilled nursing facilities in effect from time to time (provided, however, that Licensee shall be excused from taking any action for which Landlord has not provided sufficient sums in accordance with its obligations hereunder).

5.2 Licensee shall not take any action which it knows or has reason to believe will cause, nor will it unreasonably refuse to take any action that Landlord requests in writing that Licensee take at no cost to Licensee (provided, however, that Licensee shall be excused from taking any action for which Landlord has not provided sufficient sums) which it knows or has reason to believe will prevent, any governmental authority having jurisdiction over the ownership and operation of the Facility to institute any proceeding for the suspension, recession or revocation of any necessary license, permit, consent, approval or certification.

#### **6. NOTICE PROVISIONS**

All notices, demands and communications permitted or required to be given hereunder shall be in writing, and shall be delivered (i) personally, (ii) by United States registered or certified mail, postage prepaid, (iii) by Federal Express or other reputable courier service regularly providing evidence of delivery (with charges paid by the party sending the notice), or (iv) by facsimile or a PDF or similar attachment to an email. Any such notice to a party shall be addressed at the address set forth below (subject to the right of a party to designate a different address for itself by notice similarly given):

To Licensee: HumanGood SoCal  
1900 Huntington Drive  
Duarte, California 91010  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

With a copy to: Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

To Landlord: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

With a copy to: Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: gphillipsjr@phillipslawpartners.com

Service of any such notice or other communications so made shall be deemed effective on the day of actual delivery (whether accepted or refused), as evidenced by printed confirmation if by facsimile (provided that if any notice or other communication to be delivered by facsimile or email attachment as provided above cannot be transmitted because of a problem affecting the receiving party's computer, the deadline for receiving such notice or other communication shall be extended through the next business day), as shown by the addressee's return receipt if by certified mail, and as confirmed by the courier service if by courier; provided, however, that if such actual delivery occurs after 5:00 p.m. local time where received or on a non-business day, then such notice or communication so made shall be deemed effective on the first business day after the day of actual delivery. The attorneys for any party hereto shall be entitled to provide any notice that a party desires to provide or is required to provide hereunder.

## **7. INDEMNITY**

7.1. Landlord shall indemnify, defend and save Licensee and its members and their respective affiliates, partners, members, managers, successors, assigns, heirs, legal representatives, devisees, officers, directors, shareholders, employees, and agents (each, a "Related Person") harmless from and against all actions, causes of action, claims, demands, liabilities, losses, damages, expenses (including without limitation court costs and attorneys' fees and other costs of enforcing this Interim Lease), judgments and amounts asserted against or incurred by them or paid in settlement (collectively, "Liabilities") in connection with (a) the Facility (to the extent such matters arise, and relate to events occurring, from and after the

Effective Date) or (b) any other obligations hereunder, except to the extent arising from Licensee's negligence, intentional fraud or willful misconduct.

7.2 Licensee shall indemnify, defend and hold Landlord and its members and Related Person harmless from any loss, liability or cost (including reasonable attorneys' fees) that Landlord may sustain, incur, or assume as a result of Licensee's breach of its obligations hereunder, except to the extent arising from Landlord's negligence, intentional fraud or willful misconduct.

7.3. Notwithstanding any provisions of this Interim Lease to the contrary, the indemnification obligations set forth herein shall survive the termination of this Interim Lease. Landlord and Licensee, respectively, shall have the right to defend with reputable counsel reasonably satisfactory to the other, and if the obligated party fails to defend any claim, the other may do so at the reasonable cost and expense of, and upon notice to, the other. Any settlement shall be subject to Landlord or Licensee's prior written approval, as the case may be.

7.4 Notwithstanding the above or anything to the contrary contained herein, in the event Landlord takes any action which would cause, or otherwise permit, any suspension or revocation of any licenses, certifications or permits, including the SNF License, held by Licensee, Landlord hereby agrees to indemnify and hold Licensee free and harmless from any loss, liability, or cost (including reasonable attorneys' fees) that Licensee may sustain, incur, or assume as a result thereof.

## **8. OTHER GENERAL PROVISIONS**

8.1. Each of the parties hereto agrees to execute and deliver any and all further agreements, documents or instruments necessary to effectuate this Interim Lease or reasonably requested by the other party to perfect or evidence their rights hereunder, provided that no additional cost, obligation or liability is imposed.

8.2. This Interim Lease may not be modified or amended except in writing signed by the parties hereto. No waiver of any term, provision or condition of this Interim Lease in any one or more instances, shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Interim Lease. No failure to act shall be construed as a waiver of any term, provision, condition or right granted hereunder. In the event one or more non-material terms of this Interim Lease is invalid, illegal or unenforceable under applicable law, the balance of this Interim Lease shall be deemed valid, legal and enforceable.

8.3. Nothing contained herein shall be construed as forming a joint venture or partnership between the parties hereto with respect to the subject matter hereof.

8.4. The section headings contained herein are for convenience only and shall not be considered or referred to in resolving questions of interpretation.

8.5. This Interim Lease may be executed in one or more counterparts and all such counterparts taken together shall constitute a single original instrument.

8.6. This Interim Lease shall be governed in accordance with the laws of the State of California.

8.7 If either Landlord or Licensee brings any suit or other proceeding, including an arbitration proceeding, with respect to the subject matter or the enforcement of this Interim Lease, the prevailing party (as determined by the court, agency, arbitrator or other authority before which such suit or proceeding is commenced), in addition to such other relief as may be awarded, shall be entitled to recover reasonable attorneys' fees, expenses and costs of investigation actually incurred. The foregoing includes attorneys' fees, expenses and costs of investigation (including those incurred in appellate proceedings), costs incurred in establishing the right to indemnification, or in any action or participation in, or in connection with, any case or proceeding under Chapter 7, 11 or 13 of the Bankruptcy Code (11 United States Code Sections 101 et seq.), or any successor statutes. The provisions of this Section 8.7 shall survive any termination of this Interim Lease.

8.8 All of the provisions of this Interim Lease shall bind and inure to the benefit of the parties and, subject to the provisions of this Section 8.8, shall inure to the benefit of any lender to whom this Interim Lease has been or will be collaterally assigned by Landlord ("**Lender**"), and any successors and/or assigns of Lender (each, a "**Collateral Assignee Party**"), and upon any such Collateral Assignee Party's (i) succeeding to the interest of Landlord under this Interim Lease in any manner, including but not limited to foreclosure, deed in lieu of foreclosure or similar conveyance, or (ii) obtaining the appointment of a receiver for the benefit of such Collateral Assignee Party, Licensee acknowledges and agrees that (A) this Interim Lease and the obligations of Licensee hereunder shall, at the Collateral Assignee Party's option, remain in full force and effect for the benefit of the Collateral Assignee Party as if such Collateral Assignee Party were the original Landlord's capacity hereunder, and (B) any liability of any such Collateral Assignee Party under the Interim Lease shall be limited to its interest in the Facility.

**IN WITNESS WHEREOF**, the parties hereby execute this Interim Lease as of the Effective Date set forth above.

**LANDLORD:**

Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**LICENSEE:**

HumanGood SoCal, a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_



**EXHIBIT B**

**FORM OF INTERIM MANAGEMENT AGREEMENT**

[Attached]

## **INTERIM MANAGEMENT AGREEMENT**

THIS INTERIM MANAGEMENT AGREEMENT (the "Agreement") is made and entered into as of \_\_\_\_\_, 2022 (the "Effective Date"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("Licensee"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (the "Manager").

### **RECITAL**

**WHEREAS**, Licensee, as "Seller," and Manager, as "Buyer", are parties to that certain Purchase and Sale Agreement dated May 17, 2022, as amended to date (the "Purchase Agreement"), pursuant to which Licensee is, on the Effective Date, transferring and assigning, and Manager is acquiring, substantially all of the assets of Licensee relating to that certain continuing care retirement community commonly referred to "Windsor Manor" and located at 1230 E. Windsor Road, Glendale, California (the skilled nursing portion of such Facility, together with all of Buyer's right, title and interest in and to the assets being transferred or assigned to Buyer pursuant to the Purchase Agreement, the "Facility"), all as more particularly set forth in the Purchase Agreement;

**WHEREAS**, Licensee is currently licensed under applicable law and regulations to operate the Facility as a Skilled Nursing Facility ("SNF License");

**WHEREAS**, Manager has applied to the California Department of Public Health for a Skilled Nursing Facility License, under which it shall be the named licensee with respect to the Facility;

**WHEREAS**, To assure that a licensed party at all times controls the physical premises of the Facility, Manager and Licensee have entered into an Interim Lease Agreement dated of even date herewith ("Lease"), whereby Manager leases the Facility to Licensee;

**WHEREAS**, Licensee and Manager are entering into this Agreement, pursuant to which Licensee shall engage Manager to manage the Facility for and on behalf of Licensee from and after the Effective Date, subject to the Lease and this Agreement; and

**WHEREAS**, until Manager has obtained a Skilled Nursing Facility License from the California Department of Public Health, Licensee is willing to fulfill the role of licensee of the Facility in conjunction with Manager, subject to the terms of the Lease and this Agreement.

**NOW, THEREFORE**, in consideration of the mutual promises and agreements contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

## **ARTICLE 1**

### **ENGAGEMENT OF MANAGER**

**1.1 Engagement.** During the Term hereof, Licensee hereby engages Manager to perform the management services set forth in this Agreement and in the Lease subject to Licensee's responsibility as specified in Section 1.4. Manager hereby accepts such engagement and hereby agrees to perform its duties hereunder in a commercially reasonable manner. Manager further agrees to apply prudent and reasonable business practices in the performance of its duties hereunder during the Term.

**1.2 Relationship.** Nothing contained in this Agreement is intended to or shall be construed to give rise to or create a partnership, employment, or joint venture relationship between Licensee and Manager. No act, commission, or omission by Licensee or Manager shall be construed to make or constitute the other as partner, employee, principal, agent, or joint venture.

**1.3 Grant of Day-to-Day Management Authority.** Subject to Section 1.4, hereunder, Manager shall have full responsibility for managing the operation of the Facility and hereby agrees and covenants to assume and discharge all responsibilities related to the Facility and the Licensee which accrue during or subsequent to the Term in connection with properly operating and maintaining the Facility in accordance with the regulations and standards required of a facility so licensed, including, but not limited to the services listed in Article 2 hereof.

**1.4 Ultimate Authority and Responsibility.** Licensee, as the holder of the SNF License, retains ultimate statutory authority and shall have the on-going statutory and regulatory responsibility for the continued operation of the Facility, in accordance with applicable law which cannot be legally delegated by Licensee to the Manager. Without limitation, Licensee does not engage Manager to perform, and Licensee, as the licensee of the Facility, retains ultimate responsibility for any activity or duty which requires a license or other governmental authorization. Notwithstanding the statutory liability and responsibility of Licensee for the continued operation of the Facility, it is recognized that under this Agreement, the Manager shall be actually in day-to-day charge of managing the operation and maintenance of the Facility and of patient care and of patients' funds in accordance with the terms of this Agreement. In the event that any violation of any statute, law, regulation, or obligation or claim is made, for any reason by any person or entity, arising from or applicable to the management of the Facility by Manager during or after the Term, that would reasonably be expected to result in the imposition of penalties, fines, court or administrative orders, litigation, including third party and governmental claims, or license revocation or decertification as to the Facility or as to Licensee, Manager shall (i) immediately notify Licensee of any such event, and (ii) take all actions reasonably necessary to protect, defend, and hold harmless the Licensee, and its officers, directors, shareholders, and employees, including but not limited to the contesting of any such actions against the Licensee and the Facility at the sole cost of Manager, whether administrative or court proceedings. Licensee retains the right, at Licensee's expense, to join Manager in contesting said action(s) upon providing Manager with such notice.

**ARTICLE 2**  
**SERVICES TO BE RENDERED BY MANAGER; COVENANTS**

**2.1    General Responsibilities and Services.**    Manager shall perform the services described in this Article 2 and all related functions, as Manager shall determine to be reasonably necessary for the effective management of the Facility. Without limitation of the foregoing, and except as may be limited by other provisions of this Agreement or the Purchase Agreement, Manager shall provide and perform the following services during the Term:

(i)    Provide and maintain directly, or indirectly through others, accounting, billing, patient, resident, and collection records on behalf of Licensee; prepare and file on behalf of Licensee's insurance, Medicare and Medicaid (as applicable), and any and all necessary or appropriate reports, claims, and rate increase requests (collectively "Reports") related to goods sold or services provided by the Facility during the Term. Licensee acknowledges that it will be required to sign and file certain of the Reports and agrees to promptly do so.

(ii)    On behalf of Licensee, issue bills for services and materials furnished by the Facility on and after the Effective Date, issue and re-issue bills for unpaid services and materials furnished by the Facility before the Effective Date, supervise directly and through others the collection of accounts and monies owed to the Facility for goods sold or services rendered by the Facility on and after the Effective Date, including the institution of legal proceedings in the name of the Facility to collect such accounts and to enforce the rights of the Facility as creditors under any contract or in connection with the rendering of such services and the sale of such goods. The collection of accounts and monies owed to the Facility for goods sold or services rendered by the Facility before the Effective Date shall be governed by Sections 2.3 and 2.4 of this Agreement, except as otherwise provided in the Purchase Agreement, in which case the applicable provisions of the Purchase Agreement shall prevail.

(iii)    Order, supervise, and conduct an effective program of regular housekeeping, maintenance, and repair at the Facility.

(iv)    Purchase and maintain an adequate inventory of supplies reasonably anticipated to be used in the operations of the Facility. Such supplies shall include, but not be limited to, raw food and dietary supplies; nursing and pharmaceutical supplies; housekeeping and laundry supplies; office supplies; and supplies necessary for repair and maintenance of plant and equipment.

(v)    Engage in such marketing activities with respect to the Facility as Manager deems to be appropriate in connection with the operation thereof.

(vi)    Supervise and provide for the operation of dietary services facilities.

(vii) Coordinate directly and through others the orderly payment of bills, accounts payable, lease payments, employee payroll, taxes, insurance premiums, and other debts of the Facility, all as more fully described at Section 2.3 of this Agreement.

(viii) Obtain and maintain at Manager's expense insurance coverage for the Facility and the personnel engaged in the operation of the Facility.

(ix) Establish and maintain charts of accounts, accounting systems, and internal controls, using accounts, classifications, and procedures.

(x) Prepare and promptly file, within any time limitations set forth under applicable laws, with the appropriate governmental authority or appropriate other third party payor, as applicable, all Medicare and Medicaid, as applicable, cost reports for the Facility as may be required by any appropriate governmental authority during the Term. Licensee acknowledges that it will be required to sign the above-referenced cost reports, and agrees to promptly do so.

## **2.2 Reserved.**

**2.3 Financial Obligations.** Without limitation of any rights arising under the Purchase Agreement and during the Term, Manager shall have responsibility for the financial obligations of the Facility and its operations. The payment of all expenses, utilities, and other costs associated with the Facility and its operations, and the right to receive all rental, resident occupancy fees, and other cash-flow income from the Facility and its operations with respect to the periods prior to and after the Effective Date shall be prorated and allocated between Licensee and Manager in accordance with the Purchase Agreement. Manager will pay in the ordinary course of business the bills, invoices, and costs that are incurred in connection with the operation of the Facility during the Term.

**2.4 Billing and Collection.** Manager shall be responsible for performing the billing, coding, and collection of fees associated with the Facility on behalf of Licensee. Licensee will cooperate with Manager in such activities and execute all documents reasonably required by Manager to perform such activities in compliance with applicable laws.

**2.5 Eligibility for Reimbursement/Correction of Deficiencies.** At its expense during the Term, Manager shall comply with all requirements of any applicable governmental authority in order to maintain eligibility of the Facility and its operations for payments and reimbursements from government insurers (including Medicare) or private insurers or third party payors; it being understood and agreed that as of the Effective Date, the Facility is not licensed in the name of Manager. Except with respect to the implementation of any existing plan of correction, Manager shall not be responsible for any certification deficiencies or state licensure violations affecting the Facility that relate to events or activities occurring or accruing before the Effective Date. Commencing as of the Effective Date, Manager shall be responsible at Manager's expense for the correction of any certification deficiencies or state licensure violations affecting the Facility that arise

on and after the Effective Date and relate to events or activities occurring or accruing on or after the Effective Date.

## **2.6 Manager's Representations and Covenants.**

(i) Manager shall comply in all material respects with all statutes, rules and regulations of governmental authorities applicable to Manager's management of the operations of the Facility.

(ii) Manager agrees and covenants that it shall manage the Facility so as to provide compliance with the Lease and in accordance with applicable industry standards and standards of care. Manager shall use commercially reasonable efforts to avoid any citations or complaints against the Facility or Licensee's license by any governmental authority or any resident representative with regard to resident care or the operation and maintenance of the Facility.

(iii) Manager shall diligently pursue the new Skilled Nursing Facility License and shall provide reports of its application progress to Licensee promptly upon request.

## **ARTICLE 3 LICENSEE'S RESPONSIBILITIES**

**3.1 Cooperation with Manager.** At no cost to Licensee, Licensee shall timely cooperate with Manager to assist and facilitate performance of Manager's management responsibilities under this Agreement.

**3.2 Responsibilities of Licensee.** During the Term, Licensee shall be solely responsible for (i) maintaining ultimate authority and responsibility for all aspects of operation of the Facility, to the extent required by licensing, certification, accreditation and other applicable requirements; and (ii) maintaining all state and federal licenses, permits, certifications, and approvals required in connection with the management and operation of the Facility.

**3.3 Data and Information.** Licensee shall timely provide to Manager, without charge, such necessary and relevant data and information in the possession of Licensee as Manager shall reasonably require or request in order to enable it to perform its duties under this Agreement, subject to applicable laws and confidentiality obligations.

**3.4 Notification of Complaints.** During the Term, Licensee shall promptly notify Manager of any inquiry, notice, or claim of which Licensee is or becomes aware alleging any deficiency or violation of any law, ordinance, or regulation relating to the Facility or the provision of the services on or after the Effective Date. Licensee shall also notify Manager of any claims or complaints by patients, residents, providers, employees, or independent contractors pertaining to the operation of the Facility or the use of the assets

of the Facility that could reasonably be expected either to damage the reputation of Manager or its affiliates or to subject Manager or its affiliates to any potential liability.

**3.5 Permits.** To the extent permitted by law, Licensee shall allow Manager to perform, and shall timely assist Manager upon request in the performance of, its management responsibilities under this Agreement, and Licensee shall further allow Manager to manage the Facility under all permits, licenses, or certificates held in the name of Licensee and which are necessary to operate the Facility as Licensee's agents and attorneys-in-fact.

#### **ARTICLE 4**

#### **COMPENSATION**

Except for reimbursement of any expenses pursuant to this Agreement, which shall be reimbursed as a facility expense from the operations of the Facility, Manager shall not be entitled to any other fees or other compensation for its services under this Agreement. To the fullest extent permitted under applicable law, Licensee shall retain no right, title, or interest in or to the Facility revenues and, to the fullest extent permitted under applicable law, hereby waives and disclaims any such right, title, and interest. The parties acknowledge and agree that Manager shall be responsible for the payment of operating expenses of the Facility incurred from and after the effective date of this Agreement.

#### **ARTICLE 5**

#### **TERM**

**5.1 Term.** This Agreement shall commence on the Effective Date and shall end and terminate on the effective date of the new Skilled Nursing Facility License as issued to Manager and/or the effective date of termination of the Lease (the "Term").

#### **ARTICLE 6**

#### **INDEMNITY**

**6.1 By Manager.** Manager shall indemnify, protect, defend, and hold Licensees harmless from and against any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys' fees and costs, to the extent arising from or in connection with Manager's management of the operation of the Facility on or after the Effective Date, negligent acts or omissions, willful misconduct, or breach of this Agreement.

**6.2 By Licensee.** Licensee shall indemnify, protect, defend, and hold Manager harmless from and against any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys' fees and costs, to the extent arising from or in connection with Licensee's negligence or willful misconduct, or breach of this Agreement.

**6.3. Process.** If any action or proceeding is brought against a party indemnified under this Article 6 in connection with any claims, suits, demands, liability, damages, and expenses for which such party is indemnified hereunder (collectively, "Indemnified Claims"), upon notice from such party, the indemnifying party shall defend the same at the indemnifying party's expense with counsel reasonable acceptable to the indemnified party. The Indemnification obligations under this Article 6 shall survive the termination of this Agreement.

## **ARTICLE 7**

### **REPRESENTATIONS AND WARRANTIES**

**7.1 Licensee.** Licensee represents and warrants to Manager as of the Effective Date that Licensee has all necessary power and authority to enter into this Agreement, and all necessary action has been taken to authorize the individuals executing this Agreement on Licensee's behalf to do so. During the term of this Agreement, Licensee further warrants that it will not revoke any of the state and federal licenses, permits, certifications, and approvals from governmental authorities that have jurisdiction over the Facility's licensure and operation that are required to be held by Licensee, including the SNF License, until the date Manager obtains the permits, certifications and approvals from governmental authorities needed to operate the Facility as a skilled nursing facility. This Agreement has been duly and validly executed and delivered by Licensee and is enforceable against Licensee in accordance with its terms. In addition to the foregoing provisions of this Section 7.1, the Representations and Warranties applicable to Licensee under the Purchase Agreement are incorporated herein by this reference and made a part of this Agreement.

**7.2 Manager.** Manager represents and warrants to Licensee as of the Effective Date that Manager has all necessary power and authority to enter into this Agreement, and all necessary action has been taken to authorize the individuals executing this Agreement on Manager's behalf to do so and that Manager is in good standing in the State of California. This Agreement has been duly and validly executed and delivered by Manager and is enforceable against Manager in accordance with its terms.

## **ARTICLE 8**

### **PATIENT/RESIDENT RECORDS**

All medical records shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, and all regulations promulgated therewith (collectively, "HIPAA") and any other applicable laws. Upon execution of this Agreement, Manager and Licensee will enter into a business associate addendum to this Agreement, in the form attached hereto as Exhibit A.

## **ARTICLE 9**

### **MISCELLANEOUS**



**9.1 Assignment.** Neither party may transfer or assign any of its rights or obligations under this Agreement without the prior written consent of the other party, and any such transfer or assignment or attempt thereat shall be null and void and of no force and effect. It is understood, however, that Manager may subcontract certain functions of Manager hereunder to entities that Manager reasonably believes are capable of performing such functions, including to entities affiliated with Manager.

**9.2 Governing Law.** This Agreement will be governed by and construed in accordance with the law of the State of California (without regard to its principles of conflicts of laws).

**9.3 Notice.** Any notice hereunder shall be in writing and hand delivered or sent by a nationally recognized overnight courier service, addressed to the parties at their respective addresses set forth below:

**If to the Manager:**

Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

**If to the Licensee:**

HumanGood SoCal  
1900 Huntington Drive  
Duarte, California 91010  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

Any such notice shall be deemed effective (i) if delivered personally, upon receipt or refusal of delivery, (ii) if mailed by registered or certified mail (postage prepaid, return-receipt requested), four business days after deposit with the U.S. Postal Service, (iii) if delivered via a nationally recognized overnight courier, upon deposit with such overnight courier, and (iv) if sent by electronic transmission (email), one business day after such electronic transmission. Either party may change its address for notice by giving notice as provided hereunder.

**9.4 Execution and Counterparts.** This Agreement may be executed in any number of counterparts. It is not necessary that both parties sign all or any of the counterparts, but each party must sign at least one counterpart for this Agreement to be effective.

**9.5 Amendment.** This Agreement may be amended only by an instrument in writing signed by the parties hereto. The parties agree to confer promptly and in good faith in order to amend this Agreement if required by any local, state, or federal law or regulation or any interpretation thereof by an agency having jurisdiction over the Facility.

**9.6 Waiver.** A failure or delay by either party in exercising any of its rights or remedies under this Agreement is not a waiver of those rights or remedies and does not otherwise diminish or affect any such right or remedy. A waiver by either party of any right or remedy under this Agreement is effective only to the extent that it is expressed in writing and signed by the party waiving its right or remedy.

**9.7 Entire Agreement.** This Agreement, Lease and the Purchase Agreement contain the entire understanding of the parties with respect to the subject matter hereof and thereof and supersede all prior understandings and agreements, whether written or oral, and all prior dealings of the parties with respect to such subject matter. In the event that any provision of this Agreement or the Lease conflicts with a provision of the Purchase Agreement, the provision of the Purchase Agreement prevails.

**9.8 Severability.** If any provision of this Agreement or the application of any such provision in any person or circumstance is held invalid, the remainder of this Agreement, and the application of such provision other than to the extent it is held invalid shall not be invalidated or affected thereby.

**9.9 Confidentiality.** Each party hereto covenants and agrees that it shall not disclose the terms of this Agreement or any agreement supplementing this Agreement to third parties, except as and to the extent disclosure is required by law, or required for the performance of its obligations hereunder or under related agreements, or as necessary or appropriate in dealing with the accountants, attorneys, and other representatives of the respective parties and/or as necessary to complete the transactions contemplated hereunder and/or under the Purchase Agreement.

**[Signatures Appear on Next Page]**

**IN WITNESS WHEREOF**, the parties have executed this Agreement effective as of the Effective Date.

**MANAGER:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit  
corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**LICENSEE:**

HumanGood SoCal,  
a California non-profit public benefit  
corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

## **EXHIBIT A**

### **BUSINESS ASSOCIATE PRIVACY ADDENDUM**

This Business Associate Privacy Addendum (the "Addendum") is made and entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, 2022, by and between HumanGood SoCal, a California non-profit public benefit corporation (the "Covered Entity") and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (the "Business Associate") (each a "Party" and collectively the "Parties").

**WHEREAS**, Covered Entity and Business Associate have contemporaneously entered into an Interim Management Agreement under which Business Associate provides certain management services to Covered Entity (the "Agreement"); and

**WHEREAS**, in providing services pursuant to the Agreement, Business Associate will have access to Protected Health Information ("PHI") (as defined below); and

**WHEREAS**, the services provided by Business Associate to Covered Entity cause Business Associate to be considered a "business associate" under the privacy and security regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in 45 C.F.R. Parts 160 and 164, and as amended by the Health Information Technology for Economic and Clinical Health Act (the "HIPAA Privacy Rule" and the "HIPAA Security Rule"); and

**WHEREAS**, Covered Entity and Business Associate desire to modify the Agreement to include certain provisions required by the HIPAA Privacy Rule and the HIPAA Security Rule.

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein and the continued provision of PHI by Covered Entity to Business Associate under the Agreement in reliance on this Addendum, the Parties agree as follows:

**1. Definitions.** For purposes of this Addendum, the terms below shall have the meanings given to them in this Section.

- (a) "Breach" shall mean the acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI, as defined in 45 C.F.R. § 164.402.
- (b) "Data Aggregation" shall mean, with respect to PHI created or received by Business Associate in its capacity as the business associate of Covered Entity, the combining of such PHI by Business Associate with the PHI received by Business Associate in its capacity as business associate of other covered entities, to permit data analyses that relate to the Health Care Operations (defined below) of Covered Entity. The meaning of "data aggregation" in this Addendum shall be consistent with the meaning given to that term in the HIPAA Privacy Rule.
- (c) "Designated Record Set" shall mean a group of Records maintained by or for the Covered Entity that: (a) consists of medical records and billing records about

individuals maintained by or for the Covered Entity; (b) consists of the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) consists of Records used, in whole or part, by or for the Covered Entity to make decisions about individual patients. As used herein, the term "Record" shall mean any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a provider. The term "designated record set," however, shall not include any information in the possession of Business Associate that is the same as information in the possession of Covered Entity (information shall be considered the same information even if the information is held in a different format, medium or presentation or it has been standardized).

- (d) "De-Identify" shall mean to alter the PHI such that the resulting information meets the requirements described in 45 C.F.R. § 164.514(a) and (b).
- (e) "Electronic PHI" shall mean any PHI maintained in or transmitted by electronic media as defined in 45 C.F.R. § 160.103.
- (f) "Health Care Operations" shall have the meaning given to that term at 45 C.F.R. § 164.501.
- (g) "HHS" shall mean the U.S. Department of Health and Human Services.
- (h) "HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, Public Law 111-5.
- (i) "Protected Health Information" or "PHI" shall mean information transmitted or maintained in any form or medium, including demographic information collected from an individual, that
  - (i) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
  - (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and (a) identifies the individual or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

The meaning of "protected health information" or "PHI" in this Addendum shall be consistent with the meaning given to that term in the HIPAA Privacy Rule.

- (j) "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. This term shall not include trivial incidents that occur on a daily basis, such as scans, "pings," or unsuccessful

attempts to penetrate computer networks or servers maintained by Business Associate.

- (k) "Subcontractor" shall mean a person to whom Business Associate delegate a function, activity, or service, other than in the capacity of a member of Business Associate' workforce, as defined in 45 C.F.R. § 160.103.
- (l) "Unsecured PHI" shall mean PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized individuals under standards published by the Secretary of HHS under Section 13402(h)(2) of the HITECH Act.

## **2. Use and Disclosure of PHI.**

- (a) Except as otherwise provided in this Addendum, Business Associate may use or disclose PHI as reasonably necessary to provide the services described in the Agreement to the Covered Entity, and to undertake other activities of Business Associate permitted or required of Business Associate by this Addendum or as required by law.
- (b) Except as otherwise limited by this Addendum, Covered Entity authorizes Business Associate to use the PHI in its possession for the proper management and administration of Business Associate's business and to carry out its legal responsibilities. Business Associate may disclose PHI for its proper management and administration, provided that (i) such disclosures are required by law; or (ii) Business Associate obtains, in writing, prior to making any disclosure to a third party (a) reasonable assurances from such third party that the PHI will be held confidential as provided under this Addendum and used or further disclosed only as required by law or for the purpose for which it was disclosed to such third party; and (b) an agreement from such third party to notify Business Associate immediately of any breaches of the confidentiality of the PHI, to the extent it has knowledge of such breach.
- (c) Covered Entity authorize Business Associate to De-Identify the PHI.
- (d) Business Associate shall not use or disclose PHI in a manner other than as provided in this Addendum, as permitted under the HIPAA Privacy Rule, or as required by law. Business Associate shall use or disclose only the minimum necessary amount of PHI, in accordance with Section 13405(b) the HITECH Act, or any implementing regulations adopted thereunder for each use or disclosure of PHI hereunder.
- (e) Upon request, Business Associate shall make available to Covered Entity any of Covered Entity's PHI that Business Associate, or any of its Subcontractors, has in its possession.

## **3. Compliance with HIPAA Privacy Rule.** To the extent that Business Associate carries out one or more of Covered Entity's obligations under Subpart E of 45 C.F.R. Part 164,

Business Associate must comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligations.

4. **Safeguards Against Misuse of PHI.** Business Associate shall use appropriate safeguards to prevent the use or disclosure of PHI other than as provided by the Agreement or this Addendum; and Business Associate agrees to comply with Subpart C of 45 C.F.R. Part 164 and implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity. Business Associate agrees to take reasonable steps to ensure that the actions or omissions of its employees or agents do not cause Business Associate to breach the terms of this Addendum.
5. **Reporting Disclosures of PHI and Security Incidents.** Business Associate shall report to Covered Entity in writing any use or disclosure of PHI not provided for by this Addendum of which it becomes aware; and Business Associate agrees to report to Covered Entity any Security Incident affecting Electronic PHI of Covered Entity of which it becomes aware. Business Associate agrees to report any such event within ten (10) business days of becoming aware of the event.
6. **Reporting Breaches of PHI.** Business Associate shall notify Covered Entity in writing promptly upon the discovery of any Breach of Unsecured PHI in accordance with 45 C.F.R. § 164.410, but in no case later than 30 calendar days after discovery. Business Associate will reimburse Covered Entity for any reasonable costs incurred by it in complying with the requirements of 45 C.F.R. §164.410 imposed on Covered Entity as a result of a Breach committed by Business Associate or its Subcontractors.
7. **Mitigation of Disclosures of PHI.** Business Associate shall take reasonable measures to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of any use or disclosure of PHI by Business Associate or its Subcontractors in violation of the requirements of this Addendum.
8. **Agreements with Subcontractors.** Business Associate shall ensure that any of its Subcontractors that have access to or to which Business Associate provide PHI agrees in writing to the restrictions and conditions concerning uses and disclosures of PHI contained herein and agrees to implement reasonable and appropriate safeguards to protect any Electronic PHI that it creates, receives, maintains or transmits on behalf of Business Associate or Covered Entity.
9. **Access to PHI by Individuals.**
  - (a) Upon request, except for PHI that duplicates PHI in the possession of Covered Entity, Business Associate agrees to furnish Covered Entity with copies of the PHI maintained by Business Associate in a Designated Record Set in the time and manner reasonably designated by Covered Entity.
  - (b) In the event any individual or personal representative requests access to the individual's PHI directly from Business Associate, Business Associate within ten

(10) business days, shall forward that request to Covered Entity. Any disclosure of, or decision not to disclose, the PHI requested by an individual or a personal representative and compliance with the requirements applicable to an individual's right to obtain access to PHI shall be the sole responsibility of the Covered Entity.

**10. Amendment of PHI.**

- (a) Upon request and instruction from Covered Entity, Business Associate shall amend PHI or a Record about an individual in a Designated Record Set that is maintained by, or otherwise within the possession of, Business Associate as directed by Covered Entity in accordance with procedures established by 45 C.F.R. § 164.526. Any request by Covered Entity to amend such information shall be completed by Business Associate within fifteen (15) business days of Covered Entity's request.
- (b) In the event that any individual requests that Business Associate amend such individual's PHI or Record in a Designated Record Set, Business Associate within ten (10) business days, shall forward such request to Covered Entity. Any amendment of, or decision not to amend, the PHI or Record as requested by an individual and in compliance with the requirements applicable to an individual's right to request an amendment of PHI shall be the sole responsibility of the Covered Entity.

**11. Accounting of Disclosures.**

- (a) Business Associate shall document any disclosures of PHI made by it, except for disclosures relating to treatment, payment, or health care operations or other disclosures excepted under 45 C.F.R. § 164.528(a). Business Associate also shall make available information related to such disclosures as would be required for Covered Entity to respond to a request for an accounting of disclosures in accordance with 45 C.F.R. § 164.528. At a minimum, Business Associate shall furnish Covered Entity the following with respect to any covered disclosures by Business Associate: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI, and, if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure which includes the basis for such disclosure.
- (b) Business Associate hereby agrees to implement an appropriate recordkeeping system to enable it to comply with the requirements of this Section. Business Associate agrees to retain such records for a minimum of six (6) years.
- (c) Business Associate shall furnish to Covered Entity information collected in accordance with this Section, within ten (10) days after written request by the Covered Entity, to permit Covered Entity to make an accounting of disclosures as required by 45 C.F.R. § 164.528, or in the event that Covered Entity elects to provide an individual with a list of its business associates, Business Associate will provide an accounting of its disclosures of PHI upon request of the individual, if



and to the extent that such accounting is required under Section 13405(c) of the HITECH Act or any implementing regulations adopted thereunder.

- (d) In the event an individual delivers the request for an accounting directly to Business Associate, Business Associate shall within ten (10) days forward such request to Covered Entity.

12. **Availability of Books and Records.** Business Associate shall make available its internal practices, books, agreements, records, and policies and procedures relating to the use and disclosure of PHI, upon request, to the Secretary of HHS for purposes of determining Covered Entity's compliance with the HIPAA Privacy Rule, the HIPAA Security Rule, and this Addendum.

13. **Term and Termination.**

- (a) This Addendum shall become effective on the Effective Date, as defined in the Agreement, and shall continue in effect until all obligations of the Parties have been met under the Agreement and under this Addendum.
- (b) Covered Entity may terminate immediately this Addendum if the Covered Entity reasonably determines that the Business Associate has breached a material term of this Addendum and Business Associate has failed to cure that material breach, to Covered Entity's reasonable satisfaction, within thirty (30) days after written notice from Covered Entity.
- (c) Upon termination of the Agreement or this Addendum for any reason other than Manager having assumed operations of the Facility as contemplated under the Purchase Agreement (as defined in the Agreement), all PHI of Covered Entity maintained by Business Associate shall be returned to Covered Entity or destroyed by Business Associate. Business Associate shall not retain any copies of such information. This provision shall apply to PHI of Covered Entity in the possession of Business Associate's Subcontractors. The foregoing notwithstanding, if return or destruction of the PHI is not feasible, in Business Associate's reasonable judgment, Business Associate shall furnish Covered Entity with notification, in writing, of the conditions that make return or destruction infeasible, and Business Associate will extend the protections of this Addendum to such information for as long as Business Associate retains such information and will limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible. This Section 13(c) shall survive any termination of this Addendum.
- (d) Upon Business Associate having assumed operations of the Facility as contemplated under the Purchase Agreement (as defined in the Agreement), the Business Associate shall become the Covered Entity and shall maintain all PHI in accordance with applicable law.

**14. Effect of Addendum.**

- (a) This Addendum is a part of and subject to the terms of the Agreement, except that to the extent any terms of this Addendum conflict with any term of the Agreement, the terms of this Addendum shall govern.
- (b) Except as expressly stated herein or as provided by law, this Addendum shall not create any rights in favor of any third party.

**15. Regulatory References.** A reference in this Addendum to a section in the HIPAA Privacy Rule or HIPAA Security Rule means the section as in effect or as amended.

**16. Notices.** All notices, requests, and demands or other communications to be given hereunder to a Party shall be made to the addresses identified in, and in accordance with the procedure, set forth in Section 9.3 of the Agreement.

**17. Amendments; Waiver.** This Addendum may not be modified, nor shall any provision be waived or amended, except in writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

**18. HITECH Act Compliance.** The Parties acknowledge that the HITECH Act includes significant changes to the HIPAA Privacy Rule and the HIPAA Security Rule. The Privacy Subtitle of the HITECH Act sets forth provisions that significantly change the requirements for business associates and the agreements between business associates and covered entities under the HIPAA Regulations and many of these changes will be clarified in forthcoming regulations and guidance. Each Party agrees to comply with the applicable provisions of the HITECH Act and any implementing regulations issued thereunder. Also, the Parties agree to negotiate in good faith to modify this Agreement as reasonably necessary to comply with the HITECH Act and its implementing regulations as they become effective; provided, however, that if the Parties are unable to reach agreement on such a modification, either Party shall have the right to terminate this Addendum upon thirty (30) days prior written notice to the other Party.

In Witness Whereof, this Addendum is executed by the Parties effective as of the Effective Date, as defined in the Agreement.

**BUSINESS ASSOCIATE:**

HumanGood SoCal, a California non-profit  
public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**COVERED ENTITY:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**EXHIBIT C**

**FORM OF OPERATIONS TRANSFER AGREEMENT**

[Attached]

## OPERATIONS TRANSFER AGREEMENT

THIS OPERATIONS TRANSFER AGREEMENT (this “Agreement”) is made and entered into as of [ ● ], 2022 (the “Effective Date”), by and among HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee”) (each of Transferor and Transferee being a “Party” and, collectively, the “Parties”), with respect to the following:

### RECITALS

A. Transferor is the owner and licensed operator of that certain continuing care retirement community commonly referred to as “Windsor” and “Windsor Manor” and located at 1230 E. Windsor Road, Glendale, California (the “Facility”). The Facility includes independent living residences and assisted living that are licensed Residential Care Facility for the Elderly (the “RCFE Premises”) and a licensed Skilled Nursing Facility (the “SNF Premises”).

B. Transferor, as Seller, and Transferee, as Purchaser, are parties to that certain Purchase and Sale Agreement dated May 17, 2022 (as the same may hereinafter be amended or modified from time to time, the “PSA”), pursuant to which Transferor has agreed, upon and subject to the terms and conditions of such agreement, to transfer to Transferee all of its right, title and interest in and to certain properties and assets used in connection with the Facility, as of the “Closing Date” (as defined in the PSA).

C. Effective as of the Closing Date Transferee will become the new licensed operator of the RCFE Premises.

D. Transferee has applied for a skilled nursing facility license from the California Department of Public Health (“CDPH”) and Medicare and Medi-Cal certification from the applicable state and federal governmental authorities to operate the SNF Premises (the “License Approvals”).

E. To assure that a licensed party at all times controls the physical premises of the SNF Premises while CDPH processes Transferee’s skilled nursing facility license application, Transferor and Transferee have entered into an Interim Lease effective as of the Closing Date whereby Transferee has agreed to sublease its interest in the SNF Premises back to Transferor pursuant to the terms of the Interim Lease and subject to the agreement of Transferor to engage Transferee to manage the SNF Premises on an interim basis on behalf of Transferor pursuant to that certain Interim Management Agreement effective on the Closing date, pending issuance of the SNF License to Transferee by CDPH. The Interim Lease and Interim Management Agreement (collectively, the “Interim Agreements”) will terminate on the OTA Closing Date, which is the date that CDPH issues Transferee a new skilled nursing facility license for the SNF Premises.

F. In order to facilitate a transition of operational and financial responsibility from Transferor to Transferee in a manner which will ensure the continued operation of the SNF Premises after the Closing Date in compliance with applicable law and in a manner which does not jeopardize the health and welfare of the residents of the SNF Premises, Transferor and Transferee are desirous of documenting the terms and conditions on which Transferee will manage

the SNF Premises for Transferor on and after the Closing Date and certain other terms and conditions relevant to the transition of operational and financial responsibility from Transferor to Transferee.

## AGREEMENT

IN CONSIDERATION OF the foregoing recitals, the mutual promises contained herein, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties hereby agree as follows:

1. Transfer of Property; Excluded Assets.

(a) Inventory. Transferor shall transfer and convey to Transferee on the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the consumable inventories of every kind and nature whatsoever located on or about the SNF Premises and used or held for use in connection with the operation of the SNF Premises (the “Inventory”).

(b) Personal Property. Transferor shall transfer and convey to Transferee on the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the Personal Property and Vehicles described in the PSA.

(c) Permits. Transferor shall transfer and convey to Transferee as of the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the Permits described in the PSA, it being understood and agreed that the Permits shall specifically exclude any state issued regulatory permits, certificates, licenses and authorizations that are not transferable by law, regulation or ordinance.

(d) Excluded Assets. Notwithstanding the foregoing or anything to the contrary contained in this Agreement, the transactions contemplated by this Agreement shall exclude the Excluded Assets (as defined in the PSA) and in no event shall Transferor be required to convey to Transferee or to any other person any Excluded Assets.

(e) Delivery of Possession. On the Closing Date, Transferor shall deliver possession of its Inventory, the Personal Property, and the Permits for the SNF Premises to Transferee (at the SNF Premises, in the case of tangible property).

(f) “As Is, Where Is” Transfer. Except as specifically set forth in this PSA, the Inventory, the Personal Property, the Vehicles and the Permits are being conveyed in their “as is, where is” condition.

(g) Bill of Sale and General Assignment. On the Closing Date, Transferor shall execute a Bill of Sale and General Assignment substantially in the form annexed as Exhibit A hereto to evidence the conveyance by Transferor of its Inventory, the Personal Property and the Permits to Transferee.

2. Employees.

(a) Employees Interviews. At any time during the thirty (30) day period prior to the anticipated Closing Date, upon prior notice to Transferor and in consultation with Transferor and as otherwise provided in the PSA, Transferee may conduct interviews of individuals employed at the Facility (collectively, "Employees"); and prior to the Closing Date, Transferee shall make offers of employment to the Employees in accordance with the terms of the PSA. Transferee shall coordinate with Transferor prior to making any disclosures of its hire/no hire decisions or making offers of employment to any such Employees.

(b) Accrued Employee Benefits. Transferor shall pay out the Accrued Employee Benefits to all of the hired Employees, on or before the next regularly scheduled payroll date following the Closing Date or at such earlier time as required by (and otherwise in accordance with) applicable law, in accordance with Transferor's standard policies in effect prior to the Closing Date.

3. Residency Agreements; Operating/Lease Contracts; Records.

(a) Residency Agreements. Effective on the OTA Closing Date, Transferor shall assign to Transferee and Transferor shall assume the residency agreements (the "Residency Agreements") for the then-current residents (the "Residents") of the SNF Premises. Transferor shall remain responsible for the obligations of Transferor arising under the Residency Agreements prior to the OTA Closing Date.

(b) Operating/Lease Contracts. In accordance with the terms of the PSA, Transferor shall assign to Transferee the service or equipment contracts or leases with certain third-party vendors that provide goods or services to the Facility, including the SNF Premises, designated by Transferee to the extent assignable (the "Operating Contracts"). Transferor shall be responsible for the obligations of Transferor arising under the Operating Contracts that are not assigned. Transferee shall be responsible for the obligations under the assigned Operating Contracts. On the Closing Date, all vendor or service arrangements for the benefit of multiple senior living communities of Seller or its affiliates, including the Facility and other communities owned, leased or managed by Seller or its affiliates, including, without limitation, any national or regional contracts and/or leases negotiated by Transferor or its affiliates (the "National Contracts") will cease providing goods or services to the Facility and Transferee will be responsible for establishing new relationships with vendors for these goods and services.

(c) Assignment and Assumption Agreement. On the OTA Closing Date, Transferor and Transferee shall execute an Assignment and Assumption Agreement with respect to the Residency Agreementssubstantially in the form annexed as Exhibit B hereto.

(d) Records. On the Closing Date, Transferor shall deliver possession to Transferee of (i) copies of the employee records which relate exclusively to the SNF Premises and are necessary for the continued operation of the SNF Premises; (ii) all of the records or written documents physically located at the SNF Premises and relating to current Residents of the SNF Premises, in the form in which such records or written documents are currently held; and (iii) any

active sales leads solely for the SNF Premises, and the lead sources related thereto, in the format in which such sales leads and lead source are currently maintained for the SNF Premises.

4. Medicare, Medi-Cal and Managed Care Agreements

(a) Medicare/Medi-Cal/Managed Care Agreements.

(i) Schedule I lists Transferor's Medicare and Medi-Cal provider numbers that pertains to the SNF Premises, Schedule II sets forth a list of the contracts between Transferor and managed care organizations that pertain to the SNF Premises (collectively, the "Medicare MCO Contracts").

(ii) Assignment and Assumption. To the extent permitted by applicable law, Transferor transfers, assigns, conveys and delivers to Transferee, and Transferee acquires and accepts from Transferor, all of Transferor's right, title and interest in Transferor's Medicare Provider Agreement (the "Medicare Assets"), provided that the parties recognize that this Agreement is not enforceable against the Centers for Medicare and Medicaid Services ("CMS") with respect to the imposition by CMS of any successor liability under applicable laws and CMS regulations. Transferee will be solely responsible pursuant to applicable law for the assigned Medicare Assets.

(iii) On the Closing Date, Transferor shall deliver to each managed care organization that is a party to a Medicare MCO Contract written notice of the transfer of the operations of the SNF Premises (including, without limitation, all billing related to the care rendered to the Residents thereof) from Transferor to Transferee. From and after the Closing Date, Transferee shall (x) perform all of the obligations that are to be performed by the operator and manager of the SNF Premises under the MCO Contracts or the Replacement MCO Contracts (as defined below) and that first arise from and after the Closing Date and (y) at Transferee's sole cost and expense, diligently pursue and use commercially reasonable efforts to cause each managed care organization to enter into a new contract with Transferee (each such replacement contract, a "Replacement MCO Contract"). Transferee acknowledges and agrees that Transferor makes no representation or warranty as to when or if each such managed care organization will agree to enter into a Replacement MCO Contract with Transferee.

(iv) Transferee shall indemnify, defend and hold harmless Transferor from and against any loss, damage, liability, claim, cost or expense (including, without limitation, reasonable attorneys' fees and any amounts payable by Transferor, whether by contractual indemnity or otherwise) that may be incurred by, or asserted against, Transferor arising out of or relating to Transferee's efforts to obtain assignment of the Medicare Assets, Transferee's efforts to cause the managed care organizations to enter into the Replacement MCO Contracts, any failure of Transferee to comply with their obligations pursuant to this Section or Transferee's billings under the Government Program (as defined below), or any other payer contracts.



5. Medicare Change of Ownership

(a) Transferee has filed a Medicare change of ownership application (the “CHOW”) with the applicable CMS Medicare Administrative Contractor (the “CMS MAC”) for the assignment of the Medicare Assets to Transferee. Transferee shall use commercially reasonable efforts to obtain, as soon as possible following the date hereof, CMS MAC and CMS Regional Office (“RO”) approval of the CHOW. Transferee shall be solely responsible for any and all costs associated with the CHOW process. Promptly upon receipt of a request from Transferor, Transferee will provide Transferor with copies of its CHOW application (which may be redacted for personal and ownership information) and any further documents submitted by Transferee to Medicare in response to any requests from such governmental authority.

(b) Transferor shall complete and file in a timely manner the “former owner,” “former operator,” or similar portions of the CHOW application, and complete and file in a timely manner all other required applications and forms, and shall otherwise reasonably cooperate with Transferee in order to facilitate the approval of the CHOW and assignment of the Medicare Assets. Promptly upon receipt of a request from Transferee, Transferor will provide Transferee with copies of its portion of the CHOW applications (which may be redacted for personal and ownership information) and any further documents reasonably requested by Transferee to be submitted to Medicare in response to any requests from such governmental authority.

(c) Transferee acknowledges that Transferor has not made, and is not making, any representation, warranty or other assurance regarding Transferee’s ability to (i) obtain any third-party payer agreement, or (ii) participate in any third-party payer program. Transferee acknowledges and agrees that it bears the entire risk of the foregoing and that, without waiving any rights or remedies under the PSA, Transferee will not have any claims against Transferor or any right to rescind all or any part of this Agreement, on the basis of any failure of the foregoing, unless and to the extent Transferor fails to cooperate or otherwise comply with its obligations pursuant to this Section. The provisions of this Section shall survive the expiration or any earlier termination of this Agreement.

6. Billings, Collections and Accounts Receivable.

(a) Billing. Transferor covenants to Transferee that, until the Closing Date, Transferor shall continue to bill the Residents and all other payers in the ordinary course of business consistent with past practices for amounts due under Residency Agreements or other payer contracts. From and after the Closing Date, Transferee shall assume responsibility for the billing of such amounts on and after the Closing Date, provided that Transferee is responsible for obtaining all other payer or provider agreements (commercial, governmental, or otherwise) which may be necessary for operating the SNF Premises on or after the Closing Date pursuant to Section 4. Transferor shall retain its right, title and interest in and to all unpaid accounts receivable with respect to the SNF Premises that relate to all periods prior to the Closing Date, including, but not

limited to, any accounts receivable arising from rate increase adjustments which relate to periods prior to the Closing Date even if such adjustments occur after the Closing Date.

(b) Private Pay Billing. The Parties acknowledge that private pay Residents are typically billed monthly by Transferor for amounts due under Residency Agreements in advance on or about the first (1st) day of each calendar month. Until the Closing Date, Transferor shall continue to bill private pay Residents in the ordinary course of business for amounts due under Residency Agreements. From and after the Closing Date, Transferee shall assume responsibility for billing private pay Residents for services provided to such residents on and after the Closing Date; provided, however, that Transferor may bill Residents after the Closing Date for services provided prior to the Closing Date that were not billed in advance on the first day of any calendar month prior to the Closing Date. Any private pay Resident payments that specifically identify dates of service, regardless of when received, shall be disbursed to Transferor or Transferee according to whether the dates of service were before or after the Closing Date. Private pay Resident payments that are not identified by dates of service and that are received by Transferor or Transferee during the first sixty (60) business days following the Closing Date shall be remitted to Transferor to be applied to reduce any outstanding private pay resident's obligations to Transferor, with any excess applied to reduce any balances due for services rendered by Transferee on and after the Closing Date. Private pay Resident payments that are not identified by dates of service and that are received by Transferor or Transferee on or after the sixty-first (61st) business day following the Closing Date, shall be remitted to Transferee or retained by Transferee, as applicable, to be applied to reduce private pay Residents' obligations to Transferee arising from and after the Closing Date. In the event the Parties mutually determine that any private pay Residents are entitled to a refund of payments, the portion thereof that relates to the period from and after the Closing Date shall be paid by Transferee and the portion thereof that relates to the period prior to the Closing Date shall be paid by Transferor to such private pay Resident.

(c) Medicare Billing.

(i) The Parties recognize that, subject to compliance with Medicare assignment rules, the Transferee is entitled to any and all outstanding Medicare receivables arising after the Closing Date on account of services rendered at the SNF Premises after the Closing Date. The Parties recognize that the CMS MAC continues to pay Transferor Medicare funds for the SNF Premises until the CMS MAC receives the tie-in/approval notice for the Medicare CHOW from the RO. Therefore, to the extent permitted under applicable law, (i) Transferee is hereby authorized to use the Medicare Provider Number in the name of and on behalf of Transferor, and in accordance with all applicable laws, regulations, and payor rules, to process invoices to and payments from Medicare, so long as those payments are deposited directly into a bank account designated in writing by, and in the name of and under the sole control of, Transferor for eligible services rendered at the SNF Premises after the Closing Date and until receipt of the tie-in/approval notice from the RO (the "CHOW Processing Period"), and (ii) Transferor is hereby authorized to continue to use the Medicare Provider Number, in its own name and behalf, to process invoices to and payments from Medicare for eligible services rendered at the SNF Premises on or prior to the Closing Date. '

(ii) Transferee and Transferor hereby acknowledge and agree that following the Closing Date and until the date that CMS sends the tie-in/approval notice to the CMS MAC, Transferee shall be allowed to bill under Transferor's existing Medicare Provider Agreement, insurance contracts and any other payor program related agreements for the SNF Premises (collectively, "Program Agreements"), and provider numbers for purposes of billing and collecting receivables on account of services rendered by Transferee after the Closing Date. In order to assist in the billing and collection of such receivables, and periodically track receivables, Transferor agrees to use its commercially reasonable efforts to permit Transferee access to any website of any carrier, fiscal intermediary or CMS MAC (collectively referred to as a "MAC"), or any other third-party payor. Transferor agrees to grant Transferee or its designee status as an authorized user under such websites (including establishing a new user id and password if applicable). From the Closing Date, Transferor hereby acknowledges that Transferee may submit claims, reports, documents and other information to the MAC for services provided to residents at the SNF Premises from the Closing Date until the date that CMS sends the tie-in/approval notice to the CMS MAC, as necessary to receive payment for such services. Transferor acknowledges and agrees that all receivables arising from services rendered on and after the Closing Date are the sole property of Transferee. Transferee shall not assume or be deemed to have assumed and shall not be responsible for any liability or obligation of Transferor under Transferor's Provider Agreement related to the operation of the SNF Premises with respect to periods prior to the Closing Date, and Transferor shall not assume or be deemed to have assumed and shall not be responsible for any liability or obligation relating to the operation of the SNF Premises with respect to periods subsequent to the Closing Date. Transferee shall be liable for any overpayments, recoupments or other liabilities relating to the SNF Premises by Medicare or any other third-party payor arising from the operation of the SNF Premises following the Closing Date.

(iii) Payments received by Transferor or Transferee on and after the Closing Date with respect to the SNF Premises from Medicare shall be handled as follows:

(A) If such payments either specifically indicate on the accompanying remittance advice, or if the Parties agree, that they relate to the period prior to the Closing Date, they shall be retained by Transferor or, if received by Transferee, remitted by Transferee to Transferor, as applicable, and the applicable remittance advice shall be provided to Transferee or Transferor as applicable.

(B) If such payments either specifically indicate on the accompanying remittance advice, or if the parties agree, that they relate to the period on or after the Closing Date, they shall be remitted by Transferor to Transferee, or if received by Transferee, retained by Transferee, as applicable, and the applicable remittance advice shall be provided to Transferee or Transferor as applicable.

(C) If such payments indicate on the accompanying remittance advice, or if the parties agree, that they relate to periods both prior to and after the Closing Date, the portion thereof which relates to the period after the

Closing Date shall be forwarded to, or retained by, Transferee, as applicable, and the balance shall be remitted to, or retained by, Transferor, as applicable.

(D) If the accompanying remittance advice, which is received by either party during the first sixty (60) days following the Closing Date does not indicate the period to which a payment relates or if there is no accompanying remittance advice, Transferor will attempt to reconcile the payment to the dates of service for which such payment was made, and the payments thereof which Transferor determines relate to the period after the Closing Date shall be forwarded to, or retained by, Transferee, as applicable, and any payments that relate to the period prior to the Closing Date shall be remitted to, or retained by, Transferor, as applicable. On the sixty-first (61st) day following the Closing Date, Transferor will provide Transferee with all information necessary to allow Transferee to perform the reconciliation described in this section of unaccounted for payments and will either forward to Transferor or retain such payments, as applicable. The party who performs the reconciliation of unaccounted for payments received in accordance with this section will promptly forward documentation to the other party supporting the allocation of the payment. If the Parties do not agree as to how to apply an unaccounted-for payment, then the payment shall be deemed to apply against the oldest outstanding account receivable due from such payor.

(d) Other Third-Party Payor Payments. Payments received by Transferor or Transferee on and after the Closing Date with respect to the SNF Premises from other third-party payors, such as the Medi-Cal Program, the Veterans Administration, managed care companies, or health maintenance organizations, shall be handled in accordance with Section 6(c)(iii).

(e) Timing. By the 20th day of each calendar month, Transferor or Transferee, as applicable, shall deposit to an account designated by Transferor or Transferee all payments due to Transferor or Transferee which are allocable to Transferor or Transferee pursuant to this Section 6 for the previous calendar month.

(f) Statement of Reconciliation. Promptly upon making payment due to Transferor or Transferee which are allocable to Transferor or Transferee pursuant to this Section 6 and in no event later than ten (10) days following a such payment, Transferor or Transferee, as applicable, shall prepare and deliver to Transferor or Transferee, as applicable, a proposed statement of reconciliation of payments received by either Party during such calendar month in respect of the SNF Premises (the "Proposed Reconciliation"). The Proposed Reconciliation shall appropriately reflect the net amount owed to each Party, respectively, as a result of such reconciliation. After approval of the Proposed Reconciliation by both Parties, the Party determined to owe any amounts as a result of such Proposed Reconciliation shall promptly pay such amounts to the other Party by wire transfer to an account designated in writing by such other Party. In addition to the Statement of Reconciliation, each Party agrees to forward to the other Party, as applicable, any and all remittance advice, explanations of benefits, denial of payment notices, and

all other correspondence related to the billing and collection of Accounts Receivable and allocation of payments promptly following receipt by each Party.

(g) Misapplied Payments. In the event the Parties mutually determine that any payment hereunder was misapplied by the parties, the party which erroneously received said payment shall remit the same to the other within two (2) business days after said determination is made.

(h) No Right Offset or Recoupment. To the extent either Transferor or Transferee receive any proceeds from the Accounts Receivable of the other Party, the Parties acknowledge that the Party receiving the payment belonging to the other Party shall hold the payment in trust. Neither Transferee nor Transferor shall have any right to offset or recoupment with respect to such Accounts Receivable, and any Party erroneously receiving a payment belonging to the other Party shall have no right, title or interest whatsoever in the payment and shall remit the same to the other as provided herein.

(i) Cooperation in Processing of Claims. Each Party agrees that it will provide the other Party with any information reasonably required to enable any Party to complete its billing to Residents or other payouts in accordance with this Agreement. If necessary, for a period of eighteen (18) months following the Closing Date:

(i) Each Party agrees to take all reasonable steps to assist the other in processing the Government Programs claims and obtaining payments for services rendered (i) in the case of Transferee, from and after the Closing Date, and (ii) in the case of Transferor, prior to the Closing Date.

(ii) The Party being assisted pursuant to this Section agrees to reimburse the Party rendering assistance for any reasonable, documented, out-of-pocket expenses (due to third parties) actually incurred by the assisting Party in rendering such assistance.

## 7. Cost Reports

(a) Transferor and Transferee shall each timely prepare and file with the appropriate Medicare and/or Medi-Cal agency, in accordance with applicable law and regulation, any final or other cost reports with respect to its operation of the SNF Premises which are required to be filed by law under the terms of the Medicare or Medi-Cal programs. The Parties shall cooperate fully by providing to each other any and all necessary financial or accounting information reasonably required by the other Party to enable such other Party to timely submit the foregoing described final or other cost reports and shall cooperate fully in any accounting decisions related to the depreciation of certain assets and the inclusion of Medicare bad debt on the final cost report filed by Transferor.

(b) In addition to the foregoing obligations, Transferor shall file, to the extent required by applicable regulations, a credit balance report (Form CMS-838) with Medicare within thirty (30) days following the end of the quarter in which this Agreement is executed and delivered. Transferor and Transferee shall each timely prepare and file with the appropriate payor

authorities, in accordance with applicable laws, any final or other cost reports with respect to its operation of the SNF Premises that are required under the terms of the Medicare program, including, without limitation, Transferor preparing and filing any and all final cost reports for the SNF Premises for the time period during which Transferor was the licensed operator of the SNF Premises (the "Final Assignor Cost Reports"), within the time frames required by applicable laws, but no later than one hundred and eighty (180) days after the Closing Date; provided, however, that Transferee shall reasonably cooperate with Transferor in connection with the preparation of any Final Assignor Cost Reports with respect to any portion of such Final Assignor Costs Reports relating to operations at the SNF Premises during the time between the Closing Date and the OTA Closing Date (the "Interim Period"). Prior to filing any Final Assignor Cost Reports that cover the Interim Period, Transferor shall forward drafts of the same to Transferee for review, and Transferee shall have ten (10) business days to review and comment on any portion thereof relating to the Interim Period. Transferor shall provide Transferee with copies of the Final Assignor Cost Reports within five (5) days after the same are filed with the applicable government program.

8. Indemnification. (a) In consideration of Transferor agreeing to allow Transferee to operate the SNF Premises under Transferor's skilled nursing facility license and bill Medicare and other government programs using Transferor's provider numbers during the Interim Period and as a further inducement for Transferor to enter into this Agreement and the Interim Agreements, Transferee hereby agrees to indemnify, protect, defend, and hold harmless Transferor and its affiliates, members, managers, directors, officers, employees and agents (collectively "Transferor Indemnified Parties") from any losses, damages (other than consequential damages except to the extent payable to third parties), costs and expenses (including reasonable attorneys' fees) which Transferor Indemnified Parties may at any time suffer or incur, or become subject to, as a result of or arising from: (a) a breach by Transferee of its obligations under this Agreement which is not cured within thirty (30) days after receipt of written notice from Transferor setting forth, in reasonable detail, the nature of such breach, or any breach of the obligation by Transferee to bill correctly and in accordance with all applicable laws, regulations, and payer rules during the time that the CHOW is being processed by the CMS MAC and RO (the "CHOW Billing Obligations"), (b) any liabilities with respect to Transferee's handling of the Resident Funds received by Transferee; and (c) any liabilities incurred by any Transferor Indemnified Party with respect to the assigned Medicare Assets for services rendered on or after the date hereof, except to the extent arising from Transferor's negligence or willful misconduct. The foregoing indemnity obligations of Transferee do not limit Transferee's responsibility to perform its duties and obligations as set forth in this Agreement or Transferee's direct responsibility for any breach of such obligations. (b) Transferor hereby agrees to indemnify, protect, defend, and hold harmless Transferee and its affiliates, members, managers, directors, officers, employees and agents from any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys' fees and costs, to the extent arising from or in connection with Licensee's negligence or willful misconduct hereunder, or breach of this Agreement, except to the extent of Transferee's negligence or willful misconduct. During the term of this Agreement, Licensee warrants that it will not revoke any of the state and federal licenses, permits, certifications, and approvals from governmental authorities that have jurisdiction over the Facility's licensure and operation that are required to be held by Licensee after the Closing Date, including the SNF License, until the date Transferee obtains the permits, certifications and

approvals from governmental authorities needed to operate the Facility as a skilled nursing facility.

9. Transfer of Resident Trust Funds

(a) On the Closing Date, Transferor shall provide Transferee with a true, correct and complete accounting and inventory of all funds belonging to residents at the SNF Premises (each, a “Resident”) which are held by Transferor in a custodial capacity (collectively, “Resident Funds”) as of the date hereof, subject to adjustment within fifteen (15) days following the date hereof. Such accounting and inventory will set forth the names of the Residents for whom such Resident Funds are held and the amounts held on behalf of each Resident. On the date hereof, Transferee acknowledges receipt of and expressly assumes all of Transferor’s financial and custodial obligations with respect thereto, it being the intent and purpose of this provision that, on the date hereof, Transferor will be relieved of all fiduciary and custodial obligation with respect to such Resident Funds delivered to Transferee and that Transferee will assume all such obligations and be directly accountable to the Residents with respect to all Resident Funds delivered to Transferee.

(b) Transferee shall have no responsibility as to the applicable Resident/responsible party and regulatory authorities for claims which arise from actions or omissions of Transferor with respect to the Resident Funds prior to the Closing Date, and such pre-existing liabilities (if any) related to the Resident Funds shall be and remain the responsibility of Transferor.

(c) Except as set forth above, Transferor shall have no responsibility to the applicable Resident/responsible party and regulatory authorities with respect to any Resident Funds delivered to Transferee. The provisions of this Section shall survive the expiration or any earlier termination of this Agreement.

10. Interim Covenants.

(a) The Parties acknowledge that (i) Transferee is required under the laws of the State of California to obtain all of the permits, licenses and governmental approvals described on Schedule III attached hereto for the operation of the SNF Premises (the “License Approvals”). Accordingly, Transferee agrees to (u) assume full responsibility for securing the License Approvals required with respect to the SNF Premises, (v) at its sole cost and expense, diligently pursue, and use commercially reasonable efforts to obtain the License Approvals, (w) prepare and deliver to Transferor a written status report with respect to Transferee’s efforts to obtain the License Approvals (a “License Approval Status Report”) with fifteen (15) day following Transferor’s written request, but no more than once every two months, (x) promptly notify Transferor in writing of any material development in connection with the License Approvals, (y) deliver to Transferor such reasonable documentation and information in respect of the License Approvals as Transferor may reasonably request from time to time and (z) deliver written notice to Transferor of Transferee’s receipt of the License Approvals no later than ten (10) business days after Transferee’s receipt thereof. Each License Approval Status Report shall summarize in reasonable detail (a) the efforts of Transferee (and any person acting on behalf of Transferee) to obtain the License Approvals for the period commencing since the prior License Approval Status Report was delivered and continuing up to the date of the License Approval Status Report then

being delivered (except that the first License Approval Status Report shall instead cover the period between the Closing Date and the date such first License Approval Status Report is delivered), (b) the current status of the application for each License Approval (including commentary regarding the timing and likelihood of the receipt thereof), (c) the dates and subject matter of any and all future meetings, if any, planned (and/or scheduled, as applicable) with any Governmental Authority in respect of the License Approvals and (d) any setbacks encountered by Transferee (and/or by any person acting on behalf of Transferee) in pursuit of the License Approvals. At Transferee's written request, Transferor agrees to cooperate reasonably and in good faith with Transferee as Transferee seeks to obtain the License Approvals from any applicable Governmental Authority as may be required, provided that Transferee shall pay all out-of-pocket costs and expenses arising in connection with the same or imposed by any Governmental Authority requirement (and reimburse Transferor for any such costs and expenses). If, at any time, Transferee receives notice that a License Approval has been denied, then Transferee shall (A) deliver written notice thereof to Transferor within five (5) business days after Transferee's receipt of such denial notice and (B) diligently pursue, at its sole cost and expense, any lawful challenge or appeal of such denial.

(b) Interim Agreements. On the Closing Date, Transferor and Transferee shall execute the Interim Agreements, pursuant to which an interim arrangement structure permits Transferee to begin managing the SNF Premises under Transferor's skilled nursing facility license, and allows for the applicable existing material permits, licenses, agreements and other authorizations issued and required by Governmental Authorities in connection with the operation of the SNF Premises to remain in full force and effect following the Closing Date and until the OTA Closing Date.

#### 11. Costs and Prorations.

(a) As between Transferee and Transferor, any payments (including any amount paid to Transferor prior to the Closing Date for services to be rendered on and after the Closing Date from social security payments, private pay residents' security deposits and prepayments, applied income payments, resident trust prepayments, etc.) for SNF Premises operating expenses, utility charges for the billing period in which the Closing Date occurs, and prepaid expenses and other related items of revenue or expense attributable to the SNF Premises, including prepaid SNF Premises license and permit fees, shall be prorated between Transferor and Transferee as of Closing Date. In general, such prorations shall be made so that as between Transferee and Transferor, Transferor shall be reimbursed for prepaid expense items to the extent that the same are applied to expenses attributable to periods on and after the Closing Date and Transferor shall be charged for unpaid expenses to the extent that the same are attributable to periods prior to the Closing Date. Any CDPH annual license renewal fees shall be the sole responsibility of, and paid by, Transferee. [NTD: TRANSFEE SHOULD BE RESPONSIBLE FOR ALL LICENSE FEES POST-CLOSING AS TRANSFEE IS THE OWNER OF THE PROJECT AT THAT POINT AND IS THEREFORE RESPONSIBLE FOR ALL FEES ATTRIBUTABLE TO THE OWNERSHIP/OPERATION OF THE PROJECT]

(b) Section 11(a) shall be implemented by Transferee remitting to Transferor any invoices (or the applicable portion thereof in the case of invoices which cover periods both prior to and after the Closing Date) which describe goods or services provided to the



SNF Premises before the Closing Date and by Transferee assuming responsibility for the payment of any invoices (or portions thereof) which describe goods or services provided to the SNF Premises on and after the Closing Date; provided, however, that notwithstanding any provision of this Agreement to the contrary, any and all deposits paid by Transferor with respect to the SNF Premises, including without limitation, any and all utility, insurance company or surety shall remain the sole and exclusive property of Transferor, and Transferee shall have no right or interest therein or thereto, and to the extent that Transferor does not receive a return of any such deposit on the Closing Date and such security deposit has been assumed by Transferee, Transferee shall reimburse the Transferor on the Closing Date the full amount of any such security deposit assumed by Transferee.

(c) All such prorations shall be made on the basis of actual days elapsed in the relevant accounting or revenue period and shall be based on the most recent information available to Transferor. Utility charges which are not metered and read on the Closing Date shall be estimated based on prior charges, and shall be re prorated upon receipt of statements therefor as of the Closing Date. Transferee shall obtain its own insurance coverage covering all periods commencing on and after the Closing Date and for the duration of the Interim Period, and shall name Transferor as an "Additional Insured" to said insurance coverage policies.

(d) All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the OTA Closing Date shall be settled within ten (10) business days after the OTA Closing Date or, in the event the information necessary for such adjustment is not available within said ten (10) business day period, then within seven (7) business days of receipt of information by either party necessary to settle the amounts subject to proration.

12. Intentionally deleted.

13. Accounting and Resident Data. Transferor shall transfer its accounts receivable data and resident care data in electronic form, if possible, to Transferee on or before the Closing Date and Transferor agrees to cooperate with Transferee in transferring such information and shall allow, to the extent such temporary arrangement is permissible under Transferor's vendor contracts, to use computer systems and software for a period of ninety (90) days after the Closing Date for accounts receivable collections and resident care maintenance. In the event, the Parties agree that it is not possible to electronically transfer Transferor's accounts receivable and/or resident care data to Transferee, Transferor shall provide hardcopy paper records of its resident care data to Transferee. Transferee will be responsible for any cost associated with the transfer (electronically or otherwise) by Transferor of its resident care data to Transferee not to exceed \$ \_\_\_\_.

14. Submission to Jurisdiction. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY

CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

15. Notice. Unless expressly provided otherwise herein, any notice, communication or demand required or permitted to be given under this Agreement shall be in writing (including e-mail communications) and shall be sent to the applicable party in accordance with the terms of the PSA.

16. Miscellaneous.

(a) No Bulk Transfer. Neither anything contained herein, nor the transactions provided for herein, shall be deemed or construed to constitute a “bulk sale”.

(b) Further Assurances. Each Party agrees to execute and deliver to any other Party any agreement, document or instrument deemed reasonably necessary or desirable to give effect to the transactions described in this Agreement.

(c) Entire Agreement. There are no agreements, understandings, commitments, representations or warranties between the Parties with respect to the subject matter hereof except as expressly set forth in this Agreement. This Agreement supersedes all prior oral or written negotiations, understandings and agreements between the Parties with respect to the subject matter hereof. In the event that any provision of this Agreement conflicts with a provision of the Purchase Agreement, the provision of the Purchase Agreement prevails.

(d) Captions; Pronouns. Any titles or captions contained in this Agreement are for convenience only and shall not be deemed part of the text of this Agreement. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as appropriate.

(e) Counterparts; Facsimile or Electronic Transmission. This Agreement may be executed in any number of multiple counterparts, each of which shall be deemed to be an original copy and all of which shall constitute one agreement, binding on the Parties. Delivery of an executed counterpart of a signature page to this Agreement by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Agreement. The words “executed”, “execution”, “signed”, “signature”, and words of like import in this Agreement shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, “pdf”, “tif” or “jpg”) and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable

law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

(f) Governing Law. IN ALL RESPECTS THIS AGREEMENT SHALL BE GOVERNED BY, AND CONSTRUED AND ENFORCED IN ACCORDANCE WITH, THE INTERNAL LAWS OF THE STATE OF CALIFORNIA (WITHOUT REGARD OF PRINCIPLES OR CONFLICTS OF LAW).

(g) Specific Performance. Each Party shall be entitled to enforce the terms of this Agreement through specific performance.

(h) Attorneys' Fees. If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement or to resolve any dispute under this Agreement, the losing Party(ies) shall pay the attorneys' fees, costs and necessary disbursements of the prevailing Party(ies) in addition to any other relief to which such prevailing Party(ies) may be entitled.

(i) No Third-Party Beneficiaries; Successors and Assigns. This Agreement shall not confer any rights or remedies upon any person other than the Parties and their respective successors and permitted assigns. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and assigns. No Party, however, may assign either this Agreement or any of its rights, interests or obligations hereunder without the prior written approval of the other Parties.

(j) Amendments. No amendment of any provision of this Agreement shall be valid unless, as a condition to the effectiveness of such change, the same shall be in writing and signed by the Party against whom the amendment is sought to be enforced. No waiver by any Party of any default, misrepresentation or breach of warranty or covenant hereunder, whether intentional or not, shall be deemed to extend to any prior or subsequent default, misrepresentation or breach of warranty or covenant hereunder or affect in any way any rights arising by virtue of any prior or subsequent such occurrence.

(k) Severability. In the event that any provision of this Agreement, as applied to any Party or to any circumstance, shall be adjudged by a court to be void, unenforceable or inoperative as a matter of law, then the same shall in no way affect any other provision in this Agreement, the application of such provision in any other circumstance or with respect to any other Party, or the validity or enforceability of this Agreement as a whole.

(l) Full Review and Advice of Counsel. Each Party and their respective attorneys have had full opportunity to review and participate in the drafting of the final form of this Agreement. Accordingly, this Agreement shall be construed without regard to any presumption or other rule of construction against the Party causing this Agreement to be drafted.

(m) Time of the Essence. Time is of the essence of each and every provision of this Agreement.

IN WITNESS WHEREOF, the Parties have executed and entered into this Agreement as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **Schedule I**

### Medicare/Medi-Cal Assets

NPI: 1972588846

PTAN: 555616

## **Schedule II**

### **Medicare MCO Contracts**

#### **Agreement**

Provider Agreement

Ancillary Provider Participation  
Agreement

SNF Preferred Provider Agreement

Provider Participation

Facility Agreement

#### **Managed Care Organization**

Blue Shield of CA

UnitedHealthCare of CA

Adventist Health Glendale Post-Acute Care  
Network

Health Net of California, Inc.

Anthem Blue Cross

**Schedule III**  
**License Approvals**

1. Skilled Nursing Facility License
2. Medicare and Medi-Cal Certification
3. Clinical Laboratory License/CLIA



## EXHIBIT A

### Form of Bill of Sale and General Assignment

#### BILL OF SALE AND GENERAL ASSIGNMENT

THIS BILL OF SALE AND GENERAL ASSIGNMENT (this “Bill of Sale”) is made as of this [ ] day of [ ] (the “Effective Date”), by HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and [Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee)”].

#### W I T N E S S E T H

WHEREAS, Transferor owns and operates that certain continuing care retirement community commonly referred to “Windsor” and “Windsor Manor” and located at 1230 E. Windsor Road, Glendale, California.

WHEREAS, pursuant to that certain Operations Transfer Agreement dated as of [ ● ], 2022 (the “OTA”), Transferor is required to transfer and convey to Transferee all of its right, title and interest in and to the Inventory, Personal Property and Permits (as each of such terms is defined in the OTA) other than the Excluded Assets (as defined in the OTA) (collectively, the “Transferred Property”) with respect to the Facility (as defined in the OTA), free and clear of all liens, charges, claims and encumbrances thereon, and Transferee is required to accept the transfer and conveyance thereof.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Transferor hereby agrees as follows:

1. Transfer of the Transferred Property. Transferor hereby grants, assigns, transfers, conveys and delivers to Transferee, absolutely and unconditionally, all of its right, title and interest in and to the Transferred Property with respect to the Facility. Except as aforesaid, the Transferred Property is being conveyed in its “as is, where is” condition.

2. Impact of Interim Agreements. Notwithstanding the foregoing, due to the fact that the Interim Agreements are being implemented for the SNF Premises as of the Closing Date, if applicable law prohibits the conveyance of any of the Transferred Property to Transferee until the OTA Closing Date, then such Transferred Property shall not be assigned, transferred or conveyed by Transferor as of the Closing Date, but rather shall be automatically assigned, transferred and conveyed by Transferor to Transferee upon the OTA Closing Date; provided, however, nothing herein shall derogate from any of Transferee’s obligations, as applicable, under the Interim Agreements (including, without limitation, Transferee’s responsibility for obligations with respect to the Transferred Property with respect to the SNF Premises for all periods from and after the Closing Date).

3. Successors and Assigns. This Bill of Sale shall be binding upon and inure to the benefit of Transferor and Transferee and their respective successors.

4. Signatures; Counterparts. This Bill of Sale may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Bill of Sale by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Bill of Sale. The words “executed”, “execution”, “signed”, “signature”, and words of like import in this Bill of Sale shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, “pdf”, “tif” or “jpg”) and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

5. Governing Law. This Bill of Sale shall be governed by and construed and enforced in accordance with the internal laws of the state of California without giving effect to the principles of conflicts of law thereof.

*[Remainder of page intentionally left blank]*

IN WITNESS WHEREOF, Transferor has executed this Bill of Sale as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

## EXHIBIT B

### Form of Assignment and Assumption Agreement

#### ASSIGNMENT AND ASSUMPTION AGREEMENT

THIS ASSIGNMENT AND ASSUMPTION AGREEMENT (this “Assignment”) is made as of this [ ] day of [ ] (the “Effective Date”), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee”).

#### W I T N E S S E T H

WHEREAS, Assignor and Assignee are parties to that certain Operations Transfer Agreement dated as of [ ● ], 2022 (the “Operations Transfer Agreement”), which governs the transfer of operations and management of the continuing care retirement community commonly referred to as Windsor or Windsor Manor (the “Community”).

WHEREAS, pursuant to the Operations Transfer Agreement, (a) Transferor is required to assign, transfer and convey to Assignee all of its right, title and interest in, to and under the (i) Residency Agreements, other than Excluded Assets (as each such term is defined in the Operations Transfer Agreement) (collectively, the “Assigned Agreements”) with respect to the Facility (as defined in the Operations Transfer Agreement) and (b) Assignee is required to accept such assignment, transfer and conveyance from and after the Closing Date with respect to the Facility (except with respect to the Residency Agreements that are applicable to the SNF Premises (as defined in the Operations Transfer Agreement), which shall be from and after the OTA Closing Date (as defined in the Operations Transfer Agreement); provided that nothing herein shall derogate from any of Transferee’s obligations, if applicable, under the Interim Agreements (as defined in the Operations Transfer Agreement) (including, without limitation, Transferee’s responsibility for Transferor’s obligations under the Residency Agreements with respect to the SNF Premises for periods from and after the Effective Date).

NOW THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the mutual receipt and sufficiency of which are hereby acknowledged, the parties hereto do hereby agree as follows:

1. Assignment. Assignor assigns, transfers, and conveys unto Assignee all of its rights, title, interest, benefits and privileges in, to and under the Assigned Agreements and the Assigned Accounts with respect to the Facility.

2. Assumption. Each Assignee hereby expressly assumes and agrees to perform from and after the Effective Date all of the obligations of Assignor under the Assigned Agreements which first arise from and after the Effective Date (except with respect to the Residency Agreements that are applicable to the SNF Premises, which shall be from and after the OTA Closing Date; provided that nothing herein shall derogate from any of Transferee’s obligations, if applicable, under the Interim Agreements (including, without limitation,

Transferee's responsibility for Transferor's obligations under the Residency Agreements with respect to the SNF Premises for periods from and after the Effective Date).

3. Impact of Interim Agreements. Notwithstanding the foregoing, due to the fact that the Interim Agreements (as defined in the Operations Transfer Agreement) are being implemented for the SNF Premises as of the Closing Date as defined in the PSA, if applicable law prohibits the assignment of any of the Assigned Agreements or Assigned Accounts to Assignee until the OTA Closing Date, then such Assigned Agreement or Assigned Account shall not be assigned, transferred or conveyed by Assignor as of the Closing Date, but rather shall be automatically assigned, transferred and conveyed by Assignor to Assignee upon the OTA Closing Date; provided, however, nothing herein shall derogate from any of Transferee's obligations, if applicable, under the Interim Agreements (including, without limitation, Transferee's responsibility for Transferor's obligations with respect to the Assigned Agreements and Assigned Accounts with respect to the SNF Premises for all periods from and after the Effective Date).

4. Binding Effect. This Assignment shall be binding upon, enforceable by and shall inure to the benefit of the parties hereto and their respective successors and assigns.

5. Signatures; Counterparts. This Assignment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Assignment by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Assignment. The words "executed", "execution", "signed", "signature", and words of like import in this Assignment shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, "pdf", "tif" or "jpg") and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

6. Governing Law. This Assignment shall be governed by and construed and enforced in accordance with the internal laws of the state of California without giving effect to the principles of conflicts of law thereof.

IN WITNESS WHEREOF, Assignor and Assignee have executed this Assignment as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EXHIBIT C**

**Form of Interim Lease**

**[Please See Attached]**

**EXHIBIT D**

**Form of Interim Management Agreement**

**[Please See Attached]**



## **EXHIBIT D**

### **LIST OF DUE DILIGENCE MATERIALS**

<b>Documents Provided Prior to Execution of Purchase and Sale Agreement</b>
Brochures with Resident Rates effective 1-1-2022.pdf
CBRE Appraisal Windsor Glendale CA(3-10-2022).pdf
HumanGood California OG 2020 Audited Financial Statements.pdf
HumanGood SoCal P_C.pdf
SoCal P_C.pdf
WI 101 5a Inc Stmt - 12 month rolling Cy 2021.xlsx
WI 210b Classified Balance Sheet Dec 2021.xlsx
WI 404 Trial Balance BS Dec 2021.xlsx
WI IS TB Trend C 2021.xlsx
WI IS TB Trend with dept C 2021.xlsx
WI Occupancy Trend Cy 2021.xlsx
WIN CR Agreement Classic 2019 03 22.pdf
Windsor 50% Repayable Care and Residence Agmt Jan2018.docx
Windsor 75% Repayable Care and Residence Agmt Jan2018.docx
Windsor Classic Residence and Care Agmt 2016 05 01.docx
Windsor Residence and Service Agreement 2018 03 01.doc

<b>Documents Provided During Due Diligence Period</b>	
<b>Folders</b>	<b>Documents</b>
<b>Additional Items</b>	
	Redacted Team Member Spreadsheet 5-19-2022.xlsx
<b>Email Exchanges During Diligence Period</b>	
	AraratDoc.pdf Email Exchange re Dept Job with attachment.pdf Email Greg Bearce.pdf Email re Windsor Resident Contracts.msg MayFinancialsWin.pdf Meet the Ararat IT Team.msg RE Meet the Ararat IT Team.msg
<b>IT Dataroom</b>	
	[Empty]
<b>Items required under PSA Section 4.1.1</b>	
(i) Most recent property tax bills and assessments for the Property	PROPTAX - WIND - 5679-32-001 - 2021.pdf PROPTAX - WIND - 5679-32-004 - 2021.pdf PROPTAX - WIND - 5679-32-005 - 2021.pdf PROPTAX - WIND - 5679-32-008 - 2021.pdf PROPTAX - WIND - 5679-32-016 - 2021.pdf

(ii) Documents evidencing interests not shown on the Title Report	[Empty]
(iii) Leases, service contracts, easements, licenses, development approvals	Windsor 1405564-000.pdf
(iv) Existing surveys of the Real Property	Windsor Site Plan.pdf
(ix) General ledger and trial balance supporting financial statements	GL Detail 2019 to 2021 v3.XLSX Windsor TB 2019.xlsx Windsor TB 2020.xlsx Windsor TB 2021.xlsx
(v) Soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property	Windsor Manor Phase I.pdf
(vi) Plans and engineering documents relating to the Facility	
<i>a. Charles Walton Associates 3-2-1992</i>	001.pdf-039.pdf (Re-Roofing & Mechanical Equipment Renovation)
<i>b. Faxon, Gruys, Saylar 1964 1-Story Building</i> Architectural  Electrical Mechanical Plumbing Structural	1-Story Building Arch Combined 1964 Plans Reduced.pdf Faxon, Gruys, Saylar 1964 Sheet 1 to 9.pdf Windsor Arch Combined 1964 Plans.pdf Faxon, Gruys, Saylar 1964 E-1 to E-5.pdf Faxon, Gruys, Saylar 1964 M-1 to M-5.pdf Faxon, Gruys, Saylar 1964 P-1 to P-5.pdf Faxon, Gruys, Saylar 1964 S-1 to S-7.pdf
<i>c. Serdar Architecture - Triplex Duplex</i>	001 to 014.pdf (South Chevy Chase Triplex Remodel)
<i>d. Windsor Manor East Addition Strange Inslee Senefeld 1972 &amp; WM East Addition 1972 Plumbing Sheets</i>	East Addition P-1 to P-9.pdf Roll 1.pdf Roof Details.pdf Strange Inslee Senefeld 1972 Architectural Plans.pdf Strange Inslee Senefeld 1972 Architectural Plans.pdf Strange Inslee Senefeld 1972 Complete Plans.pdf Strange Inslee Senefeld 1972 Mechanical Plans.pdf Windsor Site Plan.pdf
<i>e. Windsor Manor, Intermediate Care, 11-6-1972 Plans</i>	WM, Intermediate Care, 11-6-1972, Dwg. 1, Site Plan.pdf WM, Intermediate Care, 11-6-1972, Dwg. 2, Floor Plan.pdf

	WM, Intermediate Care, 11-6-1972, Dwg. 3, Qtr Floor Plan-Interior Elevations.pdf WM, Intermediate Care, 11-6-1972, Dwg. 4, Finish Schedule-Door Schedule-Details.pdf WM, Intermediate Care, 11-6-1972, Dwg. 5, Specifications.pdf WM, Intermediate Care, 11-6-1972, Dwg. E-2, Lighting-Power Plan.pdf WM, Intermediate Care, 11-6-1972, Dwg. M-1, Mechanical Schedule-Detail-Control.pdf WM, Intermediate Care, 11-6-1972, Dwg. M-2, Mechanical Floor Plan.pdf WM, Intermediate Care, 11-6-1972, Dwg. P-1, Plumbing.pdf WM, Intermediate Care, 11-6-1972, Dwg. S-1, Remodel West End So. Wing.pdf
(vii) Other correspondence, reports, studies, permits, approvals	_ClosureLetters_20220406_134504.pdf ClosedInComplianceLtr_20210812_150935.pdf FW_1230 E Windsor Rd_Resting Rail (1).msg FW_1230 E Windsor Rd_Resting Rail.msg SITE PLAN 2022-04-18.pdf Zoning Use Permit.pdf
(viii) Audited Financial Statements for 2019-2021	HumanGood California OG 2019 Audited Financial Statements.pdf HumanGood California OG 2020 Audited Financial Statements.pdf HumanGood COG 2021 Audited Financial Statements.pdf
(x) Contracts and agreements and other documents material to the business	[Empty]
(xi) Redacted current and complete list of all employees of Seller who work at the Facility, together with their dates of hire, positions and their annual salaries and other compensation	Redacted Team Member Spreadsheet 5-19-2022.xlsx
<b>Vendor Contracts Supporting at Windsor</b>	
Maintenance Agreements	access control security.pdf baker commodities pumping.pdf bryan exhaust service inc.pdf duthie power service agreement.pdf external disaster drill.pdf fire safety service inc contract.pdf Ice machine-Balesteri Refrigeration inc agreement.pdf Jimenez landscape sign page 9.17.2020.pdf Refrigeration - Balesteri Refrigeration inc agreement.pdf
Managed Care Contracts	2020-07-01 Health Net Human Good Norcal PPA 1.pdf Adventist Health Preferred Provider Agreement - Windsor.pdf

	Anthem Blue Cross HumanGood NorCal Exe Agreement 040120.pdf UHC signed contract 6.17.2020.pdf UHC_Windsor Manor Commercial Payment Appendix.pdf UHC_Windsor Manor FPA Agreement.pdf UHC_Windsor Manor Medicare Payment Appendix-.pdf Windsor Manor - FFS SNF Base 06-01-20 v2 (1).pdf
Physician Agreement	DysphagiaDoc.pdf Medical Director Antossyan signed agreement 6.1.2020.pdf Podiatrist agreement- Melineh AslanianDPM.pdf
Unsure	2020_07_10_HCBarrierAgreement.pdf DS Aptura signed agreement 2.28.2020.pdf Medico Laundry Agreement 7.1.2020.pdf ProvidenceStJoseph_WindsorManor_EpicLinkAgreement.pdf
Main Folder	4.28.22 Essential Registry.pdf AAHCS - Windsor Manor - Agmnt - 4-16-2021 (1).pdf Advanced Care Services Temporary Staffing Agreement.pdf Advantage Wound Care.pdf Amtech Elevator Services.pdf CareLinx Staffing Agreement.pdf Clipboard Contract.pdf Crown Disposal Co.pdf Diagnostic Labs Part 2.pdf Diagnostic Labs.pdf EcoLab.pdf Maintenance Agreements Managed Care Contracts Physician Agreement Unsure 4.28.22 Essential Registry.pdf AAHCS - Windsor Manor - Agmnt - 4-16-2021 (1).pdf Advanced Care Services Temporary Staffing Agreement.pdf Advantage Wound Care.pdf Amtech Elevator Services.pdf CareLinx Staffing Agreement.pdf Clipboard Contract.pdf Crown Disposal Co.pdf Diagnostic Labs Part 2.pdf Diagnostic Labs.pdf EcoLab.pdf

**2) FINAL Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles dated May 17, 2022.**

## **PURCHASE AND SALE AGREEMENT**

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of May 17, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation, or assigns ("**Purchaser**").

### **RECITALS**

A. Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Purchaser is the owner of and has experience operating a senior care community.

C. Seller is interested in selling the Real Property, the Facility and the business operations conducted therein (the "**Business**") to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the Business from Seller (the "**Transaction**").

D. The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

1.1 Seller's Assets. On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

1.1.1 The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

1.1.2 All fixtures attached or appurtenant to the Real Property and the Facility;

1.1.3 All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller including the computers and related systems (collectively, the "**Personal Property**"); provided

that Seller will wipe all of the hard drives and remove all confidential information and materials from the operating systems; and provided further, Seller will save certain resident information needed in connection with Purchaser's operation of the Business after the Closing, including resident medical and pharmacy records, home health and other doctors' orders, billing records and resident payment history on a drive or on the cloud for the Purchaser to download at Closing;

1.1.4 To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility ("**Permits**");

1.1.5 All rights existing under all contracts related to the ownership, planning, development, construction, use, operation and/or maintenance of the Facility to which the Seller is a party, excluding those identified as Excluded Assets, but including without limitation the Resident Agreements and the Assumed Operating Contracts (each as defined below) ("**Assigned Contracts**");

1.1.6 To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

1.1.7 All inventory, wherever located, including all raw materials, spare parts and all other materials and supplies to be used in the Business or in connection with maintenance of the Facility (the "**Inventory**");

1.1.8 All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

1.1.9 All intangible personal property of any kind or character of the Seller, including without limitation, all warranties, guarantees and all of Seller's legal and equitable claims, causes of action, and rights, if any, arising post-Closing, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

1.1.10 All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

1.1.11 Other than corporate and trade names used by Seller in connection with the Business as well as related social media accounts, domain name and website and any content therein, all of the Seller's Intellectual Property, including, but not limited to, licenses and sublicenses granted and obtained with respect thereto, related to the Business, to the extent transferable, Seller's telephone and fax numbers, all passwords and similar access requirements with respect thereto, and all goodwill associated therewith, including rights thereunder, remedies against infringements thereof, and rights to protection of interests therein;

1.1.12 The vehicles described in **Schedule 1.1.12** (the "**Vehicles**");

1.1.13 The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the Business;

1.1.14 All prepayments, vendor credits, loans to employees, prepaid expenses and similar assets.

1.1.15 Excluding the Excluded Assets, any other asset, property, or right of any Seller, tangible or intangible, used in the conduct of the Business.

1.1.16 All books, files and records in whatever form or medium related to the operation of the Facility and the Business, including, but not limited to, original records for current residents and employees of the Business, quotation and purchase records and all books, records, ledgers, files, documents, correspondence, lists, reports, and other printed or written materials with respect to the Real Property, Facility and Business but specifically excluding those documents whose disclosure is restricted by applicable law.

Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets." The parties hereby acknowledge and agree that HumanGood SoCal owns and operates seniors housing communities other than the Facility ("**Other Assets**"), and that Seller's Assets being sold hereunder do not include the Other Assets.

1.2 Excluded Assets. Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**"):

1.2.1 the Other Assets;

1.2.2 Seller's cash, including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;

1.2.3 Except as provided in Section 1.1.3 above, Seller's proprietary or organizational documents, financial (including historical financials), accounting and/or tax records and other records that Seller is required by law to retain in its possession;

1.2.4 Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;



1.2.5 any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

1.2.6 Seller's deposits, including utility deposits and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;

1.2.7 Except as may be otherwise provided herein, any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;

1.2.8 Except as may be otherwise provided herein, any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

1.2.9 any personal property identified on **Schedule 1.2.8** hereto (the "**Excluded Personal Property**");

1.2.10 the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("**SNF**") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("**CDPH**") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

1.2.11 all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not Assigned Contracts and any national contracts.

1.3 Assumption of Liabilities. Except for the deposits and obligations related to the Assigned Contracts arising on or after Closing, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Real Property, Facility or the Business (the "**Assumed Liabilities**").

1.4 Notwithstanding the provisions of **Section 1.3** or any other provision in this Agreement to the contrary, Purchaser shall not assume and shall not be responsible to pay, perform or discharge any liabilities of Seller of any kind or nature whatsoever other than the Assumed Liabilities (the "**Excluded Liabilities**"). Seller shall pay and satisfy in due course all Excluded Liabilities, which shall include all monies owed by Seller under the Assigned Contracts through the Closing.

## 2. **Purchase Price.**

2.1 **Purchase Price.** The aggregate consideration for the Seller's Assets (the "**Purchase Price**") shall be Fourteen Million Five Hundred Thousand and No/100 Dollars (\$14,500,000.00) plus the assumption of any Assumed Liabilities, subject to any proration adjustment contemplated in **Section 6.2** hereof. At the Closing, the Purchaser will deliver to Seller, by wire transfer or immediately available funds, an amount equal to the Purchase Price, less the Deposit as set forth in 2.1.1. as follows:

2.1.1 **Deposit.** Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Initial Deposit**") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "**Escrow Agent**"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Additional Deposit**") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "Deposit". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**; provided, however, if Purchaser does not provide an Approval Notice (as defined below) prior to expiration of the Due Diligence Period for any reason, this Agreement and the escrow shall be cancelled, and the Initial Deposit immediately returned to Purchaser.

2.1.2 **Balance of Purchase Price.** The balance of the Purchase Price, less the Deposit, plus or minus any costs and prorations for which Seller and/or Purchaser are responsible under **Section 6.2** hereof shall be paid by wire transfer of immediately available funds at Closing.

2.2 **Allocation of Purchase Price.** The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2**.

2.3 **Independent Consideration.** As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

## 3. **Closing**

3.1 **Time and Place of Closing.** Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("**COA**") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds

released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before December 31, 2023, Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case the Deposit shall be returned to Purchaser unless Purchaser is then in default and neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

3.2 Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

#### 4. **Due Diligence; Title and Survey.**

##### 4.1 Due Diligence Investigation.

4.1.1 Within three (3) Business Days after the Opening of Escrow, Seller shall deliver to Purchaser or provide Purchaser access to all materials in Seller's possession or control relating to the Real Property or Facility including, but not limited to: (i) copies of the most recent property tax bills and assessments for the Property; (ii) copies of all documents evidencing interests not shown on the Title Report, if any, (iii) a copy of any and all leases, service contracts, easements, licenses, development approvals and/or other agreements related to the Real Property or Facility including, without limitation, contracts for design work thereon; (iv) any and all existing surveys of the Real Property; (v) any and all soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property; (vi) any and all engineering documents relating to the Facility including, without limitation, plans and specifications prepared for Seller in connection with the development of the Real Property and Facility (the "**Plans and Specifications**"); (vii) any and all other correspondence, reports, studies, permits, approvals or documents relating to the Real Property or Facility, except for Seller's internal materials, documents, correspondence, and/or analysis; (viii) audited financial statements for the Business for the period ending December 31, 2019, 2020 and 2021 (the "**Financial Statements**"), as well as the three month period ending March 31, 2022; (ix) the general ledger and trial balance supporting the Financial Statements; (x) contracts and agreements and other documents material to the Business; (xi) a redacted current and complete list of all employees of Seller who work at the Facility, together with their dates of hire, positions and their annual salaries and other compensation; and (xii) and other documents to be provided by Seller in accordance with this **Section 4.1.1** (collectively, the "**Due Diligence Materials**"). In addition, Seller shall promptly deliver to Purchaser or provide Purchaser access to such other information relating to the Real Property, Facility and Business that is specifically and reasonably requested by Purchaser of Seller in writing to the extent such information is in the possession or control of Seller. Except as otherwise expressly set forth in this Agreement, Seller makes no representations or warranties whatsoever regarding the Due Diligence Materials, including, without limitation, as to their completeness or accuracy. Prior to the expiration of the Due Diligence Period, Seller will provide to Purchaser a final list of the Due Diligence Materials provided to Purchaser.

4.1.2 During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its sole and absolute discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility.

4.1.2.1 At all reasonable times from the date of this Agreement to the Closing, or earlier termination of this Agreement, upon forty-eight (48) hours prior written notice to Seller, Purchaser and their respective employees, agents, consultants, managers and contractors shall be entitled, at Purchaser's sole cost and expense, to: (a) enter onto the Real Property and Facility to perform any inspections, investigations, studies, and tests of the Real Property and Facility (including, without limitation, physical, engineering, soils, geotechnical, and environmental tests) that Purchaser deems reasonable; provided however that Purchaser shall not do any invasive testing on the land without the prior consent of Seller, which consent shall not be unreasonably withheld; (b) review all Due Diligence Materials; and (c) investigate such other matters pertaining to the Real Property, Facility and Business as Purchaser may desire. Any entry by Purchaser onto the Real Property shall be subject to, and conducted in accordance with, all applicable laws. Upon completion of any such testing, Purchaser shall immediately restore the Real Property and Facility to substantially the same condition as it existed prior to Purchaser's entry under this **Section 4.1.2.1**. During the term of Escrow, Purchaser shall have the right to meet with representatives of the City and other governmental agencies having jurisdiction over the Real Property and Facility. Seller shall have the right to have a representative attend each and every meeting with representatives of the City and other governmental agencies having such jurisdiction. Seller shall cooperate with Purchaser in its investigation of the Real Property, Facility and Business (the "**Due Diligence Review**").

4.1.2.2 Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmen's liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

4.1.2.3 Purchaser shall have the right at any time on or before the end of the Due Diligence Period (the "**Due Diligence Termination Date**"), to terminate this Agreement by delivering a written notice of such termination to Seller and Escrow Agent if Purchaser determines, in its sole and absolute discretion, that the Seller's Assets are not acceptable to Purchaser for any reason. Purchaser shall indicate its satisfaction and/or waiver of the Due Diligence condition described in this **Section 4.1** by delivering written notice of such satisfaction and/or waiver ("**Approval Notice**") to Seller and Escrow Agent on or prior to the Due Diligence Termination

Date. In the event Purchaser fails to timely deliver an Approval Notice, then this Agreement and the Escrow shall be automatically deemed terminated. In the event this Agreement is terminated in accordance with this Section, then the Initial Deposit shall be immediately returned to Purchaser and the parties shall thereafter be relieved from further liability hereunder, except with respect to any obligations under this Agreement that are expressly stated to survive any termination of this Agreement.

4.2 Title Matters. After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

4.2.1 Property Documents. After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein and a map showing all easements plotted. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

4.2.2 Title Objections.

(a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

(b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement, in which case the Deposit shall be immediately returned to Purchaser. If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

(c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in

accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

(d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter.

4.3 Access to Key Employees. Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

## 5. Conditions to Closing.

5.1 Purchaser's Conditions. Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Seller at the Closing) (the "**Purchaser's Closing Conditions**"), which conditions may be waived by Purchaser only in a writing executed by Purchaser:

5.1.1 Closing Deliveries. Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

(a) A Grant Deed in substantially the form annexed hereto as **Exhibit A** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

(b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit B** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

(c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit C** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

(d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

(e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit D**;

(f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;

(g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

(h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

(i) Written closing instructions directed to the Escrow Agent;

(j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;

(k) An Interim Lease, Interim Management Agreement and OTA;

(l) The consent of all other parties to the Assumed Operating Contracts for each Assumed Operating Contract that requires the consent of another party prior to the consummation of the transaction contemplated by this Agreement; and

(m) Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

5.1.2 Title Policy. The Title Company shall be irrevocably and unconditionally prepared and committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions, with those endorsements reasonably requested by Purchaser (provided that such endorsements are available in the State of California and are paid for in accordance with the terms in this Agreement), in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

5.1.3 Representations and Warranties. The representations and warranties of Seller contained in this Agreement shall be true, correct, and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.1.4 Seller's Performance. Seller shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Seller to be complied with or performed under the terms of this Agreement prior to or at Closing.

5.1.5 Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership

application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

5.1.6 Due Diligence Review. Purchaser shall have delivered an Approval Notice pursuant to **Section 4.1.2.3**.

5.1.7 New Encumbrances. Other than new Resident Agreements entered into in the ordinary course of business by Seller, Seller shall not have encumbered or granted any interest in or to the Property or any portion thereof to any party for any reason whatsoever, include the grant or dedication of any easements, any security interest or otherwise burden the title or use of the Property or any portion thereof after the Opening of Escrow.

5.2 Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Purchaser at the Closing) (the "**Seller's Closing Conditions**"), which conditions may be waived by Seller only in a writing executed by Seller:

5.2.1 Purchase Price. Purchaser shall have delivered to Escrow Agent the Purchase Price as set forth in **Section 2** above.

5.2.2 Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- (a) The executed Assignment;
- (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit C** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;
- (e) Written closing instructions directed to the Escrow Agent;
- (f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;
- (g) An Interim Lease, Interim Management Agreement and OTA; and



(h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

5.2.3 Representations and Warranties. The representations and warranties of Purchaser contained in this Agreement shall be true, correct and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.2.4 Attorney General and California Department of Social Services Approval. All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

5.2.5 Purchaser's Performance. Purchaser shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Purchaser to be complied with or performed under this Agreement prior to or at Closing, including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

5.3 Conditions Generally. The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

## 6. Closing Costs and Prorations.

6.1 Costs and Expenses. All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

6.1.1 Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

6.1.2 Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

6.1.3 Purchaser shall pay all of the costs associated with the Due Diligence Review.

6.1.4 Each of the Parties shall each pay their own legal fees and expenses.

6.1.5 Purchaser and Seller shall share on a 50-50 basis all escrow fees.

6.1.6 Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

6.1.7 Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the Purchaser's licenses and permits necessary to operate the Facility.

## 6.2 Prorations and Adjustments.

6.2.1 All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date. Similarly, any amounts due under the Operating Contracts relating to the Facility and Business for services rendered or goods received prior to the Closing Date, whether an Assigned Contract or not, shall be the responsibility of Seller. Further, the parties acknowledge and agree that post-Closing Seller will continue to collect certain governmental receivables for services rendered by Seller prior to Closing as set forth in Section 10.7 below and pursuant to the terms of the OTA.

6.2.2 Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.3** below.

6.2.3 Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

6.2.4 All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve

such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

6.2.5 This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser solely in its capacity as the owner of the Facility and the Real Property (and not on behalf of any facility or other real or personal property owned by Seller) as follows:

7.1 **Organization and Authority.** Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

7.2 **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's organizational documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected. Except with respect to the approvals provided for in **Section 5.2.4** above, with respect to Seller, no other consent, approval, order or authorization of or from, or registration, notification, declaration or filing with any Person, including without limitation, any Government Entity, is required in connection with the execution, delivery or performance of this Agreement by Seller or the consummation by Seller of the transactions contemplated herein.

7.3 **Litigation.** Except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller, the Real Property, the Facility or the Business, at law or in equity. Seller is not a party to, nor is Seller or the Real Property, Facility or Business bound by, any orders, judgments, injunctions, decrees or settlement agreements under which Purchaser may have continuing obligations after the Closing Date. **Schedule 7.3** lists all ongoing actions against the Seller at law or in equity and a summary of prior legal proceedings against Seller (including, without limitation, general/professional liability, employment, property and

workers' compensation legal proceedings) for the prior three (3) years with the Due Diligence Materials.

7.4 Compliance with Law. Seller has received no written notice that the Facility or Business is not in compliance with applicable laws, nor is Seller aware of any condition that would reasonably be expected to give rise to such non-compliance.

7.5 The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly. The Licenses are in full force and effect.

7.6 Employees of the Facility; Unions. All of the employees of the Business at the Facility are the employees of Seller. None of the employees of the Business at the Facility are members of a labor union or subject to any collective bargaining agreement nor to Seller's knowledge are such employees engaged in any union organizing activities or threatened an attempt to organize or establish any labor union or employee association to represent any employees. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility. Except as disclosed to Purchaser on **Schedule 7.3** hereto, Seller has received no written notice of nor does Seller have knowledge of any non-compliance with applicable laws governing employment and employee relations, including laws relating to employment discrimination, sexual harassment, civil rights, equal pay, wages, meal and rest breaks, hours, overtime, sick leave, collective bargaining and labor relations, occupational safety and health, workers' compensation, immigration, or the withholding and payment of income, social security (FICA) or similar taxes, and any similar laws of any foreign jurisdiction. Except as disclosed to Purchaser on **Schedule 7.3** hereto, to Seller's knowledge, no action alleging a violation of any applicable employment law has been threatened. Seller hereby acknowledges that it has I-9's on file at the Facility for each of the employees of Seller. To Seller's knowledge, Seller does not have any existing workers' compensation liabilities with respect to Seller's employees that are not covered by insurance. Purchaser will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any such law or regulation relating to actions arising out of or related to any event occurring on or before the Closing Date. Seller will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any law or regulation relating to actions arising out of or related to any event occurring after the Closing Date.

7.7 Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

7.8 Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect, none of the Operating Contracts has been modified or amended except any modifications or amendments provided to Purchaser as part of the Due Diligence Review, and, to Seller's knowledge, Seller is in compliance in all material respects with all obligations under the Operating Contracts. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

7.9 Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tllsdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

7.10 Tax Returns. To Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the Business prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid. Moreover, to Seller's knowledge, (i) no liens have been filed against Seller or Seller's Assets in respect of taxes, and no waivers of statutes of limitations have been given or requested with respect to Seller; (ii) there are no pending tax audits or other proceedings with respect to Seller or Seller's Tax Returns nor has Seller been notified of any dispute or claim with respect to taxes that has not been resolved; (iii) Seller is not now a party to any tax sharing, allocation or distribution agreement; and (iv) Seller has no obligation to make (or possibly make) any payments that will be non-deductible under, or would otherwise constitute a "parachute payment" within the meaning of, Section 280G of the Code (or any corresponding provision of state, local or foreign income Tax law).

7.11 No Violations of Environmental Laws. To Seller's knowledge and except as disclosed in the Property Materials or any environmental reports obtained by Purchaser in connection with this Agreement: (a) the Property is not nor has it been under investigation for violation of any federal, state, or local law, ordinance, or regulation relating to industrial hygiene, worker health and safety, or to the environmental conditions in, at, on, under, or about the Property, including, but not limited to, soil and groundwater conditions ("**Environmental Laws**"); (b) the Property has not been subject to a deposit of any Hazardous Substance except in compliance with applicable laws; (c) Seller has not used, generated, manufactured, stored, or disposed in, at, on, or under the Property any Hazardous Substance except in compliance with applicable laws; and (d) there is not now in, on, or under the Property any underground or above ground storage tanks or surface impoundments, any asbestos containing materials, or any polychlorinated biphenyls used in hydraulic oils, electrical transformers, or other equipment. Seller hereby assigns to Purchaser

as of the Closing all claims, counterclaims, defenses, and actions, whether at common law or pursuant to any other applicable federal, state or other laws that Seller may have against any third party or parties relating to the existence or presence of any Hazardous Substance in, at, on, under, or about the Property. For purpose of this Agreement, the term "Hazardous Substance" shall be deemed to include any wastes, materials, substances, pollutants, and other matters regulated by Environmental Laws including, without limitation, per- and polyfluoroalkyl substances (PFAS).

7.12 Health Care Representations. To Seller's knowledge, Seller is not a target of, participant in, or subject to any pending or threatened action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs.

7.13 Financial Statements. Each of the audited Financial Statements of the Business provided by Seller to Purchaser as part of the Due Diligence Materials has been prepared in accordance with GAAP applied on a consistent basis (except as otherwise may be indicated therein) and in accordance with the books and records of Seller. Each of the Financial Statements is complete and accurate and presents fairly in all material respects the financial position of Seller at the dates thereof and the results of operations and cash flows for the periods indicated subject, in the case of interim Financial Statements, to normal year-end adjustments and that interim financial statements do not include footnote disclosure. To Seller's knowledge, since December 31, 2019, except as required by applicable law or changes in GAAP, there has been no change in any accounting principle, procedure, or practice followed by Seller or in the method of applying any such principle, procedure, or practice.

7.14 Undisclosed Liabilities. To Seller's knowledge, Seller does not have any liabilities or obligations of any nature (whether absolute, accrued, contingent or otherwise), except for liabilities or obligations reflected or reserved against in the Financial Statements and liabilities incurred in the ordinary course of Business since the respective dates thereof.

7.15 Absence of Certain Developments. Since January 1, 2021, the Company has conducted the Business only in the ordinary course of business, as applicable, consistent with past practice, including with regard to nature, frequency and magnitude.

7.16 Anti-Bribery.

7.16.1 Neither Seller nor any of its officers or directors, or any employee, agent, distributor or other person acting on behalf of Seller has, directly or indirectly, used any corporate funds for unlawful contributions, gifts, entertainment or other unlawful expenses relating to

political activity, made any unlawful payment to foreign or domestic government officials or employees or made any bribe, rebate, payoff, influence payment, kickback or other similar unlawful payment, or taken any action which would cause them to be in violation of any Anti-Corruption or Anti-Bribery Law.

7.16.2 There is no pending or threatened claims, charges, investigations, violations, settlements, civil or criminal enforcement actions, lawsuits, or other court actions against Seller with respect to any Anti-Corruption or Anti-Bribery Law.

7.16.3 To Seller's Knowledge, there are no actions, conditions, or circumstances pertaining to the activities of Seller that would reasonably be expected to give rise to any claims, charges, investigations, violations, settlements, civil or criminal actions, lawsuits, or other court actions under any Anti-Corruption or Anti-Bribery Law.

7.17 Sufficiency and Condition of Assets. Excluding the Other Assets, Seller's Assets: (a) constitute all of the assets, tangible and intangible, of any nature whatsoever, necessary to operate the Business in the manner presently operated by Seller, and (b) include no assets other than those used in the operation of the Business. Seller has good and valid title, or a leasehold interest in, all of Seller's Assets, free and clear of all liens.

7.18 Contracts.

7.18.1 The Due Diligence Materials contain copies of the Assumed Contracts to which Seller is a party and that are related to the Business. As of the Effective Date, Seller has no knowledge of any material disputes with any existing vendors of the Facility and Seller agrees to disclose to Purchaser any material disputes with vendors arising prior to Closing.

7.18.2 To Seller's knowledge: (i) Seller is not in default under any of the Assumed Contracts; (ii) there has not occurred any event that, with the lapse of time or the giving of notice, or both, would constitute such a default; and (iii) no party to any of the Assumed Contracts other than Seller is in default under any Assumed Contract nor has any event occurred that, with the lapse of time or the giving of notice, or both, would constitute such a default by any such other party.

7.18.3 To Seller's knowledge, each Assumed Contract is in full force and effect and is valid and enforceable in accordance with its terms.

7.19 Legal Compliance; Permits and Licenses.

7.19.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with applicable laws, ordinances, rules, regulations, judgments, orders, decrees, and Permits of all Governmental Entities that are applicable to Seller, and to Seller's Knowledge, Seller is in compliance in all material respects; and (ii) to Seller's knowledge, no investigation by any Governmental Entity with respect to Seller, the operation of the Business, or the ownership or use of any of the Seller Assets is pending or threatened.

7.19.2 (i) Seller holds all material Permits required for the operation of the Business (including, without limitation, all material Permits required by any Environmental Laws), all of which are valid and in full force and effect in all material respects; and (ii) Seller has not received any notice that any Governmental Entity which has issued any such Permit intends to cancel, terminate or not renew any such Permit

7.20 Labor Matters. Seller shall provide a redacted list of all persons who are employees, independent contractors or consultants of the Business as of the date hereof in the Due Diligence Materials, including any employee who is on a leave of absence of any nature, paid or unpaid, authorized or unauthorized, and sets forth for each such individual the following: (i) title or position (including whether full-time or part-time); (ii) hire or retention date; (iii) current annual base compensation rate or contract fee; and (iv) commission, bonus or other incentive-based compensation.

7.20.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with all applicable laws and regulations respecting employment, including, without limitation, laws and regulations respecting employment practices, employment terms and conditions, wages and hours, tax withholding, immigration and collective bargaining, and is not engaged in any unfair labor practice, except as disclosed on **Schedule 7.3**; (ii) except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened charge, complaint, or grievance against Seller related to any employment law or regulation; (iii) there is no labor strike, material dispute, slowdown or stoppage actually pending or, to Seller's knowledge, threatened against or involving Seller; and (iv) to Seller's knowledge, there is no threat of unionization involving Seller or any of its employees.

7.20.2 To Seller's knowledge, Seller is not delinquent in payments to any of their employees or independent contractors for any wages, salaries, commissions, bonuses, or other direct compensation for any services performed by them to date or amounts required to be reimbursed to such employees or independent contractors.

7.21 Employee Benefit Plans.

7.21.1 Employee Benefit Plans. **Schedule 7.21.1** sets forth a complete list of all material employee retirement, welfare, bonus, incentive, deferred compensation, vacation, equity, severance, employment, change of control, and/or fringe benefit plans, programs, policies, practices, and/or other arrangements: (i) covering any current employee, officer or director of Seller or any ERISA Affiliate; (ii) that are sponsored or maintained by Seller or any ERISA Affiliate; or (iii) with respect to which either Seller or any ERISA Affiliate has any current or potential liability (each, a "**Plan**").

7.21.2 Administration and Compliance of the Plans. With respect to each Plan, to Seller's knowledge:

7.21.2.1 all required, declared or discretionary (in accordance with historical practices) payments, premiums, contributions, reimbursements or accruals for all periods ending prior to or as of the Closing Date have been made or properly accrued on the latest balance



sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller;

7.21.2.2 there is no unfunded liability relating to any Plan which is not reflected on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller; and

7.21.2.3 there have been no violations of applicable laws with respect thereto; neither Seller nor any of its agents or delegates has any liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets thereof; no Plan has engaged in or been a party to a "prohibited transaction" (as defined in Section 406 of ERISA or Section 4975(c) of the Code) without an exemption applying thereto; no Proceeding with respect to the administration or the investment of the assets thereof (other than routine claims for benefits) for which Seller or any ERISA Affiliate could have any liability is pending or threatened, and Seller does not have any knowledge of any basis for any a Proceeding with respect to any Plan.

7.22 Certain Fees and Liabilities. Seller has not paid or is obligated to pay any fee or commission to any broker, finder, or intermediary in connection with the transactions contemplated by this Agreement.

7.23 For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, the provisions of **Section 11** shall apply. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party. Seller represents and warrants that Dan Ogus is the person most knowledgeable about the subject matter contained in each representation and warranty provided in such manner. Further, the parties acknowledge and agree that the representations and warranties made by Seller herein relate only to the Facility and Business being purchased by Purchaser and specifically exclude the Other Assets.

8. **Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

8.1 Organization and Authority. Purchaser is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California, and is recognized by the Internal Revenue Service as an organization described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Purchaser has full power

and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

8.2 Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

8.3 Litigation. The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

8.4 Financing. Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

8.5 AS IS. IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

9. **Pre-Closing Covenants/Risk of Loss.**

9.1 **Conduct Pending Closing.** Between the Execution Date and the Closing Date, Seller covenants as follows:

9.1.1 Seller will operate the Facility and Business in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

9.1.2 From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

9.1.3 Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

9.1.4 Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

9.1.5 Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6 Seller shall maintain the Inventory consistent with Seller's past practices and in compliance with applicable laws, and will replenish the same consistent with Seller's past practices.

9.1.7 Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

9.2 **Risk of Loss**

9.2.1 **Condemnation.** If, prior to any Closing, all or any material portion of the Property is taken by condemnation or eminent domain (or is the subject of a pending or contemplated taking which has not been consummated), Seller shall immediately notify Purchaser in writing of such fact. In such event, Purchaser shall have the option to terminate this Agreement

upon written notice to Seller given within ten (10) Business Days after receipt of such notice from Seller, in which event the Deposit shall be returned to Purchaser. Notwithstanding the foregoing, Purchaser's failure to provide written notice of Purchaser's election to terminate within such ten (10) Business Day period shall be deemed Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, Purchaser shall have the right to participate in any proceedings and negotiations with respect to the taking and any transfer in lieu of taking (and Seller shall not consummate any transfer in lieu of taking without Purchaser's prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed). If Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing, then (a) Seller, at, and as a condition precedent to Purchaser's obligation to proceed with, the Closing, must: (i) pay to Purchaser (or direct Escrow Agent to credit Purchaser against the Purchase Price for) the amount of any awards for the taking (and any consideration for any transfer in lieu of taking) actually received by Seller; and (ii) assign to Purchaser by written instrument reasonably satisfactory to Purchaser all rights or claims to any future awards for the taking (and any consideration for any transfer in lieu of taking); and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement.

9.2.2 Casualty. If, at any time after the Effective Date and prior to Closing or earlier termination of this Agreement, the Property or any portion thereof is materially damaged or destroyed by fire or any other casualty (as used herein, "material" shall mean a casualty which would cost more than \$50,000 to repair or cure), Seller shall immediately notify Purchaser in writing of such fact. In the event of a material casualty, Purchaser shall have the option to terminate this Agreement upon written notice to Seller given within ten (10) Business Days after receipt of any such notice from Seller, in which event the Deposit shall be returned to Purchaser. Notwithstanding the foregoing, Purchaser's failure to provide written notice of Purchaser's election to terminate within such ten (10) Business Day period shall be deemed Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, Purchaser shall have the right to participate in any adjustment of the insurance claim. If Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing, or in the event of a non-material casualty, then (a) Seller, at, and as a condition precedent to Purchaser's obligation to proceed with, the Closing, must agree with Purchaser to either: (i) pay to Purchaser (or direct Escrow Agent to credit Purchaser against the Purchase Price for) the amount of any insurance proceeds actually received by Seller plus the amount of any deductible under Seller's insurance; (ii) if no insurance proceeds have been received by Seller, assign to Purchaser by written instrument reasonably satisfactory to Purchaser all rights or claims to the insurance proceeds and credit Purchaser against the Purchase Price for any deductible payable under Seller's insurance policy; or (iii) have Seller repair the Property to the reasonable satisfaction of Purchaser and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement. In the event of a non-material casualty, the Closing Date may be extended to the date that is five (5) business days after the date Seller has completed to Purchaser's reasonable satisfaction any repairs to the Facility necessitated by the casualty.

## 10. Operations Transfer Provisions.

10.1 Licenses. On or prior to the expiration of the Due Diligence Period and concurrent with Seller's delivery of the Approval Notice, Purchaser shall submit a change of ownership

application ("**CHOW**") with DSS pursuant to which Purchaser will obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

10.2 Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the Purchaser's SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period. If the parties cannot agree on a form of OTA, Interim Lease and/or Interim Management Agreement prior to the expiration of the Due Diligence Period, either party may terminate this Agreement upon written notice to the other in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

10.3 Notices. Seller is required to provide one hundred and twenty (120) days' written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to Seller's SNF residents at least ninety (90) days prior to Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

10.4 CHOMs. On or prior to the expiration of the Due Diligence Period, if mutually agreed to by Seller and Purchaser, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, if the parties mutually agree that Purchaser will submit change of manager applications, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

## 10.5 Employees.

10.5.1 At the Closing Date, Seller shall terminate all of the employees of the Facility and shall pay to them any wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before the Closing Date and Seller shall help Purchaser facilitate the employee interviews. In accordance with Cal H & S Code Section 1267.62, at least ten (10) days preceding the Closing Date, except for the Retained Employees, Purchaser shall provide written offers of employment, as of the Closing Date, to all of the skilled nursing employees of the Facility for a 60-day transition period in the employee's primary language or another language in which the employee is literate conditioned only on the occurrence of the Closing Date (the "**SNF Employees**"). The offer to the SNF Employees shall state the time within which the employee shall accept the offer, but that time period may not be fewer than ten (10) days. During the 60-day transition period, Purchaser shall not discharge without cause any SNF Employee that accepts Purchaser's offer of employment ("**SNF Hired Employees**") pursuant to this **Section 10.5.1**. Cause shall be based only on the performance or conduct of the particular SNF Hired Employee. During the 60-day transition period, a SNF Hired Employee shall not suffer any reduction in wages, benefits, or other terms and conditions of employment, economic or otherwise, as a result of the transfer or change of ownership.

10.5.2 In addition to the Purchaser's hiring of all SNF Hired Employees pursuant to **Section 10.5.1**, in order to insure that the transaction does not trigger any notice obligations under the California WARN Act, at least ten (10) days preceding the Closing Date, Purchaser shall offer to employ as of the Closing Date a total number of the remaining employees of the Facility conditioned only on the occurrence of the Closing Date (the "**Hired RCFE Employees**") such that there does not result in a total loss of employment during any 30-day period of fifty (50) or more employees – in other words the total number of employees that the Purchaser does not offer employment cannot exceed forty-nine (49) employees. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this **Section 10.5** in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN.

10.5.3 As of the Closing, Seller shall deliver to Purchaser the file for all employees hired by Purchaser in Seller's possession, including but not limited to training records, licenses and certifications, criminal background check results, and other required documents. Seller shall have satisfied its obligations under this **Section 10.5.2** as long as all of such employee records are present at the Facility on the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

#### 10.5.4 Salaries and Benefits.

10.5.4.1 Seller shall be responsible for: (A) the payment of all wages and other remuneration due to Seller's employees for their services as employees of Seller through the conclusion of Hired Employees' employment with Seller, including pro rata bonus and commission payments and all vacation, paid time off and sick leave pay obligations to the extent accrued prior to the Closing Date and required by applicable law; and (B) the payment of any termination or severance payments and the provision of health plan continuation coverage in accordance with the requirements of COBRA and Sections 601 through 608 of ERISA.

10.5.4.2 Seller shall be liable for any claims made or incurred by Hired Employees and/or their beneficiaries through the Closing Date, including, but not limited to, claims made under any law or under the Plans, and Seller agrees to defend, indemnify and to hold Purchaser harmless from any costs, losses, damages, liabilities, claims and obligations incurred related thereto, including attorneys' fees. For purposes of the immediately preceding sentence, a claim will be deemed incurred when the conduct that is the subject of the claim occurs or when services that are the subject of the claim are performed and, in the case of other benefits (such as disability or life insurance), when an event has occurred or when a condition has been diagnosed that entitles the employee to the benefit.

10.5.4.3 No Transfer of Assets. Seller will not make any transfer of pension or other employee benefit plan assets to Purchaser.

#### 10.5.4.4 General Employee Provisions.

10.5.4.4.1 Seller shall provide Purchaser with completed I-9 forms and attachments with respect to all Hired Employees, except for such employees as Seller certify in writing to Purchaser are exempt from such requirement.

10.5.4.4.2 Purchaser shall not have any responsibility, liability or obligation arising prior to Closing (based on conduct of Seller occurring prior to Closing) whether to Hired Employees, former employees, their beneficiaries or to any other Person, with respect to any employee benefit plans, practices, programs or arrangements (including the establishment, operation or termination thereof and the notification and provision of COBRA coverage extension) maintained by Seller.

10.5.5 To the extent permitted by applicable law, Seller shall deliver to Purchaser the full and complete employment file for all current employees in Seller's possession, including, but not limited to, training records, licenses and certifications, criminal background check results, performance reviews, and other required documents, in connection with Purchaser's review and investigation of prospective employment of Seller's employees. Seller shall have satisfied its obligations under this **Section 10.5.4** as long as all of such employee records are present at the Facility as of the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

10.6 Bulk Sales Laws. The parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction that may otherwise be applicable with respect to the sale of any or all of the Seller's Assets to Purchaser; it being understood that any liabilities arising out of the failure of Seller to comply with the requirements and provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction which would not otherwise constitute Assumed Liabilities shall be treated as Excluded Liabilities.

10.7 Accounts Receivable.

10.7.1 Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "**Pre-Closing AR Schedule**"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.

10.7.2 Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.

10.7.3 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.4 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.5 Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post-Closing Date balances and Purchaser shall remit to Seller any excess up to the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.



10.7.6 Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.

10.7.7 Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.

#### 10.8 Access to Records.

10.8.1 From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, each party hereto agrees to give the other (and their agents and representatives) reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at the requesting party's expense), the books and records and supporting material of the Facility which are in said party's possession, to the extent reasonably necessary to enable said party to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.

10.8.2 Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

10.9 Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**"). Further, the parties hereby acknowledge and agree that notwithstanding any provision to the contrary herein, no national Operating Contracts will be assigned by Seller to Purchaser at Closing. Seller shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed

that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, subject to **Section 5.1.1(I)**, (i) Seller shall assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment, and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder. In either case, Seller shall be responsible to pay balances owed under all Operating Contracts for good ordered and services provided prior to the Closing Date.

10.10 Benevolent Residents. The parties acknowledge that presently there are two (2) continuing care residents ("**Benevolent Residents**") at the Facility who are no longer paying a portion of their care costs due under their Resident Agreements. Seller agrees to subsidize all care costs associated with the Benevolent Residents that are not covered by Medi-Cal post-Closing until such time as the Benevolent Residents are no longer residents at the Facility. Seller shall provide the names of the Benevolent Residents to Purchaser at Closing. After Closing and on a monthly basis, Purchaser shall provide to Seller an accounting of any care costs due from Seller for the Benevolent Residents, and Seller shall pay any undisputed costs within ten (10) business days of Purchaser's request therefor. If Seller contests any of the costs due to Purchaser for the Benevolent Residents, Seller and Purchaser shall use good faith efforts to resolve any such dispute for a period of thirty (30) days thereafter, and if the parties are unable to resolve the dispute, either party shall have the right to submit the dispute to mediation for resolution before Judicial Arbitration and Mediation Service in Los Angeles, California. As of the Closing Date, Purchaser shall be solely responsible for all costs and expenses associated with any residents who apply for benevolence after Closing.

## 11. Termination and Remedies.

11.1 Termination. This Agreement may be terminated as follows:

11.1.1 By mutual written agreement of Purchaser and Seller;

11.1.2 By Seller, if any of the conditions set forth in **Section 5.2** are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

11.1.3 By Purchaser, if any of the conditions set forth in **Section 5.1** are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser; provided that if Purchaser becomes aware of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, Purchaser shall elect any such termination right, if at all, within eight (8) Business Days after Purchaser becomes aware of such matter;

11.1.4 By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

11.1.5 By Purchaser pursuant to **Section 9.2** (Damage or Condemnation).

11.2 Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or warranty by the other Party, without first giving the other Party written notice of such breach and not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

11.3 Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2** because a condition of closing has not been met (rather than because of a material default by Purchaser), then Escrow shall return the Deposit to the Purchaser and escrow shall be cancelled. In the event Seller has the right to terminate this Agreement under **Section 11.1.4** because of a material default by Purchaser, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

11.4 Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under **Section 11.1.3** because a condition of closing has not been met (rather than because of a material default by Seller), then Purchaser shall have the right either to (i) waive the condition at issue and proceed with the Transaction on the terms contemplated herein, or (ii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon. In the event Purchaser has the right to terminate this Agreement under **Sections 11.1.5** because a because of a material default by Seller, Purchaser and Seller acknowledge and agree that Purchaser's sole and exclusive remedy shall be:

11.4.1 TO TERMINATE THIS AGREEMENT UPON DELIVERY OF WRITTEN NOTICE TO THE SELLER AND ESCROW AGENT (IN WHICH CASE, EXCEPT AS OTHERWISE SET FORTH HEREIN AS EXPRESSLY SURVIVING A TERMINATION OF THIS AGREEMENT AND THE PARTIES' DUTIES UNDER THIS SECTION, THE

RESPECTIVE RIGHTS, DUTIES AND OBLIGATIONS OF PURCHASER AND SELLER UNDER THIS AGREEMENT SHALL FORTHWITH TERMINATE WITHOUT FURTHER LIABILITY) AND RECOVER THE DEPOSIT AND BE REIMBURSED FOR PURCHASER'S DOCUMENTED OUT-OF-POCKET EXPENSES INCURRED BY PURCHASER IN CONNECTION WITH THIS AGREEMENT OR ITS INVESTIGATION OF THE PROPERTY (SUCH AMOUNT NOT TO EXCEED \$100,000). SELLER SHALL PAY ANY CANCELLATION CHARGES DUE TO ESCROW AGENT AND THE TITLE COMPANY. IN NO EVENT SHALL SELLER BE LIABLE FOR ANY SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES AND PURCHASER HEREBY WAIVES ANY AND ALL RIGHT TO PURSUE SUCH DAMAGES; OR

11.4.2 PURCHASER MAY INSTITUTE AN ACTION (WITHOUT THE NECESSITY OF PROVING IRREPARABLE HARM OR POSTING SECURITY) (A "SPECIFIC PERFORMANCE ACTION") SEEKING SPECIFIC PERFORMANCE OF SELLER'S OBLIGATIONS UNDER THIS AGREEMENT SO LONG AS PURCHASER SHALL HAVE FILED THE SPECIFIC PERFORMANCE ACTION WITHIN SIXTY (60) DAYS OF THE DATE THE CLOSING WAS TO HAVE OCCURRED. PURCHASER IS EXPRESSLY PROHIBITED FROM RECORDING A NOTICE OF LIS PENDENS AGAINST THE PROPERTY.

IF PURCHASER RECOVERS LIQUIDATED DAMAGES IN ACCORDANCE WITH SECTION 12.1(a), SUCH AMOUNTS SHALL BE DEEMED TO CONSTITUTE A REASONABLE ESTIMATE OF PURCHASER'S DAMAGES UNDER THE PROVISIONS OF SECTION 1671 OF THE CALIFORNIA CIVIL CODE AND SHALL CONSTITUTE PURCHASER'S SOLE AND EXCLUSIVE REMEDIES FOR SELLER'S FAILURE TO CLOSE ESCROW.

THE FOREGOING SHALL NOT LIMIT PURCHASER'S RIGHTS OR REMEDIES (WHETHER ARISING AT LAW OR IN EQUITY) TO RECEIVE REIMBURSEMENT FOR ATTORNEYS' FEES AND COSTS IN ACCORDANCE WITH THIS AGREEMENT OR FOR ANY CLAIMS RELATING TO SELLER'S WILLFUL MISCONDUCT OR FRAUD, NOR WAIVE OR AFFECT PURCHASER'S RIGHTS AND SELLER'S OBLIGATIONS UNDER ANY SECTION HEREIN WHICH STATES THAT AN OBLIGATION ON THE PART OF SELLER SURVIVES THE CLOSING OR THAT SELLER SHALL INDEMNIFY AND/OR DEFEND PURCHASER.

BY INITIALING BELOW, THE PARTIES ACKNOWLEDGE AND AGREE THAT BASED UPON THE CIRCUMSTANCES NOW EXISTING, KNOWN OR UNKNOWN, IT WOULD BE EXTREMELY DIFFICULT, COSTLY AND IMPRACTICAL TO ESTABLISH DAMAGES FOR EITHER PARTY. ACCORDINGLY, BOTH PURCHASER AND SELLER, BY THEIR RESPECTIVE INITIALS SET FORTH BELOW, DO HEREBY ACKNOWLEDGE AND AGREE THAT TERMS SET FORTH IN THIS SECTION 11.4 ARE NEGOTIATED AND REASONABLE.

Purchaser's Initials



Seller's Initials

DO

11.5 Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

11.6 Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. **Notices.** All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller: HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)

with a copy (which shall not constitute notice) to: Hanson Bridgett LLP  
425 Market Street, 26<sup>th</sup> Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: [jberland@hansonbridgett.com](mailto:jberland@hansonbridgett.com)

If to Purchaser: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: [derikg@ararathome.org](mailto:derikg@ararathome.org)

with a copy (which shall not constitute notice) to: Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: [gphillipsjr@phillipslawpartners.com](mailto:gphillipsjr@phillipslawpartners.com)

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address

set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

13.1 **By Seller to Purchaser.** From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

13.2 **By Purchaser to Seller.** From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

13.3 **Method of Indemnification.**

13.3.1 In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair, void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnatee fails to provide timely notice of Indemnatee's Claim, the Indemnitor will not be obligated to indemnify the Indemnatee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to defend such Claim has been materially prejudiced by such failure of the Indemnatee to timely notify Indemnitor of the same.

13.3.2 If the applicable Indemnatee Claim relates to a Claim made by a third party against Indemnitor, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnitor, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnitor, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnitor without the payment of any amount or the taking of any action or admission of liability by the Indemnitor). The Indemnitor will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnitor and the Indemnitor and, in the reasonable opinion of counsel to the Indemnitor, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnitor shall be entitled to retain separate counsel for the Indemnitor, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

13.4 Survival. All indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing for a period of twelve (12) months, after which they shall terminate and be of no further force or effect except with respect to claims made within such period, in which case the applicable indemnity, warranty and/or representation shall survive until the full and final resolution thereof. Notwithstanding the foregoing, the indemnity period for Seller's indemnity for any pre-Closing event as provided in **Section 13.1** shall survive through the applicable Statute of Limitations including any applicable tolling period for any third party claim as may apply (the "**Survival Period**"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

13.5 Limitations. Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to Ten Thousand and No/100 Dollars (\$10,000.00) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnitor's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnitor Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

#### 14. **Confidentiality and Non-Solicitation**

14.1 Confidentiality. Seller and Purchaser acknowledge that the other party may be irreparably damaged if the confidential knowledge and information possessed or hereafter acquired

by either party relating to the Business (which shall include the terms of this Agreement and other agreements delivered pursuant to this Agreement and all other non-public information regarding either party and/or the Business, including, without limitation, trade secrets or technology/inventions now known or hereafter discovered, and information reflecting or pertaining to research, developments, techniques, purchasing, marketing, business plans and strategies, accounting, licensing, know-how, methods, projects, processes, computer hardware and programs, software libraries, databases, compositions, discoveries, cost systems, personnel data, customer lists, business partner names and lists (including, but not limited to, vendors, suppliers, licensees, licensors, franchisees, referral sources, and consultants), training, the particular needs and requirements of customers and/or business partners, the identity of customers and potential customers, business partners and potential business partners, pending business transactions, pricing for customers or potential customers, pricing of business partners or potential business partners, policies and procedures, equipment and materials used by either party, methods used in the recruiting or placement of personnel by either party and methods and marketing of products or services by either party) were disclosed to or utilized on behalf of others. Accordingly, neither party shall directly or indirectly: (i) disclose to any Person any non-public information concerning the Business or any of the terms of this Agreement or the other agreements delivered pursuant to this Agreement, for any reason or purpose whatsoever; or (ii) make use of any such non-public information for either party's own purpose or for the benefit of any other Person.

14.2 For a period of one (1) year after termination of the Interim Lease, Interim Management Agreement and OTA following issuance of a new license for Purchaser's operation of the SNF, Seller shall not, directly or indirectly:

14.2.1 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Purchaser to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser;

14.2.2 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Seller on the Closing Date or within the year preceding the Closing Date to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser; or

14.2.3 hire or attempt to hire any employee or independent contractor of Purchaser or in any way interfere with the relationship between Purchaser and any of its employees or independent contractors; provided the parties acknowledge and agree that Seller will retain the employees ("**Retained Employees**") listed on **Schedule 14.2.3** hereto from and after Closing.

14.2.4 The foregoing restrictions on solicitation shall not restrict general advertising or residents or employees initiating contact with Seller or Seller affiliates for purposes of relocating to another senior living facility operated by Seller or affiliates of Seller.

14.3 If, at the time of enforcement of this **Section 14**, a court holds that the restrictions stated herein are unreasonable under the circumstances then existing, the parties agree that the maximum period, scope or geographical area reasonable under such circumstances shall be



substituted for the stated period, scope or area so as to protect Purchaser to the greatest extent possible under applicable law from improper competition. The parties hereto acknowledge that money damages would be an inadequate remedy for any breach of this **Section 14** and that Purchaser would be irreparably damaged if any party were to breach the covenants set forth in this **Section 14**. Therefore, in the event of a breach or threatened breach of this **Section 14**, Purchaser, or their respective successors or assigns may, in addition to other rights and remedies existing in their favor, apply to any court of competent jurisdiction for specific performance and/or injunctive or other relief in order to enforce, or prevent any violations of, the provisions of this **Section 14** (without posting a bond or other security). If Purchaser prevails in any legal proceedings to enforce this Agreement, then Purchaser is also entitled to recover its costs and fees incurred, including reasonable attorney's fees and out-of-pocket costs.

14.4 Seller acknowledges that the foregoing restrictions are supported by sufficient consideration and other benefits that they have received and will receive hereunder. They also acknowledge that the restrictions protect against unfair competition and that the restrictions do not prevent them from earning a living given their education, skills, and ability. Seller agrees and acknowledge that (i) Purchaser has required that Seller make the covenants set forth in this **Section 14** as a condition to Purchaser's obligations to consummate the transactions contemplated hereby; and (ii) the provisions of this **Section 14** are reasonable and necessary to protect and preserve the Business.

15. **Miscellaneous.**

15.1 **Entire Agreement.** This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

15.2 **Time is of the Essence.** Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

15.3 **Waiver.** No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

15.4 **Public Announcements.** Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

15.5 Attorneys' Fees in the Event of Litigation. Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

15.6 Jurisdiction; Venue. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

15.7 Waiver of Jury Trial. TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.

15.8 Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

15.9 Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

15.10 Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the

Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

15.11 Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

15.12 Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

15.13 Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

15.14 No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

15.15 Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

15.16 Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.

15.17 Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

15.18 Third Party Beneficiary. Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

15.19 1031 Exchange. Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.

15.20 Exclusivity. Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or


participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.

15.21 Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section 15.21** shall survive Closing.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Dan Ogus  
Its: Chief Operating Officer

**PURCHASER:**

ARARAT HOME OF LOS ANGELES, INC.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Sinan Sinanian  
Its: Board Chair

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**

**SCHEDULE 1.1.12**

**VEHICLES**

1.     22072 2FMGK5C89FBA22072     2015   FORD FLEX  
      Active 34537Y1       03/31/2023
  
2.     58652 1FDXE45S68DB58652     2008   FORD E-450 SUPER DUTY  
      Active 8S93324       10/31/2022

**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

None.



**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>ASSETS ACQUIRED</b>	<b>PURCHASE PRICE ALLOCATION</b>
LAND & BUILDINGS	\$14,870,000
FURNITURE FIXTURES & EQUIPMENT	740,000
OTHER ASSETS	123,000
<b>TOTAL ASSETS ACQUIRED</b>	<b>\$15,733,000</b>
<b>LIABILITIES ASSUMED</b>	
RESIDENT CONTRACTS	\$1,650,000
<b>NET ASSETS ACQUIRED</b>	<b>\$14,083,000</b>
<b>PURCHASE PRICE</b>	<b>\$14,500,000</b>
<b>EXCESS OF PURCHASE PRICE OVER NET ASSETS ACQUIRED (GOODWILL)</b>	<b>\$417,000</b>

### **SCHEDULE 7.3**

#### **LITIGATION**

Active PAGA/Class Action Wage and Hour claims:

1. Laveda Scott v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno
2. Cooper-Iglesias v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno

Active Workers' Compensation claims:

File Num	Clmt Name (Last_First)	Date of Loss	Claim Sub Type	Clm Substat Desc	Litiga tion	Resol ved	Defending Atty Firm	Defending Attorney Name
30205511892-0001	Akinbayode, Funmilayo	06-20-2020		Accepted	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
C052905021-0001-01	Akinbayode, Funmilayo	09-24-2020	CC	Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
402012463A5-0001	Diaz, Marta A	12-09-2020		Accepted	No			
30205391354-0001	Garcia, Martha	06-08-2020		Accepted	No			
30192541669-0001	Hernandez Santiago, Olivia	05-01-2019	FM	Accepted	No	N		
C152901576-0001-01	Hernandez, Claudia I	04-05-2021		Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs
4A210730737-0001	Hernandez, Matias P	07-16-2021		Accepted	No			
301500601100069	Rayas, Salvador	10-11-2011	FM	Accepted	Yes	Y	The Law Offices of Stoodly & T	Nancy Kerr

**SCHEDULE 7.21.1**

**EMPLOYEE BENEFIT PLANS**

# 2022 BENEFITS GUIDE

CA and WA Team Members

January 1 to  
December 31, 2022

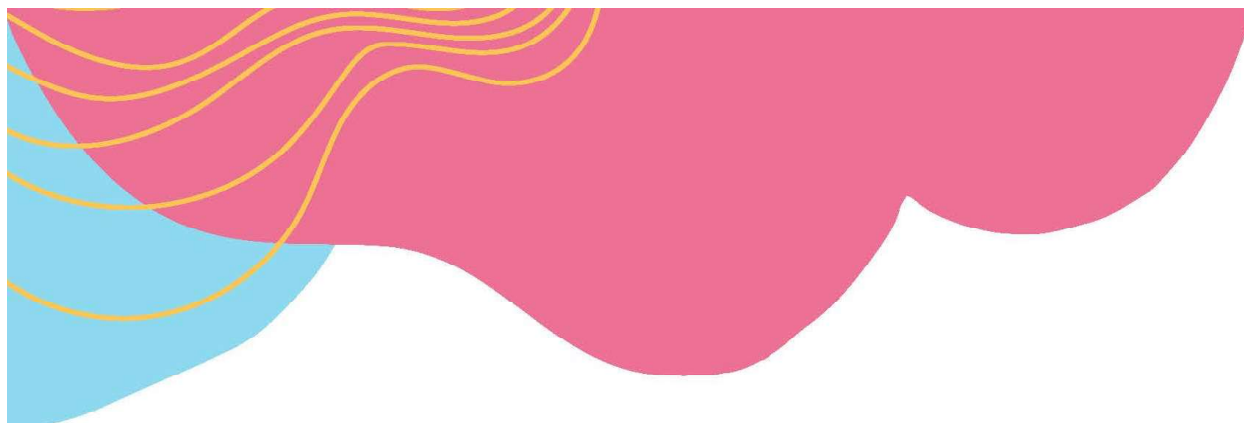


human good

My date of hire or eligible status change: \_\_\_\_\_

My last day to enroll for benefits and  
provide supporting documentation: \_\_\_\_\_

Date my benefits coverage begins: \_\_\_\_\_

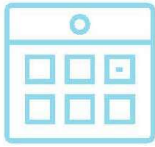


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Your benefits checklist	36

### Your benefits enrollment resources:

- Read this guide for a benefits overview and helpful tips.
- Call Health Advocate at 866.799.2728 for additional support and to estimate medical and prescription costs.
- There are 3 ways to enroll in benefits:
  1. Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.
  2. Schedule a dedicated enrollment appointment for a time convenient for you. (Reference QR code at the back of this guide.) You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
  3. Enroll by phone with a benefits counselor at 866.486.1417.
- Benefits Counselors are available by phone Monday through Friday, 11 a.m. to 8 p.m. Eastern Time and 8 a.m. to 5 p.m. Pacific Time. To schedule an appointment with a call center benefits counselor, call 866.486.1417.



## Welcome to HumanGood, where your health matters!

We offer a full package of benefits, and benefits choices — along with resources and tools to help you use them wisely. Take advantage of the resources and tools so you can make the best benefits and wellness decisions for you and your family.

### Learn about your benefits

Start by going to the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

### Get advice and ask questions

We want to help take the guesswork out of choosing and using your benefits.

- Call a Benefits Counselor at 866.486.1417. They can answer your questions or even assist with enrolling for your benefits.
  - Benefits Counselors are available Monday through Friday, 11 a.m. to 8 p.m. Eastern Time and 8 a.m. to 5 p.m. Pacific Time. Representatives are also available to assist with other language needs.
- Call Health Advocate at 866.799.2728. They can help you estimate your medical and prescription costs under each medical plan for the coming year and explain Medicare.
- Call Anthem at 833.954.1076. If you have specific questions about what type of medical benefits are covered, contact an Anthem customer service representative.
- Contact your local HR Representative. They can answer questions, facilitate calls and point you in the right direction about other resources.

### Enroll for your benefits

There are 3 ways to enroll in benefits:

1. Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.
2. Schedule a dedicated enrollment appointment for a time convenient for you. (Reference QR code at the back of this guide.) You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
3. Enroll by phone with a benefits counselor at 866.486.1417.

The site will walk you through your options, help you compare plans, and show your cost for each plan.





## Eligibility

Here's how eligibility and enrollment works:

- Who's eligible: Regular full-time team members who work at least 30 hours per week.
- When benefits begin: The first day of the month following the completion of 60 days of employment. If your 60th day of employment lands on the first of the month, your coverage will begin on your 60th day.
- What you need to do: You must take action to enroll in coverage and submit the appropriate supporting documentation within the 45-day enrollment window starting on your date of hire or status change date.

Eligibility requirements for the 401(k) retirement plan differ; see the "401(k) Retirement Plan" on page 29 for details.

Eligible dependents for medical, dental, and vision coverage include:

- Your spouse or domestic partner.
- Your dependent child up to age 26 (regardless of marital or student status).
- Your dependent child who is incapable of self support due to a mental or physical disability.

### WANT TO COVER A DOMESTIC PARTNER?

If you cover a domestic partner and they qualify as a "tax dependent" under IRS rules, you need to complete the Domestic Partner Civil Union Tax Status Form. Otherwise, your domestic partner's coverage will be subject to additional taxes, called imputed income. This means you may have to pay state and federal taxes, including Social Security and Medicare (FICA) taxes on the cost of your domestic partner's coverage. Request, complete, and return the form to your local HR Representative. If this form is not completed, you will be taxed.

## Dependent documentation required

You're required to provide appropriate supporting documentation to your local HR representative for each eligible dependent under your medical, dental, and/or vision coverage. If documentation is not provided, your dependent(s) will not be covered. If you're not sure what qualifies as documentation, refer to the table below.

To cover your:	You need to submit to your local Human Resources Representative:
Spouse	Marriage license or certificate
Domestic partner	Domestic Partner Affidavit; go to the Benefits Document Library on <a href="http://www.myhumangood.org">www.myhumangood.org</a> , under the My Worklife section then Benefits.
Child under age 26	<ul style="list-style-type: none"> <li>For your own children, one of the following: Birth certificate, hospital letter, midwife letter, legal custody papers, or adoption papers</li> <li>For a child of your spouse (such as through marriage): One of the child documents noted above AND your marriage license AND documentation of responsibility (for example, tax forms)</li> <li>For a child through legal guardianship: Child's birth certificate AND guardianship papers</li> </ul>

**Your dependent(s) will not be covered if appropriate documentation is submitted to your local HR representative within 45 days from start date.**

## Adding new dependents

When you add a new family member, the family member won't be added to your benefits automatically. On the Verify Beneficiary and Dependent Screen, please verify and/or correct all dependent and beneficiary information for each qualified dependent you will be enrolling and each beneficiary you will designate.

To add new, click the Add button. You must click on the box beside Dependent to qualify them as a dependent for coverage before the system will allow you to enroll them in a specific benefit plan. You must click on the box beside Beneficiary to designate the individual as a beneficiary to your life plans.

Please be sure and include full legal names, Social Security numbers, genders, relationships, and dates of birth for dependents that will be covered under our health plans.

Submit the appropriate dependent documentation (birth certificate, marriage license, etc.) to your local HR representative.

**Note:** If you add a dependent and do not follow the instructions listed above, your dependent will NOT be covered.





## Qualifying life events

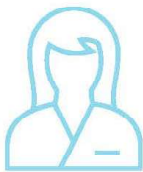
In general, the coverage you elect is effective until the next scheduled annual Benefits Open Enrollment (normally in November — changes are effective the following January 1). However, you can cancel or make changes to your benefits if you have a qualifying life event, as defined by the IRS. You can enroll or make changes to your HSA and commuter benefits any time during the year. If you have a qualifying life event, as defined by the IRS, you can enroll or make changes to your health care insurance (medical, dental, vision) outside the annual Benefits Open Enrollment period.

You have a **31-day window**, starting on the day of a qualifying life event, to submit your life event and provide the appropriate supporting documentation to your local HR representative. Qualifying life events include:

- Marriage or divorce;
- Birth, adoption, or custody change of an eligible dependent;
- Death of a dependent;
- Change in your spouse's or domestic partner's employment or insurance status;
- Unpaid leave of absence by you, your spouse, or your domestic partner;
- Moving into or out of your medical plan's service area;
- A change in employment status (either yours, your spouse's, or your domestic partner's) from non-benefited to benefited, or benefited to non-benefited;
- A cost increase for medical, dental, and/or vision coverage for you, your spouse, or your domestic partner due to your spouse's or domestic partner's employment;
- A cost increase or reduction for your HumanGood health care benefits; and
- Gaining or losing other health care coverage.

You can learn more about which situations allow you to change your benefits by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits or calling a Benefits Counselor at 866.486.1417, Monday through Friday, 8 a.m. to 5 p.m. Pacific Time/11 a.m. to 8 p.m. Eastern Time. (Navigate to page 3 and follow the steps to enroll to submit your life event.)





# Medical plan

You have three medical plan options through Anthem and one medical plan option through Kaiser. All three Anthem plans are PPO plans, which means you can use any doctor, but you receive the highest level of coverage when you stay inside the network. All three Anthem plans use the same Anthem network of doctors and hospitals. Beyond that, they each work differently.

In addition to the three Anthem plans, HumanGood provides employees with a fourth medical plan option through Kaiser. The Kaiser HMO plan offers a different network from the Anthem plans with access to the HSA. The Kaiser plan design is similar to the Anthem \$2,800 deductible plan. You can find complete detail about coverage in the Kaiser summary. This section will help you find the plan that fits your needs for coverage and cost.

Here are some key features that make each of the plans unique:

Plan name	Key feature
Anthem \$1,000 Deductible Plan	Copay plan
Anthem \$2,800 Deductible Plan	Anthem HSA plan
Anthem \$6,550 Deductible Plan	Free team member-only coverage (no paycheck deductions)
Kaiser \$2,800 Deductible Plan	Kaiser HSA plan

## KEY WORDS

**COPAY:** A flat dollar amount that you pay for a covered service each time you use that service. It does not apply toward the deductible.

**COINSURANCE:** The percentage of the charge for medical care that you pay.

**DEDUCTIBLE:** The amount you pay each calendar year before the plan begins to pay.

**OUT-OF-POCKET MAXIMUM:** The maximum amount you pay for covered services in a calendar year.

### PRESCRIPTIONS:

Tier 1 generic medications are similar to more costly alternatives, and are not sold using a brand name.

Tier 2 medications are generally brand medications that are available at a lower cost to you than Tier 3 brand medications.

Tier 3 medications are generally brand medications with the highest cost to you.





## Medical insurance options

This table provides a summary of in-network benefits; you'll find complete details about coverage and cost at [www.myhumangood.org](http://www.myhumangood.org), click on the UKG link, then choose Life Events under the Myself menu.

Plan	Anthem \$1,000 deductible	Anthem \$2,800 deductible	Anthem \$6,550 deductible	Kaiser \$2,800 deductible
HSA eligible	No	Yes (only if not enrolled in Medicare or TRICARE) <sup>1</sup> HumanGood contributes: ■ Individual — \$325/quarter (\$1,300/year) ■ Family — \$650/quarter (\$2,600/year)	No	Yes (only if not enrolled in Medicare or TRICARE) <sup>1</sup> HumanGood contributes: ■ Individual — \$325/quarter (\$1,300/year) ■ Family — \$650/quarter (\$2,600/year)
Annual deductible	\$1,000/\$2,000	\$2,800/\$5,600	\$6,550/\$13,100	\$2,800/\$5,600
Annual out-of-pocket max	\$3,500/\$7,000	\$5,600/\$11,200	\$6,550/\$13,100	\$5,000/\$10,000
Preventive care visit	Covered in full	Covered in full	Covered in full	Covered in full
In-Network cost share	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Coinurance	20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Office visit (primary care/specialist)	\$25/\$50 copay	30% after ded.	Covered in full after ded.	30% after ded.
Emergency room	\$300 copay, then 20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Urgent care	\$50 copay	30% after ded.	Covered in full after ded.	30% after ded.
X-ray	20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Lab	20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Retail prescriptions <sup>2</sup>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Tier 1	\$10 copay	30% after ded.	30% (max. \$20)	\$15 copay after ded.
Tier 2	\$40 copay	up to \$250	30% (max. \$60)	\$35 copay after ded.
Tier 3	\$70 copay	(except for Preventive Rx medications, 30% no ded., max. \$250)	30% (max. \$100)	30% after ded. up to \$250 max
Mail order prescriptions <sup>2</sup>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Tier 1	\$25 copay	30% after ded.	30% (max. \$50)	\$30 copay after ded.
Tier 2	\$100 copay	up to \$750	30% (max. \$150)	\$70 copay after ded.
Tier 3	\$175 copay	(except for Preventive Rx medications, 30% no deductible, max. \$750)	30% (max. \$250)	30% after ded. up to \$250 max

If you enroll in one of the Anthem medical plans, you will also have access to the following:

- 24/7 NurseLine: You can connect with a registered nurse who'll answer your health questions. They can help you decide where to go for care and find providers in your area. All you have to do is call 1-800-700-9184.
- LiveHealth Online: You can have a video visit with a doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 for advice, treatment and prescriptions if needed. The cost is usually \$59 or less. Register at [www.livehealthonline.com](http://www.livehealthonline.com).
- Sydney text a doc: Allows you to connect to a doctor online or through you mobile device. Features a chat features with a doctor to ask questions and seek guidance for \$19.

Please see your Anthem E-Kit for full details!

<sup>1</sup>Federal rules allow HumanGood to offer an HSA only to team members who are not enrolled in Medicare or TRICARE. Once you enroll in Medicare or TRICARE, you'll have access to your HSA balance, but you and HumanGood will no longer be allowed to make additional contributions.

<sup>2</sup>The Mandatory Generic Program applies to all of the medical plans. If you choose to buy a brand-name (Tier 2 or Tier 3) prescription medication when a generic (Tier 1) version is available, you'll pay the cost of the brand-name medication plus the difference in cost between the generic and brand-name prescription. However, if the prescribing physician indicates "Dispense as Written" or "DAW" on the prescription, you will not be responsible for the cost difference. Keep in mind, any cost difference that you pay will not be applied to the annual out-of-pocket maximum.

### ANTHEM AND KAISER MEDICAL ID CARDS

After you enroll in an Anthem or Kaiser medical plan, new medical ID cards will be mailed to your address of record.



## How prescription medications work

If you frequently use prescription medications, that may be a factor in deciding which medical plan is right for you. Below are some important considerations that you need to know about.

When purchasing prescription medications...

**Under the Anthem \$1,000 Deductible Plan:** You pay a copay, with no annual deductible.

**Under the Anthem \$2,800 Deductible Plan:** You pay out of pocket until you meet the annual deductible (unless it's a PreventiveRx medication) — and after that you pay coinsurance (30% of the medication cost). There's also a cap on the coinsurance amount you pay, which varies based on whether it's a generic or brand-name medication.

**Under the Anthem \$6,550 Deductible Plan:** You pay coinsurance (30% of the medication cost), with no annual deductible. There's also a cap on the coinsurance amount you pay, which varies based on whether it's a generic or brand name medication.

**Under the Kaiser \$2,800 Deductible Plan:** You pay out of pocket until you meet the annual deductible (unless it's a PreventiveRx medication) — and after that you will either pay a copay (tier 1 and tier 2) or coinsurance (30% of the medication cost to a \$250 max).

## IN-NETWORK VS. OUT-OF-NETWORK

All Anthem plans allow you to see any provider of your choice; however, you'll typically save money with in-network care. The Kaiser \$2,800 deductible plan offers in-network coverage only. Visit [www.anthem.com/ca](http://www.anthem.com/ca) or [www.kp.org/newmember](http://www.kp.org/newmember) to search for in-network providers.

## Find a medical provider

Go to [www.anthem.com/ca/find-care](http://www.anthem.com/ca/find-care) or [www.kp.org/newmember](http://www.kp.org/newmember)

### Anthem

1. You can look for a doctor by using either:
  - Search as a member: Log in with a username and password or with the member number on your ID card.
  - Search as guest: Select a plan or network, \* or search by all plans and networks. The network HumanGood utilizes is the National PPO (BlueCard PPO).
2. Once you log in, select the Find Care option on the welcome menu.
3. Next, choose who you would like to see. You can search for a doctor nearby or use the doctor's name.
4. Select a provider to see more details, such as:
  - Specialties
  - Gender
  - Languages spoken
  - Training
  - A map of their office location
  - Phone number

### Kaiser

1. Go to [www.kp.org/ca](http://www.kp.org/ca) or [www.kp.org/wa](http://www.kp.org/wa).
2. On the top tab, select "Find a Doctor."
3. Select "Sign in and Search" if you are already a member or Select one of the choices below "Welcome, visitor."
4. Create your online account:
  - You can create your account through the Kaiser Permanente app or at [www.kp.org/newmember](http://www.kp.org/newmember).

## NEED HEALTH CARE ADVICE?

Call Health Advocate anytime during the year at 866.799.2728 to:

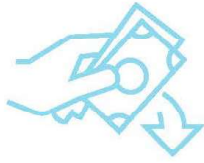
- Find qualified providers
- Estimate costs
- Schedule appointments
- Resolve medical and prescription claims or billing issues.



## Which medical plan is right for you?

Use this chart to help you compare and contrast some key features of each medical plan.

Do you . . .	Then consider . . .				Why?
	Anthem \$1,000 deductible	Anthem \$2,800 deductible	Anthem \$6,550 deductible	Kaiser \$2,800 deductible	
Want preventive care benefits covered at 100% with no deductible?	✓	✓	✓	✓	All four plans pay 100% for in-network preventive care with no deductible.
Want a plan with the lowest cost for office visits?	✓				For PCP and specialist visits, the Anthem \$1,000 Deductible Plan is the only plan where you pay a copay, with no annual deductible.
Want prescriptions that aren't subject to the deductible?	✓		✓		<ul style="list-style-type: none"> <li>Under the Anthem \$1,000 Deductible Plan, you pay a copay with no annual deductible.</li> <li>Under the Anthem \$6,550 Deductible Plan, you pay coinsurance with no annual deductible.</li> </ul>
Want a plan where you pay copays for prescription medications?	✓				The Anthem \$1,000 Deductible Plan is the only plan where you pay a copay for pharmacy and mail order prescriptions. For your other plan options, you pay coinsurance.
Want team member-only coverage with no paycheck deductions?			✓		The Anthem \$6,550 Deductible Plan is provided at no cost for team member-only coverage if certain wellness activities are completed.
Want a plan with the lowest deductible?	✓				The Anthem \$1,000 Deductible Plan has the lowest deductible and higher per-paycheck costs compared to your other plan options.
Want a pre-tax savings account?	✓ FSA	✓ HSA ✓ Limited Purpose FSA	✓ FSA	✓ HSA ✓ Limited Purpose FSA	There is a pre-tax savings account option no matter which plan you sign up for.
Want the HSA with HumanGood contribution?		✓		✓	HumanGood contributes to your HSA in the Anthem \$2,800 or Kaiser \$2,800 Deductible Plan, making it easier for you to pay for services before you meet the deductible (or you can save your HSA money for later).
Want flexibility to see any provider?	✓	✓	✓		All three Anthem plans let you choose between in-network and out-of-network providers, however, your out-of-pocket costs are generally lower when you stay inside the network. The Kaiser plan offers in-network services only.



## Tax-advantaged accounts: HSA and FSA

You can save money on your health care and dependent care costs through tax-advantaged accounts, administered through Optum Financial, that allow you to use pre-tax dollars to pay for eligible expenses. For additional details about the following accounts, visit the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

### Health savings account

Plan features	How it works
Who's eligible	<ul style="list-style-type: none"> <li>Available only to participants in the Anthem \$2,800 or Kaiser \$2,800 Deductible Plan.</li> <li>An HSA is not allowed if you're enrolled in Medicare or TRICARE. Once you enroll in Medicare or TRICARE, you'll have access to your existing HSA balance; however, you and HumanGood will no longer be allowed to make additional contributions.</li> </ul>
Eligible expenses	The HSA works like a bank account that you manage to pay for your health care expenses not covered by your plans including medical, prescription, dental, and vision copays, deductibles, and coinsurance.
HumanGood contributions	HumanGood contributions for 2022: <ul style="list-style-type: none"> <li>For individual coverage: \$325/quarter (\$1,300/year)</li> <li>For family coverage: \$650/quarter (\$2,600/year)</li> <li>HumanGood contributes three months worth of the total annual contribution to your HSA at the beginning of every quarter.</li> <li>Your annual amount will be pro-rated based on the month in which you're hired (or the month in which your status change date occurs) and in which you open an HSA.</li> </ul>
Your optional contributions	You have the option to make pre-tax contributions of your own for 2022, up to: <ul style="list-style-type: none"> <li>For individual coverage: \$2,350</li> <li>For family coverage: \$4,700</li> </ul> If you're age 55 or older, or will turn 55 in 2022, you can contribute up to an additional \$1,000 to your HSA in 2022 as a "catch-up" contribution.
When funds are available	Once funds are deposited into your account, they are yours to use.
How to pay expenses	You can use a debit card to pay for eligible expenses or reimburse yourself for payments you've made (only money you've already contributed can be spent). Debit cards are issued when you first enroll in an HSA and are valid for three years. Replacement cards are sent by Optum Financial in advance of the expiration date.
Making changes	You can change your contribution amount or stop contributing at any time.
No use it or lose it rule	Unused money can be carried over each year and invested for the future — you can even take it with you if you leave HumanGood.
Choosing your beneficiary	It's important to choose who you want to receive your HSA benefit in the event of your death. Go to the Optum Financial website to designate to select your HSA beneficiary.

### DON'T FORGET TO OPEN YOUR HSA!

In order to receive HumanGood's contribution, you'll need to enroll in the HSA through UKG and register your account through Optum Financial. The HSA must meet the requirements of the U.S. Patriot Act (name, Social Security number, date of birth, and address — a P.O. Box will not be accepted). Check with your tax advisor regarding the withdrawal of HSA funds.





## Health care flexible spending account (FSA)

Plan features	How it works
Who's eligible	Available only if don't have a health savings account (HSA)
Annual contribution maximum	You can contribute up to \$2,750 in pre-tax money.
Eligible expenses	Use this FSA for medical, prescription, dental, and vision expenses not covered by your plans, including copays, deductibles, and coinsurance. Note: You can use these accounts to purchase over-the-counter (OTC) drugs and medicines, without a prescription, as well as menstrual care products.
When funds are available	Your entire annual contribution is available to you from the beginning of the plan year.
How to pay for expenses	You can use your Optum Financial debit card to pay for eligible expenses or reimburse yourself for payments you've made up front. Debit cards are issued when you first enroll in an HSA and are valid for three years. Replacement cards are sent by Optum Financial in advance of the expiration date.
Use it or lose it	Unused money does not carry over to the next year and will be forfeited.
Making changes	You choose your contribution amount for the year during annual Benefits Open Enrollment. You may only make a change during the year if your personal situation changes, such as getting married or having a baby.  <small>Note: If you start the plan year with an FSA and experience a qualifying life event and you elect the Anthem \$2,800 or Kaiser \$2,800 Deductible Plan, you will not be eligible to participate in the HSA and must continue with the FSA.</small>

## Limited purpose flexible spending account (FSA)

Plan features	How it works
Who's eligible	Available only if you have a health savings account (HSA).
Annual contribution maximum	You can contribute up to \$2,750 in pre-tax money.
Eligible expenses	This FSA pairs with your HSA. Use this limited purpose FSA only for dental and vision expenses not covered by your plans, including copays, deductibles, and coinsurance.
When funds are available	Your entire annual contribution is available to you at the beginning of the plan year.
How to pay for expenses	You can use your Optum Financial debit card to pay for eligible expenses or reimburse yourself for payments you've made up front. Debit cards are issued when you first enroll in an FSA and are valid for three years. Replacement cards are sent by Optum Financial in advance of the expiration date.
Use it or lose it	Unused money does not carry over to the next year and will be forfeited.
Making changes	You choose your contribution amount for the year during annual Benefits Open Enrollment. You may only make a change during the year if your personal situation changes, such as getting married or having a baby.

## Dependent care FSA

Most people are in favor of having a larger paycheck, right? If you routinely pay for child care expenses, you can make that a reality if you use the dependent care FSA.

Did you know?

1. You could be paying up to \$5,000 for your child's day care completely tax free. Child care can add up to a lot of money throughout the year. But you'll avoid taxes on those costs if you pay for them using a dependent care FSA.
2. Think day care when using this FSA — not medical. This account is specifically for child day care expenses (or care for a disabled or elderly dependent). However, it's not for medical expenses — you can use a health care FSA for that.
3. Your child must be under age 13. Be sure to only estimate day care expenses for children through age 12. Once they turn 13, you can't use this account for them.
4. You have to plan ahead for reimbursements. Using this FSA takes a little planning, since you must first pay your day care provider up-front, and then submit a claim to be reimbursed. But once you get the hang of it, you'll be saving money all year long!

Below is a summary of how the dependent care FSA works.

Plan features	How it works
Annual contribution maximum	You can contribute up to \$5,000 in pre-tax money.
Eligible expenses	Use this FSA for qualified dependent care expenses, including child care for children up to age 13 and care for disabled or elderly dependents.
When funds are available	When you make a claim, you'll receive a reimbursement from the money you have in your account at that time. For instance, if you have \$300 in eligible expenses, but only have \$200 in your account, you can only be reimbursed for \$200. You'll receive the remainder of the reimbursement for your eligible expenses once you contribute additional funds to your account.
How to pay for expenses	You pay for eligible expenses up front. Then, you submit a reimbursement claim and attach any bills or receipts for reimbursement.
Use it or lose it	Unused money does not carry over to the next year and will be forfeited.
Making changes	You choose your contribution amount for the year during annual Benefits Open Enrollment. You may only make a change during the year if your personal situation changes, such as getting married or having a baby.

## IRS NONDISCRIMINATION RULES

The HumanGood FSA plans are subject to IRS nondiscrimination rules, which exist to prevent plans from being designed in such a way that they discriminate in favor of "highly compensated employees." If the HumanGood FSA plans should fail to pass the required IRS nondiscrimination testing, team members defined as highly compensated employees according to the IRS definitions may lose the tax benefits of participating in the plan (that is, they must include the benefits or compensation in their income). You'll be notified if this applies to you.

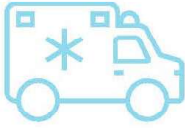




## Take a look: HSA vs. FSAs

See how these accounts compare:

	Health savings account (HSA)	Health care FSA	Limited purpose FSA	Dependent care FSA
Available if you enroll in this medical plan...	<ul style="list-style-type: none"> <li>Anthem \$2,800 deductible plan</li> <li>Kaiser \$2,800 deductible plan</li> </ul>	<ul style="list-style-type: none"> <li>Anthem \$1,000 deductible plan</li> <li>Anthem \$6,550 deductible plan</li> </ul>	<ul style="list-style-type: none"> <li>Anthem \$2,800 deductible plan</li> <li>Kaiser \$2,800 deductible plan</li> </ul>	Any medical plan
2022 contributions	HumanGood contributes: <ul style="list-style-type: none"> <li>Individual: \$325/quarter (\$1,300/year)</li> <li>Family: \$650/quarter (\$2,600/year)</li> </ul> You can also contribute up to: <ul style="list-style-type: none"> <li>Individual: \$2,350</li> <li>Family: \$4,700</li> </ul>	You can contribute up to \$2,750	You can contribute up to \$2,750	You can contribute up to \$5,000 (per individual or married couple)
How to use your balance	Eligible out-of-pocket medical, prescription, dental, and vision expenses	Eligible out-of-pocket medical, prescription, dental, and vision expenses	Eligible out-of-pocket dental and vision expense.	Eligible out-of-pocket dependent care expenses
"Use it or lose it?"	No. It's yours to keep. The money in your account at year-end carries over to the next year.	Yes. Unused money does not carry over to the next year and will be forfeited.	Yes. Unused money does not carry over to the next year and will be forfeited.	Yes. Unused money does not carry over to the next year and will be forfeited.



## Supplemental medical insurance

Supplemental medical insurance through Aetna can help protect you from significant or unexpected out-of-pocket expenses. Keep in mind that these plans are intended to supplement a medical plan.

Consider your anticipated medical needs along with the cost of the insurance plans available to you. Adding a supplemental plan to a lower-cost medical plan may help you save money while providing important coverage.

The following three supplemental medical plans are available to you with no pre-existing condition limitations. Complete details about coverage and cost can be found by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

### Accident

Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses such as your mortgage or rent.

### Critical illness

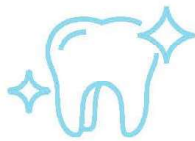
Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer, Alzheimer's disease, and more. You receive a lump-sum payment to use as you choose.

The critical illness insurance also includes a health screening benefit. This pays a lump sum of \$50 if you or any dependent receive any of the approved health screening tests. A charge must be incurred and there is a maximum of one screening per plan year.

### Hospital indemnity

Hospital indemnity insurance provides supplemental payments that you can use to cover expenses that your medical plan doesn't cover for hospital stays, ambulance service, surgery, and certain inpatient or outpatient treatments. When you're eligible for a benefit under this plan, you receive a lump-sum payment to use as you choose.





## Dental insurance

The following dental plans are available to you through United Concordia. This table provides a summary of in-network benefits; you'll find complete details about coverage and cost at [www.unitedconcordia.com](http://www.unitedconcordia.com) or by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

Plans	United Concordia Standard Plan	United Concordia Enhanced Plan
Annual maximum benefit (in-network and out-of-network)	\$1,500	\$2,000
In-network		
Individual/family deductible (waived for preventive services)	\$50/\$150	\$50/\$150
Preventive services	You pay 0%	You pay 0%
Basic services	You pay 20%	You pay 20%
Major services	You pay 50%	You pay 50%
Orthodontia services (for children up to age 19; not subject to the deductible)	Not covered	You pay 50%
Orthodontia maximum lifetime (in-network and out-of-network)	Not covered	\$2,500

### KEY WORDS

**DEDUCTIBLE:** The amount you pay before the plan begins to pay.

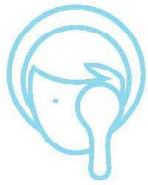
**PREVENTIVE SERVICES:** Services designed to prevent or diagnose dental conditions that include oral evaluations, routine cleanings, X-rays, and fluoride treatments.

**BASIC SERVICES:** Services that include basic restorations, some oral surgery, endodontics, periodontics, and sealants.

**MAJOR SERVICES:** Services that include crowns, dentures, implants, and some oral surgery.

**ORTHODONTIA:** Services that include straightening or moving misaligned teeth and/or jaws with braces and/or surgery.





## Vision insurance

The following vision plans are available to you through Vision Service Plan (VSP). This table provides a summary of in-network benefits; you'll find complete details about coverage and cost including possible discounts on costs that exceed the retail allowance at [www.vsp.com](http://www.vsp.com) or by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

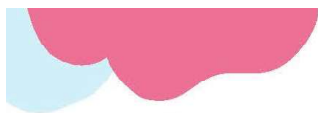
Plans	VSP Standard Plan		VSP Enhanced Plan	
In-network	Copay	Frequency	Copay	Frequency
WellVision exam	\$10	1 per 12 months	\$10	1 per 12 months
Lenses	\$25	1 per 12 months	\$10	1 per 12 months
Contact lens exam	Up to \$60	1 per 12 months	Up to \$60	1 per 12 months
	Retail allowance	Frequency	Retail allowance	Frequency
Frames	\$130 (plus additional \$50 for VSP featured frame brands)	1 per 24 months	\$175 (plus additional \$50 for VSP featured frame brands)	1 per 12 months
Contact lenses (in lieu of frames and lenses)	\$130	1 per 12 months	\$175	1 per 12 months



### KEY WORDS

**COPAY:** An amount you pay for a covered service each time you use that service.

**RETAIL ALLOWANCE:** Maximum allowance paid toward the cost of vision materials. Amounts in excess of the retail allowance are your financial responsibility.



## Life and AD&D insurance

Life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha provides important financial protection for you and your family.

For additional details, visit the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

Plans	Who can enroll	Amount of coverage
<b>Coverage paid by HumanGood</b>		
Employer-paid term life	You; enrollment is automatic	2 x earnings up to \$600,000
Employer-paid AD&D	You; enrollment is automatic	2 x earnings up to \$600,000
<b>Coverage paid by you</b>		
Employee-paid term life	You	5 x earnings up to \$650,000
Spouse term life <sup>1</sup>	Spouse/domestic partner	\$5,000 increments up to the lesser of \$250,000 or 100% of the team member-elected amount
Child term life <sup>1</sup>	Your children	\$2,000 increments up to \$10,000
Employee paid AD&D	You	5 x earnings up to \$650,000
Spouse AD&D <sup>2</sup>	Spouse/domestic partner	\$5,000 increments up to the lesser of the team member-elected amount
Child term AD&D <sup>2</sup>	Your children	\$2,000 increments up to \$10,000

<sup>1</sup> These plans are only available if you first elect employee-paid term life coverage.

<sup>2</sup> These plans are only available if you first elect employee-paid AD&D coverage.

In addition to the life and AD&D insurance, Mutual of Omaha includes a Living Care Benefit. For coverage paid for by HumanGood, the Living Care Benefit will pay a sum equal to 80% of the term life insurance benefit, up to a maximum of \$480,000, if you are affected with a terminal illness. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

If you elect additional employee-paid term life insurance, the Living Care Benefit will pay a sum equal to 80%, up to a maximum of \$500,000, if you are affected with a terminal illness. The employer-paid term life insurance also provides free will preparation.

The employer-paid term life insurance also provides free will preparation. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started, visit [www.willprepservices.com](http://www.willprepservices.com).

### IMPUTED INCOME FOR EMPLOYER-PAID LIFE INSURANCE

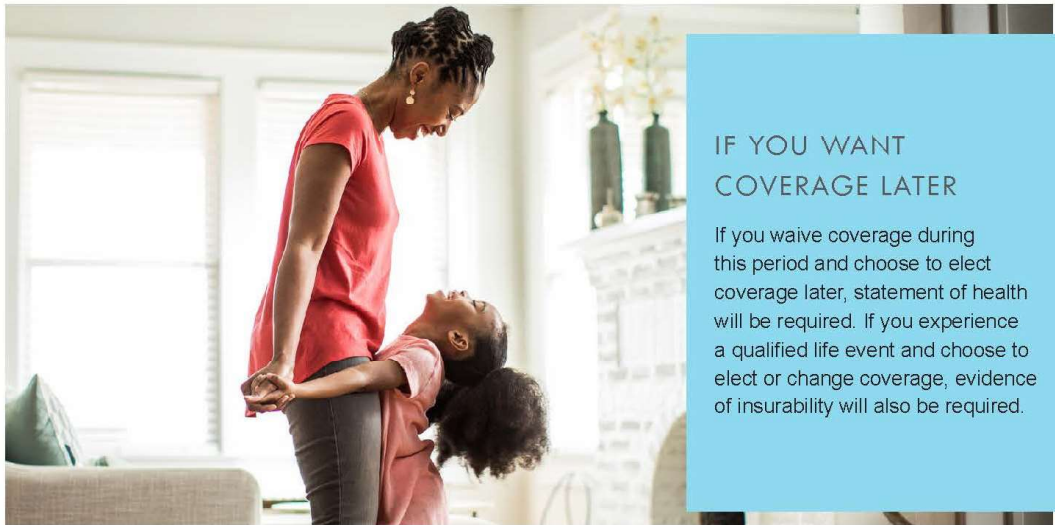
The IRS requires you to be taxed on the value of employer provided group term life insurance over \$50,000. The taxable value of this life insurance coverage is called imputed income. This amount will appear as an earning and a deduction on your paycheck.



## Evidence of insurability (EOI)

Life insurance over a certain amount may require you to complete a health questionnaire and be approved by medical underwriting. After electing coverage, you'll receive more information from Mutual of Omaha if Statement of Health is required.

Plans	Evidence of insurability
Employee-paid term life	Not required for lesser of 5 x earnings or \$330,000
Employee-paid AD&D	Not required
Spouse term life	Not required for amounts up to \$50,000
Child term life	Not required



## Permanent whole life

Atlantic American Employee Benefits offers group whole life insurance, which provides cash value accumulation, guaranteed premiums, guaranteed coverage with no medical questions, and coverage that can be taken with you if you change jobs or retire. This also provides living benefits that can afford you the ability to take care of critical medical events, such as a nursing home, home health care, assisted living facility, and adult daycare.

Plans	Amount of coverage
Employee whole life	In increments of \$10,000 up to \$100,000 coverage
Spouse whole life	In increments of \$10,000 up to \$30,000 coverage (employee must be enrolled in Whole Life)
Child whole life	\$10,000 coverage (employee must be enrolled in Whole Life)





## Disability insurance

### Short term disability

Short term disability (STD) is available through Mutual of Omaha to all benefits-eligible team members. If you need to miss work due to a non-work-related illness or accident, STD benefits can replace a percentage of your lost income, as listed in the chart below. If elected, you pay the cost of coverage.

	Benefit waiting period	Benefit percentage	Maximum benefit duration
Employer-paid STD <sup>1</sup> (for all Non-California team members)	14 calendar days	30% up to \$250/week	Up to 24 weeks per disability

If you and your family determine that you need additional short term disability coverage to help you cover expenses while you are unable to work, you have the opportunity to purchase additional short term disability coverage.

	Benefit waiting period	Benefit percentage	Maximum benefit duration
Employee-paid buy-up STD <sup>2</sup>	14 calendar days	30% up to \$500/week	Up to 24 weeks per disability

<sup>1</sup>The STD plan has a pre-existing condition limitation, meaning any injury or sickness for which you incurred medical expenses or received medical treatment three months prior to your effective date of coverage may not be covered under the plan for twelve months after the effective date.

<sup>2</sup>For California team members, this is a "buy-up" option. California State Disability Insurance (CA SDI) provides 60%-70% income replacement up to a maximum of \$1,357/week, as of early 2022. If you elect employee-paid STD coverage through HumanGood, you'll be purchasing an additional 30% benefit (the buy-up amount), giving you up to an additional \$500 a week in coverage.

### WHAT IS CALIFORNIA STATE DISABILITY INSURANCE?

California State Disability Insurance (CA SDI) is a mandatory state disability program for California team members in which a small portion of income is taken out of each paycheck. CA SDI benefits may continue up to 52 weeks.



## Long term disability

If you're unable to work for longer than 26 weeks due to a covered disability, long term disability (LTD) insurance through Mutual of Omaha replaces a portion of your income. There are two types of LTD coverage:

- **Employer-paid LTD:** Available to salaried team members at no cost. There is no need to enroll.
- **Employee-paid LTD:** Available to all team members. If you would like this benefit, you must enroll and pay for the cost of coverage. If you're an exempt team member, this coverage is a "buy-up" option to enhance and supplement your employer-paid LTD coverage.

	Benefit waiting period	Benefit percentage	Maximum benefit duration
<b>Employer-paid LTD<sup>1</sup></b> (for all benefits-eligible salaried team members)	180 calendar days of disability	Salaried: 60% up to \$5,000/month	If you become disabled prior to age 62, benefits may continue for as long as you remain disabled, or until the greater of your Social Security normal retirement age or four years. If your disability occurs at age 62 or above, the number of payments may reduce.
<b>Employee-paid LTD<sup>2</sup></b> (for all benefits-eligible team members)	180 calendar days of disability	<ul style="list-style-type: none"> <li>■ Hourly (those eligible for overtime): 50% up to \$5,000/month</li> <li>■ Salaried: 66 2/3% up to \$10,000/month<sup>2</sup></li> </ul>	

<sup>1</sup> The LTD plan has a pre-existing condition limitation, meaning any injury or sickness for which you incurred medical expenses or received medical treatment three months (for salaried) and six months (for hourly) prior to your effective date of coverage may not be covered under the plan.

<sup>2</sup> For salaried team members, this is a "buy-up" option. 60% of this benefit is your employer-paid LTD that's provided at no cost to you by HumanGood (you're automatically enrolled for coverage when you meet the eligibility requirements). If you elect employee-paid LTD coverage, you'll be purchasing an additional 6 2/3% benefit (the buy-up amount), giving you a combined total LTD benefit of 66 2/3% up to a monthly maximum of \$10,000.





## Commuter benefits

Commuter benefits allow you to pay for your work-related transit and parking costs tax free with a debit card, administered through Optum Financial. If you have an HSA or FSA, your commuter benefits are loaded onto the same debit card and these purchases are tracked separately from your health care expenses. This could save you up to 40% in taxes! You decide how much you want to set aside for your commuter expenses, within these guidelines:

- Transit account: Up to \$270 per month for bus, subway, train, ferry, streetcar, or vanpool expenses.
- Parking account: Up to \$270 per month for parking at or near work, or for Park and Ride expenses.

**IMPORTANT NOTE!** You have complete flexibility to enroll or change your contribution for commuter benefits any time during the year.

For more information, visit the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.



## Legal assistance

MetLife Legal Plans offer economical access to attorneys for you, your spouse, and your eligible dependents.

For \$18 a month, you can receive legal advice and services for a wide range of personal matters, including:

- Court appearances and defense of civil lawsuits.
- Financial, family, and real estate matters.
- Immigration assistance.
- Estate planning.
- Traffic offenses (except DUI).
- Document review and preparation.
- Consumer protection.

Please note: Divorce and employment-related matters are not covered.

For more information, go to [www.legalplans.com](http://www.legalplans.com).



## Pet insurance

Nationwide offers a cost-effective way to protect you from unexpected veterinary expenses. You can choose from two plans, each which cover things like accidents, injuries, serious/chronic illnesses, and surgeries. And one of the plans additionally covers wellness (such as exams, dental cleanings, flea and tick prevention, and more). Note, some exclusions apply.

Key features of the plans include:

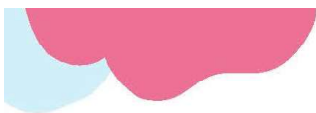
- \$250 annual deductible.
- \$7,500 annual maximum.
- Range of 50% to 70% reimbursement on vet bills.
- No age limits.

Here's how it works:

1. Visit the vet of your choice.
2. Submit a claim.
3. You'll receive a reimbursement check in the mail.

**IMPORTANT NOTE!** You have complete flexibility to enroll in or change your pet insurance any time during the year. Your coverage will be effective with the next applicable payroll cycle following your election date.

If you have an existing policy with Nationwide, you may want to contact Nationwide to review your options. For more details and cost information, go to <https://benefits.petinsurance.com/humangood> or call 877-738-7874.



## Identity theft protection

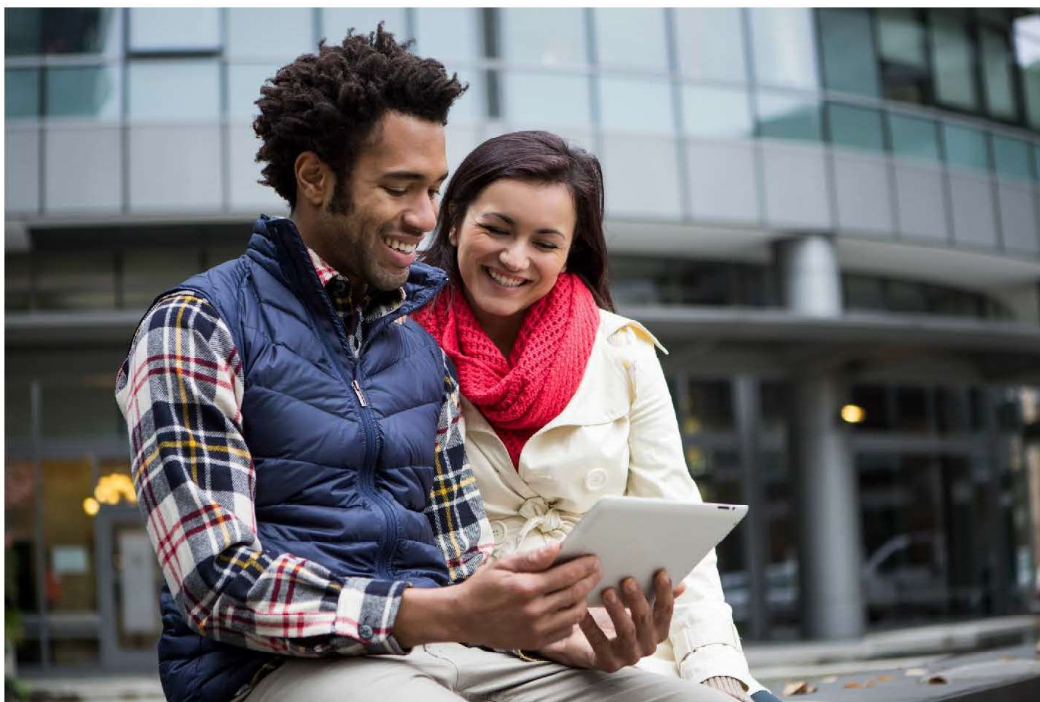
You can purchase identity theft protection benefits through Allstate Identity Protection for you and/or your family members who live with you. Here's a few of the services included in your coverage:

- Credit report monitoring.
- Monitoring of public and private databases for activity associated with your personal information.
- Monitoring of social media sites for reputational damage.
- Wallet/card replacement assistance.
- Password safety.
- Identity restoration services if you're the victim of identity theft.

Allstate Identity Theft Protection pricing:

- Team member only: \$9.95 per month.
- Team member and family members who live with you: \$17.95 per month.

For more details and cost information, go to [www.myaip.com](http://www.myaip.com) or call 800.789.2720.



## Other benefits

### Patient advocacy, EAP, and work/life services

Health Advocate™ provides HumanGood's patient advocacy, EAP, and work/life services. Health Advocate is available 24 hours a day, 365 days a year, to you, your spouse/partner, your children to age 26, your parents, and your parents-in-law.

- **PATIENT ADVOCACY SERVICES.** (Only available to team members enrolled in a HumanGood medical plan.) Health Advocate can help you to navigate your health care and benefits, including:
  - Answering questions about your health benefits.
  - Resolving health care claims and billing issues.
  - Handling retiree and elder care issues.
  - Finding qualified health care providers anywhere in the U.S.
  - Answering questions about Medicare and Social Security.
  - Scheduling appointments and arranging for specialized treatments and tests.
  - Getting unbiased information about complex medical conditions so you can make informed decisions.
- **EAP SERVICES.** Health Advocate provides personal support, including:
  - Five free counseling sessions per year, per issue.
  - Access to a licensed EAP counselor who will help you learn coping skills for stress, depression, parenting issues, substance abuse, and other temporary setbacks.
- **WORK/LIFE SERVICES.** Health Advocate provides unlimited telephonic and online access to a variety of work-life services, including:
  - Child care and elder care consultation and referrals.
  - Legal and financial referrals and resources.
  - Parenting and adoption information and resources.
  - Child and adult education resources.
  - Information on buying or selling a home.
  - Home improvement resources.
  - Resources for managing stress, anxiety, and anger.
- **A SINGLE TELEPHONE NUMBER TO CALL.** When you or an eligible family member encounters a health care or insurance-related issue or needs help with personal and/or family issues, call Health Advocate at **866.799.2728** (toll-free). You may be asked to complete a medical information release form. Please be assured that your personal information will be kept strictly confidential by Health Advocate; this information is never shared with HumanGood.



## Wellness

(Only available to team members enrolled in a HumanGood medical plan.) To help you feel your best, you can take advantage of wellness services by accessing the wellness website and employer-paid biometric screenings and health quality assessments. This program is administered by Wellworks.

HumanGood team members must complete certain requirements to receive the wellness discount from their 2023 health insurance premiums. As a reminder, new hires must complete three (3) requirements by November 30, 2022, to be eligible for the 2023 incentive.

- New hires with a benefit effective date between December 1, 2021-March 31, 2022, will need to complete the Biometric Screening and Know Your Number (KYN) Assessment to earn the wellness discount beginning the first of the following month through December 31, 2022.
- New hires with a benefit effective date between April 1, 2022-December 31, 2022, will need to complete the Biometric Screening and Know Your Number Assessment to earn the wellness rate discount beginning the first of the following month through December 31, 2023.

Benefit effective date	Requirements	Incentive
December 1, 2021-March 31, 2022	Step 1: Biometric Screening Step 2: KYN Assessment Step 3: 3/5 Healthy Ranges or 3 LNA Calls	Premium discount applied the first of the following month through December 31, 2022. Premium discount applied through December 31, 2023.
April 1, 2022-December 31, 2022	Step 1: Biometric Screening Step 2: KYN Assessment	Premium discount applied the first of the following month through December 31, 2023.

### TO SCHEDULE A SESSION WITH THE NURSE ADVOCATE, FOLLOW THE INSTRUCTIONS BELOW:

1. Log into your wellness portal and click Menu>ResultsNow.
2. Select Meet 3/5 Healthy Ranges OR Three (3) Nurse Advocate Calls.
3. Click the + sign next to the Three (3) Nurse Advocate Calls sub-component.
4. Click the Nurse Advocate Session Sign Up link.
5. Choose a time and enter the required information (be sure to enter the phone number to be called at the time of the appointment).
6. Your nurse advocate will reach out to you on the date and time of your appointment.

Please Note: Nurse advocate calls must be at least one (1) month apart and each call has a deadline. Please see a list of all deadlines below.

- Call 1 must be completed by July 31, 2022.
- Call 2 must be completed by September 30, 2022.
- Call 3 must be completed by November 30, 2022.

### Contact your Nurse Advocate team!

Your Nurse Advocate is here to work with you to align available resources, provide education and collaborate with your health care team to support you in achieving positive results. The nurse will guide you in making informed health care decisions, along with helping you understand how to use your health insurance to keep you healthy and minimize your health costs.

Your Nurse Advocate's contact information is provided below:

- Phone: 888.251.2260
- Email: [mynurseadvocate@lockton.com](mailto:mynurseadvocate@lockton.com)

### Contact your Wellworks team!

All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your Wellness Team via the Wellworks For You Portal. Simply select Contact Us from the Portal homepage. You can also call Wellworks For You at 800.425.4657.

- To learn more, go to [www.wellworksforyou.com](http://www.wellworksforyou.com), and enter your username and password.
  - Username: HG\_LastName\_EmployeeID
    - ▲ For example: HG\_Smith\_546143
  - Password: If you are logging on for the first time please use the temporary password "Welcome1." You will then be prompted to update your password upon initial login.

## Paid time off

HumanGood provides you with paid time off (PTO) to recover from sickness, care for an ill family member, to observe a religious holiday, or to just get a short break from work. The amount you accrue is based on your date of hire, as follows:

Length of service	Annual day equivalent	Maximum accrual
Less than 4 years	20	30 days/240 hours
4 through 5 years	22	33 days/264 hours
6 through 10 years	25	37.5 days/300 hours
11 through 15 years	30	45 days/360 hours
16 through 20 years	32	48 days/384 hours
21 years or more	35	52.5 days/420 hours

Eligible team members may use PTO once it's accrued.

## Holidays

HumanGood provides seven company-paid holidays as follows:

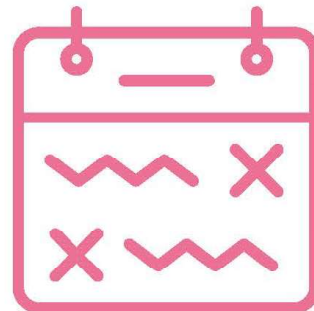
- New Year's Day
- Independence Day
- Thanksgiving Day
- Martin Luther King, Jr. Day
- Labor Day
- Christmas Day
- Memorial Day

## Jury duty

HumanGood encourages you to fulfill your civic responsibilities by serving as a juror when required. You may request up to 22 days of paid jury duty leave over any one-year period.

## Bereavement

In the event of a death of an immediate family member, you may receive up to five days of paid leave.





## Educational assistance

HumanGood proudly offers educational assistance program financial repayment to team members who pursue professional growth and development through higher education.

Who can participate

The program is available to:

### ■ FULL-TIME TEAM MEMBERS:

- If you've completed one year of service and have a satisfactory job performance rating.
- Team members must be on active payroll from the date of enrollment through the date the reimbursement request is submitted.

## How it works

Program type	Tuition amount per fiscal year
Graduate degree program	\$5,250
Undergraduate degree program	\$4,250
Secondary schools, certifications, and license programs	\$2,250
English as a second language (ESL)	Up to \$300

### IMPORTANT

Contact your supervisor for an application and approval before you register for a program or course.

## Student loan forgiveness

As a HumanGood team member, you may be eligible for forgiveness on your outstanding student loans through the federally funded Public Service Loan Forgiveness (PSLF) program.

Through PSLF, full-time employees of a non-profit organization like HumanGood may receive forgiveness on the remaining balance of their direct loans after they have made 120 qualifying monthly payments and completed 10 years of services under a qualifying repayment plan.

PSLF can be beneficial to team members. The average student loan balance in the U.S. is more than \$35,000, adding up to more than \$1.41 trillion in borrowed education funds in 2019. This may impact many of us, who budget for each month to make payments in order to reduce our student loan debt.

Visit the program website at [www.studentaid.gov/manage-loans/forgiveness-cancellation/public-service](http://www.studentaid.gov/manage-loans/forgiveness-cancellation/public-service) to learn about the PSLF program and to determine if you qualify.



## PerkSpot

The HumanGood discount program by PerkSpot offers exclusive discounts on popular brands and from your favorite retailers. You can get deals on things like:

- Travel and hotels (Expedia, Avis, Budget Rent-a-Car, Choice Hotels)
- Tickets and entertainment (Disneyland, Six Flags, AMC Theatres, Regal movie tickets)
- Cell phones and electronics (Verizon, Sprint, AT&T, Apple, HP, Dell)
- Retail purchases (Costco, Best Buy, Walmart)
- Gym and fitness services (24 Hour Fitness, Crunch Fitness, Jenny Craig)
- Auto purchases (Ford, Hyundai, Toyota, Jeep)
- All previous discounts from CPS
- ... and more!

Visit [humangood.perkspot.com/login](http://humangood.perkspot.com/login) to sign up and start saving!







## 401(k) retirement plan

The 401(k) retirement plan through Transamerica gives you an excellent opportunity to build your retirement security. Below is a summary of how the plan works.



### SELECT A BENEFICIARY

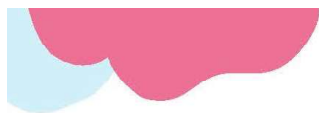
It's important to choose who you want to receive your 401(k) benefit in the event of your death. Go to [www.transamerica.com/portal/home](http://www.transamerica.com/portal/home) to select your 401(k) beneficiary.

Plan features	401(k) highlights
Eligibility	You may participate in the plan immediately and are eligible to contribute if you're at least age 21.
Enrolling and making changes	You can enroll, start/stop, and/or change contributions at any time by visiting <a href="http://www.transamerica.com/portal/home">www.transamerica.com/portal/home</a> or calling Transamerica at 800.755.5801
Your contributions (traditional, Roth, catch-up)	<ul style="list-style-type: none"> <li>You can contribute up to 100% of your eligible compensation, up to the IRS limit of \$20,500 for 2022, in either traditional or Roth contributions: <ul style="list-style-type: none"> <li>Traditional contributions are made on a tax-deferred basis each pay period. You reduce your taxable income now, but pay taxes down the road when you withdraw the funds.</li> <li>Roth contributions are made on an after-tax basis. That means you pay taxes while you're funding the account, in exchange for not paying taxes later (assuming you meet the age requirement and other criteria when you withdraw funds).</li> </ul> </li> <li>If you're age 50 or older, you can make "catch-up" contributions, up to an additional \$6,500 in 2022.</li> <li>Your contributions are deducted from your regular earnings and any bonuses.</li> </ul>
HumanGood matching contributions	<ul style="list-style-type: none"> <li>You're eligible after you've completed one year of service and 1,000 hours.</li> <li>HumanGood matches 100% of the first 3% of pay that you contribute, plus 50% of the next 2%. So, if you contribute 5% or more of pay, HumanGood adds a 4% matching contribution.</li> <li>Matching contributions are deposited on a quarterly basis.</li> <li>HumanGood also matches on catch-up contributions.</li> </ul>

Plan features	401(k) highlights
Vesting	You're always 100% vested in your own contributions, in addition to the contributions made by HumanGood. This means you always own contributions as soon as they're deposited into your account.
Investment options	<ul style="list-style-type: none"><li>■ The plan offers many investment options to help you build a portfolio that meets your goals.</li><li>■ You can change your investment mix at any time.</li></ul>
Loans	<ul style="list-style-type: none"><li>■ You can borrow up to 50% of your vested account balance (minimum loan is \$1,000, maximum is \$50,000).</li><li>■ There can be only one outstanding loan at a time; repayments are made via payroll deduction. Personal loans have a maximum duration of five years, residential loans are 15 years</li></ul>
Rollover rules	<ul style="list-style-type: none"><li>■ This plan accepts rollovers from other qualified plans, like another 401(k) plan, a conduit IRA, or other qualified retirement plan.</li><li>■ Voluntary after-tax contributions from another plan are not allowed.</li></ul>

If you contribute...	HumanGood will contribute...
1%	1%
2%	2%
3%	3%
4%	3.5%
5% or more	4%





## Team member contributions

The amounts below are per-paycheck amounts shown separately for medical, dental, and vision coverage — deducted 24 times a year. HumanGood will give you a \$15 per paycheck discount on your medical premiums for completing certain activities within the wellness program such as a biometric screening and health quality assessment. If you do not complete the wellness program activities, you will pay the non-wellness rate.

### Medical

Coverage level	Anthem \$1,000 Deductible Plan		Anthem \$2,800 Deductible Plan		Anthem \$6,550 Deductible Plan		Kaiser \$2,800 Deductible Plan	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Team member only	\$58.00	\$73.00	\$32.00	\$47.00	\$0.00	\$15.00	\$32.00	\$47.00
Team member and spouse	\$314.00	\$329.00	\$127.00	\$142.00	\$176.00	\$191.00	\$127.00	\$142.00
Team member and child(ren)	\$124.00	\$139.00	\$64.00	\$79.00	\$145.00	\$160.00	\$64.00	\$79.00
Team member and family	\$366.00	\$381.00	\$191.00	\$206.00	\$242.00	\$257.00	\$191.00	\$206.00

### Dental

Coverage level	United Concordia Standard Plan	United Concordia Enhanced Plan
Team member only	\$6.00	\$8.00
Team member and spouse	\$16.50	\$20.50
Team member and child(ren)	\$16.00	\$20.00
Team member and family	\$29.00	\$36.00

### Vision

Coverage level	VSP Standard Plan	VSP Enhanced Plan
Team member only	\$2.50	\$3.50
Team member and spouse	\$4.50	\$7.50
Team member and child(ren)	\$4.00	\$7.00
Team member and family	\$7.00	\$11.50

For cost information about other plans described in this guide, go online to [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.

### When benefit deductions occur

In 2022, HumanGood will have a biweekly payroll cycle (26 paychecks a year); however, benefits will only be deducted on 24 of those paychecks.

More details, including a detailed payroll calendar, will be posted on [www.myhumangood.org](http://www.myhumangood.org) under the My Worklife section, then Pay.



## Contacts

If you don't know who to call... **866.486.1417** is the only number you really have to use. Benefits Counselors are there to assist, or they will get you to the right place if your question needs an expert.

### Benefits enrollment/Life events

Online: [www.myhumangood.org](http://www.myhumangood.org)

- Click on the UKG link, and then choose Life Events under the Myself menu

Benefit counselor: 866.486.1417

### Medical

Anthem

Phone: 833.954.1076

Website: [www.anthem.com/ca](http://www.anthem.com/ca)

National PPO (BlueCard PPO)

Group number: 174279

Kaiser

Phone: 888.901.4636

Website: [www.kp.org/memberservices](http://www.kp.org/memberservices)

Tax-advantaged accounts  
(HSA, FSA, and Commuter)

Optum Financial

Claims support: 877.292.4040

Website: [www.optumfinancial.com](http://www.optumfinancial.com)

Supplemental medical insurance  
(accident, critical illness, and hospital  
indemnity)

Aetna

Group number: 802309

Phone: 888.772.9682

Website: [www.aetna.com/voluntary](http://www.aetna.com/voluntary)

### Dental

United Concordia

Dental Network: Elite Plus

Group number:

Standard Plan — 923104000

Enhanced Plan — 923104001

Phone: 800.332.0366

Website: [www.unitedconcordia.com](http://www.unitedconcordia.com)

### Vision

Vision Service Plan

Group number: 30043530

Phone: 800.877.7195

Website: [www.vsp.com](http://www.vsp.com)

### Life and AD&D

Mutual of Omaha

Group number: G000BS85

Phone: 800.877.5176

Website: [www.mutualofomaha.com](http://www.mutualofomaha.com)

### Disability insurance

Mutual of Omaha

Group Number G000BS85

Phone: 800.877.5176

Website: [www.mutualofomaha.com](http://www.mutualofomaha.com)





### Permanent whole life

Atlantic American

Phone: 866.458.7500

Website: [mycoverage.atlam.com](http://mycoverage.atlam.com)

### Legal assistance

MetLife Legal Plans

Policy number: 139612

Phone: 800.821.6400

Website: [www.legalplans.com](http://www.legalplans.com)

### Pet insurance

Nationwide

Group number: 3617

Phone: 877.738.7874

Website: <https://benefits.petinsurance.com/humangood>

### Identity theft protection

Allstate Identity Protection

Group number: 487

Phone: 800.789.2720

Website: [www.myaip.com](http://www.myaip.com)

### Wellness

Wellworks For You

Phone: 800.425.4657

Website: [www.wellworksforyou.com](http://www.wellworksforyou.com)

Username: HG\_LastName\_EmployeeID

For example: HG\_Smith\_546143

Password: If you are logging on for the first time please use the temporary password "Welcome1." You will then be prompted to update your password upon initial login.

### Nurse Advocate

Phone: 1.888.251.2260

Email: [mynurseadvocate@lockton.com](mailto:mynurseadvocate@lockton.com)

### Health Advocate

- Find the right providers, hospitals
- Resolve medical claims and bills
- Receive assistance with Medicare
- Locate elder care, support services
- Short term assistance for personal, family issues
- Locate resources to balance work/life
- Estimate medical and prescription costs

Phone: 866.799.2728

Website: [www.healthadvocate.com/members](http://www.healthadvocate.com/members)

Access code: HumanGood

### HumanGood discount program

PerkSpot

Website: [humangood.perkspot.com/login](http://humangood.perkspot.com/login)

### 401(k) retirement plan

Transamerica

Phone: 800.755.5801

Website: [www.transamerica.com/portal/home](http://www.transamerica.com/portal/home)

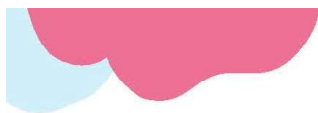
## Steps to enroll

Enroll (or waive coverage) within the 45-day window starting on your date of hire or eligible status change date (to full-time status).

Qualifying life events have a 31-day window to enroll or make changes.



1. There are 3 ways to enroll in benefits:
  - Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.
  - Schedule a dedicated enrollment appointment for a time convenient for you by scanning the QR code. You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
  - Enroll by phone with a benefits counselor at 866.486.1417.
2. Open an HSA (if applicable). If you elect the Anthem \$2,800 Deductible Plan or Kaiser \$2,800 Deductible Plan with HSA, enroll in the HSA through UKG and register your account through Optum Financial.
  - If you haven't opened an HSA before — you must enroll and certify that you meet the eligibility criteria.
3. Submit dependent documentation. When you add a new family member, the family member won't be added to your benefits automatically. You will need to add your dependents to each and every benefit you want them to have. If you are adding dependent(s) coverage, you will need to provide your local HR representative with appropriate dependent documentation within your 45-day window (31-day window for life events).
  - Appropriate documentation (such as a birth certificate or marriage license) for any dependents you enroll.
  - If you cover a domestic partner and that person qualifies as a "tax dependent" under IRS rules, you need to complete the Domestic Partner or Civil Union Partner Tax Status Form. Otherwise, your domestic partner's coverage will be subject to additional taxes, called imputed income.
4. Don't forget to choose your beneficiaries. They apply to your basic life, accidental death and dismemberment (AD&D) insurance, and critical illness. There is a separate beneficiary designation form for your HSA and retirement plans.
5. Save or print your benefits confirmation statement. If you enroll by phone, you can request that your enrollment confirmation be emailed to you.



## Your benefits checklist

Take time to learn about the great HumanGood benefits that are available to you, which are detailed in this Benefits Guide. As you review your options, use this worksheet to take notes and keep track of the benefit elections that work best for you. Please note, you must enroll through UKG, which can be accessed on [www.myhumangood.org](http://www.myhumangood.org). This worksheet is NOT an enrollment form.

### Medical insurance (see pages 7-10 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> Anthem \$1,000 deductible plan	■ Team member only	
<input type="checkbox"/> Anthem \$2,800 deductible plan	■ Team member and spouse/domestic partner	
<input type="checkbox"/> Anthem \$6,550 deductible plan	■ Team member and child(ren)	
<input type="checkbox"/> Kaiser \$2,800 deductible plan	■ Team member and family	
<input type="checkbox"/> Waive/decline coverage		

### Tax-advantaged accounts (see pages 11-14 for details)

Plan	Contributions	Your contribution amount	Notes
<input type="checkbox"/> Health savings account (HSA)  <i>Available only if you participate in the Anthem or Kaiser \$2,800 deductible plan</i>	HumanGood contributes: For individual coverage: \$325/quarter (\$1,300/year) For family coverage: \$650/quarter (\$2,600/year) You can also contribute up to: For individual coverage: \$2,350 For family coverage: \$4,700	\$ _____ If you are or will turn age 55 in 2022, you can contribute up to an additional \$1,000 in "catch-up" contributions.	
<input type="checkbox"/> Limited purpose flexible spending account (FSA) <i>Available only if you have an HSA</i>	You can contribute up to \$2,750 in pre-tax money	\$ _____	
<input type="checkbox"/> Health care FSA	You can contribute up to \$2,750 in pre-tax money	\$ _____	
<input type="checkbox"/> Dependent care FSA	You can contribute up to \$5,000/year (per individual or married couple)	\$ _____	

### Supplemental medical insurance (see page 15 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> Aetna accident insurance	■ Team member only	
<input type="checkbox"/> Aetna critical illness	■ Team member and spouse/domestic partner	
<input type="checkbox"/> Aetna hospital indemnity insurance	■ Team member and child(ren)	
<input type="checkbox"/> Waive/decline coverage	■ Team member and family	

### Dental insurance (see page 16 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> United Concordia standard plan	■ Team member only	
<input type="checkbox"/> United Concordia enhanced plan	■ Team member and spouse/domestic partner	
<input type="checkbox"/> Waive/decline coverage	■ Team member and child(ren) ■ Team member and family	

### Vision insurance (see page 17 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> VSP standard plan	■ Team member only	
<input type="checkbox"/> VSP enhanced plan	■ Team member and spouse/domestic partner	
<input type="checkbox"/> Waive/decline coverage	■ Team member and child(ren) ■ Team member and family	

### Life and AD&D insurance (see pages 18-19 for details)

Important! Life insurance coverage isn't guaranteed; some elections may require you to submit Evidence of Insurability. See the Life and AD&D section of the guide for details.

Options	Coverage level	Requested coverage amount	Notes
<b>Coverage paid by HumanGood</b>			
<input checked="" type="checkbox"/> Employer-paid term life	Team member only	Automatically enrolled for 2 x earnings up to \$600,000	
<input checked="" type="checkbox"/> Employer-paid AD&D	Team member only Team member and family	Automatically enrolled for 2 x earnings up to \$600,000	
<b>Coverage paid by you</b>			
<input type="checkbox"/> Employee-paid term life	Team member only	5x annual salary up to \$650,000	
<input type="checkbox"/> Spouse term life*	Spouse/domestic partner	\$ _____ Available in increments of \$5,000, to the lesser of \$250,000 or 100% of the amount elected for Employee-Paid Term Life	
<input type="checkbox"/> Child term life*	Child	\$ _____ Available in increments of \$2,000, to a maximum of \$10,000	
<input type="checkbox"/> Employee-paid AD&D	Team member only	5x annual salary up to \$650,000	
<input type="checkbox"/> Spouse AD&D**	Spouse/domestic partner	\$ _____ Available in increments of \$5,000, to the lesser of \$250,000 or 100% of the amount elected for Employee-Paid AD&D	
<input type="checkbox"/> Child AD&D**	Child	\$ _____ Available in increments of \$2,000, to a maximum of \$10,000	
<input type="checkbox"/> Waive/decline coverage			

\*Spouse, domestic partner, and child coverage is only available if you first elect Employee-Paid Term Life.

\*\*Spouse, domestic partner, and child coverage is only available if you first elect Employee-Paid AD&D.





### Permanent whole life (see page 19 for details)

Options	Coverage level	Requested coverage amount	Notes
<input type="checkbox"/> Employee whole life	Team member only	In increments of \$10,000 up to \$100,000 coverage	
<input type="checkbox"/> Spouse whole life	Spouse/domestic partner	In increments of \$10,000 up to \$30,000 coverage (employee must be enrolled in Whole Life)	
<input type="checkbox"/> Child whole life	Child	\$10,000 coverage (employee must be enrolled in Whole Life)	
<input type="checkbox"/> Waive/decline coverage			

### Disability insurance (see pages 20-21 for details)

Important! Disability insurance coverage isn't guaranteed; some elections may require you to submit Evidence of Insurability. See the disability section of the guide for details.

Options	Coverage level	Percentage of income replacement	Notes
<input checked="" type="checkbox"/> Employer-paid short term disability	Salaried team members are enrolled automatically	30% up to \$250/week	
<input type="checkbox"/> Employee-paid buy up short term disability*	Team member only	30% up to \$500/week	
<input checked="" type="checkbox"/> Employer-paid long term disability (LTD) insurance	Salaried team members are enrolled automatically	60% up to \$5,000/month	
<input type="checkbox"/> Employee-paid long term disability (LTD) insurance	Team member only	Hourly (those eligible for overtime): 50% up to \$5,000/month Salaried: 66 2/3% up to \$10,000/month**	
<input type="checkbox"/> Waive/decline coverage			

\*For California team members, this is a "buy-up" option. See the STD section the benefit guide for additional details.

\*\*For salaried team members, this is a "buy-up" option. See the LTD section of the benefit guide for additional details.

### Commuter benefits (see page 22 for details)

Options	Contributions	Your contribution amount	Notes
<input type="checkbox"/> Transit account	Team member only	\$_____ (Up to \$270 per month)	
<input type="checkbox"/> Parking account	Team member only	\$_____ (Up to \$270 per month)	
<input type="checkbox"/> Waive/decline coverage			

### Legal assistance (see page 22 for details)

Options	Coverage level	Notes
<input type="checkbox"/> MetLife legal plans	Participation includes coverage for team member, spouse, and eligible dependents	
<input type="checkbox"/> Waive/decline coverage		

### Pet insurance (see page 23 for details)

You can enroll anytime.

Options (select one)	Notes
<input type="checkbox"/> My pet protection	
<input type="checkbox"/> My pet protection with wellness	
<input type="checkbox"/> Waive/decline coverage	

### Identity theft protection (see page 24 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> Allstate identity theft protection	<ul style="list-style-type: none"><li>■ Team member only</li><li>■ Team member and family members who live with you</li></ul>	
<input type="checkbox"/> Waive/decline coverage		

### 401(k) retirement savings (see pages 30-31 for details)

You can enroll any time by visiting [www.transamerica.com/portal/home](http://www.transamerica.com/portal/home) or calling Transamerica at 800.755.5801.

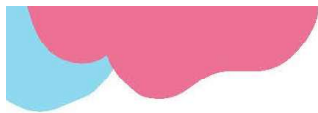
HumanGood 401(k) plan — requested contribution amount	Notes
<input type="checkbox"/> _____% (Up to 100% of your eligible compensation, up to the annual IRS limit of \$20,500 for 2022, plus \$6,500 if you're eligible for catch-up contributions)	

#### FINAL NOTES

This summary of benefits is not intended to be a complete description of HumanGood's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although HumanGood maintains its benefit plans on an ongoing basis, HumanGood reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your HumanGood human resources representative with questions regarding the information provided in this overview.



## HumanGood Benefits



### Health Advocate (employee assistance program)

866.799.2728

### Enroll for benefits

There are 3 ways to enroll in benefits:

1. Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link.  
Then choose Life Event under the Myself menu.
2. Schedule a dedicated enrollment appointment for a time convenient for you by scanning the QR code.  
You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
3. Enroll by phone with a benefits counselor at 866.486.1417.



kc: 84826

**SCHEDULE 14.2.3**

**RETAINED EMPLOYEES**

- 1. Greg Bearce**
- 2. Raquel Vergara**
- 3. Sammi Wu**

**EXHIBIT A**  
**FORM OF DEED**

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TAX STATEMENTS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space Above this Line is for Recorder's Use

APN: \_\_\_\_\_

Address: \_\_\_\_\_

**Grant Deed**

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is \$\_\_\_\_\_.

☒ (X) computed on full value of property conveyed, or

☐ ( ) Property Not Sold

☐ ( ) computed on full value less of liens and encumbrances remaining at time of sale.

☐ ( ) Unincorporated area: ☒ (X) City of \_\_\_\_\_

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
\_\_\_\_\_, hereby GRANT(S) to

\_\_\_\_\_, all of its right, title and interest in that property  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of California, as described on **Exhibit A**,  
attached hereto and incorporated herein by this reference

Dated: \_\_\_\_\_, 2022

[Remainder of Page Intentionally Left Blank]

Signature Page – Grant Deed

IN WITNESS WHEREOF, this instrument is executed effective as of date set forth above.

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_ (Seal)

## **EXHIBIT B**

### **FORM OF BILL OF SALE**

#### **BILL OF SALE**

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");
2. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");
3. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;
4. Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;
5. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");
6. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_



**EXHIBIT A TO BILL OF SALE**

## **EXHIBIT C**

### **FORM OF ASSIGNMENT**

#### **ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

#### **RECITALS**

A. Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "**Assumed Contracts**").

C. Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

D. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

#### **AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to

the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**Exhibit A To ASSIGNMENT AND ASSUMPTION AGREEMENT**  
**ASSUMED OPERATING CONTRACTS**

**EXHIBIT D**

**FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);
2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);
3. The Seller's federal tax identification number is \_\_\_\_\_;
4. The Seller's address is \_\_\_\_\_;
5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_

**3) DRAFT of Windsor Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles - Redline dated May 13, 2022.**

## **PURCHASE AND SALE AGREEMENT**

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of May \_\_\_\_, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation, or assigns ("**Purchaser**").

### **RECITALS**

A. Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Purchaser is the owner of and has experience operating a senior care community.

C. Seller is interested in selling the Real Property, the Facility and the business operations conducted therein (the "**Business**") to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the Business from Seller (the "**Transaction**").

D. The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

1.1 Seller's Assets. On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

1.1.1 The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

1.1.2 All fixtures attached or appurtenant to the Real Property and the Facility;

1.1.3 All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller including the computers and related systems (collectively, the "**Personal Property**"); provided



that Seller will wipe all of the hard drives and remove all confidential information and materials from the operating systems; and provided further, Seller will save certain resident information needed in connection with Purchaser's operation of the Business after the Closing, including resident medical and pharmacy records, home health and other doctors' orders, billing records and resident payment history on a drive or on the cloud for the Purchaser to download at Closing;

1.1.4 To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility ("**Permits**");

1.1.5 All rights existing under all contracts related to the ownership, planning, development, construction, use, operation and/or maintenance of the Facility to which the Seller is a party, excluding those identified as Excluded Assets, but including without limitation the Resident Agreements and the Assumed Operating Contracts (each as defined below), ~~along with those set forth on Schedule 1.1.5~~ ("**Assigned Contracts**");

1.1.6 To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

1.1.7 All inventory, wherever located, including all raw materials, spare parts and all other materials and supplies to be used in the Business or in connection with maintenance of the Facility (the "**Inventory**");

1.1.8 All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

1.1.9 All intangible personal property of any kind or character of the Seller, including without limitation, all warranties, guarantees and all of Seller's legal and equitable claims, causes of action, and rights, if any, arising post-Closing, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

1.1.10 All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

1.1.11 Other than corporate and trade names used by Seller in connection with the Business as well as related social media accounts, domain name and website and any content therein, all of the Seller's Intellectual Property, including, but not limited to, licenses and sublicenses granted and obtained with respect thereto, related to the Business, to the extent transferable, Seller's telephone and fax numbers, all passwords and similar access requirements with respect thereto, and all goodwill associated therewith, including rights thereunder, remedies against infringements thereof, and rights to protection of interests therein;

1.1.12 The vehicle described in **Schedule 1.1.12** (the "**Vehicle**");

1.1.13 The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the Business;

1.1.14 All prepayments, vendor credits, loans to employees, prepaid expenses and similar assets.

1.1.15 Excluding the Excluded Assets, any other asset, property, or right of any Seller, tangible or intangible, used in the conduct of the Business.

1.1.16 All books, files and records in whatever form or medium related to the operation of the Facility and the Business, including, but not limited to, original records for current residents and employees of the Business, quotation and purchase records and all books, records, ledgers, files, documents, correspondence, lists, reports, and other printed or written materials with respect to the Real Property, Facility and Business but specifically excluding those documents whose disclosure is restricted by applicable law.

Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets." The parties hereby acknowledge and agree that HumanGood SoCal owns and operates seniors housing communities other than the Facility ("**Other Assets**"), and that Seller's Assets being sold hereunder do not include the Other Assets.

1.2 Excluded Assets. Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**");

1.2.1 the Other Assets;

1.2.2 Seller's cash, including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;

1.2.3 Except as provided in Section 1.1.3 above, Seller's proprietary or organizational documents, financial (including historical financials), accounting and/or tax records and other records that Seller is required by law to retain in its possession;

1.2.4 Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;

1.2.5 any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

1.2.6 Seller's deposits, including utility deposits and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;

1.2.7 Except as may be otherwise provided herein, any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;

1.2.8 Except as may be otherwise provided herein, any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

1.2.9 any personal property identified on **Schedule 1.2.8** hereto (the "**Excluded Personal Property**");

1.2.10 the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("**SNF**") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("**CDPH**") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

1.2.11 all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not Assigned Contracts and ~~the~~[any](#) national contracts ~~identified on Schedule 1.1.5 hereto~~.

1.3 Assumption of Liabilities. Except for the deposits and obligations related to the Assigned Contracts arising on or after Closing, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Real Property, Facility or the Business (the "**Assumed Liabilities**").

1.4 Notwithstanding the provisions of **Section 1.3** or any other provision in this Agreement to the contrary, Purchaser shall not assume and shall not be responsible to pay, perform or discharge any liabilities of Seller of any kind or nature whatsoever other than the Assumed Liabilities (the "**Excluded Liabilities**"). Seller shall pay and satisfy in due course all Excluded Liabilities, which shall include all monies owed by Seller under the Assigned Contracts through the Closing.

## 2. Purchase Price.

2.1 Purchase Price. The aggregate consideration for the Seller's Assets (the "**Purchase Price**") shall be Fourteen Million Five Hundred Thousand and No/100 Dollars (\$14,500,000.00) plus the assumption of any Assumed Liabilities, subject to any proration adjustment contemplated in **Section 6.2** hereof. At the Closing, the Purchaser will deliver to Seller, by wire transfer or immediately available funds, an amount equal to the Purchase Price, less the Deposit as set forth in 2.1.1. as follows:

2.1.1 Deposit. Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Initial Deposit**") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "**Escrow Agent**"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Additional Deposit**") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "Deposit". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**; provided, however, if Purchaser does not provide an Approval Notice (as defined below) prior to expiration of the Due Diligence Period for any reason, this Agreement and the escrow shall be cancelled, and the Initial Deposit immediately returned to Purchaser.

2.1.2 Balance of Purchase Price. The balance of the Purchase Price, less the Deposit, plus or minus any costs and prorations for which Seller and/or Purchaser are responsible under **Section 6.2** hereof shall be paid by wire transfer of immediately available funds at Closing.

2.2 Allocation of Purchase Price. The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2**.

2.3 Independent Consideration. As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

## 3. Closing

3.1 Time and Place of Closing. Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("**COA**") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds

released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before December 31, 2023, Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case the Deposit shall be returned to Purchaser unless Purchaser is then in default and neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

3.2 Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

#### 4. Due Diligence; Title and Survey.

##### 4.1 Due Diligence Investigation.

4.1.1 Within three (3) Business Days after the Opening of Escrow, Seller shall deliver to Purchaser or provide Purchaser access to all materials in Seller's possession or control relating to the Real Property or Facility including, but not limited to: (i) copies of the most recent property tax bills and assessments for the Property; (ii) copies of all documents evidencing interests not shown on the Title Report, if any, (iii) a copy of any and all leases, service contracts, easements, licenses, development approvals and/or other agreements related to the Real Property or Facility including, without limitation, contracts for design work thereon; (iv) any and all existing surveys of the Real Property; (v) any and all soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property; (vi) any and all engineering documents relating to the Facility including, without limitation, plans and specifications prepared for Seller in connection with the development of the Real Property and Facility (the "**Plans and Specifications**"); (vii) any and all other correspondence, reports, studies, permits, approvals or documents relating to the Real Property or Facility, except for Seller's internal materials, documents, correspondence, and/or analysis; (viii) audited financial statements for the Business for the period ending December 31, 2019, 2020 and 2021 (the "**Financial Statements**"), as well as the three month period ending March 31, 2022; (ix) the general ledger and trial balance supporting the Financial Statements; (x) contracts and agreements and other documents material to the Business; (xi) a redacted current and complete list of all employees of Seller who work at the Facility, together with their dates of hire, positions and their annual salaries and other compensation; and (xii) and other documents to be provided by Seller in accordance with this **Section 4.1.1** (collectively, the "**Due Diligence Materials**"). In addition, Seller shall promptly deliver to Purchaser or provide Purchaser access to such other information relating to the Real Property, Facility and Business that is specifically and reasonably requested by Purchaser of Seller in writing to the extent such information is in the possession or control of Seller. Except as otherwise expressly set forth in this Agreement, Seller makes no representations or warranties whatsoever regarding the Due Diligence Materials ~~created by third parties, including, without limitation, as to their completeness or accuracy. Seller represents and warrants that, to Seller's knowledge, the Due Diligence Materials prepared by Seller and provided to Buyer, are complete and accurate.~~ Prior to the expiration of the Due Diligence Period, Seller will provide to Purchaser a final list of the Due Diligence Materials provided to Purchaser.

4.1.2 During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its sole and absolute discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility.

4.1.2.1 At all reasonable times from the date of this Agreement to the Closing, or earlier termination of this Agreement, upon forty-eight (48) hours prior written notice to Seller, Purchaser and their respective employees, agents, consultants, managers and contractors shall be entitled, at Purchaser's sole cost and expense, to: (a) enter onto the Real Property and Facility to perform any inspections, investigations, studies, and tests of the Real Property and Facility (including, without limitation, physical, engineering, soils, geotechnical, and environmental tests) that Purchaser deems reasonable; provided however that Purchaser shall not do any invasive testing on the land without the prior consent of Seller, which consent shall not be unreasonably withheld; (b) review all Due Diligence Materials; and (c) investigate such other matters pertaining to the Real Property, Facility and Business as Purchaser may desire. Any entry by Purchaser onto the Real Property shall be subject to, and conducted in accordance with, all applicable laws. Upon completion of any such testing, Purchaser shall immediately restore the Real Property and Facility to substantially the same condition as it existed prior to Purchaser's entry under this **Section 4.1.2.1**. During the term of Escrow, Purchaser shall have the right to meet with representatives of the City and other governmental agencies having jurisdiction over the Real Property and Facility. Seller shall have the right to have a representative attend each and every meeting with representatives of the City and other governmental agencies having such jurisdiction. Seller shall cooperate with Purchaser in its investigation of the Real Property, Facility and Business (the "**Due Diligence Review**").

4.1.2.2 Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmen's liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

4.1.2.3 Purchaser shall have the right at any time on or before the end of the Due Diligence Period (the "**Due Diligence Termination Date**"), to terminate this Agreement by delivering a written notice of such termination to Seller and Escrow Agent if Purchaser determines, in its sole and absolute discretion, that the Seller's Assets are not acceptable to Purchaser for any reason. Purchaser shall indicate its satisfaction and/or waiver of the Due Diligence condition described in this **Section 4.1** by delivering written notice of such satisfaction and/or waiver ("**Approval Notice**") to Seller and Escrow Agent on or prior to the Due Diligence Termination

Date. In the event Purchaser fails to timely deliver an Approval Notice, then this Agreement and the Escrow shall be automatically deemed terminated. In the event this Agreement is terminated in accordance with this Section, then the Initial Deposit shall be immediately returned to Purchaser and the parties shall thereafter be relieved from further liability hereunder, except with respect to any obligations under this Agreement that are expressly stated to survive any termination of this Agreement.

4.2 Title Matters. After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

4.2.1 Property Documents. After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein and a map showing all easements plotted. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

4.2.2 Title Objections.

(a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

(b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement, in which case the Deposit shall be immediately returned to Purchaser. If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

(c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in

accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

(d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter.

4.3 Access to Key Employees. Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

## 5. Conditions to Closing.

5.1 Purchaser's Conditions. Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Seller at the Closing) (the "**Purchaser's Closing Conditions**"), which conditions may be waived by Purchaser only in a writing executed by Purchaser:

5.1.1 Closing Deliveries. Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

(a) A Grant Deed in substantially the form annexed hereto as **Exhibit A** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

(b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit B** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

(c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit C** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

(d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

(e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit D**;



(f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;

(g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

(h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

(i) Written closing instructions directed to the Escrow Agent;

(j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;

(k) An Interim Lease, Interim Management Agreement and OTA;

(l) The consent of all other parties to the Assumed Operating Contracts for each Assumed Operating Contract that requires the consent of another party prior to the consummation of the transaction contemplated by this Agreement; and

(m) Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

5.1.2 Title Policy. The Title Company shall be irrevocably and unconditionally prepared and committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions, with those endorsements reasonably requested by Purchaser (provided that such endorsements are available in the State of California and are paid for in accordance with the terms in this Agreement), in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

5.1.3 Representations and Warranties. The representations and warranties of Seller contained in this Agreement shall be true, correct, and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.1.4 Seller's Performance. Seller shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Seller to be complied with or performed under the terms of this Agreement prior to or at Closing.

5.1.5 Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership

application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

5.1.6 Due Diligence Review. Purchaser shall have delivered an Approval Notice pursuant to **Section 4.1.2.3**.

5.1.7 New Encumbrances. Other than new Resident Agreements entered into in the ordinary course of business by Seller, Seller shall not have encumbered or granted any interest in or to the Property or any portion thereof to any party for any reason whatsoever, include the grant or dedication of any easements, any security interest or otherwise burden the title or use of the Property or any portion thereof after the Opening of Escrow.

5.2 Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Purchaser at the Closing) (the "**Seller's Closing Conditions**"), which conditions may be waived by Seller only in a writing executed by Seller:

5.2.1 Purchase Price. Purchaser shall have delivered to Escrow Agent the Purchase Price as set forth in **Section 2** above.

5.2.2 Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- (a) The executed Assignment;
- (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit C** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;
- (e) Written closing instructions directed to the Escrow Agent;
- (f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;
- (g) An Interim Lease, Interim Management Agreement and OTA; and

(h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

5.2.3 Representations and Warranties. The representations and warranties of Purchaser contained in this Agreement shall be true, correct and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.2.4 Attorney General and California Department of Social Services Approval. All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

5.2.5 Purchaser's Performance. Purchaser shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Purchaser to be complied with or performed under this Agreement prior to or at Closing, including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

5.3 Conditions Generally. The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

## 6. Closing Costs and Prorations.

6.1 Costs and Expenses. All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

6.1.1 Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

6.1.2 Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

6.1.3 Purchaser shall pay all of the costs associated with the Due Diligence Review.

6.1.4 Each of the Parties shall each pay their own legal fees and expenses.

6.1.5 Purchaser and Seller shall share on a 50-50 basis all escrow fees.

6.1.6 Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

6.1.7 Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the Purchaser's licenses and permits necessary to operate the Facility.

## 6.2 Prorations and Adjustments.

6.2.1 All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date. Similarly, any amounts due under the Operating Contracts relating to the Facility and Business for services rendered or goods received prior to the Closing Date, whether an Assigned Contract or not, shall be the responsibility of Seller. Further, the parties acknowledge and agree that post-Closing Seller will continue to collect certain governmental receivables for services rendered by Seller prior to Closing as set forth in Section 10.7 below and pursuant to the terms of the OTA.

6.2.2 Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.3** below.

6.2.3 Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

6.2.4 All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve

such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

6.2.5 This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser solely in its capacity as the owner of the Facility and the Real Property (and not on behalf of any facility or other real or personal property owned by Seller) as follows:

7.1 **Organization and Authority.** Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

7.2 **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's organizational documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected. Except with respect to the approvals provided for in **Section 5.2.4** above, with respect to Seller, no other consent, approval, order or authorization of or from, or registration, notification, declaration or filing with any Person, including without limitation, any Government Entity, is required in connection with the execution, delivery or performance of this Agreement by Seller or the consummation by Seller of the transactions contemplated herein.

7.3 **Litigation.** Except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller, the Real Property, the Facility or the Business, at law or in equity. Seller is not a party to, nor is Seller or the Real Property, Facility or Business bound by, any orders, judgments, injunctions, decrees or settlement agreements under which Purchaser may have continuing obligations after the Closing Date. **Schedule 7.3** lists all ongoing actions against the Seller at law or in equity and a summary of prior ~~actions~~[legal proceedings](#) against Seller (including, without limitation, general/professional liability, employment, property

and workers' compensation ~~claims) as well as threatened claims that have not matured into litigation,~~legal proceedings) for the prior three (3) years with the Due Diligence Materials.

7.4 Compliance with Law. Seller has received no written notice that the Facility or Business is not in compliance with applicable laws, nor is Seller aware of any condition that would reasonably be expected to give rise to such non-compliance.

7.5 The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly. The Licenses are in full force and effect.

7.6 Employees of the Facility; Unions. All of the employees of the Business at the Facility are the employees of Seller. None of the employees of the Business at the Facility are members of a labor union or subject to any collective bargaining agreement nor to Seller's knowledge are such employees engaged in any union organizing activities or threatened an attempt to organize or establish any labor union or employee association to represent any employees. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility. Except as disclosed to Purchaser on **Schedule 7.3** hereto, Seller has received no written notice of nor does Seller have knowledge of any non-compliance with applicable laws governing employment and employee relations, including laws relating to employment discrimination, sexual harassment, civil rights, equal pay, wages, meal and rest breaks, hours, overtime, sick leave, collective bargaining and labor relations, occupational safety and health, workers' compensation, immigration, or the withholding and payment of income, social security (FICA) or similar taxes, and any similar laws of any foreign jurisdiction. Except as disclosed to Purchaser on **Schedule 7.3** hereto, to Seller's knowledge, no action alleging a violation of any applicable employment law has been threatened. Seller hereby acknowledges that it has I-9's on file at the Facility for each of the employees of Seller. To Seller's knowledge, Seller does not have any existing workers' compensation liabilities with respect to Seller's employees that are not covered by insurance. Purchaser will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any such law or regulation relating to actions arising out of or related to any event occurring on or before the Closing Date. Seller will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any law or regulation relating to actions arising out of or related to any event occurring after the Closing Date.

7.7 Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

7.8 Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect, none of the Operating Contracts has been modified or amended except any modifications or amendments provided to Purchaser as part of the Due Diligence Review, and, to Seller's knowledge, Seller is in compliance in all material respects with all obligations under the Operating Contracts. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

7.9 Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tlstdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

7.10 Tax Returns. To Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the Business prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid. Moreover, to Seller's knowledge, (i) no liens have been filed against Seller or Seller's Assets in respect of taxes, and no waivers of statutes of limitations have been given or requested with respect to Seller; (ii) there are no pending tax audits or other proceedings with respect to Seller or Seller's Tax Returns nor has Seller been notified of any dispute or claim with respect to taxes that has not been resolved; (iii) Seller is not now a party to any tax sharing, allocation or distribution agreement; and (iv) Seller has no obligation to make (or possibly make) any payments that will be non-deductible under, or would otherwise constitute a "parachute payment" within the meaning of, Section 280G of the Code (or any corresponding provision of state, local or foreign income Tax law).

7.11 No Violations of Environmental Laws. To Seller's knowledge and except as disclosed in the Property Materials or any environmental reports obtained by Purchaser in connection with this Agreement: (a) the Property is not nor has it been under investigation for violation of any federal, state, or local law, ordinance, or regulation relating to industrial hygiene, worker health and safety, or to the environmental conditions in, at, on, under, or about the Property, including, but not limited to, soil and groundwater conditions ("**Environmental Laws**"); (b) the Property has not been subject to a deposit of any Hazardous Substance except in compliance with applicable laws; (c) Seller has not used, generated, manufactured, stored, or disposed in, at, on, or under the Property any Hazardous Substance except in compliance with applicable laws; and (d) there is not now in, on, or under the Property any underground or above ground storage tanks or surface impoundments, any asbestos containing materials, or any polychlorinated biphenyls used in hydraulic oils, electrical transformers, or other equipment. Seller hereby assigns to Purchaser

as of the Closing all claims, counterclaims, defenses, and actions, whether at common law or pursuant to any other applicable federal, state or other laws that Seller may have against any third party or parties relating to the existence or presence of any Hazardous Substance in, at, on, under, or about the Property. For purpose of this Agreement, the term "Hazardous Substance" shall be deemed to include any wastes, materials, substances, pollutants, and other matters regulated by Environmental Laws including, without limitation, per- and polyfluoroalkyl substances (PFAS).

7.12 Health Care Representations. To Seller's knowledge, Seller is not a target of, participant in, or subject to any pending or threatened action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs.

7.13 Financial Statements. Each of the audited Financial Statements of the Business provided by Seller to Purchaser as part of the Due Diligence Materials has been prepared in accordance with GAAP applied on a consistent basis (except as otherwise may be indicated therein) and in accordance with the books and records of Seller. Each of the Financial Statements is complete and accurate and presents fairly in all material respects the financial position of Seller at the dates thereof and the results of operations and cash flows for the periods indicated subject, in the case of interim Financial Statements, to normal year-end adjustments and that interim financial statements do not include footnote disclosure. To Seller's knowledge, since December 31, 2019, except as required by applicable law or changes in GAAP, there has been no change in any accounting principle, procedure, or practice followed by Seller or in the method of applying any such principle, procedure, or practice.

7.14 Undisclosed Liabilities. To Seller's knowledge, Seller does not have any liabilities or obligations of any nature (whether absolute, accrued, contingent or otherwise), except for liabilities or obligations reflected or reserved against in the Financial Statements and liabilities incurred in the ordinary course of Business since the respective dates thereof.

7.15 Absence of Certain Developments. Since January 1, 2021, the Company has conducted the Business only in the ordinary course of business, as applicable, consistent with past practice, including with regard to nature, frequency and magnitude.

7.16 Anti-Bribery.

7.16.1 Neither Seller nor any of its officers or directors, or any employee, agent, distributor or other person acting on behalf of Seller has, directly or indirectly, used any corporate funds for unlawful contributions, gifts, entertainment or other unlawful expenses relating to



political activity, made any unlawful payment to foreign or domestic government officials or employees or made any bribe, rebate, payoff, influence payment, kickback or other similar unlawful payment, or taken any action which would cause them to be in violation of any Anti-Corruption or Anti-Bribery Law.

7.16.2 There is no pending or threatened claims, charges, investigations, violations, settlements, civil or criminal enforcement actions, lawsuits, or other court actions against Seller with respect to any Anti-Corruption or Anti-Bribery Law.

7.16.3 To Seller's Knowledge, there are no actions, conditions, or circumstances pertaining to the activities of Seller that would reasonably be expected to give rise to any claims, charges, investigations, violations, settlements, civil or criminal actions, lawsuits, or other court actions under any Anti-Corruption or Anti-Bribery Law.

7.17 Sufficiency and Condition of Assets. Excluding the Other Assets, Seller's Assets: (a) constitute all of the assets, tangible and intangible, of any nature whatsoever, necessary to operate the Business in the manner presently operated by Seller, and (b) include no assets other than those used in the operation of the Business. Seller has good and valid title, or a leasehold interest in, all of Seller's Assets, free and clear of all liens.

#### 7.18 Contracts.

7.18.1 The Due Diligence Materials contain copies of the Assumed Contracts to which Seller is a party and that are related to the Business. As of the Effective Date, Seller has no knowledge of any material disputes with any existing vendors of the Facility and Seller agrees to disclose to Purchaser any material disputes with vendors arising prior to Closing.

7.18.2 To Seller's knowledge: (i) Seller is not in default under any of the Assumed Contracts; (ii) there has not occurred any event that, with the lapse of time or the giving of notice, or both, would constitute such a default; and (iii) no party to any of the Assumed Contracts other than Seller is in default under any Assumed Contract nor has any event occurred that, with the lapse of time or the giving of notice, or both, would constitute such a default by any such other party.

7.18.3 To Seller's knowledge, each Assumed Contract is in full force and effect and is valid and enforceable in accordance with its terms.

#### 7.19 Legal Compliance; Permits and Licenses.

7.19.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with applicable laws, ordinances, rules, regulations, judgments, orders, decrees, and Permits of all Governmental Entities that are applicable to Seller, and to Seller's Knowledge, Seller is in compliance in all material respects; and (ii) to Seller's knowledge, no investigation by any Governmental Entity with respect to Seller, the operation of the Business, or the ownership or use of any of the Seller Assets is pending or threatened.

7.19.2 (i) Seller holds all material Permits required for the operation of the Business (including, without limitation, all material Permits required by any Environmental Laws), all of which are valid and in full force and effect in all material respects; and (ii) Seller has not received any notice that any Governmental Entity which has issued any such Permit intends to cancel, terminate or not renew any such Permit

7.20 Labor Matters. Seller shall provide a redacted list of all persons who are employees, independent contractors or consultants of the Business as of the date hereof in the Due Diligence Materials, including any employee who is on a leave of absence of any nature, paid or unpaid, authorized or unauthorized, and sets forth for each such individual the following: (i) title or position (including whether full-time or part-time); (ii) hire or retention date; (iii) current annual base compensation rate or contract fee; and (iv) commission, bonus or other incentive-based compensation.

7.20.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with all applicable laws and regulations respecting employment, including, without limitation, laws and regulations respecting employment practices, employment terms and conditions, wages and hours, tax withholding, immigration and collective bargaining, and is not engaged in any unfair labor practice, except as disclosed on **Schedule 7.3**; (ii) except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened charge, complaint, or grievance against Seller related to any employment law or regulation; (iii) there is no labor strike, material dispute, slowdown or stoppage actually pending or, to Seller's knowledge, threatened against or involving Seller; and (iv) to Seller's knowledge, there is no threat of unionization involving Seller or any of its employees.

7.20.2 To Seller's knowledge, Seller is not delinquent in payments to any of their employees or independent contractors for any wages, salaries, commissions, bonuses, or other direct compensation for any services performed by them to date or amounts required to be reimbursed to such employees or independent contractors.

7.21 Employee Benefit Plans.

7.21.1 Employee Benefit Plans. **Schedule 7.21.1** sets forth a complete list of all material employee retirement, welfare, bonus, incentive, deferred compensation, vacation, equity, severance, employment, change of control, and/or fringe benefit plans, programs, policies, practices, and/or other arrangements: (i) covering any current employee, officer or director of Seller or any ERISA Affiliate; (ii) that are sponsored or maintained by Seller or any ERISA Affiliate; or (iii) with respect to which either Seller or any ERISA Affiliate has any current or potential liability (each, a "**Plan**").

7.21.2 Administration and Compliance of the Plans. With respect to each Plan, to Seller's knowledge:

7.21.2.1 all required, declared or discretionary (in accordance with historical practices) payments, premiums, contributions, reimbursements or accruals for all periods ending prior to or as of the Closing Date have been made or properly accrued on the latest balance

sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller;

7.21.2.2 there is no unfunded liability relating to any Plan which is not reflected on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller; and

7.21.2.3 there have been no violations of applicable laws with respect thereto; neither Seller nor any of its agents or delegates has any liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets thereof; no Plan has engaged in or been a party to a "prohibited transaction" (as defined in Section 406 of ERISA or Section 4975(c) of the Code) without an exemption applying thereto; no Proceeding with respect to the administration or the investment of the assets thereof (other than routine claims for benefits) for which Seller or any ERISA Affiliate could have any liability is pending or threatened, and Seller does not have any knowledge of any basis for any a Proceeding with respect to any Plan.

7.22 Certain Fees and Liabilities. Seller has not paid or is obligated to pay any fee or commission to any broker, finder, or intermediary in connection with the transactions contemplated by this Agreement.

7.23 For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, the provisions of **Section 11** shall apply. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party. Seller represents and warrants that Dan Ogus is the person most knowledgeable about the subject matter contained in each representation and warranty provided in such manner. Further, the parties acknowledge and agree that the representations and warranties made by Seller herein relate only to the Facility and Business being purchased by Purchaser and specifically exclude the Other Assets.

8. **Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

8.1 Organization and Authority. Purchaser is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California, and is recognized by the Internal Revenue Service as an organization described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Purchaser has full power

and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

8.2 Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

8.3 Litigation. The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

8.4 Financing. Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

8.5 AS IS. IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

9. **Pre-Closing Covenants/Risk of Loss.**

9.1 **Conduct Pending Closing.** Between the Execution Date and the Closing Date, Seller covenants as follows:

9.1.1 Seller will operate the Facility and Business in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

9.1.2 From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

9.1.3 Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

9.1.4 Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

9.1.5 Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6 Seller shall maintain the Inventory consistent with Seller's past practices and in compliance with applicable laws, and will replenish the same consistent with Seller's past practices.

9.1.7 Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

9.2 **Risk of Loss**

9.2.1 **Condemnation.** If, prior to any Closing, all or any material portion of the Property is taken by condemnation or eminent domain (or is the subject of a pending or contemplated taking which has not been consummated), Seller shall immediately notify Purchaser in writing of such fact. In such event, Purchaser shall have the option to terminate this Agreement

upon written notice to Seller given within ten (10) Business Days after receipt of such notice from Seller, in which event the Deposit shall be returned to Purchaser. Notwithstanding the foregoing, Purchaser's failure to provide written notice of Purchaser's election to terminate within such ten (10) Business Day period shall be deemed Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, Purchaser shall have the right to participate in any proceedings and negotiations with respect to the taking and any transfer in lieu of taking (and Seller shall not consummate any transfer in lieu of taking without Purchaser's prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed). If Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing, then (a) Seller, at, and as a condition precedent to Purchaser's obligation to proceed with, the Closing, must: (i) pay to Purchaser (or direct Escrow Agent to credit Purchaser against the Purchase Price for) the amount of any awards for the taking (and any consideration for any transfer in lieu of taking) actually received by Seller; and (ii) assign to Purchaser by written instrument reasonably satisfactory to Purchaser all rights or claims to any future awards for the taking (and any consideration for any transfer in lieu of taking); and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement.

9.2.2 Casualty. If, at any time after the Effective Date and prior to Closing or earlier termination of this Agreement, the Property or any portion thereof is materially damaged or destroyed by fire or any other casualty (as used herein, "material" shall mean a casualty which would cost more than \$50,000 to repair or cure), Seller shall immediately notify Purchaser in writing of such fact. In the event of a material casualty, Purchaser shall have the option to terminate this Agreement upon written notice to Seller given within ten (10) Business Days after receipt of any such notice from Seller, in which event the Deposit shall be returned to Purchaser. Notwithstanding the foregoing, Purchaser's failure to provide written notice of Purchaser's election to terminate within such ten (10) Business Day period shall be deemed Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, Purchaser shall have the right to participate in any adjustment of the insurance claim. If Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing, or in the event of a non-material casualty, then (a) Seller, at, and as a condition precedent to Purchaser's obligation to proceed with, the Closing, must agree with Purchaser to either: (i) pay to Purchaser (or direct Escrow Agent to credit Purchaser against the Purchase Price for) the amount of any insurance proceeds actually received by Seller plus the amount of any deductible under Seller's insurance; (ii) if no insurance proceeds have been received by Seller, assign to Purchaser by written instrument reasonably satisfactory to Purchaser all rights or claims to the insurance proceeds and credit Purchaser against the Purchase Price for any deductible payable under Seller's insurance policy; or (iii) have Seller repair the Property to the reasonable satisfaction of ~~Purchaser~~ and/or ~~(iv) agree to a reduction in the Purchase Price;~~ Purchaser and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement. In the event of a non-material casualty, the Closing Date may be extended to the date that is five (5) business days after the date Seller has completed to Purchaser's reasonable satisfaction any repairs to the Facility necessitated by the casualty.

## 10. Operations Transfer Provisions.

10.1 Licenses. On or prior to the expiration of the Due Diligence Period and concurrent with Seller's delivery of the Approval Notice, Purchaser shall submit a change of ownership application ("**CHOW**") with DSS pursuant to which Purchaser will obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

10.2 Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the Purchaser's SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period. If the parties cannot agree on a form of OTA, Interim Lease and/or Interim Management Agreement prior to the expiration of the Due Diligence Period, either party may terminate this Agreement upon written notice to the other in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

10.3 Notices. Seller is required to provide one hundred and twenty (120) days' written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to Seller's SNF residents at least ninety (90) days prior to Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

10.4 CHOMs. On or prior to the expiration of the Due Diligence Period, if mutually agreed to by Seller and Purchaser, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, if the parties mutually agree that Purchaser will submit change of manager applications, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

## 10.5 Employees.

10.5.1 At the Closing Date, Seller shall terminate all of the employees of the Facility and shall pay to them any wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before the Closing Date and Seller shall help Purchaser facilitate the employee interviews. In accordance with Cal H & S Code Section 1267.62, at least ten (10) days preceding the Closing Date, except for the Retained Employees, Purchaser shall provide written offers of employment, as of the Closing Date, to all of the skilled nursing employees of the Facility for a 60-day transition period in the employee's primary language or another language in which the employee is literate conditioned only on the occurrence of the Closing Date (the "**SNF Employees**"). The offer to the SNF Employees shall state the time within which the employee shall accept the offer, but that time period may not be fewer than ten (10) days. During the 60-day transition period, Purchaser shall not discharge without cause any SNF Employee that accepts Purchaser's offer of employment ("**SNF Hired Employees**") pursuant to this **Section 10.5.1**. Cause shall be based only on the performance or conduct of the particular SNF Hired Employee. During the 60-day transition period, a SNF Hired Employee shall not suffer any reduction in wages, benefits, or other terms and conditions of employment, economic or otherwise, as a result of the transfer or change of ownership.

10.5.2 In addition to the Purchaser's hiring of all SNF Hired Employees pursuant to **Section 10.5.1**, in order to insure that the transaction does not trigger any notice obligations under the California WARN Act, at least ten (10) days preceding the Closing Date, Purchaser shall offer to employ as of the Closing Date a total number of the remaining employees of the Facility conditioned only on the occurrence of the Closing Date (the "**Hired RCFE Employees**") such that there does not result in a total loss of employment during any 30-day period of fifty (50) or more employees – in other words the total number of employees that the Purchaser does not offer employment cannot exceed forty-nine (49) employees. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this **Section 10.5** in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN.

10.5.3 As of the Closing, Seller shall deliver to Purchaser the file for all employees hired by Purchaser in Seller's possession, including but not limited to training records, licenses and certifications, criminal background check results, and other required documents. Seller shall have satisfied its obligations under this **Section 10.5.2** as long as all of such employee records are present at the Facility on the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

## 10.5.4 Salaries and Benefits.



10.5.4.1 Seller shall be responsible for: (A) the payment of all wages and other remuneration due to Seller's employees for their services as employees of Seller through the conclusion of Hired Employees' employment with Seller, including pro rata bonus and commission payments and all vacation, paid time off and sick leave pay obligations to the extent accrued prior to the Closing Date and required by applicable law; and (B) the payment of any termination or severance payments and the provision of health plan continuation coverage in accordance with the requirements of COBRA and Sections 601 through 608 of ERISA.

10.5.4.2 Seller shall be liable for any claims made or incurred by Hired Employees and/or their beneficiaries through the Closing Date, including, but not limited to, claims made under any law or under the Plans, and Seller agrees to defend, indemnify and to hold Purchaser harmless from any costs, losses, damages, liabilities, claims and obligations incurred related thereto, including attorneys' fees. For purposes of the immediately preceding sentence, a claim will be deemed incurred when the conduct that is the subject of the claim occurs or when services that are the subject of the claim are performed and, in the case of other benefits (such as disability or life insurance), when an event has occurred or when a condition has been diagnosed that entitles the employee to the benefit.

10.5.4.3 No Transfer of Assets. Seller will not make any transfer of pension or other employee benefit plan assets to Purchaser.

10.5.4.4 General Employee Provisions.

10.5.4.4.1 Seller shall provide Purchaser with completed I-9 forms and attachments with respect to all Hired Employees, except for such employees as Seller certify in writing to Purchaser are exempt from such requirement.

10.5.4.4.2 Purchaser shall not have any responsibility, liability or obligation arising prior to Closing (based on conduct of Seller occurring prior to Closing ~~or otherwise~~), whether to Hired Employees, former employees, their beneficiaries or to any other Person, with respect to any employee benefit plans, practices, programs or arrangements (including the establishment, operation or termination thereof and the notification and provision of COBRA coverage extension) maintained by Seller.

10.5.5 To the extent permitted by applicable law, Seller shall deliver to Purchaser the full and complete employment file for all current employees in Seller's possession, including, but not limited to, training records, licenses and certifications, criminal background check results, performance reviews, and other required documents, in connection with Purchaser's review and investigation of prospective employment of Seller's employees. Seller shall have satisfied its obligations under this **Section 10.5.4** as long as all of such employee records are present at the Facility as of the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

10.6 Bulk Sales Laws. The parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction that may otherwise be applicable with respect to the sale of any or all of the Seller's Assets to Purchaser; it being understood that any

liabilities arising out of the failure of Seller to comply with the requirements and provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction which would not otherwise constitute Assumed Liabilities shall be treated as Excluded Liabilities.

#### 10.7 Accounts Receivable.

10.7.1 Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "**Pre-Closing AR Schedule**"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.

10.7.2 Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.

10.7.3 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.4 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.5 Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post-Closing Date balances and Purchaser shall remit to Seller any excess up to the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.

10.7.6 Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the

Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.

10.7.7 Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.

#### 10.8 Access to Records.

10.8.1 From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, each party hereto agrees to give the other (and their agents and representatives) reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at the requesting party's expense), the books and records and supporting material of the Facility which are in said party's possession, to the extent reasonably necessary to enable said party to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.

10.8.2 Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

10.9 Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**"). Further, the parties hereby acknowledge and agree that notwithstanding any provision to the contrary herein, no national Operating Contracts will be assigned by Seller to Purchaser at Closing. Seller shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite

consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, subject to **Section 5.1.1(I)**, (i) Seller shall assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment, and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder. In either case, Seller shall be responsible to pay balances owed under all Operating Contracts for good ordered and services provided prior to the Closing Date.

10.10 Benevolent Residents. The parties acknowledge that presently there are two (2) continuing care residents ("**Benevolent Residents**") at the Facility who are no longer paying a portion of their care costs due under their Resident Agreements. Seller agrees to subsidize all care costs associated with the Benevolent Residents and those additional residents who may apply for benevolence prior to the Closing Date that are not covered by Medi-Cal post-Closing until such time as the Benevolent Residents are no longer residents at the Facility. Seller shall provide the names of the Benevolent Residents to Purchaser ~~during the Due Diligence Period~~ at Closing. After Closing and on a monthly basis, Purchaser shall provide to Seller an accounting of any care costs due from Seller for the Benevolent Residents, and Seller shall pay any undisputed costs within ten (10) business days of Purchaser's request therefor. If Seller contests any of the costs due to Purchaser for the Benevolent Residents, Seller and Purchaser shall use good faith efforts to resolve any such dispute for a period of thirty (30) days thereafter, and if the parties are unable to resolve the dispute, either party shall have the right to submit the dispute to mediation for resolution before Judicial Arbitration and Mediation Service in Los Angeles, California. Purchaser shall be solely responsible for all costs and expenses associated with any residents who apply for benevolence after Closing.

## 11. Termination and Remedies.

11.1 Termination. This Agreement may be terminated as follows:

11.1.1 By mutual written agreement of Purchaser and Seller;

11.1.2 By Seller, if any of the conditions set forth in **Section 5.2** are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

11.1.3 By Purchaser, if any of the conditions set forth in **Section 5.1** are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser; provided that if Purchaser becomes aware of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller; provided Purchaser shall elect any such termination right, if at all, within five (5) Business Days after Purchaser becomes aware of such matter;

11.1.4 By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

11.1.5 By Purchaser pursuant to **Section 9.2** (Damage or Condemnation).

11.2 Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or warranty by the other Party, without first giving the other Party written notice of such breach and not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

11.3 Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2** because a condition of closing has not been met (rather than because of a material default by Purchaser), then Escrow shall return the Deposit to the Purchaser and escrow shall be cancelled. In the event Seller has the right to terminate this Agreement under **Section 11.1.4** because of a material default by Purchaser, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

11.4 Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under **Section 11.1.3** because a condition of closing has not been met (rather than because of a material default by Seller), then Purchaser shall have the right either to (i) waive the condition at issue and proceed with the Transaction on the terms contemplated herein, or (ii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon. In the event Purchaser has the right to terminate this Agreement under **Sections 11.1.5** because a because of a material default by Seller, Purchaser and Seller acknowledge and agree that Purchaser's sole and exclusive remedy shall be:

11.4.1 TO TERMINATE THIS AGREEMENT UPON DELIVERY OF WRITTEN NOTICE TO THE SELLER AND ESCROW AGENT (IN WHICH CASE, EXCEPT AS OTHERWISE SET FORTH HEREIN AS EXPRESSLY SURVIVING A TERMINATION OF THIS AGREEMENT AND THE PARTIES' DUTIES UNDER THIS SECTION, THE

RESPECTIVE RIGHTS, DUTIES AND OBLIGATIONS OF PURCHASER AND SELLER UNDER THIS AGREEMENT SHALL FORTHWITH TERMINATE WITHOUT FURTHER LIABILITY) AND RECOVER THE DEPOSIT AND BE REIMBURSED FOR PURCHASER'S DOCUMENTED OUT-OF-POCKET EXPENSES INCURRED BY PURCHASER IN CONNECTION WITH THIS AGREEMENT OR ITS INVESTIGATION OF THE PROPERTY (SUCH AMOUNT NOT TO EXCEED \$~~150~~100,000). SELLER SHALL PAY ANY CANCELLATION CHARGES DUE TO ESCROW AGENT AND THE TITLE COMPANY. IN NO EVENT SHALL SELLER BE LIABLE FOR ANY SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES AND PURCHASER HEREBY WAIVES ANY AND ALL RIGHT TO PURSUE SUCH DAMAGES; OR

11.4.2 PURCHASER MAY INSTITUTE AN ACTION (WITHOUT THE NECESSITY OF PROVING IRREPARABLE HARM OR POSTING SECURITY) (A "SPECIFIC PERFORMANCE ACTION") SEEKING SPECIFIC PERFORMANCE OF SELLER'S OBLIGATIONS UNDER THIS AGREEMENT ~~AND RECORD AND MAINTAIN AGAINST THE PROPERTY A NOTICE OF LIS PENDENS IN ACCORDANCE WITH APPLICABLE LAW~~ SO LONG AS PURCHASER SHALL HAVE FILED THE SPECIFIC PERFORMANCE ACTION WITHIN SIXTY (60) DAYS OF THE DATE THE CLOSING WAS TO HAVE OCCURRED. ~~NOTWITHSTANDING THE FOREGOING, IF SPECIFIC PERFORMANCE IS NOT AVAILABLE TO BUYER DUE TO THE INTENTIONAL ACTIONS OF THE SELLER OR ANY PARTY ACTING ON BEHALF OF OR WITH AUTHORITY OF THE SELLER THEN BUYER MAY SEEK ANY REMEDIES AVAILABLE AT LAW OR IN EQUITY AND TO RECOVER ITS ACTUAL, OUT OF POCKET DAMAGES FROM SELLER EXERCISING ALL AVAILABLE REMEDIES.~~ PURCHASER IS EXPRESSLY PROHIBITED FROM RECORDING A NOTICE OF LIS PENDENS AGAINST THE PROPERTY.

IF PURCHASER RECOVERS LIQUIDATED DAMAGES IN ACCORDANCE WITH SECTION 12.1(a), SUCH AMOUNTS SHALL BE DEEMED TO CONSTITUTE A REASONABLE ESTIMATE OF PURCHASER'S DAMAGES UNDER THE PROVISIONS OF SECTION 1671 OF THE CALIFORNIA CIVIL CODE AND SHALL CONSTITUTE PURCHASER'S SOLE AND EXCLUSIVE REMEDIES FOR SELLER'S FAILURE TO CLOSE ESCROW.

THE FOREGOING SHALL NOT LIMIT PURCHASER'S RIGHTS OR REMEDIES (WHETHER ARISING AT LAW OR IN EQUITY) TO RECEIVE REIMBURSEMENT FOR ATTORNEYS' FEES AND COSTS IN ACCORDANCE WITH THIS AGREEMENT OR FOR ANY CLAIMS RELATING TO SELLER'S WILLFUL MISCONDUCT OR FRAUD, NOR WAIVE OR AFFECT PURCHASER'S RIGHTS AND SELLER'S OBLIGATIONS UNDER ANY SECTION HEREIN WHICH STATES THAT AN OBLIGATION ON THE PART OF SELLER SURVIVES THE CLOSING OR THAT SELLER SHALL INDEMNIFY AND/OR DEFEND PURCHASER.

BY INITIALING BELOW, THE PARTIES ACKNOWLEDGE AND AGREE THAT BASED UPON THE CIRCUMSTANCES NOW EXISTING, KNOWN OR UNKNOWN, IT WOULD BE EXTREMELY DIFFICULT, COSTLY AND IMPRACTICAL TO ESTABLISH

DAMAGES FOR EITHER PARTY. ACCORDINGLY, BOTH PURCHASER AND SELLER, BY THEIR RESPECTIVE INITIALS SET FORTH BELOW, DO HEREBY ACKNOWLEDGE AND AGREE THAT TERMS SET FORTH IN THIS SECTION 11.4 ARE NEGOTIATED AND REASONABLE.

Purchaser's Initials \_\_\_\_\_ Seller's Initials \_\_\_\_\_

11.5 Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

11.6 Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. Notices. All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller: HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)

with a copy (which shall not constitute notice) to: Hanson Bridgett LLP  
425 Market Street, 26<sup>th</sup> Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: [jberland@hansonbridgett.com](mailto:jberland@hansonbridgett.com)

If to Purchaser: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: [derikg@ararathome.org](mailto:derikg@ararathome.org)

with a copy (which shall not constitute notice) to: Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: [gphillipsjr@phillipslawpartners.com](mailto:gphillipsjr@phillipslawpartners.com)

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

13.1 **By Seller to Purchaser.** From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

13.2 **By Purchaser to Seller.** From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

13.3 **Method of Indemnification.**

13.3.1 In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair,



void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnitee fails to provide timely notice of Indemnitee's Claim, the Indemnitor will not be obligated to indemnify the Indemnitee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to defend such Claim has been materially prejudiced by such failure of the Indemnitee to timely notify Indemnitor of the same.

13.3.2 If the applicable Indemnitee Claim relates to a Claim made by a third party against Indemnitee, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnitee, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnitee, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnitee without the payment of any amount or the taking of any action or admission of liability by the Indemnitee). The Indemnitee will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnitee and the Indemnitor and, in the reasonable opinion of counsel to the Indemnitee, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnitee shall be entitled to retain separate counsel for the Indemnitee, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

13.4 Survival. All indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing for a period of twelve (12) months, after which they shall terminate and be of no further force or effect except with respect to claims made within such period, in which case the applicable indemnity, warranty and/or representation shall survive until the full and final resolution thereof. Notwithstanding the foregoing, the indemnity period for Seller's indemnity for any pre-Closing event as provided in Section 13.1 shall survive through the applicable Statute of Limitations ~~to the broadest extent permissible~~ including any applicable tolling period for any third party claim as may apply (the "**Survival Period**"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

13.5 Limitations. Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to Ten Thousand and No/100 Dollars (\$10,000.00) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnitee's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnitee Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the

Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

14. **Confidentiality and Non-Solicitation**

14.1 **Confidentiality.** Seller and Purchaser acknowledge that the other party may be irreparably damaged if the confidential knowledge and information possessed or hereafter acquired by either party relating to the Business (which shall include the terms of this Agreement and other agreements delivered pursuant to this Agreement and all other non-public information regarding either party and/or the Business, including, without limitation, trade secrets or technology/inventions now known or hereafter discovered, and information reflecting or pertaining to research, developments, techniques, purchasing, marketing, business plans and strategies, accounting, licensing, know-how, methods, projects, processes, computer hardware and programs, software libraries, databases, compositions, discoveries, cost systems, personnel data, customer lists, business partner names and lists (including, but not limited to, vendors, suppliers, licensees, licensors, franchisees, referral sources, and consultants), training, the particular needs and requirements of customers and/or business partners, the identity of customers and potential customers, business partners and potential business partners, pending business transactions, pricing for customers or potential customers, pricing of business partners or potential business partners, policies and procedures, equipment and materials used by either party, methods used in the recruiting or placement of personnel by either party and methods and marketing of products or services by either party) were disclosed to or utilized on behalf of others. Accordingly, neither party shall directly or indirectly: (i) disclose to any Person any non-public information concerning the Business or any of the terms of this Agreement or the other agreements delivered pursuant to this Agreement, for any reason or purpose whatsoever; or (ii) make use of any such non-public information for either party's own purpose or for the benefit of any other Person.

14.2 For a period of one (1) year after termination of the Interim Lease, Interim Management Agreement and OTA following issuance of a new license for Purchaser's operation of the SNF, Seller shall not, directly or indirectly:

14.2.1 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Purchaser to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser;

14.2.2 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Seller on the Closing Date or within the year preceding the Closing Date to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser; or

14.2.3 hire or attempt to hire any employee or independent contractor of Purchaser or in any way interfere with the relationship between Purchaser and any of its employees or independent contractors; provided the parties acknowledge and agree that Seller will retain the employees ("**Retained Employees**") listed on **Schedule 14.2.3** hereto from and after Closing.

14.2.4 The foregoing restrictions on solicitation shall not restrict general advertising or residents or employees initiating contact with Seller or Seller affiliates for purposes of relocating to another senior living facility operated by Seller or affiliates of Seller.

14.3 If, at the time of enforcement of this **Section 14**, a court holds that the restrictions stated herein are unreasonable under the circumstances then existing, the parties agree that the maximum period, scope or geographical area reasonable under such circumstances shall be substituted for the stated period, scope or area so as to protect Purchaser to the greatest extent possible under applicable law from improper competition. The parties hereto acknowledge that money damages would be an inadequate remedy for any breach of this **Section 14** and that Purchaser would be irreparably damaged if any party were to breach the covenants set forth in this **Section 14**. Therefore, in the event of a breach or threatened breach of this **Section 14**, Purchaser, or their respective successors or assigns may, in addition to other rights and remedies existing in their favor, apply to any court of competent jurisdiction for specific performance and/or injunctive or other relief in order to enforce, or prevent any violations of, the provisions of this **Section 14** (without posting a bond or other security). If Purchaser prevails in any legal proceedings to enforce this Agreement, then Purchaser is also entitled to recover its costs and fees incurred, including reasonable attorney's fees and out-of-pocket costs.

14.4 Seller acknowledges that the foregoing restrictions are supported by sufficient consideration and other benefits that they have received and will receive hereunder. They also acknowledge that the restrictions protect against unfair competition and that the restrictions do not prevent them from earning a living given their education, skills, and ability. Seller agrees and acknowledge that (i) Purchaser has required that Seller make the covenants set forth in this **Section 14** as a condition to Purchaser's obligations to consummate the transactions contemplated hereby; and (ii) the provisions of this **Section 14** are reasonable and necessary to protect and preserve the Business.

## 15. **Miscellaneous.**

15.1 **Entire Agreement.** This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

15.2 **Time is of the Essence.** Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

15.3 **Waiver.** No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

15.4 Public Announcements. Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

15.5 Attorneys' Fees in the Event of Litigation. Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

15.6 Jurisdiction; Venue. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

15.7 Waiver of Jury Trial. TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.

15.8 Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

15.9 Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

15.10 Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

15.11 Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

15.12 Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

15.13 Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

15.14 No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

15.15 Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

15.16 Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time

begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.

15.17 Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

15.18 Third Party Beneficiary. Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

15.19 1031 Exchange. Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or

represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.

15.20 Exclusivity. Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.

15.21 Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section 15.21** shall survive Closing.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: Daniel Ogus

Its: Chief Operating Officer

**PURCHASER:**

ARARAT HOME OF LOS ANGELES, INC.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: Joseph Kanimian

Its: Chairman

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**



**SCHEDULE 1.1.5**  
**ASSIGNED CONTRACTS**

**SCHEDULE 1.1.12**

**VEHICLE**

**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

None.

**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>ASSETS ACQUIRED</b>	<b>PURCHASE PRICE ALLOCATION</b>
LAND & BUILDINGS	\$14,870,000
FURNITURE FIXTURES & EQUIPMENT	740,000
OTHER ASSETS	123,000
<b>TOTAL ASSETS ACQUIRED</b>	<b>\$15,733,000</b>
<del>LIABILITIES</del> <b>LIABILITIES ASSUMED</b>	
RESIDENT CONTRACTS	\$1,650,000
<b>NET ASSETS ACQUIRED</b>	<b>\$14,083,000</b>
<b>PURCHASE PRICE</b>	<b>\$14,500,000</b>
<b>EXCESS OF PURCHASE PRICE OVER NET ASSETS ACQUIRED (GOODWILL)</b>	<b>\$417,000</b>

## **SCHEDULE 7.3**

### **LITIGATION**

Active PAGA/Class Action Wage and Hour claims:

1. Laveda Scott v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno
2. Cooper-Iglesias v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno

Active Workers' Compensation claims:

File Num	Clmt Name (Last_First)	Date of Loss	Claim Sub Type	Clm Substat Desc	Litiga tion	Resol ved	Defending Atty Firm	Defending Attorney Name
30205511892-0001	Akinbayode, Funmilayo	06-20-2020		Accepted	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
C052905021-0001-01	Akinbayode, Funmilayo	09-24-2020	CC	Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
40201246345-0001	Diaz, Marta A	12-09-2020		Accepted	No			
30205391354-0001	Garcia, Martha	06-08-2020		Accepted	No			
30192541669-0001	Hernandez Santiago, Olivia	05-01-2019	FM	Accepted	No	N		
C152901576-0001-01	Hernandez, Claudia I	04-05-2021		Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs
4A210730737-0001	Hernandez, Matias P	07-16-2021		Accepted	No			
301500601100069	Reyes, Salvador	10-11-2011	FM	Accepted	Yes	Y	The Law Offices of Stoodly & M	Nancy Kerr

**SCHEDULE 1 SCHEDULE 7.2321.1**

**EMPLOYEE BENEFIT PLANS**

**SCHEDULE 14.2.3**

**RETAINED EMPLOYEES**

- 1. Greg Bearce**
- 2. Raquel Vergara**
- 3. Sammi Wu**

**EXHIBIT A**  
**FORM OF DEED**

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TAX STATEMENTS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space Above this Line is for Recorder's Use

APN: \_\_\_\_\_

Address: \_\_\_\_\_

**Grant Deed**

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is \$\_\_\_\_\_.

☒ (X) computed on full value of property conveyed, or

☐ ( ) Property Not Sold

☐ ( ) computed on full value less of liens and encumbrances remaining at time of sale.

☐ ( ) Unincorporated area: ☒ (X) City of \_\_\_\_\_

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
\_\_\_\_\_, hereby GRANT(S) to

\_\_\_\_\_, all of its right, title and interest in that property  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of California, as described on **Exhibit A**,  
attached hereto and incorporated herein by this reference

Dated: \_\_\_\_\_, 2022

[Remainder of Page Intentionally Left Blank]



Signature Page – Grant Deed

IN WITNESS WHEREOF, this instrument is executed effective as of date set forth above.

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
--

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_ (Seal)

## **EXHIBIT B**

### **FORM OF BILL OF SALE**

#### **BILL OF SALE**

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");
2. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");
3. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;
4. Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;
5. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");
6. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

## **EXHIBIT A TO BILL OF SALE**

## **EXHIBIT C**

### **FORM OF ASSIGNMENT**

#### **ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

#### **RECITALS**

A. Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "**Assumed Contracts**").

C. Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

D. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

#### **AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to

the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**Exhibit A To ASSIGNMENT AND ASSUMPTION AGREEMENT**  
**ASSUMED OPERATING CONTRACTS**



## **EXHIBIT D**

### **FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);
2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);
3. The Seller's federal tax identification number is \_\_\_\_\_;
4. The Seller's address is \_\_\_\_\_;
5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

#### **SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**4) DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline dated May 11, 2022.**

## **PURCHASE AND SALE AGREEMENT**

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of May \_\_\_\_, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation, or assigns ("**Purchaser**").

### **RECITALS**

A. Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Purchaser is the owner of and has experience operating a senior care community.

C. Seller is interested in selling the Real Property, the Facility and the business operations conducted therein (the "**Business**") to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the Business from Seller (the "**Transaction**").

D. The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

1.1 Seller's Assets. On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

1.1.1 The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

1.1.2 All fixtures attached or appurtenant to the Real Property and the Facility;

1.1.3 All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller including the computers and related systems (collectively, the "**Personal Property**"); provided

that Seller will wipe all of the hard drives and remove all confidential information and materials from the operating systems; and provided further, Seller will save certain resident information needed in connection with Purchaser's operation of the Business after the Closing, including resident medical and pharmacy records, home health and other doctors' orders, billing records and resident payment history on a drive or on the cloud for the Purchaser to download at Closing;

1.1.4 To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility ("**Permits**");

1.1.5 All rights existing under all contracts related to the ownership, planning, development, construction, use, operation and/or maintenance of the Facility to which the Seller is a party, excluding those identified as Excluded Assets, but including without limitation the Resident Agreements and the Assumed Operating Contracts (each as defined below), along with those set forth on **Schedule 1.1.5 ("Assigned Contracts")**; ~~[NOTE - RESIDENT AGREEMENTS AND ASSUMED OPERATING CONTRACTS ARE COVERED HERE]~~

1.1.6 To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

1.1.7 All inventory, wherever located, including all raw materials, spare parts and all other materials and supplies to be used in the Business or in connection with maintenance of the Facility (the "**Inventory**");

1.1.8 All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

1.1.9 All intangible personal property of any kind or character of the Seller, including without limitation, all warranties, guarantees and all of Seller's legal and equitable claims, causes of action, and rights, if any, arising post-Closing, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

1.1.10 All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

1.1.11 Other than corporate and trade names used by Seller in connection with the Business as well as related social media accounts, domain name and website and any content therein, all of the Seller's Intellectual Property, including, but not limited to, licenses and sublicenses granted and obtained with respect thereto, related to the Business, to the extent transferable, Seller's telephone and fax numbers, all passwords and similar access requirements with respect thereto, and all goodwill associated therewith, including rights thereunder, remedies against infringements thereof, and rights to protection of interests therein;

1.1.12 The vehicle described in **Schedule 1.1.12** (the "**Vehicle**");

1.1.13 The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the Business;

1.1.14 All prepayments, vendor credits, loans to employees, prepaid expenses and similar assets.

1.1.15 Excluding the Excluded Assets, any other asset, property, or right of any Seller, tangible or intangible, used in the conduct of the Business.

1.1.16 All books, files and records in whatever form or medium related to the operation of the Facility and the Business, including, but not limited to, original records for current residents and employees of the Business, quotation and purchase records and all books, records, ledgers, files, documents, correspondence, lists, reports, and other printed or written materials with respect to the Real Property, Facility and Business but specifically excluding those documents whose disclosure is restricted by applicable law.

Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets." The parties hereby acknowledge and agree that HumanGood SoCal owns and operates seniors housing communities other than the Facility ("**Other Assets**"), and that Seller's Assets being sold hereunder do not include the Other Assets.

1.2 Excluded Assets. Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**"):

1.2.1 the Other Assets;

1.2.2 Seller's cash, including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;

1.2.3 Except as provided in Section 1.1.3 above, Seller's proprietary or organizational documents, financial (including historical financials), accounting and/or tax records and other records that Seller is required by law to retain in its possession;

1.2.4 Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;

1.2.5 any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

1.2.6 Seller's deposits, including utility deposits and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;

1.2.7 any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;

1.2.8 any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

1.2.9 any personal property identified on **Schedule 1.2.8** hereto (the "**Excluded Personal Property**");

1.2.10 the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("**SNF**") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("**CDPH**") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

1.2.11 all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not Assigned Contracts and the national contracts identified on **Schedule 1.1.5** hereto.

1.3 Assumption of Liabilities. Except for the deposits and obligations related to the Assigned Contracts arising on or after Closing, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Real Property, Facility or the Business (the "**Assumed Liabilities**").

1.4 Notwithstanding the provisions of **Section 1.3** or any other provision in this Agreement to the contrary, Purchaser shall not assume and shall not be responsible to pay, perform or discharge any liabilities of Seller of any kind or nature whatsoever other than the Assumed Liabilities (the "**Excluded Liabilities**"). Seller shall pay and satisfy in due course all Excluded Liabilities, which shall include all monies owed by Seller under the Assigned Contracts through the Closing.

## 2. Purchase Price.

2.1 Purchase Price. The aggregate consideration for the Seller's Assets (the "**Purchase Price**") shall be Fourteen Million Five Hundred Thousand and No/100 Dollars (\$14,500,000.00) plus the assumption of any Assumed Liabilities, subject to any proration adjustment contemplated in **Section 6.2** hereof. At the Closing, the Purchaser will deliver to Seller, by wire transfer or immediately available funds, an amount equal to the Purchase Price, less the Deposit as set forth in 2.1.1. as follows:

2.1.1 Deposit. Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Initial Deposit**") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "**Escrow Agent**"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Additional Deposit**") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "Deposit". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**; provided, however, if Purchaser does not provide an Approval Notice (as defined below) prior to expiration of the Due Diligence Period for any reason, this Agreement and the escrow shall be cancelled, and the Initial Deposit immediately returned to Purchaser.

2.1.2 Balance of Purchase Price. The balance of the Purchase Price, less the Deposit, plus or minus any costs and prorations for which Seller and/or Purchaser are responsible under **Section 6.2** hereof shall be paid by wire transfer of immediately available funds at Closing.

2.2 Allocation of Purchase Price. The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2**.

2.3 Independent Consideration. As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

## 3. Closing

3.1 Time and Place of Closing. Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("**COA**") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds

released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before December 31, 2023 ~~[NOTE—SELLER NEEDS AN OUTSIDE DATE FOR CLOSING AS THE PSA CAN'T CONTINUE INDEFINITELY]~~. Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case the Deposit shall be returned to Purchaser unless Purchaser is then in default and neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

3.2 Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

#### 4. **Due Diligence; Title and Survey.**

##### 4.1 Due Diligence Investigation.

4.1.1 Within three (3) Business Days after the Opening of Escrow, Seller shall deliver to Purchaser or provide Purchaser access to all materials in Seller's possession or control relating to the Real Property or Facility including, but not limited to: (i) copies of the most recent property tax bills and assessments for the Property; (ii) copies of all documents evidencing interests not shown on the Title Report, if any, (iii) a copy of any and all leases, service contracts, easements, licenses, development approvals and/or other agreements related to the Real Property or Facility including, without limitation, contracts for design work thereon; (iv) any and all existing surveys of the Real Property; (v) any and all soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property; (vi) any and all engineering documents relating to the Facility including, without limitation, plans and specifications prepared for Seller in connection with the development of the Real Property and Facility (the "**Plans and Specifications**"); (vii) any and all other correspondence, reports, studies, permits, approvals or documents relating to the Real Property or Facility, except for Seller's internal materials, documents, correspondence, and/or analysis; (viii) audited financial statements for the Business for the period ending December 31, 2019, 2020 and 2021 (the "**Financial Statements**"), as well as the three month period ending March 31, 2022; (ix) the general ledger and trial balance supporting the Financial Statements; (x) contracts and agreements and other documents material to the Business; (xi) a redacted current and complete list of all employees of Seller who work at the Facility, together with their dates of hire, positions and their annual salaries and other compensation; and (xii) and other documents to be provided by Seller in accordance with this **Section 4.1.1** (collectively, the "**Due Diligence Materials**"). In addition, Seller shall promptly deliver to Purchaser or provide Purchaser access to such other information relating to the Real Property, Facility and Business that is specifically and reasonably requested by Purchaser of Seller in writing to the extent such information is in the possession or control of Seller. Except as otherwise expressly set forth in this Agreement, Seller makes no representations or warranties whatsoever regarding the Due Diligence Materials, including, without limitation, as to their completeness or accuracy. Prior to the expiration of the Due Diligence Period, Seller will provide to Purchaser a final list of the Due Diligence Materials provided to Purchaser.



4.1.2 During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its sole and absolute discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility.

4.1.2.1 At all reasonable times from the date of this Agreement to the Closing, or earlier termination of this Agreement, upon forty-eight (48) hours prior written notice to Seller, Purchaser and their respective employees, agents, consultants, managers and contractors shall be entitled, at Purchaser's sole cost and expense, to: (a) enter onto the Real Property and Facility to perform any inspections, investigations, studies, and tests of the Real Property and Facility (including, without limitation, physical, engineering, soils, geotechnical, and environmental tests) that Purchaser deems reasonable; provided however that Purchaser shall not do any invasive testing on the land without the prior consent of Seller, which consent shall not be unreasonably withheld; (b) review all Due Diligence Materials; and (c) investigate such other matters pertaining to the Real Property, Facility and Business as Purchaser may desire. Any entry by Purchaser onto the Real Property shall be subject to, and conducted in accordance with, all applicable laws. Upon completion of any such testing, Purchaser shall immediately restore the Real Property and Facility to substantially the same condition as it existed prior to Purchaser's entry under this **Section 4.1.2.1**. During the term of Escrow, Purchaser shall have the right to meet with representatives of the City and other governmental agencies having jurisdiction over the Real Property and Facility. Seller shall have the right to have a representative attend each and every meeting with representatives of the City and other governmental agencies having such jurisdiction. Seller shall cooperate with Purchaser in its investigation of the Real Property, Facility and Business (the "**Due Diligence Review**").

4.1.2.2 Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmen's liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

4.1.2.3 Purchaser shall have the right at any time on or before the end of the Due Diligence Period (the "**Due Diligence Termination Date**"), to terminate this Agreement by delivering a written notice of such termination to Seller and Escrow Agent if Purchaser determines, in its sole and absolute discretion, that the Seller's Assets are not acceptable to Purchaser for any reason. Purchaser shall indicate its satisfaction and/or waiver of the Due Diligence condition described in this **Section 4.1** by delivering written notice of such satisfaction and/or waiver ("**Approval Notice**") to Seller and Escrow Agent on or prior to the Due Diligence Termination

Date. In the event Purchaser fails to timely deliver an Approval Notice, then this Agreement and the Escrow shall be automatically deemed terminated. In the event this Agreement is terminated in accordance with this Section, then the Initial Deposit shall be immediately returned to Purchaser and the parties shall thereafter be relieved from further liability hereunder, except with respect to any obligations under this Agreement that are expressly stated to survive any termination of this Agreement.

4.2 Title Matters. After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

4.2.1 Property Documents. After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein and a map showing all easements plotted. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

4.2.2 Title Objections.

(a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

(b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement, in which case the Deposit shall be immediately returned to Purchaser. If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

(c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in

accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

(d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter.

4.3 Access to Key Employees. Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

## 5. Conditions to Closing.

5.1 Purchaser's Conditions. Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Seller at the Closing) (the "**Purchaser's Closing Conditions**"), which conditions may be waived by Purchaser only in a writing executed by Purchaser:

5.1.1 Closing Deliveries. Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

(a) A Grant Deed in substantially the form annexed hereto as **Exhibit A** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

(b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit B** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

(c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit C** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

(d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

(e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit D**;

(f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;

(g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

(h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

(i) Written closing instructions directed to the Escrow Agent;

(j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;

(k) An Interim Lease, Interim Management Agreement and OTA;

(l) The consent of all other parties to the Assumed Operating Contracts for each Assumed Operating Contract that requires the consent of another party prior to the consummation of the transaction contemplated by this Agreement; and

(m) Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

5.1.2 Title Policy. The Title Company shall be irrevocably and unconditionally prepared and committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions, with those endorsements reasonably requested by Purchaser (provided that such endorsements are available in the State of California and are paid for in accordance with the terms in this Agreement), in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

5.1.3 Representations and Warranties. The representations and warranties of Seller contained in this Agreement shall be true, correct, and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.1.4 Seller's Performance. Seller shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Seller to be complied with or performed under the terms of this Agreement prior to or at Closing.

5.1.5 Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership

application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

5.1.6 Due Diligence Review. Purchaser shall have delivered an Approval Notice pursuant to **Section 4.1.2.3**.

5.1.7 New Encumbrances. Other than new Resident Agreements entered into in the ordinary course of business by Seller, Seller shall not have encumbered or granted any interest in or to the Property or any portion thereof to any party for any reason whatsoever, include the grant or dedication of any easements, any security interest or otherwise burden the title or use of the Property or any portion thereof after the Opening of Escrow.

5.2 Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Purchaser at the Closing) (the "**Seller's Closing Conditions**"), which conditions may be waived by Seller only in a writing executed by Seller:

5.2.1 Purchase Price. Purchaser shall have delivered to Escrow Agent the Purchase Price as set forth in **Section 2** above.

5.2.2 Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- (a) The executed Assignment;
- (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit C** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;
- (e) Written closing instructions directed to the Escrow Agent;
- (f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;
- (g) An Interim Lease, Interim Management Agreement and OTA; and

(h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

5.2.3 Representations and Warranties. The representations and warranties of Purchaser contained in this Agreement shall be true, correct and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.2.4 Attorney General and California Department of Social Services Approval. All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

5.2.5 Purchaser's Performance. Purchaser shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Purchaser to be complied with or performed under this Agreement prior to or at Closing, including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

5.3 Conditions Generally. The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

## 6. Closing Costs and Prorations.

6.1 Costs and Expenses. All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

6.1.1 Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

6.1.2 Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

6.1.3 Purchaser shall pay all of the costs associated with the Due Diligence Review.

6.1.4 Each of the Parties shall each pay their own legal fees and expenses.

6.1.5 Purchaser and Seller shall share on a 50-50 basis all escrow fees.

6.1.6 Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

6.1.7 Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the Purchaser's licenses and permits necessary to operate the Facility.

## 6.2 Prorations and Adjustments.

6.2.1 All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date. Similarly, any amounts due under the Operating Contracts relating to the Facility and Business for services rendered or goods received prior to the Closing Date, whether an Assigned Contract or not, shall be the responsibility of Seller. Further, the parties acknowledge and agree that post-Closing Seller will continue to collect certain governmental receivables for services rendered by Seller prior to Closing as set forth in Section 10.7 below and pursuant to the terms of the OTA.

6.2.2 Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.3** below.

6.2.3 Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

6.2.4 All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve

such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

6.2.5 This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser solely in its capacity as the owner of the Facility and the Real Property (and not on behalf of any facility or other real or personal property owned by Seller) as follows:

7.1 **Organization and Authority.** Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

7.2 **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's organizational documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected. Except with respect to the approvals provided for in **Section 5.2.4** above, with respect to Seller, no other consent, approval, order or authorization of or from, or registration, notification, declaration or filing with any Person, including without limitation, any Government Entity, is required in connection with the execution, delivery or performance of this Agreement by Seller or the consummation by Seller of the transactions contemplated herein.

7.3 **Litigation.** Except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller, the Real Property, the Facility or the Business, at law or in equity. Seller is not a party to, nor is Seller or the Real Property, Facility or Business bound by, any orders, judgments, injunctions, decrees or settlement agreements under which Purchaser may have continuing obligations after the Closing Date. **Schedule 7.3** lists all ongoing actions against the Seller at law or in equity, and Seller will provide a summary of any



general/professional liability ~~and~~, property and workers' compensation claims ~~from~~for the prior ~~two~~(2)three (3) years with the Due Diligence Materials.

7.4 Compliance with Law. Seller has received no written notice that the Facility or Business is not in compliance with applicable laws, nor is Seller aware of any condition that would reasonably be expected to give rise to such non-compliance.

7.5 The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly. The Licenses are in full force and effect.

7.6 Employees of the Facility; Unions. All of the employees of the Business at the Facility are the employees of Seller. None of the employees of the Business at the Facility are members of a labor union or subject to any collective bargaining agreement nor to Seller's knowledge are such employees engaged in any union organizing activities or threatened an attempt to organize or establish any labor union or employee association to represent any employees. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility. Except as disclosed to Purchaser on **Schedule 7.3** hereto, Seller has received no written notice of nor does Seller have knowledge of any non-compliance with applicable laws governing employment and employee relations, including laws relating to employment discrimination, sexual harassment, civil rights, equal pay, wages, meal and rest breaks, hours, overtime, sick leave, collective bargaining and labor relations, occupational safety and health, workers' compensation, immigration, or the withholding and payment of income, social security (FICA) or similar taxes, and any similar laws of any foreign jurisdiction. Except as disclosed to Purchaser on **Schedule 7.3** hereto, to Seller's knowledge, no action alleging a violation of any applicable employment law has been threatened. Seller hereby acknowledges that it has I-9's on file at the Facility for each of the employees of Seller. To Seller's knowledge, Seller does not have any existing workers' compensation liabilities with respect to Seller's employees that are not covered by insurance. Purchaser will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any such law or regulation relating to actions arising out of or related to any event occurring on or before the Closing Date. Seller will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any law or regulation relating to actions arising out of or related to any event occurring after the Closing Date.

7.7 Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

7.8 Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect, none of the Operating Contracts has been modified or amended except any modifications or amendments provided to Purchaser as part of the Due Diligence Review, and, to Seller's knowledge, Seller is in compliance in all material respects with all obligations under the Operating Contracts. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

7.9 Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tlstdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

7.10 Tax Returns. To Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the Business prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid. Moreover, to Seller's knowledge, (i) no liens have been filed against Seller or Seller's Assets in respect of taxes, and no waivers of statutes of limitations have been given or requested with respect to Seller; (ii) there are no pending tax audits or other proceedings with respect to Seller or Seller's Tax Returns nor has Seller been notified of any dispute or claim with respect to taxes that has not been resolved; (iii) Seller is not now a party to any tax sharing, allocation or distribution agreement; and (iv) Seller has no obligation to make (or possibly make) any payments that will be non-deductible under, or would otherwise constitute a "parachute payment" within the meaning of, Section 280G of the Code (or any corresponding provision of state, local or foreign income Tax law).

7.11 No Violations of Environmental Laws. To Seller's knowledge and except as disclosed in the Property Materials or any environmental reports obtained by Purchaser in connection with this Agreement: (a) the Property is not nor has it been under investigation for violation of any federal, state, or local law, ordinance, or regulation relating to industrial hygiene, worker health and safety, or to the environmental conditions in, at, on, under, or about the Property, including, but not limited to, soil and groundwater conditions ("**Environmental Laws**"); (b) the Property has not been subject to a deposit of any Hazardous Substance except in compliance with applicable laws; (c) Seller has not used, generated, manufactured, stored, or disposed in, at, on, or under the Property any Hazardous Substance except in compliance with applicable laws; and (d) there is not now in, on, or under the Property any underground or above ground storage tanks or surface impoundments, any asbestos containing materials, or any polychlorinated biphenyls used in hydraulic oils, electrical transformers, or other equipment. Seller hereby assigns to Purchaser

as of the Closing all claims, counterclaims, defenses, and actions, whether at common law or pursuant to any other applicable federal, state or other laws that Seller may have against any third party or parties relating to the existence or presence of any Hazardous Substance in, at, on, under, or about the Property. For purpose of this Agreement, the term "Hazardous Substance" shall be deemed to include any wastes, materials, substances, pollutants, and other matters regulated by Environmental Laws including, without limitation, per- and polyfluoroalkyl substances (PFAS).

7.12 Health Care Representations. To Seller's knowledge, Seller is not a target of, participant in, or subject to any pending or threatened action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs. ~~[NOTE — PURCHASER CAN OBTAIN THE FULL LICENSING HISTORY AND SURVEY INFORMATION FOR THE PROJECT FROM THE DSS AND DPH WEBSITES]~~

7.13 Financial Statements. Each of the audited Financial Statements of the Business provided by Seller to Purchaser as part of the Due Diligence Materials has been prepared in accordance with GAAP applied on a consistent basis (except as otherwise may be indicated therein) and in accordance with the books and records of Seller. Each of the Financial Statements is complete and accurate and presents fairly in all material respects the financial position of Seller at the dates thereof and the results of operations and cash flows for the periods indicated subject, in the case of interim Financial Statements, to normal year-end adjustments and that interim financial statements do not include footnote disclosure. To Seller's knowledge, since December 31, 2019, except as required by applicable law or changes in GAAP, there has been no change in any accounting principle, procedure, or practice followed by Seller or in the method of applying any such principle, procedure, or practice.

7.14 Undisclosed Liabilities. To Seller's knowledge, Seller does not have any liabilities or obligations of any nature (whether absolute, accrued, contingent or otherwise), except for liabilities or obligations reflected or reserved against in the Financial Statements and liabilities incurred in the ordinary course of Business since the respective dates thereof.

7.15 Absence of Certain Developments. Since January 1, 2021, the Company has conducted the Business only in the ordinary course of business, as applicable, consistent with past practice, including with regard to nature, frequency and magnitude.

7.16 Anti-Bribery.

7.16.1 Neither Seller nor any of its officers or directors, or any employee, agent, distributor or other person acting on behalf of Seller has, directly or indirectly, used any corporate funds for unlawful contributions, gifts, entertainment or other unlawful expenses relating to political activity, made any unlawful payment to foreign or domestic government officials or employees or made any bribe, rebate, payoff, influence payment, kickback or other similar unlawful payment, or taken any action which would cause them to be in violation of any Anti-Corruption or Anti-Bribery Law.

7.16.2 There is no pending or threatened claims, charges, investigations, violations, settlements, civil or criminal enforcement actions, lawsuits, or other court actions against Seller with respect to any Anti-Corruption or Anti-Bribery Law.

7.16.3 To Seller's Knowledge, there are no actions, conditions, or circumstances pertaining to the activities of Seller that would reasonably be expected to give rise to any claims, charges, investigations, violations, settlements, civil or criminal actions, lawsuits, or other court actions under any Anti-Corruption or Anti-Bribery Law.

7.17 Sufficiency and Condition of Assets. Excluding the Other Assets, Seller's Assets: (a) constitute all of the assets, tangible and intangible, of any nature whatsoever, necessary to operate the Business in the manner presently operated by Seller, and (b) include no assets other than those used in the operation of the Business. Seller has good and valid title, or a leasehold interest in, all of Seller's Assets, free and clear of all liens.

7.18 Contracts.

7.18.1 The Due Diligence Materials contain copies of the Assumed Contracts to which Seller is a party and that are related to the Business. As of the Effective Date, Seller has no knowledge of any material disputes with any existing vendors of the Facility and Seller agrees to disclose to Purchaser any material disputes with vendors arising prior to Closing.

7.18.2 To Seller's knowledge: (i) Seller is not in default under any of the Assumed Contracts; (ii) there has not occurred any event that, with the lapse of time or the giving of notice, or both, would constitute such a default; and (iii) no party to any of the Assumed Contracts other than Seller is in default under any Assumed Contract nor has any event occurred that, with the lapse of time or the giving of notice, or both, would constitute such a default by any such other party.

7.18.3 To Seller's knowledge, each Assumed Contract is in full force and effect and is valid and enforceable in accordance with its terms.

7.19 Legal Compliance; Permits and Licenses.

7.19.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with applicable laws, ordinances, rules, regulations, judgments, orders, decrees, and Permits of all Governmental Entities that are applicable to Seller, and to Seller's Knowledge, Seller is in compliance in all material respects; and (ii) to Seller's

knowledge, no investigation by any Governmental Entity with respect to Seller, the operation of the Business, or the ownership or use of any of the Seller Assets is pending or threatened.

7.19.2 (i) Seller holds all material Permits required for the operation of the Business (including, without limitation, all material Permits required by any Environmental Laws), all of which are valid and in full force and effect in all material respects; and (ii) Seller has not received any notice that any Governmental Entity which has issued any such Permit intends to cancel, terminate or not renew any such Permit

7.20 Labor Matters. Seller shall provide a redacted list of all persons who are employees, independent contractors or consultants of the Business as of the date hereof in the Due Diligence Materials, including any employee who is on a leave of absence of any nature, paid or unpaid, authorized or unauthorized, and sets forth for each such individual the following: (i) title or position (including whether full-time or part-time); (ii) hire or retention date; (iii) current annual base compensation rate or contract fee; and (iv) commission, bonus or other incentive-based compensation.

7.20.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with all applicable laws and regulations respecting employment, including, without limitation, laws and regulations respecting employment practices, employment terms and conditions, wages and hours, tax withholding, immigration and collective bargaining, and is not engaged in any unfair labor practice, except as disclosed on **Schedule 7.3**; (ii) except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened charge, complaint, or grievance against Seller related to any employment law or regulation; (iii) there is no labor strike, material dispute, slowdown or stoppage actually pending or, to Seller's knowledge, threatened against or involving Seller; and (iv) to Seller's knowledge, there is no threat of unionization involving Seller or any of its employees.

7.20.2 To Seller's knowledge, Seller is not delinquent in payments to any of their employees or independent contractors for any wages, salaries, commissions, bonuses, or other direct compensation for any services performed by them to date or amounts required to be reimbursed to such employees or independent contractors.

#### 7.21 Employee Benefit Plans.

7.21.1 Employee Benefit Plans. **Schedule 7.21.1** sets forth a complete list of all material employee retirement, welfare, bonus, incentive, deferred compensation, vacation, equity, severance, employment, change of control, and/or fringe benefit plans, programs, policies, practices, and/or other arrangements: (i) covering any current employee, officer or director of Seller or any ERISA Affiliate; (ii) that are sponsored or maintained by Seller or any ERISA Affiliate; or (iii) with respect to which either Seller or any ERISA Affiliate has any current or potential liability (each, a "**Plan**").

7.21.2 Administration and Compliance of the Plans. With respect to each Plan, to Seller's knowledge:

7.21.2.1 all required, declared or discretionary (in accordance with historical practices) payments, premiums, contributions, reimbursements or accruals for all periods ending prior to or as of the Closing Date have been made or properly accrued on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller;

7.21.2.2 there is no unfunded liability relating to any Plan which is not reflected on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller; and

7.21.2.3 there have been no violations of applicable laws with respect thereto; neither Seller nor any of its agents or delegates has any liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets thereof; no Plan has engaged in or been a party to a "prohibited transaction" (as defined in Section 406 of ERISA or Section 4975(c) of the Code) without an exemption applying thereto; no Proceeding with respect to the administration or the investment of the assets thereof (other than routine claims for benefits) for which Seller or any ERISA Affiliate could have any liability is pending or threatened, and Seller does not have any knowledge of any basis for any a Proceeding with respect to any Plan.

7.22 Certain Fees and Liabilities. Seller has not paid or is obligated to pay any fee or commission to any broker, finder, or intermediary in connection with the transactions contemplated by this Agreement.

7.23 For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, the provisions of **Section 11** shall apply. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party. Seller represents and warrants that Dan Ogus is the person most knowledgeable about the subject matter contained in each representation and warranty provided in such manner. Further, the parties acknowledge and agree that the representations and warranties made by Seller herein relate only to the Facility and Business being purchased by Purchaser and specifically exclude the Other Assets.

8. **Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

8.1 Organization and Authority. Purchaser is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California, and is recognized by the Internal Revenue Service as an organization described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Purchaser has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

8.2 Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

8.3 Litigation. The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

8.4 Financing. Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

8.5 AS IS. IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY

INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

9. **Pre-Closing Covenants/Risk of Loss.**

9.1 **Conduct Pending Closing.** Between the Execution Date and the Closing Date, Seller covenants as follows:

9.1.1 Seller will operate the Facility and Business in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

9.1.2 From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

9.1.3 Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

9.1.4 Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

9.1.5 Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6 Seller shall maintain the Inventory consistent with Seller's past practices and in compliance with applicable laws, and will replenish the same consistent with Seller's past practices.

9.1.7 Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

9.2 **Risk of Loss**



9.2.1 Condemnation. If, prior to any Closing, all or any material portion of the Property is taken by condemnation or eminent domain (or is the subject of a pending or contemplated taking which has not been consummated), Seller shall immediately notify Purchaser in writing of such fact. In such event, Purchaser shall have the option to terminate this Agreement upon written notice to Seller given within ten (10) Business Days after receipt of such notice from Seller, in which event the Deposit shall be returned to Purchaser. Notwithstanding the foregoing, Purchaser's failure to provide written notice of Purchaser's election to terminate within such ten (10) Business Day period shall be deemed Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, Purchaser shall have the right to participate in any proceedings and negotiations with respect to the taking and any transfer in lieu of taking (and Seller shall not consummate any transfer in lieu of taking without Purchaser's prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed). If Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing, then (a) Seller, at, and as a condition precedent to Purchaser's obligation to proceed with, the Closing, must: (i) pay to Purchaser (or direct Escrow Agent to credit Purchaser against the Purchase Price for) the amount of any awards for the taking (and any consideration for any transfer in lieu of taking) actually received by Seller; and (ii) assign to Purchaser by written instrument reasonably satisfactory to Purchaser all rights or claims to any future awards for the taking (and any consideration for any transfer in lieu of taking); and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement.

9.2.2 Casualty. If, at any time after the Effective Date and prior to Closing or earlier termination of this Agreement, the Property or any portion thereof is materially damaged or destroyed by fire or any other casualty (as used herein, "material" shall mean a casualty which would cost more than \$250,000 to repair or cure), Seller shall immediately notify Purchaser in writing of such fact. In the event of a material casualty, Purchaser shall have the option to terminate this Agreement upon written notice to Seller given within ten (10) Business Days after receipt of any such notice from Seller, in which event the Deposit shall be returned to Purchaser. Notwithstanding the foregoing, Purchaser's failure to provide written notice of Purchaser's election to terminate within such ten (10) Business Day period shall be deemed Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, Purchaser shall have the right to participate in any adjustment of the insurance claim. If Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing ~~or in the event of a non-material casualty~~, then (a) Seller, at, and as a condition precedent to Purchaser's obligation to proceed with, the Closing, must either: (i) pay to Purchaser (or direct Escrow Agent to credit Purchaser against the Purchase Price for) the amount of any insurance proceeds actually received by Seller plus the amount of any deductible under Seller's insurance; or (ii) if no insurance proceeds have been received by Seller, assign to Purchaser by written instrument reasonably satisfactory to Purchaser all rights or claims to the insurance proceeds and credit Purchaser against the Purchase Price for any deductible payable under Seller's insurance policy; and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement. In the event of a non-material casualty, the Closing Date shall be extended to the date that is five (5) business days after the date Seller has completed to Purchaser's reasonable satisfaction any repairs to the Facility necessitated by the casualty.

## 10. Operations Transfer Provisions.

10.1 Licenses. On or prior to the expiration of the Due Diligence Period and concurrent with Seller's delivery of the Approval Notice, Purchaser shall submit a change of ownership application ("**CHOW**") with DSS pursuant to which Purchaser will obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

10.2 Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the Purchaser's SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period. If the parties cannot agree on a form of OTA, Interim Lease and/or Interim Management Agreement prior to the expiration of the Due Diligence Period, either party may terminate this Agreement upon written notice to the other in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

10.3 Notices. Seller is required to provide one hundred and twenty (120) days' written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to Seller's SNF residents at least ninety (90) days prior to Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

10.4 CHOMs. On or prior to the expiration of the Due Diligence Period, if mutually agreed to by Seller and Purchaser, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, if the parties mutually agree that Purchaser will submit change of manager applications, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

## 10.5 Employees.

10.5.1 At the Closing Date, Seller shall terminate all of the employees of the Facility and shall pay to them any wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before ~~Closing Date.~~ At the Closing Date and Seller shall help Purchaser facilitate the employee interviews. In accordance with Cal H & S Code Section 1267.62, at least ~~three (3) business~~ ten (10) days preceding the Closing Date, except for the Retained Employees, Purchaser shall ~~offer to employ after~~ provide written offers of employment, as of the Closing Date, to all of the skilled nursing employees of the Facility for a 60-day transition period in the employee's primary language or another language in which the employee is literate conditioned only on the occurrence of the Closing Date (the "~~Hired SNF~~ Employees"). ~~That~~ The offer to the SNF Employees shall state the time within which the employee shall accept the offer, but that time period may not be fewer than ten (10) days. During the 60-day transition period, Purchaser shall not discharge without cause ~~an employee retained~~ any SNF Employee that accepts Purchaser's offer of employment ("~~SNF Hired~~ Employees") pursuant to this **Section 10.5.1**. Cause shall be based only on the performance or conduct of the particular ~~employee.~~ SNF Hired Employee. During the 60-day transition period, a SNF Hired Employee- shall not suffer any reduction in wages, benefits, or other terms and conditions of employment, economic or otherwise, as a result of the transfer or change of ownership.

~~10.5.1~~ 10.5.2 In addition to the Purchaser's hiring of all SNF Hired Employees pursuant to **Section 10.5.1**, in order to insure that the transaction does not trigger any notice obligations under the California WARN Act, at least ten (10) days preceding the Closing Date, Purchaser shall offer to employ as of the Closing Date a total number of the remaining employees of the Facility conditioned only on the occurrence of the Closing Date (the "~~Hired RCFE~~ Employees") such that there does not result in a total loss of employment during any 30-day period of fifty (50) or more employees – in other words the total number of employees that the Purchaser does not offer employment cannot exceed forty-nine (49) employees. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this **Section 10.5** in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN.

~~10.5.2~~ 10.5.3 To the extent permitted by applicable law and as of the Closing, Seller shall deliver to Purchaser the file for all employees hired by Purchaser in Seller's possession, including but not limited to training records, licenses and certifications, criminal background check results, and other required documents. Seller shall have satisfied its obligations under this **Section 10.5.2** as long as all of such employee records are present at the Facility on the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

~~10.5.3~~ 10.5.4 Salaries and Benefits.

~~10.5.3.1~~10.5.4.1 Seller shall be responsible for: (A) the payment of all wages and other remuneration due to Seller's employees for their services as employees of Seller through the conclusion of Hired Employees' employment with Seller, including pro rata bonus and commission payments and all vacation, paid time off and sick leave pay obligations to the extent accrued prior to the Closing Date and required by applicable law; and (B) the payment of any termination or severance payments and the provision of health plan continuation coverage in accordance with the requirements of COBRA and Sections 601 through 608 of ERISA.

~~10.5.3.2~~10.5.4.2 Seller shall be liable for any claims made or incurred by Hired Employees and/or their beneficiaries through the Closing Date, including, but not limited to, claims made under any law or under the Plans, and Seller agrees to defend, indemnify and to hold Purchaser harmless from any costs incurred related thereto, including attorneys' fees. For purposes of the immediately preceding sentence, a claim will be deemed incurred when the conduct that is the subject of the claim occurs or when services that are the subject of the claim are performed and, in the case of other benefits (such as disability or life insurance), when an event has occurred or when a condition has been diagnosed that entitles the employee to the benefit.

~~10.5.3.3~~10.5.4.3 No Transfer of Assets. Seller will not make any transfer of pension or other employee benefit plan assets to Purchaser.

~~10.5.3.4~~10.5.4.4 General Employee Provisions.

~~10.5.3.4.1~~10.5.4.4.1 Seller shall provide Purchaser with completed I-9 forms and attachments with respect to all Hired Employees, except for such employees as Seller certify in writing to Purchaser are exempt from such requirement.

~~10.5.3.4.2~~10.5.4.4.2 Purchaser shall not have any responsibility, liability or obligation arising prior to Closing, whether to Hired Employees, former employees, their beneficiaries or to any other Person, with respect to any employee benefit plans, practices, programs or arrangements (including the establishment, operation or termination thereof and the notification and provision of COBRA coverage extension) maintained by Seller.

~~10.5.4~~10.5.5 To the extent permitted by applicable law, Seller shall deliver to Purchaser the full and complete employment file for all current employees in Seller's possession, including, but not limited to, training records, licenses and certifications, criminal background check results, performance reviews, and other required documents, in connection with Purchaser's review and investigation of prospective employment of Seller's employees. Seller shall have satisfied its obligations under this **Section 10.5.4** as long as all of such employee records are present at the Facility ~~during the 30-day period prior to~~as of the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

10.6 Bulk Sales Laws. The parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction that may otherwise be applicable with respect to the sale of any or all of the Seller's Assets to Purchaser; it being understood that any liabilities arising out of the failure of Seller to comply with the requirements and provisions of any

bulk sales, bulk transfer or similar Laws of any jurisdiction which would not otherwise constitute Assumed Liabilities shall be treated as Excluded Liabilities.

#### 10.7 Accounts Receivable.

10.7.1 Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "**Pre-Closing AR Schedule**"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.

10.7.2 Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.

10.7.3 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.4 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.5 Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post-Closing Date balances and Purchaser shall remit to Seller any excess up to the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.

10.7.6 Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying

remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.

10.7.7 Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.

#### 10.8 Access to Records.

10.8.1 From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, each party hereto agrees to give the other (and their agents and representatives) reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at the requesting party's expense), the books and records and supporting material of the Facility which are in said party's possession, to the extent reasonably necessary to enable said party to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.

10.8.2 Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

10.9 Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**"). Further, the parties hereby acknowledge and agree that notwithstanding any provision to the contrary herein, no national Operating Contracts will be assigned by Seller to Purchaser at Closing ~~[NOTE—NATIONAL CONTRACTS COVER MANY OF SELLER'S OTHER PROJECTS AND THEREFOR ARE NOT ASSUMABLE BY PURCHASER. PURCHASER CAN ENTER INTO ITS OWN CONTRACT WITH THE SERVICE PROVIDER IF NEED BE]~~. Seller shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed



that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, subject to **Section 5.1.1(I)**, (i) Seller shall assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment, and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder. In either case, Seller shall be responsible to pay balances owed under all Operating Contracts for good ordered and services provided prior to the Closing Date.

10.10 Benevolent Residents. The parties acknowledge that presently there are two (2) continuing care residents ("**Benevolent Residents**") at the Facility who are no longer paying a portion of their care costs due under their Resident Agreements. Seller agrees to subsidize all care costs associated with the Benevolent Residents that are not covered by Medi-Cal post-Closing until such time as the Benevolent Residents are no longer residents at the Facility. Seller shall provide the names of the Benevolent Residents to Purchaser at Closing. After Closing and on a monthly basis, Purchaser shall provide to Seller an accounting of any care costs due from Seller for the Benevolent Residents, and Seller shall pay any undisputed costs within ten (10) business days of Purchaser's request therefor. If Seller contests any of the costs due to Purchaser for the Benevolent Residents, Seller and Purchaser shall use good faith efforts to resolve any such dispute for a period of thirty (30) days thereafter, and if the parties are unable to resolve the dispute, either party shall have the right to submit the dispute to mediation for resolution before Judicial Arbitration and Mediation Service in Los Angeles, California. Purchaser shall be solely responsible for all costs and expenses associated with any residents who apply for benevolence after the Effective Date.

## **11. Termination and Remedies.**

11.1 Termination. This Agreement may be terminated as follows:

11.1.1 By mutual written agreement of Purchaser and Seller;

11.1.2 By Seller, if any of the conditions set forth in **Section 5.2** are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

11.1.3 By Purchaser, if any of the conditions set forth in **Section 5.1** are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser; provided that if Purchaser becomes aware of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller; provided Purchaser shall elect any such termination right, if at all, within five (5) Business Days after Purchaser becomes aware of such matter;

11.1.4 By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

11.1.5 By Purchaser pursuant to **Section 9.2** (Damage or Condemnation).

11.2 Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or warranty by the other Party, without first giving the other Party written notice of such breach and not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

11.3 Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2** because a condition of closing has not been met (rather than because of a material default by Purchaser), then Escrow shall return the Deposit to the Purchaser and escrow shall be cancelled. In the event Seller has the right to terminate this Agreement under **Section 11.1.4** because of a material default by Purchaser, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

11.4 Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under **Section 11.1.3** because a condition of closing has not been met (rather than because of a material default by Seller), then Purchaser shall have the right either to (i) waive the condition at issue and proceed with the Transaction on the terms contemplated herein, or (ii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon. In the event Purchaser has the right to terminate this Agreement under **Sections 11.1.5** because a because of a material default by Seller, Purchaser and Seller acknowledge and agree that Purchaser's sole and exclusive remedy shall be:

11.4.1 TO TERMINATE THIS AGREEMENT UPON DELIVERY OF WRITTEN NOTICE TO THE SELLER AND ESCROW AGENT (IN WHICH CASE, EXCEPT AS OTHERWISE SET FORTH HEREIN AS EXPRESSLY SURVIVING A TERMINATION OF THIS AGREEMENT AND THE PARTIES' DUTIES UNDER THIS SECTION, THE



RESPECTIVE RIGHTS, DUTIES AND OBLIGATIONS OF PURCHASER AND SELLER UNDER THIS AGREEMENT SHALL FORTHWITH TERMINATE WITHOUT FURTHER LIABILITY) AND RECOVER THE DEPOSIT AND BE REIMBURSED FOR PURCHASER'S DOCUMENTED OUT-OF-POCKET EXPENSES INCURRED BY PURCHASER IN CONNECTION WITH THIS AGREEMENT OR ITS INVESTIGATION OF THE PROPERTY (SUCH AMOUNT NOT TO EXCEED \$75,000). SELLER SHALL PAY ANY CANCELLATION CHARGES DUE TO ESCROW AGENT AND THE TITLE COMPANY. IN NO EVENT SHALL SELLER BE LIABLE FOR ANY SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES AND PURCHASER HEREBY WAIVES ANY AND ALL RIGHT TO PURSUE SUCH DAMAGES; OR

11.4.2 PURCHASER MAY INSTITUTE AN ACTION (WITHOUT THE NECESSITY OF PROVING IRREPARABLE HARM OR POSTING SECURITY) (A "SPECIFIC PERFORMANCE ACTION") SEEKING SPECIFIC PERFORMANCE OF SELLER'S OBLIGATIONS UNDER THIS AGREEMENT SO LONG AS PURCHASER SHALL HAVE FILED THE SPECIFIC PERFORMANCE ACTION WITHIN SIXTY (60) DAYS OF THE DATE THE CLOSING WAS TO HAVE OCCURRED. PURCHASER IS EXPRESSLY PROHIBITED FROM RECORDING A NOTICE OF LIS PENDENS AGAINST THE PROPERTY.

IF PURCHASER RECOVERS LIQUIDATED DAMAGES IN ACCORDANCE WITH SECTION 12.1(a), SUCH AMOUNTS SHALL BE DEEMED TO CONSTITUTE A REASONABLE ESTIMATE OF PURCHASER'S DAMAGES UNDER THE PROVISIONS OF SECTION 1671 OF THE CALIFORNIA CIVIL CODE AND SHALL CONSTITUTE PURCHASER'S SOLE AND EXCLUSIVE REMEDIES FOR SELLER'S FAILURE TO CLOSE ESCROW.

THE FOREGOING SHALL NOT LIMIT PURCHASER'S RIGHTS OR REMEDIES (WHETHER ARISING AT LAW OR IN EQUITY) TO RECEIVE REIMBURSEMENT FOR ATTORNEYS' FEES AND COSTS IN ACCORDANCE WITH THIS AGREEMENT OR FOR ANY CLAIMS RELATING TO SELLER'S WILLFUL MISCONDUCT OR FRAUD, NOR WAIVE OR AFFECT PURCHASER'S RIGHTS AND SELLER'S OBLIGATIONS UNDER ANY SECTION HEREIN WHICH STATES THAT AN OBLIGATION ON THE PART OF SELLER SURVIVES THE CLOSING OR THAT SELLER SHALL INDEMNIFY AND/OR DEFEND PURCHASER.

BY INITIALING BELOW, THE PARTIES ACKNOWLEDGE AND AGREE THAT BASED UPON THE CIRCUMSTANCES NOW EXISTING, KNOWN OR UNKNOWN, IT WOULD BE EXTREMELY DIFFICULT, COSTLY AND IMPRACTICAL TO ESTABLISH DAMAGES FOR EITHER PARTY. ACCORDINGLY, BOTH PURCHASER AND SELLER, BY THEIR RESPECTIVE INITIALS SET FORTH BELOW, DO HEREBY ACKNOWLEDGE AND AGREE THAT TERMS SET FORTH IN THIS SECTION 11.4 ARE NEGOTIATED AND REASONABLE.

Purchaser's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_

11.5 Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

11.6 Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. **Notices**. All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller: HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

with a copy (which shall not constitute notice) to: Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

If to Purchaser: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

with a copy (which shall not constitute notice) to: Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: gphillipsjr@phillipslawpartners.com

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address

set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

13.1 **By Seller to Purchaser.** From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

13.2 **By Purchaser to Seller.** From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

13.3 **Method of Indemnification.**

13.3.1 In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair, void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnatee fails to provide timely notice of Indemnatee's Claim, the Indemnitor will not be obligated to indemnify the Indemnatee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to defend such Claim has been materially prejudiced by such failure of the Indemnatee to timely notify Indemnitor of the same.

13.3.2 If the applicable Indemnatee Claim relates to a Claim made by a third party against Indemnitor, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnatee, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnatee, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnatee without the payment of any amount or the taking of any action or admission of liability by the Indemnitor). The Indemnatee will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnatee and the Indemnitor and, in the reasonable opinion of counsel to the Indemnatee, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnatee shall be entitled to retain separate counsel for the Indemnatee, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

13.4 Survival. All indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing for a period of twelve (12) months, after which they shall terminate and be of no further force or effect except with respect to claims made within such period, in which case the applicable indemnity, warranty and/or representation shall survive until the full and final resolution thereof. Notwithstanding the foregoing, the indemnity period for Seller's indemnity in **Section 13.1** shall survive through the applicable Statute of Limitations (which Statute of Limitations period shall begin to run when any claimed pre-Closing event occurred) for any third party claim as may apply (the "**Survival Period**"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

13.5 Limitations. Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to Ten Thousand and No/100 Dollars (\$10,000.00) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnatee's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnatee Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

#### 14. **Confidentiality and Non-Solicitation**

14.1 Confidentiality. Seller and Purchaser acknowledge that the other party may be irreparably damaged if the confidential knowledge and information possessed or hereafter acquired

by either party relating to the Business (which shall include the terms of this Agreement and other agreements delivered pursuant to this Agreement and all other non-public information regarding either party and/or the Business, including, without limitation, trade secrets or technology/inventions now known or hereafter discovered, and information reflecting or pertaining to research, developments, techniques, purchasing, marketing, business plans and strategies, accounting, licensing, know-how, methods, projects, processes, computer hardware and programs, software libraries, databases, compositions, discoveries, cost systems, personnel data, customer lists, business partner names and lists (including, but not limited to, vendors, suppliers, licensees, licensors, franchisees, referral sources, and consultants), training, the particular needs and requirements of customers and/or business partners, the identity of customers and potential customers, business partners and potential business partners, pending business transactions, pricing for customers or potential customers, pricing of business partners or potential business partners, policies and procedures, equipment and materials used by either party, methods used in the recruiting or placement of personnel by either party and methods and marketing of products or services by either party) were disclosed to or utilized on behalf of others. Accordingly, neither party shall directly or indirectly: (i) disclose to any Person any non-public information concerning the Business or any of the terms of this Agreement or the other agreements delivered pursuant to this Agreement, for any reason or purpose whatsoever; or (ii) make use of any such non-public information for either party's own purpose or for the benefit of any other Person.

14.2 For a period of one (1) year after termination of the Interim Lease, Interim Management Agreement and OTA following issuance of a new license for Purchaser's operation of the SNF, Seller shall not, directly or indirectly:

14.2.1 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Purchaser to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser;

14.2.2 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Seller on the Closing Date or within the year preceding the Closing Date to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser; or

14.2.3 hire or attempt to hire any employee or independent contractor of Purchaser or in any way interfere with the relationship between Purchaser and any of its employees or independent contractors; provided the parties acknowledge and agree that Seller will retain the employees ("**Retained Employees**") listed on **Schedule 14.2.3** hereto from and after Closing.

14.2.4 The foregoing restrictions on solicitation shall not restrict general advertising or residents or employees initiating contact with Seller or Seller affiliates for purposes of relocating to another senior living facility operated by Seller or affiliates of Seller.

14.3 If, at the time of enforcement of this **Section 14**, a court holds that the restrictions stated herein are unreasonable under the circumstances then existing, the parties agree that the maximum period, scope or geographical area reasonable under such circumstances shall be

substituted for the stated period, scope or area so as to protect Purchaser to the greatest extent possible under applicable law from improper competition. The parties hereto acknowledge that money damages would be an inadequate remedy for any breach of this **Section 14** and that Purchaser would be irreparably damaged if any party were to breach the covenants set forth in this **Section 14**. Therefore, in the event of a breach or threatened breach of this **Section 14**, Purchaser, or their respective successors or assigns may, in addition to other rights and remedies existing in their favor, apply to any court of competent jurisdiction for specific performance and/or injunctive or other relief in order to enforce, or prevent any violations of, the provisions of this **Section 14** (without posting a bond or other security). If Purchaser prevails in any legal proceedings to enforce this Agreement, then Purchaser is also entitled to recover its costs and fees incurred, including reasonable attorney's fees and out-of-pocket costs.

14.4 Seller acknowledges that the foregoing restrictions are supported by sufficient consideration and other benefits that they have received and will receive hereunder. They also acknowledge that the restrictions protect against unfair competition and that the restrictions do not prevent them from earning a living given their education, skills, and ability. Seller agrees and acknowledge that (i) Purchaser has required that Seller make the covenants set forth in this **Section 14** as a condition to Purchaser's obligations to consummate the transactions contemplated hereby; and (ii) the provisions of this **Section 14** are reasonable and necessary to protect and preserve the Business.

15. **Miscellaneous.**

15.1 **Entire Agreement.** This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

15.2 **Time is of the Essence.** Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

15.3 **Waiver.** No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

15.4 **Public Announcements.** Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

15.5 Attorneys' Fees in the Event of Litigation. Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

15.6 Jurisdiction; Venue. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

15.7 Waiver of Jury Trial. TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.

15.8 Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

15.9 Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

15.10 Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the

Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

15.11 Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

15.12 Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

15.13 Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

15.14 No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

15.15 Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

15.16 Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.



15.17 Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

15.18 Third Party Beneficiary. Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

15.19 1031 Exchange. Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.

15.20 Exclusivity. Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or

participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.

15.21 Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section 15.21** shall survive Closing.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Daniel Ogus  
Its: Chief Operating Officer

**PURCHASER:**

ARARAT HOME OF LOS ANGELES, INC.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Joseph Kanimian  
Its: Chairman

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**

**SCHEDULE 1.1.5**  
**ASSIGNED CONTRACTS**

**SCHEDULE 1.1.12**

**VEHICLE**

**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

None.

**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>Asset</b>	<b>Purchase Price Allocation</b>
Real Property and Facility	\$11,550,000
Personal Property	\$740,000
Goodwill	\$2,210,000
Total	\$14,500,000

## **SCHEDULE 7.3**

### **LITIGATION**

Active PAGA/Class Action Wage and Hour claims:

1. Laveda Scott v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno
2. Cooper-Iglesias v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno

Active Workers' Compensation claims:

File Num	Clmt Name (Last_First)	Date of Loss	Claim Sub Type	Clm Substat Desc	Litiga tion	Resol ved	Defending Atty Firm	Defending Attorney Name
30205511892-0001	Akinbayode, Funmilayo	06-20-2020		Accepted	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
C052905021-0001-01	Akinbayode, Funmilayo	09-24-2020	CC	Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
40201246345-0001	Diaz, Marta A	12-09-2020		Accepted	No			
30205391354-0001	Garcia, Martha	06-08-2020		Accepted	No			
30192541669-0001	Hernandez Santiago, Olivia	05-01-2019	FM	Accepted	No	N		
C152901576-0001-01	Hernandez, Claudia I	04-05-2021		Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs
4A210730737-0001	Hernandez, Matias P	07-16-2021		Accepted	No			
301500601100069	Reyes, Salvador	10-11-2011	FM	Accepted	Yes	Y	The Law Offices of Stoodly & M	Nancy Kerr



**SCHEDULE 7.23.1**

**EMPLOYEE BENEFIT PLANS**

**SCHEDULE 14.2.3**

**RETAINED EMPLOYEES**

- 1. Greg Bearce**
- 2. Raquel Vergara**
- 3. Sammi Wu**

**EXHIBIT A**  
**FORM OF DEED**

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TAX STATEMENTS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space Above this Line is for Recorder's Use

APN: \_\_\_\_\_

Address: \_\_\_\_\_

**Grant Deed**

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is \$\_\_\_\_\_.

☒ (X) computed on full value of property conveyed, or

☐ ( ) Property Not Sold

☐ ( ) computed on full value less of liens and encumbrances remaining at time of sale.

☐ ( ) Unincorporated area: ☒ (X) City of \_\_\_\_\_

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
\_\_\_\_\_, hereby GRANT(S) to

\_\_\_\_\_, all of its right, title and interest in that property  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of California, as described on **Exhibit A**,  
attached hereto and incorporated herein by this reference

Dated: \_\_\_\_\_, 2022

[Remainder of Page Intentionally Left Blank]

Signature Page – Grant Deed

IN WITNESS WHEREOF, this instrument is executed effective as of date set forth above.

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
--

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_ (Seal)

## **EXHIBIT B**

### **FORM OF BILL OF SALE**

#### **BILL OF SALE**

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");
2. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");
3. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;
4. Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;
5. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");
6. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**EXHIBIT A TO BILL OF SALE**

## **EXHIBIT C**

### **FORM OF ASSIGNMENT**

#### **ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

#### **RECITALS**

A. Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "**Assumed Contracts**").

C. Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

D. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

#### **AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to



the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**Exhibit A To ASSIGNMENT AND ASSUMPTION AGREEMENT**  
**ASSUMED OPERATING CONTRACTS**

**EXHIBIT D**

**FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);
2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);
3. The Seller's federal tax identification number is \_\_\_\_\_;
4. The Seller's address is \_\_\_\_\_;
5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**5) DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline dated May 5, 2022.**

## PURCHASE AND SALE AGREEMENT

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of ~~March~~May \_\_\_\_, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation, or assigns ("**Purchaser**").

### **RECITALS**

A. Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Purchaser is the owner of and has experience operating a senior care community.

C. Seller is interested in selling the Real Property, the Facility and the business operations conducted therein (the "**Business**") to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the Business from Seller (the "**Transaction**").

D. The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

1.1 Seller's Assets. On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

1.1.1 The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

1.1.2 All fixtures attached or appurtenant to the Real Property and the Facility;

1.1.3 All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller

including the computers and related systems (collectively, the "**Personal Property**"); provided that Seller will wipe all of the hard drives and remove all confidential information and materials from the operating systems; and provided further, Seller will save certain resident information needed in connection with Purchaser's operation of the Business after the ~~closing~~Closing, including resident medical and pharmacy records, home health and other doctors' orders, billing records and resident payment history on a drive or on the cloud for the Purchaser to download at Closing;

1.1.4 To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility ("**Permits**");

1.1.5 All rights existing under all contracts related to the ownership, planning, development, construction, use, operation and/or maintenance of the Facility to which the Seller is a party, excluding those identified as Excluded Assets, but including without limitation the Resident Agreements and the Assumed Operating Contracts (each as defined below), along with those set forth on **Schedule 1.1.5 ("Assigned Contracts")**; [\[NOTE - RESIDENT AGREEMENTS AND ASSUMED OPERATING CONTRACTS ARE COVERED HERE\]](#)

1.1.6 To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

1.1.7 All inventory, wherever located, including all raw materials, spare parts and all other materials and supplies to be used in the Business or in connection with maintenance of the Facility (the "**Inventory**");

1.1.8 All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

1.1.9 All intangible personal property of any kind or character of the Seller, including without limitation, all warranties, guarantees and all of Seller's legal and equitable claims, causes of action, and rights, if any, arising post-Closing, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

1.1.10 All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally

transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

1.1.11 Other than corporate and trade names used by Seller in connection with the Business as well as related social media accounts, domain name and website and any content therein, all of the Seller's Intellectual Property, including, but not limited to, licenses and sublicenses granted and obtained with respect thereto, related to the Business, to the extent transferable, Seller's telephone and fax numbers, all passwords and similar access requirements with respect thereto, and all goodwill associated therewith, including rights thereunder, remedies against infringements thereof, and rights to protection of interests therein;

1.1.12 The vehicle described in **Schedule 1.1.12** (the "**Vehicle**");

1.1.13 The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the Business;

1.1.14 All prepayments, vendor credits, loans to employees, prepaid expenses and similar assets.

1.1.15 Excluding the Excluded Assets, any other asset, property, or right of any Seller, tangible or intangible, used in the conduct of the Business.

1.1.16 All books, files and records in whatever form or medium related to the operation of the Facility and the Business, including, but not limited to, original records for current residents and employees of the Business, quotation and purchase records and all books, records, ledgers, files, documents, correspondence, lists, reports, and other printed or written materials with respect to the Real Property, Facility and Business but specifically excluding those documents whose disclosure is restricted by applicable law.

Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets." The parties hereby acknowledge and agree that HumanGood SoCal owns and operates seniors housing communities other than the Facility ("**Other Assets**"), and that Seller's Assets being sold hereunder do not include the Other Assets.

1.2 Excluded Assets. ~~Except as may be defined as a Seller's Asset [GPII] in Section 1.1 above,~~ Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**");

1.2.1 the Other Assets;

1.2.2 Seller's cash, including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;

1.2.3 Except as provided in Section 1.1.3 above, Seller's proprietary or organizational documents, financial (including historical financials), accounting and/or tax records and other records that Seller is required by law to retain in its possession;



1.2.4 Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;

1.2.5 any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

1.2.6 Seller's deposits, including utility deposits and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;

1.2.7 any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;

1.2.8 any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

1.2.9 any personal property identified on **Schedule 1.2.8** hereto (the "**Excluded Personal Property**");

1.2.10 the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("SNF") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("**CDPH**") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

1.2.11 all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not Assigned Contracts and the national contracts identified on **Schedule 1.1.5** hereto.

1.3 Assumption of Liabilities. Except for the deposits and obligations related to the Assigned Contracts arising on or after Closing, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Real Property, Facility or the Business (the "**Assumed Liabilities**").

1.4 Notwithstanding the provisions of **Section 1.3** or any other provision in this Agreement to the contrary, ~~Buyer~~Purchaser shall not assume and shall not be responsible to pay, perform or discharge any liabilities of Seller of any kind or nature whatsoever other than the Assumed Liabilities (the "**Excluded Liabilities**"). Seller shall pay and satisfy in due course all

Excluded Liabilities, which shall include all monies owed by Seller under the Assigned Contracts through the Closing.

## 2. Purchase Price.

2.1 Purchase Price. The aggregate consideration for the Seller's Assets (the "**Purchase Price**") shall be Fourteen Million ~~Eight~~Five Hundred Thousand and No/100 Dollars (\$14,~~800~~500,000.00) plus the assumption of any Assumed Liabilities, subject to any proration adjustment contemplated in **Section 6.2** hereof. At the Closing, the Purchaser will deliver to Seller, by wire transfer or immediately available funds, an amount equal to the Purchase Price, less the Deposit as set forth in 2.1.1. as follows:

2.1.1 Deposit. Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Initial Deposit**") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "**Escrow Agent**"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Additional Deposit**") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "Deposit". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**; provided, however, if Purchaser does not provide an Approval Notice (as defined below) prior to expiration of the Due Diligence Period for any reason, this Agreement and the escrow shall be cancelled, and the Initial Deposit immediately returned to Purchaser.

2.1.2 Balance of Purchase Price. The balance of the Purchase Price, less the Deposit, plus or minus any costs and prorations for which Seller and/or Purchaser are responsible under **Section 6.2** hereof shall be paid by wire transfer of immediately available funds at Closing.

2.2 Allocation of Purchase Price. The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2**.

2.3 Independent Consideration. As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

## 3. Closing

3.1 Time and Place of Closing. Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to

operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("COA") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before December 31, 2023 [NOTE - SELLER NEEDS AN OUTSIDE DATE FOR CLOSING AS THE PSA CAN'T CONTINUE INDEFINITELY], Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case the Deposit shall be returned to Purchaser unless Purchaser is then in default and neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

3.2 Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

#### 4. Due Diligence; Title and Survey.

##### 4.1 Due Diligence Investigation.

4.1.1 Within three (3) Business Days after the Opening of Escrow, Seller shall deliver to Purchaser or provide Purchaser access to all materials in Seller's possession or control relating to the Real Property or Facility including, but not limited to: (i) copies of the most recent property tax bills and assessments for the Property; (ii) copies of all documents evidencing interests not shown on the Title Report, if any, (iii) a copy of any and all leases, service contracts, easements, licenses, development approvals and/or other agreements related to the Real Property or Facility including, without limitation, contracts for design work thereon; (iv) any and all existing surveys of the Real Property; (v) any and all soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property; (vi) any and all engineering documents relating to the Facility including, without limitation, plans and specifications prepared for Seller in connection with the development of the Real Property and Facility (the "**Plans and Specifications**"); (vii) any and all other correspondence, reports, studies, permits, approvals or documents relating to the Real Property or Facility, except for Seller's internal materials, documents, correspondence, and/or analysis; (viii) audited financial statements for the Business for the period ending December 31, 2019, 2020 and 2021 (the "**Financial Statements**"), as well as the three month period ending March 31, 2022; (ix) the general ledger and trial balance supporting the Financial Statements; (x) contracts and agreements and other documents material to the Business; (xi) a redacted current and complete employment files for list of all current employees; of Seller who work at the Facility, together with their dates of hire, positions and their annual salaries and other compensation; and (xii) and other documents ~~set forth on the Diligence Checklist related to the Business as set forth on Schedule b provided by Seller in accordance with this Section 4.1.1~~ (collectively, the "**Due Diligence Materials**"). In addition, Seller shall promptly deliver to Purchaser or provide Purchaser access to such other information relating to the Real Property, Facility and Business that is specifically and reasonably requested by Purchaser of Seller in writing to the extent such information is in the possession or control of Seller. Except as otherwise expressly set forth in this Agreement, Seller

makes no representations or warranties whatsoever regarding the Due Diligence Materials, including, without limitation, as to their completeness or accuracy. Prior to the expiration of the Due Diligence Period, Seller will provide to Purchaser a final list of the Due Diligence Materials provided to Purchaser.

4.1.2 During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its sole and absolute discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility.

4.1.2.1 At all reasonable times from the date of this Agreement to the Closing, or earlier termination of this Agreement, upon forty-eight (48) hours prior written notice to Seller, Purchaser and their respective employees, agents, consultants, managers and contractors (~~collectively, "Buyer Permitted Parties"~~) shall be entitled, at Purchaser's sole cost and expense, to: (a) enter onto the Real Property and Facility to perform any inspections, investigations, studies, and tests of the Real Property and Facility (including, without limitation, physical, engineering, soils, geotechnical, and environmental tests) that Purchaser deems reasonable; provided however that Purchaser shall not do any invasive testing on the land without the prior consent of Seller, which consent shall not be unreasonably withheld; (b) review all Due Diligence Materials; and (c) investigate such other matters pertaining to the Real Property, Facility and Business as Purchaser may desire. Any entry by Purchaser onto the Real Property shall be subject to, and conducted in accordance with, all applicable laws. Upon completion of any such testing, Purchaser shall immediately restore the Real Property and Facility to substantially the same condition as it existed prior to Purchaser's entry under this **Section 4.1.2.1**. During the term of Escrow, Purchaser shall have the right to meet with representatives of the City and other governmental agencies having jurisdiction over the Real Property and Facility. Seller shall have the right to have a representative attend each and every meeting with representatives of the City and other governmental agencies having such jurisdiction. Seller shall cooperate with Purchaser in its investigation of the Real Property, Facility and Business (the "**Due Diligence Review**").

4.1.2.2 Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmans' liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

4.1.2.3 Purchaser shall have the right at any time on or before the end of the Due Diligence Period (the "**Due Diligence Termination Date**"), to terminate this Agreement by

delivering a written notice of such termination to Seller and Escrow Agent if Purchaser determines, in its sole and absolute discretion, that the Seller's Assets are not acceptable to Purchaser for any reason. Purchaser shall indicate its satisfaction and/or waiver of the Due Diligence condition described in this **Section 4.1** by delivering written notice of such satisfaction and/or waiver ("**Approval Notice**") to Seller and Escrow Agent on or prior to the Due Diligence Termination Date. In the event Purchaser fails to timely deliver an Approval Notice, then this Agreement and the Escrow shall be automatically deemed terminated. In the event this Agreement is terminated in accordance with this Section, then the Initial Deposit shall be immediately returned to Purchaser and the parties shall thereafter be relieved from further liability hereunder, except with respect to any obligations under this Agreement that are expressly stated to survive any termination of this Agreement.

4.2 **Title Matters.** After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

4.2.1 **Property Documents.** After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein and a map showing all easements plotted. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

4.2.2 **Title Objections.**

(a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

(b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement, in which case the Deposit shall be immediately returned to ~~Buyer~~[Purchaser](#). If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as



a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

(c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

(d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter.

4.3 Access to Key Employees. Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

## 5. Conditions to Closing.

5.1 Purchaser's Conditions. Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Seller at the Closing) (the "**Purchaser's Closing Conditions**"), which conditions may be waived by Purchaser only in a writing executed by Purchaser:

5.1.1 Closing Deliveries. Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

(a) A Grant Deed in substantially the form annexed hereto as **Exhibit BA** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

(b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit CB** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

(c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit DC** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

(d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

(e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit ED**;

(f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;

(g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

(h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

(i) Written closing instructions directed to the Escrow Agent;

(j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;

(k) An Interim Lease, Interim Management Agreement and OTA;

(l) The consent of all other parties to the Assumed Operating Contracts for each Assumed Operating Contract that requires the consent of another party prior to the consummation of the transaction contemplated by this Agreement; and

(m) Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

**5.1.2 Title Policy.** The Title Company shall be irrevocably and unconditionally prepared and committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions, with those endorsements reasonably requested by Purchaser (provided that such endorsements are available in the State of California and are paid for in accordance with the terms in this Agreement), in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

**5.1.3 Representations and Warranties.** The representations and warranties of Seller contained in this Agreement shall be true, correct, and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.1.4 Seller's Performance. Seller shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Seller to be complied with or performed under the terms of this Agreement prior to or at Closing.

5.1.5 Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

5.1.6 Due Diligence Review. ~~Buyer~~Purchaser shall have delivered an Approval Notice pursuant to **Section 4.1.2.3**.

5.1.7 New Encumbrances. Other than new Resident Agreements entered into in the ordinary course of business by Seller, Seller shall not have encumbered or granted any interest in or to the Property or any portion thereof to any party for any reason whatsoever, include the grant or dedication of any easements, any security interest or otherwise burden the title or use of the Property or any portion thereof after the Opening of Escrow.

~~5.1.8 No Changes. The Real Property and Facility shall be in substantially the same physical condition on the Closing Date as existed on the Opening of Escrow, ordinary wear and tear excepted.~~ [GPI2]

5.2 Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by ~~Buyer~~Purchaser at the Closing) (the "**Seller's Closing Conditions**"), which conditions may be waived by Seller only in a writing executed by Seller:

5.2.1 Purchase Price. Purchaser shall have delivered to Escrow Agent the Purchase Price as set forth in **Section 2** above.

5.2.2 Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- (a) The executed Assignment;
- (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit DC** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;



- (e) Written closing instructions directed to the Escrow Agent;
- (f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;
- (g) An Interim Lease, Interim Management Agreement and OTA; and
- (h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

5.2.3 Representations and Warranties. The representations and warranties of Purchaser contained in this Agreement shall be true, correct and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.2.4 Attorney General and California Department of Social Services Approval. All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

5.2.5 Purchaser's Performance. Purchaser shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Purchaser to be complied with or performed under this Agreement prior to or at Closing, including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

5.3 Conditions Generally. The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

## 6. Closing Costs and Prorations.

6.1 Costs and Expenses. All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

6.1.1 Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

6.1.2 Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

6.1.3 Purchaser shall pay all of the costs associated with the Due Diligence Review.

6.1.4 Each of the Parties shall each pay their own legal fees and expenses.

6.1.5 Purchaser and Seller shall share on a 50-50 basis all escrow fees.

6.1.6 Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

6.1.7 Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the Purchaser's licenses and permits necessary to operate the Facility.

## 6.2 Prorations and Adjustments.

6.2.1 All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date. Similarly, any amounts due under ~~Seller contracts~~the Operating Contracts relating to the Facility and Business for services rendered or goods received ~~incurred~~ prior to the Closing Date, whether an Assigned Contract or not, shall be the responsibility of Seller. Further, the parties acknowledge and agree that post-Closing Seller will continue to collect certain governmental receivables for services rendered by Seller prior to Closing as set forth in Section ~~—below~~10.7 below and pursuant to the terms of the OTA.

6.2.2 Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.3** below.

6.2.3 Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

6.2.4 All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not

available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

6.2.5 This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser solely in its capacity as the owner of the Facility and the Real Property (and not on behalf of any facility or other real or personal property owned by Seller) as follows:

7.1 **Organization and Authority.** Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

7.2 **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's organizational documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected. Except with respect to the approvals provided for in **Section 5.2.4** above, with respect to Seller, no other consent, approval, order or authorization of or from, or registration, notification, declaration or filing with any Person, including without limitation, any Government Entity, is required in connection with the execution, delivery or performance of this Agreement by Seller or the consummation by Seller of the transactions contemplated herein.

7.3 Litigation. Except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller, the Real Property, the Facility or the Business, at law or in equity. Seller is not a party to, nor is Seller or the Real Property, Facility or Business bound by, any orders, judgments, injunctions, decrees or settlement agreements under which Purchaser may have continuing obligations after the Closing Date. ~~To Seller's knowledge, there are no facts, circumstances or conditions that would reasonably be expected to form the basis for any action against or affecting Seller, the Real Property, the Facility, Business, or the transactions contemplated hereby.~~ **Schedule 7.3** lists all ongoing actions against the Seller at law or in equity, and Seller will provide a summary of any general/professional liability and property claims from the prior two (2) years with the Due Diligence Materials.

7.4 Compliance with Law. Seller has received no written notice that the Facility or Business is not in compliance with applicable laws, nor is Seller aware of any condition that would reasonably be expected to give rise to such non-compliance.

7.5 The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly. The Licenses are in full force and effect.

7.6 Employees of the Facility; Unions. All of the employees of the Business at the Facility are the employees of Seller. None of the employees of the Business at the Facility are members of a labor union or subject to any collective bargaining agreement nor to Seller's knowledge are such employees engaged in any union organizing activities or threatened an attempt to organize or establish any labor union or employee association to represent any employees. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility. Except as disclosed to Purchaser on **Schedule 7.3** hereto, Seller has received no written notice of nor does Seller have knowledge of any non-compliance with applicable laws governing employment and employee relations, including laws relating to employment discrimination, sexual harassment, civil rights, equal pay, wages, meal and rest breaks, hours, overtime, sick leave, collective bargaining and labor relations, occupational safety and health, workers' compensation, immigration, or the withholding and payment of income, social security (FICA) or similar taxes, and any similar laws of any foreign jurisdiction. Except as disclosed to Purchaser on **Schedule 7.3** hereto, to Seller's knowledge, no action alleging a violation of any applicable employment law has been threatened. Seller hereby acknowledges that it has I-9's on file at the Facility for each of the employees of Seller. To Seller's knowledge, Seller does not have any existing workers' compensation liabilities with respect to Seller's employees that are not covered by insurance. Purchaser will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any such law or regulation relating to actions arising out of or related to any event occurring on or before the Closing Date. Seller will not have any liability to any

employee (or to any Government Entity with respect to any such employee) under any law or regulation relating to actions arising out of or related to any event occurring after the Closing Date.

7.7 Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

7.8 Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect, none of the Operating Contracts has been modified or amended except any modifications or amendments provided to Purchaser as part of the Due Diligence Review, and, to Seller's knowledge, Seller is in compliance in all material respects with all obligations under the Operating Contracts. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

7.9 Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tltdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

7.10 Tax Returns. To Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the Business prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid. Moreover, to Seller's knowledge, (i) no liens have been filed against Seller or Seller's Assets in respect of taxes, and no waivers of statutes of limitations have been given or requested with respect to Seller; (ii) there are no pending tax audits or other proceedings with respect to Seller or Seller's Tax Returns nor has Seller been notified of any dispute or claim with respect to taxes that has not been resolved; (iii) Seller is not now a party to any tax sharing, allocation or distribution agreement; and (iv) Seller has no obligation to make (or possibly make) any payments that will be non-deductible under, or would otherwise constitute a "parachute payment" within the meaning of, Section 280G of the Code (or any corresponding provision of state, local or foreign income Tax law).

7.11 No Violations of Environmental Laws. To Seller's knowledge and except as disclosed in the Property Materials or any environmental reports obtained by Purchaser in connection with this Agreement: (a) the Property is not nor has it been under investigation for



violation of any federal, state, or local law, ordinance, or regulation relating to industrial hygiene, worker health and safety, or to the environmental conditions in, at, on, under, or about the Property, including, but not limited to, soil and groundwater conditions ("**Environmental Laws**"); (b) the Property has not been subject to a deposit of any Hazardous Substance except in compliance with applicable laws; ~~and~~ (c) Seller has not used, generated, manufactured, stored, or disposed in, at, on, or under the Property any Hazardous Substance except in compliance with applicable laws; ~~;~~ and (d) there is not now in, on, or under the Property any underground or above ground storage tanks or surface impoundments, any asbestos containing materials, or any polychlorinated biphenyls used in hydraulic oils, electrical transformers, or other equipment. Seller hereby assigns to ~~Buyer~~Purchaser as of the Closing all claims, counterclaims, defenses, and actions, whether at common law or pursuant to any other applicable federal, state or other laws that Seller may have against any third party or parties relating to the existence or presence of any Hazardous Substance in, at, on, under, or about the Property. For purpose of this Agreement, the term "Hazardous Substance" shall be deemed to include any wastes, materials, substances, pollutants, and other matters regulated by Environmental Laws including, without limitation, per- and polyfluoroalkl substances (PFAS).

7.12 Health Care Representations. To Seller's knowledge, Seller is not a target of, participant in, or subject to any pending or threatened action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs. [NOTE – PURCHASER CAN OBTAIN THE FULL LICENSING HISTORY AND SURVEY INFORMATION FOR THE PROJECT FROM THE DSS AND DPH WEBSITES]

7.13 Financial Statements. Each of the audited Financial Statements of the Business provided by Seller to Purchaser as part of the Due Diligence Materials has been prepared in accordance with GAAP applied on a consistent basis (except as otherwise may be indicated therein) and in accordance with the books and records of Seller. Each of the Financial Statements is complete and accurate and presents fairly in all material respects the financial position of Seller at the dates thereof and the results of operations and cash flows for the periods indicated subject, in the case of interim Financial Statements, to normal year-end adjustments and that interim financial statements do not include footnote disclosure. To Seller's knowledge, since December 31, 2019, except as required by applicable law or changes in GAAP, there has been no change in any accounting principle, procedure, or practice followed by Seller or in the method of applying any such principle, procedure, or practice.

7.14 Undisclosed Liabilities. To Seller's knowledge, Seller does not have any liabilities or obligations of any nature (whether absolute, accrued, contingent or otherwise), except for

liabilities or obligations reflected or reserved against in the Financial Statements and liabilities incurred in the ordinary course of Business since the respective dates thereof.

7.15 Absence of Certain Developments. Since January 1, 2021, the Company has conducted the Business only in the ordinary course of business, as applicable, consistent with past practice, including with regard to nature, frequency and magnitude.

7.16 Anti-Bribery.

7.16.1 Neither Seller nor any of its officers or directors, or any employee, agent, distributor or other person acting on behalf of Seller has, directly or indirectly, used any corporate funds for unlawful contributions, gifts, entertainment or other unlawful expenses relating to political activity, made any unlawful payment to foreign or domestic government officials or employees or made any bribe, rebate, payoff, influence payment, kickback or other similar unlawful payment, or taken any action which would cause them to be in violation of any Anti-Corruption or Anti-Bribery Law.

7.16.2 There is no pending or threatened claims, charges, investigations, violations, settlements, civil or criminal enforcement actions, lawsuits, or other court actions against Seller with respect to any Anti-Corruption or Anti-Bribery Law.

7.16.3 To Seller's Knowledge, there are no actions, conditions, or circumstances pertaining to the activities of Seller that would reasonably be expected to give rise to any claims, charges, investigations, violations, settlements, civil or criminal actions, lawsuits, or other court actions under any Anti-Corruption or Anti-Bribery Law.

7.17 Sufficiency and Condition of Assets. Excluding the Other Assets, Seller's Assets: (a) constitute all of the assets, tangible and intangible, of any nature whatsoever, necessary to operate the Business in the manner presently operated by Seller, and (b) include no assets other than those used in the operation of the Business. Seller has good and valid title, or a leasehold interest in, all of Seller's Assets, free and clear of all liens.

7.18 Contracts.

7.18.1 The Due Diligence Materials contain copies of the Assumed Contracts to which Seller is a party and that are related to the Business. As of the Effective Date, Seller has no knowledge of any material disputes with any existing vendors of the Facility and Seller agrees to disclose to Purchaser any material disputes with vendors arising prior to Closing.

7.18.2 To Seller's knowledge: (i) Seller is not in default under any of the Assumed Contracts; (ii) there has not occurred any event that, with the lapse of time or the giving of notice, or both, would constitute such a default; and (iii) no party to any of the Assumed Contracts other than Seller is in default under any Assumed Contract nor has any event occurred that, with the lapse of time or the giving of notice, or both, would constitute such a default by any such other party.

7.18.3 To Seller's knowledge, each Assumed Contract is in full force and effect and is valid and enforceable in accordance with its terms.

#### 7.19 Legal Compliance; Permits and Licenses.

7.19.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with applicable laws, ordinances, rules, regulations, judgments, orders, decrees, and Permits of all Governmental Entities that are applicable to Seller, and to Seller's Knowledge, Seller is in compliance in all material respects; and (ii) to Seller's knowledge, no investigation by any Governmental Entity with respect to Seller, the operation of the Business, or the ownership or use of any of the Seller Assets is pending or threatened.

7.19.2 (i) Seller holds all material Permits required for the operation of the Business (including, without limitation, all material Permits required by any Environmental Laws), all of which are valid and in full force and effect in all material respects; and (ii) Seller has not received any notice that any Governmental Entity which has issued any such Permit intends to cancel, terminate or not renew any such Permit

7.20 Labor Matters. Seller shall provide a redacted list of all persons who are employees, independent contractors or consultants of the Business as of the date hereof in the Due Diligence Materials, including any employee who is on a leave of absence of any nature, paid or unpaid, authorized or unauthorized, and sets forth for each such individual the following: (i) title or position (including whether full-time or part-time); (ii) hire or retention date; (iii) current annual base compensation rate or contract fee; and (iv) commission, bonus or other incentive-based compensation.

7.20.1 (i) Seller has received no written notice that the Facility or Business is not in compliance in all material respects with all applicable laws and regulations respecting employment, including, without limitation, laws and regulations respecting employment practices, employment terms and conditions, wages and hours, tax withholding, immigration and collective bargaining, and is not engaged in any unfair labor practice, except as disclosed on **Schedule 7.3**; (ii) except as disclosed to Purchaser on **Schedule 7.3** ~~hereto~~ hereto, there is no pending or, to Seller's knowledge, threatened charge, complaint, or grievance against Seller related to any employment law or regulation; (iii) there is no labor strike, material dispute, slowdown or stoppage actually pending or, to Seller's knowledge, threatened against or involving Seller; and (iv) to Seller's knowledge, there is no threat of unionization involving Seller or any of its employees.

7.20.2 To Seller's knowledge, Seller is not delinquent in payments to any of their employees or independent contractors for any wages, salaries, commissions, bonuses, or other direct compensation for any services performed by them to date or amounts required to be reimbursed to such employees or independent contractors.

#### 7.21 Employee Benefit Plans.

7.21.1 Employee Benefit Plans. **Schedule 7.21.1** sets forth a complete list of all material employee retirement, welfare, bonus, incentive, deferred compensation, vacation, equity,



severance, employment, change of control, and/or fringe benefit plans, programs, policies, practices, and/or other arrangements: (i) covering any current employee, officer or director of Seller or any ERISA Affiliate; (ii) that are sponsored or maintained by Seller or any ERISA Affiliate; or (iii) with respect to which either Seller or any ERISA Affiliate has any current or potential liability (each, a "**Plan**").

7.21.2 Administration and Compliance of the Plans. With respect to each Plan, to Seller's knowledge:

7.21.2.1 all required, declared or discretionary (in accordance with historical practices) payments, premiums, contributions, reimbursements or accruals for all periods ending prior to or as of the Closing Date have been made or properly accrued on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller;

7.21.2.2 there is no unfunded liability relating to any Plan which is not reflected on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller; and

7.21.2.3 there have been no violations of applicable laws with respect thereto; neither Seller nor any of its agents or delegates has any liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets thereof; no Plan has engaged in or been a party to a "prohibited transaction" (as defined in Section 406 of ERISA or Section 4975(c) of the Code) without an exemption applying thereto; no Proceeding with respect to the administration or the investment of the assets thereof (other than routine claims for benefits) for which Seller or any ERISA Affiliate could have any liability is pending or threatened, and Seller does not have any knowledge of any basis for any a Proceeding with respect to any Plan.

7.22 Certain Fees and Liabilities. Seller has not paid or is obligated to pay any fee or commission to any broker, finder, or intermediary in connection with the transactions contemplated by this Agreement.

7.23 For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, the provisions of **Section 11** shall apply. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party. Seller represents and warrants that Dan Ogus is the person most knowledgeable about the subject

matter contained in each representation and warranty provided in such manner. Further, the parties acknowledge and agree that the representations and warranties made by Seller herein relate only to the Facility and Business being purchased by Purchaser and specifically exclude the Other Assets.

8. **Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

8.1 **Organization and Authority.** Purchaser is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California, and is recognized by the Internal Revenue Service as an organization described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Purchaser has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

8.2 **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

8.3 **Litigation.** The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

8.4 **Financing.** Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

8.5 **AS IS.** IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF

THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

9. **Pre-Closing Covenants/Risk of Loss.**

9.1 **Conduct Pending Closing.** Between the Execution Date and the Closing Date, Seller covenants as follows:

9.1.1 Seller will operate the Facility and Business in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

9.1.2 From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

9.1.3 Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

9.1.4 Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

9.1.5 Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6 Seller shall maintain the Inventory consistent with Seller's past practices and in compliance with applicable laws, and will replenish the same consistent with Seller's past practices.

9.1.7 Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

## 9.2 Risk of Loss

9.2.1 Condemnation. If, prior to any Closing, all or any material portion of the Property is taken by condemnation or eminent domain (or is the subject of a pending or contemplated taking which has not been consummated), Seller shall immediately notify BuyerPurchaser in writing of such fact. In such event, BuyerPurchaser shall have the option to terminate this Agreement upon written notice to Seller given within ten (10) Business Days after receipt of such notice from Seller, in which event the Deposit shall be returned to BuyerPurchaser. Notwithstanding the foregoing, Buyer'sPurchaser's failure to provide written notice of Buyer'sPurchaser's election to terminate within such ten (10) Business Day period shall be deemed Buyer'sPurchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, BuyerPurchaser shall have the right to participate in any proceedings and negotiations with respect to the taking and any transfer in lieu of taking (and Seller shall not consummate any transfer in lieu of taking without Buyer'sPurchaser's prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed). If BuyerPurchaser waives the right to terminate this Agreement and elects to proceed with the Closing, then (a) Seller, at, and as a condition precedent to Buyer'sPurchaser's obligation to proceed with, the Closing, must: (i) pay to BuyerPurchaser (or direct Escrow Agent to credit BuyerPurchaser against the Purchase Price for) the amount of ~~all~~any awards for the taking (and any consideration for any transfer in lieu of taking) actually received by Seller; and (ii) assign to BuyerPurchaser by written instrument reasonably satisfactory to BuyerPurchaser all rights or claims to any future awards for the taking (and any consideration for any transfer in lieu of taking); and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement.

9.2.2 Casualty. ~~Prior to~~If, at any time after the Effective Date and prior to Closing ~~and notwithstanding the pendency or earlier termination of this Agreement, the entire risk of loss or damage~~Property or any portion thereof is materially damaged or destroyed by earthquake, hurricane, rain, wind, tornado, flood, fire, sinkhole, contamination by hazardous materials or or ~~any other casualty (as used herein, "material" shall be borne and assumed by Seller. If, prior to the Closing, any portion of the Property is damaged as mean a result of any earthquake, hurricane, rain, wind, tornado, flood, fire, sinkhole, contamination by hazardous materials or other casualty, which would cost more than \$250,000 to repair or cure).~~ Seller shall immediately notify BuyerPurchaser in writing of such fact. In ~~such the~~ event, ~~Buyer of a material casualty, Purchaser~~ shall have the option to terminate this Agreement upon written notice to Seller given within ten (10) Business Days after receipt of any such notice from Seller, in which event the Deposit shall be returned to BuyerPurchaser. Notwithstanding the foregoing, Buyer'sPurchaser's failure to provide written notice of Buyer'sPurchaser's election to terminate within such ten (10) Business

Day period shall be deemed ~~Buyer's~~Purchaser's election to terminate this Agreement. Prior to any termination or deemed termination of this Agreement, ~~Buyer~~Purchaser shall have the right to participate in any adjustment of the insurance claim. If ~~Buyer~~Purchaser waives the right to terminate this Agreement and elects to proceed with the Closing or in the event of a non-material casualty, then (a) Seller, at, and as a condition precedent to ~~Buyer's~~Purchaser's obligation to proceed with, the Closing, must either: (i) pay to ~~Buyer~~Purchaser (or direct Escrow Agent to credit ~~Buyer~~Purchaser against the Purchase Price for) the amount of any insurance proceeds actually received by Seller plus the amount of any deductible under Seller's insurance; or (ii) if no insurance proceeds have been received by Seller, assign to ~~Buyer~~Purchaser by written instrument reasonably satisfactory to ~~Buyer~~Purchaser all rights or claims to the insurance proceeds and credit ~~Buyer~~Purchaser against the Purchase Price for any deductible payable under Seller's insurance policy; and (b) the Parties shall proceed to the Closing pursuant to the terms hereof without further modification of the terms of this Agreement.

#### 10. Operations Transfer Provisions.

10.1 Licenses. On or prior to the expiration of the Due Diligence Period and concurrent with Seller's delivery of the Approval Notice, Purchaser shall submit a change of ownership application ("**CHOW**") with DSS pursuant to which Purchaser will obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

10.2 Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the Purchaser's SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period. If the parties cannot agree on a form of OTA, Interim Lease and/or Interim Management Agreement prior to the expiration of the Due Diligence Period, either party may terminate this Agreement upon written notice to the other



in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

10.3 Notices. Seller is required to provide one hundred and twenty (120) days' written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to Seller's SNF residents at least ninety (90) days prior to Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

10.4 CHOMs. On or prior to the expiration of the Due Diligence Period, if mutually agreed to by Seller and Purchaser, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, if the parties mutually agree that Purchaser will submit change of manager applications, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

10.5 Employees.

10.5.1 At the Closing Date, Seller shall terminate all of the employees of the Facility and shall pay to them any wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before Closing Date. At least three (3) business days preceding the Closing Date, except for the Retained Employees, Purchaser shall offer to employ after the Closing Date all of the employees of the Facility for a 60-day transition period in the employee's primary language or another language in which the employee is literate conditioned only on the occurrence of the Closing Date (the "**Hired Employees**"). That offer shall state the time within which the employee shall accept the offer, but that time period may not be fewer than ten (10) days. During the 60-day transition period, Purchaser shall not discharge without cause an employee retained pursuant to this **Section 10.5.1**. Cause shall be based only on the performance or conduct of the particular employee. During the 60-day transition period, a Hired Employee shall not suffer any reduction in wages, benefits, or other terms and conditions of employment, economic or otherwise, as a result of the transfer or change of ownership. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this **Section 10.5** in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN.

10.5.2 To the extent permitted by applicable law, Seller shall deliver to Purchaser the file for all employees hired by Purchaser in Seller's possession, including but not limited to training records, licenses and certifications, criminal background check results, and other required documents. Seller shall have satisfied its obligations under this **Section 10.5.2** as long as all of

such employee records are present at the Facility on the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

### 10.5.3 Salaries and Benefits.

10.5.3.1 Seller shall be responsible for: (A) the payment of all wages and other remuneration due to Seller's employees for their services as employees of Seller through the conclusion of Hired Employees' employment with Seller, including pro rata bonus and commission payments and all vacation, paid time off and sick leave pay obligations to the extent accrued prior to the Closing Date and required by applicable law; and (B) the payment of any termination or severance payments and the provision of health plan continuation coverage in accordance with the requirements of COBRA and Sections 601 through 608 of ERISA.

10.5.3.2 Seller shall be liable for any claims made or incurred by Hired Employees and/or their beneficiaries through the Closing Date, including, but not limited to, claims made under any law or under the Plans, and Seller agrees to defend, indemnify and to hold Purchaser harmless from any costs incurred related thereto, including attorneys' fees. For purposes of the immediately preceding sentence, a claim will be deemed incurred when the conduct that is the subject of the claim occurs or when services that are the subject of the claim are performed and, in the case of other benefits (such as disability or life insurance), when an event has occurred or when a condition has been diagnosed that entitles the employee to the benefit.

10.5.3.3 No Transfer of Assets. Seller will not make any transfer of pension or other employee benefit plan assets to Purchaser.

### 10.5.3.4 General Employee Provisions.

10.5.3.4.1 Seller shall provide Purchaser with completed I-9 forms and attachments with respect to all Hired Employees, except for such employees as Seller certify in writing to Purchaser are exempt from such requirement.

10.5.3.4.2 Purchaser shall not have any responsibility, liability or obligation arising prior to Closing, whether to Hired Employees, former employees, their beneficiaries or to any other Person, with respect to any employee benefit plans, practices, programs or arrangements (including the establishment, operation or termination thereof and the notification and provision of COBRA coverage extension) maintained by Seller.

10.5.4 To the extent permitted by applicable law, Seller shall deliver to Purchaser the full and complete employment file for all current employees in Seller's possession, including, but not limited to, training records, licenses and certifications, criminal background check results, performance reviews, and other required documents, in connection with Purchaser's review and investigation of prospective employment of Seller's employees. Seller shall have satisfied its obligations under this **Section 10.5.4** as long as all of such employee records are present at the Facility during the 30 day period prior to the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

10.6 Bulk Sales Laws. The parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction that may otherwise be applicable with respect to the sale of any or all of the Seller's Assets to Purchaser; it being understood that any liabilities arising out of the failure of Seller to comply with the requirements and provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction which would not otherwise constitute Assumed Liabilities shall be treated as Excluded Liabilities.

10.7 Accounts Receivable.

10.7.1 Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "**Pre-Closing AR Schedule**"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.

10.7.2 Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.

10.7.3 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.4 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.5 Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post-Closing Date balances and Purchaser shall remit to Seller any excess up to the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.



10.7.6 Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.

10.7.7 Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.

#### 10.8 Access to Records.

10.8.1 From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, each party hereto agrees to give the other (and their agents and representatives) reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at the requesting party's expense), the books and records and supporting material of the Facility which are in said party's possession, to the extent reasonably necessary to enable said party to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.

10.8.2 Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

10.9 Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**") ~~provided that Purchaser hereby agrees to assume any contracts that Seller cannot terminate without penalty which contracts shall be deemed to be Assumed Operating Contracts with the amount of penalty thereby reducing the Purchase Price accordingly.~~ Further, the parties hereby acknowledge and agree that notwithstanding any provision to the contrary herein, ~~the~~no national ~~contracts identified~~

~~on Schedule 1.1.5~~ Operating Contracts will ~~not~~ be assigned by Seller to Purchaser at Closing. [NOTE - NATIONAL CONTRACTS COVER MANY OF SELLER'S OTHER PROJECTS AND THEREFOR ARE NOT ASSUMABLE BY PURCHASER. PURCHASER CAN ENTER INTO ITS OWN CONTRACT WITH THE SERVICE PROVIDER IF NEED BE]. Seller shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, subject to **Section 5.1.1(i)**, (i) Seller shall assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment, and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder. In either case, Seller shall be responsible to pay balances owed under all Operating Contracts for good ordered and services ~~ordered~~provided prior to the Closing Date.

## 11. **Termination and Remedies.**

11.1 Termination. This Agreement may be terminated as follows:

11.1.1 By mutual written agreement of Purchaser and Seller;

11.1.2 By Seller, if any of the conditions set forth in **Section 5.2** are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

11.1.3 By Purchaser, if any of the conditions set forth in **Section 5.1** are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser; provided that if Purchaser becomes aware of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller; provided Purchaser shall elect any such termination right, if at all, within five (5) Business Days after Purchaser becomes aware of such matter;

11.1.4 By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

11.1.5 By Purchaser pursuant to **Section 9.2** (Damage or Condemnation).

11.2 Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or warranty by the other Party, without first giving the other Party written notice of such breach and

not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

11.3 Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2** because a condition of closing has not been met (rather than because of a material default by Purchaser), then Escrow shall return the Deposit to the Purchaser and escrow shall be cancelled. In the event Seller has the right to terminate this Agreement under **Section 11.1.4** because of a material default by Purchaser, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

11.4 Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under ~~Sections~~**Section 11.1.3** because a condition of closing has not been met (rather than because of a material default by Seller), then Purchaser shall have the right either to (i) waive the condition at issue and proceed with the Transaction on the terms contemplated herein, or (ii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon. In the event Purchaser has the right to terminate this Agreement under ~~Sections~~**11.1.5** because a because of a material default by Seller, Purchaser and Seller acknowledge and agree that Purchaser's sole and exclusive remedy shall be:

11.4.1 TO TERMINATE THIS AGREEMENT UPON DELIVERY OF WRITTEN NOTICE TO THE SELLER AND ESCROW AGENT (IN WHICH CASE, EXCEPT AS OTHERWISE SET FORTH HEREIN AS EXPRESSLY SURVIVING A TERMINATION OF THIS AGREEMENT AND THE PARTIES' DUTIES UNDER THIS SECTION, THE RESPECTIVE RIGHTS, DUTIES AND OBLIGATIONS OF ~~BUYER~~**PURCHASER** AND SELLER UNDER THIS AGREEMENT SHALL FORTHWITH TERMINATE WITHOUT FURTHER LIABILITY) AND RECOVER THE DEPOSIT AND BE REIMBURSED FOR ~~BUYER'S~~**PURCHASER'S** DOCUMENTED OUT-OF-POCKET EXPENSES INCURRED BY ~~BUYER~~**PURCHASER** IN CONNECTION WITH THIS AGREEMENT OR ITS INVESTIGATION OF THE PROPERTY: (SUCH AMOUNT NOT TO EXCEED \$75,000). SELLER SHALL PAY ANY CANCELLATION CHARGES DUE TO ESCROW AGENT AND THE TITLE COMPANY. IN NO EVENT SHALL SELLER BE LIABLE FOR ANY SPECIAL,

PUNITIVE OR CONSEQUENTIAL DAMAGES AND ~~BUYER~~PURCHASER HEREBY WAIVES ANY AND ALL RIGHT TO PURSUE SUCH DAMAGES; OR

11.4.2 ~~BUYER~~PURCHASER MAY INSTITUTE AN ACTION (WITHOUT THE NECESSITY OF PROVING IRREPARABLE HARM OR POSTING SECURITY) (A "SPECIFIC PERFORMANCE ACTION") SEEKING SPECIFIC PERFORMANCE OF SELLER'S OBLIGATIONS UNDER THIS AGREEMENT ~~AND RECORD AND MAINTAIN AGAINST THE PROPERTY A NOTICE OF LIS PENDENS IN ACCORDANCE WITH APPLICABLE LAW~~ SO LONG AS ~~BUYER~~PURCHASER SHALL HAVE FILED THE SPECIFIC PERFORMANCE ACTION WITHIN ~~NINETY (90)~~SIXTY (60) DAYS OF THE DATE THE CLOSING WAS TO HAVE OCCURRED. ~~NOTWITHSTANDING THE FORGOING, IF SPECIFIC PERFORMANCE~~PURCHASER IS NOT AVAILABLE TO ~~BUYER~~ DUE TO THE INTENTIONAL ACTIONS OF THE SELLER OR ANY PARTY ACTING ON BEHALF OF OR WITH AUTHORITY OF THE SELLER THEN BUYER MAY SEEK ANY REMEDIES AVAILABLE AT LAW OR IN EQUITY AND TO RECOVER ITS ACTUAL, OUT-OF-POCKET DAMAGES~~EXPRESSLY PROHIBITED~~ FROM ~~SELLER EXERCISING ALL AVAILABLE REMEDIES~~RECORDING A NOTICE OF LIS PENDENS AGAINST THE PROPERTY.

IF ~~BUYER~~PURCHASER RECOVERS LIQUIDATED DAMAGES IN ACCORDANCE WITH SECTION 12.1(a), SUCH AMOUNTS SHALL BE DEEMED TO CONSTITUTE A REASONABLE ESTIMATE OF ~~BUYER'S~~PURCHASER'S DAMAGES UNDER THE PROVISIONS OF SECTION 1671 OF THE CALIFORNIA CIVIL CODE AND SHALL CONSTITUTE ~~BUYER'S~~PURCHASER'S SOLE AND EXCLUSIVE REMEDIES FOR SELLER'S FAILURE TO CLOSE ESCROW.

\_\_\_\_\_ THE FOREGOING SHALL NOT LIMIT ~~BUYER'S~~PURCHASER'S RIGHTS OR REMEDIES (WHETHER ARISING AT LAW OR IN EQUITY) TO RECEIVE REIMBURSEMENT FOR ATTORNEYS' FEES AND COSTS IN ACCORDANCE WITH THIS AGREEMENT OR FOR ANY CLAIMS RELATING TO SELLER'S WILLFUL MISCONDUCT OR FRAUD, NOR WAIVE OR AFFECT ~~BUYER'S~~PURCHASER'S RIGHTS AND SELLER'S OBLIGATIONS UNDER ANY SECTION HEREIN WHICH STATES THAT AN OBLIGATION ON THE PART OF SELLER SURVIVES THE CLOSING OR THAT SELLER SHALL INDEMNIFY AND/OR DEFEND ~~BUYER~~PURCHASER.

\_\_\_\_\_ BY INITIALING BELOW, THE PARTIES ACKNOWLEDGE AND AGREE THAT BASED UPON THE CIRCUMSTANCES NOW EXISTING, KNOWN OR UNKNOWN, IT WOULD BE EXTREMELY DIFFICULT, COSTLY AND IMPRACTICAL TO ESTABLISH DAMAGES FOR EITHER PARTY. ACCORDINGLY, BOTH ~~BUYER~~PURCHASER AND SELLER, BY THEIR RESPECTIVE INITIALS SET FORTH BELOW, DO HEREBY ACKNOWLEDGE AND AGREE THAT TERMS SET FORTH IN THIS SECTION ~~12.1~~11.4 ARE NEGOTIATED AND REASONABLE.

~~Buyer's~~Purchaser's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_

11.5 Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

11.6 Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. **Notices.** All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller: HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

with a copy (which shall not constitute notice) to: Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

If to Purchaser: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

with a copy (which shall not constitute notice) to: Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: gphillipsjr@phillipslawpartners.com

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that

simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

13.1 **By Seller to Purchaser.** From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

13.2 **By Purchaser to Seller.** From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

13.3 **Method of Indemnification.**

13.3.1 In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair, void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnatee fails to provide timely notice of Indemnatee's Claim, the Indemnitor will not be obligated to indemnify the Indemnatee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to



defend such Claim has been materially prejudiced by such failure of the Indemnatee to timely notify Indemnitor of the same.

13.3.2 If the applicable Indemnatee Claim relates to a Claim made by a third party against Indemnatee, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnatee, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnatee, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnatee without the payment of any amount or the taking of any action or admission of liability by the Indemnatee). The Indemnatee will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnatee and the Indemnitor and, in the reasonable opinion of counsel to the Indemnatee, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnatee shall be entitled to retain separate counsel for the Indemnatee, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

13.4 Survival. All indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing for a period of twelve (12) months, after which they shall terminate and be of no further force or effect except with respect to claims made within such period, in which case the applicable indemnity, warranty and/or representation shall survive until the full and final resolution thereof. Notwithstanding the foregoing, the indemnity period for Seller's indemnity in **Section 13.1** shall survive through the applicable Statute of Limitations ([which Statute of Limitations](#) period [shall begin to run when any claimed pre-Closing event occurred](#)) for any third party claim as may apply (the "**Survival Period**"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

13.5 Limitations. Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to Ten Thousand and No/100 Dollars (\$10,000.00) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnatee's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnatee Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

#### 14. **Confidentiality and Non-Solicitation**

14.1 Confidentiality. Seller and Purchaser acknowledge that the other party may be irreparably damaged if the confidential knowledge and information possessed or hereafter acquired by either party relating to the Business (which shall include the terms of this Agreement and other agreements delivered pursuant to this Agreement and all other non-public information regarding either party and/or the Business, including, without limitation, trade secrets or technology/inventions now known or hereafter discovered, and information reflecting or pertaining to research, developments, techniques, purchasing, marketing, business plans and strategies, accounting, licensing, know-how, methods, projects, processes, computer hardware and programs, software libraries, databases, compositions, discoveries, cost systems, personnel data, customer lists, business partner names and lists (including, but not limited to, vendors, suppliers, licensees, licensors, franchisees, referral sources, and consultants), training, the particular needs and requirements of customers and/or business partners, the identity of customers and potential customers, business partners and potential business partners, pending business transactions, pricing for customers or potential customers, pricing of business partners or potential business partners, policies and procedures, equipment and materials used by either party, methods used in the recruiting or placement of personnel by either party and methods and marketing of products or services by either party) were disclosed to or utilized on behalf of others. Accordingly, neither party shall directly or indirectly: (i) disclose to any Person any non-public information concerning the Business or any of the terms of this Agreement or the other agreements delivered pursuant to this Agreement, for any reason or purpose whatsoever; or (ii) make use of any such non-public information for either party's own purpose or for the benefit of any other Person.

14.2 For a period of one (1) year after termination of the Interim Lease, Interim Management Agreement and OTA following issuance of a new license for Purchaser' operation of the SNF, Seller shall not, directly or indirectly:

14.2.1 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Purchaser to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser;

14.2.2 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Seller on the Closing Date or within the year preceding the Closing Date to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser; or

14.2.3 hire or attempt to hire any employee or independent contractor of Purchaser or in any way interfere with the relationship between Purchaser and any of its employees or independent contractors; provided the parties acknowledge and agree that Seller will retain the employees ("**Retained Employees**") listed on **Schedule 14.2.3** hereto from and after Closing.

14.2.4 The foregoing restrictions on solicitation shall not restrict general advertising or residents or employees initiating contact with Seller or Seller affiliates for purposes of relocating to another senior living facility operated by Seller or affiliates of Seller.



14.3 If, at the time of enforcement of this **Section 14**, a court holds that the restrictions stated herein are unreasonable under the circumstances then existing, the parties agree that the maximum period, scope or geographical area reasonable under such circumstances shall be substituted for the stated period, scope or area so as to protect Purchaser to the greatest extent possible under applicable law from improper competition. The parties hereto acknowledge that money damages would be an inadequate remedy for any breach of this **Section 14** and that Purchaser would be irreparably damaged if any party were to breach the covenants set forth in this **Section 14**. Therefore, in the event of a breach or threatened breach of this **Section 14**, Purchaser, or their respective successors or assigns may, in addition to other rights and remedies existing in their favor, apply to any court of competent jurisdiction for specific performance and/or injunctive or other relief in order to enforce, or prevent any violations of, the provisions of this **Section 14** (without posting a bond or other security). If Purchaser prevails in any legal proceedings to enforce this Agreement, then Purchaser is also entitled to recover its costs and fees incurred, including reasonable attorney's fees and out-of-pocket costs.

14.4 Seller acknowledges that the foregoing restrictions are supported by sufficient consideration and other benefits that they have received and will receive hereunder. They also acknowledge that the restrictions protect against unfair competition and that the restrictions do not prevent them from earning a living given their education, skills, and ability. Seller agrees and acknowledge that (i) Purchaser has required that Seller make the covenants set forth in this **Section 14** as a condition to Purchaser's obligations to consummate the transactions contemplated hereby; and (ii) the provisions of this **Section 14** are reasonable and necessary to protect and preserve the Business.

## 15. **Miscellaneous.**

15.1 **Entire Agreement.** This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

15.2 **Time is of the Essence.** Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

15.3 **Waiver.** No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

15.4 **Public Announcements.** Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written

approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

15.5 Attorneys' Fees in the Event of Litigation. Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

15.6 Jurisdiction; Venue. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

15.7 Waiver of Jury Trial. TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.

15.8 Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

15.9 Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

15.10 Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

15.11 Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

15.12 Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

15.13 Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

15.14 No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

15.15 Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

15.16 Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any

reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.

15.17 Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

15.18 Third Party Beneficiary. Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

15.19 1031 Exchange. Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.

15.20 Exclusivity. Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.

15.21 Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section 15.21** shall survive Closing.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Daniel Ogus  
Its: Chief Operating Officer

**PURCHASER:**

ARARAT HOME OF LOS ANGELES, INC.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Joseph Kanimian  
Its: Chairman

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**

**SCHEDULE 1.1.5**  
**ASSIGNED CONTRACTS**

**SCHEDULE 1.1.12**

**VEHICLE**



**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

None.

**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>Asset</b>	<b>Purchase Price Allocation</b>
Real Property and Facility	\$ <u>11,550,000</u>
Personal Property	\$ <u>740,000</u>
Goodwill	\$ <u>2,210,000</u>
Total	\$14, <del>8000</del> <u>500</u> ,000

**SCHEDULE 4.1.1**

**DUE DILIGENCE MATERIALS**

## **SCHEDULE 7.3**

### **LITIGATION**

#### Active PAGA/Class Action Wage and Hour claims:

1. Laveda Scott v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno
2. Cooper-Iglesias v. HumanGood NorCal, HumanGood SoCal, HumanGood Fresno

#### Active Workers' Compensation claims:

File Num	Clmt Name (Last_First)	Date of Loss	Claim Sub Type	Clm Substat Desc	Litiga tion	Resol ved	Defending Atty Firm	Defending Attorney Name
30205511892-0001	Akinbayode, Funmilayo	06-20-2020		Accepted	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
C052905021-0001-01	Akinbayode, Funmilayo	09-24-2020	CC	Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs Esq
40201246345-0001	Diaz, Marta A	12-09-2020		Accepted	No			
30205391354-0001	Garcia, Martha	06-08-2020		Accepted	No			
30192541669-0001	Hernandez Santiago, Olivia	05-01-2019	FM	Accepted	No	N		
C152901576-0001-01	Hernandez, Claudia I	04-05-2021		Denied	Yes	N	The Law Office of Eric H. Jacob	Eric Jacobs
4A210730737-0001	Hernandez, Matias P	07-16-2021		Accepted	No			
301500601100069	Reyes, Salvador	10-11-2011	FM	Accepted	Yes	Y	The Law Offices of Stoodly & N	Nancy Kerr

**SCHEDULE 7.23.1**

**EMPLOYEE BENEFIT PLANS**

**SCHEDULE 14.2.3**

**RETAINED EMPLOYEES**

1. **Greg Bearce**
2. **Raquel Vergara**
3. **Sammi Wu**

**EXHIBIT A**

**~~DUE DILIGENCE MATERIALS~~**

**[Attached]**

**EXHIBIT B**

**FORM OF DEED**

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TAX STATEMENTS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space Above this Line is for Recorder's Use

APN: \_\_\_\_\_

Address: \_\_\_\_\_

**Grant Deed**

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is \$\_\_\_\_\_.

☒ (X) computed on full value of property conveyed, or

☐ ( ) Property Not Sold

☐ ( ) computed on full value less of liens and encumbrances remaining at time of sale.

☐ ( ) Unincorporated area: ☒ (X) City of \_\_\_\_\_

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
\_\_\_\_\_, hereby GRANT(S) to

\_\_\_\_\_, all of its right, title and interest in that property  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of California, as described on **Exhibit A**,  
attached hereto and incorporated herein by this reference

Dated: \_\_\_\_\_, 2022

[Remainder of Page Intentionally Left Blank]



Signature Page – Grant Deed

IN WITNESS WHEREOF, this instrument is executed effective as of date set forth above.

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**EXHIBIT CB**

**FORM OF BILL OF SALE**

**BILL OF SALE**

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");
2. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");
3. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;
4. Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;
5. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");
6. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

## EXHIBIT A TO BILL OF SALE

**EXHIBIT DC**

**FORM OF ASSIGNMENT**

**ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

**RECITALS**

A. Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "**Assumed Contracts**").

C. Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

D. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

**AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to

the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**Exhibit A To ASSIGNMENT AND ASSUMPTION AGREEMENT**  
**ASSUMED OPERATING CONTRACTS**



**EXHIBIT ~~E~~D**

**FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);
2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);
3. The Seller's federal tax identification number is \_\_\_\_\_;
4. The Seller's address is \_\_\_\_\_;
5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**6) DRAFT of Purchase and Sale Agreement by and between  
HumanGood SoCal and Ararat Home of Los Angeles – Redline dated  
April 25, 2022.**

## PURCHASE AND SALE AGREEMENT

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of March \_\_\_\_, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation, or assigns ("**Purchaser**").

### **RECITALS**

~~A.A.~~ Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

~~B.B.~~ Purchaser is the owner of and has experience operating a senior care community.

~~C.C.~~ Seller is interested in selling the Real Property, the Facility and the business operations conducted therein (the "~~Business~~") to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the Business from Seller (the "**Transaction**").

~~D.D.~~ The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

~~1.1.1~~ 1.1.1 **Seller's Assets.** On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

~~1.1.1.1~~ 1.1.1 The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

~~1.1.2~~ 1.1.2 All fixtures attached or appurtenant to the Real Property and the Facility;

~~1.1.3~~ 1.1.3 All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible

personal property located on or about the Real Property and the Facility which is owned by Seller; ~~including without limitation those items set forth on Schedule 1.1.3. (collectively, the "Personal Property");~~ including the computers and related systems (collectively, the "Personal Property"); provided that Seller will wipe all of the hard drives and remove all confidential information and materials from the operating systems; provided Seller will save certain resident information, including resident medical and pharmacy records, home health and other doctors' orders, billing records and resident payment history on a drive or on the cloud for the Purchaser to download at Closing;

~~1.1.4.1.1.4~~ 1.1.4 To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility; ~~("Permits");~~ ("Permits");

~~1.1.5.1.1.5~~ 1.1.5 All rights existing under all contracts related to the ownership, planning, development, construction, use, operation and/or maintenance of the Facility to which the Seller is a party, excluding those identified as Excluded Assets, but including without limitation the Resident Agreements and the Assumed Operating Contracts (each as defined below), along with those set forth on **Schedule 1.1.5** ~~("Assigned Contracts");~~ ("Assigned Contracts");

~~1.1.6.1.1.6~~ 1.1.6 To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

~~1.1.7.1.1.7~~ 1.1.7 All inventory, wherever located, including all raw materials, spare parts and all other materials and supplies to be used in the Business or in connection with maintenance of the Facility (the ~~"Inventory"); including without limitation the inventory set forth on Schedule 1.1.7; "Inventory";~~ "Inventory");

~~1.1.8.1.1.8~~ 1.1.8 All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the **"Warranties"**);

~~1.1.9.1.1.9~~ 1.1.9 All intangible personal property of any kind or character of the Seller, including without limitation, ~~all claims, deposits, warranties, guarantees, refunds (other than Tax Refunds), rebates, judgments, demands, causes of action, rights of recovery, rights of set-off and rights of recoupment of every kind and nature with respect to the Business, whether fixed or contingent, including any liens or other rights to payment or to enforce payment in connection with services provided by Seller in connection with the Business, along with~~ and all of Seller's legal and equitable claims, causes of action, and rights, if any, arising post-Closing, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in

connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

~~1.1.10.~~1.1.10 All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

~~1.1.11.~~1.1.11 Other than corporate and trade names used by Seller in connection with the Business as well as related social media accounts, domain name and website and any content therein, all of the Seller's Intellectual Property, including, but not limited to, licenses and sublicenses granted and obtained with respect thereto, related to the Business, to the extent transferable, Seller's telephone and fax numbers, all passwords and similar access requirements with respect thereto, and all goodwill associated therewith, including rights thereunder, remedies against infringements thereof, and rights to protection of interests therein;

~~1.1.12.~~1.1.12 The vehicle described in **Schedule 1.1.12** (the "**Vehicle**");

~~1.1.13.~~1.1.13 The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the Business;

~~1.1.14. All billed and unbilled accounts receivable and all correspondence with respect thereto, including without limitation, all trade accounts receivable, notes receivable from patients, and all other obligations from patients (the "Accounts Receivable"), including without limitation the items listed on Schedule 1.1.14;~~

~~1.1.15.~~1.1.14 All prepayments, vendor credits, loans to employees, prepaid expenses and similar assets.

~~1.1.16.~~1.1.15 ~~Any~~Excluding the Excluded Assets, any other asset, property, or right of any Seller, tangible or intangible, used in the conduct of the Business.

~~1.1.17.~~1.1.16 All books, files and records in whatever form or medium related to the operation of the Facility and the Business, including, but not limited to, original records for current ~~and former~~ residents and employees of the Business, quotation and purchase records and all books, records, ledgers, files, documents, correspondence, lists, reports, and other printed or written materials with respect to the Real Property, Facility and Business but specifically excluding ~~(a) proprietary or organizational documents and/or tax records or Seller, and (b)~~ those documents whose disclosure is restricted by applicable law.

—Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets." The parties hereby acknowledge and agree that HumanGood SoCal owns and operates seniors housing communities other than the Facility ("Other Assets"), and that Seller's Assets being sold hereunder do not include the Other Assets.

~~1.2.1.2~~ Excluded Assets. Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**"):

~~1.2.1.~~ Seller's cash;

1.2.1 the Other Assets;

1.2.2 Seller's cash, including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;

~~1.2.2.~~ 1.2.3 Seller's proprietary or organizational documents, financial (including historical financials), accounting and/or tax records and other records that Seller is required by law to retain in its possession;

~~1.2.3.~~ 1.2.4 Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;

~~1.2.4.~~ 1.2.5 any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

1.2.6 Seller's deposits, including utility deposits and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;

1.2.7 any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;

~~1.2.5.~~ 1.2.8 any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

~~1.2.6.~~ 1.2.9 any personal property identified on **Schedule 1.2.8** hereto (the "**Excluded Personal Property**");

~~1.2.7.~~ 1.2.10 the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("SNF") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("**CDPH**") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

~~1.2.8.1.2.11~~ all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not ~~Assumed Operating Contracts~~ Assigned Contracts and the national contracts identified on Schedule 1.1.5 hereto.

~~1.3.1.3~~ Assumption of Liabilities. Except for the deposits and obligations related to the ~~Resident Agreements~~ Assigned Contracts arising on or after Closing, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Real ~~Estate~~ Property, Facility or the Business (the ~~"Assumed Liabilities"~~ ").

~~1.4~~ ~~1.4~~ —Notwithstanding the provisions of ~~Section~~ Section 1.3 or any other provision in this Agreement to the contrary, Buyer shall not assume and shall not be responsible to pay, perform or discharge any liabilities of Seller of any kind or nature whatsoever other than the Assumed Liabilities (the ~~"Excluded Liabilities"~~ "Sellers"). Seller shall pay and satisfy in due course all Excluded Liabilities.

## 2. Purchase Price.

~~2.1.2.1~~ Purchase Price. The aggregate consideration for the Seller's Assets (the ~~"Purchase Price"~~ ") shall be ~~(i) Fourteen Million Eight Hundred Thousand and No/100 Dollars (\$14,800,000.00) (the "Closing Payment "). (ii) plus or minus the Post-Closing Adjustment, and (iii) plus the assumption of the any Assumed Liabilities, subject to any proration adjustment contemplated in Section 6.2 hereof.~~ At the Closing, the Purchaser will deliver to Seller, by wire transfer or immediately available funds, an amount equal to the ~~Closing Payment~~ Purchase Price, less the ~~Current Assets Holdback Amount<sup>1</sup>, less the Deposits~~ Deposit as set forth in 2.1.1. as follows:

~~2.1.1.2.1.1~~ Deposit. Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "Initial Deposit") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "Escrow Agent"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "Additional Deposit") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "Deposit". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**; provided, however, if ~~the purchaser~~ Purchaser does not provide an Approval Notice (as defined below) prior to expiration of the Due Diligence Period for any reason, this ~~agreement~~ Agreement and the escrow shall be cancelled, and the Initial Deposit immediately returned to Purchaser.

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<sup>1</sup> ~~—"Current Assets Holdback Amount" means an amount equal to Three Hundred Fifty Thousand Dollars (\$350,000). The Current Assets Holdback Amount shall serve for the benefit of Purchaser as a reserve with respect to the Post-Closing Adjustment as set forth in Section 2.1.2.~~

~~1.1 2.1.2 Current Assets Adjustment. The Purchase Price shall be adjusted in accordance with the following:~~

1.1 Balance of Purchase Price. The

~~(a) Post Closing Adjustment.~~

~~(i) Within 60 days after the Closing Date, Purchaser shall prepare and deliver to Seller a statement setting forth its calculation of Closing Current Assets<sup>2</sup>, which statement shall contain a balance sheet of Seller as of the Closing Date (without giving effect to the transactions contemplated herein) and a calculation of Closing Current Assets (the “Closing Current Assets Statement”). The Closing Current Assets Statement shall be prepared consistently with Schedule 2.1.2. The post closing adjustment shall be an amount equal to the Closing Current Assets minus the Target Current Assets<sup>3</sup> (the “Post Closing Adjustment”).~~

(i) balance of

~~(ii) If the Post Closing Adjustment is a positive number, Purchaser shall pay Seller, by wire transfer of immediately available funds, an amount equal to the Post Closing Adjustment plus the Current Assets Holdback Amount within five Business Days of the final determination of the Post Closing Adjustment.~~

~~(iii) If the Post Closing Adjustment is a negative number and the absolute value of the Post Closing Adjustment is more than the Current Assets Holdback Amount, Seller shall pay Purchaser, by wire transfer of immediately available funds, an amount equal to the absolute value of the Post Closing Adjustment less the Current Assets Holdback Amount within five Business Days of the final determination of the Post Closing Adjustment.~~

~~(iv) If the Post Closing Adjustment is a positive number and the absolute value of the Post Closing Adjustment is less than the Current Assets Holdback Amount, Purchaser shall pay Seller, by wire transfer of immediately available funds, an amount equal to the Current Assets Holdback Amount less the absolute value of the Post Closing Adjustment within five Business Days of the final determination of the Post Closing Adjustment.~~

~~(b) Examination and Review.~~

~~(i) Examination. After receipt of the Closing Current Assets Statement, Seller shall have 30 days (the “Review Period”) to review the Closing Current Assets Statement. During the Review Period, Seller and Seller’s accountants shall~~

<sup>2</sup> ~~“Closing Current Assets” means Seller’s Current Assets (defined as the total current assets minus current liabilities as set forth on Schedule 2.1.2) as of the close of business on the Closing Date.~~

<sup>3</sup> ~~“Target Current Assets” means \$[\_\_\_\_\_]~~



have full access to the work papers prepared by Purchaser and/or Purchaser's accountants to the extent that they relate to the Closing Current Assets Statement.

(ii) — Objection. On or prior to the last day of the Review Period, Seller may object to the Closing Current Assets Statement by delivering to Purchaser a written statement setting forth Seller's objections in reasonable detail, indicating each disputed item or amount and the basis for Seller's disagreement therewith (the "Statement of Objections"). If Seller fails to deliver the Statement of Objections before the expiration of the Review Period, the Closing Current Assets Statement and the Post Closing Adjustment, as the case may be, reflected in the Closing Current Assets Statement shall be deemed to have been accepted by Seller. If Seller delivers the Statement of Objections before the expiration of the Review Period, then Purchaser and Sellers shall negotiate in good faith to resolve such objections within 15 days after the delivery of the Statement of Objections (the "Resolution Period"), and, if the same are so resolved within the Resolution Period, then the Post Closing Adjustment and the Closing Current Assets Statement with such changes as may have been previously agreed in writing by Purchaser and Seller, shall be final and binding.

(iii) — Resolution of Disputes. If Seller and Purchaser fail to reach an agreement with respect to all of the matters set forth in the Statement of Objections before expiration of the Resolution Period, then any amounts remaining in dispute ("Disputed Amounts") shall be submitted for resolution to the office of CBIZ, Inc. or, if CBIZ, Inc. is unable to serve, Purchaser and Seller shall appoint by mutual agreement the office of an impartial nationally recognized firm of independent certified public accountants other than Seller's or Purchaser's accountants (the "Independent Accountants") who, acting as experts and not arbitrators, shall resolve the Disputed Amounts only and make any adjustments to the Post Closing Adjustment, as the case may be, and the Closing Current Assets Statement, and whose decision shall be final, conclusive and binding upon Seller and Buyer. The parties hereto agree that all adjustments shall be made without regard to materiality. The Independent Accountants shall only decide the specific items under dispute by the parties.

(iv) — Fees of the Independent Accountants. Sellers shall pay a portion of the fees and expenses of the Independent Accountants equal to 100% multiplied by a fraction, the numerator of which is the amount of Disputed Amounts submitted to the Independent Accountants that are resolved in favor of Buyer (that being the difference between the Independent Accountants' determination and Seller's determination) and the denominator of which is the total amount of Disputed Amounts submitted to the Independent Accountants (that being the sum total by which Purchaser's determination and Seller's determination differ from the determination of the Independent Accountants). Purchaser shall pay that portion of the fees and expenses of the Independent Accountants that Seller is not required to pay hereunder.

~~(v) — Determination by Independent Accountants. The Independent Accountants shall make a determination as soon as practicable within 30 days (or such other time as the parties hereto shall agree in writing) after their engagement, and their resolution of the Disputed Amounts and their adjustments to the Closing Current Assets Statement and/or the Post-Closing Adjustment shall be conclusive and binding upon the parties hereto and their decision for each Disputed Amount must be within the range of value assigned to each such item in the Closing Current Assets Statement and the Statement of Objections, respectively.~~

~~(e) — Adjustments for Tax Purposes. Any payments made pursuant to Section 2.1.2 shall be treated as an adjustment to the Purchase Price by the parties for tax purposes, unless otherwise required by law.~~  
the Purchase Price

~~2.1.32.1.2~~ 2.1.32.1.2, less the Deposit ~~Balance of Purchase Price. The balance of the Purchase Price (Closing Payment, minus the Current Assets Holdback Amount, minus the Deposits,~~ plus or minus any costs and prorations for which ~~the~~ Seller and/or Purchaser are responsible under ~~the terms~~ Section 6.2 hereof) shall be paid by wire transfer of immediately available funds at Closing.

~~2.2.2.2~~ 2.2.2.2 Allocation of Purchase Price. The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2**.

~~2.3.2.3~~ 2.3.2.3 Independent Consideration. As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

### 3. Closing

~~3.1.3.1~~ 3.1.3.1 Time and Place of Closing. -Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves ~~Purchaser's~~ Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("**COA**") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before October 31, 2023, Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

~~3.2.3.2~~ 3.2.2 Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

4. **Due Diligence; Title and Survey.**

~~4.1.4.1~~ 4.1.1 Due Diligence Investigation.

4.1.1 ~~4.1.1~~ Within three (3) Business Days after the Opening of Escrow, Seller shall deliver to Purchaser or provide Purchaser access to all materials in ~~Seller's~~ Seller's possession or control relating to the Real Property or Facility including, but not limited to: (i) copies of the most recent property tax bills and assessments for the Property; (ii) copies of all documents evidencing interests not shown on the Title Report, if any, (iii) a copy of any and all leases, service contracts, easements, licenses, development approvals and/or other agreements related to the Real Property or Facility including, without limitation, contracts for design work thereon; (iv) any and all existing surveys of the Real Property; (v) any and all soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property; (vi) any and all engineering documents relating to the Facility including, without limitation, plans and specifications prepared for Seller in connection with the development of the Real Property and Facility (the "**Plans and Specifications**"); (vii) any and all other correspondence, reports, studies, permits, approvals or documents relating to the Real Property or Facility, except for ~~Seller's~~ Seller's internal materials, documents, correspondence, and/or analysis; (viii) audited financial statements for the Business for the period ending December 31, 2019, ~~2021~~ 2020 and 2021; (the "Financial Statements"), as well as the three month period ending March 31, 2022 ~~(the "Financial Statements")~~; (ix) the general ledger and trial balance supporting the Financial Statements; (x) contracts and agreements and other documents material to the Business; (xi) and other documents set forth on the Diligence Checklist related to the Business as set forth on **Schedule 4.1.1** (collectively, the "**Due Diligence Materials**"). In addition, Seller shall promptly deliver to Purchaser or provide Purchaser access to such other information relating to the Real Property, Facility and Business that is specifically and reasonably requested by Purchaser of Seller in writing to the extent such information is in the possession or control of Seller.

4.1.2 ~~4.1.2~~ During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its sole and absolute discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility.

4.1.2.1 ~~4.1.2.1~~ At all reasonable times from the date of this Agreement to the Closing, or earlier termination of this Agreement, upon forty-eight (48)

hours prior written notice to Seller, Purchaser and their respective employees, agents, consultants, managers and contractors (collectively, "**Buyer Permitted Parties**") shall be entitled, at Purchaser's sole cost and expense, to: (a) enter onto the Real Property and Facility to perform any inspections, investigations, studies, and tests of the Real Property and Facility (including, without limitation, physical, engineering, soils, geotechnical, and environmental tests) that Purchaser deems reasonable; provided however that Purchaser shall not do any invasive testing on the land without the prior consent of Seller, which consent shall not be unreasonably withheld; (b) review all Due Diligence Materials; and (c) investigate such other matters pertaining to the Real Property, Facility and Business as Purchaser may desire. Any entry by Purchaser onto the Real Property shall be subject to, and conducted in accordance with, all applicable laws. Upon completion of any such testing, Purchaser shall immediately restore the Real Property and Facility to substantially the same condition as it existed prior to Purchaser's entry under this **Section 4.1.2.1**. During the term of Escrow, Purchaser shall have the right to meet with representatives of the City and other governmental agencies having jurisdiction over the Real Property and Facility. Seller shall have the right to have a representative attend each and every meeting with representatives of the City and other governmental agencies having such jurisdiction. Seller shall cooperate with Purchaser in its investigation of the Real Property, Facility and Business (the "**Due Diligence Review**").

4.1.2.2 — ~~4.1.2.2~~ — Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmans' liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

~~4.1.2.3~~

4.1.2.3 — ~~4.1.3~~ — Purchaser shall have the right at any time on or before the end of the Due Diligence Period (the "**Due Diligence Termination Date**"), to terminate this Agreement by delivering a written notice of such termination to Seller and Escrow Agent if Purchaser determines, in its sole and absolute discretion, that the Seller's Assets are not acceptable to Purchaser for any reason. Purchaser shall indicate its satisfaction and/or waiver of the Due Diligence condition described in this **Section 4.1** by delivering written notice of such satisfaction and/or waiver ("**Approval Notice**") to Seller and Escrow Agent on or prior to the Due Diligence Termination Date. In the event Purchaser fails to timely deliver an Approval Notice, then this Agreement and the Escrow shall be automatically deemed terminated. In the event this Agreement is terminated in accordance with this Section, then the Initial Deposit shall be immediately returned to Purchaser and the parties shall thereafter be relieved from further liability hereunder, except with respect to any obligations under this Agreement that are expressly stated to survive any termination of this Agreement.

~~4.2.1.4.2~~ 4.2.2 Title Matters. After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

~~4.2.1.4.2.1~~ 4.2.2.1 Property Documents. After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein and a map showing all easements plotted. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

~~4.2.2.2~~ 4.2.2.2 Title Objections.

~~(a)~~ (a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

~~(b)~~ (b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement, in which case the Deposit shall be immediately returned to Buyer. If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

~~(c)~~ (c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

~~(d)~~ (d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to

object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter.

~~4.3.4.3~~ 4.3.4.3 **Access to Key Employees.** Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

## 5. **Conditions to Closing.**

~~5.1.5.1~~ 5.1.5.1 **Purchaser's Conditions.** Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Seller at the Closing) (the "**Purchaser's Closing Conditions**"), which conditions may be waived by Purchaser only in a writing executed by Purchaser:

~~5.1.1.5.1.1~~ 5.1.1.5.1.1 **Closing Deliveries.** Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

~~(a)~~ (a) A Grant Deed in substantially the form annexed hereto as **Exhibit B** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

~~(b)~~ (b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit C** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

~~(c)~~ (c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit D** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

~~(d)~~ (d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

~~(e)~~ (e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit E**;

~~(f)~~ (f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;



~~(e)~~ (g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

~~(h)~~ (h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

~~(i)~~ (i) Written closing instructions directed to the Escrow Agent;

~~(j)~~ (j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;

~~(k)~~ (k) An Interim Lease, Interim Management Agreement and OTA;

~~(l)~~ (l) The consent of all other parties to the Assumed Operating Contracts for each Assumed Operating Contract that requires the consent of another party prior to the consummation of the transaction contemplated by this Agreement; and

~~(m)~~ (m) Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

~~5.1.2.~~5.1.2 Title Policy. The Title Company shall be irrevocably and unconditionally prepared and committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions, with those endorsements reasonably requested by Purchaser (provided that such endorsements are available in the State of California and are paid for in accordance with the terms in this Agreement), in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

~~5.1.3.~~5.1.3 Representations and Warranties. The representations and warranties of Seller contained in this Agreement shall be true, correct, and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

~~5.1.4.~~5.1.4 Seller's Performance. Seller shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Seller to be complied with or performed under the terms of this Agreement prior to or at Closing.

~~5.1.5.~~5.1.5 Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

~~5.1.6.~~5.1.6 Due Diligence Review. Buyer shall have delivered an Approval Notice pursuant to **Section 4.1.2.3**.

~~5.1.7. No Changes. The Real Property and Facility shall be in substantially the same physical condition on the Closing Date as existed on the Opening of Escrow, ordinary wear and tear excepted.~~

~~5.1.8.~~5.1.7 New Encumbrances.— Other than new Resident Agreements entered into in the ordinary course of business by Seller, Seller shall not have encumbered or granted any interest in or to the Property or any portion thereof to any party for any reason whatsoever, include the grant or dedication of any easements, any security interest or otherwise burden the title or use of the Property or any portion thereof after the Opening of Escrow.

~~5.2.~~5.2 Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Buyer at the Closing) (the "**Seller's**Seller's Closing Conditions"), which conditions may be waived by Seller only in a writing executed by Seller:

~~5.2.1.~~5.2.1 Purchase Price. Purchaser shall have delivered to Escrow Agent the ~~portion of the Closing Payment due~~Purchase Price as set forth in **Section 2.1.3** above.

~~5.2.2.~~5.2.2 Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- ~~(a)~~ (a) The executed Assignment;
- ~~(b)~~ (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- ~~(c)~~ (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- ~~(d)~~ (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit D** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;
- ~~(e)~~ (e) Written closing instructions directed to the Escrow Agent;
- ~~(f)~~ (f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of



the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;

~~(e)~~ (g) An Interim Lease, Interim Management Agreement and OTA; and

~~(f)~~ (h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

~~5.2.3~~5.2.3 **Representations and Warranties.** The representations and warranties of Purchaser contained in this Agreement shall be true, correct and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

~~5.2.4~~5.2.4 **Attorney General and California Department of Social Services Approval.** All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

~~5.2.5~~5.2.5 **Purchaser's Performance.** Purchaser shall have complied with and/or performed all of its obligations, covenants, and agreements required on the part of Purchaser to be complied with or performed under this Agreement prior to or at Closing, including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

~~5.3~~5.3 **Conditions Generally.** The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

## **6. Closing Costs and Prorations.**

~~6.1~~6.1 **Costs and Expenses.** All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

~~6.1.1~~6.1.1 Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

~~6.1.2~~6.1.2 Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

~~6.1.3.~~6.1.3 Purchaser shall pay all of the costs associated with the Due Diligence Review.

~~6.1.4.~~6.1.4 Each of the Parties shall each pay their own legal fees and expenses.

~~6.1.5.~~6.1.5 Purchaser and Seller shall share on a 50-50 basis all escrow fees.

~~6.1.6.~~6.1.6 Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

~~6.1.7.~~6.1.7 Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the ~~Purchaser's~~Purchaser's licenses and permits necessary to operate the Facility.

## ~~6.2.~~6.2 Prorations and Adjustments.

6.2.1 All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date. Further, the parties acknowledge and agree that post-Closing Seller will continue to collect certain governmental receivables for services rendered by Seller prior to Closing.

~~6.2.1.~~6.2.2 Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.3** below.

~~6.2.2.~~6.2.3 Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

~~6.2.3.~~6.2.4 All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the

amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

~~6.2.4.~~6.2.5 This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser ~~on behalf~~solely in its capacity as the owner of ~~itself~~the Facility and the Real Property (and not on behalf of the any facility or other entity comprising real or personal property owned by Seller) as follows:

~~7.1.~~7.1 Organization and Authority. Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

~~7.2.~~7.2 Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's organizational documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected. ~~With~~Except with respect to the approvals provided for in Section 5.2.4 above, with respect to Seller, no other consent, approval, order or authorization of or from, or registration, notification, declaration or filing with any Person, including without limitation, any Government Entity, is required in connection with the execution, delivery or performance of this Agreement by ~~any~~ Seller or the consummation by ~~any~~ Seller of the transactions contemplated herein.

~~7.3.~~7.3 Litigation. Except as disclosed to Purchaser on **Schedule 7.3** hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller, the Real ~~Estate~~Property, the Facility or the Business, at law or in equity. Seller is not a party to, nor is Seller or the Real ~~Estate~~Property, Facility or

Business bound by, any orders, judgments, injunctions, decrees or settlement agreements under which ~~it~~Purchaser may have continuing obligations ~~as of~~after the Closing Date. ~~There~~ To Seller's knowledge, there are no facts, circumstances or conditions that would reasonably be expected to form the basis for any action against or affecting ~~Sellers~~Seller, the Real ~~Estate~~Property, the Facility, Business, or the transactions contemplated hereby. Schedule 7.3 lists all ongoing actions against the ~~Company~~Seller at law or in equity ~~that have occurred since January 1, 2017.~~

~~7.4.—Compliance with Law. Seller is and has been in compliance with all applicable laws in connection with operation of the Facility and Business.~~

7.4 Compliance with Law. Seller has received no written notice that the Facility or Business is not in compliance with applicable laws, nor is Seller aware of any condition that would reasonably be expected to give rise to such non-compliance.

~~7.5.~~7.5 The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly. The Licenses are in full force and effect.

~~7.6.~~7.6 Employees of the Facility; Unions. All of the employees of the Business at the Facility are the employees of Seller. None of the employees of the Business at the Facility are members of a labor union or subject to any collective bargaining agreement nor to Seller's knowledge are such employees engaged in any union organizing activities or threatened an attempt to organize or establish any labor union or employee association to represent any employees. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility. ~~No unfair labor practice charge, work stoppage, picketing, or other such activity relating~~ Except as disclosed ~~to labor matters of the Business will be pending as of the Closing Date. The Purchaser on Schedule 7.3 hereto, Seller is in~~ has received no written notice of nor does Seller have knowledge of any non-compliance with all requirements of all applicable Lawslaws governing employment and employee relations, including laws relating to employment discrimination, sexual harassment, civil rights, equal pay, wages, meal and rest breaks, hours, overtime, sick leave, collective bargaining and labor relations, occupational safety and health, workers' compensation, immigration, or the withholding and payment of income, social security (FICA) or similar taxes, and any similar laws of any foreign jurisdiction. ~~No suits, charges or administrative proceedings relating to any such law or regulation are pending~~ Except as of the Closing Date. To the disclosed to Purchaser on Schedule 7.3 hereto, to Seller's knowledge, no action alleging a violation of any ~~such~~ applicable employment law has been threatened. ~~Purchaser will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any such law or regulation relating to actions arising out of or related to any event occurring on or before the Closing Date. The Seller is in compliance with all applicable requirements of the Immigration Reform and Control Act (to the extent applicable), and~~ hereby acknowledges that it has ~~in its files~~

~~properly completed copies of Form I-9 (and, as applicable, copies of supporting documents)~~ I-9's on file at the Facility for ~~all each of the~~ employees ~~and former employees with respect to whom that form is required.~~ of Seller. To Seller's knowledge, Seller does not have any existing workers' compensation ~~Liabilities~~ liabilities with respect to Seller's employees that are not covered by insurance.

~~7.7.7.7~~ 7.7.7.7 Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

~~7.8.7.8~~ 7.8.7.8 Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect and none of the Operating Contracts has been modified or amended except any modifications or amendments provided to Purchaser as part of the Due Diligence Review. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

~~7.9.7.9~~ 7.9.7.9 Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tllsdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

~~7.10.7.10~~ 7.10.7.10 Tax Returns. To ~~Seller's~~ Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the Business prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid. Moreover, ~~:-~~ to Seller's knowledge, (i) no ~~Liens~~ liens have been filed against ~~Sellers~~ Seller or ~~their assets~~ Seller's Assets in respect of ~~Taxes~~ taxes, and no waivers of statutes of limitations have been given or requested with respect to ~~Sellers~~ Seller; (ii) there are no pending ~~Tax~~ tax audits or other proceedings with respect to ~~Sellers~~ Seller or ~~any of their~~ Seller's Tax Returns nor ~~have Sellers~~ has Seller been notified of any dispute or claim with respect to ~~Taxes~~ taxes that has not been resolved; (iii) ~~Sellers have complied in all respects with all applicable laws relating to the collection or withholding of Taxes (such as sales Taxes, customs duties or withholding of Taxes from the wages of employees);~~ (iv) ~~Sellers are~~ Seller is not now ~~nor have they been~~ a party to any ~~Tax~~ tax sharing, allocation or distribution agreement; and (v) ~~Sellers have~~ iv) Seller has no obligation to make (or possibly make) any payments that will be non-deductible under, or would otherwise constitute a ~~"~~ "parachute



payment<sup>22</sup> within the meaning of, Section 280G of the Code (or any corresponding provision of state, local or foreign income Tax law). ~~Sellers are not directly nor indirectly responsible for the Taxes of any other Person, and Sellers (A) have never been a member of a group filing a consolidated, combined, unitary or similar Tax Return and (B) have no liability for the Taxes of any Person (other than Sellers) under Treasury Regulation Section 1.1502-6 (or any similar provision of state, local or foreign law), as a transferee or successor, by contract, or otherwise.~~

~~7.11.~~7.11 No Violations of Environmental Laws. To Seller's knowledge and except as disclosed in the Property Materials or any environmental reports obtained by Purchaser in connection with this Agreement: (a) the Property is not ~~in~~, nor has it been ~~or is it currently~~ under investigation for violation of any federal, state, or local law, ordinance, or regulation relating to industrial hygiene, worker health and safety, or to the environmental conditions in, at, on, under, or about the Property, including, but not limited to, soil and groundwater conditions ("Environmental Laws"); (b) the Property has not been subject to a deposit of any Hazardous Substance; except in compliance with applicable laws; and (c) ~~neither Seller nor any third Party~~ has not used, generated, manufactured, stored, or disposed in, at, on, or under the Property any Hazardous Substance; ~~and (d) there is not now in, on, or under the Property any underground or above ground storage tanks or surface impoundments, any asbestos containing materials, or any polychlorinated biphenyls used in hydraulic oils, electrical transformers, or other equipment.~~ except in compliance with applicable laws. Seller hereby assigns to Buyer as of the Closing all claims, counterclaims, defenses, and actions, whether at common law or pursuant to any other applicable federal, state or other laws that Seller may have against any third ~~Party~~party or ~~Parties~~parties relating to the existence or presence of any Hazardous Substance in, at, on, under, or about the Property. For purpose of this Agreement, the term "Hazardous Substance" shall be deemed to include any wastes, materials, substances, pollutants, and other matters regulated by Environmental Laws including, without limitation, per- and polyfluoroalkl substances (PFAS).

~~7.12.~~7.12 Health Care Representations. To Seller's knowledge, Seller is not a target of, participant in, or subject to any pending or threatened action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs. ~~Seller has provided all correspondence with any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident received from January 1, 2020 to the present to Purchaser as part of the Due Diligence Materials. Seller has maintained the Facility and operated the Business in such a manner as to avoid any negative survey finding by any Health Care Authority.~~

~~7.13.~~7.13 Financial Statements. Each of the audited ~~and unaudited~~ Financial Statements of the Business provided by Seller to Purchaser as part of the Due Diligence Materials

has been prepared in accordance with GAAP applied on a consistent basis (except as otherwise may be indicated therein) and in accordance with the books and records of Seller. Each of the ~~financial statements~~Financial Statements presents fairly in all material respects the financial position of Seller at the dates thereof and the results of operations and cash flows for the periods indicated subject, in the case of interim Financial Statements, to normal year-end adjustments and that interim financial statements do not include footnote disclosure. ~~The Seller's books and records relating to the Business are complete and correct and accurately reflect all of the assets, liabilities, transactions and results of operations of the Business at the Facility in all material respects. Since~~To Seller's knowledge, since December 31, 2019, except as required by applicable law or changes in GAAP, there has been no change in any accounting principle, procedure, or practice followed by Seller or in the method of applying any such principle, procedure, or practice.

~~7.14.~~7.14 ~~Undisclosed Liabilities. Except as set forth on Schedule 7.14.~~ To Seller's knowledge, Seller does not have any liabilities or obligations of any nature (whether absolute, accrued, contingent or otherwise), except for liabilities or obligations reflected or reserved against in the Financial Statements and liabilities incurred in the ordinary course of Business since the respective dates thereof.

~~7.15. Receivables. The Accounts Receivable reflected on the latest balance sheet included in the Financial Statements (March 31, 2022) arose in the ordinary course of the Business, and represent bona fide, arms-length transactions, or refunds due from governmental entities. The Accounts Receivable as of the Closing are collectible by Seller, subject to reasonable reserves reflected in the Financial Statements. Schedule 7.15 sets forth in summary form an aging of the Accounts Receivable of Seller as of the Closing Date.~~

~~7.16. Absence of Certain Developments. Except as set forth on Schedule 7.16:~~

~~7.16.~~7.15 ~~Ordinary Course of Business.~~ Since January 1, ~~2019~~2021, the Company has conducted business only in the ordinary course of business, as applicable, consistent with past practice, including with regard to nature, frequency and magnitude ~~(“Ordinary Course of Business”).~~

~~7.16.2 Certain Matters. Since such date, the Company has not:~~

- ~~7.16.2.1 discharged or satisfied any liens or paid any material obligation or liability, other than current liabilities paid in the Ordinary Course of Business, or cancelled, compromised, waived or released any right or claim;~~
- ~~7.16.2.2 sold, assigned, licensed or transferred any of its assets, except for sales in the Ordinary Course of Business, or mortgaged, pledged or subjected its assets to any lien;~~
- ~~7.16.2.3 sold, assigned, transferred or granted a right to any intellectual property (other than agreements with customers entered into in the Ordinary Course of Business), or disclosed any proprietary information with respect to the Business;~~
- ~~7.16.2.4 sold, assigned, transferred, abandoned or permitted to lapse any licenses or permits;~~

- ~~7.16.2.5~~ suffered any extraordinary loss, damage, destruction or casualty loss or waived any rights of value, whether or not covered by insurance and whether or not in the Ordinary Course of Business;
- ~~7.16.2.6~~ borrowed any amount or incurred or become subject to any liabilities, except current liabilities incurred in the Ordinary Course of Business and liabilities under contracts entered into in the Ordinary Course of Business;
- ~~7.16.2.7~~ commenced any litigation or binding dispute resolution process or settled or compromised any pending or threatened suit, action or claim;
- ~~7.16.2.8~~ entered into any material transaction, other than in the Ordinary Course of Business; or
- ~~7.16.2.9~~ experienced any event, change, circumstance, effect, or state of facts that, when considered individually or in the aggregate, is, or is likely to be, materially adverse to (a) the Business, financial condition, prospects, or results of operations of the Facility, taken as a whole, or (b) the ability of Seller to perform its obligations under this Agreement or to consummate the transaction contemplated by this Agreement.

~~7.17.~~7.16 Anti-Bribery.

~~7.17.1.~~7.16.1 Neither Seller nor any of its officers or directors, or any employee, agent, distributor or other person acting on behalf of Seller has, directly or indirectly, used any corporate funds for unlawful contributions, gifts, entertainment or other unlawful expenses relating to political activity, made any unlawful payment to foreign or domestic government officials or employees or made any bribe, rebate, payoff, influence payment, kickback or other similar unlawful payment, or taken any action which would cause them to be in violation of any Anti-Corruption or Anti-Bribery Law.

~~7.17.2.~~7.16.2 There is no pending or threatened claims, charges, investigations, violations, settlements, civil or criminal enforcement actions, lawsuits, or other court actions against ~~Sellers~~Seller with respect to any Anti-Corruption or Anti-Bribery Law.

~~7.17.3.~~7.16.3 To Seller's Knowledge, there are no actions, conditions, or circumstances pertaining to the activities of Seller that would reasonably be expected to give rise to any claims, charges, investigations, violations, settlements, civil or criminal actions, lawsuits, or other court actions under any Anti-Corruption or Anti-Bribery Law.

~~7.17.4.~~ Seller has established and maintains reasonable internal controls and procedures appropriate to the requirements of any applicable Anti-Corruption or Anti-Bribery Law.

~~7.18.~~ Title to Assets. Except as disclosed on Schedule 7.18, Seller has good and valid title, or a valid leasehold interest in, all of Seller's Assets, free and clear of all liens.



~~7.19. Sufficiency and Condition of Assets.~~

~~7.19.1.~~ 7.17 . Excluding the Other Assets. Seller's Assets: (a) constitute all of the assets, tangible and intangible, of any nature whatsoever, necessary to operate the Business in the manner presently operated by Seller, ~~(b) include all of the operating assets of Seller, and (c) and (b)~~ include no assets other than those used in the operation of the Business.

~~7.19.2. Use of the Real Property for the various purposes for which it is presently being used is permitted as of right under all applicable zoning legal requirements and is not subject to "permitted nonconforming" use or structure classifications. All improvements on the Real Property are in compliance with all applicable legal requirements, including those pertaining to zoning, building and the disabled, are in good repair and in good condition, ordinary wear and tear excepted, and are free from latent and patent defects. No improvement on the Real Property encroaches on any real property not included in the Real Property, and there are no buildings, structures, fixtures or other improvements primarily situated on adjoining property that encroach on any part of the Real Property. The Real Property abuts on and has direct vehicular access to a public road or has access to a public road via a permanent, irrevocable, appurtenant easement benefiting such Real Property and comprising a part thereof, is supplied with public or quasi-public utilities and other services appropriate for the operation of the improvements located thereon. There is no existing or proposed plan to modify or realign any street or highway or any existing or proposed eminent domain proceeding that would result in the taking of all or any part of any Real Property or improvement on the Real Property or that would prevent or hinder the continued use of any Real Property as heretofore used in the conduct of the Business.~~

~~7.19.3. Each item of Tangible Personal Property is in good repair and good operating condition, ordinary wear and tear excepted, with no known needed repairs (other than routine maintenance), is suitable for immediate use in the ordinary course of the Business, and is free from latent and patent defects. No item of Tangible Personal Property is in need of repair or replacement other than as part of routine maintenance in the ordinary course of Business. All Tangible Personal Property used in the Business is in the possession of Sellers.~~

~~7.20. Contracts.~~

7.18 Schedule 7.20.1 includes a listing of all Contracts.

~~7.20.1. Assumed Contracts to which either Seller is a party that are related to the Business.~~

7.18.1 The Due Diligence Materials contain copies of the Assumed Contracts to which Seller is a party and that are related to the Business. As of the Effective Date, Seller has no knowledge of any material disputes with any existing vendors of the Facility and Seller agrees to disclose to Purchaser any material disputes with vendors arising prior to Closing.

~~7.20.2.7.18.2 Except as set forth on Schedule 7.20.2:~~ To Seller's knowledge:  
(i) Seller is not in default under any of the Assumed Contracts ~~identified in Section 7.20.1;~~  
(ii) there has not occurred any event that, with the lapse of time or the giving of notice, or both, would constitute such a default; and (iii) ~~to the Seller's knowledge,~~ no party to any of the Assumed Contracts other than Seller is in default under any Assumed Contract nor has any event occurred that, with the lapse of time or the giving of notice, or both, would constitute such a default by any such other party.

~~7.20.3.7.18.3 Except as set forth in Schedule 7.20.3, (i)~~ To Seller's knowledge, each Assumed Contract is in full force and effect and is valid and enforceable in accordance with its terms; ~~(ii) each Assumed Contract is assignable by Seller to Purchaser without the consent of any other person; and (iii) no Assumed Contract will upon completion or performance thereof have a material adverse effect on the Business, or the Assumed Liabilities.~~

~~7.20.4. ————— There are no renegotiations of, attempts or requests to renegotiate or outstanding rights to renegotiate any Assumed Contract and no person has the contractual or statutory right to demand or require such renegotiation~~

~~7.21.7.19~~ Legal Compliance; Permits and Licenses.

~~7.21.1.7.19.1 Except as disclosed on Schedule 7.21.1:~~ (i) Seller has ~~been and is~~ received no written notice that the Facility or Business is not in compliance in all material respects with ~~all~~ applicable laws, ordinances, rules, regulations, judgments, orders, decrees, and Permits<sup>4</sup> of all Governmental Entities that ~~is or was~~ are applicable to Seller, ~~the conduct or operation of the Business, or the ownership or use of any of the Seller Assets;~~ and (ii) to Seller's knowledge, no investigation ~~or review~~ by any Governmental Entity with respect to Seller, the operation of the Business, or the ownership or use of any of the Seller Assets is pending or threatened.

~~7.21.2.7.19.2 Except as disclosed on Schedule 7.21.2:~~ (i) Seller holds all material Permits required for the operation of the Business (including, without limitation, all material Permits required by any Environmental Laws), all of which are valid and in full force and effect in all material respects ~~and are listed on Schedule 7.21.2;~~ and (ii) ~~Sellers have~~ Seller has not received any notice that any Governmental Entity which has issued any such Permit intends to cancel, terminate or not renew any such Permit

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<sup>4</sup> ~~Permits shall mean all permits, licenses, franchises, approvals, authorizations, registrations, certificates, variances and similar rights obtained, or required to be obtained, from Governmental Entities held by Seller relating to the Business.~~

~~7.22.7.20~~ Labor Matters. ~~Schedule 7.22 contains a~~ Seller shall provide a redacted list of all persons who are employees, ~~independent contractors or consultants~~ of the Business as of the date hereof in the Due Diligence Materials, including any employee who is on a leave of absence of any nature, paid or unpaid, authorized or unauthorized, and sets forth for each such individual the following: (i) ~~name;~~ (ii) title or position (including whether full-time or part-time); (~~iii~~) hire or retention date; (~~iv~~) current annual base compensation rate or contract fee; and (~~v~~) commission, bonus or other incentive-based compensation.

~~7.22.17.20.1~~ ~~Except as disclosed on Schedule 7.22.1:~~ (i) ~~Seller is~~ (i) Seller has received no written notice from any Governmental Entity that the Facility or Business is not in compliance in all material respects with all applicable laws and regulations respecting employment, including, without limitation, laws and regulations respecting employment practices, employment terms and conditions, wages and hours, tax withholding, immigration and collective bargaining, and is not engaged in any unfair labor practice; (ii) except as disclosed to Purchaser on Schedule 7.3 hereto, there is no pending or, to Seller's knowledge, threatened charge, complaint, or grievance against ~~Sellers~~ Seller related to any employment law or regulation; (iii) there is no labor strike, material dispute, slowdown or stoppage actually pending or, to Seller's knowledge, threatened against or involving ~~Sellers~~ Seller; and (iv) to Seller's knowledge, there is no threat of unionization involving ~~Sellers~~ Seller or any of ~~their~~ its employees.

~~7.22.27.20.2~~ To Seller's knowledge, Seller is not delinquent in payments to any of their employees or independent contractors for any wages, salaries, commissions, bonuses, or other direct compensation for any services performed by them to date or amounts required to be reimbursed to such employees or independent contractors. ~~Seller is not obligated to pay severance pay or any other payments to their employees upon termination of employment except for payment of accrued wages and benefits pursuant to requirements of law, regulation, or any Plan disclosed on Schedule 7.23.~~

~~7.22.3 All persons classified by Sellers as independent contractors or as self-employed do satisfy and have satisfied the requirements of any applicable law or regulation to be so classified.~~

#### ~~7.23.7.21~~ Employee Benefit Plans.

7.21.1 ~~7.23.1~~ Employee Benefit Plans. ~~Schedule 7.23.1~~ sets forth a complete list of all material employee retirement, welfare, bonus, incentive, deferred compensation, vacation, equity, severance, employment, change of control, and/or fringe benefit plans, programs, policies, practices, and/or other arrangements: (i) covering any current ~~or former~~ employee, officer or director of ~~Sellers~~ Seller or any ERISA Affiliate; (ii) that are sponsored or maintained by ~~Sellers~~ Seller or any ERISA Affiliate; or (iii) with respect to which either Seller or any ERISA Affiliate has any current or potential liability (each, a "Plan").

7.21.2 ~~7.23.2~~ Administration and Compliance of the Plans. ~~Except as set forth on Schedule 7.23.2, with~~ With respect to each Plan, to Seller's knowledge:

7.21.2.1 ~~7.23.2.1~~ all required, declared or discretionary (in accordance with historical practices) payments, premiums, contributions, reimbursements or accruals for all periods ending prior to or as of the Closing Date have been made or properly accrued on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of ~~Sellers~~ Seller;

7.21.2.2 ~~7.23.2.2~~ there is no unfunded liability relating to any Plan which is not reflected on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller; and

7.21.2.3 ~~7.23.2.3~~ there have been no violations of ~~ERISA, the Code, the Patient Protection and Affordable Care Act, or other~~ applicable laws with respect thereto ~~and each Plan has been administered in all material respects in accordance with its terms and established in accordance with all laws~~; neither Seller nor any of its agents or delegates has any liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets thereof; no Plan has engaged in or been a party to a ~~"prohibited transaction"~~ (as defined in Section 406 of ERISA or Section 4975(c) of the Code) without an exemption applying thereto; no Proceeding with respect to the administration or the investment of the assets thereof (other than routine claims for benefits) for which Seller or any ERISA Affiliate could have any liability is pending or, ~~to Seller's knowledge~~, threatened, and Seller does not have any knowledge of any basis for any a Proceeding with respect to any Plan;

~~7.23.2.4 Schedule 7.23.2 identifies each Plan that is intended to qualify as a "qualified plan" within the meaning of Section 401(a) of the Code (each, a "Qualified Plan"), and there are no existing circumstances nor any events that have occurred that could adversely affect the qualified status of any Qualified Plan or the related trust;~~

~~7.23.2.5 Seller has timely deposited all amounts withheld from employees for pension, welfare or other benefits into the appropriate trusts or accounts;~~

~~7.23.2.6 except to the extent required under Section 601 et seq. of ERISA and/or Section 4980B of the Code, or comparable provisions of state insurance laws, neither Seller nor any ERISA Affiliate is obligated to provide health or welfare benefits to any former employee;~~

~~7.23.2.7 Seller has provided Purchaser with true and complete copies of each Plan and each summary plan description and, to the extent applicable, all other documents pursuant to which each such Plan is maintained and administered, the most recent annual reports (Form 5500 and attachments) and financial statements therefor, all governmental rulings and opinions (and pending requests therefor), the most recent IRS determination letter, if~~

~~applicable, and if such Plan provides post retirement or post employment health and life insurance, accident, or other “welfare type” benefits, the most recent valuation of the present and future obligations under such Plan. The foregoing documents accurately reflect all material terms of such Plan. Except as specifically provided in the foregoing documents delivered or made available to Purchaser, or as disclosed on Schedule 7.23.2, there are no amendments to any Plan that have been adopted or approved nor have Sellers undertaken to make any such amendments or to adopt or approve any new Plan; and~~

~~7.23.2.8 no benefit or amount payable or which may become payable by Seller pursuant to any Plan or Contract with any employee is or may be subject to the imposition of any excise tax under applicable law or would not be deductible under applicable law.~~

~~7.23.3 Multi-Employer Plans, Etc. Sellers and their ERISA Affiliates do not and have never maintained or been obligated to contribute to a Multi-Employer Plan. Neither Sellers nor any ERISA Affiliate has engaged in any transaction which could give rise to any withdrawal liability under Title IV of ERISA.~~

~~7.23.4 Each Plan that is an employee welfare benefit plan under Section 3(1) of ERISA is either: (i) funded through an insurance company contract and is not a self-insured “welfare benefit fund” within the meaning of Section 419 of the Code; or (ii) is unfunded. No Plan is a “multiple employer welfare arrangement” (as defined in Section 3(40) of ERISA).~~

~~7.23.5 No Plan or payment or benefit provided pursuant to any Plan between Seller and any “service provider” (within the meaning of Section 409A of the Code, and the regulations promulgated thereunder), including the grant, vesting, or exercise of any stock option or stock appreciation right, will or may provide for the deferral of compensation subject to Section 409A of the Code, whether pursuant to the execution and delivery of this Agreement or the consummation of the transactions contemplated hereby (either alone or upon the occurrence of any additional or subsequent events) or otherwise. Each Plan that is a nonqualified deferred compensation plan subject to Section 409A of the Code has been operated and administered in good faith compliance with Section 409A of the Code from the effective date of Section 409A through the date hereof.~~

~~7.23.6 Each Plan may be amended or terminated at any time by action of Seller~~

~~(c) 7.23.7 Neither the execution and delivery of this Agreement, nor the consummation of the transactions contemplated hereby will: (i) result in any payment (including, without limitation, severance, unemployment compensation, golden parachute, bonus, or otherwise) becoming due to any director or employee of Seller from Seller, under any Plan or otherwise; (ii) increase any~~

~~benefits otherwise payable under any employee benefit plan or otherwise; or~~  
~~(iii) result in the acceleration of the time of payment or vesting of any such benefits.~~

~~7.24.7.22~~ Certain Fees and Liabilities. Seller has not paid or is obligated to pay any fee or commission to any broker, finder, or intermediary in connection with the transactions contemplated by this Agreement.

~~7.25.7.23~~ For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, Purchaser shall as its sole and exclusive remedy have the option of: (a) waiving the breach of warranty or change, and proceeding with Closing without any change to the Purchase Price, or (b) terminating this Agreement within five (5) Business Days after Purchaser becomes aware of such matter, in which event, the provisions of **Section 11** shall apply. If Purchaser elects to terminate this Agreement pursuant to clause (b) above, Seller may elect to cure the breach by providing written notice to Purchaser of such election within five (5) Business Days after receiving Purchaser's election to terminate this Agreement. If Seller cures the breach to the reasonable satisfaction of Purchaser within fifteen (15) Business Days thereafter (or such longer period of time as is reasonably necessary to cure such breach, not to exceed thirty (30) days, and Closing will be extended as necessary to accommodate such cure), Purchaser's election to terminate this Agreement shall be null and void. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party. Seller represents and warrants that Dan Ogus is the person most knowledgeable about the subject matter contained in each representation and warranty provided in such manner. Further, the parties acknowledge and agree that the representations and warranties made by Seller herein relate only to the Facility and Business being purchased by Purchaser and specifically exclude the Other Assets.

**8. Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

~~8.1.8.1~~ Organization and Authority. Purchaser is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California, and is recognized by the Internal Revenue Service as an organization described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Purchaser has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

~~8.2.8.2~~ Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by



creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

~~8.3~~8.3 **Litigation.** The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

~~8.4~~8.4 **Financing.** Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

~~8.5~~8.5 **AS IS.** IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

## **9. Pre-Closing Covenants/Risk of Loss.**

~~9.1~~9.1 **Conduct Pending Closing.** Between the Execution Date and the Closing Date, Seller covenants as follows:

~~9.1.1.~~9.1.1 Seller will operate the Facility and Business in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

~~9.1.2.~~9.1.2 From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

~~9.1.3.~~9.1.3 Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 ~~hours~~'hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

~~9.1.4.~~9.1.4 Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

~~9.1.5.~~9.1.5 Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6 Seller shall maintain the Inventory consistent with Seller's past practices and in compliance with applicable laws, and will replenish the same consistent with Seller's past practices.

~~9.1.6.~~9.1.7 Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

~~9.2.~~9.2 **Damage and Condemnation.** Prior to the Closing Date, the risk of physical loss to Seller's Assets shall be borne by Seller. Accordingly, it shall be a condition to Purchaser's obligation hereunder that prior to the Closing Date, no material (as defined in this **Section 9.2**) portion of the Facility nor any material portion of any of Seller's Assets shall have been damaged or destroyed by fire or other casualty, or shall have been materially taken or condemned by any public or quasi-public authority under the power of eminent domain. Accordingly, in the event a material portion of the Seller's Assets is damaged, destroyed or taken prior to the Closing Date, Purchaser may elect to terminate this Agreement pursuant to **Section 11**. If, however, either (A) the damage to Seller's Assets is not material or (B) the damage to, or destruction of, the Seller's Assets is material, but Purchaser waives this condition, then Seller shall assign to Purchaser all of



its rights to any insurance proceeds in the connection therewith and the Purchase Price shall be reduced by any deductible which Purchaser shall be required to pay in connection with such damage or destruction. Further, if either (B) the taking or condemnation of Seller's Assets is not material or (B) a material portion of Seller's Assets shall be so taken or condemned prior to Closing but Purchaser waives this condition, then Seller shall pay or assign to Purchaser all Seller's right to the proceeds of any condemnation award in connection thereof and the Purchase Price shall be reduced by Purchaser's reasonable estimate of the amount by which the cost to repair the portion of Seller's Assets affected by such taking exceeds such condemnation award. For the purposes of this **Section 9.2**, "material" damage, destruction or condemnation shall mean any damage or loss to or destruction or taking or condemnation of the Facility which would cost more than Two Hundred Fifty Thousand and No/100 Dollars (\$250,000.00) to repair.

#### 10. **Operations Transfer Provisions.**

~~10.1.~~**10.1** Licenses. On or prior to the expiration of the Due Diligence Period and concurrent with Seller's delivery of the Approval Notice, Purchaser shall submit a change of ownership application ("**CHOW**") with DSS pursuant to which Purchaser will obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

~~10.2.~~**10.2** Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the ~~purchaser's~~**Purchaser's** SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period. If the parties cannot agree on a form of OTA, Interim Lease and/or Interim Management Agreement prior to the expiration of the Due Diligence Period, either party may terminate this Agreement upon written notice to the other in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

~~10.3.~~10.3 Notices. Seller is required to provide one hundred and twenty (120) ~~days'~~days written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to ~~Seller's~~Seller's SNF residents at least ninety (90) days prior to Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

~~10.4.~~10.4 CHOMs. **[UNDER DISCUSSION]** On or prior to the expiration of the Due Diligence Period, if mutually agreed to by Seller and Purchaser, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, if the parties mutually agree that Purchaser will submit change of manager applications, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

~~10.5.~~10.5 Employees.

~~• At the Closing Date, Seller shall terminate all of the Active Employees<sup>5</sup> of the Facility and shall pay to them any accrued wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before Closing Date. Buyer is not obligated to hire any Active Employee, but may hire any Active Employees in its sole discretion. Effective immediately before the Closing, Seller will terminate the employment of all of the Active Employees who work~~

10.5.1 At the Closing Date, Seller shall terminate all of the employees of the Facility and shall pay to them any wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before Closing Date. At least three (3) business days preceding the Closing Date, except for the Retained Employees, Purchaser shall offer to employ after the Closing Date all of the employees of the Facility for a 60-day transition period in the employee's primary language or another language in which the employee is literate conditioned only on the occurrence of the Closing Date (the "**Hired Employees**"). That offer shall state the time within which the employee shall accept the offer, but that time period may not be fewer than ten (10) days. During the 60-day transition period, Purchaser shall not discharge without cause an employee retained pursuant to this Section 10.5.1. Cause shall be based only on the performance or conduct of the particular employee. During the 60-day transition period, a Hired Employee shall not suffer any reduction in wages, benefits, or other terms and conditions of employment, economic or otherwise, as a result of the transfer or change of ownership. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the

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<sup>5</sup> ~~The term "Active Employees" shall mean all employees employed on the Closing Date exclusively in the Business as currently conducted, including employees on temporary leave of absence, including family medical leave, military leave, temporary disability or sick leave, but excluding employees on long-term disability leave.~~

Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this Section 10.5 in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN.

~~10.5.1. — at the Facility, shall provide whatever WARN Act notices are required in connection with such layoff, if any, and shall hold Purchaser harmless from any WARN Act liabilities that result from Seller's termination of the employees or Purchaser's failure to hire a sufficient number of terminated employees. Nothing in this Agreement shall be deemed to prevent or restrict in any way the right of Purchaser to make any and all employment-related decisions with respect to Active Employees after the Closing Date.~~

10.5.2 To the extent permitted by applicable law, Seller shall deliver to Purchaser the file for all employees hired by Purchaser in Seller's possession that may be limited to training records, licenses and certifications, criminal background check results, and other required documents. Seller shall have satisfied its obligations under this Section 10.5.2 as long as all of such employee records are present at the Facility on the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

~~10.5.2.~~10.5.3 Salaries and Benefits.

~~10.5.2.1.~~10.5.3.1 Seller shall be responsible for: (A) the payment of all wages and other remuneration due to ~~Active Employees~~ Seller's employees for their services as employees of Seller through the conclusion of ~~Active Employees'~~ Hired Employees' employment with Seller, including pro rata bonus and commission payments and all vacation, paid time off and sick leave pay obligations to the extent accrued prior to the Closing Date; and required by applicable law; and (B) the payment of any termination or severance payments and the provision of health plan continuation coverage in accordance with the requirements of COBRA and Sections 601 through 608 of ERISA; ~~(C) any and all payments to employees required under the WARN Act, if any; and (D) compliance with IRS §409A, if applicable.~~

~~10.5.2.2.~~10.5.3.2 Seller shall be liable for any claims made or incurred by ~~Active~~ Hired Employees and/or their beneficiaries through the Closing Date, including, but not limited to, claims made under any law or under the Plans, and Seller agrees to indemnify and to hold Purchaser harmless from any costs incurred related thereto, including ~~attorneys'~~ attorneys' fees. For purposes of the immediately preceding sentence, a claim will be deemed incurred when the conduct that is the subject of the claim occurs or when services that are the subject of the claim are performed and, in the case of other benefits (such as disability or life insurance), when an event has occurred or when a condition has been diagnosed that entitles the employee to the benefit.

~~10.5.2.3. — Seller's Retirement and Savings Plans. All Active Employees who are participants in Seller's retirement plan shall retain their accrued benefits under Seller's~~

~~retirement plans as of the Closing Date, and Seller (or Seller's retirement plans) will retain sole liability for the payment of such benefits as and when such Active Employees become eligible therefor under such plans. All Active Employees will become fully vested in their accrued benefits under Seller's retirement plans as of the Closing Date, and Sellers will so amend such plans if necessary to achieve this result~~

~~10.5.2.4.~~10.5.3.3 No Transfer of Assets. Seller will not make any transfer of pension or other employee benefit plan assets to Purchaser.

~~10.5.2.5. ——— Employment Matters. Purchaser will set its own initial terms and conditions of employment for each hired Active Employee and others it may hire, including employment policies and practices, work rules, benefits and salary and wage structure, all as permitted by Law. Seller will be solely liable for any severance payment required to be made to their employees due to the transactions contemplated by this Agreement.~~

~~10.5.2.6.~~10.5.3.4 General Employee Provisions.

~~10.5.2.6.1. ——— Seller shall give any notices required by Law and take whatever other actions with respect to the plans, programs and policies described in this Section 10.5.2 as may be necessary to carry out the arrangements described in this Section 10.5.2.~~

~~10.5.2.6.2. ——— Seller shall provide Purchaser with such plan documents and summary plan descriptions; employee data or other information as may be reasonably required to carry out the arrangements described in this 10.5.2.~~

~~10.5.2.6.3.~~10.5.3.4.1 ——— Seller shall provide Purchaser with completed I-9 forms and attachments with respect to all ~~hired Active~~Hired Employees, except for such employees as Seller certify in writing to Purchaser are exempt from such requirement.

~~10.5.2.6.4.~~10.5.3.4.2 ——— Purchaser shall not have any responsibility, liability or obligation arising prior to Closing, whether to ~~Active~~Hired Employees, former employees, their beneficiaries or to any other Person, with respect to any employee benefit plans, practices, programs or arrangements (including the establishment, operation or termination thereof and the notification and provision of COBRA coverage extension) maintained by Seller.

~~10.5.2.6.5. ——— At-Will Employment. No provision of this Agreement shall be construed as a guarantee of continued employment of any manager or other employee of Seller, and this Agreement shall not be construed so as to prohibit Purchaser from having the right to terminate the employment of any such employee, subject to any Law or contractual obligations.~~

~~10.5.3.~~10.5.4 To the extent permitted by applicable law, Seller shall deliver to Purchaser the full and complete employment file for all ~~Active Employees~~current employees in Seller's possession, including, but not limited to, training records, licenses and certifications, criminal background check results, performance reviews, and other required documents, in connection with Purchaser's review and investigation of prospective employment of Seller's ~~Active Employees.~~employees. Seller shall have satisfied its obligations under this **Section 10.5.24**

as long as all of such employee records are present at the Facility during the 30 day period prior to the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

~~10.6.~~10.6 Bulk Sales Laws. The parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction that may otherwise be applicable with respect to the sale of any or all of the Seller's Assets to Purchaser; it being understood that any liabilities arising out of the failure of Seller to comply with the requirements and provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction which would not otherwise constitute Assumed Liabilities shall be treated as Excluded Liabilities.

#### 10.7 Accounts Receivable.

10.7.1 Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "Pre-Closing AR Schedule"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.

10.7.2 Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.

10.7.3 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.4 Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.7.5 Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying



remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post-Closing Date balances and Purchaser shall remit to Seller any excess up to the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.

10.7.6 Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.

10.7.7 Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.

#### ~~10.7.10.8~~ Access to Records.

~~10.7.1.10.8.1~~ From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, ~~Purchaser shall allow Seller~~ each party hereto agrees to give the other (and their agents and representatives ~~to have~~) reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at ~~Seller's~~ the requesting party's expense), the books and records and supporting material of the Facility ~~relating to the period prior to the Closing Date~~ which are in ~~Purchaser's~~ said party's possession, to the extent reasonably necessary to enable ~~Sellers~~ said party to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.

~~10.7.2.10.8.2~~ Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

~~10.8.10.9~~ Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**") provided that Purchaser hereby agrees to assume ~~the existing~~ [REDACTED] ~~any~~ contracts that Seller cannot terminate without penalty which contracts shall be deemed to be Assumed Operating Contracts. Further, the parties hereby acknowledge and agree that notwithstanding any provision to the contrary herein, the national contracts identified on Schedule 1.1.5 will not be assigned by Seller to Purchaser at Closing. Seller shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, subject to Section 5.1.1-(I), (i) Seller shall ~~(i)~~ assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment, and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder.

## 11. Termination and Remedies.

~~11.1.11.1~~ Termination. This Agreement may be terminated as follows:

~~11.1.1.11.1.1~~ By mutual written agreement of Purchaser and Seller;

~~11.1.2.11.1.2~~ By Seller, if any of the conditions set forth in Section 5.2 are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

~~11.1.3.11.1.3~~ By Purchaser, if any of the conditions set forth in Section 5.1 are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser;

~~11.1.4.11.1.4~~ By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

~~11.1.5.11.1.5~~ By Purchaser pursuant to Section 9.2 (Damage or Condemnation).

~~11.2.11.2~~ Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or warranty by the other Party, without first giving the other Party written notice of such breach and not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

~~11.3.~~11.3 Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2**, or **Section 11.1.4**, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

~~11.4.~~11.4 Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under **Sections 11.1.3** or **Section 11.1.5**, Purchaser shall have the right either to (i) waive the condition or covenant or breach at issue and proceed with the Transaction on the terms contemplated herein, or (ii) seek specific performance of Seller's obligations hereunder, or (iii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon.

~~11.5.~~11.5 Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

~~11.6.~~11.6 Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. Notices. All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller:	HumanGood SoCal 516 Burchett Street Glendale, California 91203 Attention: Dan Ogus and Bethany Ghassemi Email: Dan.Ogus@HumanGood.org; Bethany.Ghassemi@HumanGood.org
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with a copy (which shall not constitute notice) to:

Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

If to Purchaser:

Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

with a copy (which shall not constitute notice) to:

Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: gphillipsjr@phillipslawpartners.com

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

~~13.1.~~13.1 **By Seller to Purchaser.** From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

~~13.2.~~13.2 By Purchaser to Seller. From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

~~13.3.~~13.3 Method of Indemnification.

~~13.3.1.~~13.3.1 In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair, void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnatee fails to provide timely notice of Indemnatee's Claim, the Indemnitor will not be obligated to indemnify the Indemnatee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to defend such Claim has been materially prejudiced by such failure of the Indemnatee to timely notify Indemnitor of the same.

~~13.3.2.~~13.3.2 If the applicable Indemnatee Claim relates to a Claim made by a third party against Indemnatee, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnatee, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnatee, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnatee without the payment of any amount or the taking of any action or admission of liability by the Indemnatee). The Indemnatee will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnatee and the Indemnitor and, in the reasonable opinion of counsel to the Indemnatee, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnatee shall be entitled to retain separate counsel for the Indemnatee, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

~~13.4.~~13.4 Survival. All ~~covenants~~, indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing ~~and shall continue in effect for a period of~~

~~four (4) years with respect to Core Representations<sup>6</sup> and a period of eighteen (18) month for all others~~for a period of twelve (12) months, after which they shall terminate and be of no further force or effect except with respect to claims made within such period, in which case the applicable ~~covenant~~, indemnity, warranty and/or representation shall survive until the full and final resolution thereof (the "Survival Period"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

~~13.5.13.5~~ **Limitations.** Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to Ten Thousand and No/100 Dollars (\$10,000.00) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnitee's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of ~~One Million Two~~Five Hundred Thousand and No/100 Dollars (\$~~1,200~~500,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnitee Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

#### 14. **Confidentiality and Non-Solicitation**

~~14.1.14.1~~ **Confidentiality.** ~~Sellers~~Seller and ~~acknowledges that~~Purchaser ~~acknowledge that the other party~~ may be irreparably damaged if the confidential knowledge and information possessed or hereafter acquired by ~~Seller~~either party relating to ~~Purchaser or~~ the Business (which shall include the terms of this Agreement and other agreements delivered pursuant to this Agreement and all other non-public information regarding ~~Purchaser~~either party and/or the Business, including, without limitation, trade secrets or technology/inventions now known or hereafter discovered, and information reflecting or pertaining to research, developments, techniques, purchasing, marketing, business plans and strategies, accounting, licensing, know-how, methods, projects, processes, computer hardware and programs, software libraries, databases, compositions, discoveries, cost systems, personnel data, customer lists, business partner names and lists (including, but not limited to, vendors, suppliers, licensees, licensors, franchisees, referral sources, and consultants), training, the particular needs and requirements of customers and/or business partners, the identity of customers and potential customers, business partners and potential business partners, pending business transactions, pricing for customers or potential customers, pricing of business partners or potential business partners, ~~Purchaser's~~ policies and procedures, equipment and materials used by ~~Purchaser~~either party, methods used in the recruiting

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<sup>6</sup>~~Core Representations means any representations, warranties and covenants contained in Sections 7.1, 7.2, 7.10, 7.14, 7.18, 7.22, 7.23 and 7.24.~~

or placement of personnel by ~~Purchaser, either party~~ and methods and marketing of products or services by ~~Purchaser, either party~~) were disclosed to or utilized on behalf of others. Accordingly, ~~Seller and neither party~~ shall ~~not~~, directly or indirectly: (i) disclose to any Person any non-public information concerning the Business or any of the terms of this Agreement or the other agreements delivered pursuant to this Agreement, for any reason or purpose whatsoever; or (ii) make use of any such non-public information for ~~Seller's~~ either party's own purpose or for the benefit of any other Person ~~(other than Purchaser)~~.

~~14.2.~~ 14.2 For a period of ~~three years~~ one (1) year after the Closing Date, Seller shall not, directly or indirectly:

~~14.2.1. — solicit the business of any Person who is a customer of Purchaser for the benefit of anyone other than the Purchaser with respect to the Business or the any other business of Purchaser;~~

~~14.2.2.~~ 14.2.1 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Purchaser to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser;

~~14.2.3.~~ 14.2.2 cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of ~~Sellers~~ Seller on the Closing Date or within the year preceding the Closing Date to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser; or

~~14.2.4.~~ 14.2.3 hire, ~~retain~~ or attempt to hire ~~or retain~~ any employee or independent contractor of Purchaser or in any way interfere with the relationship between Purchaser and any of its employees or independent contractors; provided the parties acknowledge and agree that Seller will retain the employees ("Retained Employees") listed on Schedule 14.2.3 hereto from and after Closing.

14.2.4 The foregoing restrictions on solicitation shall not restrict general advertising or residents or employees initiating contact with Seller or Seller affiliates for purposes of relocating to another senior living facility operated by Seller or affiliates of Seller.

~~14.3.~~ 14.3 If, at the time of enforcement of this **Section 14**, a court holds that the restrictions stated herein are unreasonable under the circumstances then existing, the parties agree that the maximum period, scope or geographical area reasonable under such circumstances shall be substituted for the stated period, scope or area so as to protect Purchaser to the greatest extent possible under applicable law from improper competition. The parties hereto acknowledge that money damages would be an inadequate remedy for any breach of this **Section 14** and that Purchaser would be irreparably damaged if any party were to breach the covenants set forth in this **Section 14**. Therefore, in the event of a breach or threatened breach of this **Section 14**, Purchaser,

or their respective successors or assigns may, in addition to other rights and remedies existing in their favor, apply to any court of competent jurisdiction for specific performance and/or injunctive or other relief in order to enforce, or prevent any violations of, the provisions of this **Section 14** (without posting a bond or other security). If Purchaser prevails in any legal proceedings to enforce this Agreement, then Purchaser is also entitled to recover its costs and fees incurred, including reasonable attorney's fees and out-of-pocket costs.

~~14.4.~~14.4 Seller acknowledges that the foregoing restrictions are supported by sufficient consideration and other benefits that they have received and will receive hereunder. They also acknowledge that the restrictions protect against unfair competition and that the restrictions do not prevent them from earning a living given their education, skills, and ability. Seller agrees and acknowledge that (i) Purchaser has required that Seller make the covenants set forth in this **Section ~~6.1~~14** as a condition to Purchaser's obligations to consummate the transactions contemplated hereby; and (ii) the provisions of this **Section ~~6.1~~14** are reasonable and necessary to protect and preserve the Business.

## 15. **Miscellaneous.**

~~15.1.~~15.1 **Entire Agreement.** This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

~~15.2.~~15.2 **Time is of the Essence.** Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

~~15.3.~~15.3 **Waiver.** No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

~~15.4.~~15.4 **Public Announcements.** Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

~~15.5.~~15.5 **Attorneys' Fees in the Event of Litigation.** Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable

attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

~~15.6.~~15.6 Jurisdiction; Venue. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. ~~EACH~~ OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

~~15.7.~~15.7 Waiver of Jury Trial. TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.

~~15.8.~~15.8 Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

~~15.9.~~15.9 Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

~~15.10.~~15.10 Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior



written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

~~15.11.~~15.11 Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

~~15.12.~~15.12 Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

~~15.13.~~15.13 Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

~~15.14.~~15.14 No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

~~15.15.~~15.15 Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

~~15.16.~~15.16 Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.

~~15.17.~~15.17 Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that

it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

~~15.18~~15.18 **Third Party Beneficiary.** Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

~~15.19~~15.19 **1031 Exchange.** Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.

~~15.20~~15.20 **Exclusivity.** Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.



~~15.21.~~15.21 Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section ~~14~~15.21** shall survive Closing.

~~[Signatures on the following pages]~~



**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: Daniel Ogus

Its: Chief Operating Officer

**PURCHASER:**

ARARAT HOME OF LOS ANGELES, INC.,

a California [non-profit public benefit](#) corporation

By: \_\_\_\_\_

Name: Joseph Kanimian

Its: Chairman

\_\_\_\_\_

Purchase and Sale Agreement

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**

..

**SCHEDULE 1.1.95**

**ASSIGNED CONTRACTS**

SCHEDULE 1.1.12

**VEHICLE**

1.



**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

None.



**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>Asset</b>	<b>Purchase Price Allocation</b>
Real Property and Facility	\$
Personal Property	\$
Goodwill	\$
Total	\$14,8000,000

SCHEDULE 4.1.1  
DUE DILIGENCE MATERIALS

**SCHEDULE 7.3**

**LITIGATION**

**SCHEDULE 7.23.1**

**EMPLOYEE BENEFIT PLANS**

SCHEDULE 14.2.3  
RETAINED EMPLOYEES

1. Greg Bearce
2. Raquel Vergara
3. Sammi Wu

**EXHIBIT A**

**DUE DILIGENCE MATERIALS**

**[Attached]**

**EXHIBIT B**

**FORM OF DEED**

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TAX STATEMENTS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space Above this Line is for Recorder's Use

APN: \_\_\_\_\_

Address: \_\_\_\_\_

### Grant Deed

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is \$ \_\_\_\_\_.

(X) computed on full value of property conveyed, or

( ) Property Not Sold

( ) computed on full value less of liens and encumbrances remaining at time of sale.

( ) Unincorporated area: (X) City of \_\_\_\_\_

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
\_\_\_\_\_, hereby GRANT(S) to

\_\_\_\_\_, all of its right, title and interest in that property  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of California, as described on **Exhibit A**,  
attached hereto and incorporated herein by this reference

Dated: \_\_\_\_\_, 2022

[Remainder of Page Intentionally Left Blank]



Signature Page – Grant Deed

IN WITNESS WHEREOF, this instrument is executed effective as of date set forth above.

\_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_ (Seal)

## EXHIBIT C

### FORM OF BILL OF SALE

#### BILL OF SALE

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. ~~1.~~ All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");

2. ~~2.~~ All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");

3. ~~3.~~ To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;

4. ~~4.~~ Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

5. ~~5.~~ All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

6. ~~6.~~ All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment,

directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. ~~7.~~ All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. ~~8.~~ The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. ~~9.~~ The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. ~~10.~~ All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. ~~11.~~ All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**EXHIBIT A TO BILL OF SALE**

## **EXHIBIT D**

### **FORM OF ASSIGNMENT**

#### **ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

#### **RECITALS**

~~A.A.~~ Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

~~B.B.~~ Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "~~permits~~": Assumed Contracts").

~~C.C.~~ Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

~~D.D.~~ Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

#### **AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*



~~IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.~~  
IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:** \_\_\_\_\_

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**ASSIGNEE:** —

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**Exhibit A To ASSIGNMENT AND ASSUMPTION AGREEMENT**

**ASSUMED OPERATING CONTRACTS**

**EXHIBIT E**

**FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);

2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);

3. The Seller's federal tax identification number is \_\_\_\_\_;

4. The Seller's address is \_\_\_\_\_;

5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

**SELLER:**

HUMANGOOD SOCAL,

a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**7) Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline from Ararat Home of Los Angeles dated April 6, 2022.**

## **PURCHASE AND SALE AGREEMENT**

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of March \_\_\_\_, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California corporation, or assigns ("**Purchaser**").

### **RECITALS**

A. Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Purchaser is the owner of and has experience operating a senior care community.

C. Seller is interested in selling the Real Property, the Facility and the business operations conducted therein (the "Business") ~~thereof~~ to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the Business operations ~~thereof~~ from Seller (the "**Transaction**").

D. The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

1.1. Seller's Assets. On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

1.1.1. The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

1.1.2. All fixtures attached or appurtenant to the Real Property and the Facility;

1.1.3. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller.

including without limitation those items set forth on Schedule 1.1.3~~Error! Reference source not found.~~ (collectively, the "**Personal Property**");

1.1.4. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;

1.1.5. All rights existing under all contracts to which the Seller is a party, excluding those identified as Excluded Assets, but including without limitation the Resident Agreements and the Assumed Operating Contracts (each as defined below), along with those set forth on Schedule 1.1.5 ("Assigned Contracts");

~~1.1.5.~~1.1.6. To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

1.1.7. All inventory, wherever located, including all raw materials, spare parts and all other materials and supplies to be used in the Business or in connection with maintenance of the Facility (the "Inventory"), including without limitation the inventory set forth on Schedule 1.1.7;

~~1.1.6.~~1.1.8. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

~~1.1.7.~~1.1.9. All intangible personal property of any kind or character of the Seller, including without limitation all claims, deposits, warranties, guarantees, refunds (other than Tax Refunds), rebates, judgments, demands, causes of action, rights of recovery, rights of set-off and rights of recoupment of every kind and nature with respect to the Business, whether fixed or contingent, including any liens or other rights to payment or to enforce payment in connection with services provided by Seller in connection with the Business, along with ~~A~~all of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

~~1.1.8.~~1.1.10. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

1.1.11. Other than corporate and trade names used by Seller in connection with the Business as well as related social media accounts, domain name and website and any content therein, all of the Seller's Intellectual Property, including, but not limited to, licenses and sublicenses granted and obtained with respect thereto, related to the Business, Seller's telephone and fax numbers, all passwords and similar access requirements with respect thereto, and all goodwill associated therewith, including rights thereunder, remedies against infringements thereof, and rights to protection of interests therein;

~~1.1.9.~~1.1.12. The vehicle described in **Schedule 1.1.912** (the "**Vehicle**");

~~1.1.10.~~1.1.13. The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the ~~b~~Business~~-of the Facility;~~

~~1.1.11. The Resident Agreements and the Assumed Operating Contracts (each as defined below); and~~

1.1.14. All billed and unbilled accounts receivable and all correspondence with respect thereto, including without limitation, all trade accounts receivable, notes receivable from patients, and all other obligations from patients (the "Accounts Receivable"), including without limitation the items listed on Schedule 1.1.14;

1.1.15. All prepayments, vendor credits, loans to employees, prepaid expenses and similar assets.

1.1.16. Any other asset, property, or right of any Seller, tangible or intangible, used in the conduct of the Business.

~~1.1.12.~~1.1.17. All books, files and records ~~(excluding historical financial records)~~ in whatever form or medium related to the operation of the Facility and the Business, including, but not limited to, original records for current and former residents and employees of the Business~~Facility~~, quotation and purchase records and all books, records, ledgers, files, documents, correspondence, lists, reports, and other printed or written materials with respect to the Real Property, Facility and Business but specifically excluding (a) proprietary or organizational documents and financial, accounting and/or tax records or Seller, and (b) those documents whose disclosure is restricted by applicable law ~~and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date.~~

Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets."

1.2. Excluded Assets. Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**"):

1.2.1. Seller's cash, ~~including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;~~



1.2.2. Seller's proprietary or organizational documents ~~and financial, accounting and/or tax records~~ and other records that Seller is required by law to retain in its possession; including historical financial records;

1.2.3. Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;

1.2.4. any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

~~1.2.5. Seller's deposits (but excluding any deposits from Residents), including utility deposits, and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;~~

~~1.2.6. any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;~~

~~1.2.7.~~ 1.2.5. any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

~~1.2.8.~~ 1.2.6. any personal property identified on **Schedule 1.2.8** hereto (the "Excluded Personal Property");

~~1.2.9.~~ 1.2.7. the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("SNF") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("**CDPH**") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

~~1.2.10.~~ 1.2.8. all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not Assumed Operating Contracts.

1.3. Assumption of Liabilities. Except for the deposits related to the Resident Agreements as specifically provided in this Agreement, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Real Estate, Facility or the Business (the "Assumed Liabilities") ~~Assets~~.

~~1.3.~~ 1.4 Notwithstanding the provisions of Section 1.3 or any other provision in this Agreement to the contrary, Buyer shall not assume and shall not be responsible to pay, perform or discharge any liabilities of Seller of any kind or nature whatsoever other than the Assumed Liabilities (the "Excluded Liabilities"). Sellers shall pay and satisfy in due course all Excluded Liabilities.

## 2. **Purchase Price.**

2.1. **Purchase Price.** The ~~aggregate consideration~~ ~~purchase price payable by Purchaser to Seller~~ for the Seller's Assets (~~the "Purchase Price"~~) shall be (i) Fourteen Million Eight Hundred Thousand and No/100 Dollars (\$14,800,000.00) (the "~~Closing Payment~~ **Purchase Price**"). (ii) ~~plus or minus the Post-Closing Adjustment, and (iii) plus the assumption of the Assumed Liabilities.~~ At the Closing, the Purchaser will deliver to Seller, by wire transfer or immediately available funds, an amount equal to the Closing Payment less the Current Assets Holdback Amount<sup>1</sup>, less the Deposits as set forth in 2.1.1. ~~The Purchase Price shall be payable~~ as follows:

2.1.1. **Deposit.** Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Initial Deposit**") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "**Escrow Agent**"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Additional Deposit**") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "**Deposit**". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**; provided, however, if the purchaser does not provide an Approval Notice prior to expiration of the Due Diligence Period for any reason, this agreement and the escrow shall be cancelled, and the Initial Deposit immediately returned to Purchaser.

2.1.2 **Current Assets Adjustment.** The Purchase Price shall be adjusted in accordance with the following:

(a) **Post-Closing Adjustment.**

(i) Within 60 days after the Closing Date, Purchaser shall prepare and deliver to Seller a statement setting forth its calculation of Closing Current Assets<sup>2</sup>, which statement shall contain a balance sheet of Seller as of the Closing Date (without giving effect to the transactions contemplated herein) and a calculation of

<sup>1</sup> "Current Assets Holdback Amount" means an amount equal to Three Hundred Fifty Thousand Dollars (\$350,000). The Current Assets Holdback Amount shall serve for the benefit of Purchaser as a reserve with respect to the Post-Closing Adjustment as set forth in Section 2.1.2.

<sup>2</sup> "Closing Current Assets" means Seller's Current Assets (defined as the total current assets minus current liabilities as set forth on Schedule 2.1.2) as of the close of business on the Closing Date.

Closing Current Assets (the “Closing Current Assets Statement”). The Closing Current Assets Statement shall be prepared consistently with Schedule 2.1.2. The post-closing adjustment shall be an amount equal to the Closing Current Assets minus the Target Current Assets<sup>3</sup> (the “Post-Closing Adjustment”).

(ii) If the Post-Closing Adjustment is a positive number, Purchaser shall pay Seller, by wire transfer of immediately available funds, an amount equal to the Post-Closing Adjustment plus the Current Assets Holdback Amount within five Business Days of the final determination of the Post-Closing Adjustment.

(iii) If the Post-Closing Adjustment is a negative number and the absolute value of the Post-Closing Adjustment is more than the Current Assets Holdback Amount, Seller shall pay Purchaser, by wire transfer of immediately available funds, an amount equal to the absolute value of the Post-Closing Adjustment less the Current Assets Holdback Amount within five Business Days of the final determination of the Post-Closing Adjustment.

(iv) If the Post-Closing Adjustment is a positive number and the absolute value of the Post-Closing Adjustment is less than the Current Assets Holdback Amount, Purchaser shall pay Seller, by wire transfer of immediately available funds, an amount equal to the Current Assets Holdback Amount less the absolute value of the Post-Closing Adjustment within five Business Days of the final determination of the Post-Closing Adjustment.

(b) Examination and Review.

(i) Examination. After receipt of the Closing Current Assets Statement, Seller shall have 30 days (the “Review Period”) to review the Closing Current Assets Statement. During the Review Period, Seller and Seller’s accountants shall have full access to the work papers prepared by Purchaser and/or Purchaser’s accountants to the extent that they relate to the Closing Current Assets Statement.

(ii) Objection. On or prior to the last day of the Review Period, Seller may object to the Closing Current Assets Statement by delivering to Purchaser a written statement setting forth Seller’s objections in reasonable detail, indicating each disputed item or amount and the basis for Seller’s disagreement therewith (the “Statement of Objections”). If Seller fails to deliver the Statement of Objections before the expiration of the Review Period, the Closing Current Assets Statement and the Post-Closing Adjustment, as the case may be, reflected in the Closing Current Assets Statement shall be deemed to have been accepted by Seller. If Seller delivers the Statement of Objections before the expiration of the Review Period, then Purchaser and Sellers shall negotiate in good faith to resolve such objections within 15 days after the delivery of the Statement of Objections (the “Resolution Period”), and, if the same are so resolved within the Resolution Period, then the

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<sup>3</sup> “Target Current Assets” means \$[ ]

Post-Closing Adjustment and the Closing Current Assets Statement with such changes as may have been previously agreed in writing by Purchaser and Seller, shall be final and binding.

(iii) Resolution of Disputes. If Seller and Purchaser fail to reach an agreement with respect to all of the matters set forth in the Statement of Objections before expiration of the Resolution Period, then any amounts remaining in dispute (“Disputed Amounts”) shall be submitted for resolution to the office of CBIZ, Inc. or, if CBIZ, Inc. is unable to serve, Purchaser and Seller shall appoint by mutual agreement the office of an impartial nationally recognized firm of independent certified public accountants other than Seller’s or Purchaser’s accountants (the “Independent Accountants”) who, acting as experts and not arbitrators, shall resolve the Disputed Amounts only and make any adjustments to the Post-Closing Adjustment, as the case may be, and the Closing Current Assets Statement, and whose decision shall be final, conclusive and binding upon Seller and Buyer. The parties hereto agree that all adjustments shall be made without regard to materiality. The Independent Accountants shall only decide the specific items under dispute by the parties.

(iv) Fees of the Independent Accountants. Sellers shall pay a portion of the fees and expenses of the Independent Accountants equal to 100% multiplied by a fraction, the numerator of which is the amount of Disputed Amounts submitted to the Independent Accountants that are resolved in favor of Buyer (that being the difference between the Independent Accountants’ determination and Seller’s determination) and the denominator of which is the total amount of Disputed Amounts submitted to the Independent Accountants (that being the sum total by which Purchaser’s determination and Seller’s determination differ from the determination of the Independent Accountants). Purchaser shall pay that portion of the fees and expenses of the Independent Accountants that Seller is not required to pay hereunder.

(v) Determination by Independent Accountants. The Independent Accountants shall make a determination as soon as practicable within 30 days (or such other time as the parties hereto shall agree in writing) after their engagement, and their resolution of the Disputed Amounts and their adjustments to the Closing Current Assets Statement and/or the Post-Closing Adjustment shall be conclusive and binding upon the parties hereto and their decision for each Disputed Amount must be within the range of value assigned to each such item in the Closing Current Assets Statement and the Statement of Objections, respectively.

~~2.1.1.~~ (c) Adjustments for Tax Purposes. Any payments made pursuant to Section 2.1.2 shall be treated as an adjustment to the Purchase Price by the parties for tax purposes, unless otherwise required by law.

2.1.3 Balance of Purchase Price. The balance of the Purchase Price (Closing Payment, minus the Current Assets Holdback Amount, minus the Deposits, plus or minus any costs and proration for which the Seller and/or Purchaser are responsible under the terms hereof) shall be paid by wire transfer of immediately available funds at Closing.

2.2. Allocation of Purchase Price. The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2.**

2.3. Independent Consideration. As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

### 3. **Closing**

3.1. Time and Place of Closing. Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("**COA**") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before October 31, 2023, Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

3.2. Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

### 4. **Due Diligence; Title and Survey.**

#### 4.1. Due Diligence Investigation.

4.1.1 Within three (3) Business Days after the Opening of Escrow, Seller shall deliver to Purchaser or provide Purchaser access to all materials in Seller's possession or control relating to the Real Property or Facility including, but not limited to: (i) copies of the most recent property tax bills and assessments for the Property; (ii) copies of all documents evidencing interests not shown on the Title Report, if any, (iii) a copy

of any and all leases, service contracts, easements, licenses, development approvals and/or other agreements related to the Real Property or Facility including, without limitation, contracts for design work thereon; (iv) any and all existing surveys of the Real Property; (v) any and all soils reports, reports pertaining to hazardous materials or other environmental conditions or other reports relating to the physical condition of the Real Property; (vi) any and all engineering documents relating to the Facility including, without limitation, plans and specifications prepared for Seller in connection with the development of the Real Property and Facility (the "**Plans and Specifications**"); (vii) any and all other correspondence, reports, studies, permits, approvals or documents relating to the Real Property or Facility, except for Seller's internal materials, documents, correspondence, and/or analysis; (viii) financial statements for the Business for the period ending December 31, 2019, 2021 and 2021, as well as the three month period ending March 31, 2022 (the "Financial Statements"); (ix) the general ledger and trial balance supporting the Financial Statements; (x) contracts and agreements and other documents material to the Business; (xi) and other documents set forth on the Diligence Checklist related to the Business as set forth on Schedule 4.1.1 (collectively, the "**Due Diligence Materials**"). In addition, Seller shall promptly deliver to Purchaser or provide Purchaser access to such other information relating to the Real Property, Facility and Business that is specifically and reasonably requested by Purchaser of Seller in writing to the extent such information is in the possession or control of Seller.

4.1.2 During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its ~~sole and absolute~~ **reasonable** discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility.

4.1.2.1; At all reasonable times from the date of this Agreement to the Closing, or earlier termination of this Agreement, upon forty-eight (48) hours prior written notice to Seller, Purchaser and their respective employees, agents, consultants, managers and contractors (collectively, "**Buyer Permitted Parties**") shall be entitled, at Purchaser's sole cost and expense, to: (a) enter onto the Real Property and Facility to perform any inspections, investigations, studies, and tests of the Real Property and Facility (including, without limitation, physical, engineering, soils, geotechnical, and environmental tests) that Purchaser deems reasonable; (b) review all Due Diligence Materials; and (c) investigate such other matters pertaining to the Real Property, Facility and Business as Purchaser may desire. Any entry by Purchaser onto the Real Property shall be subject to, and conducted in accordance with, all applicable laws. Upon completion of any such testing, Purchaser shall immediately restore the Real Property and Facility to substantially the same condition as it existed prior to Purchaser's entry under this Section 4.1.2.1. During the term of Escrow, Purchaser shall have the right to meet with representatives of the City and other governmental agencies having jurisdiction over the Real Property and Facility. Seller shall have the right to have a representative attend each and every



meeting with representatives of the City and other governmental agencies having such jurisdiction. Seller shall cooperate with Purchaser in its investigation of the Real Property, Facility and Business provided that no investigations will be physically intrusive on the Real Property or the Facility unless Seller consents thereto, which consent shall not be unreasonably withheld, but which consent may be conditioned on the third party site inspectors, engineers or other parties conducting such invasive testing or inspection, providing Seller with proof of any insurance reasonably required by Seller covering any potential damage done to the Seller's Assets as a result of such inspection/testing (the "Due Diligence Review").

~~4.1.~~ 4.1.2.2 Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmans' liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

4.1.2.3 ~~Due Diligence Materials. In connection with Purchaser's Due Diligence Review, Seller shall provide to Purchaser the documents and information described on Exhibit A hereto (the "Due Diligence Materials") if and to the extent they are in the possession or under the control of Seller, to be delivered within three (3) days of the execution of this Agreement.~~

4.1.3 Purchaser shall have the right at any time on or before the end of the Due Diligence Period (the "**Due Diligence Termination Date**"), to terminate this Agreement by delivering a written notice of such termination to Seller and Escrow Agent if Purchaser determines, in its sole and absolute discretion, that the Seller's Assets are not acceptable to Purchaser for any reason. Purchaser shall indicate its satisfaction and/or waiver of the Due Diligence condition described in this Section 4.1 by delivering written notice of such satisfaction and/or waiver ("**Approval Notice**") to Seller and Escrow Agent on or prior to the Due Diligence Termination Date. In the event Purchaser fails to timely deliver an Approval Notice, then this Agreement and the Escrow shall be automatically deemed terminated. In the event this Agreement is terminated in accordance with this Section, then the Initial Deposit shall be immediately returned to Purchaser and the parties shall thereafter be relieved from further liability hereunder, except with respect to any obligations under this Agreement that are expressly stated to survive any termination of this Agreement.

~~4.2.~~

~~4.3.~~4.2. **Title Matters.** After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

~~4.3.1.~~4.2.1. **Property Documents.** After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title**

**Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein and a map showing all easements plotted. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

~~4.3.2.~~4.2.2. Title Objections.

(a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

(b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement, in which case the Deposit shall be immediately returned to Buyer. If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

(c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

(d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter, ~~provided that the supplemental property document objection letter may not be delivered later than two (2) business day prior to the scheduled Closing Date.~~

~~4.4.4.3.~~4.4.3. Access to Key Employees. Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the



Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

5. **Conditions to Closing.**

5.1. Purchaser's Conditions. Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Seller at the Closing) (the "Purchaser's Closing Conditions"), which conditions may be waived by Purchaser only in a writing executed by Purchaser ~~conditions, any one or all of which may be waived by Purchaser in writing:~~

5.1.1. Closing Deliveries. Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

(a) A Grant Deed in substantially the form annexed hereto as **Exhibit B** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

(b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit C** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

(c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit D** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

(d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

(e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit E**;

(f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;

(g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

(h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

(i) Written closing instructions directed to the Escrow Agent;

(j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;

(k) An Interim Lease, Interim Management Agreement and OTA;

~~(l)~~ the consent of all other parties to the Assumed Contracts for each Assumed Contract that requires the consent of another party prior to the consummation of the transaction contemplated by this Agreement; and

~~(m)~~ Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

5.1.2. Title Policy. The Title Company shall be irrevocably and unconditionally prepared and committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions, with those endorsements reasonably requested by Purchaser (provided that such endorsements are available in the State of California and are paid for in accordance with the terms in this Agreement), in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

5.1.3. Representations and Warranties. The representations and warranties of Seller contained in this Agreement shall be true, correct, and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.1.4. Seller's Performance. Seller shall have complied with and/or materially performed all of its obligations, covenants, and agreements required on the part of Seller to be complied with or performed under the terms of this Agreement ~~that are required to be performed~~ prior to or at Closing.

5.1.5. Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

5.1.6. Due Diligence Review. Buyer shall have delivered an Approval Notice pursuant to Section 4.1.3. ~~Purchaser shall be satisfied in its sole and absolute discretion with the results of its Due Diligence Review; provided, however, that this Agreement shall automatically terminate and neither party shall have any further rights or obligations hereunder, other than~~

~~Purchaser's right to secure the return of the Deposit, if this condition has not been satisfied by 5:00 PM Pacific Time as of the end of the Due Diligence Period. Purchaser shall provide Seller a written notice (a "**Termination Notice**") on or before 5:00 PM Pacific Time as of the end of the Due Diligence if Purchaser is NOT satisfied with the results of its Due Diligence Review.~~

5.1.7. No Changes. The Real Property and Facility shall be in substantially the same physical condition on the Closing Date as existed on the Opening of Escrow, ordinary wear and tear excepted.

5.1.8. New Encumbrances. Seller shall not have encumbered or granted any interest in or to the Property or any portion thereof to any party for any reason whatsoever, include the grant or dedication of any easements, any security interest or otherwise burden the title or use of the Property or any portion thereof after the Opening of Escrow.

~~5.1.6.—~~

5.2. Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions precedent (and conditions concurrent, with respect to deliveries to be made by Buyer at the Closing) (the "**Seller's Closing Conditions**"), which conditions may be waived by Seller only in a writing executed by Seller, ~~any one or all of which may be waived by Seller in writing:~~

5.2.1. Purchase Price. Purchaser shall have delivered to Escrow Agent the portion of the Closing Payment due as set forth in Section 2.1.3 ~~Purchase Price due pursuant to Section 2.1 hereof.~~

5.2.2. Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- (a) The executed Assignment;
- (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit D** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;
- (e) Written closing instructions directed to the Escrow Agent;

(f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;

(g) An Interim Lease, Interim Management Agreement and OTA; and

(h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

5.2.3. Representations and Warranties. The representations and warranties of Purchaser contained in this Agreement shall be true, correct and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.2.4. Attorney General and California Department of Social Services Approval. All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

5.2.5. Purchaser's Performance. Purchaser shall have complied with and/or materially performed all of its obligations-, covenants, and agreements required on the part of Purchaser to be complied with or performed under this Agreement ~~that are required to be performed~~ prior to or at Closing, including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

5.3. Conditions Generally. The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

## 6. Closing Costs and Prorations.

6.1. Costs and Expenses. All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

6.1.1. Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

6.1.2. Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

6.1.3. Purchaser shall pay all of the costs associated with the Due Diligence Review.

6.1.4. Each of the Parties shall each pay their own legal fees and expenses.

6.1.5. Purchaser and Seller shall share on a 50-50 basis all escrow fees.

6.1.6. Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

6.1.7. Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the Purchaser's licenses and permits necessary to operate the Facility.

6.2. Prorations and Adjustments.

~~6.2.1. All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date.~~

6.2.2.6.2.1. Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.43** below.

~~6.2.3.6.2.2.~~ Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

~~6.2.4.6.2.3.~~ All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after

either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

~~6.2.5.~~6.2.4. This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser on behalf of itself and not on behalf of the other entity comprising Seller as follows:

7.1. **Organization and Authority.** Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

7.2. **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws ~~or general principals of equity~~. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's ~~organizational limited liability company~~ documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected. With respect to Seller, no consent, approval, order or authorization of or from, or registration, notification, declaration or filing with any Person, including without limitation, any Government Entity, is required in connection with the execution, delivery or performance of this Agreement by any Seller or the consummation by any Seller of the transactions contemplated herein

7.3. **Litigation.** Except as disclosed to Purchaser on Schedule 7.3 hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller, the Real Estate, or the Facility or the Business, at law or in equity. Seller is not a party to, nor is Seller or the Real Estate, Facility or Business bound by, any orders, judgments, injunctions, decrees or settlement agreements under which it may have continuing obligations as of the Closing Date ~~and that are likely to materially restrict or affect the present business operations of the Facility.~~ There are no facts, circumstances or conditions that



would reasonably be expected to form the basis for any action against or affecting Sellers, the Real Estate, Facility, Business, or the transactions contemplated hereby. Schedule 7.3 lists all actions against the Company at law or in equity that have occurred since January 1, 2017.

7.4. Compliance with Law. Seller is and has been in compliance with all applicable laws in connection with operation of the Facility and Business~~Seller has received no written notice that the Facility and its operation and use are not now in compliance with all applicable laws.~~

7.5. The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly. The Licenses are in full force and effect.

7.6. Employees of the Facility; Unions. All of the employees of the Business at the Facility are the employees of Seller. None of the employees of the Business at the Facility are members of a labor union or subject to any collective bargaining agreement nor to Seller's knowledge are ~~has Seller received any written notice that any~~ such employees ~~are~~ engaged in any union organizing activities or threatened an attempt to organize or establish any labor union or employee association to represent any employees. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility. No unfair labor practice charge, work stoppage, picketing, or other such activity relating to labor matters of the Business will be pending as of the Closing Date. The Seller is in compliance with all requirements of all applicable Laws governing employment and employee relations, including laws relating to employment discrimination, sexual harassment, civil rights, equal pay, wages, meal and rest breaks, hours, overtime, sick leave, collective bargaining and labor relations, occupational safety and health, workers' compensation, immigration, or the withholding and payment of income, social security (FICA) or similar taxes, and any similar laws of any foreign jurisdiction. No suits, charges or administrative proceedings relating to any such law or regulation are pending as of the Closing Date. To the Seller's knowledge, no action alleging a violation of any such applicable law has been threatened. Purchaser will not have any liability to any employee (or to any Government Entity with respect to any such employee) under any such law or regulation relating to actions arising out of or related to any event occurring on or before the Closing Date. The Seller is in compliance with all applicable requirements of the Immigration Reform and Control Act (to the extent applicable), and has in its files properly completed copies of Form I-9 (and, as applicable, copies of supporting documents) for all employees and former employees with respect to whom that form is required. The Seller does not have any workers' compensation Liabilities with respect to employees that are not covered by insurance.

7.7. Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the

Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

7.8. Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect and none of the Operating Contracts has been modified or amended except any modifications or amendments provided to Purchaser as part of the Due Diligence Review. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

7.9. Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tllsdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

7.10. Tax Returns. To Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the ~~Facility~~ Business prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid. Moreover, : (i) no Liens have been filed against Sellers or their assets in respect of Taxes, and no waivers of statutes of limitations have been given or requested with respect to Sellers; (ii) there are no pending Tax audits or other proceedings with respect to Sellers or any of their Tax Returns nor have Sellers been notified of any dispute or claim with respect to Taxes that has not been resolved; (iii) Sellers have complied in all respects with all applicable laws relating to the collection or withholding of Taxes (such as sales Taxes, customs duties or withholding of Taxes from the wages of employees); (iv) Sellers are not now nor have they been a party to any Tax sharing, allocation or distribution agreement; and (v) Sellers have no obligation to make (or possibly make) any payments that will be non-deductible under, or would otherwise constitute a "parachute payment" within the meaning of, Section 280G of the Code (or any corresponding provision of state, local or foreign income Tax law). Sellers are not directly nor indirectly responsible for the Taxes of any other Person, and Sellers (A) have never been a member of a group filing a consolidated, combined, unitary or similar Tax Return and (B) have no liability for the Taxes of any Person (other than Sellers) under Treasury Regulation Section 1.1502-6 (or any similar provision of state, local or foreign law), as a transferee or successor, by contract, or otherwise.

7.11. No Violations of Environmental Laws. -To Seller's knowledge and except as disclosed in the Property Materials: (a) the Property is not in, nor has it been or is it currently under investigation for violation of any federal, state, or local law, ordinance, or regulation relating



to industrial hygiene, worker health and safety, or to the environmental conditions in, at, on, under, or about the Property, including, but not limited to, soil and groundwater conditions ("**Environmental Laws**"); (b) the Property has not been subject to a deposit of any Hazardous Substance; (c) neither Seller nor any third Party has used, generated, manufactured, stored, or disposed in, at, on, or under the Property any Hazardous Substance; and (d) there is not now in, on, or under the Property any underground or above ground storage tanks or surface impoundments, any asbestos containing materials, or any polychlorinated biphenyls used in hydraulic oils, electrical transformers, or other equipment. Seller hereby assigns to Buyer as of the Closing all claims, counterclaims, defenses, and actions, whether at common law or pursuant to any other applicable federal, state or other laws that Seller may have against any third Party or Parties relating to the existence or presence of any Hazardous Substance in, at, on, under, or about the Property. For purpose of this Agreement, the term "**Hazardous Substance**" shall be deemed to include any wastes, materials, substances, pollutants, and other matters regulated by Environmental Laws including, without limitation, per- and polyfluoroalkyl substances (PFAS). ~~To Seller's knowledge and except as provided in any Phase One obtained by Purchaser: (i) Seller is not a party to any contract, settlement agreement, or other similar arrangement that requires or may require Seller to have any liability or obligation of any kind arising out of any law designed to minimize, prevent, punish, or remedy the consequences of actions that damage or threaten the environment or public health and safety ("**Environmental Law**"); (ii) Seller has not received any written notice from any governmental authority or other person regarding any actual, alleged, or potential failure by Seller to comply with any Environmental Law; (iii) no action, arbitration, audit, hearing, investigation, litigation, suit, or other proceeding relating to any Environmental Law is pending or, to Seller's knowledge, threatened against Seller; and (iv) Seller is not subject to any judgment or order relating to any Environmental Law.~~

7.12. Health Care Representations. ~~To Seller's knowledge, the Licenses are in full force and effect.~~ Seller is not a target of, participant in, or subject to any pending or threatened action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs. Seller has provided all correspondence with any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident received from January 1, 2020 to the present to Purchaser as part of the Due Diligence Materials. Seller has maintained the Facility and operated the Business in such a manner as to avoid any negative survey finding by any Health Care Authority.

7.13. Financial Statements. Each of the audited and unaudited Financial Statements of the Business provided by Seller to Purchaser as part of the Due Diligence Materials has been prepared in accordance with GAAP applied on a consistent basis (except as otherwise may be

indicated therein) and in accordance with the books and records of Seller. Each of the financial statements presents fairly in all material respects the financial position of Seller at the dates thereof and the results of operations and cash flows for the periods indicated subject, in the case of interim Financial Statements, to normal year-end adjustments and that interim financial statements do not include footnote disclosure. The Seller's books and records relating to the Business are complete and correct and accurately reflect all of the assets, liabilities, transactions and results of operations of the Business at the Facility in all material respects. Since December 31, 2019, except as required by applicable law or changes in GAAP, there has been no change in any accounting principle, procedure, or practice followed by Seller or in the method of applying any such principle, procedure, or practice.

7.14. Undisclosed Liabilities. Except as set forth on Schedule 7.14, Seller does not have any liabilities or obligations of any nature (whether absolute, accrued, contingent or otherwise), except for liabilities or obligations reflected or reserved against in the Financial Statements and liabilities incurred in the ordinary course of Business since the respective dates thereof

7.15. Receivables. The Accounts Receivable reflected on the latest balance sheet included in the Financial Statements (March 31, 2022) arose in the ordinary course of the Business, and represent bona fide, arms-length transactions, or refunds due from governmental entities. The Accounts Receivable as of the Closing are collectible by Seller, subject to reasonable reserves reflected in the Financial Statements. Schedule 7.15 sets forth in summary form an aging of the Accounts Receivable of Seller as of the Closing Date.

7.16. Absence of Certain Developments. Except as set forth on Schedule 7.16:

7.16.1 Ordinary Course of Business. Since January 1, 2019, the Company has conducted business only in the ordinary course of business, as applicable, consistent with past practice, including with regard to nature, frequency and magnitude ("Ordinary Course of Business").

7.16.2 Certain Matters. Since such date, the Company has not:

7.16.2.1 discharged or satisfied any liens or paid any material obligation or liability, other than current liabilities paid in the Ordinary Course of Business, or cancelled, compromised, waived or released any right or claim;

7.16.2.2 sold, assigned, licensed or transferred any of its assets, except for sales in the Ordinary Course of Business, or mortgaged, pledged or subjected its assets to any lien;

7.16.2.3 sold, assigned, transferred or granted a right to any intellectual property (other than agreements with customers entered into in the Ordinary Course of Business), or disclosed any proprietary information with respect to the Business;

7.16.2.4 sold, assigned, transferred, abandoned or permitted to lapse any licenses or permits;

7.16.2.5 suffered any extraordinary loss, damage, destruction or casualty loss or waived any rights of value, whether or not covered by insurance and whether or not in the Ordinary Course of Business;

- 7.16.2.6 borrowed any amount or incurred or become subject to any liabilities, except current liabilities incurred in the Ordinary Course of Business and liabilities under contracts entered into in the Ordinary Course of Business;
- 7.16.2.7 commenced any litigation or binding dispute resolution process or settled or compromised any pending or threatened suit, action or claim;
- 7.16.2.8 entered into any material transaction, other than in the Ordinary Course of Business; or
- 7.16.2.9 experienced any event, change, circumstance, effect, or state of facts that, when considered individually or in the aggregate, is, or is likely to be, materially adverse to (a) the Business, financial condition, prospects, or results of operations of the Facility, taken as a whole, or (b) the ability of Seller to perform its obligations under this Agreement or to consummate the transaction contemplated by this Agreement.

7.17. Anti-Bribery.

- 7.17.1. Neither Seller nor any of its officers or directors, or any employee, agent, distributor or other person acting on behalf of Seller has, directly or indirectly, used any corporate funds for unlawful contributions, gifts, entertainment or other unlawful expenses relating to political activity, made any unlawful payment to foreign or domestic government officials or employees or made any bribe, rebate, payoff, influence payment, kickback or other similar unlawful payment, or taken any action which would cause them to be in violation of any Anti-Corruption or Anti-Bribery Law.
- 7.17.2. There is no pending or threatened claims, charges, investigations, violations, settlements, civil or criminal enforcement actions, lawsuits, or other court actions against Sellers with respect to any Anti-Corruption or Anti-Bribery Law.
- 7.17.3. To Seller's Knowledge, there are no actions, conditions, or circumstances pertaining to the activities of Seller that would reasonably be expected to give rise to any claims, charges, investigations, violations, settlements, civil or criminal actions, lawsuits, or other court actions under any Anti-Corruption or Anti-Bribery Law.
- 7.17.4. Seller has established and maintains reasonable internal controls and procedures appropriate to the requirements of any applicable Anti-Corruption or Anti-Bribery Law.

7.18. Title to Assets. Except as disclosed on Schedule 7.18, Seller has good and valid title, or a valid leasehold interest in, all of Seller's Assets, free and clear of all liens.

7.19. Sufficiency and Condition of Assets.

7.19.1. Seller's Assets: (a) constitute all of the assets, tangible and intangible, of any nature whatsoever, necessary to operate the Business in the manner presently operated by Seller, (b) include all of the operating assets of Seller, and (c) include no assets other than those used in the operation of the Business.

7.19.2. Use of the Real Property for the various purposes for which it is presently being used is permitted as of right under all applicable zoning legal requirements and is not subject to "permitted nonconforming" use or structure classifications. All improvements on the Real Property are in compliance with all applicable legal requirements, including those pertaining to zoning, building and the disabled, are in good repair and in good condition, ordinary wear and tear excepted, and are free from latent and patent defects. No improvement on the Real Property encroaches on any real property not included in the Real Property, and there are no buildings, structures, fixtures or other improvements primarily situated on adjoining property that encroach on any part of the Real Property. The Real Property abuts on and has direct vehicular access to a public road or has access to a public road via a permanent, irrevocable, appurtenant easement benefiting such Real Property and comprising a part thereof, is supplied with public or quasi-public utilities and other services appropriate for the operation of the improvements located thereon. There is no existing or proposed plan to modify or realign any street or highway or any existing or proposed eminent domain proceeding that would result in the taking of all or any part of any Real Property or improvement on the Real Property or that would prevent or hinder the continued use of any Real Property as heretofore used in the conduct of the Business.

7.19.3. Each item of Tangible Personal Property is in good repair and good operating condition, ordinary wear and tear excepted, with no known needed repairs (other than routine maintenance), is suitable for immediate use in the ordinary course of the Business, and is free from latent and patent defects. No item of Tangible Personal Property is in need of repair or replacement other than as part of routine maintenance in the ordinary course of Business. All Tangible Personal Property used in the Business is in the possession of Sellers.

7.20. Contracts.

- 7.20.1. Schedule 7.20.1 includes a listing of all Assumed Contracts to which either Seller is a party that are related to the Business.
- 7.20.2. Except as set forth on Schedule 7.20.2: (i) Seller is not in default under any of the Assumed Contracts identified in Section 7.20.1; (ii) there has not occurred any event that, with the lapse of time or the giving of notice, or both, would constitute such a default; and (iii) to the Seller's knowledge, no party to any of the Assumed Contracts other than Seller is in default under any Assumed Contract nor has any event occurred that, with the lapse of time or the giving of notice, or both, would constitute such a default by any such other party.
- 7.20.3. Except as set forth in Schedule 7.20.3, (i) each Assumed Contract is in full force and effect and is valid and enforceable in accordance with its terms; (ii) each Assumed Contract is assignable by Seller to Purchaser without the consent of any other person; and (iii) no Assumed Contract will upon completion or performance thereof have a material adverse effect on the Business, or the Assumed Liabilities.
- 7.20.4. There are no renegotiations of, attempts or requests to renegotiate or outstanding rights to renegotiate any Assumed Contract and no person has the contractual or statutory right to demand or require such renegotiation

7.21. Legal Compliance; Permits and Licenses.

- 7.21.1. Except as disclosed on Schedule 7.21.1: (i) Seller has been and is in compliance in all material respects with all applicable laws, ordinances, rules, regulations, judgments, orders, decrees, and Permits<sup>4</sup> of all Governmental Entities that is or was applicable to Seller, the conduct or operation of the Business, or the ownership or use of any of the Seller Assets; and (ii) no investigation or review by any Governmental Entity with respect to Seller, the operation of the Business, or the ownership or use of any of the Seller Assets is pending or threatened.
- 7.21.2. Except as disclosed on Schedule 7.21.2: (i) Seller holds all material Permits required for the operation of the Business (including, without limitation, all material Permits required by any Environmental Laws), all of which are valid and in full force and effect in all material respects and are listed on Schedule 7.21.2; and (ii) Sellers have not received any

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<sup>4</sup> Permits shall mean all permits, licenses, franchises, approvals, authorizations, registrations, certificates, variances and similar rights obtained, or required to be obtained, from Governmental Entities, held by Seller relating to the Business.

notice that any Governmental Entity which has issued any such Permit intends to cancel, terminate or not renew any such Permit

7.22. Labor Matters. Schedule 7.22 contains a list of all persons who are employees, independent contractors or consultants of the Business as of the date hereof, including any employee who is on a leave of absence of any nature, paid or unpaid, authorized or unauthorized, and sets forth for each such individual the following: (i) name; (ii) title or position (including whether full-time or part-time); (iii) hire or retention date; (iv) current annual base compensation rate or contract fee; and (v) commission, bonus or other incentive-based compensation.

7.22.1 Except as disclosed on Schedule 7.22.1: (i) Seller is in compliance in all material respects with all applicable laws and regulations respecting employment, including, without limitation, laws and regulations respecting employment practices, employment terms and conditions, wages and hours, tax withholding, immigration and collective bargaining, and is not engaged in any unfair labor practice; (ii) there is no pending or threatened charge, complaint, or grievance against Sellers related to any employment law or regulation; (iii) there is no labor strike, material dispute, slowdown or stoppage actually pending or threatened against or involving Sellers; and (iv) there is no threat of unionization involving Sellers or any of their employees.

7.22.2 Seller is not delinquent in payments to any of their employees or independent contractors for any wages, salaries, commissions, bonuses, or other direct compensation for any services performed by them to date or amounts required to be reimbursed to such employees or independent contractors. Seller is not obligated to pay severance pay or any other payments to their employees upon termination of employment except for payment of accrued wages and benefits pursuant to requirements of law, regulation, or any Plan disclosed on Schedule 7.23.

7.22.3 All persons classified by Sellers as independent contractors or as self-employed do satisfy and have satisfied the requirements of any applicable law or regulation to be so classified.

7.23. Employee Benefit Plans.

7.23.1 Employee Benefit Plans. Schedule 7.23.1 sets forth a complete list of all material employee retirement, welfare, bonus, incentive, deferred compensation, vacation, equity, severance, employment, change of control, and/or fringe benefit plans, programs, policies, practices, and/or other arrangements: (i) covering any current or former employee, officer or director of Sellers or any ERISA Affiliate; (ii) that are sponsored or maintained by Sellers or any ERISA Affiliate; or (iii) with respect to which either Seller or any ERISA Affiliate has any current or potential liability (each, a "Plan").

7.23.2 Administration and Compliance of the Plans. Except as set forth on Schedule 7.23.2, with respect to each Plan:

7.23.2.1 all required, declared or discretionary (in accordance with historical practices) payments, premiums, contributions, reimbursements or accruals for all periods ending prior to or as of the Closing Date have been made or properly accrued on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Sellers;

7.23.2.2 there is no unfunded liability relating to any Plan which is not reflected on the latest balance sheet included in the Financial Statements or with respect to accruals properly made after the date of the latest balance sheet included in the Financial Statements, on the books and records of Seller;

7.23.2.3 there have been no violations of ERISA, the Code, the Patient Protection and Affordable Care Act, or other applicable laws with respect thereto and each Plan has been administered in all material respects in accordance with its terms and established in accordance with all laws; neither Seller nor any of its agents or delegates has any liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets thereof; no Plan has engaged in or been a party to a “prohibited transaction” (as defined in Section 406 of ERISA or Section 4975(c) of the Code) without an exemption applying thereto; no Proceeding with respect to the administration or the investment of the assets thereof (other than routine claims for benefits) for which Seller or any ERISA Affiliate could have any liability is pending or, to Seller’s knowledge, threatened, and Seller does not have any knowledge of any basis for any a Proceeding with respect to any Plan;

7.23.2.4 Schedule 7.23.2 identifies each Plan that is intended to qualify as a “qualified plan” within the meaning of Section 401(a) of the Code (each, a “Qualified Plan”), and there are no existing circumstances nor any events that have occurred that could adversely affect the qualified status of any Qualified Plan or the related trust;

7.23.2.5 Seller has timely deposited all amounts withheld from employees for pension, welfare or other benefits into the appropriate trusts or accounts;

7.23.2.6 except to the extent required under Section 601 et seq. of ERISA and/or Section 4980B of the Code, or comparable provisions of state insurance laws, neither Seller nor any ERISA Affiliate is obligated to provide health or welfare benefits to any former employee;



7.23.2.7 Seller has provided Purchaser with true and complete copies of each Plan and each summary plan description and, to the extent applicable, all other documents pursuant to which each such Plan is maintained and administered, the most recent annual reports (Form 5500 and attachments) and financial statements therefor, all governmental rulings and opinions (and pending requests therefor), the most recent IRS determination letter, if applicable, and if such Plan provides post-retirement or post-employment health and life insurance, accident, or other “welfare-type” benefits, the most recent valuation of the present and future obligations under such Plan. The foregoing documents accurately reflect all material terms of such Plan. Except as specifically provided in the foregoing documents delivered or made available to Purchaser, or as disclosed on Schedule 7.23.2, there are no amendments to any Plan that have been adopted or approved nor have Sellers undertaken to make any such amendments or to adopt or approve any new Plan; and

7.23.2.8 no benefit or amount payable or which may become payable by Seller pursuant to any Plan or Contract with any employee is or may be subject to the imposition of any excise tax under applicable law or would not be deductible under applicable law.

7.23.3 Multi-Employer Plans, Etc. Sellers and their ERISA Affiliates do not and have never maintained or been obligated to contribute to a Multi-Employer Plan. Neither Sellers nor any ERISA Affiliate has engaged in any transaction which could give rise to any withdrawal liability under Title IV of ERISA.

7.23.4 Each Plan that is an employee welfare benefit plan under Section 3(1) of ERISA is either: (i) funded through an insurance company contract and is not a self-insured “welfare benefit fund” within the meaning of Section 419 of the Code; or (ii) is unfunded. No Plan is a “multiple employer welfare arrangement” (as defined in Section 3(40) of ERISA).

7.23.5 No Plan or payment or benefit provided pursuant to any Plan between Seller and any “service provider” (within the meaning of Section 409A of the Code, and the regulations promulgated thereunder), including the grant, vesting, or exercise of any stock option or stock appreciation right, will or may provide for the deferral of compensation subject to Section 409A of the Code, whether pursuant to the execution and delivery of this Agreement or the consummation of the transactions contemplated hereby (either alone or upon the occurrence of any additional or subsequent events) or otherwise. Each Plan that is a nonqualified deferred compensation plan subject to Section 409A of the Code has been operated and administered in good faith compliance with Section 409A of the Code from the effective date of Section 409A through the date hereof.

7.23.6 Each Plan may be amended or terminated at any time by action of Seller



7.23.7 Neither the execution and delivery of this Agreement, nor the consummation of the transactions contemplated hereby will: (i) result in any payment (including, without limitation, severance, unemployment compensation, golden parachute, bonus, or otherwise) becoming due to any director or employee of Seller from Seller, under any Plan or otherwise; (ii) increase any benefits otherwise payable under any employee benefit plan or otherwise; or (iii) result in the acceleration of the time of payment or vesting of any such benefits.

7.24. Certain Fees and Liabilities. Seller has not paid or is obligated to pay any fee or commission to any broker, finder, or intermediary in connection with the transactions contemplated by this Agreement.

~~7.13.~~7.25. For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, Purchaser shall as its sole and exclusive remedy have the option of: (a) waiving the breach of warranty or change, and proceeding with Closing without any change to the Purchase Price, or (b) terminating this Agreement within five (5) Business Days after Purchaser becomes aware of such matter, in which event, the provisions of **Section 11** shall apply. If Purchaser elects to terminate this Agreement pursuant to clause (b) above, Seller may elect to cure the breach by providing written notice to Purchaser of such election within five (5) Business Days after receiving Purchaser's election to terminate this Agreement. If Seller cures the breach to the reasonable satisfaction of Purchaser within fifteen (15) Business Days thereafter (or such longer period of time as is reasonably necessary to cure such breach, not to exceed thirty (30) days, and Closing will be extended as necessary to accommodate such cure), Purchaser's election to terminate this Agreement shall be null and void. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party. Seller represents and warrants that Dan Ogus is the person most knowledgeable about the subject matter contained in each representation and warranty provided in such manner.

8. **Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

8.1. **Organization and Authority.** Purchaser is a duly organized and validly existing California corporation that is in good standing under the laws of the State of California. Purchaser has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

8.2. Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

8.3. Litigation. The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

8.4. Financing. Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that, ~~provided that Purchaser has not delivered a Termination Notice pursuant to Section 5.1.6,~~ arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

8.5. AS IS. IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

## 9. Pre-Closing Covenants/Risk of Loss.

9.1. Conduct Pending Closing. Between the Execution Date and the Closing Date, Seller covenants as follows:

9.1.1. Seller will operate the Facility and Business in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

9.1.2. From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

9.1.3. Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

9.1.4. Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

9.1.5. Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6. Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

9.2. Damage and Condemnation. Prior to the Closing Date, the risk of physical loss to Seller's Assets shall be borne by Seller. Accordingly, it shall be a condition to Purchaser's obligation hereunder that prior to the Closing Date, no material (as defined in this **Section 9.2**) portion of the Facility nor any material portion of any of Seller's Assets shall have been damaged or destroyed by fire or other casualty, or shall have been materially taken or condemned by any public or quasi-public authority under the power of eminent domain. Accordingly, in the event a material portion of the Seller's Assets is damaged, destroyed or taken prior to the Closing Date, Purchaser may elect to terminate this Agreement pursuant to **Section 11**. If, however, either (A) the damage to Seller's Assets is not material or (B) the damage to, or destruction of, the Seller's Assets is material, but Purchaser waives this condition, then Seller shall assign to Purchaser all of its rights to any insurance proceeds in the connection therewith and the Purchase Price shall be

reduced by any deductible which Purchaser shall be required to pay in connection with such damage or destruction. Further, if either (B) the taking or condemnation of Seller's Assets is not material or (B) a material portion of Seller's Assets shall be so taken or condemned prior to Closing but Purchaser waives this condition, then Seller shall pay or assign to Purchaser all Seller's right to the proceeds of any condemnation award in connection thereof and the Purchase Price shall be reduced by Purchaser's reasonable estimate of the amount by which the cost to repair the portion of Seller's Assets affected by such taking exceeds such condemnation award. For the purposes of this **Section 9.2**, "material" damage, destruction or condemnation shall mean any damage or loss to or destruction or taking or condemnation of the Facility which would cost more than Two Hundred Fifty Thousand and No/100 Dollars (\$250,000.00) to repair.

#### 10. **Operations Transfer Provisions.**

10.1. Licenses. On or prior to the expiration of the Due Diligence Period and concurrent with Seller's delivery of the Approval Notice, Purchaser shall submit a change of ownership application ("**CHOW**") with DSS pursuant to which Purchaser will obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

10.2. Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the purchaser's SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period.

10.3. Notices. Seller is required to provide one hundred and twenty (120) days' written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to Seller's SNF residents at least ninety (90) days prior to

Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

10.4. CHOMs. [UNDER DISCUSSION] On or prior to the expiration of the Due Diligence Period, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

10.5. Employees.

10.5.1. At the Closing Date, Seller shall terminate all of the Active eEmployees<sup>5</sup> of the Facility and shall pay to them any accrued wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before Closing Date. ~~At least three (3) business days preceding the Closing Date, Purchaser shall offer to employ after the Closing Date substantially all of the employees of the Facility conditioned only on the occurrence of the Closing Date (the "Hired Employees"). Effective as of the Closing Date, Purchaser, or its management agent will retain and hire all Hired Employees and will recognize for each Hired Employee his or her original hire date with Seller. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this Section 10.2 in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN. Buyer is not obligated to hire any Active Employee, but may hire any Active Employees in its sole discretion. Effective immediately before the Closing, Seller will terminate the employment of all of the Active Employees who work at the Facility, shall provide whatever WARN Act notices are required in connection with such layoff, if any, and shall hold Purchaser harmless from any WARN Act liabilities that result from Seller's termination of the employees or Purchaser's failure to hire a sufficient number of terminated employees. Nothing in this Agreement shall be deemed to prevent or restrict in any way the right of Purchaser to make any and all employment-related decisions with respect to Active Employees after the Closing Date.~~

10.5.2. Salaries and Benefits.

10.5.2.1. Seller shall be responsible for: (A) the payment of all wages and other remuneration due to Active Employees for their services as employees of Seller through the

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<sup>5</sup> The term "Active Employees" shall mean all employees employed on the Closing Date exclusively in the Business as currently conducted, including employees on temporary leave of absence, including family medical leave, military leave, temporary disability or sick leave, but excluding employees on long-term disability leave.



conclusion of Active Employees' employment with Seller, including pro rata bonus and commission payments and all vacation, paid time off and sick leave pay obligations to the extent accrued prior to the Closing Date; (B) the payment of any termination or severance payments and the provision of health plan continuation coverage in accordance with the requirements of COBRA and Sections 601 through 608 of ERISA; (C) any and all payments to employees required under the WARN Act, if any; and (D) compliance with IRS §409A, if applicable.

10.5.2.2. Seller shall be liable for any claims made or incurred by Active Employees and/or their beneficiaries through the Closing Date, including, but not limited to, claims made under any law or under the Plans, and Seller agrees to indemnify and to hold Purchaser harmless from any costs incurred related thereto, including attorneys' fees. For purposes of the immediately preceding sentence, a claim will be deemed incurred when the conduct that is the subject of the claim occurs or when services that are the subject of the claim are performed and, in the case of other benefits (such as disability or life insurance), when an event has occurred or when a condition has been diagnosed that entitles the employee to the benefit.

10.5.2.3. Seller's Retirement and Savings Plans. All Active Employees who are participants in Seller's retirement plan shall retain their accrued benefits under Seller's retirement plans as of the Closing Date, and Seller (or Seller's retirement plans) will retain sole liability for the payment of such benefits as and when such Active Employees become eligible therefor under such plans. All Active Employees will become fully vested in their accrued benefits under Seller's retirement plans as of the Closing Date, and Sellers will so amend such plans if necessary to achieve this result

10.5.2.4. No Transfer of Assets. Seller will not make any transfer of pension or other employee benefit plan assets to Purchaser.

10.5.2.5. Employment Matters. Purchaser will set its own initial terms and conditions of employment for each hired Active Employee and others it may hire, including employment policies and practices, work rules, benefits and salary and wage structure, all as permitted by Law. Seller will be solely liable for any severance payment required to be made to their employees due to the transactions contemplated by this Agreement.

10.5.2.6. General Employee Provisions.

10.5.2.6.1. Seller shall give any notices required by Law and take whatever other actions with respect to the plans, programs and policies described in this Section 10.5.2 as may be necessary to carry out the arrangements described in this Section 10.5.2.

10.5.2.6.2. Seller shall provide Purchaser with such plan documents and summary plan descriptions; employee data or other information as may be reasonably required to carry out the arrangements described in this 10.5.2.

10.5.2.6.3. Seller shall provide Purchaser with completed I-9 forms and attachments with respect to all hired Active Employees, except for such employees as Seller certify in writing to Purchaser are exempt from such requirement.

10.5.2.6.4. Purchaser shall not have any responsibility, liability or obligation, whether to Active Employees, former employees, their beneficiaries or to any other Person, with respect to any employee benefit plans, practices, programs or arrangements (including the establishment, operation or termination thereof and the notification and provision of COBRA coverage extension) maintained by Seller.

10.5.2.6.5. At-Will Employment. No provision of this Agreement shall be construed as a guarantee of continued employment of any manager or other employee of Seller, and this Agreement shall not be construed so as to prohibit Purchaser from having the right to terminate the employment of any such employee, subject to any Law or contractual obligations.

10.5.3. To the extent permitted by applicable law, Seller shall deliver to Purchaser the full and complete employment file for all Active eEmployees hired by Purchaser in Seller's possession, including, but not limited to, that may be limited to training records, licenses and certifications, criminal background check results, performance reviews, and other required documents, in connection with Purchaser's review and investigation of prospective employment of Seller's Active Employees. Seller shall have satisfied its obligations under this **Section 10.5.2** as long as all of such employee records are present at the Facility during the 30 day period prior to ~~on~~ the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

10.6. Bulk Sales Laws. The parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction that may otherwise be applicable with respect to the sale of any or all of the Seller's Assets to Purchaser; it being understood that any liabilities arising out of the failure of Seller to comply with the requirements and provisions of any bulk sales, bulk transfer or similar Laws of any jurisdiction which would not otherwise constitute Assumed Liabilities shall be treated as Excluded Liabilities.

~~10.5.2.~~

~~10.6. Accounts Receivable.~~

~~10.6.1. Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "Pre-Closing AR Schedule"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.~~

~~10.6.2. Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.~~

~~10.6.3. Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying~~

~~remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.~~

~~10.6.4. Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.~~

~~10.6.5. Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post Closing Date balances and Purchaser shall remit to Seller any excess up the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.~~

~~10.6.6. Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.~~

~~10.6.7. Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.~~

## 10.7. Access to Records.

10.7.1. From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, Purchaser shall allow Seller and their agents and representatives to have reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at Seller's expense), the books and records and supporting material of the Facility relating to the period prior to the Closing Date which are in Purchaser's possession, to the extent reasonably necessary to enable Sellers to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.



10.7.2. Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

10.8. Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**") provided that Purchaser hereby agrees to assume the existing [REDACTED] contracts which contracts shall be deemed to be Assumed Operating Contracts. Purchaser shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, [subject to 5.1.1 \(I\)](#), Seller shall (i) assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder.

## 11. Termination and Remedies.

11.1. Termination. This Agreement may be terminated as follows:

11.1.1. By mutual written agreement of Purchaser and Seller;

11.1.2. By Seller, if any of the conditions set forth in **Section 5.2** are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

11.1.3. By Purchaser, if any of the conditions set forth in **Section 5.1** are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser;

11.1.4. By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

11.1.5. By Purchaser pursuant to **Section 9.2** (Damage or Condemnation).

11.2. Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or warranty by the other Party, without first giving the other Party written notice of such breach and not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

11.3. Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2, or Section 11.1.4**, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

11.4. Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under **Sections 11.1.3 or Section 11.1.5**, Purchaser shall have the right either to (i) waive the condition or covenant or breach at issue and proceed with the Transaction on the terms contemplated herein, or (ii) seek specific performance of Seller's obligations hereunder, or (iii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon.

11.5. Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

11.6. Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. Notices. All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller: HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

with a copy (which shall not constitute notice) to: Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

If to Purchaser: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org  
\_\_\_\_\_  
\_\_\_\_\_

with a copy (which shall not constitute notice) to: Phillips Law Partners,  
LLP  
707 Wilshire Blvd., Suite  
3800  
Attention: George R. Phillips,  
Jr.  
Email: gphillipsjr@phillipslawpartners.com  
\_\_\_\_\_  
\_\_\_\_\_

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional

address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

13.1. By Seller to Purchaser. From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

13.2. By Purchaser to Seller. From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

13.3. Method of Indemnification.

13.3.1. In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair, void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnatee fails to provide timely

notice of Indemnitee's Claim, the Indemnitor will not be obligated to indemnify the Indemnitee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to defend such Claim has been materially prejudiced by such failure of the Indemnitee to timely notify Indemnitor of the same.

13.3.2. If the applicable Indemnitee Claim relates to a Claim made by a third party against Indemnitee, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnitee, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnitee, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnitee without the payment of any amount or the taking of any action or admission of liability by the Indemnitee). The Indemnitee will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnitee and the Indemnitor and, in the reasonable opinion of counsel to the Indemnitee, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnitee shall be entitled to retain separate counsel for the Indemnitee, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

13.4. Survival. All covenants, indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing and shall continue in effect for a period of four (4) years with respect to Core Representations<sup>6</sup> and a period of eighteen (18) month for all others, ~~six (6) months after the Closing Date,~~ after which they shall terminate and be of no further force or effect except with respect to claims made within such ~~such six (6) month~~ period, in which case the applicable covenant, indemnity, warranty and/or representation shall survive until the full and final resolution thereof (the "**Survival Period**"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

13.5. Limitations. Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to ~~Twenty-Five-Ten~~ Thousand and No/100 Dollars (~~\$2510,000.00~~) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnitee's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of One Million Two Hundred Thousand and No/100 Dollars (\$1,200,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnitee Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege

<sup>6</sup> Core Representations means any representations, warranties and covenants contained in Sections 7.1, 7.2, 7.10, 7.14, 7.18, 7.22, 7.23 and 7.24.

fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

#### 14. Confidentiality and Non-Solicitation

14.1. Confidentiality. Sellers and acknowledges that Purchaser may be irreparably damaged if the confidential knowledge and information possessed or hereafter acquired by Seller relating to Purchaser or the Business (which shall include the terms of this Agreement and other agreements delivered pursuant to this Agreement and all other non-public information regarding Purchaser and/or the Business, including, without limitation, trade secrets or technology/inventions now known or hereafter discovered, and information reflecting or pertaining to research, developments, techniques, purchasing, marketing, business plans and strategies, accounting, licensing, know-how, methods, projects, processes, computer hardware and programs, software libraries, databases, compositions, discoveries, cost systems, personnel data, customer lists, business partner names and lists (including, but not limited to, vendors, suppliers, licensees, licensors, franchisees, referral sources, and consultants), training, the particular needs and requirements of customers and/or business partners, the identity of customers and potential customers, business partners and potential business partners, pending business transactions, pricing for customers or potential customers, pricing of business partners or potential business partners, Purchaser's policies and procedures, equipment and materials used by Purchaser, methods used in the recruiting or placement of personnel by Purchaser, and methods and marketing of products or services by Purchaser) were disclosed to or utilized on behalf of others. Accordingly, Seller and shall not, directly or indirectly: (i) disclose to any Person any non-public information concerning the Business or any of the terms of this Agreement or the other agreements delivered pursuant to this Agreement, for any reason or purpose whatsoever; or (ii) make use of any such non-public information for Seller's own purpose or for the benefit of any Person (other than Purchaser).

14.2. For a period of three years after the Closing Date, Seller shall not, directly or indirectly:

14.2.1. solicit the business of any Person who is a customer of Purchaser for the benefit of anyone other than the Purchaser with respect to the Business or the any other business of Purchaser;

14.2.2. cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Purchaser to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser;

14.2.3. cause, induce or attempt to cause or induce any customer, supplier, licensee, licensor, franchisee, employee, consultant or other business relation of Sellers on the Closing Date or within the year preceding the Closing Date to cease doing business with Purchaser, to deal with any competitor of Purchaser or in any way interfere with its relationship with Purchaser; or

14.2.4. hire, retain or attempt to hire or retain any employee or independent contractor of Purchaser or in any way interfere with the relationship between Purchaser and any of its employees or independent contractors.

14.3. If, at the time of enforcement of this Section 14, a court holds that the restrictions stated herein are unreasonable under the circumstances then existing, the parties agree that the maximum period, scope or geographical area reasonable under such circumstances shall be substituted for the stated period, scope or area so as to protect Purchaser to the greatest extent possible under applicable law from improper competition. The parties hereto acknowledge that money damages would be an inadequate remedy for any breach of this Section 14 and that Purchaser would be irreparably damaged if any party were to breach the covenants set forth in this Section 14. Therefore, in the event of a breach or threatened breach of this Section 14, Purchaser, or their respective successors or assigns may, in addition to other rights and remedies existing in their favor, apply to any court of competent jurisdiction for specific performance and/or injunctive or other relief in order to enforce, or prevent any violations of, the provisions of this Section 14 (without posting a bond or other security). If Purchaser prevails in any legal proceedings to enforce this Agreement, then Purchaser is also entitled to recover its costs and fees incurred, including reasonable attorney's fees and out-of-pocket costs.

14.4. Seller acknowledges that the foregoing restrictions are supported by sufficient consideration and other benefits that they have received and will receive hereunder. They also acknowledge that the restrictions protect against unfair competition and that the restrictions do not prevent them from earning a living given their education, skills, and ability. Seller agrees and acknowledge that (i) Purchaser has required that Seller make the covenants set forth in this Section 6.1 as a condition to Purchaser's obligations to consummate the transactions contemplated hereby; and (ii) the provisions of this Section 6.1 are reasonable and necessary to protect and preserve the Business.

#### **14.15. Miscellaneous.**

~~14.1.~~15.1. Entire Agreement. This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

~~14.2.~~15.2. Time is of the Essence. Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

~~14.3.~~15.3. Waiver. No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.



~~14.4.~~15.4. Public Announcements. Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

~~14.5.~~15.5. Attorneys' Fees in the Event of Litigation. Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

~~14.6.~~15.6. Jurisdiction; Venue. **THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.**

~~14.7.~~15.7. Waiver of Jury Trial. **TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.**

~~14.8.~~15.8. Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial



banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

~~14.9.~~15.9. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

~~14.10.~~15.10. Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

~~14.11.~~15.11. Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

~~14.12.~~15.12. Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

~~14.13.~~15.13. Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

~~14.14.~~15.14. No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

~~14.15.~~15.15. Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

~~14.16.~~15.16. Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.

~~14.17.~~15.17. Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

~~14.18.~~15.18. Third Party Beneficiary. Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

~~14.19.~~15.19. 1031 Exchange. Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating

to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.

~~14.20.~~15.20. Exclusivity. Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.

~~14.21.~~15.21. Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section 14.21** shall survive Closing.

**[Signatures on the following pages]**

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: Daniel Ogus

Its: Chief Operating Officer

**PURCHASER:**

Ararat Home of Los Angeles, Inc.,  
a California corporation

By: \_\_\_\_\_

Name: Joseph Kanimian

Its: Chairman

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**

..

**SCHEDULE 1.1.9**

**VEHICLE**

1.

**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

~~All computers, computer hardware and software which is located at the Facility.~~

**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>Asset</b>	<b>Purchase Price Allocation</b>
Real Property and Facility	\$
Personal Property	\$
Goodwill	\$
Total	\$14,8000,000



**SCHEDULE 7.3**

**LITIGATION**

**EXHIBIT A**

**DUE DILIGENCE MATERIALS**

**[Attached]**

**EXHIBIT B**  
**FORM OF DEED**

## **EXHIBIT C**

### **FORM OF BILL OF SALE**

#### **BILL OF SALE**

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");
2. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");
3. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;
4. Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;
5. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");
6. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**EXHIBIT A TO BILL OF SALE**

## **EXHIBIT D**

### **FORM OF ASSIGNMENT**

#### **ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

#### **RECITALS**

A. Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "**Assumed Contracts**permits").

C. Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

D. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

#### **AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees,



contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_

**EXHIBIT A To ASSIGNMENT AND ASSUMPTION AGREEMENT**  
**ASSUMED OPERATING CONTRACTS**

## **EXHIBIT E**

### **FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);
2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);
3. The Seller's federal tax identification number is \_\_\_\_\_;
4. The Seller's address is \_\_\_\_\_;
5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

#### **SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**8) FIRST DRAFT of Purchase and Sale Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles dated March 29, 2022.**

## **PURCHASE AND SALE AGREEMENT**

This PURCHASE AND SALE AGREEMENT (this "**Agreement**") is made as of March \_\_\_\_, 2022 (the "**Execution Date**"), by and between HumanGood SoCal, a California non-profit public benefit corporation ("**Seller**"), and Ararat Home of Los Angeles, Inc., a California corporation, or assigns ("**Purchaser**").

### **RECITALS**

A. Seller is the owner and operator of certain real property described on **Schedule 1** hereto (the "**Real Property**") and the improvements thereon including the furniture, fixtures and equipment therein that comprise that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor" located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Purchaser is the owner of and has experience operating a senior care community.

C. Seller is interested in selling the Real Property, the Facility and the operations thereof to Purchaser and Purchaser is interested in purchasing the Real Property, the Facility and the operations thereof from Seller (the "**Transaction**").

D. The Parties are interested in documenting the terms and conditions on which the Transaction would occur.

### **AGREEMENT**

NOW, THEREFORE, in consideration of the mutual covenants and provisions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto (the "**Parties**" and each a "**Party**") hereby covenant and agree as follows:

#### **1. Purchase and Sale.**

1.1. Seller's Assets. On the terms and conditions set forth herein, on the Closing Date (as defined below) Seller shall sell to Purchaser and Purchaser shall purchase from Seller the following:

1.1.1. The Real Property, and the Facility, together with all tenements, hereditaments, rights, privileges, interests, easements (both benefitting and burdening such Real Property) and appurtenances now or hereafter belonging or in any way pertaining thereto;

1.1.2. All fixtures attached or appurtenant to the Real Property and the Facility;

1.1.3. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");

1.1.4. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;

1.1.5. To the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;

1.1.6. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");

1.1.7. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

1.1.8. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

1.1.9. The vehicle described in **Schedule 1.1.9** (the "**Vehicle**");

1.1.10. The goodwill associated with operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

1.1.11. The Resident Agreements and the Assumed Operating Contracts (each as defined below); and

1.1.12. All books, files and records (excluding historical financial records) related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date.

Hereinafter the assets described in this **Section 1.1** shall sometimes be collectively referred to as "Seller's Assets."

1.2. Excluded Assets. Purchaser acknowledges and agrees that the Seller's Assets shall not include the following, all of which shall be and remain the property of Seller (the "**Excluded Assets**"):

1.2.1. Seller's cash, including petty cash, or accounts receivable of Seller arising from the operation of the Facility prior to the Closing Date;

1.2.2. Seller's proprietary or organizational document and financial, accounting and/or tax records, including historical financial records;

1.2.3. Seller's rights arising under this Agreement or under any other agreement between Purchaser and Seller;

1.2.4. any insurance policies in the name of either of the entities comprising Seller which are in effect at Closing with respect to any or all of the Seller's Assets;

1.2.5. Seller's deposits (but excluding any deposits from Residents), including utility deposits, and prepaid expenses accruing through the Closing Date, unless and to the extent that Seller is reimbursed therefor on the Closing Date;

1.2.6. any claim, cause of action, or right of recovery or settlement held by Seller against third parties including vendors, relating to the ownership and/or operation of the Facility on or before the Closing Date;

1.2.7. any and all proprietary and confidential materials, rights and information located at and used in connection with the ownership and/or operation of the Facility, including but not limited to, policy and procedure manuals;

1.2.8. any personal property identified on **Schedule 1.2.8** hereto (the "**Excluded Personal Property**");

1.2.9. the name "HumanGood" or "HumanGood SoCal" and any variations thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that Seller and its affiliates will continue to use the name HumanGood and HumanGood SoCal post-Closing. At Closing, Seller will grant to Purchaser a non-exclusive, nontransferable, limited license to use the name "Windsor" and "Windsor Manor" and all associated logos in connection with Purchaser's ownership and management of the Facility post-Closing, which license shall remain in place for a period of ninety (90) days post-Closing, or in the case of the skilled nursing facility ("SNF") that is part of the Facility (the "**Windsor Manor SNF**"), until the date that the California Department of Public Health ("CDPH") issues a new skilled nursing facility to Purchaser. The foregoing license provision shall survive the Closing; and

1.2.10. all contracts and agreements to which Seller may be a party in connection with the ownership and operation of the Facility which are not Assumed Operating Contracts.



1.3. Assumption of Liabilities. Except as specifically provided in this Agreement, Purchaser does not hereby or in connection herewith assume any liability of Seller or any other party whatsoever in relation to the Seller's Assets.

## 2. Purchase Price.

2.1. Purchase Price. The purchase price payable by Purchaser to Seller for the Seller's Assets shall be Fourteen Million Eight Hundred Thousand and No/100 Dollars (\$14,800,000.00) (the "**Purchase Price**"). The Purchase Price shall be payable as follows:

2.1.1. Deposit. Within two (2) business days after the Execution Date, Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Initial Deposit**") with Commonwealth Land Title, 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660 Attention: Kelly Ralph (the "**Escrow Agent**"). Within two (2) business days after the expiration of the Due Diligence Period (as defined below), Purchaser shall deposit Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00) (the "**Additional Deposit**") with Escrow Agent. The Initial Deposit and Additional Deposit shall be defined herein as the "**Deposit**". In the event the Closing occurs, the Deposit shall be applied against the Purchase Price. In the event the Closing fails to occur, the Deposit shall be remitted to the Seller or to Purchaser as set forth more fully in **Section 11**.

2.1.2. Balance of Purchase Price. The balance of the Purchase Price (plus or minus any costs and prorations for which the Seller and/or Purchaser are responsible under the terms hereof) shall be paid by wire transfer of immediately available funds at Closing.

2.2. Allocation of Purchase Price. The Purchase Price shall be allocated among the Seller's Assets in the manner set forth in **Schedule 2.2**.

2.3. Independent Consideration. As consideration for Seller's agreement to enter into this Agreement, Purchaser shall deliver directly to Seller, within two (2) business days following the Execution Date, the sum of One Hundred Dollars (\$100.00) (the "**Independent Consideration**"), which Independent Consideration shall be retained by Seller as Seller's sole property immediately upon receipt thereof and which shall be nonrefundable to purchaser in all events; provided, however, that the Independent Consideration shall be applied to the Purchase Price at Closing.

## 3. Closing

3.1. Time and Place of Closing. Subject to the satisfaction or waiver of the closing conditions set forth in **Section 5** below, the closing of the Transaction contemplated hereby (the "**Closing**") shall occur on the date that the California Department of Social Services ("**DSS**") approves Purchaser's new Residential Care Facility for the Elderly license ("**RCFE License**") to operate the Facility post-Closing and issues Purchaser a Certificate of Authority ("**COA**") to enter into continuing care contracts with residents of the Facility post-Closing, such approval and issuance occurring on the same date, with documents to be released for recording and the funds

released by Purchaser to Seller on or before 3:00 PM (Pacific Time) and shall be effective at 12:01 am on such date (the "**Closing Date**"); provided that in the event the Closing has not occurred on or before October 31, 2023, Seller shall have the right to terminate this Agreement upon written notice to Purchaser in which case neither party shall have any further rights or obligations hereunder except as expressly provided for herein.

3.2. Closing Process. The Closing shall occur through escrow and accordingly, at or prior to the Closing Date, the Parties shall deposit in escrow with the Escrow Agent all documents and monies necessary to close the transaction as herein provided. Closing shall occur in accordance with the procedures and instructions given by the Parties to the Escrow Agent prior to Closing.

#### 4. **Due Diligence; Title and Survey.**

4.1. Due Diligence Investigation. During the period (the "**Due Diligence Period**") commencing on the later of the Execution Date and the delivery of all the Due Diligence Items in Seller's possession or control, and ending forty-five (45) days thereafter, Purchaser will have the right, at its sole cost and expense, to conduct such investigations with respect to Seller's Assets as it deems to be necessary in the exercise of its reasonable discretion in connection with its purchase thereof, including without limitation, environmental site assessments, property condition reports, appraisals, engineering tests and studies, physical examinations of the Property, and feasibility studies, as well as inspections of the financial condition and operations of the Facility; provided that no investigations will be physically intrusive on the Real Property or the Facility unless Seller consents thereto, which consent shall not be unreasonably withheld, but which consent may be conditioned on the third party site inspectors, engineers or other parties conducting such invasive testing or inspection, providing Seller with proof of any insurance reasonably required by Seller covering any potential damage done to the Seller's Assets as a result of such inspection/testing (the "**Due Diligence Review**"). Purchaser shall indemnify, defend and hold Seller and Seller's Assets harmless of and from any and all losses, liabilities, costs, expenses (including without limitation, reasonable attorneys' fees and costs of court at trial and on appeal), damages, liens, claims (including, without limitation mechanics' or materialmans' liens or claims of liens), actions and causes of action arising from or relating to Purchaser (or Purchaser's agents, employees, or representatives) entering on the Real Property and/or the Facility to test, study, investigate or inspect the same or any part thereof (except for the discovery of any pre-existing conditions). The foregoing indemnity shall expressly survive the Closing or the earlier termination of this Agreement.

4.2. Due Diligence Materials. In connection with Purchaser's Due Diligence Review, Seller shall provide to Purchaser the documents and information described on **Exhibit A** hereto (the "**Due Diligence Materials**") if and to the extent they are in the possession or under the control of Seller, to be delivered within three (3) days of the execution of this Agreement.

4.3. Title Matters. After the Execution Date, Purchaser will also conduct a review of the condition of title to the Real Property pursuant to the procedures outlined below:

4.3.1. Property Documents. After the Execution Date, to the extent not previously obtained, Seller shall obtain a title report or title commitment (the "**Title Commitment**") for a standard owner's title insurance policy with respect to the Property issued by Commonwealth Land Title (the "**Title Company**"), along with copies of all of the exception documents referenced therein. Purchaser shall have the right, at its own cost and expense, to obtain a zoning compliance letter issued by the local zoning authority or a zoning report issued by a third party provider qualified in the preparation of such reports, an ALTA survey with respect to the Real Property (the "**Survey**") prepared by a surveyor selected by Purchaser, a Phase One Environmental Site Assessment (the "**Phase One**") and Property Condition Report.

4.3.2. Title Objections.

(a) Not later than fifteen (15) days after the receipt of the Title Commitment, Purchaser shall advise Seller in writing of its objections, if any, to the matters reflected in the Title Commitment (a "**Title Document Objection Letter**").

(b) Within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall specify by written notice delivered to Purchaser which of the objections described therein it will correct at or prior to the Closing Date and which of such objections it refuses to correct at or prior to the Closing Date (the "**Seller Title Document Response Notice**"). If Seller fails to deliver a Seller Title Document Response Notice within fifteen (15) days after Seller's receipt of the Title Document Objection Letter, Seller shall be deemed to have refused to correct any of the matters to which Purchaser objected in the Title Document Objection Letter. If Seller refuses to or is deemed to have refused to correct some or all of the matters objected to in the Title Document Objection Letter, Purchaser shall have five (5) days after receipt or deemed receipt of a Seller Title Document Response Notice in which to advise Seller of its decision to terminate this Agreement. If Purchaser does not deliver a notice of termination under this Section, Purchaser shall be deemed to have waived its objections, notwithstanding the defects which Seller has refused to correct. In the event Purchaser elects to terminate this Agreement as a result of the existence of matters contained in the Title Commitment which Seller refuses to correct by Closing, then the provisions of **Section 11** shall apply.

(c) Any matter reflected in the Title Commitment and not objected to by Purchaser or as to which Purchaser waives or is deemed to have waived its objections in accordance with the terms hereof, shall be deemed accepted by Purchaser and shall for purposes hereof be deemed to be the "Permitted Exceptions".

(d) If any update to the Title Commitment issued by the Title Company following the above reveals any additional lien or encumbrance, Purchaser shall have the right to object to the matters contained in such update in accordance with the provisions set forth above with a supplemental property document objection letter, provided that the supplemental property document objection letter may not be delivered later than two (2) business day prior to the scheduled Closing Date.

4.4. Access to Key Employees. Seller agrees to provide Purchaser with access to meet with Seller's executive director and other department heads (and no other employees of the

Facility) during the Due Diligence Period. Such meetings shall be conducted with prior notice to and approval by Seller and in the presence of Seller. Purchaser shall not disclose to other members of Seller's staff or the residents, the existence of this Agreement, or of any proposed sale of the Facility. After the expiration of the Due Diligence Period, Seller shall provide Purchaser with access to the other employees of the Facility, which meetings shall also be conducted with prior notice to and approval by Seller and in the presence of Seller.

5. **Conditions to Closing.**

5.1. **Purchaser's Conditions.** Purchaser's obligation to purchase Seller's Assets hereunder is subject to fulfillment of each of the following conditions, any one or all of which may be waived by Purchaser in writing:

5.1.1. **Closing Deliveries.** Seller shall have delivered to Purchaser or, if applicable, to the Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

(a) A Grant Deed in substantially the form annexed hereto as **Exhibit B** (the "**Deed**") in proper form for recording, duly executed and acknowledged by Seller, sufficient to convey to Purchaser fee simple title to the Real Property, free and clear of all liens and encumbrances, other than the Permitted Exceptions;

(b) A bill of sale executed by Seller in substantially the form annexed hereto as **Exhibit C** (the "**Bill of Sale**") sufficient to convey to Purchaser good and indefeasible title to the remainder of the Seller's Assets, free and clear of all liens, encumbrances and security interests;

(c) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit D** (the "**Assignment**") duly executed by Seller with respect to the Assumed Operating Contracts and the Resident Agreements;

(d) Such title affidavits and indemnities as may be reasonably required by the Title Company in connection with the issuance of the Title Policy (as defined below);

(e) A Foreign Investment in Real Property Tax Act affidavit duly executed by Seller in substantially the form annexed hereto as **Exhibit E**;

(f) A Form 1099-S identifying Seller's gross proceeds and tax identification number, if required by the Escrow Agent;

(g) A certificate, in form and substance reasonably acceptable to Purchaser, of Seller to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Seller has complied with all covenants of Seller set forth herein;

(h) A counterpart copy of the Seller's "Closing Statement" prepared by the Escrow Agent and approved and signed by Seller;

- (i) Written closing instructions directed to the Escrow Agent;
- (j) Documentation, reasonably acceptable to the Title Company, confirming the authority of Seller to execute and deliver this Agreement and all of the documents described in this **Section 5.1.1** and to consummate the Transaction contemplated hereby;
- (k) An Interim Lease, Interim Management Agreement and OTA; and
- (l) Such other customary closing documents required from the sellers of real estate in the applicable city, state and county in which the Facility is located as Purchaser or the Title Company may reasonably require.

5.1.2. Title Policy. The Title Company shall be irrevocably committed to issue to Purchaser a standard, or if Purchaser has paid the additional cost thereof as contemplated by **Section 6.1.1**, an extended, coverage title insurance policy insuring Purchaser's title to the Real Property as of the Closing Date subject to no exceptions other than the Permitted Exceptions in an amount equal to the part of the Purchase Price allocated to the Real Property and Facility (the "**Title Policy**").

5.1.3. Representations and Warranties. The representations and warranties of Seller contained in this Agreement shall be true and complete in all material respects as of the Closing Date and Seller shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.1.4. Seller's Performance. Seller shall have materially performed all of its obligations under this Agreement that are required to be performed prior to or at Closing.

5.1.5. Licenses and Approvals. Purchaser and/or its designee shall have obtained a RCFE license and a COA from DSS. CDPH shall have received a SNF Change of Ownership application for Windsor Manor SNF from Purchaser that includes the executed Interim Lease and Interim Management Agreements required in **Sections 5.1.1(k)** and **5.2.2(g)**.

5.1.6. Due Diligence Review. Purchaser shall be satisfied in its sole and absolute discretion with the results of its Due Diligence Review; provided, however, that this Agreement shall automatically terminate and neither party shall have any further rights or obligations hereunder, other than Purchaser's right to secure the return of the Deposit, if this condition has not been satisfied by 5:00 PM Pacific Time as of the end of the Due Diligence Period. Purchaser shall provide Seller a written notice (a "**Termination Notice**") on or before 5:00 PM Pacific Time as of the end of the Due Diligence if Purchaser is NOT satisfied with the results of its Due Diligence Review.

5.2. Seller's Conditions. Seller's obligation to sell Seller's Assets hereunder is subject to the fulfillment of each of the following conditions, any one or all of which may be waived by Seller in writing:

5.2.1. Purchase Price. Purchaser shall have delivered to Escrow Agent the Purchase Price due pursuant to **Section 2.1** hereof.

5.2.2. Closing Deliveries. Purchaser shall have delivered to Seller or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following:

- (a) The executed Assignment;
- (b) A certificate, in form and substance reasonably acceptable to Seller, of Purchaser to the effect that the representations and warranties of Purchaser set forth in this Agreement are true and complete in all material respects on and as of the Closing Date and that Purchaser has complied with all covenants of Purchaser set forth herein;
- (c) A counterpart copy of the Purchaser's "Closing Statement" prepared by the Escrow Agent and approved and signed by Purchaser;
- (d) An Assignment and Assumption Agreement in substantially the form attached hereto as **Exhibit D** (the "**Assignment**") duly executed by Purchaser with respect to the Assumed Operating Contracts and the Resident Agreements;
- (e) Written closing instructions directed to the Escrow Agent;
- (f) Documentation, reasonably acceptable to Seller and the Title Company, confirming the authority of Purchaser to execute and deliver this Agreement and all of the documents described in this **Section 5.2.2** and to consummate the transaction contemplated hereby;
- (g) An Interim Lease, Interim Management Agreement and OTA; and
- (h) Such other customary closing documents required from the purchasers of real estate in the applicable city, state and county in which the Facility is located as Seller or the Title Company may reasonably require.

5.2.3. Representations and Warranties. The representations and warranties of Purchaser contained in this Agreement shall be true and complete in all material respects as of the Closing Date and Purchaser shall be in compliance in all material respects with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

5.2.4. Attorney General and California Department of Social Services Approval. All consents, approvals and other authorizations from the Attorney General's Office, DSS, and any other consents or approvals necessary to transfer the Assets to Purchaser, have been obtained by Seller, without the imposition of conditions unsatisfactory to Seller in its sole discretion.

5.2.5. Purchaser's Performance. Purchaser shall have materially performed all of its obligations under this Agreement that are required to be performed prior to or at Closing,

including Purchaser and/or its designee having obtained the Residential Care Facility for the Elderly license and Certificate of Authority per **Section 5.1.5**.

5.3. Conditions Generally. The foregoing conditions are for the benefit only of the Party for whom they are specified to be conditions precedent and such Party may, in its sole discretion, waive any or all of such conditions and proceed with the Closing under this Agreement without any increase in, abatement of or credit against the Purchase Price.

6. **Closing Costs and Prorations.**

6.1. Costs and Expenses. All costs and expenses associated with the Transaction shall be allocated between the Parties as follows:

6.1.1. Seller shall pay the cost of a standard coverage title insurance policy with respect to the Real Property in the amount of the Purchase Price and Purchaser shall pay the additional cost to secure extended coverage and for all endorsements, as well as the cost of the Survey and any lender's title insurance policy which Purchaser may elect to obtain.

6.1.2. Seller shall pay for the transfer taxes applicable to the sale of the Real Property.

6.1.3. Purchaser shall pay all of the costs associated with the Due Diligence Review.

6.1.4. Each of the Parties shall each pay their own legal fees and expenses.

6.1.5. Purchaser and Seller shall share on a 50-50 basis all escrow fees.

6.1.6. Seller shall pay the cost of recording the Deed and all recording fees required to remove any exceptions from title other than the Permitted Exceptions and Purchaser shall pay any other recording fees.

6.1.7. Purchaser shall pay any and all filing fees and all other costs which may be due in connection with securing the Purchaser's licenses and permits necessary to operate the Facility.

6.2. Prorations and Adjustments.

6.2.1. All of the revenues and expenses related to the ownership of the Seller's Assets and the operation of the Facility as of the Closing Date shall be prorated between Seller and Purchaser, with Seller entitled to such revenues and responsible for such expenses for the period prior to the Closing Date and with Purchaser entitled to such revenues and responsible for such expenses for the period from and after the Closing Date. For the avoidance of doubt, any market rate fees due to any resident referral/placement agencies shall be the responsibility of Seller to the extent the applicable resident commenced occupancy at the Facility at any time prior to the Closing Date and shall be the responsibility of Purchaser to the extent the applicable resident commences occupancy at the Facility at any time on or after the Closing Date.

6.2.2. Real and personal property taxes shall be prorated as of the Closing Date, with Seller responsible therefor for the period prior to the Closing Date and with Purchaser responsible therefor for the period from and after the Closing Date. Such proration shall be based on the most recently available tax bills and shall be subject to re-proration after Closing in accordance with the provisions of **Section 6.2.4** below.

6.2.3. Prior to Closing, Seller shall arrange for a final statement with respect to all utilities serving the Real Property and the Facility as of the Closing Date and shall pay all fees identified thereon and Purchaser shall arrange for all such utilities to be billed in its name from and after the Closing Date and shall pay all fees due therefor as of the Closing Date.

6.2.4. All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the Closing Date shall be settled within sixty (60) days after the Closing Date or, in the event the information necessary for such adjustment is not available within said sixty (60) day period, then within ten (10) Business Days of receipt of information by either Party necessary to settle the amounts subject to proration and, unless otherwise set forth herein, any payment owed shall be made within fifteen (15) days of a Party's receipt of a request for payment. In the event of a disagreement regarding any item(s) (or the amount of any item(s)) subject to proration under the terms of this Agreement, Seller and Purchaser shall negotiate in good faith to resolve any such disagreement within ten (10) Business Days after either Party articulates to the other a basis for disagreement. If the Parties are unable to resolve such dispute within ten (10) Business Days, then the Parties shall appoint an independent accounting firm of national or regional reputation as is mutually acceptable to the Seller and Purchaser and having no current relationship with either Seller or Purchaser or any affiliate thereof (an "**Independent Accounting Firm**"), which shall review the items then subject to disagreement and determine the appropriate proration within thirty (30) days after such appointment. The Parties agree to cooperate with the Independent Accounting Firm and provide it with such information as it reasonably requests to enable it to make such determination. The determination by the Independent Accounting Firm with respect to each item in dispute shall be conclusive and binding on the Parties hereto. All fees and expenses billed by the Independent Accounting Firm in connection with the resolution of disputes under this Section shall be borne one-half by Seller and one-half by Purchaser.

6.2.5. This **Section 6** shall survive the Closing.

7. **Seller's Representations, Warranties and Covenants.** Seller does hereby warrant and represent to Purchaser on behalf of itself and not on behalf of the other entity comprising Seller as follows:

7.1. **Organization and Authority.** Seller is a duly organized and validly existing California non-profit public benefit corporation that is in good standing under the laws of the State of California. Seller has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.



7.2. Enforceability; No Conflict. This Agreement is valid, binding and enforceable against Seller in accordance with its terms, except as such enforceability may be limited by creditors' rights laws or general principals of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under or violation of the Seller's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Seller is now a party or by which Seller or any of the assets of Seller may be bound or affected.

7.3. Litigation. Except as disclosed to Purchaser on Schedule 7.3 hereto, there is no pending or, to Seller's knowledge, threatened litigation, administrative investigation or other proceeding with respect to or affecting Seller or the Facility. Seller is not a party to, nor is Seller or the Facility bound by, any orders, judgments, injunctions, decrees or settlement agreements under which it may have continuing obligations as of the Closing Date and that are likely to materially restrict or affect the present business operations of the Facility.

7.4. Compliance with Law. Seller has received no written notice that the Facility and its operation and use are not now in compliance with all applicable laws.

7.5. The Facility. The Facility is a licensed continuing care retirement community. Seller holds the following licenses and certificates ("**Licenses**"): (i) Residential Care Facility for the Elderly license issued by DSS, (ii) a Certificate of Authority issued by DSS, and (iii) a SNF license issued by CDPH. True and correct copies of the current Licenses to operate the Facility, the form of Resident Agreements in use at the Facility (the "**Resident Agreements**") and rent roll for the Facility (the "**Rent Roll**") have been provided to Purchaser as part of the Due Diligence Review. The Rent Roll shall be updated by Seller monthly.

7.6. Employees of the Facility; Unions. All of the employees of the Facility are the employees of Seller. None of the employees of the Facility are members of a labor union or subject to any collective bargaining agreement nor has Seller received any written notice that any such employees are engaged in any union organizing activities. Seller is not a party to any labor dispute or grievances with respect to the operations at the Facility.

7.7. Condemnation; Reassessment. Seller has not received written notice of any (a) condemnation proceeding relating to the Real Property, (b) reclassification of any or all of the Real Property for local zoning purposes, or (c) reassessment or reclassification of any or all of the Real Property for state or local real property taxation purposes. To Seller's knowledge, no such actions have been threatened.

7.8. Operating Contracts. Copies of all written operating contracts and equipment leases to which Seller is a party in connection with the ownership and/or operation of the Facility (collectively, the "**Operating Contracts**") have been provided to Purchaser as part of the Due Diligence Review. Each of the Operating Contracts is in full force and effect and none of the Operating Contracts has been modified or amended except any modifications or amendments

provided to Purchaser as part of the Due Diligence Review. Seller has received no written notice that it or the Facility is in default of any obligations under the Operating Contracts.

7.9. Executive Order 13224. None of Seller or the entities or individuals that constitute Seller, or that may own or control Seller, or that may be owned or controlled by Seller (in all cases, other than through the ownership of publicly traded, direct or indirect, ownership interests) are: (i) in violation of any laws relating to terrorism or money laundering, or (ii) among the individuals or entities identified on any list compiled pursuant to Executive Order 13224 for the purpose of identifying suspected terrorists or on the most current list published by the U.S. Treasury Department Office of Foreign Assets Control at its official website, <http://www.treas.gov/ofac/tllsdn.pdf> or any replacement website or other replacement official publication of such list which identifies an "Specially Designated National" or "blocked person."

7.10. Tax Returns. To Seller's knowledge, all tax returns and reports required by law to be filed by Seller relating to the ownership and operation of the Facility prior to Closing (collectively, "**Tax Returns**") have been or will be properly and timely filed (subject to the right to extend or delay the filing thereof) and do, or at the time of the filing thereof will, correctly reflect the tax position of Seller and all taxes due under such Tax Returns have been or will be timely objected to, disputed and/or paid.

7.11. Environmental. To Seller's knowledge and except as provided in any Phase One obtained by Purchaser: (i) Seller is not a party to any contract, settlement agreement, or other similar arrangement that requires or may require Seller to have any liability or obligation of any kind arising out of any law designed to minimize, prevent, punish, or remedy the consequences of actions that damage or threaten the environment or public health and safety ("**Environmental Law**"); (ii) Seller has not received any written notice from any governmental authority or other person regarding any actual, alleged, or potential failure by Seller to comply with any Environmental Law; (iii) no action, arbitration, audit, hearing, investigation, litigation, suit, or other proceeding relating to any Environmental Law is pending or, to Seller's knowledge, threatened against Seller; and (iv) Seller is not subject to any judgment or order relating to any Environmental Law.

7.12. Health Care Representations. To Seller's knowledge, the Licenses are in full force and effect. Seller is not a target of, participant in, or subject to any action, proceeding, suit, audit, investigation or sanction by any Health Care Authority or any other administrative or investigative body or entity or any other third party payor or any patient or resident which could reasonably be expected to have a material adverse effect on Seller, or the operation of the Facility. With respect to Windsor Manor SNF, Seller is certified for participation in the Medicare and Medi-Cal programs, and has current and valid provider contracts with each of such programs. Seller has no pending license revocation or suspension proceedings, outstanding or uncompleted plan of correction that remains outstanding or uncompleted beyond its stated due date, denial of payment or denial of new admission orders or directives from Medicare or Medi-Cal. Seller has no pending or outstanding allegations or orders for civil money penalties or recoupment payments from the Medicare and/or Medi-Cal programs.

7.13. For purposes of this Agreement, "Health Care Authority/ies" shall mean any Governmental Entity or quasi-Governmental Entity or any agency, intermediary, board, authority or entity with lawful jurisdiction over Seller and concerned with the ownership, operation, use or occupancy of the Facility as a licensed continuing care retirement community.

Upon Purchaser becoming aware (whether by notice from Seller or otherwise) of any fact which would materially adversely change any of the representations or warranties contained herein or would otherwise constitute a breach thereof by Seller, Purchaser shall as its sole and exclusive remedy have the option of: (a) waiving the breach of warranty or change, and proceeding with Closing without any change to the Purchase Price, or (b) terminating this Agreement within five (5) Business Days after Purchaser becomes aware of such matter, in which event, the provisions of **Section 11** shall apply. If Purchaser elects to terminate this Agreement pursuant to clause (b) above, Seller may elect to cure the breach by providing written notice to Purchaser of such election within five (5) Business Days after receiving Purchaser's election to terminate this Agreement. If Seller cures the breach to the reasonable satisfaction of Purchaser within fifteen (15) Business Days thereafter (or such longer period of time as is reasonably necessary to cure such breach, not to exceed thirty (30) days, and Closing will be extended as necessary to accommodate such cure), Purchaser's election to terminate this Agreement shall be null and void. For purposes of this **Section 7**, "Seller's knowledge" or similar phrase means: the current actual knowledge of Dan Ogus without a duty of investigation or inquiry, and nothing in this Agreement shall be deemed to create or impose any personal liability of any kind whatsoever on such party.

8. **Purchaser's Representations and Warranties.** Purchaser represents and warrants as follows:

8.1. **Organization and Authority.** Purchaser is a duly organized and validly existing California corporation that is in good standing under the laws of the State of California. Purchaser has full power and authority to execute and deliver this Agreement and all related documents, and to carry out the Transaction contemplated herein and therein as and when due.

8.2. **Enforceability; No Conflict.** This Agreement is valid, binding and enforceable against Purchaser in accordance with its terms except as such enforceability may be limited by creditors' rights laws and general principles of equity. The execution of this Agreement and the consummation of the Transaction contemplated herein in accordance with the terms hereof do not and will not result in a breach of the terms and conditions of nor constitute a default under, or a violation of, Purchaser's limited liability company documents, or of any law, regulation, court order, mortgage, note, bond, indenture, agreement, license or other instrument or obligation to which Purchaser is now a party or by which any of the assets of Purchaser are bound or affected.

8.3. **Litigation.** The right or ability of Purchaser to consummate the Transaction contemplated herein has not been challenged by any governmental agency or any other person and Purchaser has no knowledge of the occurrence of any event which would provide a reasonable basis for any such litigation, investigation or other proceeding.

8.4. **Financing.** Purchaser has access to the funds required to pay the Purchase Price and other costs for which Purchaser is responsible under this Agreement. Accordingly, as a material

inducement to Seller's willingness to enter into this Agreement with Purchaser, Purchaser represents, warrants, acknowledges and agrees that, provided that Purchaser has not delivered a Termination Notice pursuant to **Section 5.1.6**, arranging financing shall not be a condition to the Purchaser's ability to consummate the Transaction provided for herein.

8.5. AS IS. IT IS UNDERSTOOD AND AGREED THAT EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THIS AGREEMENT, (A) SELLER'S ASSETS ARE BEING SOLD BY SELLER AND PURCHASED AND ACCEPTED BY PURCHASER ON AN "AS IS," "WHERE IS" AND "WITH ALL FAULTS" BASIS, SUBJECT TO ANY CONDITION WHICH MAY EXIST, AND WITHOUT THE EXISTENCE OF AND WITHOUT RELIANCE UPON ANY REPRESENTATION, WARRANTY, AGREEMENT, OR STATEMENT BY SELLER, OR ANYONE ACTING ON BEHALF OF SELLER EXCEPT THOSE REPRESENTATIONS, WARRANTIES AND AGREEMENTS SPECIFICALLY SET FORTH IN THIS AGREEMENT; (B) PURCHASER IS BEING GIVEN THE OPPORTUNITY TO THOROUGHLY INSPECT AND EXAMINE SELLER'S ASSETS TO THE EXTENT DEEMED NECESSARY BY PURCHASER IN ORDER TO ENABLE PURCHASER TO EVALUATE THE PURCHASE OF THE SELLER'S ASSETS ON THE FOREGOING BASIS; AND (C) PURCHASER IS RELYING SOLELY UPON SUCH INSPECTIONS, EXAMINATION, AND EVALUATION OF SELLER'S ASSETS BY PURCHASER IN PURCHASING THE SELLER'S ASSETS ON AN "AS IS", "WHERE IS" AND "WITH ALL FAULTS" BASIS, WITHOUT REPRESENTATION, WARRANTY, AGREEMENT OR STATEMENT BY SELLER OR ANYONE ACTING ON BEHALF OF SELLER, EXPRESS OR IMPLIED, OF ANY KIND OR NATURE, EXCEPT AS MAY BE SET FORTH IN THIS AGREEMENT. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER REGARDING ANY INTELLECTUAL PROPERTY RIGHTS. SELLER EXPRESSLY DISCLAIMS, WHICH PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS, ANY IMPLIED WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OR USE.

#### 9. Pre-Closing Covenants/Risk of Loss.

9.1. Conduct Pending Closing. Between the Execution Date and the Closing Date, Seller covenants as follows:

9.1.1. Seller will operate the Facility in the ordinary course of business, in compliance with all applicable law, including, but not limited to, the rules and regulations of any Health Care Authority, and, unless consented to by Purchaser, will not sell or dispose of any of the Seller's Assets or enter into any contract, commitment or agreement affecting Seller's Assets except in the ordinary course of business, including, but not limited to, any Resident Agreement which deviates in any material respect from the form of Resident Agreement provided to Purchaser under the term of this Agreement.

9.1.2. From time to time between the Execution Date and the Closing Date, Seller will provide to Purchaser such information as Purchaser may reasonably require in order to allow Purchaser to secure the New Licenses (as defined below).

9.1.3. Seller will cooperate in Purchaser's efforts to conduct the Due Diligence Review including, but not limited to, providing Purchaser and its agents and employees with access to the Facility and to the books and records of the Facility; *provided, however*, that such access and inspection shall be on no less than 48 hours' prior notice (or if longer, the notice required under applicable law, including, without limitation, residential landlord tenant law) and during normal business hours at such time and in such manner as the Parties shall reasonably agree upon. Notwithstanding the above, access to the Facility may be limited during the current COVID pandemic based on the regulation, guidelines or recommendations of the any Health Care Authority, State of California and other state or federal regulatory agencies.

9.1.4. Seller will maintain in force the existing hazard and liability insurance policies, or comparable coverage, for Seller's Assets.

9.1.5. Seller will maintain Seller's Assets in substantially the same condition as they are in as of the Execution Date, ordinary wear and tear excepted.

9.1.6. Unless this Agreement is terminated in accordance with the terms hereof, Seller shall not market the Seller's Assets or negotiate with any third party with respect to the sale of Seller's Assets or the equity interests in Seller.

9.2. Damage and Condemnation. Prior to the Closing Date, the risk of physical loss to Seller's Assets shall be borne by Seller. Accordingly, it shall be a condition to Purchaser's obligation hereunder that prior to the Closing Date, no material (as defined in this **Section 9.2**) portion of the Facility nor any material portion of any of Seller's Assets shall have been damaged or destroyed by fire or other casualty, or shall have been materially taken or condemned by any public or quasi-public authority under the power of eminent domain. Accordingly, in the event a material portion of the Seller's Assets is damaged, destroyed or taken prior to the Closing Date, Purchaser may elect to terminate this Agreement pursuant to **Section 11**. If, however, either (A) the damage to Seller's Assets is not material or (B) the damage to, or destruction of, the Seller's Assets is material, but Purchaser waives this condition, then Seller shall assign to Purchaser all of its rights to any insurance proceeds in the connection therewith and the Purchase Price shall be reduced by any deductible which Purchaser shall be required to pay in connection with such damage or destruction. Further, if either (B) the taking or condemnation of Seller's Assets is not material or (B) a material portion of Seller's Assets shall be so taken or condemned prior to Closing but Purchaser waives this condition, then Seller shall pay or assign to Purchaser all Seller's right to the proceeds of any condemnation award in connection thereof and the Purchase Price shall be reduced by Purchaser's reasonable estimate of the amount by which the cost to repair the portion of Seller's Assets affected by such taking exceeds such condemnation award. For the purposes of this **Section 9.2**, "material" damage, destruction or condemnation shall mean any damage or loss to or destruction or taking or condemnation of the Facility which would cost more than Two Hundred Fifty Thousand and No/100 Dollars (\$250,000.00) to repair.

## 10. Operations Transfer Provisions.

10.1. Licenses. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a change of ownership application ("**CHOW**") with DSS pursuant to which Purchaser will

obtain a new **RCFE License** to operate the Residential Care Facility for the Elderly portion of the Facility. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit an application for a new certificate of Authority with DSS pursuant to which Purchaser will obtain a new COA to enter into continuing care contracts with residents of the Facility and operate the Facility as a continuing care retirement community. On or prior to the expiration of the Due Diligence Period, Purchaser shall submit a SNF license application ("**SNF Application**") with CDPH pursuant to which Purchaser will obtain a new SNF license ("**SNF License**") to operate the Windsor Manor SNF portion of the Facility. The parties acknowledge that Purchaser must obtain the RCFE License and COA on the Closing date. Following the submission of the applications for the RCFE License, COA and SNF License, Purchaser will take and/or cause its designee to take such actions as are necessary to obtain the RCFE License, COA and SNF License in a timely manner, including, without limitation, submitting any missing information required for Purchaser's licensing applications reasonably promptly following receipt thereof by Purchaser. Purchaser shall notify the Seller promptly following its submission of the license applications and shall keep Seller reasonably informed as to the status of the license applications, including without limitation, informing Seller of any material communications with DSS and/or CDPH as to the timing of the issuance of the RCFE License, COA and SNF License.

10.2. Interim Lease and Management Agreements. Seller and Purchaser acknowledge that Purchaser will be unable to obtain the SNF License on the Closing Date and that the Parties will need to enter into an interim arrangement to allow the continued operation of the Windsor Manor SNF under Seller's SNF License until the purchaser's SNF License is issued. The Parties shall enter into an Interim Lease ("**Interim Lease**"), Interim Management Agreement ("**Interim Management Agreement**"), and SNF operations transfer agreement ("**OTA**") to be negotiated and agreed upon in good faith during the Due Diligence Period.

10.3. Notices. Seller is required to provide one hundred and twenty (120) days' written notice to DSS of the Transaction and to Seller's RCFE residents at least thirty (30) days prior to Closing (the "**CHOW Notice**") and to Seller's SNF residents at least ninety (90) days prior to Closing. Seller is also required to provide written notice to CDPH of the Transaction. Purchaser and Seller shall jointly approve the notices set forth in this Section.

10.4. CHOMs. [**UNDER DISCUSSION**] On or prior to the expiration of the Due Diligence Period, Purchaser shall submit change of manager applications to DSS with respect to the RCFE License and COA, and CDPH with respect to the SNF License pursuant to which Purchaser will become the manager of the Facility as approved by DSS and CDPH. During the Due Diligence Period, the parties will agree upon a mutually agreeable form of management agreement pursuant to which Purchaser will manage the Facility prior to Closing.

10.5. Employees.

10.5.1. At the Closing Date, Seller shall terminate all of the employees of the Facility and shall pay to them any wages and other benefits which are due as of the Closing Date under Seller's employment policies and applicable State law. Purchaser shall only conduct employee interviews within thirty (30) days before Closing Date. At least three (3) business days

preceding the Closing Date, Purchaser shall offer to employ after the Closing Date substantially all of the employees of the Facility conditioned only on the occurrence of the Closing Date (the "**Hired Employees**"). Effective as of the Closing Date, Purchaser, or its management agent will retain and hire all Hired Employees and will recognize for each Hired Employee his or her original hire date with Seller. The parties hereto agree that, notwithstanding anything to the contrary contained in this Agreement, Purchaser shall hire that number or percentage of employees and upon such terms so as to avoid applicability of the Worker Adjustment Retraining and Notification Act and any other applicable laws or regulations requiring notice prior to plant or facility closings or a mass layoff, due to the transaction contemplated hereby and by this Agreement. Purchaser acknowledges and agrees that Seller is relying on Purchaser's agreement as set forth in this **Section 10.2** in not giving notice to the employees of the Facility of the Transaction provided for herein under the provisions of the WARN.

10.5.2. To the extent permitted by applicable law, Seller shall deliver to Purchaser the file for all employees hired by Purchaser in Seller's possession that may be limited to training records, licenses and certifications, criminal background check results, and other required documents. Seller shall have satisfied its obligations under this **Section 10.5.2** as long as all of such employee records are present at the Facility on the Closing Date. Seller shall segregate and remove from the Facility all records of former employees who are not hired by Purchaser.

10.6. Accounts Receivable.

10.6.1. Within ten (10) days prior to the Closing Date, Seller shall provide Purchaser with a detailed listing of Seller's accounts receivable which arose from the provision of goods or services prior to the Closing Date and are anticipated to be outstanding on the Closing Date (the "**Pre-Closing AR Schedule**"), and Seller shall provide Purchaser with an update to such schedule as of the Closing Date as soon as possible post-Closing.

10.6.2. Except as set forth in the OTA between Seller and Purchaser, from and after the Closing Date, Purchaser, or its management agent shall assume responsibility for the billing for and collection of payments on account of services rendered or goods sold by Purchaser on and after the Closing Date and Seller shall retain all right, title and interest in and to and all responsibility for the collection of its accounts receivable for services rendered or goods sold prior to the Closing Date.

10.6.3. Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision of goods or services prior to the Closing Date, they shall either be retained by Seller if received by Seller, or if they have been received by Purchaser, they shall be remitted to Seller, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.6.4. Except as set forth in the OTA, if any payments are received after the Closing Date by either Party which either specifically indicate on the check or accompanying remittance advice, or if the Parties agree in their reasonable discretion, that they relate to provision

of goods or services from and after the Closing Date, they shall either be retained by Purchaser if received by Purchaser, or if they have been received by Seller, they shall be remitted to Purchaser, along with the applicable remittance advice, promptly, but in no event more than five (5) Business Days, after receipt thereof.

10.6.5. Except as set forth in the OTA, if any payments are received by Purchaser after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to then current amounts owed the Purchaser to reduce post-Closing Date balances and Purchaser shall remit to Seller any excess up the amount due Seller for pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) within five (5) Business Days after receipt.

10.6.6. Except as set forth in the OTA, if any payments are received by Seller after the Closing Date from residents with balances due for the periods both prior to and after the Closing Date, which do not specifically indicate a period of time on the check or accompanying remittance advice and the Parties do not otherwise agree to which period they relate, such payments shall be applied first to pre-Closing Date balances (as reflected on the Pre-Closing AR Schedule) and Seller shall remit the excess, if any, to Purchaser to reduce any post-Closing Date balances within five (5) Business Days after receipt.

10.6.7. Seller shall have the right during normal business hours and on reasonable notice to Purchaser to inspect Purchaser's books and records with respect to the accounts receivable received by it after the Closing Date from residents with balances due as of the Closing Date.

#### 10.7. Access to Records.

10.7.1. From and after the Closing Date and, except as otherwise specifically provided below, for a period of seven (7) years thereafter, Purchaser shall allow Seller and their agents and representatives to have reasonable access to (upon reasonable prior written notice and during normal business hours), and to make copies of (at Seller's expense), the books and records and supporting material of the Facility relating to the period prior to the Closing Date which are in Purchaser's possession, to the extent reasonably necessary to enable Sellers to among other things investigate and defend malpractice, employee or other claims and to file or defend cost reports and tax returns.

10.7.2. Seller shall have the right, at its sole cost and expense, within three (3) days of the delivery of a request therefor to Purchaser to enter the Facility and remove originals or copies of any of the records delivered to Purchaser for purposes of litigation involving a resident or employee to whom such record relates. If an officer of or counsel for Seller certifies that an original of such record must be produced in order to comply with applicable law or the order of a court of competent jurisdiction in connection with such litigation then the records so removed shall be an original. Any record so removed shall promptly be returned to Purchaser following its use, and nothing herein shall be interpreted to prohibit Purchaser from retaining copies of any such



documents. All cost of making such copies shall be for the account of Seller. Upon request of Seller, Purchaser shall cooperate with such requests and shall make its employees available to comply with such requests and assist in responding to such litigation requests provided that their availability is requested during normal business hours and does not interfere with the performance of their duties for Purchaser. In the event such use of Purchaser's employees to assist Seller is more than de minimis, Seller shall pay Purchaser's costs for the employee time spent assisting Seller.

10.8. Operating Contracts. Purchaser shall review the Operating Contracts and inform Seller during the Due Diligence Period which of such Operating Contracts Purchaser desires to assume effective as of the Closing Date (the "**Designated Operating Contracts**") provided that Purchaser hereby agrees to assume the existing [REDACTED] contracts which contracts shall be deemed to be Assumed Operating Contracts. Purchaser shall use commercially reasonable efforts to obtain any third party consents required in connection with the assignment to Purchaser of the Designated Operating Contracts, it being understood and agreed that (i) if a Designated Operating Contract requires consent of the counterparty to be assigned to Purchaser, such Designated Operating Contract shall not be assigned unless and until the requisite consent is received and (ii) if any principal or affiliate of Seller has guaranteed the obligations of Seller under any Designated Operating Contract, the same shall not be assigned to Purchaser unless and until the guarantor has been released from his/her/its guaranteed obligations effective from and after the Closing Date. Effective as of the Closing Date, the Designated Operating Contracts that may be assigned hereunder shall be referred to herein as the "Assumed Operating Contracts." At Closing, Seller shall (i) assign the Assumed Operating Contracts to Purchaser pursuant to the Assignment and (ii) terminate any Operating Contracts which are not Assumed Operating Contracts hereunder.

## 11. Termination and Remedies.

11.1. Termination. This Agreement may be terminated as follows:

11.1.1. By mutual written agreement of Purchaser and Seller;

11.1.2. By Seller, if any of the conditions set forth in **Section 5.2** are not fulfilled on the Closing Date, unless resulting from a material breach by Seller of its obligations hereunder, and the same shall not have been waived in writing by Seller;

11.1.3. By Purchaser, if any of the conditions set forth in **Section 5.1** are not fulfilled on the Closing Date, unless resulting from a material breach by Purchaser of its obligations hereunder, and the same shall not have been waived in writing by Purchaser;

11.1.4. By Seller in the event of a material default by Purchaser of its obligations hereunder or by Purchaser in the event of a material default by Seller of its obligations hereunder; or

11.1.5. By Purchaser pursuant to **Section 9.2** (Damage or Condemnation).

11.2. Opportunity to Cure. No Party to this Agreement may claim termination or pursue any other remedy referred to in this Section on account of a breach of a condition, covenant or

warranty by the other Party, without first giving the other Party written notice of such breach and not less than ten (10) days within which to cure such breach. The Closing Date shall be postponed for up to ten (10) days if necessary to afford such opportunity to cure.

11.3. Seller's Remedies Upon Termination. In the event Seller has the right to terminate this Agreement under **Section 11.1.2, or Section 11.1.4**, Purchaser and Seller acknowledge and agree as follows:

SELLER SHALL BE ENTITLED TO TERMINATE THIS AGREEMENT AND TO RETAIN THE DEPOSIT AND ANY INTEREST ACCRUED THEREON AS SELLER'S SOLE AND EXCLUSIVE REMEDY AND ALL ACCRUED INTEREST THEREON AS LIQUIDATED DAMAGES, THE PARTIES ACKNOWLEDGING AND AGREEING THAT THE AMOUNT OF DAMAGES WHICH SELLER MAY INCUR AS A RESULT OF SUCH TERMINATION MAY BE DIFFICULT TO ASCERTAIN AND THAT THE DEPOSIT (OR SO MUCH THEREOF AS MAY, AT THE TIME OF TERMINATION, HAVE BEEN DELIVERED BY PURCHASER TO ESCROW AGENT IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT) IS A REASONABLE AND FAIR ESTIMATE THEREOF, AFTER WHICH THE PARTIES SHALL HAVE NO FURTHER RIGHTS OR OBLIGATIONS HEREUNDER OTHER THAN THOSE RIGHTS AND OBLIGATIONS, IF ANY, WHICH SPECIFICALLY SURVIVE TERMINATION OF THIS AGREEMENT.

11.4. Purchaser's Remedies Upon Termination. In the event Purchaser has the right to terminate this Agreement under **Sections 11.1.3 or Section 11.1.5**, Purchaser shall have the right either to (i) waive the condition or covenant or breach at issue and proceed with the Transaction on the terms contemplated herein, or (ii) seek specific performance of Seller's obligations hereunder, or (iii) terminate this Agreement and secure the return of the Deposit and any accrued interest thereon.

11.5. Other Termination Provisions. In the event this Agreement is terminated pursuant to **Sections 11.1.1** (mutual agreement) or **Section 11.1.5** (damage or condemnation), then the Deposit and any accrued interest thereon shall immediately be refunded and returned to Purchaser.

11.6. Post-Termination. Following the conveyance of the amounts due to the appropriate Party under this **Section 11**, neither Party shall have any further rights or obligations hereunder other than those rights and obligations, if any, which specifically survive termination of this Agreement.

12. Notices. All notices, demands or other communications given hereunder shall be in writing and shall be given by (a) messenger or overnight express delivery service, (b) certified mail return receipt requested, postage prepaid, at a post office maintained by the United States Postal Service, or (c) by electronic transmission with confirmed receipt, addressed as follows:

If to Seller: HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

with a copy (which shall not constitute notice) to: Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

If to Purchaser: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Email: \_\_\_\_\_

with a copy (which shall not constitute notice) to: \_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_  
Email: \_\_\_\_\_

Any notice sent in accordance with the provisions of this **Section 12**, shall be deemed received upon the actual receipt or refusal of receipt thereof regardless of the method of delivery used. Any Party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice. Each Party covenants and agrees that simultaneously with sending any notice pursuant to this **Section 12** it will use reasonable good faith efforts to send a copy of such notice to the addressee thereof by email, at the email address set forth above or such other email address as a Party may designate in writing given to the other parties pursuant to this **Section 12**; provided that in no event shall any notice sent by email be effective as a notice under this Agreement unless receipt is confirmed, and the failure of any Party to deliver any notice pursuant to email shall not affect the validity of any notice that is sent pursuant to this **Section 12**.

13. **Indemnities.**

13.1. By Seller to Purchaser. From and after the Closing Date, Seller shall indemnify, defend and hold Purchaser harmless from and against any and all costs, losses, damages, liabilities, claims and obligations, including, but not limited to, reasonable attorneys' fees (the "**Losses**") arising from or related to: (a) the ownership and operation of the Seller's Assets prior to the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Purchaser, the designee of Purchaser to operate the Facility, or any affiliate of Purchaser; and (b) any material misrepresentation, breach of

warranty or non-fulfillment of any agreement or covenant on the part of Seller under this Agreement.

13.2. By Purchaser to Seller. From and after the Closing Date, Purchaser shall indemnify, defend and hold Seller harmless from and against any and all Losses arising from or related to: (a) the ownership and operation of the Seller's Assets from and after the Closing Date, including Losses incurred as a result of any liability to any third party related thereto, but not including Losses arising out of the actions of Seller or any affiliate of Seller; (b) any misrepresentation, breach of warranty or non-fulfillment of any agreement or covenant on the part on the part of Purchaser under this Agreement; and (c) against any and all Losses which Seller may incur as a result of physical damage or injury to any person or property as a result of the acts or omissions of Purchaser or its agents or employees while performing the Due Diligence Investigation with respect to the Seller's Assets.

13.3. Method of Indemnification.

13.3.1. In the event that any claim for Losses (a "**Claim**") which is indemnified against by or under any term, provision, section or paragraph of this Agreement is made against or received by any indemnified party (hereinafter "**Indemnatee**") hereunder, said Indemnatee shall notify the indemnifying party (hereinafter "**Indemnitor**") in writing of Indemnatee's Claim and shall endeavor to do so reasonably promptly after becoming aware of the same; provided, however, that unless the Indemnatee's failure to timely notify the Indemnitor of Indemnatee's Claim materially prejudices Indemnitor's ability to defend any such Claim as more particularly set forth below, Indemnatee's failure to timely notify Indemnitor of Indemnatee's Claim shall not impair, void, vitiate and/or invalidate Indemnitor's indemnity hereunder nor release Indemnitor from the same, which duty, obligation and indemnity shall remain valid, binding, enforceable and in full force and effect subject to the applicable terms hereof. If the Indemnatee fails to provide timely notice of Indemnatee's Claim, the Indemnitor will not be obligated to indemnify the Indemnatee with respect to such Claim to the extent (and only to the extent) that the Indemnitor's ability to defend such Claim has been materially prejudiced by such failure of the Indemnatee to timely notify Indemnitor of the same.

13.3.2. If the applicable Indemnatee Claim relates to a Claim made by a third party against Indemnatee, then the Indemnitor at its sole cost and expense shall defend, with counsel reasonably satisfactory to the Indemnatee, such Claim by all appropriate proceedings, which proceedings will be diligently prosecuted to a final conclusion or will be settled at the discretion of the Indemnitor (with the consent of the Indemnatee, which shall not be unreasonably withheld and which shall be deemed to be provided if such settlement provides a release to the Indemnatee without the payment of any amount or the taking of any action or admission of liability by the Indemnatee). The Indemnatee will cooperate in such defense at the sole cost and expense of the Indemnitor. Notwithstanding the foregoing, if the named parties to any proceeding include both the Indemnatee and the Indemnitor and, in the reasonable opinion of counsel to the Indemnatee, representation of both parties by the same counsel would be in conflict or otherwise inappropriate due to actual or potential differing interests between them, then the Indemnatee shall be entitled to retain separate counsel for the Indemnatee, at the expense of the Indemnitor (provided that the costs and expenses of such separate counsel are reasonable).

13.4. Survival. All covenants, indemnities, warranties and representations of Purchaser and Seller herein shall survive the Closing and shall continue in effect for a period of six (6) months after the Closing Date, after which they shall terminate and be of no further force or effect except with respect to claims made within such six (6) month period, in which case the applicable covenant, indemnity, warranty and/or representation shall survive until the full and final resolution thereof (the "**Survival Period**"). In addition, Purchaser's indemnity in **Section 13.2** shall survive the termination of this Agreement for the Survival Period.

13.5. Limitations. Except as otherwise specifically set forth in this Section neither Seller nor Purchaser shall have any right to seek indemnity against the other Party pursuant to **Section 13.1** or **Section 13.2** either (A) where the claim is made after the Survival Period or (B) unless the amount of such indemnity claim, individually or when taken together with all other such indemnity claims hereunder, is at least equal to Twenty-Five Thousand and No/100 Dollars (\$25,000.00) (the "**Indemnity Floor**"), after which the Indemnitor shall be responsible for any such Indemnitee's Claims on a first dollar basis, or (C) for any such indemnity claims hereunder in an aggregate amount in excess of Two Hundred Thousand and No/100 Dollars (\$200,000.00) (the "**Indemnity Cap**"). Attorneys' fees arising out of any indemnified third party claim shall be subject to such Indemnity Cap, provided, that any attorneys' fees and costs payable to the prevailing Party arising out of any dispute between Seller and Purchaser hereunder, including, without limitation, to enforce any Indemnitee Claim, shall not be subject to the Indemnity Cap. Notwithstanding anything to the contrary set forth in **Section 13.4** or **Section 13.5**, (i) neither the Indemnity Floor nor the Indemnity Cap shall apply in the case of claims that allege fraud on the part of the Party named therein, or (ii) the prorations and adjustments to be made pursuant to **Section 6** hereof.

#### 14. Miscellaneous.

14.1. Entire Agreement. This Agreement, including the Exhibits and Schedules attached hereto, constitute the entire agreement of the Parties with respect to the subject matter hereof and thereof, and supersede all prior discussions, negotiations or writings with respect to such subject matter, including, but not limited to, that certain Letter of Intent executed as of March 29, 2022. This Agreement may not be modified, amended or cancelled except pursuant to the terms hereof or an instrument in writing signed by the Parties. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein.

14.2. Time is of the Essence. Time is of the essence with respect to all terms, conditions, provisions and covenants of this Agreement.

14.3. Waiver. No waiver of any term, provision or condition of this Agreement shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

14.4. Public Announcements. Each of the parties to this Agreement agrees not to make any public announcement or disclosure, and to issue no press release, concerning the execution of this Agreement or the transactions contemplated hereby prior to Closing without the prior written

approval of the other party, except to the extent necessary to make regulatory filings or as required by law or as may be necessary for such party to reveal to such party's lenders or proposed lenders.

14.5. Attorneys' Fees in the Event of Litigation. Except as provided otherwise in this Agreement, in the event any dispute between the Parties results in litigation, the prevailing Party shall be reimbursed for all reasonable costs, including, but not limited to, reasonable attorneys' fees and consultants' fees and reimbursable costs and expenses, whether at trial, upon appeal or otherwise.

14.6. Jurisdiction; Venue. **THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS RULES OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.**

14.7. Waiver of Jury Trial. **TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.**

14.8. Headings and Business Day. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement. Any day other than a Saturday, Sunday or other day on which commercial banks are authorized to close under the laws of the State of California is defined herein as either "Business Day".

14.9. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the

same document. All such counterparts shall be construed together and shall constitute one instrument.

14.10. Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the Parties; provided however, that (i) Seller shall not assign this Agreement without the prior written consent of Purchaser, and (ii) Purchaser shall not assign this Agreement without the prior written consent of Seller, other than an assignment to an entity owned or controlled by or under common control with Purchaser. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void.

14.11. Further Assurances. Between the Execution Date and the Closing Date, neither Seller nor Purchaser shall take any action which is inconsistent with its obligations under this Agreement. Further, whether prior to or after Closing, Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the Party so executing and delivering said instrument.

14.12. Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

14.13. Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, "any" shall mean "any and all", "or" shall mean "and/or", and "including" shall mean "including without limitation".

14.14. No Strict Construction. The language used in this Agreement is the language chosen by the Parties to express their mutual intent, and no rule of strict construction shall be applied against any of the Parties.

14.15. Confidentiality. Purchaser and its parent, subsidiary and affiliate entities will obtain access to confidential information of Seller that could cause material and irreparable damage to the business prospects of the Seller in the event that such information is disclosed or otherwise used if the Transaction contemplated in this Agreement is not concluded. Purchaser shall maintain the confidentiality of any information concerning the Seller which it obtains during its Due Diligence Review and shall return any Due Diligence Materials to Seller in the event the Transaction fails to close for any reason.

14.16. Calculation of Time Periods. Unless otherwise specified, (a) in computing any period of time described herein, the day of the act or event on which the designated period of time begins to run shall not be included and the last day of the period so computed shall be included and (b) if the last day of any period or any date otherwise specified hereunder is a Saturday, Sunday

or legal holiday, the period shall run until, or such date shall be automatically revised to, the next day which is not a Saturday, Sunday or a legal holiday. Further, unless otherwise specified, any reference to a specified number of days shall be deemed to refer to calendar days. This obligation shall survive the Closing or termination of this Agreement.

14.17. Exhibits and Schedules. If any exhibits or schedules are not attached hereto, the Parties agree to attach such exhibits and schedules as soon as reasonably practicable and that it shall be a condition to the non-preparing Party's obligations hereunder that any Exhibits and Schedules attached hereto after the Execution Date shall be subject to the review and approval of the non-preparing Party. The Parties hereto agree that the Party charged with providing an exhibit or schedule to this Agreement shall, to the extent necessary after delivery thereof (but subject to the following sentence) amend and/or supplement all exhibits and schedules in order for the same to be current, true and correct as of the Closing Date. In furtherance and not in limitation of the foregoing, Purchaser acknowledges and agrees that the pendency of the Transaction provided for in this Agreement may, from time to time, require Seller to amend and/or supplement the exhibits and schedules attached hereto, provided that no such amendment or supplement shall be effective or modify the representations and warranties herein unless approved by Purchaser in its reasonable discretion.

14.18. Third Party Beneficiary. Nothing in this Agreement express or implied is intended to and shall not be construed to confer upon or create in any person (other than the Parties) any rights or remedies under or by reason of this Agreement, including without limitation, any right to enforce this Agreement.

14.19. 1031 Exchange. Purchaser and Seller acknowledge that either Party may wish to structure this transaction as a tax deferred exchange of like kind property within the meaning of Section 1031 of the Internal Revenue Code. Each Party agrees to reasonably cooperate with the other Party to effect such an exchange; provided, however, that (a) the cooperating Party shall not be required to acquire or take title to any exchange property, (b) the cooperating Party shall not be required to incur any expense or liability whatsoever in connection with the exchange, including, without limitation, any obligation for the payment of any escrow, title, brokerage or other costs including attorneys' fees incurred with respect to the exchange, (c) no substitution of the effectuating Party shall release said Party from any of its obligations, warranties or representations set forth in this Agreement or from liability for any prior or subsequent default under this Agreement by the effectuating Party, its successors, or assigns, which obligations shall continue as the obligations of a principal and not of a surety or guarantor, (d) the effectuating Party shall give the cooperating Party at least ten (10) Business Days prior notice of the proposed changes required to effect such exchange and the identity of any Party to be substituted in the escrow, (e) the effectuating Party shall be responsible for preparing all additional agreements, documents and escrow instructions (collectively, the "**Exchange Documents**") required by the exchange, at its sole cost and expense, (f) the effectuating Party shall be responsible for making all determinations as to the legal sufficiency, tax considerations and other considerations relating to the proposed exchange, the Exchange Documents and the transactions contemplated thereby, and the cooperating Party shall in no event be responsible for, or in any way be deemed to warrant or represent any tax or other consequences of the exchange transaction, and (g) the election to effect such an exchange shall not delay the Closing of the transaction as defined herein.



14.20. Exclusivity. Unless this Agreement shall be terminated by Seller or Purchaser as provided herein, neither Seller nor any member, manager, officer, director, employee, authorized representative or agent of Seller shall, directly or indirectly, solicit, seek, enter into, conduct or participate in any discussions or negotiations, or enter into any agreement with any person or entity, regarding the sale, lease or other transfer of all or any portion of the Seller's Assets.

14.21. Brokerage Commissions. Each of the Parties hereby represents, covenants, and warrants to the other that neither has employed any broker or finder in connection with the Transaction. Each Party agrees to indemnify and hold harmless the other from and against all liability, claims, demands, damages or costs of any kind, including attorneys' fees, arising from or connected with any broker's commission or finder's fee or commission or charge claimed to be due any other person arising from the Party's conduct with respect to the Transaction. This **Section 14.21** shall survive Closing.

**[Signatures on the following pages]**

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be signed as of the Execution Date.

**SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: Daniel Ogus  
Its: Chief Operating Officer

**PURCHASER:**

Ararat Home of Los Angeles, Inc.,  
a California corporation

By: \_\_\_\_\_  
Name: Joseph Kanimian  
Its: Chairman

**SCHEDULE 1**

**LEGAL DESCRIPTION**

**[To be attached from the title report]**

..

**SCHEDULE 1.1.9**

**VEHICLE**

1.

**SCHEDULE 1.2.8**

**EXCLUDED PERSONAL PROPERTY**

All computers, computer hardware and software which is located at the Facility.

**SCHEDULE 2.2**

**PURCHASE PRICE ALLOCATION**

<b>Asset</b>	<b>Purchase Price Allocation</b>
Real Property and Facility	\$
Personal Property	\$
Goodwill	\$
Total	\$14,8000,000

**SCHEDULE 7.3**

**LITIGATION**

**EXHIBIT A**

**DUE DILIGENCE MATERIALS**

**[Attached]**



**EXHIBIT B**  
**FORM OF DEED**

## **EXHIBIT C**

### **FORM OF BILL OF SALE**

#### **BILL OF SALE**

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, effective as of \_\_\_\_\_, 2022 (the "**Effective Date**"), HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Seller**") does hereby grant, bargain, sell, convey, transfer and assign to \_\_\_\_\_ LLC, a California limited liability company ("**Purchaser**") pursuant to the terms of that Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022, between Seller and Purchaser (the "**Purchase Agreement**") all of their right, title and interest in and to, all and singular of the following:

1. All fixtures attached or appurtenant to the Real Property and the Facility (the "**Fixtures**");
2. All furnishings and equipment, including, but not limited to, tools, machinery, appliances, bed linens, inventory, food, housekeeping supplies, and all other tangible personal property located on or about the Real Property and the Facility which is owned by Seller (collectively, the "**Personal Property**");
3. To the extent assignable, all of the permits, licenses, approvals, entitlements, certifications and other governmental and quasi-governmental authorizations including, without limitation, bed rights, certificates of occupancy and other similar permits relating to all or any part of the Real Property and the Facility, and all amendments, modifications, supplements, general conditions and addenda thereto, required in connection with the ownership and the operation of the Facility;
4. Original and, to the extent in the possession of Seller or under the control of Seller, digital copies of all reports, drawings, plans, blueprints, studies, specifications, certificates of occupancy, building permits and grading permits relating to all or any part of the Real Property or the Facility and all amendments, modifications, supplements, general conditions and addenda thereto;
5. All warranties, representations and guaranties with respect to the ownership and operation of the Real Property and the Facility, whether express or implied, which Seller now holds or under which Seller is the beneficiary (the "**Warranties**");
6. All of Seller's legal and equitable claims, causes of action, and rights, if any, against the architects, engineers, designers, contractors, subcontractors, suppliers and materialmen and any other party who has supplied labor, services, materials or equipment, directly or indirectly, in connection with the design, planning, construction or ownership of all or any part of the Real Property or the Facility (the "**Claims**");

7. All other intangible personal property of every kind and nature whatsoever owned by the Seller as of the date of this Agreement or hereafter acquired, which can be legally transferred and which relate directly to the ownership and operation of the Real Property and the Facility;

8. The owned vehicle described on Exhibit A hereto (the "**Vehicle**");

9. The goodwill associated with the operations at the Facility, as well as all related tangible and intangible personal property which the Seller uses in the conduct of the business of the Facility;

10. All books, files and records related to the operation of the Facility, including, but not limited to, original records for current residents and employees of the Facility, but specifically excluding (a) proprietary or organizational document and financial, accounting and/or tax records or Seller, (b) those documents whose disclosure is restricted by applicable law and (c) any records of former residents and employees which may be removed from the Facility by prior to the Closing Date; and

11. All computer hardware and software which are located at the Facility, owned by Seller and used in connection with the operation of the Facility, but specifically excluding any non-assignable software included in the Excluded Assets.

Except for the Excluded Assets identified in Section 1.2 of the Purchase Agreement.

TO HAVE AND TO HOLD, all and singular, the foregoing hereby sold, assigned, transferred and conveyed to Purchaser, its successors and assigns, to and for its own use and benefit.

Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

IN WITNESS WHEREOF, the Seller does hereby execute this Bill of Sale as of the day and year first set forth above.

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**EXHIBIT A TO BILL OF SALE**

## **EXHIBIT D**

### **FORM OF ASSIGNMENT**

#### **ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Assignment and Assumption Agreement (this "**Agreement**") is made and entered into effective as of the \_\_\_\_ day of \_\_\_\_\_, 2022 (the "**Effective Date**"), by and between HUMANGOOD SOCAL, a California non-profit public benefit corporation ("**Assignor**"), and \_\_\_\_\_ ("**Assignee**").

#### **RECITALS**

A. Assignor is the owner and operator of that certain continuing care retirement community commonly known as "Windsor" and "Windsor Manor", and located at 1230 E. Windsor Road, Glendale, CA (the "**Facility**").

B. Assignor, as Seller, has entered into that certain Purchase and Sale Agreement dated as of \_\_\_\_\_, 2022 (the "**Purchase Agreement**") pursuant to which Assignor has agreed to transfer and assign to Assignee all of Assignor's right title and interest in and to the Operating Contracts listed on Exhibit A hereto and the Resident Agreements (collectively, the "**Assumed Contracts**").

C. Assignor and Assignee are desirous of documenting the terms and conditions under which said assignment and assumption will occur.

D. Capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Purchase Agreement.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

#### **AGREEMENT**

1. Assignment. Assignor does hereby sell, assign, transfer and convey to Assignee all of Assignor's right, title and interest, if any, in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or of its officers, employees, contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or of its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

2. Assumption. Assignee does hereby accept the sale, assignment, transfer and conveyance of Assignor's right, title and interest in and to the Assumed Contracts; provided, however, that nothing herein shall be construed as (i) imposing any liability on Assignee with respect to the Assumed Contracts for the performance of obligations arising thereunder prior to the Effective Date or as a result of the acts or omissions of Assignor or its officers, employees,

contractors, agents or affiliates thereunder prior to the Effective Date, or (ii) imposing any liability on Assignor with respect to the Assumed Contracts as a result of the acts or omissions of Assignee or its officers, employees, contractors, agents or affiliates thereunder from and after the Effective Date.

3. Governing Law; Amendment. This Agreement shall be governed by and construed in accordance with the laws of the State of California, and may not be amended or modified except by written instrument signed by the parties hereto.

4. Counterparts. This Agreement may be executed in any number of counterparts and delivered by facsimile or electronic mail with the same effect as if all Parties had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

5. Attorneys' Fees. In the event of a dispute among the parties hereto with respect to the subject matter hereof, the prevailing party in any such dispute shall be entitled to collect from the other any and all attorneys' fees and costs.

6. Entirety. This Agreement represents the entire agreement of the parties hereto with respect to the subject matter hereof, it being understood and agreed that nothing herein shall affect the rights and obligations of Assignor and Assignee under the Purchase Agreement. This Agreement shall be subject to and governed by the terms and conditions of the Purchase Agreement. Notwithstanding any other provision of this Agreement, no provision of this Agreement shall in any way modify, amend, replace, change, rescind, waive, enlarge or in any way affect the express provisions (including the warranties, covenants, agreements, conditions, representations, or any of the obligations and indemnifications of the parties hereto) set forth in the Purchase Agreement, this Agreement being intended solely to effect the transfer and assignment of certain rights sold and purchased pursuant to and in accordance with the Purchase Agreement.

7. Notices. Any notice, request or other communication to be given by either party hereunder shall be in writing and shall be sent to the parties and in the manner specified in the Purchase Agreement.

8. Severability. Should any one or more of the provisions hereof be deemed to be invalid or unenforceable said determination shall not affect the validity or enforceability of the remaining terms hereof.

9. Captions. The captions in this Agreement have been inserted for convenience of reference only and shall not be construed to define or to limit any of the terms or conditions hereof.

*[Signature Page Follows]*

IN WITNESS WHEREOF, the parties hereby execute this Agreement as of the Effective Date.

**ASSIGNOR:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_

**ASSIGNEE:**

\_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_



**EXHIBIT A To ASSIGNMENT AND ASSUMPTION AGREEMENT**  
**ASSUMED OPERATING CONTRACTS**

## **EXHIBIT E**

### **FIRPTA AFFIDAVIT**

Section 1445 of the Internal Revenue Code of 1986, as amended (the "**Code**") provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of certain premises located at 1230 E. Windsor Road, Glendale, CA, the undersigned hereby certifies the following on behalf of HumanGood SoCal, a California non-profit public benefit corporation (the "**Seller**"):

1. The Seller is not a "disregarded entity" as defined in Code Section 1445-2(b)(2)(iii);
2. The Seller is not a foreign person, foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);
3. The Seller's federal tax identification number is \_\_\_\_\_;
4. The Seller's address is \_\_\_\_\_;
5. The Seller understands that this certification may be disclosed to the Internal Revenue Service by transferee and that any false statement contained herein could be punished by fine, imprisonment, or both.

Under penalties of perjury, I declare that I have examined this certification and to the best of my actual and current knowledge and belief it is true, correct and complete this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

#### **SELLER:**

HUMANGOOD SOCAL,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

**9) Revised Letter of Intent from Ararat Home of Los Angeles dated March 28, 2022.**

March 24, 2022

Daniel Ogus, Chief Operating Officer  
HumanGood SoCal  
1900 Huntington Drive  
Duarte, CA 91010

Dear Mr. Ogus:

On behalf of the Ararat Home of Los Angeles, Inc. ("Ararat Home"), we are pleased to present this Letter of Intent ("LOI") to purchase the assets, business operations, land and building ("Proposed Transaction") of HumanGood SoCal's Windsor facility located at 1230 E. Windsor Road, Glendale, CA ("Windsor"). The Ararat Home and HumanGood SoCal have long histories of providing a common vision of helping older adults live their best lives possible, and they share a mutual respect of each group's values and integrity. We are confident this opportunity brings together two well-aligned company cultures that will impact the senior living, health care supportive service marketplace in a positive way.

The Ararat Home is prepared to move forward immediately with the steps to complete the Proposed Transaction. Based on the Ararat Home's familiarity with Windsor and the financial and business information provided, we believe the Ararat Home is uniquely situated to complete the Proposed Transaction with you. Accordingly, we request that you favorably consider our proposal to consummate the Proposed Transaction pursuant to the following terms:

1. Assets Purchased. The transaction will be structured as an asset purchase pursuant to a mutually satisfactory purchase agreement ("Purchase Agreement") to be executed by Ararat Home and HumanGood SoCal. The Ararat Home will purchase all of the assets, excluding cash, of HumanGood SoCal's Windsor facility, including the land, building, fixtures and equipment and all other operating assets at the location, as outlined in this LOI and to be further described in the Purchase Agreement ("Assets"); provided Ararat Home acknowledges and agrees that Ararat Home will not be purchasing the name "HumanGood" and any variation thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that HumanGood SoCal and its affiliates will continue to use the name HumanGood post-closing. At closing, HumanGood SoCal will grant to Ararat Home a non-exclusive, nontransferable, limited license to use the name "HumanGood" and all associated logos in connection with Ararat's ownership and management of the Facility post-closing, which license shall remain in place for a period of ninety (90) days post-Closing.

2. Purchase Price. Subject to any adjustments provided herein, the aggregate purchase price to be paid by the Ararat Home will be (a) Fourteen Million Eight Hundred Thousand Dollars (\$14,800,000.00) plus (b) the amount of Assumed Liabilities (as defined below). Within two (2) business days of the signing of the Purchase Agreement, Ararat Home will deposit with Commonwealth Land Title ("Title Company") at 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660, Attention: Kelly Ralph, a deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000), which shall remain refundable to the Ararat Home until it completes its investigation and approves moving forward with the transaction by the end of the Due Diligence Period (as described below). Assuming Ararat elects to proceed with closing, upon the expiration of the Due Diligence Period (as described below), Ararat will deposit with Title Company an additional deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000). At closing, HumanGood SoCal shall pay fifty percent (50%) of escrow charges, any county transfer taxes, and the base premium for the title policy to be issued to Ararat Home at closing. Ararat Home shall pay fifty percent (50%) of escrow charges, any lender's policy, and any extended coverage and all endorsements to the title policy. All other closing costs shall be allocated in accordance with the custom in Los Angeles County. At Closing, the current installment of real property taxes and assessments, rent, if any, and all current operating expenses of the Assets shall be prorated between Ararat Home and HumanGood SoCal as of such date on the basis of a thirty (30) day month.
3. Assumed Liabilities. Upon closing the Proposed Transaction, the Ararat Home will not assume any liabilities of HumanGood SoCal, except deposits relating to Windsor, all obligations arising under the resident and occupancy agreements and under any leases/service contracts assumed by Ararat Home arising after closing, outstanding trade accounts payable incurred by HumanGood SoCal in the ordinary course of the Windsor facility's business and any other liabilities expressly assumed by Ararat Home under the terms of the Purchase Agreement ("Assumed Liabilities").
4. Purchase Agreement. As soon as reasonably practicable after the execution of this LOI, the parties shall commence negotiation of the Purchase Agreement. The Purchase Agreement shall include, without limitation, (i) the terms and conditions summarized in this LOI, (ii) an agreed net working capital at closing; and (iii) such other representations, warranties, conditions, covenants, indemnities, escrows and other terms that are customary for transactions of this kind.
5. All Cash Purchase. The Ararat Home intends to fund the Proposed Transaction with existing cash, so bank financing is not currently contemplated for the Proposed Transaction.
6. Due Diligence Period; Access to Information. For a period of forty-five (45) days from and after the execution of the Purchase Agreement ("Due Diligence Period"), Ararat Home,

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at Ararat Home's expense, shall review and investigate the physical and environmental condition of the Assets, the character, quality, and general utility of Windsor, the zoning, land use, environmental and building requirements, and restrictions applicable to the Assets and its development, the state of title to the Real Property, any leases or other agreements effecting the Assets, all applicable licensing matters and all other matters Ararat Home feels is necessary to evaluate the Assets and the Proposed Transaction and determine its acceptability to Ararat Home. If, during the Due Diligence Period, Ararat Home determines that the Assets are not acceptable for any reason in Ararat Home's discretion, Ararat Home shall have the right, by giving written notice to HumanGood SoCal on or before the last day of the Due Diligence Period, to terminate the Purchase Agreement. In order to permit completion of the Ararat Home's due diligence during the Due Diligence Period on the timeframe set forth herein, the Ararat Home and its advisors must have reasonable access to HumanGood SoCal, the department heads at the Windsor facility, and outside advisors. Accordingly, upon advance notice to HumanGood SoCal's management, HumanGood SoCal and its outside advisors will provide the Ararat Home and its representatives access to HumanGood SoCal's books and records, contracts, facilities, key personnel, suppliers, independent accountants and attorneys, and all other documents and data, as reasonably requested by the Ararat Home in connection with the completion of the Proposed Transaction. HumanGood SoCal shall cooperate with the Ararat Home as may be necessary to facilitate its investigation of Windsor and shall provide such assistance as is reasonably requested.

7. Brokers, Professional Fees and Expenses. HumanGood SoCal and the Ararat Home represent to each other that no person is entitled to any finder's or broker's fee or commission in connection with the Proposed Transaction. HumanGood SoCal and the Ararat Home shall be responsible for its own expenses incurred in connection with the Proposed Transaction.
8. Closing. HumanGood SoCal and the Ararat Home shall close the Proposed Transaction immediately upon receipt of approval of the issuance of the applicable licenses and permits from the California Department of Public Health and the Department of Social Services for RCFE or CCRC, and receipt of approval from the attorney general's office approving the Proposed Transaction. It is the intention of both parties to use all reasonable efforts to expedite this transaction as quickly as possible.
9. Cooperation and Exclusivity. HumanGood SoCal and the Ararat Home Line will cooperate in good faith and expeditiously in the preparation of the documents and the taking of other actions necessary to carry out the Proposed Transaction. HumanGood SoCal agrees that, from the date of execution of this LOI until the earlier of (i) April 15, (ii) the Closing of the Proposed Transaction or (iii) the termination of this LOI by mutual written agreement of HumanGood SoCal and the Ararat Home, HumanGood SoCal shall not (a) negotiate the terms of, or enter into, any agreement, letter of intent or term sheet with any third party for the sale of the Assets, or (b) enter into discussions with one or more third parties regarding a possible sale of assets or stock/membership interests, related to the Assets.

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10.Nondisclosure. HumanGood SoCal and the Ararat Home shall enter concurrently herewith into a mutual non-disclosure agreement. Except as may be required by law, HumanGood SoCal and the Ararat Home agree not to disclose the existence of this LOI or its terms without the prior written approval of the other party. Notwithstanding this requirement, each party may, subject to the restrictions in the applicable mutual non-disclosure agreement, disclose the existence of this LOI and its terms, on a need-to-know basis, to such party's employees, counsel, accountants, investors, financing sources, and other professional advisors.

11.Governing Law. This LOI shall be governed by and construed in accordance with the internal laws of the State of California. The venue for any disputes concerning this LOI shall be at a court of competent jurisdiction in California.

12.Nonbinding Agreement. The LOI is intended to provide a basis for the preparation of a Purchase Agreement. Until such agreement has been prepared and executed and delivered by each of the parties, none of the provisions of this letter shall be binding upon any party except for the agreements and obligations contained in paragraphs 9 through 11. In the event the parties fail to enter into a mutually satisfactory Purchase Agreement on or before April 15, 2022, or unless this LOI is earlier terminated as provided herein, the understandings contained in this LOI, unless extended by mutual agreement of the parties, shall terminate without any liability of a party to the other party.

13.Expiration. We appreciate your consideration for this proposal and request your response by 5:00 p.m. PST on March 29, 2022.

We hope that this LOI conveys our enthusiasm for the opportunity. We look forward to hearing from you soon.

Sincerely yours,

**Ararat Home of Los Angeles, Inc.**

By: 

Joseph Kanimian, Chairman

**Accepted and Agreed  
HumanGood SoCal**

By: 

Daniel Ogus, Executive Vice President and Chief Operating Officer



**10) Letter of Intent from Ararat Home of Los Angeles - Redline and Comments by HumanGood SoCal dated March 28, 2022.**

March 24, 2022

Daniel Ogus, Chief Operating Officer  
HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203

Dear Mr. Ogus:

On behalf of the Ararat Home of Los Angeles, Inc. ("Ararat Home"), we are pleased to present this Letter of Intent ("LOI") to purchase the assets, business operations, land and building ("Proposed Transaction") of HumanGood SoCal's Windsor facility located at 1230 E. Windsor Road, Glendale, CA ("Windsor"). The Ararat Home and HumanGood SoCal have long histories of providing a common vision of helping older adults live their best lives possible, and they share a mutual respect of each group's values and integrity. We are confident this opportunity brings together two well-aligned company cultures that will impact the senior living, health care supportive service marketplace in a positive way.

The Ararat Home is prepared to move forward immediately with the steps to complete the Proposed Transaction. Based on the Ararat Home's familiarity with Windsor and the financial and business information provided, we believe the Ararat Home is uniquely situated to complete the Proposed Transaction with you. Accordingly, we request that you favorably consider our proposal to consummate the Proposed Transaction pursuant to the following terms:

1. Assets Purchased. The transaction will be structured as an asset purchase pursuant to a mutually satisfactory purchase agreement ("Purchase Agreement") to be executed by Ararat Home and HumanGood SoCal. The Ararat Home will purchase all of the assets, excluding cash, of HumanGood SoCal's Windsor facility, including the land, building, fixtures and equipment and all other operating assets at the location, as outlined in this LOI and to be further described in the Purchase Agreement ("Assets"); provided Ararat Home acknowledges and agrees that Ararat Home will not be purchasing the name "HumanGood" and any variation thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that HumanGood SoCal and its affiliates will continue to use the name HumanGood post-closing. At closing, HumanGood SoCal will grant to Ararat Home a non-exclusive, nontransferable, limited license to use the name "HumanGood" and all associated logos in connection with Ararat's ownership and management of the Facility post-closing, which license shall remain in place for a period of ninety (90) days post-Closing.

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2. Purchase Price. Subject to any adjustments provided herein, the aggregate purchase price to be paid by the Ararat Home will be (a) Fourteen Million Eight Hundred Thousand Dollars (\$14,800,000.00) plus (b) the amount of Assumed Liabilities (as defined below). Within two (2) business days of the signing of the Purchase Agreement, Ararat Home will deposit with Commonwealth Land Title ("Title Company") at 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660, Attention: Kelly Ralph, a deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000), which shall remain refundable to the Ararat Home until it completes its investigation and approves moving forward with the transaction by the end of the Due Diligence Period (as described below). Assuming Ararat elects to proceed with closing, upon the expiration of the Due Diligence Period (as described below), Ararat will deposit with Title Company an additional deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000). At closing, HumanGood SoCal shall pay fifty percent (50%) of escrow charges, any county transfer taxes, and the base premium for the title policy to be issued to Ararat Home at closing. Ararat Home shall pay fifty percent (50%) of escrow charges, any lender's policy, and any extended coverage and all endorsements to the title policy. All other closing costs shall be allocated in accordance with the custom in Los Angeles County. At Closing, the current installment of real property taxes and assessments, rent, if any, and all current operating expenses of the Assets shall be prorated between Ararat Home and HumanGood SoCal as of such date on the basis of a thirty (30) day month.
3. Assumed Liabilities. Upon closing the Proposed Transaction, the Ararat Home will not assume any liabilities of HumanGood SoCal, except ~~accrued salaries/wages and~~ deposits relating to Windsor, all obligations arising under the resident and occupancy agreements and under any leases/service contracts assumed by Ararat Home arising after closing, outstanding trade accounts payable incurred by HumanGood SoCal in the ordinary course of the Windsor facility's business and any other liabilities expressly assumed by Ararat Home under the terms of the Purchase Agreement ("Assumed Liabilities").
4. Purchase Agreement. As soon as reasonably practicable after the execution of this LOI, the parties shall commence negotiation of the Purchase Agreement. The Purchase Agreement shall include, without limitation, (i) the terms and conditions summarized in this LOI, (ii) an agreed net working capital at closing; and (iii) such other representations, warranties, conditions, covenants, indemnities, escrows and other terms that are customary for transactions of this kind.
5. All Cash Purchase. The Ararat Home intends to fund the Proposed Transaction with existing cash, so bank financing is not currently contemplated for the Proposed Transaction.
6. Due Diligence Period; Access to Information. For a period of forty-five (45) days from and after the execution of the Purchase Agreement ("Due Diligence Period"), Ararat Home,

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at Ararat Home's expense, shall review and investigate the physical and environmental condition of the Assets, the character, quality, and general utility of Windsor, the zoning, land use, environmental and building requirements, and restrictions applicable to the Assets and its development, the state of title to the Real Property, any leases or other agreements effecting the Assets, all applicable licensing matters and all other matters Ararat Home feels is necessary to evaluate the Assets and the Proposed Transaction and determine its acceptability to Ararat Home. If, during the Due Diligence Period, Ararat Home determines that the Assets are not acceptable for any reason in Ararat Home's discretion, Ararat Home shall have the right, by giving written notice to HumanGood SoCal on or before the last day of the Due Diligence Period, to terminate the Purchase Agreement. In order to permit completion of the Ararat Home's due diligence during the Due Diligence Period on the timeframe set forth herein, the Ararat Home and its advisors must have reasonable access to HumanGood SoCal, the department heads at the Windsor facility, and outside advisors. Accordingly, upon advance notice to HumanGood SoCal's management, HumanGood SoCal and its outside advisors will provide the Ararat Home and its representatives access to HumanGood SoCal's books and records, contracts, facilities, key personnel, suppliers, independent accountants and attorneys, and all other documents and data, as reasonably requested by the Ararat Home in connection with the completion of the Proposed Transaction. HumanGood SoCal shall cooperate with the Ararat Home as may be necessary to facilitate its investigation of Windsor and shall provide such assistance as is reasonably requested.

7. Brokers, Professional Fees and Expenses. HumanGood SoCal and the Ararat Home represent to each other that no person is entitled to any finder's or broker's fee or commission in connection with the Proposed Transaction. HumanGood SoCal and the Ararat Home shall be responsible for its own expenses incurred in connection with the Proposed Transaction.
8. Closing. HumanGood SoCal and the Ararat Home shall close the Proposed Transaction immediately upon receipt of approval of the issuance of the applicable licenses and permits from the California Department of Public Health and the Department of Social Services for RCFC or CCRC, and receipt of approval from the attorney general's office approving the Proposed Transaction. It is the intention of both parties to use all reasonable efforts to expedite this transaction as quickly as possible.
9. Cooperation and Exclusivity. HumanGood SoCal and the Ararat Home Line will cooperate in good faith and expeditiously in the preparation of the documents and the taking of other actions necessary to carry out the Proposed Transaction. HumanGood SoCal agrees that, from the date of execution of this LOI until the earlier of (i) April 15, (ii) the Closing of the Proposed Transaction or (iii) the termination of this LOI by mutual written agreement of HumanGood SoCal and the Ararat Home, HumanGood SoCal shall not (a) negotiate the terms of, or enter into, any agreement, letter of intent or term sheet with any third party for the sale of the Assets, or (b) enter into discussions with one or more third parties regarding a possible sale of assets or stock/membership interests, related to the Assets.

10.Nondisclosure. HumanGood SoCal and the Ararat Home shall enter concurrently herewith into a mutual non-disclosure agreement. Except as may be required by law, HumanGood SoCal and the Ararat Home agree not to disclose the existence of this LOI or its terms without the prior written approval of the other party. Notwithstanding this requirement, each party may, subject to the restrictions in the applicable mutual non-disclosure agreement, disclose the existence of this LOI and its terms, on a need-to-know basis, to such party's employees, counsel, accountants, investors, financing sources, and other professional advisors.

11.Governing Law. This LOI shall be governed by and construed in accordance with the internal laws of the State of California. The venue for any disputes concerning this LOI shall be at a court of competent jurisdiction in California.

12.Nonbinding Agreement. The LOI is intended to provide a basis for the preparation of a Purchase Agreement. Until such agreement has been prepared and executed and delivered by each of the parties, none of the provisions of this letter shall be binding upon any party except for the agreements and obligations contained in paragraphs 9 through 11. In the event the parties fail to enter into a mutually satisfactory Purchase Agreement on or before April 15, 2022, or unless this LOI is earlier terminated as provided herein, the understandings contained in this LOI, unless extended by mutual agreement of the parties, shall terminate without any liability of a party to the other party.

13.Expiration. We appreciate your consideration for this proposal and request your response by 5:00 p.m. PST on March 29, 2022.

We hope that this LOI conveys our enthusiasm for the opportunity. We look forward to hearing from you soon.

Sincerely yours,

**Ararat Home of Los Angeles, Inc.**

By: 

Joseph Kanimian, Chairman

**Accepted and Agreed  
HumanGood SoCal**

By:

Daniel Ogus, Chief Operating Officer



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**11) Letter of Intent from Ararat Home of Los Angeles – Redline and Comments by HumanGood SoCal dated March 25, 2022.**

March 24, 2022

Daniel Ogus, Chief Operating Officer  
HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203

Dear Mr. Ogus:

On behalf of the Ararat Home of Los Angeles, Inc. ("Ararat Home"), we are pleased to present this Letter of Intent ("LOI") to purchase the assets, business operations, land and building ("Proposed Transaction") of HumanGood SoCal's Windsor facility located at 1230 E. Windsor Road, Glendale, CA ("Windsor"). The Ararat Home and HumanGood SoCal have long histories of providing a common vision of helping older adults live their best lives possible, and they share a mutual respect of each group's values and integrity. We are confident this opportunity brings together two well-aligned company cultures that will impact the senior living, health care supportive service marketplace in a positive way.

The Ararat Home is prepared to move forward immediately with the steps to complete the Proposed Transaction. Based on the Ararat Home's familiarity with Windsor and the financial and business information provided, we believe the Ararat Home is uniquely situated to complete the Proposed Transaction with you. Accordingly, we request that you favorably consider our proposal to consummate the Proposed Transaction pursuant to the following terms:

1. Assets Purchased. The transaction will be structured as an asset purchase pursuant to a mutually satisfactory purchase agreement ("Purchase Agreement") to be executed by Ararat Home and HumanGood SoCal. The Ararat Home will purchase all of the assets, excluding cash, of HumanGood SoCal's Windsor facility, including the land, building, fixtures and equipment and all other operating assets at the location, as outlined in this LOI and to be further described in the Purchase Agreement ("Assets"); provided Ararat Home acknowledges and agrees that Ararat Home will not be purchasing the name "HumanGood" and any variation thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that HumanGood SoCal and its affiliates will continue to use the name HumanGood post-closing. At closing, HumanGood SoCal will grant to Ararat Home a non-exclusive, nontransferable, limited license to use the name "HumanGood" and all associated logos in connection with Ararat's ownership and management of the Facility post-closing, which license shall remain in place for a period of ninety (90) days post-Closing.

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2. Purchase Price. Subject to any adjustments provided herein, the aggregate purchase price to be paid by the Ararat Home will be (a) Fourteen Million Eight Hundred Thousand Dollars (\$14,800,000.00) plus (b) the amount of Assumed Liabilities (as defined below). Within two (2) business days of the signing of the Purchase Agreement, Ararat Home will deposit with Commonwealth Land Title ("Title Company") at 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660, Attention: Kelly Ralph, a deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000), which shall remain refundable to the Ararat Home until it completes its investigation and approves moving forward with the transaction by the end of the Due Diligence Period (as described below). Assuming Ararat elects to proceed with closing, upon the expiration of the Due Diligence Period (as described below), Ararat will deposit with Title Company an additional deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000). At closing, HumanGood SoCal shall pay fifty percent (50%) of escrow charges, any county transfer taxes, and the base premium for the title policy to be issued to Ararat Home at closing. Ararat Home shall pay fifty percent (50%) of escrow charges, any lender's policy, and any extended coverage and all endorsements to the title policy. All other closing costs shall be allocated in accordance with the custom in Los Angeles County. At Closing, the current installment of real property taxes and assessments, rent, if any, and all current operating expenses of the Assets shall be prorated between Ararat Home and HumanGood SoCal as of such date on the basis of a thirty (30) day month.
3. Assumed Liabilities. Upon closing the Proposed Transaction, the Ararat Home will not assume any liabilities of HumanGood SoCal, except accrued salaries/wages and deposits relating to Windsor, all obligations arising under the resident and occupancy agreements and under any leases/service contracts assumed by Ararat Home arising after closing, outstanding trade accounts payable incurred by HumanGood SoCal in the ordinary course of the Windsor facility's business and any other liabilities expressly assumed by Ararat Home under the terms of the Purchase Agreement ("Assumed Liabilities").
4. Purchase Agreement. As soon as reasonably practicable after the execution of this LOI, the parties shall commence negotiation of the Purchase Agreement. The Purchase Agreement shall include, without limitation, (i) the terms and conditions summarized in this LOI, (ii) an agreed net working capital at closing; and (iii) such other representations, warranties, conditions, covenants, indemnities, escrows and other terms that are customary for transactions of this kind.
5. All Cash Purchase. The Ararat Home intends to fund the Proposed Transaction with existing cash, so bank financing is not currently contemplated for the Proposed Transaction.
6. Due Diligence Period; Access to Information. For a period of ~~sixty-fourty-five~~ (6045) days from and after the execution of the Purchase Agreement ("Due Diligence Period"), Ararat Home,

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at Ararat Home's expense, shall review and investigate the physical and environmental condition of the Assets, the character, quality, and general utility of Windsor, the zoning, land use, environmental and building requirements, and restrictions applicable to the Assets and its development, the state of title to the Real Property, any leases or other agreements effecting the Assets, all applicable licensing matters and all other matters Ararat Home feels is necessary to evaluate the Assets and the Proposed Transaction and determine its acceptability to Ararat Home. If, during the Due Diligence Period, Ararat Home determines that the Assets are not acceptable for any reason in Ararat Home's discretion, Ararat Home shall have the right, by giving written notice to HumanGood SoCal on or before the last day of the Due Diligence Period, to terminate the Purchase Agreement. In order to permit completion of the Ararat Home's due diligence during the Due Diligence Period on the timeframe set forth herein, the Ararat Home and its advisors must have reasonable access to HumanGood SoCal, the department heads at the Windsor facility, and outside advisors. Accordingly, upon advance notice to HumanGood SoCal's management, HumanGood SoCal and its outside advisors will provide the Ararat Home and its representatives access to HumanGood SoCal's books and records, contracts, facilities, key personnel, suppliers, independent accountants and attorneys, and all other documents and data, as reasonably requested by the Ararat Home in connection with the completion of the Proposed Transaction. HumanGood SoCal shall cooperate with the Ararat Home as may be necessary to facilitate its investigation of Windsor and shall provide such assistance as is reasonably requested.

7. Brokers, Professional Fees and Expenses. HumanGood SoCal and the Ararat Home represent to each other that no person is entitled to any finder's or broker's fee or commission in connection with the Proposed Transaction. HumanGood SoCal and the Ararat Home shall be responsible for its own expenses incurred in connection with the Proposed Transaction.
8. Closing. HumanGood SoCal and the Ararat Home shall close the Proposed Transaction immediately upon receipt of approval of the issuance of the applicable licenses and permits from the California Department of Public Health and the Department of Social Services for RCFE or CCRC, and receipt of approval from the attorney general's office approving the Proposed Transaction. It is the intention of both parties to use all reasonable efforts to expedite this transaction as quickly as possible.
9. Cooperation and Exclusivity. HumanGood SoCal and the Ararat Home Line will cooperate in good faith and expeditiously in the preparation of the documents and the taking of other actions necessary to carry out the Proposed Transaction. HumanGood SoCal agrees that, from the date of execution of this ~~LOT~~-LOI until the earlier of (i) April 30~~15~~<sup>15</sup>, (ii) the Closing of the Proposed Transaction or (iii) the termination of this LOI by mutual written agreement of HumanGood SoCal and the Ararat Home, HumanGood SoCal shall not (a) negotiate the terms of, or enter into, any agreement, letter of intent or term sheet with any third party for the sale of the Assets, or (b) enter into discussions with one or more third parties regarding a possible sale of assets or stock/membership interests, related to the Assets.

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10. Nondisclosure. HumanGood SoCal and the Ararat Home shall enter concurrently herewith into a mutual non-disclosure agreement. Except as may be required by law, HumanGood SoCal and the Ararat Home agree not to disclose the existence of this LOI or its terms without the prior written approval of the other party. Notwithstanding this requirement, each party may, subject to the restrictions in the applicable mutual non-disclosure agreement, disclose the existence of this LOI~~I~~<sup>T</sup> and its terms, on a need-to-know basis, to such party's employees, counsel, accountants, investors, financing sources, and other professional advisors.

11. Governing Law. This LOI shall be governed by and construed in accordance with the internal laws of the State of California. The venue for any disputes concerning this LOI shall be at a court of competent jurisdiction in California.

12. Nonbinding Agreement. The LOI is intended to provide a basis for the preparation of a Purchase Agreement. Until such agreement has been prepared and executed and delivered by each of the parties, none of the provisions of this letter shall be binding upon any party except for the agreements and obligations contained in paragraphs 9 through 11. In the event the parties fail to enter into a mutually satisfactory Purchase Agreement on or before April ~~30~~<sup>15</sup>, 2022, or unless this LOI is earlier terminated as provided herein, the understandings contained in this LOI, unless extended by mutual agreement of the parties, shall terminate without any liability of a party to the other party.

13. Expiration. We appreciate your consideration for this proposal and request your response by 5:00 p.m. PST on ~~April 10~~<sup>March 29</sup>, 2022.

We hope that this LOI conveys our enthusiasm for the opportunity. We look forward to hearing from you soon.

Sincerely yours,

**Ararat Home of Los Angeles, Inc.**

By: 

Joseph Kanimian, Chairman

**Accepted and Agreed  
HumanGood SoCal**

By:

Daniel Ogus, Chief Operating Officer

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**12) Letter of Intent from Ararat Home of Los Angeles – Redline dated March 8, 2022.**



February 23, 2022

Daniel Ogus, Chief Operating Officer  
HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203

Dear Mr. Ogus:

On behalf of the Ararat Home of Los Angeles, Inc. ("Ararat Home"), we are pleased to present this Letter of Intent ("LOI") to purchase the assets, business operations, land and building ("Proposed Transaction") of HumanGood SoCal's Windsor facility located at 1230 E. Windsor Road, Glendale, CA ("Windsor"). The Ararat Home and HumanGood SoCal have long histories of providing a common vision of helping older adults live their best lives possible, and they share a mutual respect of each group's values and integrity. We are confident this opportunity brings together two well-aligned company cultures that will impact the senior living, health care supportive service marketplace in a positive way.

The Ararat Home is prepared to move forward immediately with the steps to complete the Proposed Transaction. Based on the Ararat Home's familiarity with Windsor and the financial and business information provided, we believe the Ararat Home is uniquely situated to complete the Proposed Transaction with you. Accordingly, we request that you favorably consider our proposal to consummate the Proposed Transaction pursuant to the following terms:

1. Assets Purchased. The transaction will be structured as an asset purchase pursuant to a mutually satisfactory purchase agreement ("Purchase Agreement") to be executed by Ararat Home and HumanGood SoCal. The Ararat Home will purchase all of the assets, excluding cash, of HumanGood SoCal's Windsor facility, including the land, building, fixtures and equipment and all other operating assets at the location, as outlined in this LOI and to be further described in the Purchase Agreement ("Assets<sup>2</sup>"); provided Ararat Home acknowledges and agrees that Ararat Home will not be purchasing the name "HumanGood" and any variation thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that HumanGood SoCal and its affiliates will continue to use the name HumanGood post-closing. At closing, HumanGood SoCal will grant to Ararat Home a non-exclusive, nontransferable, limited license to use the name "HumanGood" and all associated logos in connection with Ararat's ownership and management of the Facility post-closing, which license shall remain in place for a period of ninety (90) days post-Closing.

~~2. Purchase Price. Subject to any adjustments provided herein, the aggregate purchase price to be paid by the Ararat Home will be (a) Fourteen Million Dollars (\$14,000,000.00) plus (b) the amount of Assumed Liabilities. It is understood that HumanGood is obtaining an appraisal for its Windsor facility, which will be shared with the Ararat Home upon receipt.~~

2. Purchase Price. Subject to any adjustments provided herein, the aggregate purchase price to be paid by the Ararat Home will be (a) Fourteen Million Dollars (\$14,000,000.00) plus (b) the amount of Assumed Liabilities (as defined below). It is understood that HumanGood SoCal is obtaining an appraisal for Windsor, which will be shared with the Ararat Home upon receipt. Ararat Home shall confirm the purchase price within five (5) business days of Ararat Home's receipt of the appraisal. Within two (2) business days of the signing of the Purchase Agreement, Ararat Home will deposit with Commonwealth Land Title ("Title Company") at 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660, Attention: Kelly Ralph, a deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000). Assuming Ararat elects to proceed with closing, upon the expiration of the Due Diligence Period (as described below), Ararat will deposit with Title Company an additional deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000). At closing, HumanGood SoCal shall pay fifty percent (50%) of escrow charges, any county transfer taxes, and the base premium for the title policy to be issued to Ararat Home at closing. Ararat Home shall pay fifty percent (50%) of escrow charges, any lender's policy, and any extended coverage and all endorsements to the title policy. All other closing costs shall be allocated in accordance with the custom in Los Angeles County. At Closing, the current installment of real property taxes and assessments, rent, if any, and all current operating expenses of the Assets shall be prorated between Ararat Home and HumanGood SoCal as of such date on the basis of a thirty (30) day month.

~~3. Assumed Liabilities. Upon closing the Proposed Transaction, the Ararat Home will not assume any liabilities of HumanGood SoCal, except accrued salaries/wages and deposits relating to Windsor, and all obligations arising under the resident and occupancy agreements and under any leases/service contracts assumed by Ararat Home arising after closing, outstanding trade accounts payable incurred by~~

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~~4.3.~~ HumanGood SoCal in the ordinary course of the Windsor facility's business and any other liabilities expressly assumed by Ararat Home under the terms of the Purchase Agreement ("Assumed Liabilities").

~~5.4.~~ Purchase Agreement. As soon as reasonably practicable after the execution of this LOI, the parties shall commence negotiation of the Purchase Agreement. The Purchase Agreement shall include, without limitation, (i) the terms and conditions summarized in this LOI; ~~(ii) a net working capital adjustment customary for transactions of this kind;~~ (ii) such other representations, warranties, conditions, covenants, indemnities, escrows and other terms that are customary for transactions of this kind.

~~6.5.~~ All Cash Purchase. The Ararat Home intends to fund the Proposed Transaction with existing cash, so bank financing is not currently contemplated for the Proposed Transaction.

~~7. Conditions. The Ararat Home will require a process that allows for the opportunity to satisfy the following conditions prior to entering into a binding Purchase Agreement: (a) completion of operational and financial due diligence, including satisfactory accounting and legal review; (b) negotiation of a mutually satisfactory Purchase Agreement; (c) approval of the Proposed Transaction contemplated herein by the Ararat Home's board of directors; and (d) receipt of any necessary legal or regulatory approvals.~~

4. Due Diligence Period; Access to Information. For a period of forty-five (45) days from and after the execution of the Purchase Agreement ("Due Diligence Period"), Ararat Home, at Ararat Home's expense, shall review and investigate the physical and environmental condition of the Assets, the character, quality, and general utility of Windsor, the zoning, land use, environmental and building requirements, and restrictions applicable to the Assets and its development, the state of title to the Real Property, any leases or other agreements effecting the Assets, all applicable licensing matters and all other matters Ararat Home feels is necessary to evaluate the Assets and the Proposed Transaction and determine its acceptability to Ararat Home. If, during the Due Diligence Period, Ararat Home determines that the Assets are not acceptable for any reason in Ararat Home's discretion, Ararat Home shall have the right, by giving written notice to HumanGood SoCal on or before the last day of the Due Diligence Period, to terminate the Purchase Agreement

~~8.6. Access to Information.~~ In order to permit completion of the Ararat Home's due diligence ~~and finalization of the Purchase Agreement~~ during the Due Diligence Period on the timeframe set forth

~~below~~herein, the Ararat Home and its advisors must have reasonable access to HumanGood SoCal, ~~its management~~the department heads at the Windsor facility, and outside advisors. Accordingly, upon advance notice to HumanGood SoCal's management, HumanGood SoCal and its outside advisors will provide the Ararat Home and its representatives access to HumanGood SoCal's books and records, contracts, facilities, key personnel, suppliers, independent accountants and attorneys, and all other documents and data, as reasonably requested by the Ararat Home in connection with the completion of the Proposed Transaction. HumanGood SoCal shall cooperate with the Ararat Home as may be necessary to facilitate its investigation of Windsor and shall provide such assistance as is reasonably requested.

9.7. Brokers, Professional Fees and Expenses. HumanGood SoCal and the Ararat Home represent to each other that no person is entitled to any finder's or broker's fee or commission in connection with the Proposed Transaction. HumanGood SoCal and the Ararat Home shall be responsible for its own expenses incurred in connection with the Proposed Transaction.

10. Closing. HumanGood SoCal and the Ararat Home shall ~~endeavor to~~close the Proposed Transaction immediately upon receipt of approval of the ~~transfer~~issuance of the applicable licenses

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8. and permits from the California Department of Public Health and the Department of Social Services for RCFE or CCRC, and receipt of approval from the attorney general's office approving the Proposed Transaction. It is the intention of both parties to use all reasonable efforts to expedite this transaction as quickly as possible.

11.9. Cooperation and Exclusivity. HumanGood SoCal and the Ararat Home Line will cooperate in good faith and expeditiously in the preparation of the documents and the taking of other actions necessary to carry out the Proposed Transaction. HumanGood SoCal agrees that, from the date of execution of this LOI until the earlier of (i) ~~May~~ March 31, 2022, (ii) the Closing of the Proposed Transaction or (iii) the termination of this LOI by mutual written agreement of HumanGood SoCal and the Ararat Home, HumanGood SoCal shall not (a) ~~sell assets or stock/membership interests to any other person or entity or (b)~~ negotiate the terms of, or enter into, any agreement, letter of intent or term sheet with any third party for the sale of ~~assets or stock/membership interests or (b)~~ the Assets, or (b) enter into discussions with one or more third parties regarding a possible sale of assets or stock/membership interests, related to ~~Windsor~~ the Assets.

12.10. Nondisclosure. HumanGood SoCal and the Ararat Home shall enter concurrently herewith into a mutual non-disclosure agreement. Except as may be required by law, HumanGood SoCal and the Ararat Home agree not to disclose the existence of this LOI or its terms without the prior written approval of the other party. Notwithstanding this requirement, each party may, subject to the restrictions in the applicable mutual ~~non-disclosure~~ non-disclosure agreement, disclose the existence of this LOI and its terms, on a need-to-know basis, to such party's employees, counsel, accountants, investors, financing sources, and other professional advisors.

13.11. Governing Law. This LOI shall be governed by and construed in accordance with the internal laws of the State of California. The venue for any disputes concerning this LOI shall be at a court of competent jurisdiction in California.

14.12. Nonbinding Agreement. The LOI is intended to provide a basis for the preparation of a Purchase Agreement. Until such

agreement has been prepared and executed and delivered by each of the parties, none of the provisions of this letter shall be binding upon any party except for the agreements and obligations contained in paragraphs ~~10~~<sup>9</sup> through ~~14~~<sup>11</sup>. In the event the parties fail to enter into a mutually satisfactory Purchase Agreement on or before ~~April 30~~<sup>March 31</sup>, 2022, or unless this LOI is earlier terminated as provided herein, the understandings contained in this LOI, unless extended by mutual agreement of the parties, shall terminate without any liability of a party to the other party.

~~15.~~<sup>13.</sup> Expiration. We appreciate your consideration for this proposal and request your response by 5:00 p.m. PST on March ~~7~~<sup>10</sup>, 2022.



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We hope that this LOI conveys our enthusiasm for the opportunity. We look forward to hearing from you soon.

Sincerely yours,

**Ararat Home of Los Angeles, Inc.**

By: 

Joseph Kanimian, Chairman

**Accepted and Agreed  
HumanGood SoCal**

By:

Daniel Ogus, Chief Operating Officer

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**Section 999.5(d)(1)(B)**

**13) Letter of Intent from Ararat Home of Los Angeles – Redline dated February 24, 2022.**

March 24, 2022

Daniel Ogus, Chief Operating Officer  
HumanGood SoCal  
516 Burchett Street  
Glendale, California 91203

Dear Mr. Ogus:

On behalf of the Ararat Home of Los Angeles, Inc. (~~“Ararat Home”~~), we are pleased to present this Letter of Intent (~~“LOI”~~) to purchase the assets, business operations, land and building (~~“Proposed Transaction”~~) of HumanGood ~~SoCal’s~~ SoCal's Windsor facility located at 1230 E. Windsor Road, Glendale, CA (~~“Windsor”~~). The Ararat Home and HumanGood SoCal have long histories of providing a common vision of helping older adults live their best lives possible, and they share a mutual respect of each ~~group’s~~ group's values and integrity. We are confident this opportunity brings together two well-aligned company cultures that will impact the senior living, health care supportive service marketplace in a positive way.

The Ararat Home is prepared to move forward immediately with the steps to complete the Proposed Transaction. Based on the Ararat ~~Home’s~~ Home's familiarity with Windsor and the financial and business information provided, we believe the Ararat Home is uniquely situated to complete the Proposed Transaction with you. Accordingly, we request that you favorably consider our proposal to consummate the Proposed Transaction pursuant to the following terms:

1. Assets Purchased. The transaction will be structured as an asset purchase pursuant to a mutually satisfactory purchase agreement (~~“Purchase Agreement”~~) to be executed by Ararat Home and HumanGood SoCal. The Ararat Home will purchase all of the assets, excluding cash, of HumanGood ~~SoCal’s~~ SoCal's Windsor facility, including the land, building, fixtures and equipment and all other operating assets at the location, as outlined in this LOI and to be further described in the Purchase Agreement (~~“Assets”~~); provided Ararat Home acknowledges and agrees that Ararat Home will not be purchasing the name "HumanGood" and any variation thereof, as well as any service marks, any associated logos or logo-types, any and all attendant state and/or federal service mark registrations, or other similar descriptive items, and that HumanGood SoCal and its affiliates will continue to use the name HumanGood post-closing. -At closing, HumanGood SoCal will grant to Ararat Home a non-exclusive, nontransferable, limited license to use the name "HumanGood" and all associated logos in connection with ~~Ararat’s~~ Ararat's ownership and management of the

Facility post-closing, which license shall remain in place for a period of ninety (90) days post-Closing.

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2. Purchase Price. Subject to any adjustments provided herein, the aggregate purchase price to be paid by the Ararat Home will be (a) Fourteen Million Eight Hundred Thousand Dollars (\$14,~~000~~800,000.00) plus (b) the amount of Assumed Liabilities (as defined below). ~~It is understood that HumanGood SoCal is obtaining an appraisal for Windsor, which will be shared with the Ararat Home upon receipt. Ararat Home shall confirm the purchase price within five (5) business days of Ararat Home's receipt of the appraisal.~~ Within two (2) business days of the signing of the Purchase Agreement, Ararat Home will deposit with Commonwealth Land Title ~~("Title Company")~~ at 4100 Newport Place Drive, Suite 120, Newport Beach, CA 92660, Attention: Kelly Ralph, a deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000~~).~~, which shall remain refundable to the Ararat Home until it completes its investigation and approves moving forward with the transaction by the end of the Due Diligence Period (as described below). Assuming Ararat elects to proceed with closing, upon the expiration of the Due Diligence Period (as described below), Ararat will deposit with Title Company an additional deposit in the amount of Two Hundred Fifty Thousand Dollars (\$250,000). ~~At closing, HumanGood SoCal shall pay fifty percent (50%) of escrow charges, any county transfer taxes, and the base premium for the title policy to be issued to Ararat Home at closing. Ararat Home shall pay fifty percent (50%) of escrow charges, any lender's lender's policy, and any extended coverage and all endorsements to the title policy. All other closing costs shall be allocated in accordance with the custom in Los Angeles County. At Closing, the current installment of real property taxes and assessments, rent, if any, and all current operating expenses of the Assets shall be prorated between Ararat Home and HumanGood SoCal as of such date on the basis of a thirty (30) day month.~~
3. Assumed Liabilities. Upon closing the Proposed Transaction, the Ararat Home will not assume any liabilities of HumanGood SoCal, except accrued salaries/wages and deposits relating to Windsor, all obligations arising under the resident and occupancy agreements and under any leases/service contracts assumed by Ararat Home arising after closing, outstanding trade accounts payable incurred by HumanGood SoCal in the ordinary course of the Windsor ~~facility's~~facility's business and any other liabilities expressly assumed by Ararat Home under the terms of the Purchase Agreement ~~("Assumed Liabilities").~~
4. Purchase Agreement. As soon as reasonably practicable after the execution of this LOI, the parties shall commence negotiation of the Purchase Agreement. The Purchase Agreement shall include, without limitation, (i) the terms and conditions summarized in this LOI~~; and~~ ~~(ii)~~ (ii) an agreed net working capital at closing; and (iii) such other representations, warranties, conditions, covenants, indemnities, escrows and other terms that are customary for transactions of this kind.
5. All Cash Purchase. The Ararat Home intends to fund the Proposed Transaction with existing cash, so bank financing is not currently contemplated for the Proposed Transaction.

6. Due Diligence Period; Access to Information. For a period of ~~forty-five (45)~~sixty (60) days from and after the execution of the Purchase Agreement (~~("Due Diligence Period");~~"), Ararat Home,

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6. at Ararat ~~Home's~~Home's expense, shall review and investigate the physical and environmental condition of the Assets, the character, quality, and general utility of Windsor, the zoning, land use, environmental and building requirements, and restrictions applicable to the Assets and its development, the state of title to the Real Property, any leases or other agreements effecting the Assets, all applicable licensing matters and all other matters Ararat Home feels is necessary to evaluate the Assets and the Proposed Transaction and determine its acceptability to Ararat Home. -If, during the Due Diligence Period, Ararat Home determines that the Assets are not acceptable for any reason in Ararat ~~Home's~~Home's discretion, Ararat Home shall have the right, by giving written notice to HumanGood SoCal on or before the last day of the Due Diligence Period, to terminate the Purchase Agreement. In order to permit completion of the Ararat ~~Home's~~Home's due diligence during the Due Diligence Period on the timeframe set forth herein, the Ararat Home and its advisors must have reasonable access to HumanGood SoCal, the department heads at the Windsor facility, and outside advisors. Accordingly, upon advance notice to HumanGood ~~SoCal's~~SoCal's management, HumanGood SoCal and its outside advisors will provide the Ararat Home and its representatives access to HumanGood ~~SoCal's~~SoCal's books and records, contracts, facilities, key personnel, suppliers, independent accountants and attorneys, and all other documents and data, as reasonably requested by the Ararat Home in connection with the completion of the Proposed Transaction. HumanGood SoCal shall cooperate with the Ararat Home as may be necessary to facilitate its investigation of Windsor and shall provide such assistance as is reasonably requested.
7. Brokers, Professional Fees and Expenses. HumanGood SoCal and the Ararat Home represent to each other that no person is entitled to any ~~finder's~~finder's or ~~broker's~~broker's fee or commission in connection with the Proposed Transaction. HumanGood SoCal and the Ararat Home shall be responsible for its own expenses incurred in connection with the Proposed Transaction.
8. Closing. HumanGood SoCal and the Ararat Home shall close the Proposed Transaction immediately upon receipt of approval of the issuance of the applicable licenses and permits from the California Department of Public Health and the Department of Social Services for RCFE or CCRC, and receipt of approval from the attorney general's office approving the Proposed Transaction. It is the intention of both parties to use all reasonable efforts to expedite this transaction as quickly as possible.
9. Cooperation and Exclusivity. HumanGood SoCal and the Ararat Home Line will cooperate in good faith and expeditiously in the preparation of the documents and the taking of other actions necessary to carry out the Proposed Transaction. HumanGood SoCal agrees that, from the date of execution of this ~~LOI~~LOI until the earlier of (i) ~~March 31, 2022~~April 30, (ii) the Closing of the Proposed Transaction or (iii) the termination of this LOI by mutual written agreement of HumanGood SoCal and the Ararat Home, HumanGood SoCal shall not (a) negotiate the terms of, or enter into, any agreement, letter of intent or term sheet with any third party for the sale of the Assets, or (b) enter into discussions with one or more third parties regarding a possible sale of assets or

stock/membership interests, related to the Assets.

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10. Nondisclosure. HumanGood SoCal and the Ararat Home shall enter concurrently herewith into a mutual non-disclosure agreement. Except as may be required by law, HumanGood SoCal and the Ararat Home agree not to disclose the existence of this LOI or its terms without the prior written approval of the other party. Notwithstanding this requirement, each party may, subject to the restrictions in the applicable mutual non-disclosure agreement, disclose the existence of this ~~LOI~~LOI and its terms, on a need-to-know basis, to such ~~party's~~party's employees, counsel, accountants, investors, financing sources, and other professional advisors.

11. Governing Law. This LOI shall be governed by and construed in accordance with the internal laws of the State of California. The venue for any disputes concerning this LOI shall be at a court of competent jurisdiction in California.

12. Nonbinding Agreement. The LOI is intended to provide a basis for the preparation of a Purchase Agreement. Until such agreement has been prepared and executed and delivered by each of the parties, none of the provisions of this letter shall be binding upon any party except for the agreements and obligations contained in paragraphs 9 through 11. In the event the parties fail to enter into a mutually satisfactory Purchase Agreement on or before ~~March 31~~April 30, 2022, or unless this LOI is earlier terminated as provided herein, the understandings contained in this LOI, unless extended by mutual agreement of the parties, shall terminate without any liability of a party to the other party.

13. Expiration. We appreciate your consideration for this proposal and request your response by 5:00 p.m. PST on ~~March~~April 10, 2022.



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We hope that this LOI conveys our enthusiasm for the opportunity. We look forward to hearing from you soon.

Sincerely yours,

**Ararat Home of Los Angeles, Inc.**

By:  

Joseph Kanimian, Chairman

**Accepted and Agreed  
HumanGood SoCal**

By:

Daniel Ogus, Chief Operating Officer

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**14) Operations Transfer Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline from Ararat Home of Los Angeles dated June 13, 2022.**

## OPERATIONS TRANSFER AGREEMENT

THIS OPERATIONS TRANSFER AGREEMENT (this “Agreement”) is made and entered into as of [ ● ], 2022 (the “Effective Date”), by and among HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee”) (each of Transferor and Transferee being a “Party” and, collectively, the “Parties”), with respect to the following:

### RECITALS

A. Transferor is the owner and licensed operator of that certain continuing care retirement community commonly referred to as “Windsor” and “Windsor Manor” and located at 1230 E. Windsor Road, Glendale, California (the “Facility”). The Facility includes independent living residences and assisted living that are licensed Residential Care Facility for the Elderly (the “RCFE Premises”) and a licensed Skilled Nursing Facility (the “SNF Premises”).

B. Transferor, as Seller, and Transferee, as Purchaser, are parties to that certain Purchase and Sale Agreement dated May 17, 2022 (as the same may hereinafter be amended or modified from time to time, the “PSA”), pursuant to which Transferor has agreed, upon and subject to the terms and conditions of such agreement, to transfer to Transferee all of its right, title and interest in and to certain properties and assets used in connection with the Facility, as of the “Closing Date” (as defined in the PSA).

C. Effective as of the Closing Date Transferee will become the new licensed operator of the RCFE Premises.

D. Transferee has applied for a skilled nursing facility license from the California Department of Public Health (“CDPH”) and Medicare and Medi-Cal certification from the applicable state and federal governmental authorities to operate the SNF Premises (the “License Approvals”).

E. To assure that a licensed party at all times controls the physical premises of the SNF Premises while CDPH processes Transferee’s skilled nursing facility license application, Transferor and Transferee have entered into an Interim Lease effective as of the Closing Date whereby Transferee has agreed to sublease its interest in the SNF Premises back to Transferor pursuant to the terms of the Interim Lease and subject to the agreement of Transferor to engage Transferee to manage the SNF Premises on an interim basis on behalf of Transferor pursuant to that certain Interim Management Agreement effective on the Closing date, pending issuance of the SNF License to Transferee by CDPH. The Interim Lease and Interim Management Agreement (collectively, the “Interim Agreements”) will terminate on the OTA Closing Date, which is the date that CDPH issues Transferee a new skilled nursing facility license for the SNF Premises.

F. In order to facilitate a transition of operational and financial responsibility from Transferor to Transferee in a manner which will ensure the continued operation of the SNF Premises after the Closing Date in compliance with applicable law and in a manner which does not jeopardize the health and welfare of the residents of the SNF Premises, Transferor and Transferee are desirous of documenting the terms and conditions on which Transferee will manage

the SNF Premises for Transferor on and after the Closing Date and certain other terms and conditions relevant to the transition of operational and financial responsibility from Transferor to Transferee.

## AGREEMENT

IN CONSIDERATION OF the foregoing recitals, the mutual promises contained herein, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties hereby agree as follows:

1. Transfer of Property; Excluded Assets.

(a) Inventory. Transferor shall transfer and convey to Transferee on the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the consumable inventories of every kind and nature whatsoever located on or about the SNF Premises and used or held for use in connection with the operation of the SNF Premises (the “Inventory”).

(b) Personal Property. Transferor shall transfer and convey to Transferee on the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the Personal Property and Vehicles described in the PSA.

(c) Permits. Transferor shall transfer and convey to Transferee as of the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the Permits described in the PSA, it being understood and agreed that the Permits shall specifically exclude any state issued regulatory permits, certificates, licenses and authorizations that are not transferable by law, regulation or ordinance.

(d) Excluded Assets. Notwithstanding the foregoing or anything to the contrary contained in this Agreement, the transactions contemplated by this Agreement shall exclude the Excluded Assets (as defined in the PSA) and in no event shall Transferor be required to convey to Transferee or to any other person any Excluded Assets.

(e) Delivery of Possession. On the Closing Date, Transferor shall deliver possession of its Inventory, the Personal Property, and the Permits for the SNF Premises to Transferee (at the SNF Premises, in the case of tangible property).

(f) “As Is, Where Is” Transfer. Except as specifically set forth in this PSA, the Inventory, the Personal Property, the Vehicles and the Permits are being conveyed in their “as is, where is” condition.

(g) Bill of Sale and General Assignment. On the Closing Date, Transferor shall execute a Bill of Sale and General Assignment substantially in the form annexed as Exhibit A hereto to evidence the conveyance by Transferor of its Inventory, the Personal Property and the Permits to Transferee.

2. Employees.

(a) Employees Interviews. At any time during the thirty (30) day period prior to the anticipated Closing Date, upon prior notice to Transferor and in consultation with Transferor and as otherwise provided in the PSA, Transferee may conduct interviews of individuals employed at the Facility (collectively, “Employees”); and prior to the Closing Date, Transferee shall make offers of employment to the Employees in accordance with the terms of the PSA. Transferee shall coordinate with Transferor prior to making any disclosures of its hire/no hire decisions or making offers of employment to any such Employees.

(b) Accrued Employee Benefits. Transferor shall pay out the Accrued Employee Benefits to all of the hired Employees, on or before the next regularly scheduled payroll date following the Closing Date or at such earlier time as required by (and otherwise in accordance with) applicable law, in accordance with Transferor’s standard policies in effect prior to the Closing Date.

3. Residency Agreements; Operating/Lease Contracts; Records.

(a) Residency Agreements. Effective on the OTA Closing Date, Transferor shall assign to Transferee and Transferor shall assume the residency agreements (the “Residency Agreements”) for the then-current residents (the “Residents”) of the SNF Premises. Transferor shall remain responsible for the obligations of Transferor arising under the Residency Agreements prior to the OTA Closing Date.

(b) Operating/Lease Contracts. In accordance with the terms of the PSA, Transferor shall assign to Transferee the service or equipment contracts or leases with certain third-party vendors that provide goods or services to the Facility, including the SNF Premises, designated by Transferee to the extent assignable (the “Operating Contracts”). Transferor shall be responsible for the obligations of Transferor arising under the Operating Contracts that are not assigned~~assignable before the OTA Closing Date~~. Transferee shall be responsible for the obligations under the assigned Operating Contracts. On the Closing Date, all vendor or service arrangements for the benefit of multiple senior living communities of Seller or its affiliates, including the Facility and other communities owned, leased or managed by Seller or its affiliates, including, without limitation, any national or regional contracts and/or leases negotiated by Transferor or its affiliates (the “National Contracts”) will cease providing goods or services to the Facility and Transferee will be responsible for establishing new relationships with vendors for these goods and services.

(c) Assignment and Assumption Agreement. On the OTA Closing Date, Transferor and Transferee shall execute an Assignment and Assumption Agreement with respect to the Residency Agreements and any Operating/Lease Contracts not assigned on the Closing Date~~[GPJ1]~~, substantially in the form annexed as Exhibit B hereto.

(d) Records. On the Closing Date, Transferor shall deliver possession to Transferee of (i) copies of the employee records which relate exclusively to the SNF Premises and are necessary for the continued operation of the SNF Premises; (ii) all of the records or written documents physically located at the SNF Premises and relating to current Residents of the SNF

Premises, in the form in which such records or written documents are currently held; and (iii) any active sales leads solely for the SNF Premises, and the lead sources related thereto, in the format in which such sales leads and lead source are currently maintained for the SNF Premises.

4. Medicare, Medi-Cal and Managed Care Agreements

(a) Medicare/Medi-Cal/Managed Care Agreements.

(i) Schedule I lists Transferor's Medicare and Medi-Cal provider numbers that pertain to the SNF Premises, Schedule II sets forth a list of the contracts between Transferor and managed care organizations that pertain to the SNF Premises (collectively, the "Medicare MCO Contracts").

(ii) Assignment and Assumption. To the extent permitted by applicable law, Transferor transfers, assigns, conveys and delivers to Transferee, and Transferee acquires and accepts from Transferor, all of Transferor's right, title and interest in Transferor's Medicare Provider Agreement (the "Medicare Assets"), provided that the parties recognize that this Agreement is not enforceable against the Centers for Medicare and Medicaid Services ("CMS") with respect to the imposition by CMS of any successor liability under applicable laws and CMS regulations. Transferee will be solely responsible pursuant to applicable law for the assigned Medicare Assets.

(iii) On the Closing Date, Transferor shall deliver to each managed care organization that is a party to a Medicare MCO Contract written notice of the transfer of the operations of the SNF Premises (including, without limitation, all billing related to the care rendered to the Residents thereof) from Transferor to Transferee. From and after the Closing Date, Transferee shall (x) perform all of the obligations that are to be performed by the operator and manager of the SNF Premises under the MCO Contracts or the Replacement MCO Contracts (as defined below) and that first arise from and after the Closing Date and (y) at Transferee's sole cost and expense, diligently pursue and use commercially reasonable efforts to cause each managed care organization to enter into a new contract with Transferee (each such replacement contract, a "Replacement MCO Contract"). Transferee acknowledges and agrees that Transferor makes no representation or warranty as to when or if each such managed care organization will agree to enter into a Replacement MCO Contract with Transferee.

(iv) Transferee shall indemnify, defend and hold harmless Transferor from and against any loss, damage, liability, claim, cost or expense (including, without limitation, reasonable attorneys' fees and any amounts payable by Transferor, whether by contractual indemnity or otherwise) that may be incurred by, or asserted against, Transferor arising out of or relating to Transferee's efforts to obtain assignment of the Medicare Assets, Transferee's efforts to cause the managed care organizations to enter into the Replacement MCO Contracts, any failure of Transferee to comply with their obligations pursuant to this Section or Transferee's billings under the Government Program (as defined below), or any other payer contracts.

## 5. Medicare Change of Ownership

(a) Transferee has filed a Medicare change of ownership application (the “CHOW”) with the applicable CMS Medicare Administrative Contractor (the “CMS MAC”) for the assignment of the Medicare Assets to Transferee. Transferee shall use commercially reasonable efforts to obtain, as soon as possible following the date hereof, CMS MAC and CMS Regional Office (“RO”) approval of the CHOW. Transferee shall be solely responsible for any and all costs associated with the CHOW process. Promptly upon receipt of a request from Transferor, Transferee will provide Transferor with copies of its CHOW application (which may be redacted for personal and ownership information) and any further documents submitted by Transferee to Medicare in response to any requests from such governmental authority.

(b) Transferor shall complete and file in a timely manner the “former owner,” “former operator,” or similar portions of the CHOW application, and complete and file in a timely manner all other required applications and forms, and shall otherwise reasonably cooperate with Transferee in order to facilitate the approval of the CHOW and assignment of the Medicare Assets. Promptly upon receipt of a request from Transferee, Transferor will provide Transferee with copies of its portion of the CHOW applications (which may be redacted for personal and ownership information) and any further documents reasonably requested by Transferee to be submitted to Medicare in response to any requests from such governmental authority.

(c) Transferee acknowledges that Transferor has not made, and is not making, any representation, warranty or other assurance regarding Transferee’s ability to (i) obtain any third-party payer agreement, or (ii) participate in any third-party payer program. Transferee acknowledges and agrees that it bears the entire risk of the foregoing and that, without waiving any rights or remedies under the PSA, Transferee will not have any claims against Transferor or any right to rescind all or any part of this Agreement, on the basis of any failure of the foregoing, unless and to the extent Transferor fails to cooperate [or otherwise comply with its obligations](#) pursuant to this Section. The provisions of this Section shall survive the expiration or any earlier termination of this Agreement.

## 6. Billings, Collections and Accounts Receivable.

(a) Billing. Transferor covenants to Transferee that, until the Closing Date, Transferor shall continue to bill the Residents and all other payers in the ordinary course of business consistent with past practices for amounts due under Residency Agreements or other payer contracts. From and after the Closing Date, Transferee shall assume responsibility for the billing of such amounts on and after the Closing Date, provided that Transferee is responsible for obtaining all other payer or provider agreements (commercial, governmental, or otherwise) which may be necessary for operating the SNF Premises on or after the Closing Date pursuant to Section 4. Transferor shall retain its right, title and interest in and to all unpaid accounts receivable with respect to the SNF Premises that relate to all periods prior to the Closing Date, including, but not

limited to, any accounts receivable arising from rate increase adjustments which relate to periods prior to the Closing Date even if such adjustments occur after the Closing Date.

(b) Private Pay Billing. The Parties acknowledge that private pay Residents are typically billed monthly by Transferor for amounts due under Residency Agreements in advance on or about the first (1st) day of each calendar month. Until the Closing Date, Transferor shall continue to bill private pay Residents in the ordinary course of business for amounts due under Residency Agreements. From and after the Closing Date, Transferee shall assume responsibility for billing private pay Residents for services provided to such residents on and after the Closing Date; provided, however, that Transferor may bill Residents after the Closing Date for services provided prior to the Closing Date that were not billed in advance on the first day of any calendar month prior to the Closing Date. Any private pay Resident payments that specifically identify dates of service, regardless of when received, shall be disbursed to Transferor or Transferee according to whether the dates of service were before or after the Closing Date. Private pay Resident payments that are not identified by dates of service and that are received by Transferor or Transferee during the first sixty (60) business days following the Closing Date shall be remitted to Transferor to be applied to reduce any outstanding private pay resident's obligations to Transferor, with any excess applied to reduce any balances due for services rendered by Transferee on and after the Closing Date. Private pay Resident payments that are not identified by dates of service and that are received by Transferor or Transferee on or after the sixty-first (61st) business day following the Closing Date, shall be remitted to Transferee or retained by Transferee, as applicable, to be applied to reduce private pay Residents' obligations to Transferee arising from and after the Closing Date. In the event the Parties mutually determine that any private pay Residents are entitled to a refund of payments, the portion thereof that relates to the period from and after the Closing Date shall be paid by Transferee and the portion thereof that relates to the period prior to the Closing Date shall be paid by Transferor to such private pay Resident.

(c) Medicare Billing.

(i) The Parties recognize that, subject to compliance with Medicare assignment rules, the Transferee is entitled to any and all outstanding Medicare receivables arising after the Closing Date on account of services rendered at the SNF Premises after the Closing Date. The Parties recognize that the CMS MAC continues to pay Transferor Medicare funds for the SNF Premises until the CMS MAC receives the tie-in/approval notice for the Medicare CHOW from the RO. Therefore, to the extent permitted under applicable law, (i) Transferee is hereby authorized to use the Medicare Provider Number in the name of and on behalf of Transferor, and in accordance with all applicable laws, regulations, and payor rules, to process invoices to and payments from Medicare, so long as those payments are deposited directly into a bank account designated in writing by, and in the name of and under the sole control of, Transferor for eligible services rendered at the SNF Premises after the Closing Date and until receipt of the tie-in/approval notice from the RO (the "CHOW Processing Period"), and (ii) Transferor is hereby authorized to continue to use the Medicare Provider Number, in its own name and behalf, to process invoices to and payments from Medicare for eligible services rendered at the SNF Premises on or prior to the Closing Date. '

(ii) Transferee and Transferor hereby acknowledge and agree that following the Closing Date and until the date that CMS sends the tie-in/approval notice to the CMS MAC, Transferee shall be allowed to bill under Transferor's existing Medicare Provider Agreement, insurance contracts and any other payor program related agreements for the SNF Premises (collectively, "Program Agreements"), and provider numbers for purposes of billing and collecting receivables on account of services rendered by Transferee after the Closing Date. In order to assist in the billing and collection of such receivables, and periodically track receivables, Transferor agrees to use its commercially reasonable efforts to permit Transferee access to any website of any carrier, fiscal intermediary or CMS MAC (collectively referred to as a "MAC"), or any other third-party payor. Transferor agrees to grant Transferee or its designee status as an authorized user under such websites (including establishing a new user id and password if applicable). From the Closing Date, Transferor hereby acknowledges that Transferee may submit claims, reports, documents and other information to the MAC for services provided to residents at the SNF Premises from the Closing Date until the date that CMS sends the tie-in/approval notice to the CMS MAC, as necessary to receive payment for such services. Transferor acknowledges and agrees that all receivables arising from services rendered on and after the Closing Date are the sole property of Transferee. Transferee shall not assume or be deemed to have assumed and shall not be responsible for any liability or obligation of Transferor under Transferor's Provider Agreement related to the operation of the SNF Premises with respect to periods prior to the Closing Date, and Transferor shall not assume or be deemed to have assumed and shall not be responsible for any liability or obligation relating to the operation of the SNF Premises with respect to periods subsequent to the Closing Date. Transferee shall be liable for any overpayments, recoupments or other liabilities relating to the SNF Premises by Medicare or any other third-party payor arising from the operation of the SNF Premises following the Closing Date.

(iii) Payments received by Transferor or Transferee on and after the Closing Date with respect to the SNF Premises from Medicare shall be handled as follows:

(A) If such payments either specifically indicate on the accompanying remittance advice, or if the Parties agree, that they relate to the period prior to the Closing Date, they shall be retained by Transferor or, if received by Transferee, remitted by Transferee to Transferor, as applicable, and the applicable remittance advice shall be provided to Transferee or Transferor as applicable.

(B) If such payments either specifically indicate on the accompanying remittance advice, or if the parties agree, that they relate to the period on or after the Closing Date, they shall be remitted by Transferor to Transferee, or if received by Transferee, retained by Transferee, as applicable, and the applicable remittance advice shall be provided to Transferee or Transferor as applicable.

(C) If such payments indicate on the accompanying remittance advice, or if the parties agree, that they relate to periods both prior to and after the Closing Date, the portion thereof which relates to the period after the



Closing Date shall be forwarded to, or retained by, Transferee, as applicable, and the balance shall be remitted to, or retained by, Transferor, as applicable.

(D) If the accompanying remittance advice, which is received by either party during the first sixty (60) days following the Closing Date does not indicate the period to which a payment relates or if there is no accompanying remittance advice, Transferor will attempt to reconcile the payment to the dates of service for which such payment was made, and the payments thereof which Transferor determines relate to the period after the Closing Date shall be forwarded to, or retained by, Transferee, as applicable, and any payments that relate to the period prior to the Closing Date shall be remitted to, or retained by, Transferor, as applicable. On the sixty-first (61st) day following the Closing Date, Transferor will provide Transferee with all information necessary to allow Transferee to perform the reconciliation described in this section of unaccounted for payments and will either forward to Transferor or retain such payments, as applicable. The party who performs the reconciliation of unaccounted for payments received in accordance with this section will promptly forward documentation to the other party supporting the allocation of the payment. If the Parties do not agree as to how to apply an unaccounted-for payment, then the payment shall be deemed to apply against the oldest outstanding account receivable due from such payor.

(d) Other Third-Party Payor Payments. Payments received by Transferor or Transferee on and after the Closing Date with respect to the SNF Premises from other third-party payors, such as the Medi-Cal Program, the Veterans Administration, managed care companies, or health maintenance organizations, shall be handled in accordance with Section 6(c)(iii).

(e) Timing. By the 20th day of each calendar month, Transferor or Transferee, as applicable, shall deposit to an account designated by Transferor or Transferee all payments due to Transferor or Transferee which are allocable to Transferor or Transferee pursuant to this Section 6 for the previous calendar month.

(f) Statement of Reconciliation. Promptly upon making payment due to Transferor or Transferee which are allocable to Transferor or Transferee pursuant to this Section 6 and in no event later than ten (10) days following a such payment, Transferor or Transferee, as applicable, shall prepare and deliver to Transferor or Transferee, as applicable, a proposed statement of reconciliation of payments received by either Party during such calendar month in respect of the SNF Premises (the "Proposed Reconciliation"). The Proposed Reconciliation shall appropriately reflect the net amount owed to each Party, respectively, as a result of such reconciliation. After approval of the Proposed Reconciliation by both Parties, the Party determined to owe any amounts as a result of such Proposed Reconciliation shall promptly pay such amounts to the other Party by wire transfer to an account designated in writing by such other Party. In addition to the Statement of Reconciliation, each Party agrees to forward to the other Party, as applicable, any and all remittance advice, explanations of benefits, denial of payment notices, and

all other correspondence related to the billing and collection of Accounts Receivable and allocation of payments promptly following receipt by each Party.

(g) Misapplied Payments. In the event the Parties mutually determine that any payment hereunder was misapplied by the parties, the party which erroneously received said payment shall remit the same to the other within two (2) business days after said determination is made.

(h) No Right Offset or Recoupment. To the extent either Transferor or Transferee receive any proceeds from the Accounts Receivable of the other Party, the Parties acknowledge that the Party receiving the payment belonging to the other Party shall hold the payment in trust. Neither Transferee nor Transferor shall have any right to offset or recoupment with respect to such Accounts Receivable, and any Party erroneously receiving a payment belonging to the other Party shall have no right, title or interest whatsoever in the payment and shall remit the same to the other as provided herein.

(i) Cooperation in Processing of Claims. Each Party agrees that it will provide the other Party with any information reasonably required to enable any Party to complete its billing to Residents or other payouts in accordance with this Agreement. If necessary, for a period of eighteen (18) months following the Closing Date:

(i) Each Party agrees to take all reasonable steps to assist the other in processing the Government Programs claims and obtaining payments for services rendered (i) in the case of Transferee, from and after the Closing Date, and (ii) in the case of Transferor, prior to the Closing Date.

(ii) The Party being assisted pursuant to this Section agrees to reimburse the Party rendering assistance for any reasonable, documented, out-of-pocket expenses (due to third parties) actually incurred by the assisting Party in rendering such assistance.

## 7. Cost Reports

(a) Transferor and Transferee shall each timely prepare and file with the appropriate Medicare and/or Medi-Cal agency, in accordance with applicable law and regulation, any final or other cost reports with respect to its operation of the SNF Premises which are required to be filed by law under the terms of the Medicare or Medi-Cal programs. The Parties shall cooperate fully by providing to each other any and all necessary financial or accounting information reasonably required by the other Party to enable such other Party to timely submit the foregoing described final or other cost reports and shall cooperate fully in any accounting decisions related to the depreciation of certain assets and the inclusion of Medicare bad debt on the final cost report filed by Transferor.

(b) In addition to the foregoing obligations, Transferor shall file, to the extent required by applicable regulations, a credit balance report (Form CMS-838) with Medicare within thirty (30) days following the end of the quarter in which this Agreement is executed and delivered. Transferor and Transferee shall each timely prepare and file with the appropriate payor

authorities, in accordance with applicable laws, any final or other cost reports with respect to its operation of the SNF Premises that are required under the terms of the Medicare program, including, without limitation, Transferor preparing and filing any and all final cost reports for the SNF Premises for the time period during which Transferor was the licensed operator of the SNF Premises (the “Final Assignor Cost Reports”), within the time frames required by applicable laws, but no later than one hundred and eighty (180) days after the Closing Date; provided, however, that Transferee shall reasonably cooperate with Transferor in connection with the preparation of any Final Assignor Cost Reports with respect to any portion of such Final Assignor Costs Reports relating to operations at the SNF Premises during the time between the Closing Date and the OTA Closing Date (the “Interim Period”). Prior to filing any Final Assignor Cost Reports that cover the Interim Period, Transferor shall forward drafts of the same to Transferee for review, and Transferee shall have ten (10) business days to review and comment on any portion thereof relating to the Interim Period. Transferor shall provide Transferee with copies of the Final Assignor Cost Reports within five (5) days after the same are filed with the applicable government program.

8. Indemnification. (a) In consideration of Transferor agreeing to allow Transferee to operate the SNF Premises under Transferor’s skilled nursing facility license and bill Medicare and other government programs using Transferor’s provider numbers during the Interim Period and as a further inducement for Transferor to enter into this Agreement and the Interim Agreements, Transferee hereby agrees to indemnify, protect, defend, and hold harmless Transferor and its affiliates, members, managers, directors, officers, employees and agents (collectively “Transferor Indemnified Parties”) from any losses, damages (other than consequential damages except to the extent payable to third parties), costs and expenses (including reasonable attorneys’ fees) which Transferor Indemnified Parties may at any time suffer or incur, or become subject to, as a result of or arising from: (a) a breach by Transferee of its obligations under this Agreement which is not cured within thirty (30) days after receipt of written notice from Transferor setting forth, in reasonable detail, the nature of such breach, or any breach of the obligation by Transferee to bill correctly and in accordance with all applicable laws, regulations, and payer rules during the time that the CHOW is being processed by the CMS MAC and RO (the “CHOW Billing Obligations”), (b) any liabilities with respect to Transferee’s handling of the Resident Funds received by Transferee; and (c) any liabilities incurred by any Transferor Indemnified Party with respect to the assigned Medicare Assets for services rendered on or after the date hereof, except to the extent arising from Transferor’s negligence or willful misconduct. The foregoing indemnity obligations of Transferee do not limit Transferee’s responsibility to perform its duties and obligations as set forth in this Agreement or Transferee’s direct responsibility for any breach of such obligations. (b) Transferor hereby agrees to indemnify, protect, defend, and hold harmless Transferee and its affiliates, members, managers, directors, officers, employees and agents from any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys’ fees and costs, to the extent arising from or in connection with Licensee’s maintenance of all state and federal licenses, permits certification and approvals required in connection with management and operation of the SNF Premises, negligence or willful misconduct, or breach of this Agreement, except to the extent of Transferee’s negligence or willful misconduct.

9. Transfer of Resident Trust Funds

(a) On the Closing Date, Transferor shall provide Transferee with a true, correct and complete accounting and inventory of all funds belonging to residents at the SNF

Premises (each, a “Resident”) which are held by Transferor in a custodial capacity (collectively, “Resident Funds”) as of the date hereof, subject to adjustment within fifteen (15) days following the date hereof. Such accounting and inventory will set forth the names of the Residents for whom such Resident Funds are held and the amounts held on behalf of each Resident. On the date hereof, Transferee acknowledges receipt of and expressly assumes all of Transferor’s financial and custodial obligations with respect thereto, it being the intent and purpose of this provision that, on the date hereof, Transferor will be relieved of all fiduciary and custodial obligation with respect to such Resident Funds delivered to Transferee and that Transferee will assume all such obligations and be directly accountable to the Residents with respect to all Resident Funds delivered to Transferee.

(b) Transferee shall have no responsibility as to the applicable Resident/responsible party and regulatory authorities for claims which arise from actions or omissions of Transferor with respect to the Resident Funds prior to the Closing Date, and such pre-existing liabilities (if any) related to the Resident Funds shall be and remain the responsibility of Transferor.

(c) Except as set forth above, Transferor shall have no responsibility to the applicable Resident/responsible party and regulatory authorities with respect to any Resident Funds delivered to Transferee. The provisions of this Section shall survive the expiration or any earlier termination of this Agreement.

#### 10. Interim Covenants.

(a) The Parties acknowledge that (i) Transferee is required under the laws of the State of California to obtain all of the permits, licenses and governmental approvals described on Schedule III attached hereto for the operation of the SNF Premises (the “License Approvals”). Accordingly, Transferee agrees to (u) assume full responsibility for securing the License Approvals required with respect to the SNF Premises, (v) at its sole cost and expense, diligently pursue, and use commercially reasonable efforts to obtain the License Approvals, (w) ~~no less frequently than once per calendar month,~~ prepare and deliver to Transferor a written ~~monthly~~-status report with respect to Transferee’s efforts to obtain the License Approvals (a “Monthly-License Approval Status Report”) with fifteen (15) day following Transferor’s written request, but no more than once every two months, (x) promptly notify Transferor in writing of any material development in connection with the License Approvals, (y) deliver to Transferor such reasonable documentation and information in respect of the License Approvals as Transferor may reasonably request from time to time and (z) deliver written notice to Transferor of Transferee’s receipt of the License Approvals no later than ten (10) ~~two (2)~~-business days after Transferee’s receipt thereof. Each ~~Monthly~~-License Approval Status Report shall summarize in reasonable detail (a) the efforts of Transferee (and any person acting on behalf of Transferee) to obtain the License Approvals for the period commencing since the prior ~~Monthly~~-License Approval Status Report was delivered and continuing up to the date of the ~~Monthly~~-License Approval Status Report then being delivered (except that the first ~~Monthly~~-License Approval Status Report shall instead cover the period between the Closing Date and the date such first ~~Monthly~~-License Approval Status Report is delivered), (b) the current status of the application for each License Approval (including commentary regarding the timing and likelihood of the receipt thereof), (c) the dates and subject matter of any and all future meetings, if any, planned (and/or scheduled, as applicable) with any

Governmental Authority in respect of the License Approvals and (d) any setbacks encountered by Transferee (and/or by any person acting on behalf of Transferee) in pursuit of the License Approvals. At Transferee's written request, Transferor agrees to cooperate reasonably and in good faith with Transferee as Transferee seeks to obtain the License Approvals from any applicable Governmental Authority as may be required, provided that Transferee shall pay all out-of-pocket costs and expenses arising in connection with the same or imposed by any Governmental Authority requirement (and reimburse Transferor for any such costs and expenses). If, at any time, Transferee receives notice that a License Approval has been denied, then Transferee shall (A) deliver written notice thereof to Transferor within five (5) business days after Transferee's receipt of such denial notice and (B) diligently pursue, at its sole cost and expense, any lawful challenge or appeal of such denial.

(b) Interim Agreements. On the Closing Date, Transferor and Transferee shall execute the Interim Agreements, pursuant to which an interim arrangement structure permits Transferee to begin managing the SNF Premises under Transferor's skilled nursing facility license, and allows for the applicable existing material permits, licenses, agreements and other authorizations issued and required by Governmental Authorities in connection with the operation of the SNF Premises to remain in full force and effect following the Closing Date and until the OTA Closing Date.

11. Costs and Prorations.

(a) As between Transferee and Transferor, any payments (including any amount paid to Transferor prior to the Closing Date for services to be rendered on and after the Closing Date from social security payments, private pay residents' security deposits and prepayments, applied income payments, resident trust prepayments, etc.); for SNF Premises operating expenses, utility charges for the billing period in which the Closing Date occurs, and prepaid expenses and other related items of revenue or expense attributable to the SNF Premises, including prepaid ~~the~~ SNF Premises license and permit fees, shall be prorated between Transferor and Transferee as of Closing Date. In general, such prorations shall be made so that as between Transferee and Transferor, Transferor shall be reimbursed for prepaid expense items to the extent that the same are applied to expenses attributable to periods on and after the Closing Date and Transferor shall be charged for unpaid expenses to the extent that the same are attributable to periods prior to the Closing Date. Any CDPH annual license renewal fees shall be the sole responsibility of, and paid by, Transferee. [GPJ2]

(b) Section 11(a) shall be implemented by Transferee remitting to Transferor any invoices (or the applicable portion thereof in the case of invoices which cover periods both prior to and after the Closing Date) which describe goods or services provided to the SNF Premises before the Closing Date and by Transferee assuming responsibility for the payment of any invoices (or portions thereof) which describe goods or services provided to the SNF Premises on and after the Closing Date; provided, however, that notwithstanding any provision of this Agreement to the contrary, any and all deposits paid by Transferor with respect to the SNF Premises, including without limitation, any and all utility, insurance company or surety shall remain the sole and exclusive property of Transferor, and Transferee shall have no right or interest therein or thereto, and to the extent that Transferor does not receive a return of any such deposit on the Closing Date and such security deposit has been assumed by Transferee, Transferee shall

reimburse the Transferor on the Closing Date the full amount of any such security deposit assumed by Transferee.

(c) All such prorations shall be made on the basis of actual days elapsed in the relevant accounting or revenue period and shall be based on the most recent information available to Transferor. Utility charges which are not metered and read on the Closing Date shall be estimated based on prior charges, and shall be re prorated upon receipt of statements therefor as of the Closing Date. Transferee shall obtain its own insurance coverage covering all periods commencing on and after the Closing Date and for the duration of the Interim Period, and shall name Transferor as an "Additional Insured" to said insurance coverage policies.

(d) All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the OTA Closing Date shall be settled within ten (10) business days after the OTA Closing Date or, in the event the information necessary for such adjustment is not available within said ten (10) business day period, then within seven (7) business days of receipt of information by either party necessary to settle the amounts subject to proration.

## 12. Access to Records

(a) On the Closing Date, Transferor shall deliver to Transferee all records necessary to the efficient, continued operation of the SNF Premises, including, but not limited to, investigating and defending malpractice, employee or other claims, filing or defending cost reports and tax returns, completing/revising, as needed, any resident assessments, verifying accounts receivable collections and filing exceptions to the Medicare routine cost limits for the cost reporting periods after the Closing Date. Nothing herein shall be construed as precluding Transferor from removing from the SNF Premises, (a) the originals of the financial records which relate to its operations at the SNF Premises, including all accounts payable and accounts receivable records; provided, however, Transferor shall leave copies of such records at the SNF Premises in order to facilitate the provisions of this Agreement, (b) the originals of any proprietary materials related to its overall corporate operations, (c) the originals of all performance improvement data, (d) originals of employee records for all former employees not employed by Transferee, (e) copies of resident records for all former residents no longer residing at the SNF Premises, (g) copies of records for all current residents residing at the SNF Premises, and (h) legacy records stored either on-site or off-site. Notwithstanding anything to the contrary in this Agreement, Transferor and Transferee agree that all information, records and data collected or maintained regarding the SNF Premises residents shall be confidential. Transferor, Transferee, and their respective employees and agents shall maintain the confidentiality of all SNF Premises resident information received in accordance with applicable California and federal laws, including HIPAA, the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-91), the Health Information Technology for Economic and Clinical Health Act Public Law 111-005 ("HITECH") and the regulations issued in connection therewith. No employee or agent of Transferor or Transferee shall discuss, transmit or narrate in any manner any SNF Premises resident information of a personal, medical, or other nature except as a necessary part of providing services to the resident, effectuating a transfer of the SNF Premises operations, or otherwise fulfilling its obligations under this Agreement or under law. The obligations under this Section shall survive the termination of this Agreement, whether by rescission or otherwise as amended and the regulations issued in connection therewith.



(b) From and after the Closing Date, Transferee shall allow Transferor and its agents and representatives to have reasonable access to (upon reasonable prior notice and during normal business hours), and to make copies of, the books and records and supporting material of the SNF Premises relating to the period prior to and including the date on which Transferee receives its new skilled nursing facility license from CDPH, to the extent reasonably necessary to enable Transferor to among other things investigate and defend malpractice, employee or other claims, to file or defend cost reports and tax returns, to complete/revise, as needed, any resident assessments which may be required for Transferor to seek reimbursement for services rendered prior to the Closing Date, to verify accounts receivable collections due Transferor and to file exceptions to the Medicare routine cost limits for the cost reporting periods prior to and including the Closing Date.

(c) Transferee agrees to maintain such books, records and other material comprising records of the SNF Premises operations, including, but not limited to, resident records and records of resident funds, to the extent required by law, which relate to the period preceding the Closing Date and which have been delivered to Transferee by Transferor in conjunction herewith. If upon the expiration of any legislatively mandated retention period for such books and records, ~~Transferor determines that it wishes to obtain said records, Transferee decides to dispose of or destroy such books and records, Transferee shall first notify Transferor in writing of its intention to dispose or destroy such books and records, and,~~ upon receipt of a written request from Transferor, Transferee shall allow Transferor a reasonable opportunity to remove such books and records, at Transferor's sole cost and expense, from the SNF Premises.

13. Accounting and Resident Data. Transferor shall transfer its accounts receivable data and resident care data in electronic form, if possible, to Transferee on or before the Closing Date and Transferor agrees to cooperate with Transferee in transferring such information and shall allow, to the extent such temporary arrangement is permissible under Transferor's vendor contracts, to use computer systems and software for a period of ninety (90) days after the Closing Date for accounts receivable collections and resident care maintenance. In the event, the Parties agree that it is not possible to electronically transfer Transferor's accounts receivable and/or resident care data to Transferee, Transferor shall provide hardcopy paper records of its resident care data to Transferee. Transferee will be responsible for any cost associated with the transfer (electronically or otherwise) by Transferor of its resident care data to Transferee not to exceed \$\_\_\_\_\_.

14. Submission to Jurisdiction; ~~Waiver of Jury Trial.~~ THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION

BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION. ~~TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND WHETHER SOUNDING IN CONTRACT, TORT OR OTHERWISE. THE PARTIES AGREE THAT EITHER OF THEM MAY FILE A COPY OF THIS PARAGRAPH WITH ANY COURT AS WRITTEN EVIDENCE OF THE KNOWING, VOLUNTARY AND BARGAINED-FOR AGREEMENT AMONG THE PARTIES IRREVOCABLY TO WAIVE TRIAL BY JURY AND THAT ANY ACTION OR PROCEEDING WHATSOEVER BETWEEN THEM RELATING TO THIS AGREEMENT OR THE TRANSACTION SHALL INSTEAD BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE SITTING WITHOUT A JURY.~~

15. Notice. Unless expressly provided otherwise herein, any notice, communication or demand required or permitted to be given under this Agreement shall be in writing (including e-mail communications) and shall be sent to the applicable party in accordance with the terms of the PSA.

16. Miscellaneous.

(a) No Bulk Transfer. Neither anything contained herein, nor the transactions provided for herein, shall be deemed or construed to constitute a “bulk sale”.

(b) Further Assurances. Each Party agrees to execute and deliver to any other Party any agreement, document or instrument deemed reasonably necessary or desirable to give effect to the transactions described in this Agreement.

(c) Entire Agreement. There are no agreements, understandings, commitments, representations or warranties between the Parties with respect to the subject matter hereof except as expressly set forth in this Agreement. This Agreement supersedes all prior oral or written negotiations, understandings and agreements between the Parties with respect to the subject matter hereof. In the event that any provision of this Agreement conflicts with a provision of the Purchase Agreement, the provision of the Purchase Agreement prevails.

(d) Captions; Pronouns. Any titles or captions contained in this Agreement are for convenience only and shall not be deemed part of the text of this Agreement. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as appropriate.

(e) Counterparts; Facsimile or Electronic Transmission. This Agreement may be executed in any number of multiple counterparts, each of which shall be deemed to be an original copy and all of which shall constitute one agreement, binding on the Parties. Delivery of an executed counterpart of a signature page to this Agreement by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Agreement. The words “executed”, “execution”, “signed”, “signature”, and words of like import in this Agreement shall include images of manually



executed signatures transmitted by facsimile or other electronic format (including, without limitation, “pdf”, “tif” or “jpg”) and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

(f) Governing Law. IN ALL RESPECTS THIS AGREEMENT SHALL BE GOVERNED BY, AND CONSTRUED AND ENFORCED IN ACCORDANCE WITH, THE INTERNAL LAWS OF THE STATE OF CALIFORNIA (WITHOUT REGARD OF PRINCIPLES OR CONFLICTS OF LAW).

(g) Specific Performance. Each Party shall be entitled to enforce the terms of this Agreement through specific performance.

(h) Attorneys’ Fees. If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement or to resolve any dispute under this Agreement, the losing Party(ies) shall pay the attorneys’ fees, costs and necessary disbursements of the prevailing Party(ies) in addition to any other relief to which such prevailing Party(ies) may be entitled.

(i) No Third-Party Beneficiaries; Successors and Assigns. This Agreement shall not confer any rights or remedies upon any person other than the Parties and their respective successors and permitted assigns. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and assigns. No Party, however, may assign either this Agreement or any of its rights, interests or obligations hereunder without the prior written approval of the other Parties.

(j) Amendments. No amendment of any provision of this Agreement shall be valid unless, as a condition to the effectiveness of such change, the same shall be in writing and signed by the Party against whom the amendment is sought to be enforced. No waiver by any Party of any default, misrepresentation or breach of warranty or covenant hereunder, whether intentional or not, shall be deemed to extend to any prior or subsequent default, misrepresentation or breach of warranty or covenant hereunder or affect in any way any rights arising by virtue of any prior or subsequent such occurrence.

(k) Severability. In the event that any provision of this Agreement, as applied to any Party or to any circumstance, shall be adjudged by a court to be void, unenforceable or inoperative as a matter of law, then the same shall in no way affect any other provision in this Agreement, the application of such provision in any other circumstance or with respect to any other Party, or the validity or enforceability of this Agreement as a whole.

(l) Full Review and Advice of Counsel. Each Party and their respective attorneys have had full opportunity to review and participate in the drafting of the final form of

this Agreement. Accordingly, this Agreement shall be construed without regard to any presumption or other rule of construction against the Party causing this Agreement to be drafted.

(m) Time of the Essence. Time is of the essence of each and every provision of this Agreement.

IN WITNESS WHEREOF, the Parties have executed and entered into this Agreement as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **Schedule I**

### Medicare/Medi-Cal Assets

NPI: 1972588846

PTAN: 555616

## **Schedule II**

### **Medicare MCO Contracts**

#### **Agreement**

Provider Agreement

Ancillary Provider Participation  
Agreement

SNF Preferred Provider Agreement

Provider Participation

Facility Agreement

#### **Managed Care Organization**

Blue Shield of CA

UnitedHealthCare of CA

Adventist Health Glendale Post-Acute Care  
Network

Health Net of California, Inc.

Anthem Blue Cross

**Schedule III**  
**License Approvals**

1. Skilled Nursing Facility License
2. Medicare and Medi-Cal Certification
3. Clinical Laboratory License/CLIA

## EXHIBIT A

### Form of Bill of Sale and General Assignment

#### BILL OF SALE AND GENERAL ASSIGNMENT

THIS BILL OF SALE AND GENERAL ASSIGNMENT (this "Bill of Sale") is made as of this [ ] day of [ ] (the "Effective Date"), by HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("Transferor"), and [Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation ("Transferee")].

#### W I T N E S S E T H

WHEREAS, Transferor owns and operates that certain continuing care retirement community commonly referred to "Windsor" and "Windsor Manor" and located at 1230 E. Windsor Road, Glendale, California.

WHEREAS, pursuant to that certain Operations Transfer Agreement dated as of [ ● ], 2022 (the "OTA"), Transferor is required to transfer and convey to Transferee all of its right, title and interest in and to the Inventory, Personal Property and Permits (as each of such terms is defined in the OTA) other than the Excluded Assets (as defined in the OTA) (collectively, the "Transferred Property") with respect to the Facility (as defined in the OTA), free and clear of all liens, charges, claims and encumbrances thereon, and Transferee is required to accept the transfer and conveyance thereof.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Transferor hereby agrees as follows:

1. Transfer of the Transferred Property. Transferor hereby grants, assigns, transfers, conveys and delivers to Transferee, absolutely and unconditionally, all of its right, title and interest in and to the Transferred Property with respect to the Facility. Except as aforesaid, the Transferred Property is being conveyed in its "as is, where is" condition.

2. Impact of Interim Agreements. Notwithstanding the foregoing, due to the fact that the Interim Agreements are being implemented for the SNF Premises as of the Closing Date, if applicable law prohibits the conveyance of any of the Transferred Property to Transferee until the OTA Closing Date, then such Transferred Property shall not be assigned, transferred or conveyed by Transferor as of the Closing Date, but rather shall be automatically assigned, transferred and conveyed by Transferor to Transferee upon the OTA Closing Date; provided, however, nothing herein shall derogate from any of Transferee's obligations, as applicable, under the Interim Agreements (including, without limitation, Transferee's responsibility for obligations with respect to the Transferred Property with respect to the SNF Premises for all periods from and after the Closing Date).

3. Successors and Assigns. This Bill of Sale shall be binding upon and inure to the benefit of Transferor and Transferee and their respective successors.



4. Signatures; Counterparts. This Bill of Sale may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Bill of Sale by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Bill of Sale. The words “executed”, “execution”, “signed”, “signature”, and words of like import in this Bill of Sale shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, “pdf”, “tif” or “jpg”) and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

5. Governing Law. This Bill of Sale shall be governed by and construed and enforced in accordance with the internal laws of the state of California without giving effect to the principles of conflicts of law thereof.

*[Remainder of page intentionally left blank]*

IN WITNESS WHEREOF, Transferor has executed this Bill of Sale as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

## EXHIBIT B

### Form of Assignment and Assumption Agreement

#### ASSIGNMENT AND ASSUMPTION AGREEMENT

THIS ASSIGNMENT AND ASSUMPTION AGREEMENT (this “Assignment”) is made as of this [\_\_\_\_] day of [\_\_\_\_] (the “Effective Date”), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee”).

#### W I T N E S S E T H

WHEREAS, Assignor and Assignee are parties to that certain Operations Transfer Agreement dated as of [●], 2022 (the “Operations Transfer Agreement”), which governs the transfer of operations and management of the continuing care retirement community commonly referred to as Windsor or Windsor Manor (the “Community”).

WHEREAS, pursuant to the Operations Transfer Agreement, (a) Transferor is required to assign, transfer and convey to Assignee all of its right, title and interest in, to and under the (i) Residency Agreements, other than Excluded Assets (as each such term is defined in the Operations Transfer Agreement) (collectively, the “Assigned Agreements”) with respect to the Facility (as defined in the Operations Transfer Agreement) and (ii) any assignable Utility Security Deposits (as defined in the Operations Transfer Agreement) other than Excluded Assets (the “Assigned Accounts”) with respect to the Facility, and (b) Assignee is required to accept such assignment, transfer and conveyance from and after the Closing Date with respect to the Facility (except with respect to the Residency Agreements that are applicable to the SNF Premises (as defined in the Operations Transfer Agreement), which shall be from and after the OTA Closing Date (as defined in the Operations Transfer Agreement); provided that nothing herein shall derogate from any of Transferee’s obligations, if applicable, under the Interim Agreements (as defined in the Operations Transfer Agreement) (including, without limitation, Transferee’s responsibility for Transferor’s obligations under the Residency Agreements with respect to the SNF Premises for periods from and after the Effective Date).

NOW THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the mutual receipt and sufficiency of which are hereby acknowledged, the parties hereto do hereby agree as follows:

1. Assignment. Assignor assigns, transfers, and conveys unto Assignee all of its rights, title, interest, benefits and privileges in, to and under the Assigned Agreements and the Assigned Accounts with respect to the Facility.
2. Assumption. Each Assignee hereby expressly assumes and agrees to perform from and after the Effective Date all of the obligations of Assignor under the Assigned Agreements which first arise from and after the Effective Date (except with respect to the Residency Agreements that are applicable to the SNF Premises, which shall be from and after the

OTA Closing Date; provided that nothing herein shall derogate from any of Transferee's obligations, if applicable, under the Interim Agreements (including, without limitation, Transferee's responsibility for Transferor's obligations under the Residency Agreements with respect to the SNF Premises for periods from and after the Effective Date).

3. Impact of Interim Agreements. Notwithstanding the foregoing, due to the fact that the Interim Agreements (as defined in the Operations Transfer Agreement) are being implemented for the SNF Premises as of the Closing Date as defined in the PSA, if applicable law prohibits the assignment of any of the Assigned Agreements or Assigned Accounts to Assignee until the OTA Closing Date, then such Assigned Agreement or Assigned Account shall not be assigned, transferred or conveyed by Assignor as of the Closing Date, but rather shall be automatically assigned, transferred and conveyed by Assignor to Assignee upon the OTA Closing Date; provided, however, nothing herein shall derogate from any of Transferee's obligations, if applicable, under the Interim Agreements (including, without limitation, Transferee's responsibility for Transferor's obligations with respect to the Assigned Agreements and Assigned Accounts with respect to the SNF Premises for all periods from and after the Effective Date).

4. Binding Effect. This Assignment shall be binding upon, enforceable by and shall inure to the benefit of the parties hereto and their respective successors and assigns.

5. Signatures; Counterparts. This Assignment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Assignment by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Assignment. The words "executed", "execution", "signed", "signature", and words of like import in this Assignment shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, "pdf", "tif" or "jpg") and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

6. Governing Law. This Assignment shall be governed by and construed and enforced in accordance with the internal laws of the state of California without giving effect to the principles of conflicts of law thereof.

IN WITNESS WHEREOF, Assignor and Assignee have executed this Assignment as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EXHIBIT C**

**Form of Interim Lease**

**[Please See Attached]**

## **EXHIBIT D**

### **Form of Interim Management Agreement**

**[Please See Attached]**

**15) Operations Transfer Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles – Redline from HumanGood SoCal dated June 10, 2022.**



## OPERATIONS TRANSFER AGREEMENT

THIS OPERATIONS TRANSFER AGREEMENT (this “Agreement”) is made and entered into as of [ ● ], 2022 (the “Effective Date”), by and among HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee”) (each of Transferor and Transferee being a “Party” and, collectively, the “Parties”), with respect to the following:

### RECITALS

A. Transferor is the owner and licensed operator of that certain continuing care retirement community commonly referred to as “Windsor” and “Windsor Manor” and located at 1230 E. Windsor Road, Glendale, California (the “Facility”). The Facility includes independent living residences and assisted living that are licensed Residential Care Facility for the Elderly (the “RCFE Premises”) and a licensed Skilled Nursing Facility (the “SNF Premises”).

B. Transferor, as Seller, and Transferee, as Purchaser, are parties to that certain Purchase and Sale Agreement dated May 17, 2022 (as the same may hereinafter be amended or modified from time to time, the “PSA”), pursuant to which Transferor has agreed, upon and subject to the terms and conditions of such agreement, to transfer to Transferee all of its right, title and interest in and to certain properties and assets used in connection with the Facility, as of the “Closing Date” (as defined in the PSA).

C. Effective as of the Closing Date Transferee will become the new licensed operator of the RCFE Premises.

D. Transferee has applied for a skilled nursing facility license from the California Department of Public Health (“CDPH”) and Medicare and Medi-Cal certification from the applicable state and federal governmental authorities to operate the SNF Premises (the “License Approvals”).

E. To assure that a licensed party at all times controls the physical premises of the SNF Premises while CDPH processes Transferee’s skilled nursing facility license application, Transferor and Transferee have entered into an Interim Lease effective as of the Closing Date whereby Transferee has agreed to sublease its interest in the SNF Premises back to Transferor pursuant to the terms of the Interim Lease and subject to the agreement of Transferor to engage Transferee to manage the SNF Premises on an interim basis on behalf of Transferor pursuant to that certain Interim Management Agreement effective on the Closing date, pending issuance of the SNF License to Transferee by CDPH. The Interim Lease and Interim Management Agreement (collectively, the “Interim Agreements”) will terminate on the OTA Closing Date, which is the date that CDPH issues Transferee a new skilled nursing facility license for the SNF Premises.

F. In order to facilitate a transition of operational and financial responsibility from Transferor to Transferee in a manner which will ensure the continued operation of the SNF Premises after the Closing Date in compliance with applicable law and in a manner which does not jeopardize the health and welfare of the residents of the SNF Premises, Transferor and Transferee are desirous of documenting the terms and conditions on which Transferee will manage

the SNF Premises for Transferor on and after the Closing Date and certain other terms and conditions relevant to the transition of operational and financial responsibility from Transferor to Transferee.

## AGREEMENT

IN CONSIDERATION OF the foregoing recitals, the mutual promises contained herein, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties hereby agree as follows:

1. Transfer of Property; Excluded Assets.

(a) Inventory. Transferor shall transfer and convey to Transferee on the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the consumable inventories of every kind and nature whatsoever located on or about the SNF Premises and used or held for use in connection with the operation of the SNF Premises (the “Inventory”).

(b) Personal Property. Transferor shall transfer and convey to Transferee on the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the Personal Property and Vehicles described in the PSA.

(c) Permits. Transferor shall transfer and convey to Transferee as of the Closing Date, to the extent legally assignable, all of its right, title and interest in and to the Permits described in the PSA, it being understood and agreed that the Permits shall specifically exclude any state issued regulatory permits, certificates, licenses and authorizations that are not transferable by law, regulation or ordinance.

(d) Excluded Assets. Notwithstanding the foregoing or anything to the contrary contained in this Agreement, the transactions contemplated by this Agreement shall exclude the Excluded Assets (as defined in the PSA) and in no event shall Transferor be required to convey to Transferee or to any other person any Excluded Assets.

(e) Delivery of Possession. On the Closing Date, Transferor shall deliver possession of its Inventory, the Personal Property, and the Permits for the SNF Premises to Transferee (at the SNF Premises, in the case of tangible property).

(f) “As Is, Where Is” Transfer. Except as specifically set forth in this PSA, the Inventory, the Personal Property, the Vehicles and the Permits are being conveyed in their “as is, where is” condition.

(g) Bill of Sale and General Assignment. On the Closing Date, Transferor shall execute a Bill of Sale and General Assignment substantially in the form annexed as Exhibit A hereto to evidence the conveyance by Transferor of its Inventory, the Personal Property and the Permits to Transferee.

2. Employees.

(a) Employees Interviews. At any time during the thirty (30) day period prior to the anticipated Closing Date, upon prior notice to Transferor and in consultation with Transferor and as otherwise provided in the PSA, Transferee may conduct interviews of individuals employed at the Facility (collectively, "Employees"); and prior to the Closing Date, Transferee shall make offers of employment to the Employees in accordance with the terms of the PSA. Transferee shall coordinate with Transferor prior to making any disclosures of its hire/no hire decisions or making offers of employment to any such Employees.

(b) Accrued Employee Benefits. Transferor shall pay out the Accrued Employee Benefits to all of the hired Employees, on or before the next regularly scheduled payroll date following the Closing Date or at such earlier time as required by (and otherwise in accordance with) applicable law, in accordance with Transferor's standard policies in effect prior to the Closing Date.

3. Residency Agreements; Operating/Lease Contracts; Records.

(a) Residency Agreements. Effective on the OTA Closing Date, Transferor shall assign to Transferee and Transferor shall assume the residency agreements (the "Residency Agreements") for the then-current residents (the "Residents") of the SNF Premises. Transferor shall remain responsible for the obligations of Transferor arising under the Residency Agreements prior to the OTA Closing Date.

(b) Operating/Lease Contracts. In accordance with the terms of the PSA, Transferor shall assign to Transferee the service or equipment contracts or leases with certain third-party vendors that provide goods or services to the Facility, including the SNF Premises, designated by Transferee to the extent assignable (the "Operating Contracts"). Transferor shall be responsible for the obligations of Transferor arising under the Operating Contracts that are not assigned. Transferee shall be responsible for the obligations under the assigned Operating Contracts. On the Closing Date, all vendor or service arrangements for the benefit of multiple senior living communities of Seller or its affiliates, including the Facility and other communities owned, leased or managed by Seller or its affiliates, including, without limitation, any national or regional contracts and/or leases negotiated by Transferor or its affiliates (the "National Contracts") will cease providing goods or services to the Facility and Transferee will be responsible for establishing new relationships with vendors for these goods and services.

(c) Assignment and Assumption Agreement. On the OTA Closing Date, Transferor and Transferee shall execute an Assignment and Assumption Agreement with respect to the Residency Agreements ~~and any Operating/Lease Contracts not assigned on the Closing Date~~ <sup>GPH</sup>, substantially in the form annexed as Exhibit B hereto.

(d) Records. On the Closing Date, Transferor shall deliver possession to Transferee of (i) copies of the employee records which relate exclusively to the SNF Premises and are necessary for the continued operation of the SNF Premises; (ii) all of the records or written documents physically located at the SNF Premises and relating to current Residents of the SNF Premises, in the form in which such records or written documents are currently held; and (iii) any

active sales leads solely for the SNF Premises, and the lead sources related thereto, in the format in which such sales leads and lead source are currently maintained for the SNF Premises.

4. Medicare, Medi-Cal and Managed Care Agreements

(a) Medicare/Medi-Cal/Managed Care Agreements.

(i) Schedule I lists Transferor's Medicare and Medi-Cal provider numbers that pertain to the SNF Premises, Schedule II sets forth a list of the contracts between Transferor and managed care organizations that pertain to the SNF Premises (collectively, the "Medicare MCO Contracts").

(ii) Assignment and Assumption. To the extent permitted by applicable law, Transferor transfers, assigns, conveys and delivers to Transferee, and Transferee acquires and accepts from Transferor, all of Transferor's right, title and interest in Transferor's Medicare Provider Agreement (the "Medicare Assets"), provided that the parties recognize that this Agreement is not enforceable against the Centers for Medicare and Medicaid Services ("CMS") with respect to the imposition by CMS of any successor liability under applicable laws and CMS regulations. Transferee will be solely responsible pursuant to applicable law for the assigned Medicare Assets.

(iii) On the Closing Date, Transferor shall deliver to each managed care organization that is a party to a Medicare MCO Contract written notice of the transfer of the operations of the SNF Premises (including, without limitation, all billing related to the care rendered to the Residents thereof) from Transferor to Transferee. From and after the Closing Date, Transferee shall (x) perform all of the obligations that are to be performed by the operator and manager of the SNF Premises under the MCO Contracts or the Replacement MCO Contracts (as defined below) and that first arise from and after the Closing Date and (y) at Transferee's sole cost and expense, diligently pursue and use commercially reasonable efforts to cause each managed care organization to enter into a new contract with Transferee (each such replacement contract, a "Replacement MCO Contract"). Transferee acknowledges and agrees that Transferor makes no representation or warranty as to when or if each such managed care organization will agree to enter into a Replacement MCO Contract with Transferee.

(iv) Transferee shall indemnify, defend and hold harmless Transferor from and against any loss, damage, liability, claim, cost or expense (including, without limitation, reasonable attorneys' fees and any amounts payable by Transferor, whether by contractual indemnity or otherwise) that may be incurred by, or asserted against, Transferor arising out of or relating to Transferee's efforts to obtain assignment of the Medicare Assets, Transferee's efforts to cause the managed care organizations to enter into the Replacement MCO Contracts, any failure of Transferee to comply with their obligations pursuant to this Section or Transferee's billings under the Government Program (as defined below), or any other payer contracts.

5. Medicare Change of Ownership

(a) Transferee has filed a Medicare change of ownership application (the “CHOW”) with the applicable CMS Medicare Administrative Contractor (the “CMS MAC”) for the assignment of the Medicare Assets to Transferee. Transferee shall use commercially reasonable efforts to obtain, as soon as possible following the date hereof, CMS MAC and CMS Regional Office (“RO”) approval of the CHOW. Transferee shall be solely responsible for any and all costs associated with the CHOW process. Promptly upon receipt of a request from Transferor, Transferee will provide Transferor with copies of its CHOW application (which may be redacted for personal and ownership information) and any further documents submitted by Transferee to Medicare in response to any requests from such governmental authority.

(b) Transferor shall complete and file in a timely manner the “former owner,” “former operator,” or similar portions of the CHOW application, and complete and file in a timely manner all other required applications and forms, and shall otherwise reasonably cooperate with Transferee in order to facilitate the approval of the CHOW and assignment of the Medicare Assets. Promptly upon receipt of a request from Transferee, Transferor will provide Transferee with copies of its portion of the CHOW applications (which may be redacted for personal and ownership information) and any further documents reasonably requested by Transferee to be submitted to Medicare in response to any requests from such governmental authority.

(c) Transferee acknowledges that Transferor has not made, and is not making, any representation, warranty or other assurance regarding Transferee’s ability to (i) obtain any third-party payer agreement, or (ii) participate in any third-party payer program. Transferee acknowledges and agrees that it bears the entire risk of the foregoing and that, without waiving any rights or remedies under the PSA, Transferee will not have any claims against Transferor or any right to rescind all or any part of this Agreement, on the basis of any failure of the foregoing, unless and to the extent Transferor fails to cooperate or otherwise comply with its obligations pursuant to this Section. The provisions of this Section shall survive the expiration or any earlier termination of this Agreement.

6. Billings, Collections and Accounts Receivable.

(a) Billing. Transferor covenants to Transferee that, until the Closing Date, Transferor shall continue to bill the Residents and all other payers in the ordinary course of business consistent with past practices for amounts due under Residency Agreements or other payer contracts. From and after the Closing Date, Transferee shall assume responsibility for the billing of such amounts on and after the Closing Date, provided that Transferee is responsible for obtaining all other payer or provider agreements (commercial, governmental, or otherwise) which may be necessary for operating the SNF Premises on or after the Closing Date pursuant to Section 4. Transferor shall retain its right, title and interest in and to all unpaid accounts receivable with respect to the SNF Premises that relate to all periods prior to the Closing Date, including, but not

limited to, any accounts receivable arising from rate increase adjustments which relate to periods prior to the Closing Date even if such adjustments occur after the Closing Date.

(b) Private Pay Billing. The Parties acknowledge that private pay Residents are typically billed monthly by Transferor for amounts due under Residency Agreements in advance on or about the first (1st) day of each calendar month. Until the Closing Date, Transferor shall continue to bill private pay Residents in the ordinary course of business for amounts due under Residency Agreements. From and after the Closing Date, Transferee shall assume responsibility for billing private pay Residents for services provided to such residents on and after the Closing Date; provided, however, that Transferor may bill Residents after the Closing Date for services provided prior to the Closing Date that were not billed in advance on the first day of any calendar month prior to the Closing Date. Any private pay Resident payments that specifically identify dates of service, regardless of when received, shall be disbursed to Transferor or Transferee according to whether the dates of service were before or after the Closing Date. Private pay Resident payments that are not identified by dates of service and that are received by Transferor or Transferee during the first sixty (60) business days following the Closing Date shall be remitted to Transferor to be applied to reduce any outstanding private pay resident's obligations to Transferor, with any excess applied to reduce any balances due for services rendered by Transferee on and after the Closing Date. Private pay Resident payments that are not identified by dates of service and that are received by Transferor or Transferee on or after the sixty-first (61st) business day following the Closing Date, shall be remitted to Transferee or retained by Transferee, as applicable, to be applied to reduce private pay Residents' obligations to Transferee arising from and after the Closing Date. In the event the Parties mutually determine that any private pay Residents are entitled to a refund of payments, the portion thereof that relates to the period from and after the Closing Date shall be paid by Transferee and the portion thereof that relates to the period prior to the Closing Date shall be paid by Transferor to such private pay Resident.

(c) Medicare Billing.

(i) The Parties recognize that, subject to compliance with Medicare assignment rules, the Transferee is entitled to any and all outstanding Medicare receivables arising after the Closing Date on account of services rendered at the SNF Premises after the Closing Date. The Parties recognize that the CMS MAC continues to pay Transferor Medicare funds for the SNF Premises until the CMS MAC receives the tie-in/approval notice for the Medicare CHOW from the RO. Therefore, to the extent permitted under applicable law, (i) Transferee is hereby authorized to use the Medicare Provider Number in the name of and on behalf of Transferor, and in accordance with all applicable laws, regulations, and payor rules, to process invoices to and payments from Medicare, so long as those payments are deposited directly into a bank account designated in writing by, and in the name of and under the sole control of, Transferor for eligible services rendered at the SNF Premises after the Closing Date and until receipt of the tie-in/approval notice from the RO (the "CHOW Processing Period"), and (ii) Transferor is hereby authorized to continue to use the Medicare Provider Number, in its own name and behalf, to process invoices to and payments from Medicare for eligible services rendered at the SNF Premises on or prior to the Closing Date. '

(ii) Transferee and Transferor hereby acknowledge and agree that following the Closing Date and until the date that CMS sends the tie-in/approval notice to the CMS MAC, Transferee shall be allowed to bill under Transferor's existing Medicare Provider Agreement, insurance contracts and any other payor program related agreements for the SNF Premises (collectively, "Program Agreements"), and provider numbers for purposes of billing and collecting receivables on account of services rendered by Transferee after the Closing Date. In order to assist in the billing and collection of such receivables, and periodically track receivables, Transferor agrees to use its commercially reasonable efforts to permit Transferee access to any website of any carrier, fiscal intermediary or CMS MAC (collectively referred to as a "MAC"), or any other third-party payor. Transferor agrees to grant Transferee or its designee status as an authorized user under such websites (including establishing a new user id and password if applicable). From the Closing Date, Transferor hereby acknowledges that Transferee may submit claims, reports, documents and other information to the MAC for services provided to residents at the SNF Premises from the Closing Date until the date that CMS sends the tie-in/approval notice to the CMS MAC, as necessary to receive payment for such services. Transferor acknowledges and agrees that all receivables arising from services rendered on and after the Closing Date are the sole property of Transferee. Transferee shall not assume or be deemed to have assumed and shall not be responsible for any liability or obligation of Transferor under Transferor's Provider Agreement related to the operation of the SNF Premises with respect to periods prior to the Closing Date, and Transferor shall not assume or be deemed to have assumed and shall not be responsible for any liability or obligation relating to the operation of the SNF Premises with respect to periods subsequent to the Closing Date. Transferee shall be liable for any overpayments, recoupments or other liabilities relating to the SNF Premises by Medicare or any other third-party payor arising from the operation of the SNF Premises following the Closing Date.

(iii) Payments received by Transferor or Transferee on and after the Closing Date with respect to the SNF Premises from Medicare shall be handled as follows:

(A) If such payments either specifically indicate on the accompanying remittance advice, or if the Parties agree, that they relate to the period prior to the Closing Date, they shall be retained by Transferor or, if received by Transferee, remitted by Transferee to Transferor, as applicable, and the applicable remittance advice shall be provided to Transferee or Transferor as applicable.

(B) If such payments either specifically indicate on the accompanying remittance advice, or if the parties agree, that they relate to the period on or after the Closing Date, they shall be remitted by Transferor to Transferee, or if received by Transferee, retained by Transferee, as applicable, and the applicable remittance advice shall be provided to Transferee or Transferor as applicable.

(C) If such payments indicate on the accompanying remittance advice, or if the parties agree, that they relate to periods both prior to and after the Closing Date, the portion thereof which relates to the period after the

Closing Date shall be forwarded to, or retained by, Transferee, as applicable, and the balance shall be remitted to, or retained by, Transferor, as applicable.

(D) If the accompanying remittance advice, which is received by either party during the first sixty (60) days following the Closing Date does not indicate the period to which a payment relates or if there is no accompanying remittance advice, Transferor will attempt to reconcile the payment to the dates of service for which such payment was made, and the payments thereof which Transferor determines relate to the period after the Closing Date shall be forwarded to, or retained by, Transferee, as applicable, and any payments that relate to the period prior to the Closing Date shall be remitted to, or retained by, Transferor, as applicable. On the sixty-first (61st) day following the Closing Date, Transferor will provide Transferee with all information necessary to allow Transferee to perform the reconciliation described in this section of unaccounted for payments and will either forward to Transferor or retain such payments, as applicable. The party who performs the reconciliation of unaccounted for payments received in accordance with this section will promptly forward documentation to the other party supporting the allocation of the payment. If the Parties do not agree as to how to apply an unaccounted-for payment, then the payment shall be deemed to apply against the oldest outstanding account receivable due from such payor.

(d) Other Third-Party Payor Payments. Payments received by Transferor or Transferee on and after the Closing Date with respect to the SNF Premises from other third-party payors, such as the Medi-Cal Program, the Veterans Administration, managed care companies, or health maintenance organizations, shall be handled in accordance with Section 6(c)(iii).

(e) Timing. By the 20th day of each calendar month, Transferor or Transferee, as applicable, shall deposit to an account designated by Transferor or Transferee all payments due to Transferor or Transferee which are allocable to Transferor or Transferee pursuant to this Section 6 for the previous calendar month.

(f) Statement of Reconciliation. Promptly upon making payment due to Transferor or Transferee which are allocable to Transferor or Transferee pursuant to this Section 6 and in no event later than ten (10) days following a such payment, Transferor or Transferee, as applicable, shall prepare and deliver to Transferor or Transferee, as applicable, a proposed statement of reconciliation of payments received by either Party during such calendar month in respect of the SNF Premises (the "Proposed Reconciliation"). The Proposed Reconciliation shall appropriately reflect the net amount owed to each Party, respectively, as a result of such reconciliation. After approval of the Proposed Reconciliation by both Parties, the Party determined to owe any amounts as a result of such Proposed Reconciliation shall promptly pay such amounts to the other Party by wire transfer to an account designated in writing by such other Party. In addition to the Statement of Reconciliation, each Party agrees to forward to the other Party, as applicable, any and all remittance advice, explanations of benefits, denial of payment notices, and



all other correspondence related to the billing and collection of Accounts Receivable and allocation of payments promptly following receipt by each Party.

(g) Misapplied Payments. In the event the Parties mutually determine that any payment hereunder was misapplied by the parties, the party which erroneously received said payment shall remit the same to the other within two (2) business days after said determination is made.

(h) No Right Offset or Recoupment. To the extent either Transferor or Transferee receive any proceeds from the Accounts Receivable of the other Party, the Parties acknowledge that the Party receiving the payment belonging to the other Party shall hold the payment in trust. Neither Transferee nor Transferor shall have any right to offset or recoupment with respect to such Accounts Receivable, and any Party erroneously receiving a payment belonging to the other Party shall have no right, title or interest whatsoever in the payment and shall remit the same to the other as provided herein.

(i) Cooperation in Processing of Claims. Each Party agrees that it will provide the other Party with any information reasonably required to enable any Party to complete its billing to Residents or other payouts in accordance with this Agreement. If necessary, for a period of eighteen (18) months following the Closing Date:

(i) Each Party agrees to take all reasonable steps to assist the other in processing the Government Programs claims and obtaining payments for services rendered (i) in the case of Transferee, from and after the Closing Date, and (ii) in the case of Transferor, prior to the Closing Date.

(ii) The Party being assisted pursuant to this Section agrees to reimburse the Party rendering assistance for any reasonable, documented, out-of-pocket expenses (due to third parties) actually incurred by the assisting Party in rendering such assistance.

## 7. Cost Reports

(a) Transferor and Transferee shall each timely prepare and file with the appropriate Medicare and/or Medi-Cal agency, in accordance with applicable law and regulation, any final or other cost reports with respect to its operation of the SNF Premises which are required to be filed by law under the terms of the Medicare or Medi-Cal programs. The Parties shall cooperate fully by providing to each other any and all necessary financial or accounting information reasonably required by the other Party to enable such other Party to timely submit the foregoing described final or other cost reports and shall cooperate fully in any accounting decisions related to the depreciation of certain assets and the inclusion of Medicare bad debt on the final cost report filed by Transferor.

(b) In addition to the foregoing obligations, Transferor shall file, to the extent required by applicable regulations, a credit balance report (Form CMS-838) with Medicare within thirty (30) days following the end of the quarter in which this Agreement is executed and delivered. Transferor and Transferee shall each timely prepare and file with the appropriate payor

authorities, in accordance with applicable laws, any final or other cost reports with respect to its operation of the SNF Premises that are required under the terms of the Medicare program, including, without limitation, Transferor preparing and filing any and all final cost reports for the SNF Premises for the time period during which Transferor was the licensed operator of the SNF Premises (the “Final Assignor Cost Reports”), within the time frames required by applicable laws, but no later than one hundred and eighty (180) days after the Closing Date; provided, however, that Transferee shall reasonably cooperate with Transferor in connection with the preparation of any Final Assignor Cost Reports with respect to any portion of such Final Assignor Costs Reports relating to operations at the SNF Premises during the time between the Closing Date and the OTA Closing Date (the “Interim Period”). Prior to filing any Final Assignor Cost Reports that cover the Interim Period, Transferor shall forward drafts of the same to Transferee for review, and Transferee shall have ten (10) business days to review and comment on any portion thereof relating to the Interim Period. Transferor shall provide Transferee with copies of the Final Assignor Cost Reports within five (5) days after the same are filed with the applicable government program.

8. Indemnification. (a) In consideration of Transferor agreeing to allow Transferee to operate the SNF Premises under Transferor’s skilled nursing facility license and bill Medicare and other government programs using Transferor’s provider numbers during the Interim Period and as a further inducement for Transferor to enter into this Agreement and the Interim Agreements, Transferee hereby agrees to indemnify, protect, defend, and hold harmless Transferor and its affiliates, members, managers, directors, officers, employees and agents (collectively “Transferor Indemnified Parties”) from any losses, damages (other than consequential damages except to the extent payable to third parties), costs and expenses (including reasonable attorneys’ fees) which Transferor Indemnified Parties may at any time suffer or incur, or become subject to, as a result of or arising from: (a) a breach by Transferee of its obligations under this Agreement which is not cured within thirty (30) days after receipt of written notice from Transferor setting forth, in reasonable detail, the nature of such breach, or any breach of the obligation by Transferee to bill correctly and in accordance with all applicable laws, regulations, and payer rules during the time that the CHOW is being processed by the CMS MAC and RO (the “CHOW Billing Obligations”), (b) any liabilities with respect to Transferee’s handling of the Resident Funds received by Transferee; and (c) any liabilities incurred by any Transferor Indemnified Party with respect to the assigned Medicare Assets for services rendered on or after the date hereof, except to the extent arising from Transferor’s negligence or willful misconduct. The foregoing indemnity obligations of Transferee do not limit Transferee’s responsibility to perform its duties and obligations as set forth in this Agreement or Transferee’s direct responsibility for any breach of such obligations. (b) Transferor hereby agrees to indemnify, protect, defend, and hold harmless Transferee and its affiliates, members, managers, directors, officers, employees and agents from any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys’ fees and costs, to the extent arising from or in connection with Licensee’s ~~maintenance of all state and federal licenses, permits certification and approvals required in connection with management and operation of the SNF Premises,~~ negligence or willful misconduct hereunder, or breach of this Agreement, except to the extent of Transferee’s negligence or willful misconduct. During the term of this Agreement, Licensee warrants that it will not revoke any of the state and federal licenses, permits, certifications, and approvals from governmental authorities that have jurisdiction over the Facility’s licensure and operation that are required to be held by Licensee after the Closing Date, including the SNF License, until the date Transferee obtains the permits, certifications and approvals from governmental authorities needed to operate

the Facility as a skilled nursing facility.

9. Transfer of Resident Trust Funds

(a) On the Closing Date, Transferor shall provide Transferee with a true, correct and complete accounting and inventory of all funds belonging to residents at the SNF Premises (each, a “Resident”) which are held by Transferor in a custodial capacity (collectively, “Resident Funds”) as of the date hereof, subject to adjustment within fifteen (15) days following the date hereof. Such accounting and inventory will set forth the names of the Residents for whom such Resident Funds are held and the amounts held on behalf of each Resident. On the date hereof, Transferee acknowledges receipt of and expressly assumes all of Transferor’s financial and custodial obligations with respect thereto, it being the intent and purpose of this provision that, on the date hereof, Transferor will be relieved of all fiduciary and custodial obligation with respect to such Resident Funds delivered to Transferee and that Transferee will assume all such obligations and be directly accountable to the Residents with respect to all Resident Funds delivered to Transferee.

(b) Transferee shall have no responsibility as to the applicable Resident/responsible party and regulatory authorities for claims which arise from actions or omissions of Transferor with respect to the Resident Funds prior to the Closing Date, and such pre-existing liabilities (if any) related to the Resident Funds shall be and remain the responsibility of Transferor.

(c) Except as set forth above, Transferor shall have no responsibility to the applicable Resident/responsible party and regulatory authorities with respect to any Resident Funds delivered to Transferee. The provisions of this Section shall survive the expiration or any earlier termination of this Agreement.

10. Interim Covenants.

(a) The Parties acknowledge that (i) Transferee is required under the laws of the State of California to obtain all of the permits, licenses and governmental approvals described on Schedule III attached hereto for the operation of the SNF Premises (the “License Approvals”). Accordingly, Transferee agrees to (u) assume full responsibility for securing the License Approvals required with respect to the SNF Premises, (v) at its sole cost and expense, diligently pursue, and use commercially reasonable efforts to obtain the License Approvals, (w) prepare and deliver to Transferor a written status report with respect to Transferee’s efforts to obtain the License Approvals (a “License Approval Status Report”) with fifteen (15) day following Transferor’s written request, but no more than once every two months, (x) promptly notify Transferor in writing of any material development in connection with the License Approvals, (y) deliver to Transferor such reasonable documentation and information in respect of the License Approvals as Transferor may reasonably request from time to time and (z) deliver written notice to Transferor of Transferee’s receipt of the License Approvals no later than ten (10) business days after Transferee’s receipt thereof. Each License Approval Status Report shall summarize in reasonable detail (a) the efforts of Transferee (and any person acting on behalf of Transferee) to obtain the License Approvals for the period commencing since the prior License Approval Status Report was delivered and continuing up to the date of the License Approval Status Report then

being delivered (except that the first License Approval Status Report shall instead cover the period between the Closing Date and the date such first License Approval Status Report is delivered), (b) the current status of the application for each License Approval (including commentary regarding the timing and likelihood of the receipt thereof), (c) the dates and subject matter of any and all future meetings, if any, planned (and/or scheduled, as applicable) with any Governmental Authority in respect of the License Approvals and (d) any setbacks encountered by Transferee (and/or by any person acting on behalf of Transferee) in pursuit of the License Approvals. At Transferee's written request, Transferor agrees to cooperate reasonably and in good faith with Transferee as Transferee seeks to obtain the License Approvals from any applicable Governmental Authority as may be required, provided that Transferee shall pay all out-of-pocket costs and expenses arising in connection with the same or imposed by any Governmental Authority requirement (and reimburse Transferor for any such costs and expenses). If, at any time, Transferee receives notice that a License Approval has been denied, then Transferee shall (A) deliver written notice thereof to Transferor within five (5) business days after Transferee's receipt of such denial notice and (B) diligently pursue, at its sole cost and expense, any lawful challenge or appeal of such denial.

(b) Interim Agreements. On the Closing Date, Transferor and Transferee shall execute the Interim Agreements, pursuant to which an interim arrangement structure permits Transferee to begin managing the SNF Premises under Transferor's skilled nursing facility license, and allows for the applicable existing material permits, licenses, agreements and other authorizations issued and required by Governmental Authorities in connection with the operation of the SNF Premises to remain in full force and effect following the Closing Date and until the OTA Closing Date.

#### 11. Costs and Prorations.

(a) As between Transferee and Transferor, any payments (including any amount paid to Transferor prior to the Closing Date for services to be rendered on and after the Closing Date from social security payments, private pay residents' security deposits and prepayments, applied income payments, resident trust prepayments, etc.); for SNF Premises operating expenses, utility charges for the billing period in which the Closing Date occurs, and prepaid expenses and other related items of revenue or expense attributable to the SNF Premises, including prepaid ~~the~~ SNF Premises license and permit fees, shall be prorated between Transferor and Transferee as of Closing Date. In general, such prorations shall be made so that as between Transferee and Transferor, Transferor shall be reimbursed for prepaid expense items to the extent that the same are applied to expenses attributable to periods on and after the Closing Date and Transferor shall be charged for unpaid expenses to the extent that the same are attributable to periods prior to the Closing Date. Any CDPH annual license renewal fees shall be the sole responsibility of, and paid by, Transferee. ~~[GPJ2]~~ [NTD: TRANSFEE SHOULD BE RESPONSIBLE FOR ALL LICENSE FEES POST-CLOSING AS TRANSFEE IS THE OWNER OF THE PROJECT AT THAT POINT AND IS THEREFORE RESPONSIBLE FOR ALL FEES ATTRIBUTABLE TO THE OWNERSHIP/OPERATION OF THE PROJECT]

(b) Section 11(a) shall be implemented by Transferee remitting to Transferor any invoices (or the applicable portion thereof in the case of invoices which cover periods both prior to and after the Closing Date) which describe goods or services provided to the

SNF Premises before the Closing Date and by Transferee assuming responsibility for the payment of any invoices (or portions thereof) which describe goods or services provided to the SNF Premises on and after the Closing Date; provided, however, that notwithstanding any provision of this Agreement to the contrary, any and all deposits paid by Transferor with respect to the SNF Premises, including without limitation, any and all utility, insurance company or surety shall remain the sole and exclusive property of Transferor, and Transferee shall have no right or interest therein or thereto, and to the extent that Transferor does not receive a return of any such deposit on the Closing Date and such security deposit has been assumed by Transferee, Transferee shall reimburse the Transferor on the Closing Date the full amount of any such security deposit assumed by Transferee.

(c) All such prorations shall be made on the basis of actual days elapsed in the relevant accounting or revenue period and shall be based on the most recent information available to Transferor. Utility charges which are not metered and read on the Closing Date shall be estimated based on prior charges, and shall be re prorated upon receipt of statements therefor as of the Closing Date. Transferee shall obtain its own insurance coverage covering all periods commencing on and after the Closing Date and for the duration of the Interim Period, and shall name Transferor as an "Additional Insured" to said insurance coverage policies.

(d) All amounts which are subject to proration under the terms of this Agreement and which require adjustment after the OTA Closing Date shall be settled within ten (10) business days after the OTA Closing Date or, in the event the information necessary for such adjustment is not available within said ten (10) business day period, then within seven (7) business days of receipt of information by either party necessary to settle the amounts subject to proration.

12. ~~Access to Records~~Intentionally deleted.

~~On the Closing Date, Transferor shall deliver to Transferee all records necessary to the efficient, continued operation of the SNF Premises, including, but not limited to, investigating and defending malpractice, employee or other claims, filing or defending cost reports and tax returns, completing/revising, as needed, any resident assessments, verifying accounts receivable collections and filing exceptions to the Medicare routine cost limits for the cost reporting periods after the Closing Date. Nothing herein shall be construed as precluding Transferor from removing from the SNF Premises, (a) the originals of the financial records which relate to its operations at the SNF Premises, including all accounts payable and accounts receivable records; provided, however, Transferor shall leave copies of such records at the SNF Premises in order to facilitate the provisions of this Agreement, (b) the originals of any proprietary materials related to its overall corporate operations, (c) the originals of all performance improvement data, (d) originals of employee records for all former employees not employed by Transferee, (e) copies of resident records for all former residents no longer residing at the SNF Premises, (g) copies of records for all current residents residing at the SNF Premises, and (h) legacy records stored either on-site or off-site. Notwithstanding anything to the contrary in this Agreement, Transferor and Transferee agree~~

~~that all information, records and data collected or maintained regarding the SNF Premises residents shall be confidential. Transferor, Transferee, and their respective employees and agents shall maintain the confidentiality of all SNF Premises resident information received in accordance with applicable California and federal laws, including HIPAA, the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-91), the Health Information Technology for Economic and Clinical Health Act Public Law 111-005 (“HITECH”) and the regulations issued in connection therewith. No employee or agent of Transferor or Transferee shall discuss, transmit or narrate in any manner any SNF Premises resident information of a personal, medical, or other nature except as a necessary part of providing services to the resident, effectuating a transfer of the SNF Premises operations, or otherwise fulfilling its obligations under this Agreement or under law. The obligations under this Section shall survive the termination of this Agreement, whether by rescission or otherwise as amended and the regulations issued in connection therewith.~~

~~From and after the Closing Date, Transferee shall allow Transferor and its agents and representatives to have reasonable access to (upon reasonable prior notice and during normal business hours), and to make copies of, the books and records and supporting material of the SNF Premises relating to the period prior to and including the date on which Transferee receives its new skilled nursing facility license from CDPH, to the extent reasonably necessary to enable Transferor to among other things investigate and defend malpractice, employee or other claims, to file or defend cost reports and tax returns, to complete/revise, as needed, any resident assessments which may be required for Transferor to seek reimbursement for services rendered prior to the Closing Date, to verify accounts receivable collections due Transferor and to file exceptions to the Medicare routine cost limits for the cost reporting periods prior to and including the Closing Date.~~

~~15.12. Transferee agrees to maintain such books, records and other material comprising records of the SNF Premises operations, including, but not limited to, resident records and records of resident funds, to the extent required by law, which relate to the period preceding the Closing Date and which have been delivered to Transferee by Transferor in conjunction herewith. If upon the expiration of any legislatively mandated retention period for such books and records, Transferor determines that it wishes to obtain said records, upon receipt of a written request from Transferor, Transferee shall allow Transferor a reasonable opportunity to remove such books and records, at Transferor’s sole cost and expense, from the SNF Premises.~~

~~16.13. Accounting and Resident Data.~~ Transferor shall transfer its accounts receivable data and resident care data in electronic form, if possible, to Transferee on or before the Closing Date and Transferor agrees to cooperate with Transferee in transferring such information and shall allow, to the extent such temporary arrangement is permissible under Transferor’s vendor contracts, to use computer systems and software for a period of ninety (90) days after the Closing Date for accounts receivable collections and resident care maintenance. In the event, the Parties agree that it is not possible to electronically transfer Transferor’s accounts receivable and/or



resident care data to Transferee, Transferor shall provide hardcopy paper records of its resident care data to Transferee. Transferee will be responsible for any cost associated with the transfer (electronically or otherwise) by Transferor of its resident care data to Transferee not to exceed \$ \_\_\_\_\_.

~~17.~~14. Submission to Jurisdiction. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, WITHOUT REGARD TO THE CONFLICTS OF LAWS OF THE STATE OF CALIFORNIA. EACH OF THE PARTIES HERETO HEREBY CONSENTS AND SUBMITS TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURTS LOCATED WITHIN SAID STATE. EACH OF THE PARTIES HERETO HEREBY WAIVES PERSONAL SERVICE OF ANY AND ALL PROCESS AND AGREES THAT ALL SUCH SERVICE OF PROCESS MAY BE MADE UPON SUCH PARTIES BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED TO SUCH PARTY, AT THE ADDRESS SET FORTH FOR NOTICE IN THIS AGREEMENT. THE PARTIES HERETO HEREBY WAIVE ANY RIGHT THEY MAY HAVE TO TRANSFER OR CHANGE THE VENUE OF ANY LITIGATION BROUGHT AGAINST SUCH PARTY IN ACCORDANCE WITH THIS SECTION.

~~18.~~15. Notice. Unless expressly provided otherwise herein, any notice, communication or demand required or permitted to be given under this Agreement shall be in writing (including e-mail communications) and shall be sent to the applicable party in accordance with the terms of the PSA.

~~19.~~16. Miscellaneous.

(a) No Bulk Transfer. Neither anything contained herein, nor the transactions provided for herein, shall be deemed or construed to constitute a “bulk sale”.

(b) Further Assurances. Each Party agrees to execute and deliver to any other Party any agreement, document or instrument deemed reasonably necessary or desirable to give effect to the transactions described in this Agreement.

(c) Entire Agreement. There are no agreements, understandings, commitments, representations or warranties between the Parties with respect to the subject matter hereof except as expressly set forth in this Agreement. This Agreement supersedes all prior oral or written negotiations, understandings and agreements between the Parties with respect to the subject matter hereof. In the event that any provision of this Agreement conflicts with a provision of the Purchase Agreement, the provision of the Purchase Agreement prevails.

(d) Captions; Pronouns. Any titles or captions contained in this Agreement are for convenience only and shall not be deemed part of the text of this Agreement. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as appropriate.

(e) Counterparts; Facsimile or Electronic Transmission. This Agreement may be executed in any number of multiple counterparts, each of which shall be deemed to be an original copy and all of which shall constitute one agreement, binding on the

Parties. Delivery of an executed counterpart of a signature page to this Agreement by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Agreement. The words “executed”, “execution”, “signed”, “signature”, and words of like import in this Agreement shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, “pdf”, “tif” or “jpg”) and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

(f) Governing Law. IN ALL RESPECTS THIS AGREEMENT SHALL BE GOVERNED BY, AND CONSTRUED AND ENFORCED IN ACCORDANCE WITH, THE INTERNAL LAWS OF THE STATE OF CALIFORNIA (WITHOUT REGARD OF PRINCIPLES OR CONFLICTS OF LAW).

(g) Specific Performance. Each Party shall be entitled to enforce the terms of this Agreement through specific performance.

(h) Attorneys’ Fees. If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement or to resolve any dispute under this Agreement, the losing Party(ies) shall pay the attorneys’ fees, costs and necessary disbursements of the prevailing Party(ies) in addition to any other relief to which such prevailing Party(ies) may be entitled.

(i) No Third-Party Beneficiaries; Successors and Assigns. This Agreement shall not confer any rights or remedies upon any person other than the Parties and their respective successors and permitted assigns. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and assigns. No Party, however, may assign either this Agreement or any of its rights, interests or obligations hereunder without the prior written approval of the other Parties.

(j) Amendments. No amendment of any provision of this Agreement shall be valid unless, as a condition to the effectiveness of such change, the same shall be in writing and signed by the Party against whom the amendment is sought to be enforced. No waiver by any Party of any default, misrepresentation or breach of warranty or covenant hereunder, whether intentional or not, shall be deemed to extend to any prior or subsequent default, misrepresentation or breach of warranty or covenant hereunder or affect in any way any rights arising by virtue of any prior or subsequent such occurrence.

(k) Severability. In the event that any provision of this Agreement, as applied to any Party or to any circumstance, shall be adjudged by a court to be void, unenforceable or inoperative as a matter of law, then the same shall in no way affect any other provision in this



Agreement, the application of such provision in any other circumstance or with respect to any other Party, or the validity or enforceability of this Agreement as a whole.

(l) Full Review and Advice of Counsel. Each Party and their respective attorneys have had full opportunity to review and participate in the drafting of the final form of this Agreement. Accordingly, this Agreement shall be construed without regard to any presumption or other rule of construction against the Party causing this Agreement to be drafted.

(m) Time of the Essence. Time is of the essence of each and every provision of this Agreement.

IN WITNESS WHEREOF, the Parties have executed and entered into this Agreement as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **Schedule I**

### Medicare/Medi-Cal Assets

NPI: 1972588846

PTAN: 555616

## **Schedule II**

### **Medicare MCO Contracts**

#### **Agreement**

Provider Agreement

Ancillary Provider Participation  
Agreement

SNF Preferred Provider Agreement

Provider Participation

Facility Agreement

#### **Managed Care Organization**

Blue Shield of CA

UnitedHealthCare of CA

Adventist Health Glendale Post-Acute Care  
Network

Health Net of California, Inc.

Anthem Blue Cross

**Schedule III**  
**License Approvals**

1. Skilled Nursing Facility License
2. Medicare and Medi-Cal Certification
3. Clinical Laboratory License/CLIA

## EXHIBIT A

### Form of Bill of Sale and General Assignment

#### BILL OF SALE AND GENERAL ASSIGNMENT

THIS BILL OF SALE AND GENERAL ASSIGNMENT (this “Bill of Sale”) is made as of this [ ] day of [ ] (the “Effective Date”), by HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and [Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee)”].

#### W I T N E S S E T H

WHEREAS, Transferor owns and operates that certain continuing care retirement community commonly referred to “Windsor” and “Windsor Manor” and located at 1230 E. Windsor Road, Glendale, California.

WHEREAS, pursuant to that certain Operations Transfer Agreement dated as of [ ● ], 2022 (the “OTA”), Transferor is required to transfer and convey to Transferee all of its right, title and interest in and to the Inventory, Personal Property and Permits (as each of such terms is defined in the OTA) other than the Excluded Assets (as defined in the OTA) (collectively, the “Transferred Property”) with respect to the Facility (as defined in the OTA), free and clear of all liens, charges, claims and encumbrances thereon, and Transferee is required to accept the transfer and conveyance thereof.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Transferor hereby agrees as follows:

1. Transfer of the Transferred Property. Transferor hereby grants, assigns, transfers, conveys and delivers to Transferee, absolutely and unconditionally, all of its right, title and interest in and to the Transferred Property with respect to the Facility. Except as aforesaid, the Transferred Property is being conveyed in its “as is, where is” condition.

2. Impact of Interim Agreements. Notwithstanding the foregoing, due to the fact that the Interim Agreements are being implemented for the SNF Premises as of the Closing Date, if applicable law prohibits the conveyance of any of the Transferred Property to Transferee until the OTA Closing Date, then such Transferred Property shall not be assigned, transferred or conveyed by Transferor as of the Closing Date, but rather shall be automatically assigned, transferred and conveyed by Transferor to Transferee upon the OTA Closing Date; provided, however, nothing herein shall derogate from any of Transferee’s obligations, as applicable, under the Interim Agreements (including, without limitation, Transferee’s responsibility for obligations with respect to the Transferred Property with respect to the SNF Premises for all periods from and after the Closing Date).

3. Successors and Assigns. This Bill of Sale shall be binding upon and inure to the benefit of Transferor and Transferee and their respective successors.

4. Signatures; Counterparts. This Bill of Sale may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Bill of Sale by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Bill of Sale. The words “executed”, “execution”, “signed”, “signature”, and words of like import in this Bill of Sale shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, “pdf”, “tif” or “jpg”) and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

5. Governing Law. This Bill of Sale shall be governed by and construed and enforced in accordance with the internal laws of the state of California without giving effect to the principles of conflicts of law thereof.

*[Remainder of page intentionally left blank]*



IN WITNESS WHEREOF, Transferor has executed this Bill of Sale as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By:\_\_\_\_\_

Name:\_\_\_\_\_

Title:\_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By:\_\_\_\_\_

Name:\_\_\_\_\_

Title:\_\_\_\_\_

## EXHIBIT B

### Form of Assignment and Assumption Agreement

#### ASSIGNMENT AND ASSUMPTION AGREEMENT

THIS ASSIGNMENT AND ASSUMPTION AGREEMENT (this “Assignment”) is made as of this [\_\_\_\_] day of [\_\_\_\_] (the “Effective Date”), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a “Windsor” and “Windsor Manor” (“Transferor”), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (“Transferee”).

#### W I T N E S S E T H

WHEREAS, Assignor and Assignee are parties to that certain Operations Transfer Agreement dated as of [●], 2022 (the “Operations Transfer Agreement”), which governs the transfer of operations and management of the continuing care retirement community commonly referred to as Windsor or Windsor Manor (the “Community”).

WHEREAS, pursuant to the Operations Transfer Agreement, (a) Transferor is required to assign, transfer and convey to Assignee all of its right, title and interest in, to and under the (i) Residency Agreements, other than Excluded Assets (as each such term is defined in the Operations Transfer Agreement) (collectively, the “Assigned Agreements”) with respect to the Facility (as defined in the Operations Transfer Agreement) ~~and (ii) any assignable Utility Security Deposits (as defined in the Operations Transfer Agreement) other than Excluded Assets (the “Assigned Accounts”) with respect to the Facility,~~ and (b) Assignee is required to accept such assignment, transfer and conveyance from and after the Closing Date with respect to the Facility (except with respect to the Residency Agreements that are applicable to the SNF Premises (as defined in the Operations Transfer Agreement), which shall be from and after the OTA Closing Date (as defined in the Operations Transfer Agreement); provided that nothing herein shall derogate from any of Transferee’s obligations, if applicable, under the Interim Agreements (as defined in the Operations Transfer Agreement) (including, without limitation, Transferee’s responsibility for Transferor’s obligations under the Residency Agreements with respect to the SNF Premises for periods from and after the Effective Date).

NOW THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the mutual receipt and sufficiency of which are hereby acknowledged, the parties hereto do hereby agree as follows:

1. Assignment. Assignor assigns, transfers, and conveys unto Assignee all of its rights, title, interest, benefits and privileges in, to and under the Assigned Agreements and the Assigned Accounts with respect to the Facility.
2. Assumption. Each Assignee hereby expressly assumes and agrees to perform from and after the Effective Date all of the obligations of Assignor under the Assigned Agreements which first arise from and after the Effective Date (except with respect to the Residency Agreements that are applicable to the SNF Premises, which shall be from and after the

OTA Closing Date; provided that nothing herein shall derogate from any of Transferee's obligations, if applicable, under the Interim Agreements (including, without limitation, Transferee's responsibility for Transferor's obligations under the Residency Agreements with respect to the SNF Premises for periods from and after the Effective Date).

3. Impact of Interim Agreements. Notwithstanding the foregoing, due to the fact that the Interim Agreements (as defined in the Operations Transfer Agreement) are being implemented for the SNF Premises as of the Closing Date as defined in the PSA, if applicable law prohibits the assignment of any of the Assigned Agreements or Assigned Accounts to Assignee until the OTA Closing Date, then such Assigned Agreement or Assigned Account shall not be assigned, transferred or conveyed by Assignor as of the Closing Date, but rather shall be automatically assigned, transferred and conveyed by Assignor to Assignee upon the OTA Closing Date; provided, however, nothing herein shall derogate from any of Transferee's obligations, if applicable, under the Interim Agreements (including, without limitation, Transferee's responsibility for Transferor's obligations with respect to the Assigned Agreements and Assigned Accounts with respect to the SNF Premises for all periods from and after the Effective Date).

4. Binding Effect. This Assignment shall be binding upon, enforceable by and shall inure to the benefit of the parties hereto and their respective successors and assigns.

5. Signatures; Counterparts. This Assignment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Assignment by facsimile or electronic transmission (including, without limitation, a signature effectuated by DocuSign and/or transmitted by email in portable document format (.pdf)) shall be effective as delivery of a manually executed original counterpart of this Assignment. The words "executed", "execution", "signed", "signature", and words of like import in this Assignment shall include images of manually executed signatures transmitted by facsimile or other electronic format (including, without limitation, "pdf", "tif" or "jpg") and other electronic signatures (including DocuSign and Adobe Sign). The use of electronic signatures and electronic records (including any contract or other record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, and any other applicable law, including any state law based on the Uniform Electronic Transactions Act or the Uniform Commercial Code.

6. Governing Law. This Assignment shall be governed by and construed and enforced in accordance with the internal laws of the state of California without giving effect to the principles of conflicts of law thereof.

IN WITNESS WHEREOF, Assignor and Assignee have executed this Assignment as of the Effective Date.

**TRANSFEROR:**

HumanGood SoCal,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**TRANSFeree:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EXHIBIT C**

**Form of Interim Lease**

**[Please See Attached]**

## **EXHIBIT D**

### **Form of Interim Management Agreement**

**[Please See Attached]**

**16) DRAFT of Interim Lease Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles, to be entered into upon the closing date of the sale July 8, 2022.**

## INTERIM LEASE AGREEMENT

**THIS INTERIM LEASE AGREEMENT** (this "Interim Lease") is made and entered into as of this \_\_\_\_ day of \_\_\_\_\_, 2022 (the "Effective Date") by and between Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation ("Landlord"), and HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("Licensee").

### RECITALS

A. Licensee, as "Seller," and Landlord, as "Buyer", are parties to that certain Purchase and Sale Agreement dated May 17, 2022 (the "Purchase Agreement"), pursuant to which Licensee is, on the Effective Date, transferring and assigning, and Landlord is acquiring, substantially all of the assets of Licensee relating to that certain continuing care retirement community commonly referred to "Windsor" and "Windsor Manor" and located at 1230 E. Windsor Road, Glendale, California (the skilled nursing portion of the Facility, together with all of Landlord's right, title and interest in and to the assets being transferred or assigned to Landlord pursuant to the Purchase Agreement, the "Facility"), all as more particularly set forth in the Purchase Agreement.

B. Licensee currently holds skilled nursing facility license (the "SNF License") for the operation of the Facility.

C. As of the Effective Date, Landlord has applied for a new skilled nursing facility license (the "New License") from the California Department of Public Health ("DPH") for the continued operation of the Facility as a Skilled Nursing Facility by Landlord.

D. Pending the issuance of the New License to Landlord, Landlord desires to lease the Facility to Licensee and Licensee desires to lease the Facility from Landlord for the purposes of assuring that a licensed party at all times controls the physical premises of the Facility and providing for the continued operation of the Facility by Licensee under the SNF License.

E. Concurrently with this Interim Lease, Licensee and Landlord are entering into that certain Interim Management Agreement of even date with the Effective Date (the "Interim Management Agreement") and together with this Interim Lease, the "Interim Agreements"), pursuant to which Licensee is engaging Landlord to manage the Facility, all as more particularly set forth in the Interim Management Agreement.

F. The parties are interested in documenting the terms and conditions under which the Lease of the Facility shall occur.

G. Commensurate with DPH policy and within applicable time frames, Landlord will notify DPH of a change in licensure application and will submit to DPH all documentation required in connection therewith.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants herein contained, IT IS AGREED AS FOLLOWS:



## AGREEMENT

### 1. LEASE OF THE FACILITY

Landlord does hereby lease to Licensee, and Licensee does hereby lease from Landlord, the Facility. Licensee hereby agrees to act as “tenant” of the Facility during the term hereof for the limited purpose of allowing Licensee to continue operating the Facility under the SNF License pending issuance of the New License in the name of Landlord, provided, however, that Licensee shall not have any liability for any claim in connection with this Interim Lease except to the extent resulting from the ~~gross~~-negligence or willful misconduct of Licensee. Without limiting the foregoing, Landlord shall be solely responsible for acquiring, maintaining and paying for any liability or other insurance for the Facility and shall be solely responsible for any losses relating to the Facility which are not covered by such insurance. In connection with the foregoing, Landlord agrees that during the Lease Term (as defined below) and for a period of three (3) years after the Lease Term, Licensee shall be named as additional insured on all policies of liability insurance for the Facility maintained by Landlord which policies of insurance shall be approved by Licensee. Prior to the Effective Date, Landlord shall provide to Licensee certificates of insurance evidencing such coverage.

### 2. TERM OF LEASE; DILIGENCE IN OBTAINING REQUIRED APPROVALS

The term of this Interim Lease (the “Lease Term”) shall commence on the Effective Date and shall terminate automatically without the need for further action or the execution of any further documents by any of the parties hereto, upon the date on which the New License is issued to Landlord. Landlord hereby covenants and agrees to proceed with commercially reasonable diligence to secure the New License and to inform Licensee in writing promptly upon issuance of the New License. ~~In the event the Lease Term extends beyond the date that is six (6) months after the Effective Date, Landlord shall pay to Licensee a sum equal to Five Thousand Dollars (\$5,000) per month, commencing on \_\_\_\_\_, and on the first day of each month thereafter for the duration of the Lease Term, as compensation for its services provided under this Interim Lease.~~

### 3. RENT

3.1. Landlord shall be entitled to any ~~net~~ cash flow from the operation of the Facility. Further, Landlord shall be responsible for all costs and expenses related to the operation of the Facility during the term of this Interim Lease.

3.2. Without limiting the foregoing, Landlord shall be solely responsible for the condition of the Facility, including without limitation, all repairs (whether or not structural), and Landlord shall bear the risk of any condemnation or eminent domain proceeding and shall bear the entire risk of any fire or other casualty or damage to or destruction of any or all of the Facility.

3.3 Notwithstanding any provisions of this Interim Lease to the contrary, the obligations of Licensee and Landlord arising under this Section 3 for the period prior to the termination of this Interim Lease shall survive any termination of this Interim Lease.

#### 4. ASSIGNMENT

The rights and obligations of a party under this Interim Lease may not be assigned or further sublet, or otherwise transferred in whole or in part without the prior written consent of the other party, provided, that Landlord may collaterally assign its rights under this Interim Lease to any lender providing financing for the Facility.

#### 5. SKILLED NURSING FACILITY REGULATIONS

5.1. During the Lease Term, Licensee shall use commercially reasonable efforts to maintain, for the benefit of Landlord, the SNF License and any other necessary licenses, permits, consents, approvals and certifications from all governmental authorities that have jurisdiction over the ownership and operation of the Facility (other than any material permits or licenses required to be held by any of the commercial tenants under the commercial leases in connection with their respective operations at the Facility), such that the Facility will comply with all applicable and relevant regulations related to skilled nursing facilities in effect from time to time (provided, however, that Licensee shall be excused from taking any action for which Landlord has not provided sufficient sums in accordance with its obligations hereunder).

5.2 Licensee shall not ~~knowingly~~ take any action which it knows or has reason to believe will cause, nor will it unreasonably refuse to take any action that Landlord requests in writing that Licensee take at no cost to Licensee (provided, however, that Licensee shall be excused from taking any action for which Landlord has not provided sufficient sums) which it knows or has reason to believe will prevent, any governmental authority having jurisdiction over the ownership and operation of the Facility to institute any proceeding for the suspension, recession or revocation of any necessary license, permit, consent, approval or certification.

#### 6. NOTICE PROVISIONS

All notices, demands and communications permitted or required to be given hereunder shall be in writing, and shall be delivered (i) personally, (ii) by United States registered or certified mail, postage prepaid, (iii) by Federal Express or other reputable courier service regularly providing evidence of delivery (with charges paid by the party sending the notice), or (iv) by facsimile or a PDF or similar attachment to an email. Any such notice to a party shall be addressed at the address set forth below (subject to the right of a party to designate a different address for itself by notice similarly given):

To Licensee:	HumanGood SoCal 1900 Huntington Drive Duarte, California 91010 Attention: Dan Ogus and Bethany Ghassemi Email: Dan.Ogus@HumanGood.org; Bethany.Ghassemi@HumanGood.org
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With a copy to: Hanson Bridgett LLP  
425 Market Street, 26th Floor  
San Francisco, CA 94105  
Attention: Jennifer Berland  
Email: jberland@hansonbridgett.com

To Landlord: Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

With a copy to: Phillips Law Partners, LLP  
707 Wilshire Blvd., Suite 3800  
Attention: George R. Phillips, Jr.  
Email: gphillipsjr@phillipslawpartners.com

Service of any such notice or other communications so made shall be deemed effective on the day of actual delivery (whether accepted or refused), as evidenced by printed confirmation if by facsimile (provided that if any notice or other communication to be delivered by facsimile or email attachment as provided above cannot be transmitted because of a problem affecting the receiving party's computer, the deadline for receiving such notice or other communication shall be extended through the next business day), as shown by the addressee's return receipt if by certified mail, and as confirmed by the courier service if by courier; provided, however, that if such actual delivery occurs after 5:00 p.m. local time where received or on a non-business day, then such notice or communication so made shall be deemed effective on the first business day after the day of actual delivery. The attorneys for any party hereto shall be entitled to provide any notice that a party desires to provide or is required to provide hereunder.

## 7. INDEMNITY

7.1. Landlord shall indemnify, defend and save Licensee and its members and their respective affiliates, partners, members, managers, successors, assigns, heirs, legal representatives, devisees, officers, directors, shareholders, employees, and agents (each, a "Related Person") harmless from and against all actions, causes of action, claims, demands, liabilities, losses, damages, expenses (including without limitation court costs and attorneys' fees and other costs of enforcing this Interim Lease), judgments and amounts asserted against or incurred by them or paid in settlement (collectively, "Liabilities") in connection with (a) the Facility (to the extent such matters arise, and relate to events occurring, from and after the Effective Date) or (b) any other obligations hereunder, except to the extent arising from Licensee's ~~gross~~-negligence, intentional fraud or willful misconduct.

7.2 ~~Licensee shall indemnify, defend and hold Landlord and its members and Related Person harmless from any loss, liability or cost (including reasonable attorneys' fees) that Landlord may sustain, incur, or assume as a result of Licensee's breach of its obligations hereunder, except to the extent arising from Landlord's negligence, intentional fraud or willful misconduct.~~

7.23. Notwithstanding any provisions of this Interim Lease to the contrary, the indemnification obligations set forth herein shall survive the termination of this Interim Lease. Landlord and Licensee, respectively, shall have the right to defend with reputable counsel reasonably satisfactory to the other Licensee, and if the obligated party Landlord fails to defend any claim, the other Licensee may do so at the reasonable cost and expense of, and upon notice to, the other Landlord. Any settlement shall be subject to Landlord or Licensee's prior written approval, as the case may be.

7.34 Notwithstanding the above or anything to the contrary contained herein, in the event Landlord takes any action which would cause, or otherwise permit, any suspension or revocation of any licenses, certifications or permits, including the SNF License, held by Licensee, Landlord hereby agrees to indemnify and hold Licensee free and harmless from any loss, liability, or cost (including reasonable attorneys' fees) that Licensee may sustain, incur, or assume as a result thereof.

## 8. OTHER GENERAL PROVISIONS

8.1. Each of the parties hereto agrees to execute and deliver any and all further agreements, documents or instruments necessary to effectuate this Interim Lease or reasonably requested by the other party to perfect or evidence their rights hereunder, provided that no additional cost, obligation or liability is imposed.

8.2. This Interim Lease may not be modified or amended except in writing signed by the parties hereto. No waiver of any term, provision or condition of this Interim Lease in any one or more instances, shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Interim Lease. No failure to act shall be construed as a waiver of any term, provision, condition or right granted hereunder. In the event one or more non-material terms of this Interim Lease is invalid, illegal or unenforceable under applicable law, the balance of this Interim Lease shall be deemed valid, legal and enforceable.

8.3. Nothing contained herein shall be construed as forming a joint venture or partnership between the parties hereto with respect to the subject matter hereof.

8.4. The section headings contained herein are for convenience only and shall not be considered or referred to in resolving questions of interpretation.

8.5. This Interim Lease may be executed in one or more counterparts and all such counterparts taken together shall constitute a single original instrument.

8.6. This Interim Lease shall be governed in accordance with the laws of the State of California.

8.7. If either Landlord or Licensee brings any suit or other proceeding, including an arbitration proceeding, with respect to the subject matter or the enforcement of this Interim Lease, the prevailing party (as determined by the court, agency, arbitrator or other authority before which such suit or proceeding is commenced), in addition to such other relief as may be awarded, shall be entitled to recover reasonable attorneys' fees, expenses and costs of investigation actually incurred. The foregoing includes attorneys' fees, expenses and costs of

investigation (including those incurred in appellate proceedings), costs incurred in establishing the right to indemnification, or in any action or participation in, or in connection with, any case or proceeding under Chapter 7, 11 or 13 of the Bankruptcy Code (11 United States Code Sections 101 et seq.), or any successor statutes. The provisions of this Section 8.7 shall survive any termination of this Interim Lease.

8.8 All of the provisions of this ~~Interim~~ Lease shall bind and inure to the benefit of the parties and, subject to the provisions of this Section 8.8, shall inure to the benefit of any lender to whom this Interim Lease has been or will be collaterally assigned by Landlord (“**Lender**”), and any successors and/or assigns of Lender (each, a “**Collateral Assignee Party**”), and upon any such Collateral Assignee Party’s (i) succeeding to the interest of Landlord under this Interim Lease in any manner, including but not limited to foreclosure, deed in lieu of foreclosure or similar conveyance, or (ii) obtaining the appointment of a receiver for the benefit of such Collateral Assignee Party, Licensee acknowledges and agrees that (A) this Interim Lease and the obligations of Licensee hereunder shall, at the Collateral Assignee Party’s option, remain in full force and effect for the benefit of the Collateral Assignee Party as if such Collateral Assignee Party were the original Landlord’s capacity hereunder, and (B) any liability of any such Collateral Assignee Party under the Interim Lease shall be limited to its interest in the Facility.

**IN WITNESS WHEREOF**, the parties hereby execute this Interim Lease as of the Effective Date set forth above.

**LANDLORD:**

Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**LICENSEE:**

HumanGood SoCal, a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**17) Interim Management Agreement by and between HumanGood SoCal and Ararat Home of Los Angeles, to be entered into upon the closing date of the sale dated July 8, 2022.**

## **INTERIM MANAGEMENT AGREEMENT**

THIS INTERIM MANAGEMENT AGREEMENT (the "Agreement") is made and entered into as of \_\_\_\_\_, 2022 (the "Effective Date"), by and between HumanGood SoCal, a California non-profit public benefit corporation d/b/a "Windsor" and "Windsor Manor" ("Licensee"), and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (the "Manager").

### **RECITAL**

**WHEREAS**, Licensee, as "Seller," and Manager, as "Buyer", are parties to that certain Purchase and Sale Agreement dated May 17, 2022, as amended to date (the "Purchase Agreement"), pursuant to which Licensee is, on the Effective Date, transferring and assigning, and Manager is acquiring, substantially all of the assets of Licensee relating to that certain continuing care retirement community commonly referred to "Windsor Manor" and located at 1230 E. Windsor Road, Glendale, California (the skilled nursing portion of such Facility, together with all of Buyer's right, title and interest in and to the assets being transferred or assigned to Buyer pursuant to the Purchase Agreement, the "Facility"), all as more particularly set forth in the Purchase Agreement;

**WHEREAS**, Licensee is currently licensed under applicable law and regulations to operate the Facility as a Skilled Nursing Facility ("SNF License");

**WHEREAS**, Manager has applied to the California Department of Public Health for a Skilled Nursing Facility License, under which it shall be the named licensee with respect to the Facility;

**WHEREAS**, To assure that a licensed party at all times controls the physical premises of the Facility, Manager and Licensee have entered into an Interim Lease Agreement dated of even date herewith ("Lease"), whereby Manager leases the Facility to Licensee;

**WHEREAS**, Licensee and Manager are entering into this Agreement, pursuant to which Licensee shall engage Manager to manage the Facility for and on behalf of Licensee from and after the Effective Date, subject to the Lease and this Agreement; and

**WHEREAS**, until Manager has obtained a Skilled Nursing Facility License from the California Department of Public Health, Licensee is willing to fulfill the role of licensee of the Facility in conjunction with Manager, subject to the terms of the Lease and this Agreement.

**NOW, THEREFORE**, in consideration of the mutual promises and agreements contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:



## **ARTICLE 1**

### **ENGAGEMENT OF MANAGER**

**1.1 Engagement.** During the Term hereof, Licensee hereby engages Manager to perform the management services set forth in this Agreement and in the Lease subject to Licensee's responsibility as specified in Section 1.4. Manager hereby accepts such engagement and hereby agrees to perform its duties hereunder in a commercially reasonable manner. Manager further agrees to apply prudent and reasonable business practices in the performance of its duties hereunder during the Term.

**1.2 Relationship.** Nothing contained in this Agreement is intended to or shall be construed to give rise to or create a partnership, employment, or joint venture relationship between Licensee and Manager. No act, commission, or omission by Licensee or Manager shall be construed to make or constitute the other as partner, employee, principal, agent, or joint venture.

**1.3 Grant of Day-to-Day Management Authority.** Subject to Section 1.4, hereunder, Manager shall have full responsibility for managing the operation of the Facility and hereby agrees and covenants to assume and discharge all responsibilities related to the Facility and the Licensee which accrue during or subsequent to the Term in connection with properly operating and maintaining the Facility in accordance with the regulations and standards required of a facility so licensed, including, but not limited to the services listed in Article 2 hereof.

**1.4 Ultimate Authority and Responsibility.** Licensee, as the holder of the SNF License, retains ultimate statutory authority and shall have the on-going statutory and regulatory responsibility for the continued operation of the Facility, in accordance with applicable law which cannot be legally delegated by Licensee to the Manager. Without limitation, Licensee does not engage Manager to perform, and Licensee, as the licensee of the Facility, retains ultimate responsibility for any activity or duty which requires a license or other governmental authorization. Notwithstanding the statutory liability and responsibility of Licensee for the continued operation of the Facility, it is recognized that under this Agreement, the Manager shall be actually in day-to-day charge of managing the operation and maintenance of the Facility and of patient care and of patients' funds in accordance with the terms of this Agreement. In the event that any violation of any statute, law, regulation, or obligation or claim is made, for any reason by any person or entity, arising from or applicable to the management of the Facility by Manager during or after the Term, that would reasonably be expected to result in the imposition of penalties, fines, court or administrative orders, litigation, including third party and governmental claims, or license revocation or decertification as to the Facility or as to Licensee, Manager shall (i) immediately notify Licensee of any such event, and (ii) take all actions reasonably necessary to protect, defend, and hold harmless the Licensee, and its officers, directors, shareholders, and employees, including but not limited to the contesting of any such actions against the Licensee and the Facility at the sole cost of Manager, whether administrative or court proceedings. Licensee retains the right, at Licensee's expense, to join Manager in contesting said action(s) upon providing Manager with such notice.

**ARTICLE 2**  
**SERVICES TO BE RENDERED BY MANAGER; COVENANTS**

**2.1    General Responsibilities and Services.**    Manager shall perform the services described in this Article 2 and all related functions, as Manager shall determine to be reasonably necessary for the effective management of the Facility. Without limitation of the foregoing, and except as may be limited by other provisions of this Agreement or the Purchase Agreement, Manager shall provide and perform the following services during the Term:

**(i)**    Provide and maintain directly, or indirectly through others, accounting, billing, patient, resident, and collection records on behalf of Licensee; prepare and file on behalf of Licensee's insurance, Medicare and Medicaid (as applicable), and any and all necessary or appropriate reports, claims, and rate increase requests (collectively "Reports") related to goods sold or services provided by the Facility during the Term. Licensee acknowledges that it will be required to sign and file certain of the Reports and agrees to promptly do so.

**(ii)**    On behalf of Licensee, issue bills for services and materials furnished by the Facility on and after the Effective Date, issue and re-issue bills for unpaid services and materials furnished by the Facility before the Effective Date, supervise directly and through others the collection of accounts and monies owed to the Facility for goods sold or services rendered by the Facility on and after the Effective Date, including the institution of legal proceedings in the name of the Facility to collect such accounts and to enforce the rights of the Facility as creditors under any contract or in connection with the rendering of such services and the sale of such goods. The collection of accounts and monies owed to the Facility for goods sold or services rendered by the Facility before the Effective Date shall be governed by Sections 2.3 and 2.4 of this Agreement, except as otherwise provided in the Purchase Agreement, in which case the applicable provisions of the Purchase Agreement shall prevail.

**(iii)**    Order, supervise, and conduct an effective program of regular housekeeping, maintenance, and repair at the Facility.

**(iv)**    Purchase and maintain an adequate inventory of supplies reasonably anticipated to be used in the operations of the Facility. Such supplies shall include, but not be limited to, raw food and dietary supplies; nursing and pharmaceutical supplies; housekeeping and laundry supplies; office supplies; and supplies necessary for repair and maintenance of plant and equipment.

**(v)**    Engage in such marketing activities with respect to the Facility as Manager deems to be appropriate in connection with the operation thereof.

**(vi)**    Supervise and provide for the operation of dietary services facilities.

(vii) Coordinate directly and through others the orderly payment of bills, accounts payable, lease payments, employee payroll, taxes, insurance premiums, and other debts of the Facility, all as more fully described at Section 2.3 of this Agreement.

(viii) Obtain and maintain at Manager's expense insurance coverage for the Facility and the personnel engaged in the operation of the Facility.

(ix) Establish and maintain charts of accounts, accounting systems, and internal controls, using accounts, classifications, and procedures.

(x) Prepare and promptly file, within any time limitations set forth under applicable laws, with the appropriate governmental authority or appropriate other third party payor, as applicable, all Medicare and Medicaid, as applicable, cost reports for the Facility as may be required by any appropriate governmental authority during the Term. Licensee acknowledges that it will be required to sign the above-referenced cost reports, and agrees to promptly do so.

## **2.2 Reserved.**

**2.3 Financial Obligations.** Without limitation of any rights arising under the Purchase Agreement and during the Term, Manager shall have responsibility for the financial obligations of the Facility and its operations. The payment of all expenses, utilities, and other costs associated with the Facility and its operations, and the right to receive all rental, resident occupancy fees, and other cash-flow income from the Facility and its operations with respect to the periods prior to and after the Effective Date shall be prorated and allocated between Licensee and Manager in accordance with the Purchase Agreement. Manager will pay in the ordinary course of business the bills, invoices, and costs that are incurred in connection with the operation of the Facility during the Term.

**2.4 Billing and Collection.** Manager shall be responsible for performing the billing, coding, and collection of fees associated with the Facility on behalf of Licensee. Licensee will cooperate with Manager in such activities and execute all documents reasonably required by Manager to perform such activities in compliance with applicable laws.

**2.5 Eligibility for Reimbursement/Correction of Deficiencies.** At its expense during the Term, Manager shall comply with all requirements of any applicable governmental authority in order to maintain eligibility of the Facility and its operations for payments and reimbursements from government insurers (including Medicare) or private insurers or third party payors; it being understood and agreed that as of the Effective Date, the Facility is not licensed in the name of Manager. Except with respect to the implementation of any existing plan of correction, Manager shall not be responsible for any certification deficiencies or state licensure violations affecting the Facility that relate to events or activities occurring or accruing before the Effective Date. Commencing as of the Effective Date, Manager shall be responsible at Manager's expense for the correction of any certification deficiencies or state licensure violations affecting the Facility that arise

on and after the Effective Date and relate to events or activities occurring or accruing on or after the Effective Date.

## **2.6 Manager's Representations and Covenants.**

(i) Manager shall comply in all material respects with all statutes, rules and regulations of governmental authorities applicable to Manager's management of the operations of the Facility.

(ii) Manager agrees and covenants that it shall manage the Facility so as to provide compliance with the Lease and in accordance with applicable industry standards and standards of care. Manager shall use commercially reasonable efforts to avoid any citations or complaints against the Facility or Licensee's license by any governmental authority or any resident representative with regard to resident care or the operation and maintenance of the Facility.

(iii) Manager shall diligently pursue the new Skilled Nursing Facility License and shall provide reports of its application progress to Licensee promptly upon request.

## **ARTICLE 3 LICENSEE'S RESPONSIBILITIES**

**3.1 Cooperation with Manager.** At no cost to Licensee, Licensee shall timely cooperate with Manager to assist and facilitate performance of Manager's management responsibilities under this Agreement.

**3.2 Responsibilities of Licensee.** During the Term, Licensee shall be solely responsible for (i) maintaining ultimate authority and responsibility for all aspects of operation of the Facility, to the extent required by licensing, certification, accreditation and other applicable requirements; and (ii) maintaining all state and federal licenses, permits, certifications, and approvals required in connection with the management and operation of the Facility.

**3.3 Data and Information.** Licensee shall timely provide to Manager, without charge, such necessary and relevant data and information in the possession of Licensee as Manager shall reasonably require or request in order to enable it to perform its duties under this Agreement, subject to applicable laws and confidentiality obligations.

**3.4 Notification of Complaints.** During the Term, Licensee shall promptly notify Manager of any inquiry, notice, or claim of which Licensee is or becomes aware alleging any deficiency or violation of any law, ordinance, or regulation relating to the Facility or the provision of the services on or after the Effective Date. Licensee shall also notify Manager of any claims or complaints by patients, residents, providers, employees, or independent contractors pertaining to the operation of the Facility or the use of the assets

of the Facility that could reasonably be expected either to damage the reputation of Manager or its affiliates or to subject Manager or its affiliates to any potential liability.

**3.5 Permits.** To the extent permitted by law, Licensee shall allow Manager to perform, and shall timely assist Manager upon request in the performance of, its management responsibilities under this Agreement, and Licensee shall further allow Manager to manage the Facility under all permits, licenses, or certificates held in the name of Licensee and which are necessary to operate the Facility as Licensee's agents and attorneys-in-fact.

#### **ARTICLE 4**

#### **COMPENSATION**

Except for reimbursement of any expenses pursuant to this Agreement, which shall be reimbursed as a facility expense from the operations of the Facility, Manager shall not be entitled to any other fees or other compensation for its services under this Agreement. To the fullest extent permitted under applicable law, Licensee shall retain no right, title, or interest in or to the Facility revenues and, to the fullest extent permitted under applicable law, hereby waives and disclaims any such right, title, and interest. The parties acknowledge and agree that Manager shall be responsible for the payment of operating expenses of the Facility incurred from and after the effective date of this Agreement.

#### **ARTICLE 5**

#### **TERM**

**5.1 Term.** This Agreement shall commence on the Effective Date and shall end and terminate on the effective date of the new Skilled Nursing Facility License as issued to Manager and/or the effective date of termination of the Lease (the "Term").

#### **ARTICLE 6**

#### **INDEMNITY**

**6.1 By Manager.** Manager shall indemnify, protect, defend, and hold Licensees harmless from and against any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys' fees and costs, to the extent arising from or in connection with ~~Manager's~~ management of the operation of the Facility on or after the Effective Date, negligent acts or omissions, willful misconduct, or breach of this Agreement.

**6.2 By Licensee.** Licensee shall indemnify, protect, defend, and hold Manager harmless from and against any and all claims, suits, demands, liability, damages, and expenses, including reasonable attorneys' fees and costs, to the extent arising from or in connection with Licensee's ~~gross~~-negligence or willful misconduct, or breach of this Agreement.

**6.3. Process.** If any action or proceeding is brought against a party indemnified under this Article 6 in connection with any claims, suits, demands, liability, damages, and expenses for which such party is indemnified hereunder (collectively, "Indemnified Claims"), upon notice from such party, the indemnifying party shall defend the same at the indemnifying party's expense with counsel reasonable acceptable to the indemnified party. The Indemnification obligations under this Article 6 shall survive the termination of this Agreement.

## **ARTICLE 7**

### **REPRESENTATIONS AND WARRANTIES**

**7.1 Licensee.** Licensee represents and warrants to Manager as of the Effective Date that Licensee has all necessary power and authority to enter into this Agreement, and all necessary action has been taken to authorize the individuals executing this Agreement on Licensee's behalf to do so. Licensee further warrants that it shall use commercially reasonable efforts to maintain, for the benefit of Manager, all state and federal licenses, permits, certifications, and approvals from governmental authorities that have jurisdiction over the ownership and operation of the Facility, including the SNF License, such that the Facility will comply with all applicable and relevant regulations related to skilled nursing facilities in effect from time to time. This Agreement has been duly and validly executed and delivered by Licensee and is enforceable against Licensee in accordance with its terms. In addition to the foregoing provisions of this Section 7.1, the Representations and Warranties applicable to Licensee under the Purchase Agreement are incorporated herein by this reference and made a part of this Agreement.

**7.2 Manager.** Manager represents and warrants to Licensee as of the Effective Date that Manager has all necessary power and authority to enter into this Agreement, and all necessary action has been taken to authorize the individuals executing this Agreement on Manager's behalf to do so and that Manager is in good standing in the State of California. This Agreement has been duly and validly executed and delivered by Manager and is enforceable against Manager in accordance with its terms.

## **ARTICLE 8**

### **PATIENT/RESIDENT RECORDS**

All medical records shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, and all regulations promulgated therewith (collectively, "HIPAA") and any other applicable laws. Upon execution of this Agreement, Manager and Licensee will enter into a business associate addendum to this Agreement, in the form attached hereto as Exhibit A.

## **ARTICLE 9**

### **MISCELLANEOUS**

**9.1 Assignment.** Neither party may transfer or assign any of its rights or obligations under this Agreement without the prior written consent of the other party, and any such transfer or assignment or attempt thereat shall be null and void and of no force and effect. It is understood, however, that Manager may subcontract certain functions of Manager hereunder to entities that Manager reasonably believes are capable of performing such functions, including to entities affiliated with Manager.

**9.2 Governing Law.** This Agreement will be governed by and construed in accordance with the law of the State of California (without regard to its principles of conflicts of laws).

**9.3 Notice.** Any notice hereunder shall be in writing and hand delivered or sent by a nationally recognized overnight courier service, addressed to the parties at their respective addresses set forth below:

**If to the Manager:**

Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345  
Attention: Derik Ghookasian  
Email: derikg@ararathome.org

**If to the Licensee:**

HumanGood SoCal  
1900 Huntington Drive  
Duarte, California 91010  
Attention: Dan Ogus and Bethany Ghassemi  
Email: Dan.Ogus@HumanGood.org;  
Bethany.Ghassemi@HumanGood.org

Any such notice shall be deemed effective (i) if delivered personally, upon receipt or refusal of delivery, (ii) if mailed by registered or certified mail (postage prepaid, return-receipt requested), four business days after deposit with the U.S. Postal Service, (iii) if delivered via a nationally recognized overnight courier, upon deposit with such overnight courier, and (iv) if sent by electronic transmission (email), one business day after such electronic transmission. Either party may change its address for notice by giving notice as provided hereunder.

**9.4 Execution and Counterparts.** This Agreement may be executed in any number of counterparts. It is not necessary that both parties sign all or any of the counterparts, but each party must sign at least one counterpart for this Agreement to be effective.

**9.5 Amendment.** This Agreement may be amended only by an instrument in writing signed by the parties hereto. The parties agree to confer promptly and in good faith in order to amend this Agreement if required by any local, state, or federal law or regulation or any interpretation thereof by an agency having jurisdiction over the Facility.

**9.6 Waiver.** A failure or delay by either party in exercising any of its rights or remedies under this Agreement is not a waiver of those rights or remedies and does not otherwise diminish or affect any such right or remedy. A waiver by either party of any right or remedy under this Agreement is effective only to the extent that it is expressed in writing and signed by the party waiving its right or remedy.

**9.7 Entire Agreement.** This Agreement, Lease and the Purchase Agreement contain the entire understanding of the parties with respect to the subject matter hereof and thereof and supersede all prior understandings and agreements, whether written or oral, and all prior dealings of the parties with respect to such subject matter. In the event that any provision of this Agreement or the Lease conflicts with a provision of the Purchase Agreement, the provision of the Purchase Agreement prevails.

**9.8 Severability.** If any provision of this Agreement or the application of any such provision in any person or circumstance is held invalid, the remainder of this Agreement, and the application of such provision other than to the extent it is held invalid shall not be invalidated or affected thereby.

**9.9 Confidentiality.** Each party hereto covenants and agrees that it shall not disclose the terms of this Agreement or any agreement supplementing this Agreement to third parties, except as and to the extent disclosure is required by law, or required for the performance of its obligations hereunder or under related agreements, or as necessary or appropriate in dealing with the accountants, attorneys, and other representatives of the respective parties and/or as necessary to complete the transactions contemplated hereunder and/or under the Purchase Agreement.

**[Signatures Appear on Next Page]**



**IN WITNESS WHEREOF**, the parties have executed this Agreement effective as of the Effective Date.

**MANAGER:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit  
corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**LICENSEE:**

HumanGood SoCal,  
a California non-profit public benefit  
corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

## **EXHIBIT A**

### **BUSINESS ASSOCIATE PRIVACY ADDENDUM**

This Business Associate Privacy Addendum (the "Addendum") is made and entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, 2022, by and between HumanGood SoCal, a California non-profit public benefit corporation (the "Covered Entity") and Ararat Home of Los Angeles, Inc., a California non-profit public benefit corporation (the "Business Associate") (each a "Party" and collectively the "Parties").

**WHEREAS**, Covered Entity and Business Associate have contemporaneously entered into an Interim Management Agreement under which Business Associate provides certain management services to Covered Entity (the "Agreement"); and

**WHEREAS**, in providing services pursuant to the Agreement, Business Associate will have access to Protected Health Information ("PHI") (as defined below); and

**WHEREAS**, the services provided by Business Associate to Covered Entity cause Business Associate to be considered a "business associate" under the privacy and security regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in 45 C.F.R. Parts 160 and 164, and as amended by the Health Information Technology for Economic and Clinical Health Act (the "HIPAA Privacy Rule" and the "HIPAA Security Rule"); and

**WHEREAS**, Covered Entity and Business Associate desire to modify the Agreement to include certain provisions required by the HIPAA Privacy Rule and the HIPAA Security Rule.

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein and the continued provision of PHI by Covered Entity to Business Associate under the Agreement in reliance on this Addendum, the Parties agree as follows:

1. **Definitions.** For purposes of this Addendum, the terms below shall have the meanings given to them in this Section.
  - (a) "Breach" shall mean the acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI, as defined in 45 C.F.R. § 164.402.
  - (b) "Data Aggregation" shall mean, with respect to PHI created or received by Business Associate in its capacity as the business associate of Covered Entity, the combining of such PHI by Business Associate with the PHI received by Business Associate in its capacity as business associate of other covered entities, to permit data analyses that relate to the Health Care Operations (defined below) of Covered Entity. The meaning of "data aggregation" in this Addendum shall be consistent with the meaning given to that term in the HIPAA Privacy Rule.
  - (c) "Designated Record Set" shall mean a group of Records maintained by or for the Covered Entity that: (a) consists of medical records and billing records about

individuals maintained by or for the Covered Entity; (b) consists of the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) consists of Records used, in whole or part, by or for the Covered Entity to make decisions about individual patients. As used herein, the term "Record" shall mean any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a provider. The term "designated record set," however, shall not include any information in the possession of Business Associate that is the same as information in the possession of Covered Entity (information shall be considered the same information even if the information is held in a different format, medium or presentation or it has been standardized).

- (d) "De-Identify" shall mean to alter the PHI such that the resulting information meets the requirements described in 45 C.F.R. § 164.514(a) and (b).
- (e) "Electronic PHI" shall mean any PHI maintained in or transmitted by electronic media as defined in 45 C.F.R. § 160.103.
- (f) "Health Care Operations" shall have the meaning given to that term at 45 C.F.R. § 164.501.
- (g) "HHS" shall mean the U.S. Department of Health and Human Services.
- (h) "HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, Public Law 111-5.
- (i) "Protected Health Information" or "PHI" shall mean information transmitted or maintained in any form or medium, including demographic information collected from an individual, that
  - (i) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
  - (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and (a) identifies the individual or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

The meaning of "protected health information" or "PHI" in this Addendum shall be consistent with the meaning given to that term in the HIPAA Privacy Rule.

- (j) "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. This term shall not include trivial incidents that occur on a daily basis, such as scans, "pings," or unsuccessful

attempts to penetrate computer networks or servers maintained by Business Associate.

- (k) "Subcontractor" shall mean a person to whom Business Associate delegate a function, activity, or service, other than in the capacity of a member of Business Associate' workforce, as defined in 45 C.F.R. § 160.103.
- (l) "Unsecured PHI" shall mean PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized individuals under standards published by the Secretary of HHS under Section 13402(h)(2) of the HITECH Act.

## **2. Use and Disclosure of PHI.**

- (a) Except as otherwise provided in this Addendum, Business Associate may use or disclose PHI as reasonably necessary to provide the services described in the Agreement to the Covered Entity, and to undertake other activities of Business Associate permitted or required of Business Associate by this Addendum or as required by law.
- (b) Except as otherwise limited by this Addendum, Covered Entity authorizes Business Associate to use the PHI in its possession for the proper management and administration of Business Associate's business and to carry out its legal responsibilities. Business Associate may disclose PHI for its proper management and administration, provided that (i) such disclosures are required by law; or (ii) Business Associate obtains, in writing, prior to making any disclosure to a third party (a) reasonable assurances from such third party that the PHI will be held confidential as provided under this Addendum and used or further disclosed only as required by law or for the purpose for which it was disclosed to such third party; and (b) an agreement from such third party to notify Business Associate immediately of any breaches of the confidentiality of the PHI, to the extent it has knowledge of such breach.
- (c) Covered Entity authorize Business Associate to De-Identify the PHI.
- (d) Business Associate shall not use or disclose PHI in a manner other than as provided in this Addendum, as permitted under the HIPAA Privacy Rule, or as required by law. Business Associate shall use or disclose only the minimum necessary amount of PHI, in accordance with Section 13405(b) the HITECH Act, or any implementing regulations adopted thereunder for each use or disclosure of PHI hereunder.
- (e) Upon request, Business Associate shall make available to Covered Entity any of Covered Entity's PHI that Business Associate, or any of its Subcontractors, has in its possession.

## **3. Compliance with HIPAA Privacy Rule.** To the extent that Business Associate carries out one or more of Covered Entity's obligations under Subpart E of 45 C.F.R. Part 164,

Business Associate must comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligations.

4. **Safeguards Against Misuse of PHI.** Business Associate shall use appropriate safeguards to prevent the use or disclosure of PHI other than as provided by the Agreement or this Addendum; and Business Associate agrees to comply with Subpart C of 45 C.F.R. Part 164 and implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity. Business Associate agrees to take reasonable steps to ensure that the actions or omissions of its employees or agents do not cause Business Associate to breach the terms of this Addendum.
5. **Reporting Disclosures of PHI and Security Incidents.** Business Associate shall report to Covered Entity in writing any use or disclosure of PHI not provided for by this Addendum of which it becomes aware; and Business Associate agrees to report to Covered Entity any Security Incident affecting Electronic PHI of Covered Entity of which it becomes aware. Business Associate agrees to report any such event within ten (10) business days of becoming aware of the event.
6. **Reporting Breaches of PHI.** Business Associate shall notify Covered Entity in writing promptly upon the discovery of any Breach of Unsecured PHI in accordance with 45 C.F.R. § 164.410, but in no case later than 30 calendar days after discovery. Business Associate will reimburse Covered Entity for any reasonable costs incurred by it in complying with the requirements of 45 C.F.R. § 164.410 imposed on Covered Entity as a result of a Breach committed by Business Associate or its Subcontractors.
7. **Mitigation of Disclosures of PHI.** Business Associate shall take reasonable measures to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of any use or disclosure of PHI by Business Associate or its Subcontractors in violation of the requirements of this Addendum.
8. **Agreements with Subcontractors.** Business Associate shall ensure that any of its Subcontractors that have access to or to which Business Associate provide PHI agrees in writing to the restrictions and conditions concerning uses and disclosures of PHI contained herein and agrees to implement reasonable and appropriate safeguards to protect any Electronic PHI that it creates, receives, maintains or transmits on behalf of Business Associate or Covered Entity.
9. **Access to PHI by Individuals.**
  - (a) Upon request, except for PHI that duplicates PHI in the possession of Covered Entity, Business Associate agrees to furnish Covered Entity with copies of the PHI maintained by Business Associate in a Designated Record Set in the time and manner reasonably designated by Covered Entity.
  - (b) In the event any individual or personal representative requests access to the individual's PHI directly from Business Associate, Business Associate within ten

(10) business days, shall forward that request to Covered Entity. Any disclosure of, or decision not to disclose, the PHI requested by an individual or a personal representative and compliance with the requirements applicable to an individual's right to obtain access to PHI shall be the sole responsibility of the Covered Entity.

**10. Amendment of PHI.**

- (a) Upon request and instruction from Covered Entity, Business Associate shall amend PHI or a Record about an individual in a Designated Record Set that is maintained by, or otherwise within the possession of, Business Associate as directed by Covered Entity in accordance with procedures established by 45 C.F.R. § 164.526. Any request by Covered Entity to amend such information shall be completed by Business Associate within fifteen (15) business days of Covered Entity's request.
- (b) In the event that any individual requests that Business Associate amend such individual's PHI or Record in a Designated Record Set, Business Associate within ten (10) business days, shall forward such request to Covered Entity. Any amendment of, or decision not to amend, the PHI or Record as requested by an individual and in compliance with the requirements applicable to an individual's right to request an amendment of PHI shall be the sole responsibility of the Covered Entity.

**11. Accounting of Disclosures.**

- (a) Business Associate shall document any disclosures of PHI made by it, except for disclosures relating to treatment, payment, or health care operations or other disclosures excepted under 45 C.F.R. § 164.528(a). Business Associate also shall make available information related to such disclosures as would be required for Covered Entity to respond to a request for an accounting of disclosures in accordance with 45 C.F.R. § 164.528. At a minimum, Business Associate shall furnish Covered Entity the following with respect to any covered disclosures by Business Associate: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI, and, if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure which includes the basis for such disclosure.
- (b) Business Associate hereby agrees to implement an appropriate recordkeeping system to enable it to comply with the requirements of this Section. Business Associate agrees to retain such records for a minimum of six (6) years.
- (c) Business Associate shall furnish to Covered Entity information collected in accordance with this Section, within ten (10) days after written request by the Covered Entity, to permit Covered Entity to make an accounting of disclosures as required by 45 C.F.R. § 164.528, or in the event that Covered Entity elects to provide an individual with a list of its business associates, Business Associate will provide an accounting of its disclosures of PHI upon request of the individual, if

and to the extent that such accounting is required under Section 13405(c) of the HITECH Act or any implementing regulations adopted thereunder.

- (d) In the event an individual delivers the request for an accounting directly to Business Associate, Business Associate shall within ten (10) days forward such request to Covered Entity.

12. **Availability of Books and Records.** Business Associate shall make available its internal practices, books, agreements, records, and policies and procedures relating to the use and disclosure of PHI, upon request, to the Secretary of HHS for purposes of determining Covered Entity's compliance with the HIPAA Privacy Rule, the HIPAA Security Rule, and this Addendum.

13. **Term and Termination.**

- (a) This Addendum shall become effective on the Effective Date, as defined in the Agreement, and shall continue in effect until all obligations of the Parties have been met under the Agreement and under this Addendum.
- (b) Covered Entity may terminate immediately this Addendum if the Covered Entity reasonably determines that the Business Associate has breached a material term of this Addendum and Business Associate has failed to cure that material breach, to Covered Entity's reasonable satisfaction, within thirty (30) days after written notice from Covered Entity.
- (c) Upon termination of the Agreement or this Addendum for any reason other than Manager having assumed operations of the Facility as contemplated under the Purchase Agreement (as defined in the Agreement), all PHI of Covered Entity maintained by Business Associate shall be returned to Covered Entity or destroyed by Business Associate. Business Associate shall not retain any copies of such information. This provision shall apply to PHI of Covered Entity in the possession of Business Associate's Subcontractors. The foregoing notwithstanding, if return or destruction of the PHI is not feasible, in Business Associate's reasonable judgment, Business Associate shall furnish Covered Entity with notification, in writing, of the conditions that make return or destruction infeasible, and Business Associate will extend the protections of this Addendum to such information for as long as Business Associate retains such information and will limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible. This Section 13(c) shall survive any termination of this Addendum.
- (d) Upon Business Associate having assumed operations of the Facility as contemplated under the Purchase Agreement (as defined in the Agreement), the Business Associate shall become the Covered Entity and shall maintain all PHI in accordance with applicable law.

**14. Effect of Addendum.**

- (a) This Addendum is a part of and subject to the terms of the Agreement, except that to the extent any terms of this Addendum conflict with any term of the Agreement, the terms of this Addendum shall govern.
- (b) Except as expressly stated herein or as provided by law, this Addendum shall not create any rights in favor of any third party.

**15. Regulatory References.** A reference in this Addendum to a section in the HIPAA Privacy Rule or HIPAA Security Rule means the section as in effect or as amended.

**16. Notices.** All notices, requests, and demands or other communications to be given hereunder to a Party shall be made to the addresses identified in, and in accordance with the procedure, set forth in Section 9.3 of the Agreement.

**17. Amendments; Waiver.** This Addendum may not be modified, nor shall any provision be waived or amended, except in writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

**18. HITECH Act Compliance.** The Parties acknowledge that the HITECH Act includes significant changes to the HIPAA Privacy Rule and the HIPAA Security Rule. The Privacy Subtitle of the HITECH Act sets forth provisions that significantly change the requirements for business associates and the agreements between business associates and covered entities under the HIPAA Regulations and many of these changes will be clarified in forthcoming regulations and guidance. Each Party agrees to comply with the applicable provisions of the HITECH Act and any implementing regulations issued thereunder. Also, the Parties agree to negotiate in good faith to modify this Agreement as reasonably necessary to comply with the HITECH Act and its implementing regulations as they become effective; provided, however, that if the Parties are unable to reach agreement on such a modification, either Party shall have the right to terminate this Addendum upon thirty (30) days prior written notice to the other Party.



In Witness Whereof, this Addendum is executed by the Parties effective as of the Effective Date, as defined in the Agreement.

**BUSINESS ASSOCIATE:**

HumanGood SoCal, a California non-profit  
public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**COVERED ENTITY:**

Ararat Home of Los Angeles, Inc.,  
a California non-profit public benefit corporation

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

## **SECTION 999.5(d)(1)(C)**

### **(C) A statement of all of the reasons the board of directors of applicant believes that the proposed agreement or transaction is either necessary or desirable**

Windsor has been operated in Glendale by HumanGood SoCal (previously known as Southern California Presbyterian Homes dba be.group) since 1959. Unfortunately, the Community has experienced sustained operational challenges and growing financial losses since prior to the HumanGood affiliation in May 2016. HumanGood SoCal attributes these financial issues to increased difficulty attracting residents and staffing. HumanGood SoCal has attempted to turn around Windsor's financial performance through capital investments of over \$5.2 million in the last six years, including an extensive gym and common area renovation. HumanGood SoCal also enhanced its sales and marketing efforts at the community. As shown in the attached marketing comparison, HumanGood spent more than average on the Community than the organization's other 17 West Coast communities, resulting in fewer leads, higher per-lead costs, and higher costs per residential lead move-in. HumanGood also assigned a post-acute care liaison to Windsor in order to improve SNF admissions. Despite these interventions, the Community has generated a loss of approximately \$9MM over the last five years.

HumanGood notes that the Glendale area has seen a profound demographic shift in the decades since Windsor's original founding from what was primarily an Anglo-Saxon protestant community to an increasingly Armenian community. HumanGood's management believes that lacking a formal connection to the Armenian community has exacerbated Windsor's recruiting and sales challenges. After obtaining market valuations and after considering an offer from another well-respected continuing care provider, HumanGood reached out to Ararat Home of Los Angeles, which is affiliated with and has considerable experience working within the Armenian community in Southern California. HumanGood SoCal was impressed by the enthusiasm that Ararat Home of Los Angeles showed for expanding its senior living footprint, its stated commitment to keeping the Windsor skilled nursing facility open, and its excellent RCFE and skilled nursing licensing compliance history. Ararat Home's offer was considered quite reasonable in light of the CBRE appraisal obtained by HumanGood (accounting for the appraisal's assumptions around improvements in operating results and cashflow), and they were considered an ideal buyer because of their excellent history as an operator and connections with the Armenian community in Glendale.

The Board of Directors of HumanGood SoCal believes the sale of Windsor is necessary due to the financial burden the Community is placing on HumanGood's portfolio of health facilities and the Community's failure to rebound in response to various measures intended to improve the Community's performance. The Board believes that if HumanGood SoCal is not able to sell Windsor, the Board will have no choice but to pursue closure of the Community. The Board believes that the sale of the Community to Ararat Home is desirable because of Ararat Home's proven record as an excellent provider of long-term care, its strong ties to the Armenian community, its nonprofit status, its commitment to honor all existing resident contracts, and its enthusiasm for expanding its provision of care to seniors in the Glendale area.

Windsor marketing comparison

2020 thru Q2 2022 (2.5 yrs)	Windsor	RO/WG	18 West Coast
WINDSOR MARKETING COMPARISON			
New Salesforce Accounts	1,020	2,564	29,410
Move-Ins (RL)	45	110	1,207
Google Ad Spend			
2022 thru Q2	\$ 39,640	\$ 85,194	\$ 702,118
2021	\$ 81,653	\$ 132,664	\$ 1,433,138
2020	\$ 74,743	\$ 100,969	\$ 1,204,313
total	\$ 196,036	\$ 318,827	\$ 3,339,569
Direct Mail Spend			
2022 thru Q2	\$ 18,904	\$ 36,412	\$ 241,686
2021	\$ 31,037	\$ 71,920	\$ 507,835
2020	\$ 56,799	\$ 92,888	\$ 701,878
total	\$ 106,740	\$ 201,220	\$ 1,451,399
TOTAL spend	\$ 302,776	\$ 520,047	\$ 4,790,968
cost/community	\$ 302,776	\$ 260,024	\$ 266,165
cost/lead	\$ 297	\$ 203	\$ 163
cost/move-in	\$ 6,728	\$ 4,728	\$ 3,969

We are spending more than average on WI

We get fewer leads, hence higher cost/lead...

...and higher cost per RL move-in

**SECTION 999.5(d)(2)**

**FAIR MARKET VALUE**

**(d)(2)(A)**

- (A) The estimated market value of all cash, property, stock, notes, assumption or forgiveness of debt, and any other thing of value that the applicant would receive for each health facility or facility that provides similar health care services covered by the proposed agreement or transaction.

Windsor Purchase Price Allocation Schedule

<b>ASSETS ACQUIRED</b>	<b>PURCHASE PRICE ALLOCATION</b>
LAND & BUILDINGS	\$ 14,870,000
FURNITURE FIXTURES & EQUIPMENT	\$ 740,000
OTHER ASSETS	\$ 123,000
<b>TOTAL ASSETS ACQUIRED</b>	<b>\$ 15,733,000</b>
<b>LIABILITIES ASSUMED</b>	
RESIDENT CONTRACTS	\$ 1,650,000
<b>NET ASSETS ACQUIRED</b>	<b>\$ 14,083,000</b>
<b>PURCHASE PRICE</b>	<b>\$ 14,500,000</b>
<b>EXCESS OF PURCHASE PRICE OVER NET ASSETS ACQUIRED (GOODWILL)</b>	<b>\$ 417,000</b>

**SECTION 999.5(d)(2)(B)**

- (B) The estimated market value of each health facility, facility that provides similar health care services, or other asset to be sold or transferred by the applicant under the proposed agreement or transaction.**

The estimated fair market value of the Windsor facility, as stated in the Purchase and Sale Agreement and referenced in Section 999.5(d)(2)(A), is \$14,500,000.

## SECTION 999.5(d)(2)(C)

- (C) A description of the methods used by the applicant to determine the market value of any assets involved in the proposed agreement or transaction. This description shall include a description of the efforts made by the applicant to sell or transfer each health facility or facility that provides similar health care services that is the subject of the proposed agreement or transaction.**

The market value of the Windsor facility was determined to be between \$10,000,000 and \$15,000,000 by referencing valuation reports from Ziegler and Sims, a CBRE appraisal and negotiations with potential buyers.

Specifically a valuation Ziegler conducted in June 2021, estimated that the value of Windsor at between \$9,800,000 to \$14,000,000. This valuation was based upon an average price per unit of \$70,000 - \$100,000. The estimated price per unit is based upon a range of comparable CCRC and SNF transactions that occurred throughout California.

Windsor is a community with a total of 140 units. Ziegler's income capitalization approach (see attached) included a list of valuations for facilities of comparable size and unit types throughout California. Facilities with total units in Southern California ranging from 83-207 units were priced between \$10,900,000 to \$15,700,000. While this proposal also included communities in Northern California that were four times larger than Windsor, the capitalization valuation approach indicates that a purchase price of \$14,500,000 is a fair price for community with a 28 bed skilled nursing facility, a 73-bed independent living facility and 39-bed assisted living facility in Southern California.

HumanGood initially engaged in discussions with Solheim Lutheran Home dba, Solheim Senior Community ("Solheim") regarding the sale of Windsor. In December of 2021, the HumanGood SoCal Board approved entering into an LOI with Solheim for the sale of Windsor. This LOI contemplated a purchase price between \$10,000,000 - \$15,000,000. However, Solheim did not sign the LOI. Although HumanGood entered into a Nondisclosure Agreement with Solheim, Solheim has since released HumanGood from that agreement, See attachments

During discussions with Solheim, HumanGood SoCal obtained an appraisal of Windsor from CBRE in order to obtain a more accurate valuation of the property. This CBRE appraisal, dated March 10, 2022, provided a valuation of Windsor at \$16,800,000. The appraisal assumed, however, that \$500,000 of capital expenditures would be applied each year going forward. This appraisal also assumed that the SNF would be renovated and converted into an Assisted Living Memory Support facility, an assumption which would require \$3,000,000 of capital expenditures and necessitate closure of the skilled nursing facility, something the Applicant ultimately wished to avoid. Factoring in these assumptions, HumanGood SoCal believes that the sale price of \$14,500,000 is a reasonable price consistent with the CBRE appraisal.

Subsequently Ararat offered to purchase Windsor in March of 2022. Ararat signed a letter of intent to purchase Windsor for \$14,800,000 on March 28, 2022. The purchase price was negotiated to \$14,500,000 during the due diligence period.

For more information about each of the valuations received, see the valuation reports and appraisals listed below:

1. Ziegler Valuation of Windsor dated June 2021.
2. Sims Analysis dated January 2022.
3. CBRE Appraisal dated March 10, 2022.
4. NDA from Solheim Lutheran Homes, dated Solheim Lutheran Home dated October 13, 2021.
5. Email Communications Between Solheim and HumanGood Confirming Waiver of NDA dated August 18, 2022.

**1) Ziegler Valuation of Windsor dated June 2021**



\*Please note that information not pertaining to HumanGood SoCal's Windsor Manor facility has been removed from this presentation.

# AND WINDSOR COMMUNITIES PRELIMINARY VALUE ESTIMATE

**Prepared for HumanGood**

*June 2021*

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## SECTION I

[REDACTED] AND WINDSOR: ESTIMATES OF VALUE

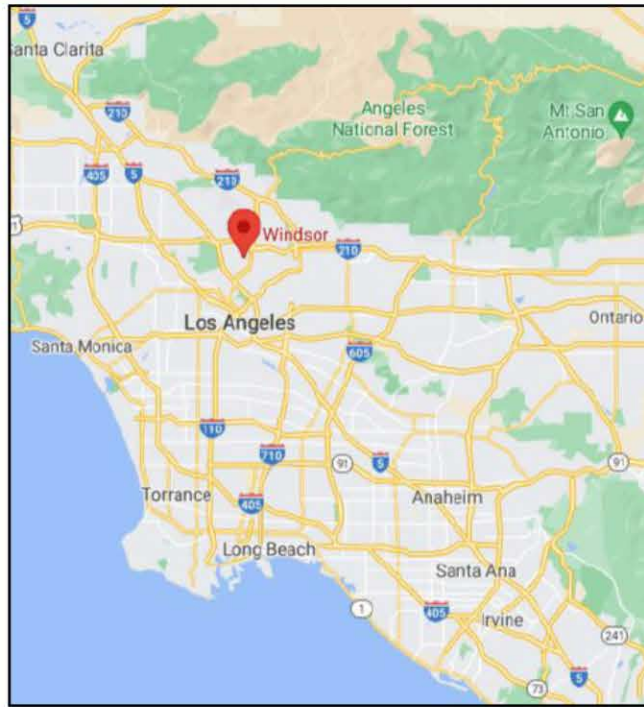




# COMMUNITY SUMMARY & OPERATIONS ANALYSIS

WINDSOR | CONTINUING CARE RETIREMENT COMMUNITY | 140 BEDS/UNITS | GLENDALE, CALIFORNIA

## Community Summary

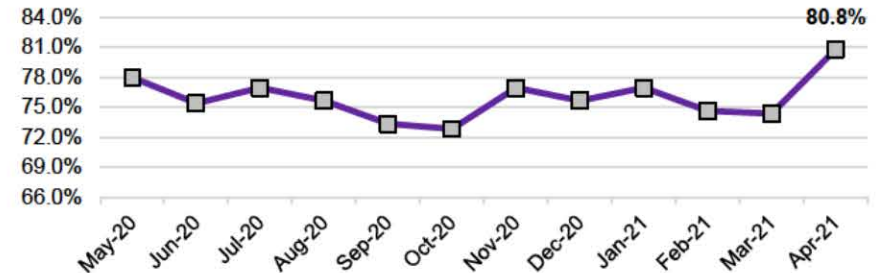


## Building Characteristics

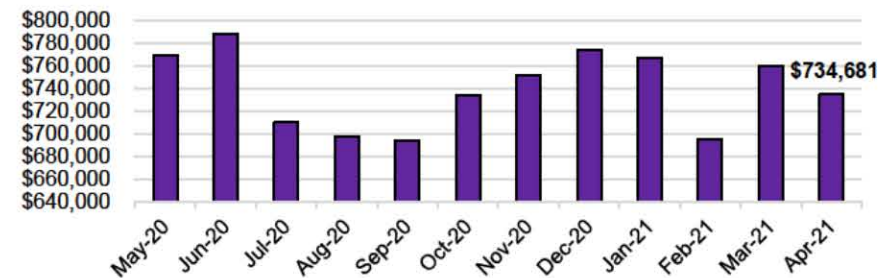
Address:	1230 E Windsor Rd			
City/State/Zip:	Glendale, CA 91205			
Year Opened:	1978	Site Area (acres):		2.22
# of Units/Beds:	140			
Unit Breakdown	73 IL	39 AL	0 MC	28 SNF

## Operations Analysis

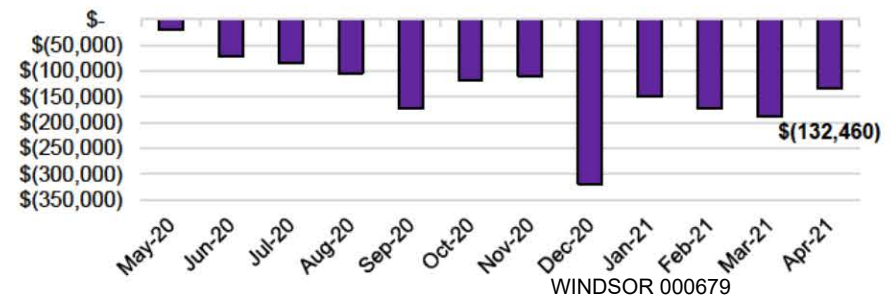
### TTM Occupancy %\*



### TTM Revenue



### TTM CFADS



\*Average occupancy for all levels of care.  
CFADS – Cash Flow Available for Debt Service



# FINANCIAL REVIEW & HISTORIC TRENDS

WINDSOR | CONTINUING CARE RETIREMENT COMMUNITY | 140 BEDS/UNITS | GLENDALE, CALIFORNIA

Operating Summary	FYE 12/31/2019		FYE 12/31/2020		TTM 4/30/2021		YTDA 4/30/2021	
	%	Units	%	Units	%	Units	%	Units
<b>OCCUPANCY</b>								
IL Occupancy	82.4%	73	80.3%	73	76.9%	73	72.2%	73
AL Occupancy	87.8%	39	78.2%	39	75.9%	39	76.7%	39
MC Occupancy	0.0%	-	0.0%	-	0.0%	-	0.0%	-
SNF Occupancy	76.1%	28	80.0%	28	79.1%	28	80.0%	28
<b>Total Occupancy</b>	<b>82.6%</b>	<b>140</b>	<b>79.6%</b>	<b>140</b>	<b>77.1%</b>	<b>140</b>	<b>75.0%</b>	<b>140</b>
<b>OPERATING REVENUES</b>	<b>\$</b>	<b>PUPM/PPD*</b>	<b>\$</b>	<b>PUPM/PPD*</b>	<b>\$</b>	<b>PUPM/PPD*</b>	<b>\$</b>	<b>PUPM/PPD*</b>
IL Revenue	\$ 2,844,541	\$ 3,941	\$ 3,000,261	\$ 4,267	\$ 2,923,657	\$ 4,339	\$ 2,866,315	\$ 4,535
AL Revenue	2,604,204	6,338	2,441,498	6,671	2,401,392	6,757	2,502,835	6,976
MC Revenue	-	-	-	-	-	-	-	-
SNF Revenue*	2,587,550	333	2,944,126	360	3,033,445	375	3,437,600	420
Home Care Revenue	-	-	73,425	55	102,657	79	88,914	71
Wellness Revenue	-	-	-	-	-	-	-	-
Other Revenue	100,180	72	432,897	324	415,244	321	96,409	77
<b>Total Operating Revenues</b>	<b>\$ 8,136,475</b>	<b>\$ 5,860</b>	<b>\$ 8,892,207</b>	<b>\$ 6,646</b>	<b>\$ 8,876,395</b>	<b>\$ 6,855</b>	<b>\$ 8,992,073</b>	<b>\$ 7,138</b>
<b>OPERATING EXPENSES</b>	<b>\$</b>	<b>PUPM</b>	<b>\$</b>	<b>PUPM</b>	<b>\$</b>	<b>PUPM</b>	<b>\$</b>	<b>PUPM</b>
Utilities	\$ 398,079	\$ 287	\$ 459,902	\$ 344	\$ 477,739	\$ 369	\$ 517,041	\$ 410
Marketing	153,224	110	200,404	150	209,808	162	228,399	181
Supplies	835,487	602	1,077,292	805	1,223,496	945	1,334,066	1,059
Ancillary	199,997	144	316,320	236	314,162	243	330,103	262
Maintenance	248,231	179	229,417	171	264,152	204	277,278	220
Purchased Services	530,281	382	496,835	371	535,776	414	540,072	429
Rentals & Leases	19,058	14	23,996	18	24,802	19	26,292	21
Other	454,177	327	166,607	125	233,364	180	236,955	188
Travel	74,378	54	64,242	48	54,841	42	52,408	42
Insurance and Taxes	140,238	101	149,582	112	161,642	125	185,493	147
<b>Total Non Wage Expense</b>	<b>\$ 3,053,150</b>	<b>\$ 2,199</b>	<b>\$ 3,184,597</b>	<b>\$ 2,380</b>	<b>\$ 3,499,782</b>	<b>\$ 2,703</b>	<b>\$ 3,728,107</b>	<b>\$ 2,960</b>
<b>Total Employee Expenses</b>	<b>5,741,076</b>	<b>4,135</b>	<b>6,511,935</b>	<b>4,867</b>	<b>6,564,263</b>	<b>5,070</b>	<b>6,747,284</b>	<b>5,356</b>
<b>Total Operating Expenses</b>	<b>8,794,226</b>	<b>6,334</b>	<b>9,696,532</b>	<b>7,247</b>	<b>10,064,045</b>	<b>7,773</b>	<b>10,475,391</b>	<b>8,316</b>
<b>EBITDAM</b>	<b>\$ (657,751)</b>	<b>\$ (474)</b>	<b>\$ (804,325)</b>	<b>\$ (601)</b>	<b>\$ (1,187,650)</b>	<b>\$ (917)</b>	<b>\$ (1,483,317)</b>	<b>\$ (1,178)</b>
<b>EBITDAM Margin %</b>	<b>-8.1%</b>		<b>-9.0%</b>		<b>-13.4%</b>		<b>-16.5%</b>	
5% Management Fee <sub>1</sub>	406,824	293	444,610	332	443,820	343	449,604	357
<b>EBITDA</b>	<b>\$ (1,064,575)</b>	<b>\$ (767)</b>	<b>\$ (1,248,935)</b>	<b>\$ (933)</b>	<b>\$ (1,631,470)</b>	<b>\$ (1,260)</b>	<b>\$ (1,932,921)</b>	<b>\$ (1,534)</b>
<b>EBITDA Margin %</b>	<b>-13.1%</b>		<b>-14.0%</b>		<b>-18.4%</b>		<b>-21.5%</b>	
Net Entrance Fee Cash Flow	415,027	299	(17,876)	(13)	(23,150)	(18)	(24,790)	(20)
<b>Cash Flow Available For Debt Service (CFADS)</b>	<b>\$ (649,548)</b>	<b>\$ (468)</b>	<b>\$ (1,266,811)</b>	<b>\$ (947)</b>	<b>\$ (1,654,620)</b>	<b>\$ (1,278)</b>	<b>\$ (1,957,711)</b>	<b>\$ (1,554)</b>

WINDSOR 00080

# COMPARABLE TRANSACTIONS

## NATIONAL CCRC/LPC TRANSACTIONS (2017 – Q2 2021)

Community Name(s)	City	State(s)	No. Facilities	Total Units/Beds	Price	Price Per Bed/Unit	Date
2 CCRCs	Various	IN, MO	1	1,085	\$ 38,000,000	\$ 35,023	5/24/2021
4 CCRCs	Various	CA	4	637	\$ 125,200,000	\$ 196,546	3/2/2021
Asbury Park	Newton	KA	1	213	\$ 10,000,000	\$ 46,948	2/2/2021
Handmaker Senior Living	Tucson	AZ	1	176	\$ 15,500,000	\$ 88,068	1/27/2021
Centennial Park Retirement Village	North Platte	NE	1	137	\$ 3,000,000	\$ 21,898	11/30/2020
Timber Ridge at Talus	Issaquah	WA	1	401	\$ 133,000,000	\$ 331,671	1/7/2020
The Clare at Rush and Pearson	Chicago	IL	1	338	\$ 105,000,000	\$ 310,651	12/31/2019
St. Paul's Senior Community	Belleville	IL	1	153	\$ 15,250,000	\$ 99,673	12/3/2019
13 CCRCs	Various	Various	13	6,383	\$ 541,000,000	\$ 84,756	10/1/2019
Inverness Village	Tulsa	OK	1	343	\$ 41,000,000	\$ 119,534	9/19/2019
Altavita Village	Riverside	CA	1	589	\$ 58,000,000	\$ 98,472	9/5/2019
The Barrington of Carmel	Carmel	IN	1	263	\$ 61,000,000	\$ 231,939	7/25/2019
Wildewood Downs	Wildewood	SC	1	248	\$ 35,000,000	\$ 141,129	6/27/2019
The Virginian	Fairfax	VA	1	306	\$ 40,740,000	\$ 133,137	5/13/2019
Mirador	Corpus Christi	TX	1	228	\$ 20,350,000	\$ 89,254	5/8/2019
4 seniors housing properties	Various	FL, OH, TN	4	1,588	\$ 157,000,000	\$ 98,866	9/26/2018
2 CCRCs	Lincolnshire and Naperville	IL	2	1,071	\$ 100,000,000	\$ 93,371	8/14/2018
CCRC	Not Disclosed	Not Disclosed	1	-	\$ 18,000,000	\$ -	7/27/2018
Arbor Glen	Bridgewater	NJ	1	299	\$ 39,700,000	\$ 132,776	7/16/2018
Grace Presbyterian Manor	Dallas	TX	1	268	\$ 12,000,000	\$ 44,776	5/31/2018
Waunakee Manor/Sun Prairie	Madison	WI	2	254	\$ 23,600,000	\$ 92,913	3/1/2018
4 CCRCs	Various	DC, FL, NC	4	1,179	\$ 368,000,000	\$ 312,129	1/2/2018
Glenmoor	St. Augustine	FL	1	223	\$ 27,500,000	\$ 123,318	10/27/2017
6 senior care properties	Various	FL, TX	6	-	\$ 186,000,000	\$ -	10/5/2017
Ardenwoods	Arden	NC	1	144	\$ 15,700,000	\$ 109,028	9/1/2017
Wood River Village	Bensalem	PA	1	356	\$ 13,650,000	\$ 38,343	11/30/2016
Evergreen Woods	North Branford	CT	1	299	\$ 69,400,000	\$ 232,107	11/3/2016
Wesleyan Senior Living	Elyria	OH	2	445	\$ 33,445,350	\$ 75,158	10/31/2016
The Colony	Eden Prairie	MN	1	165	\$ 30,750,000	\$ 186,364	2/16/2016
Scarlet Oaks Retirement Community	Cincinnati	OH	1	183	\$ 4,500,000	\$ 24,590	2/10/2016
VMP Trinity	Milwaukee	WI	1	354	\$ 19,000,000	\$ 53,672	1/5/2016
Carrington of St. Charles Place	St. Charles	MO	1	234	\$ 17,000,000	\$ 72,650	11/2/2015
Hidden Lake	St. Louis	MO	1	195	\$ 12,850,000	\$ 65,897	8/10/2015
CCRC and assisted living community	Fayetteville and Maytown	PA	2	287	\$ 50,000,000	\$ 174,216	7/20/2015
15 CCRCs	Various	Various	15	3,637	\$ 640,000,000	\$ 175,969	4/23/2015
Wyndemer	Wheaton	IL	1	432	\$ 69,500,000	\$ 160,880	3/31/2015
4 Texas CCRCs	Amarillo, Aibelene, Odessa and Tyler	TX	4	864	\$ 79,000,000	\$ 91,435	2/4/2015
Skyline Manor	Omaha	NE	1	309	\$ 13,000,000	\$ 42,071	2/3/2015
Belmont Village	Memphis	TN	1	120	\$ 16,900,000	\$ 140,833	2/8/2012
					Simple Average Price per Unit: \$ 123,034		

Source: Senior Care Acquisition Report.

WINDSOR 000681



# COMPARABLE TRANSACTIONS

## CALIFORNIA COMPARABLE TRANSACTIONS (2015 – Q2 2021)

  = Relevant Comps

Type	Community Name(s)	City	State(s)	No. Facilities	Total Units/Beds	Price	Price Per Bed/Unit	Announcement Date
IL, AL	Senior living community	Not Disclosed	CA	1	137	\$ 65,200,000	\$ 475,912	12/31/2020
IL	Independent living community	Carmichael	CA	1	151	\$ 12,800,000	\$ 84,768	12/23/2020
IL	Independent living community	Citrus Heights	CA	1	121	\$ 9,700,000	\$ 80,165	12/23/2020
AL, MC	Brookdale Walnut	Walnut	CA	1	89	\$ 10,900,000	\$ 122,472	12/15/2020
AL, SNF	Senior Care Facility	Riverside County	CA	1	113	\$ 5,400,000	\$ 47,788	12/8/2020
IL	Redwood Gardens Apartments	Berkeley	CA	1	169	\$ 72,100,000	\$ 426,627	12/4/2020
IL	Vintage Tower	San Jose	CA	1	59	\$ 17,500,000	\$ 296,610	11/19/2020
IL	Villa Raymond Apartments	Pasadena	CA	1	61	\$ 31,200,000	\$ 511,475	11/5/2020
AL, MC	Wildwood Canyon Villas	Yucaipa	CA	1	83	\$ 13,900,000	\$ 167,470	10/14/2020
IL	Cinnamon Ridge	Ontario	CA	1	101	\$ 15,500,000	\$ 153,465	4/29/2020
IL, AL, MC, SNF	3 senior living communities	Various	CA	3	619	\$ 47,000,000	\$ 75,929	4/2/2020
AL	Buena Vista Assisted Living	Hemet	CA	1	36	\$ 5,000,000	\$ 138,889	3/5/2020
AL	Family Choice Senior Care	Anaheim	CA	1	15	\$ 3,250,000	\$ 216,667	3/4/2020
IL	Southern Highlands Independent Senior Living	National City	CA	1	151	\$ 22,100,000	\$ 146,358	1/16/2020
IL, AL, MC	The Pines at Rocklin	Rocklin	CA	1	134	\$ 50,000,000	\$ 373,134	1/9/2020
IL	7 senior living communities	Various	CA	7	566	\$ 103,300,000	\$ 182,509	12/30/2019
AL	Cloisters of the Valley	Mission Valley	CA	1	35	\$ 7,250,000	\$ 207,143	12/19/2019
AL	Orangeburg Manor	Modesto	CA	1	45	\$ 4,500,000	\$ 100,000	12/2/2019
AL	2 Assisted Living Communities	Not Disclosed	CA	2	169	\$ 23,000,000	\$ 136,095	11/18/2019
IL, AL	Monarch Village	Daly City	CA	1	207	\$ 35,000,000	\$ 169,082	10/30/2019
IL, AL, MC	Senior living community	Orange County	CA	1	214	\$ 95,500,000	\$ 446,262	10/28/2019
AL, SNF	2 senior care facilities	Various	CA	2	241	\$ 22,760,000	\$ 94,440	10/2/2019
IL, AL, MC	The Landing at Elk Grove	Elk Grove	CA	1	205	\$ 29,600,000	\$ 144,390	9/26/2019
AL	Marin Terrace	Mill Valley	CA	1	29	\$ 3,800,000	\$ 131,034	9/12/2019
CCRC	Altavita Village	Riverside	CA	1	589	\$ 58,000,000	\$ 98,472	9/5/2019
IL	HW Senior Living Apartments	Westminster	CA	1	310	\$ 71,000,000	\$ 229,032	8/20/2019
AL, MC	Sunlit Gardens	Rancho Cucamonga	CA	1	100	\$ 20,060,000	\$ 200,600	8/7/2019
AL	Butterfly Gardens	La Jolla	CA	1	6	\$ 1,500,000	\$ 250,000	7/29/2019
IL	Orangeville Senior Living & Madison Villa Arms	Riverside	CA	2	35	\$ 6,880,000	\$ 196,571	6/14/2019
IL, AL, MC	Casa Sandoval	Hayward	CA	1	235	\$ 39,000,000	\$ 165,957	6/3/2019
IL, AL	The Manse on Marsh	San Luis Obispo	CA	1	87	\$ 12,775,000	\$ 146,839	5/24/2019
AL, MC	3 seniors housing communities	Various	CA	3	200	\$ 113,000,000	\$ 565,000	5/1/2019
IL	Aurora Village Apartments	Lancaster	CA	1	132	\$ 8,650,000	\$ 65,530	4/19/2019
AL, MC	3 California senior living communities	Various	CA	3	265	\$ 104,000,000	\$ 392,453	3/29/2019
IL, AL, MC	3 senior living communities	Various	CA	3	205	\$ 15,700,000	\$ 76,585	3/19/2019
AL	Meridian of Riverside	Riverside	CA	1	109	\$ 6,100,000	\$ 55,963	2/8/2019

Simple Average Price per Unit: \$ 204,769

Simple Average Price per Unit - Comparable Transactions: \$ 135,252

WINDSOR 000682

Source: Senior Care Acquisition Report.



# VALUATION METHODOLOGY – INCOME CAPITALIZATION APPROACH

WINDSOR | CONTINUING CARE RETIREMENT COMMUNITY | 140 BEDS/UNITS | GLENDALE, CALIFORNIA

Operating period	FY 12/31/2019	FY 12/31/2020	TTM 4/30/2021	YTDA 4/30/2021
EBITDAM	\$ (657,751)	\$ (804,325)	\$ (1,187,650)	\$ (1,483,317)
Less: Management Fee (5% of Revenue)	\$ 406,824	\$ 444,610	\$ 443,820	\$ 449,604
Adj. EBITDA	\$ (1,064,575)	\$ (1,248,935)	\$ (1,631,470)	\$ (1,932,921)
Net Entrance Fee Cash Flow	\$ 415,027	\$ (17,876)	\$ (23,150)	\$ (24,790)
Cash Flow Available for Debt Service ("CFADS")	\$ (649,548)	\$ (1,266,811)	\$ (1,654,620)	\$ (1,957,711)

## Valuation Methodology: Average Price Per Unit

Estimated Price per Unit Range*	\$ Est. Value	\$ Per Unit
\$70,000	\$ 9,800,000	\$ 70,000
\$80,000	\$ 11,200,000	\$ 80,000
\$90,000	\$ 12,600,000	\$ 90,000
\$100,000	\$ 14,000,000	\$ 100,000

## Value Estimate

	Windsor
Estimated Value	\$ 9,800,000 - \$ 14,000,000
Value per Unit	\$ 70,000 - \$ 100,000

\*Since CFADS is negative for the Windsor community, value was estimated using an average price per unit range. The estimated price per unit range is based on a combination of comparable CCRC and Californian transactions.

## Value Estimate

**[REDACTED]** + Windsor

Estimated Value	\$ 56,800,000 - \$ 74,000,000
Value per Unit <sup>1</sup>	\$ 118,580 - \$ 154,489

1 – Based on 479 total units.

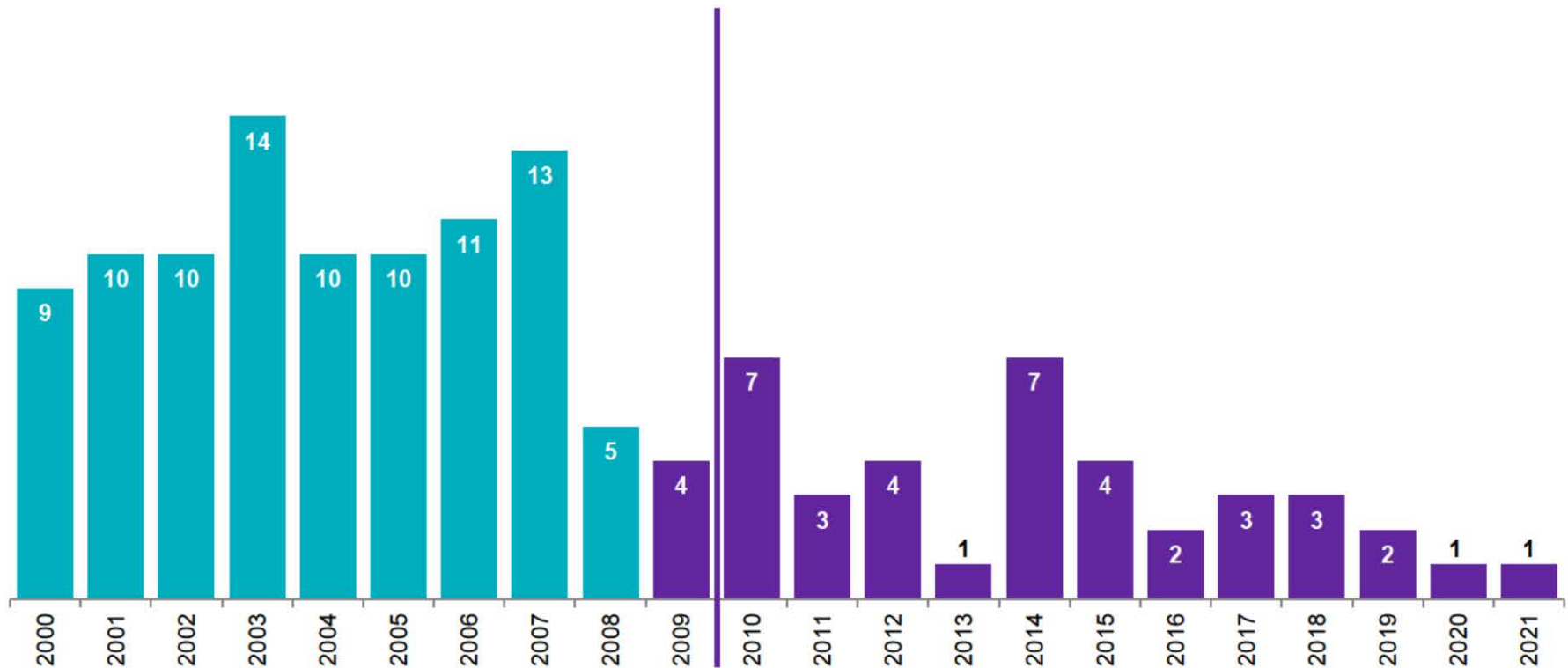
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## **SECTION II**

### **CCRC/LPC MARKET OVERVIEW**

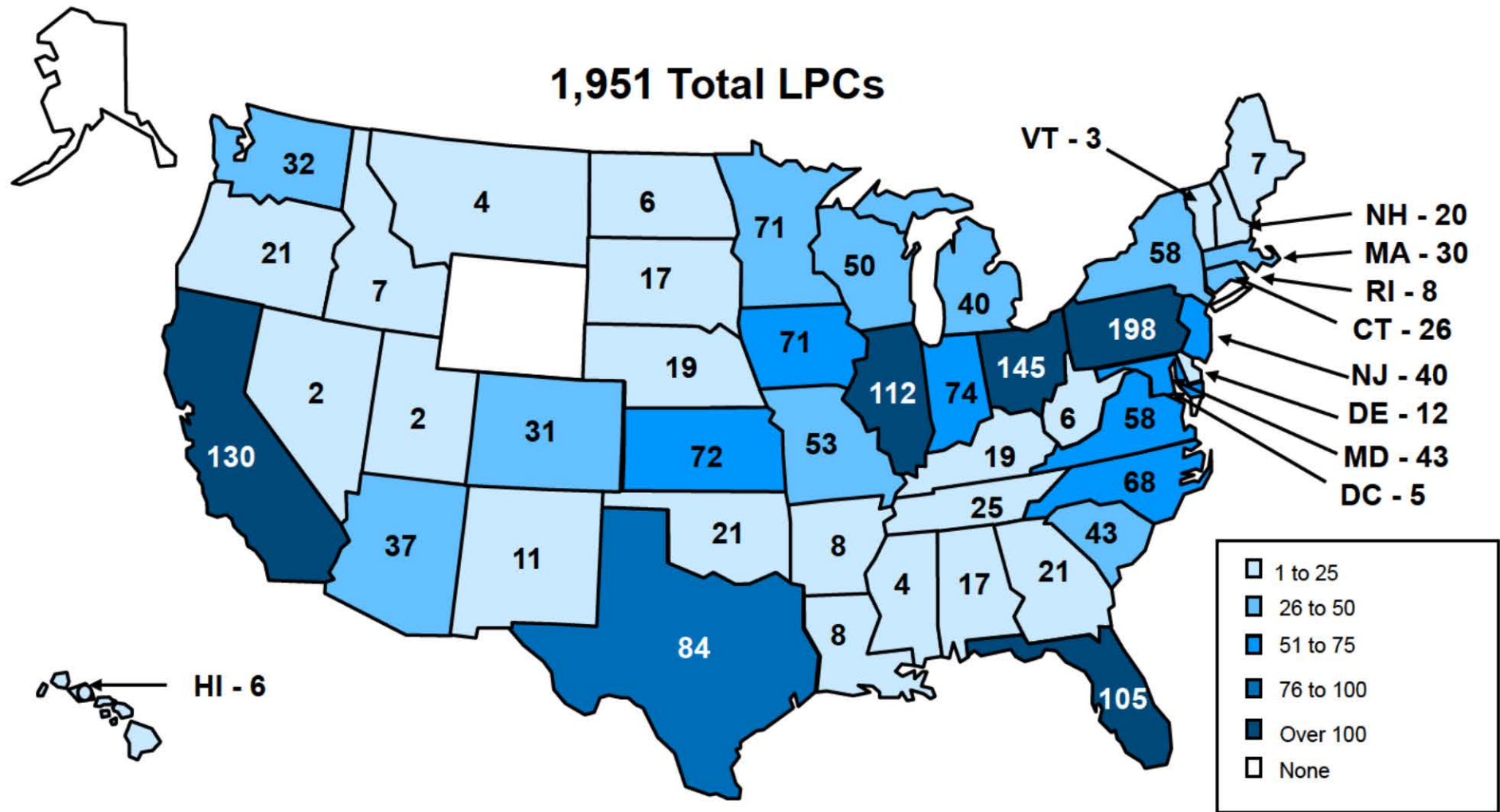
## POST-RECESSION NEW ENTRANCE FEE CCRC/LPCs

- An average of 4 new community financed annually since 2009, versus 10 new campuses per year from 2000-2008





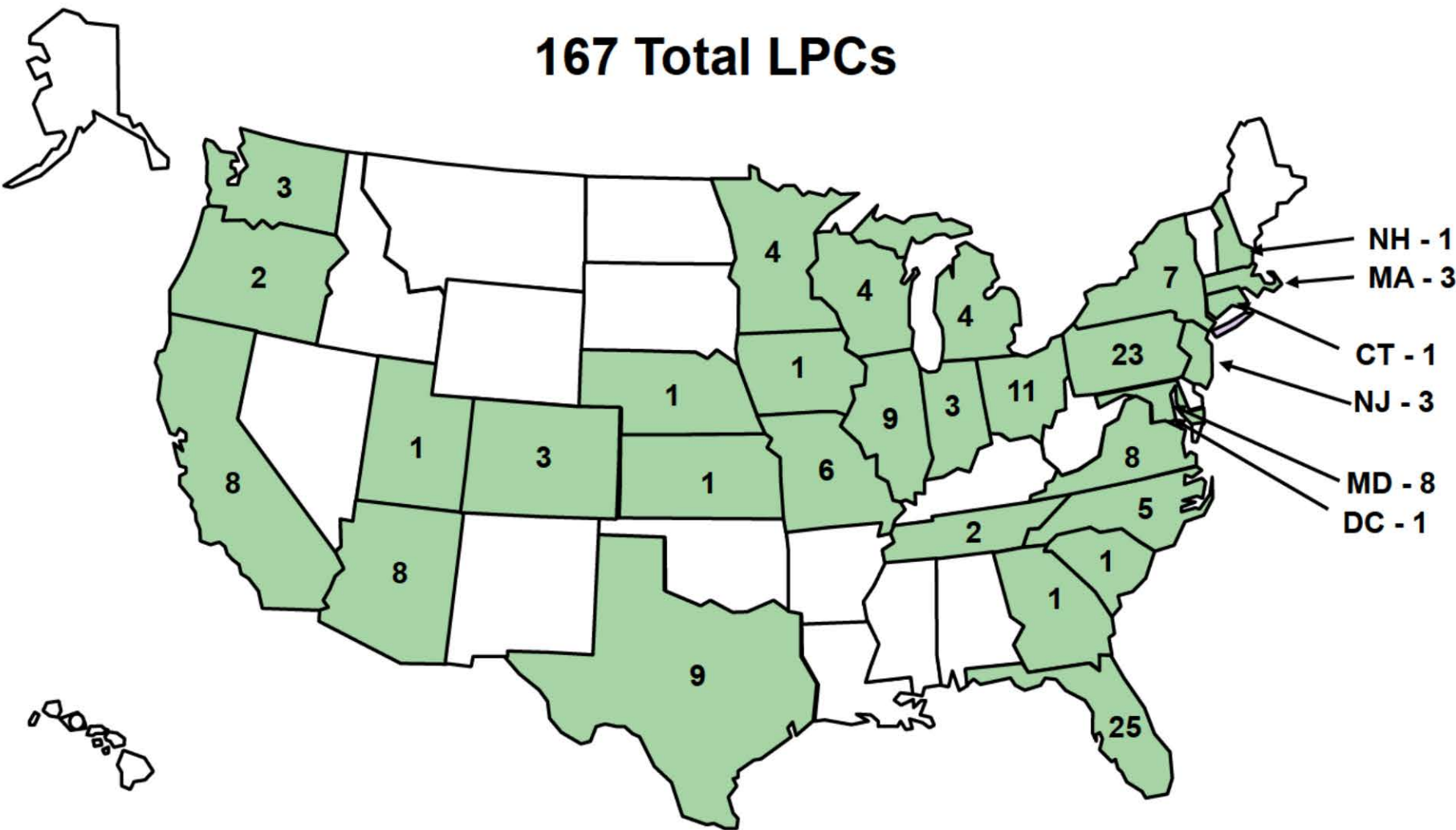
## NATIONAL CCRC/LPC DATABASE – NFP AND FP PROVIDERS



## ZIEGLER NATIONAL DATABASE – TOP 10 MSAs FOR CCRCs/LPCs

MSA Rank	Metropolitan Statistical Area (MSA)	# of CCRCs
7	Philadelphia, PA	87
3	Chicago, IL	60
1	New York, NY	39
28	Cincinnati, OH	36
16	Minneapolis, MN	36
2	Los Angeles, CA	34
6	Washington, DC	32
20	St. Louis, MO	32
12	Phoenix, AZ	29
30	Kansas City, MO	25

ZIEGLER CCRC/LPC DATABASE – # BY STATE WITH 500+ UNITS

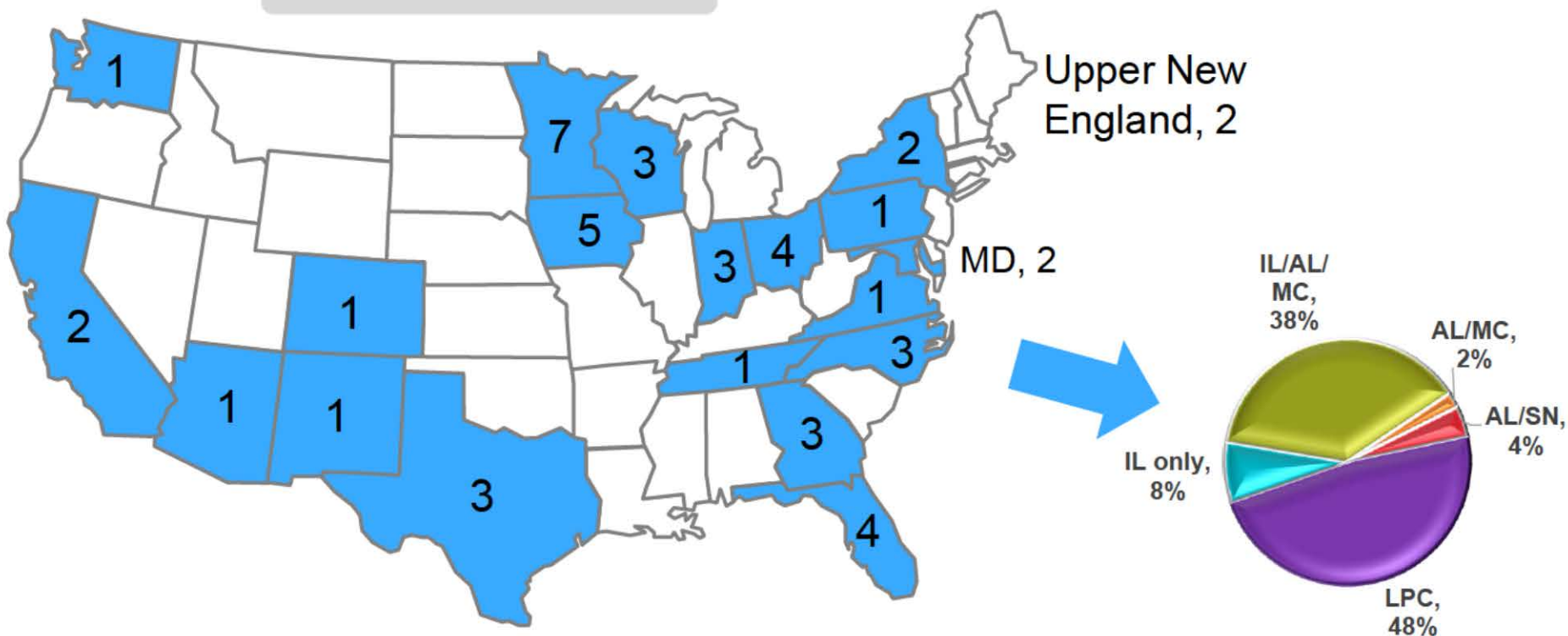


Source: Ziegler Investment Banking (as of 12/31/19).



## FUTURE NFP NEW LOCATIONS – ANTICIPATED OPENINGS (NEXT 5 YEARS)

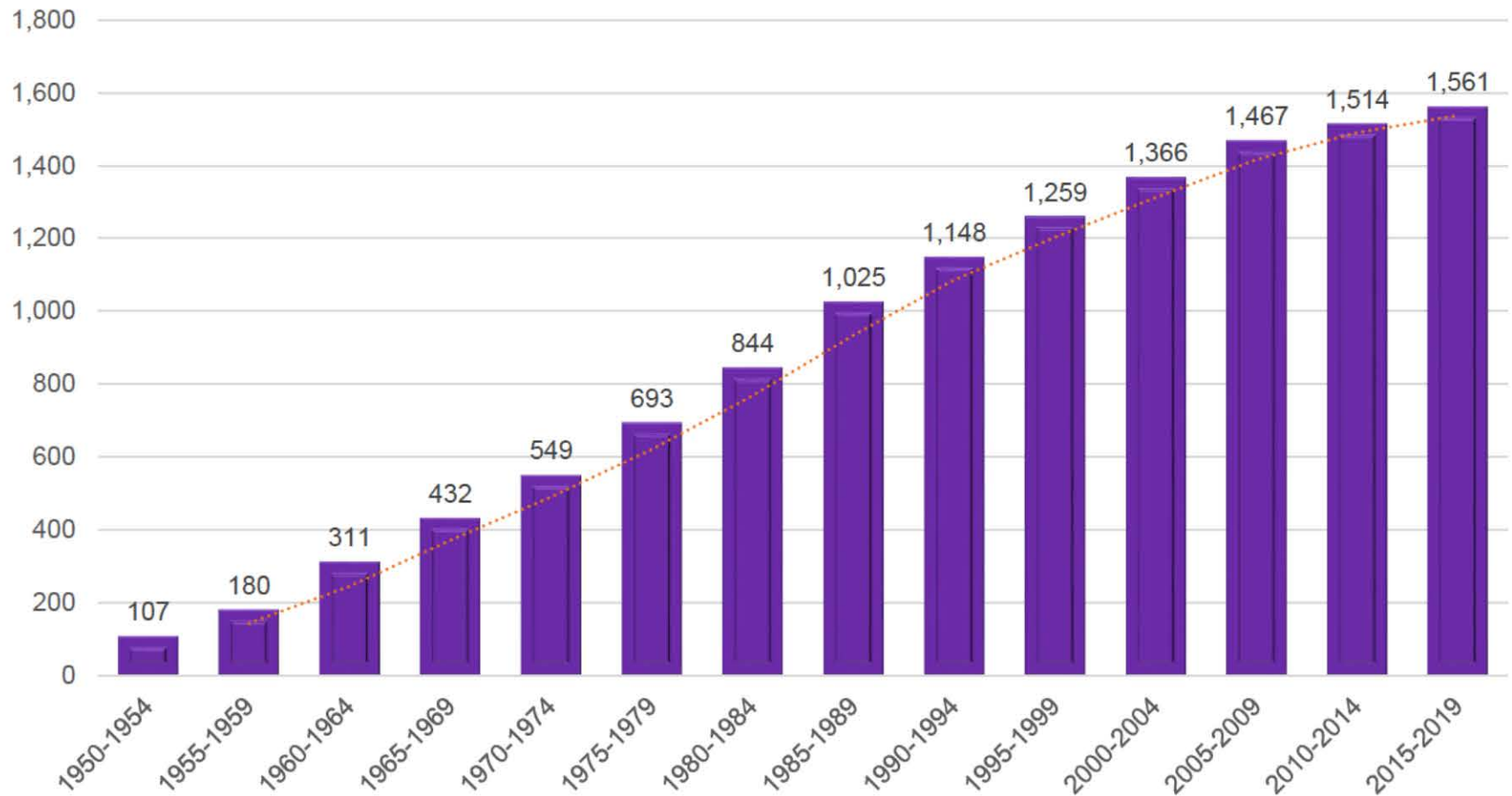
50 NFP New Locations



- Tracking an additional 10 For-Profit Life Plan Communities in development

## TOTAL # of CCRCs/LPCs – CUMULATIVE GROWTH

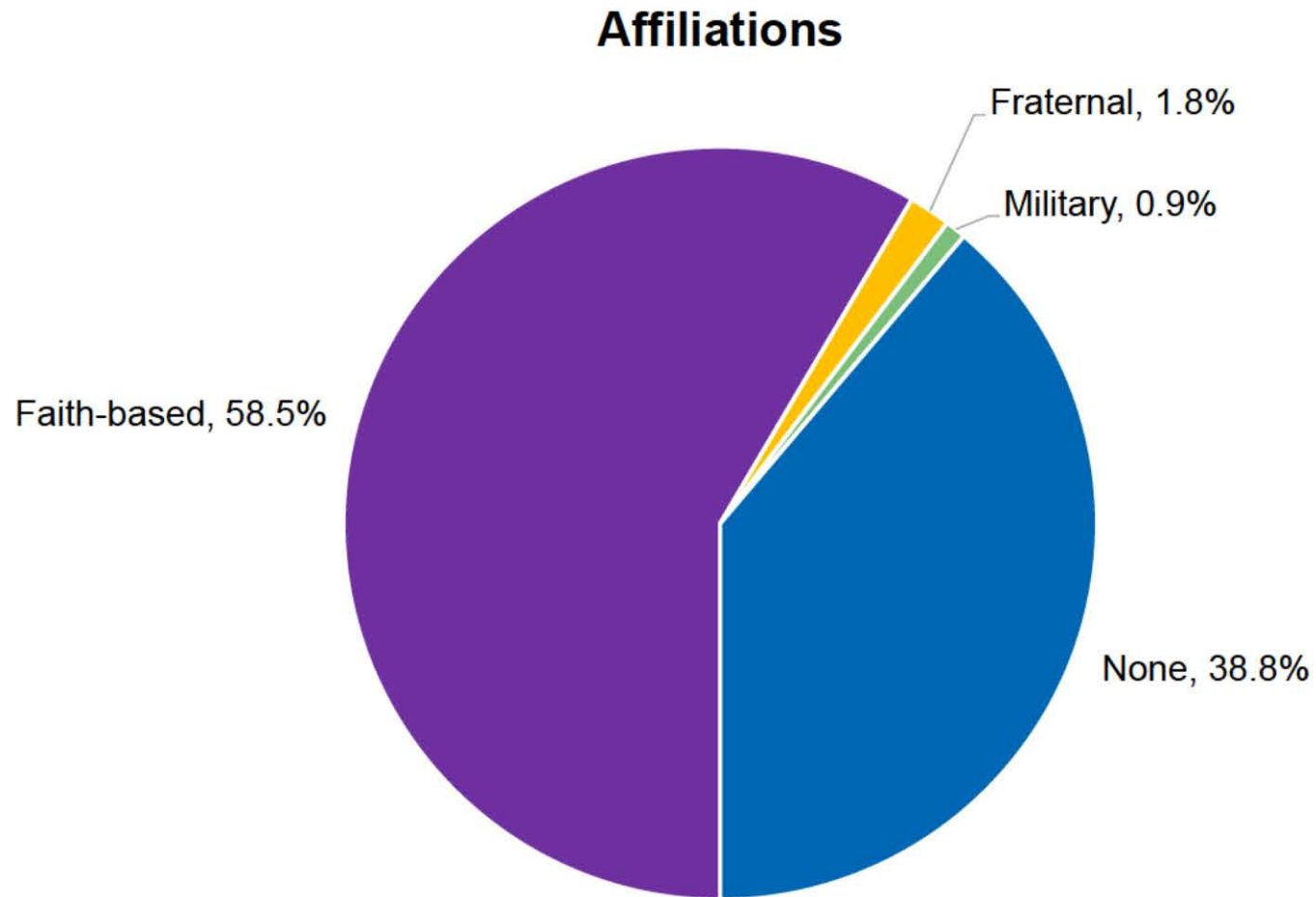
**LPC/CCRC Cumulative Growth  
1950 to Present**



Source: Ziegler Investment Banking (as of 12/31/19).

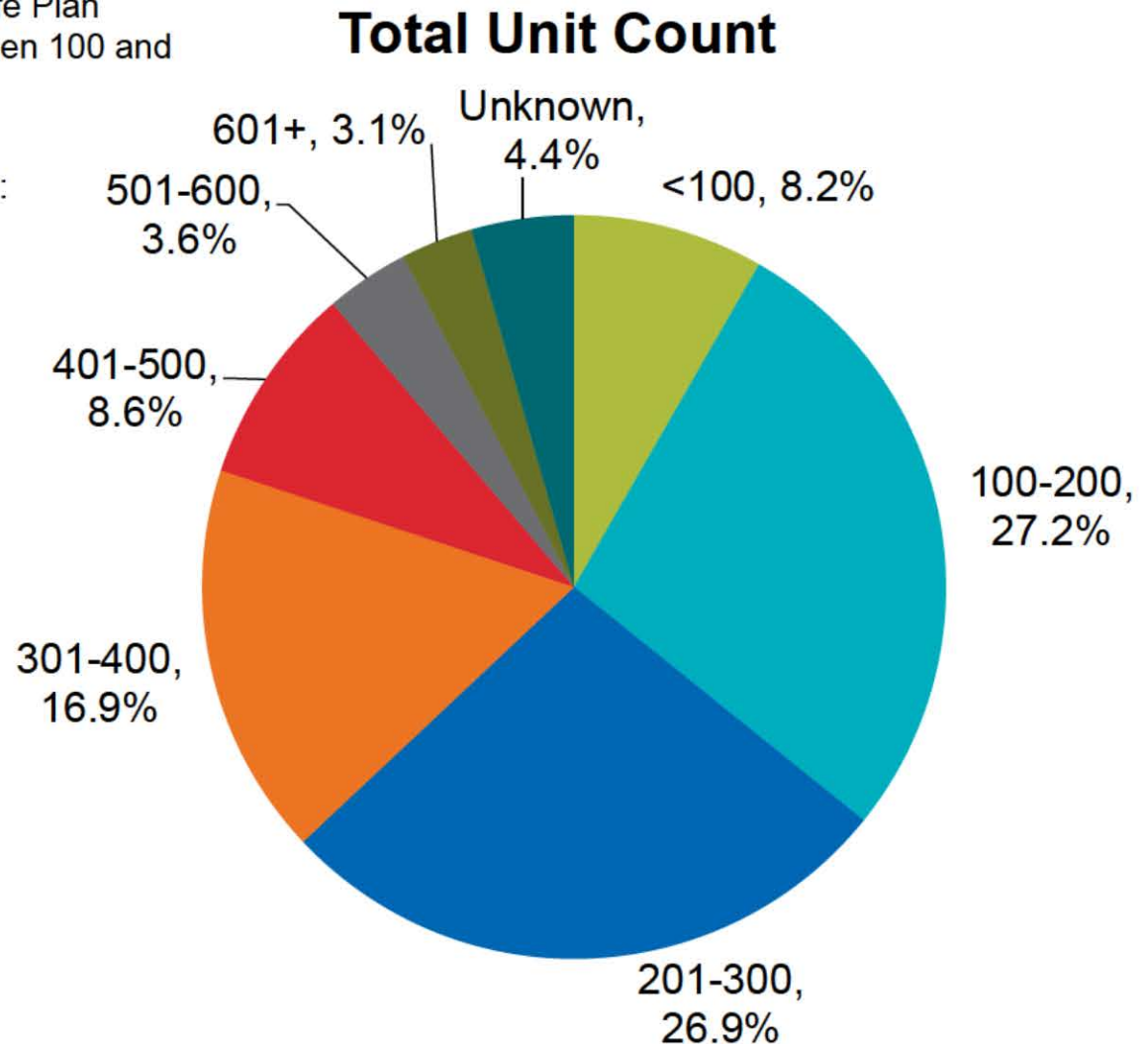
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## CCRC/LPC AFFILIATIONS – INCLUSIVE OF BOTH FP AND NFP PROVIDERS



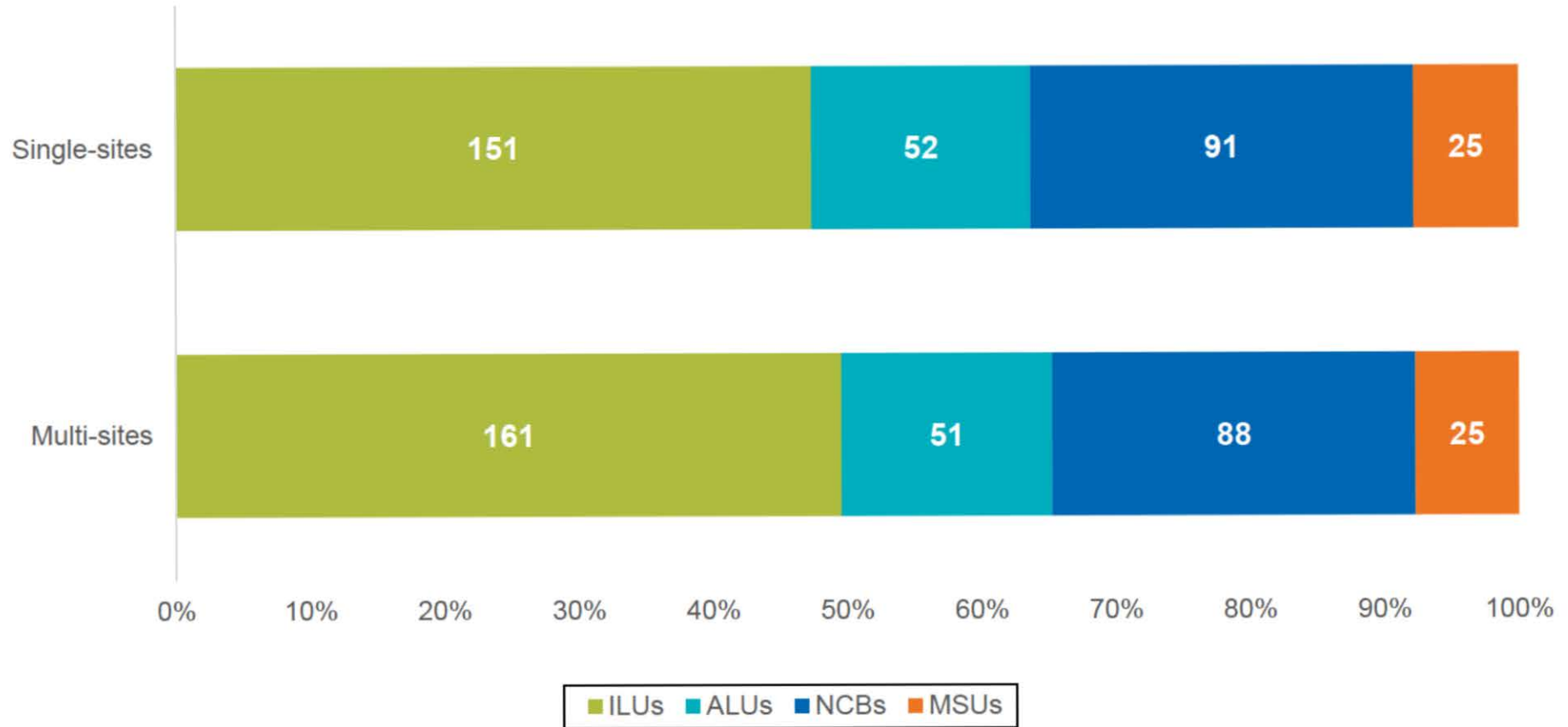
## ZIEGLER CCRC/LPC DATABASE – UNIT COUNTS

- Largest proportion of Life Plan Communities are between 100 and 300 total units
- Median number of units:
  - IL is 120
  - AL is 43
  - MS is 20
  - SN is 72



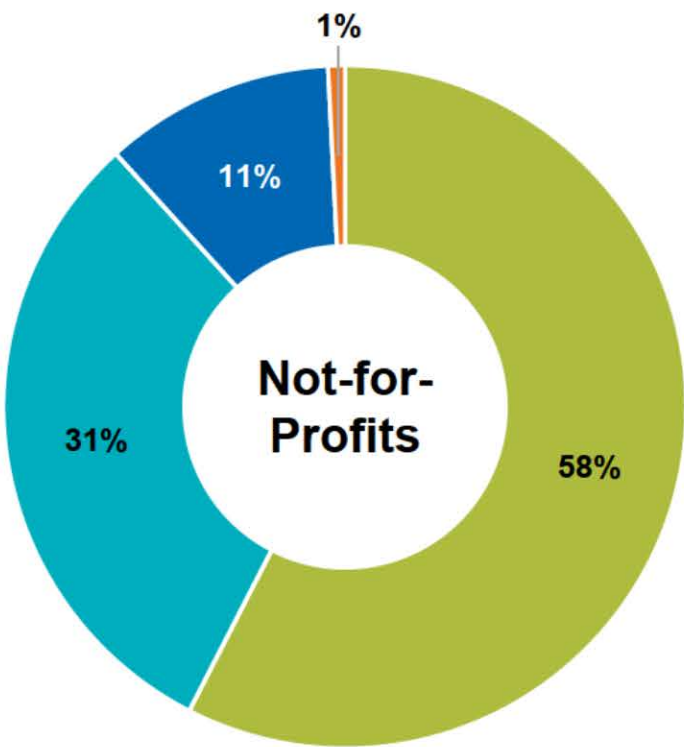
## ZIEGLER CCRC/LPC DATABASE – UNIT MIX

Average Number of Units by Level



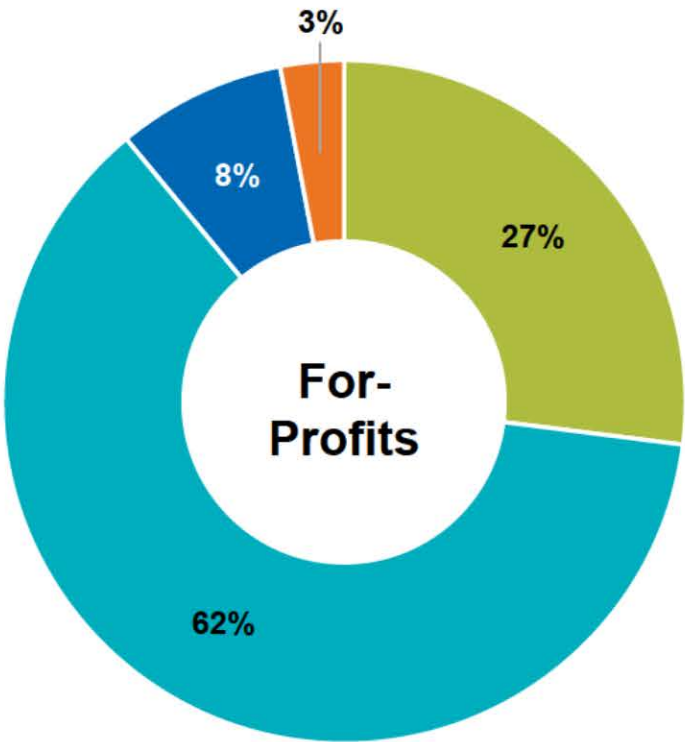
CCRCs/LPCs – PREDOMINANT CONTRACT TYPE

Predominant Contract Type



■ EFee ■ Rental ■ Blend ■ Equity

Predominant Contract Type



■ EFee ■ Rental ■ Blend ■ Equity

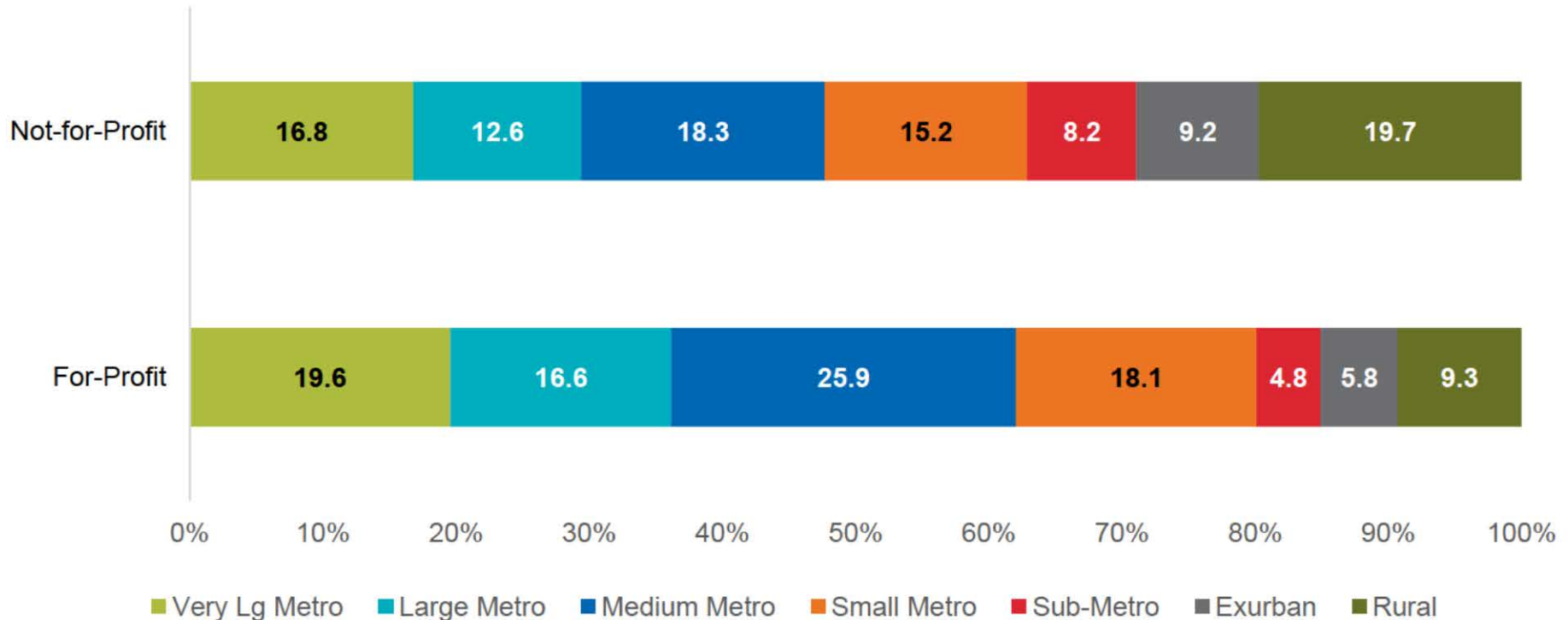
Source: Ziegler Investment Banking (as of 12/31/19).



## CCRCs/LPCs – METROPOLITAN DESIGN

- For-profit providers more likely to operate in more populated markets
- Largest proportion of NFP Life Plan Communities are in Rural and Medium Metro Markets

Metro Designation by Profit Status



## SECTION III

### ZIEGLER SENIOR HOUSING & CARE FINANCE: M&A ADVISORY



# SENIOR HOUSING & CARE FINANCE PRACTICE – OVERVIEW

Leveraging 115 Years of Ziegler's Corporate History Advising the Senior Living & Post-Acute Care Industry

22

Associates Dedicated to For-Profit Senior Housing & Care

275+

Combined Years  
of Industry Experience

400+

Transactions Completed  
over last 20 Years

- Extraordinarily deep resources in senior housing and post-acute care, including extensive investment banking, corporate development, and operational experience
- Long-standing relationships with industry leaders, operators, emerging growth companies and financial sponsors
- Services include:

## Mergers & Acquisitions

- Sell-side Advisory
- Buy-side Advisory
- Joint Venture Advisory

## Capital Structure Advisory

- Bond Financing
- Senior Debt
- Mezzanine Debt
- Preferred Equity
- Common Equity

## Agency Financing

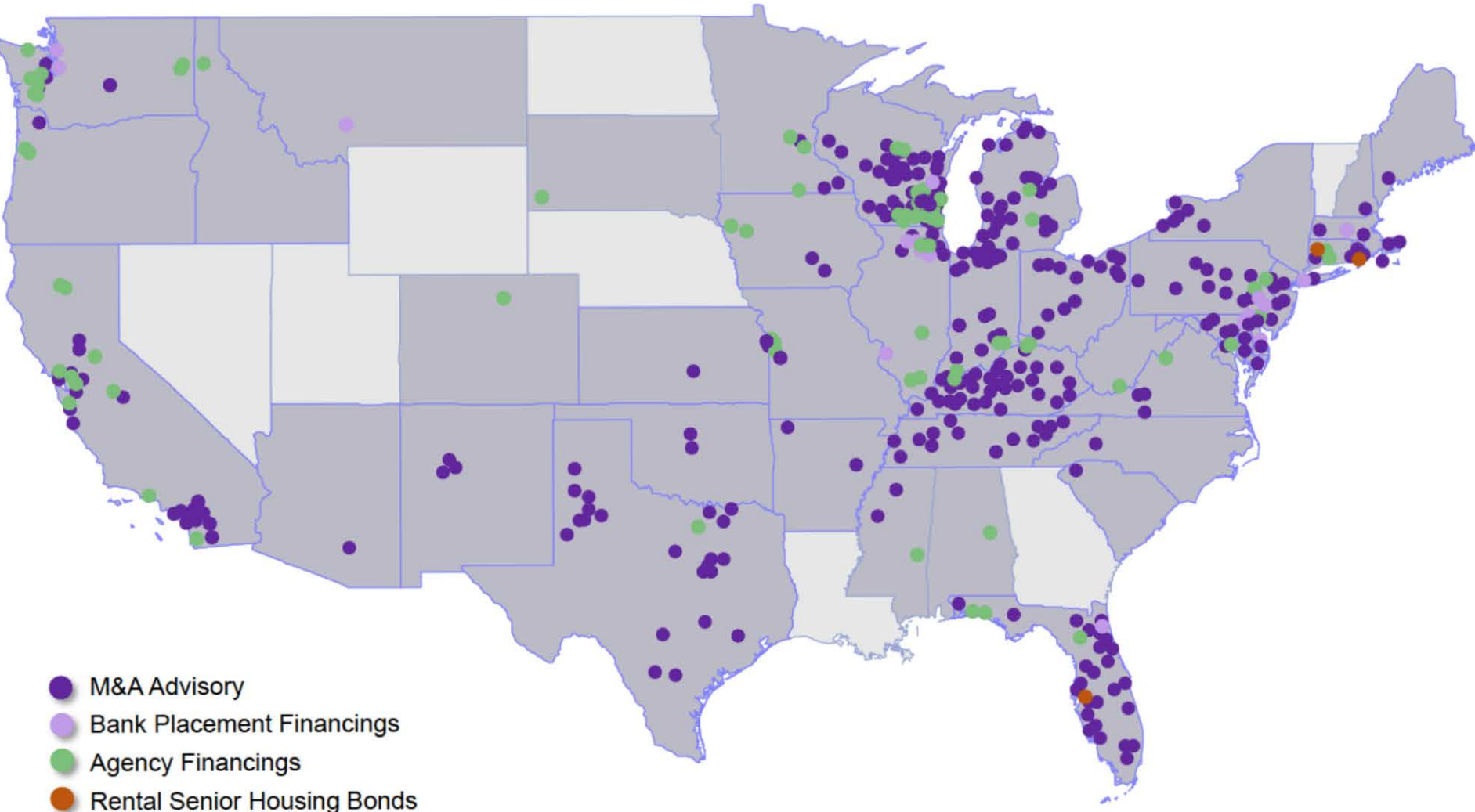
- HUD 232 LEAN Program
- Fannie Mae
- Freddie Mac

## Select Recent Clients & Deal Counterparties



WINDSOR 000698

# SENIOR HOUSING & CARE FINANCE PRACTICE – DEAL EXPERIENCE MAP



## SENIOR HOUSING & CARE FINANCE PRACTICE – PRODUCTS & SERVICES



WINDSOR 000700



# SENIOR HOUSING & CARE FINANCE PRACTICE – MERGERS & ACQUISITIONS ADVISORY

**Ziegler's Senior Housing & Care M&A Advisory Practice** is focused on delivering best-in-class advisory solutions for organizations across the healthcare industry. In our core practice areas of senior living, healthcare services, hospitals, and information technology, Ziegler is one of the most active M&A firms offering innovative sell-side, buy-side, recapitalization/restructuring, equity private placement, and strategic partnering services.

Long-standing relationships with industry leaders, emerging growth companies, and financial sponsors.

Multi-disciplinary culture that is long-term relationship-driven not transaction-oriented.



WINDSOR 000701

# SENIOR HOUSING & CARE FINANCE PRACTICE – CAPITAL STRUCTURE ADVISORY

Ziegler can provide clients with the following product executions in **all areas of the capital stack**:

- **Bond Financing**
  - Section 142(d) Rental Senior Housing Bonds
- **Senior Debt**
  - Ziegler has forged relationships with over 500 foreign, national, and regional banks that pursue quality senior living projects
  - Ziegler boasts a strong relationship with the top conventional lenders in the senior housing space both nationally and regionally
  - From 2009 - present, Ziegler has performed nearly \$7 billion of bank direct placements
  - Ziegler experience results in the knowledge of key insights, which results in superior management of the bank credit process
  - Additionally, interest rate risk can be mitigated with hedges & other special products
- **Mezzanine Debt**
  - via Locust Point Capital
- **Preferred / Common Equity**
  - Primarily Family Office & Private Equity

## Capital Raising Process:

- Preparing extensive information package
- Conducting site visits
- Negotiating terms with banks

## SENIOR HOUSING & CARE FINANCE PRACTICE – AGENCY FINANCING CAPABILITIES

### FHA/ HUD

- Ziegler Financing Corporation (“ZFC”) has been a licensed FHA/HUD lender since 1970 with significant experience executing FHA/HUD financings on behalf of our clients
  - ZFC’s HUD LEAN approved underwriting professionals bring over 50 years’ experience combined
- ZFC is a Ginnie Mae Seller/Servicer. We service the loans we underwrite and close
  - Borrowers get to meet our servicing professionals early in the process and maintain the same relationship continuity throughout the life of the loan
- ZFC can expedite the process of obtaining the best terms and pricing available to seniors housing and healthcare borrowers for the following types of transactions:
  - Acquisitions
  - Refinancing
  - New Construction
  - Substantial Rehabilitation










### FANNIE MAE/ FREDDIE MAC

- Ziegler executes Fannie Mae and Freddie Mac transactions through its longstanding correspondent banking relationships





# SENIOR HOUSING & CARE FINANCE PRACTICE – SELECT CASE STUDIES

Leveraging 115 Years of Ziegler's Corporate History Advising the Senior Living & Post-Acute Care Industry

	Business	Discussion Goal(s)	Outcome	Economics
	Joint Venture between Brookdale and Healthpeak Properties: jointly owned two CCRCs in Missouri and Indiana.	Helped both parties unwind these non-core assets, which were two of the three remaining assets still part of the joint venture.	Ziegler identified a buyer for both assets during COVID-19 pandemic. Acquired Covington Investments, LLC.	Ziegler achieved significant value despite the distressed nature of the assets and headwinds caused by the COVID-19 pandemic.
	Massachusetts-based non-profit senior living owner/operator with 6 senior living communities throughout Massachusetts.	Divest non-core independent living / skilled nursing facility on Cape Cod.	Acquired by a Massachusetts based for-profit owner/operator.	Closed in Nov 2019. Complex transaction with condo and affordable units along with the skilled nursing facility.
	Dallas-based not-for-profit senior living and hospice provider.	Divest 200+ unit entry fee CCRC south of Dallas. Negative cash flow, complex campus and mix of assets classes	Per unit valuation and assigned entry fee liability to buyer 	Complex transaction completed in less than 5 months. Required buyer with vision and comprehensive approach to market
	Publicly traded owner operator of senior housing communities with locations throughout the country.	Divest 250+ unit entry fee CCRC located in a northern suburb of Oklahoma City.	The operations and owned real estate was acquired by: 	Achieved significant value despite negative trailing cash flow and aged campus exceeding client expectations.
<b>Waunakee Manor &amp; Sun Prairie Healthcare Center</b>	Family owned and Wisconsin based senior living owner/operator with two locations in primary Wisconsin markets.	Divest the company's entire portfolio which consisted of one CCRC and one AL/SNF. Both located in affluent suburbs of Madison, WI.	Owning real estate was acquired by 	Achieved a value at a 7.9% cap rate despite declining occupancy and aged physical plant.
	Developer of six senior housing communities (653 units) in Northern Indiana & Southern Michigan managed by Brookdale.	Exit the real estate while also finding a new operator as Brookdale elected not to renew the leases for some of the communities.	Acquired by  under a RIDEA structure	Achieved a value of \$115,000 per unit at a 6.0% cap rate 3rd time Ziegler was engaged by the seller

# SENIOR HOUSING & CARE FINANCE PRACTICE – SELECT TRANSACTIONS

Repeat Clients Range from Large, Publically-Traded Companies to Mid-Size, Regional Owner / Operators

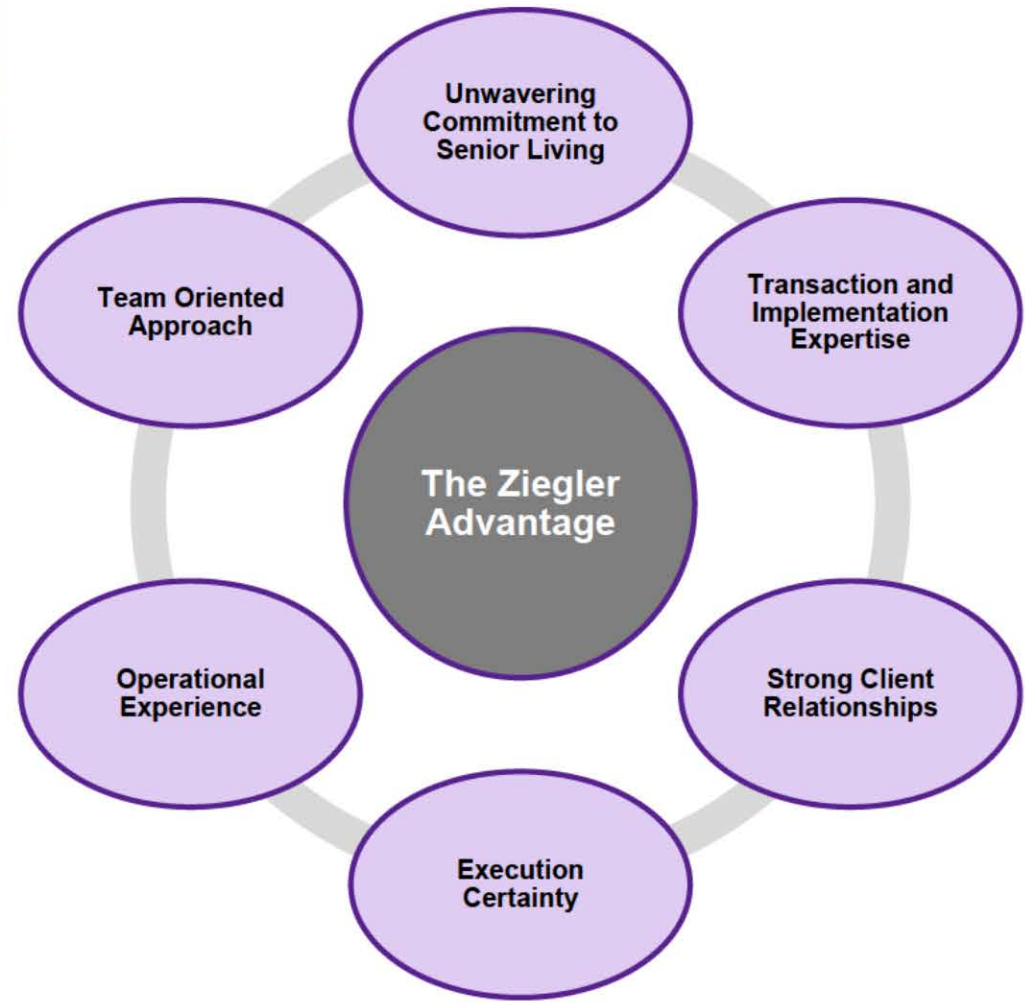
<p>May 2021</p>  <p>JV sold a 2-Community CCRC Portfolio in MO &amp; IN to</p> <p>COVINGTON INVESTMENTS, LLC</p> <p><b>1,135 Beds/Units</b></p> <p><b>SELL-SIDE ADVISOR</b></p>	<p>March 2021</p>  <p>Sold an AL Community in Terre Haute, IN to</p>  <p><b>70 Units</b></p> <p><b>SELL-SIDE ADVISOR</b></p>	<p>March 2021</p>  <p>HUD Refinancing for an Acute Care Hospital in Chicago, IL</p> <p><b>\$25,255,900</b></p> <p><b>HUD FINANCING</b></p>	<p>March 2021</p>  <p>HUD Refinancing for a 2-Community AL/SNF Portfolio in Wisconsin</p> <p><b>\$9,557,500</b></p> <p><b>HUD FINANCING</b></p>	<p>February 2021</p>  <p>Fannie Mae Refinancing for a 55+ IL Community in St. Charles, IL</p> <p><b>\$15,145,000</b></p> <p><b>FANNIE MAE FINANCING</b></p>	<p>January 2021</p>  <p>Acquired a Skilled Nursing Community in Milwaukee, WI from</p> <p><b>Wisconsin Local Owner/Operator</b></p> <p><b>50 Beds</b></p> <p><b>BUY-SIDE ADVISOR</b></p>
<p>December 2020</p>  <p>AL/MC Community in Kansas City, KS sold to a JV</p>  <p><b>120 Units</b></p> <p><b>SELL-SIDE ADVISOR</b></p>	<p>December 2020</p> <p><b>Publicly-Traded Healthcare REIT</b></p> <p>Sold a 3-Community AL/MC/SNF Portfolio in Wisconsin to</p> <p><b>Midwest Regional Owner/Operator</b></p> <p><b>554 Beds/Units</b></p> <p><b>SELL-SIDE ADVISOR</b></p>	<p>December 2020</p>  <p>Financing to acquire a 5-Community AL/SNF Portfolio in IL</p> <p><b>\$49,400,000</b></p> <p><b>FINANCIAL ADVISOR</b></p>	<p>November 2020</p>  <p>HUD Refinancing for an AL Community in Loveland, CO</p> <p><b>\$10,343,400</b></p> <p><b>HUD FINANCING</b></p>	<p>October 2020</p>  <p>Financing to acquire a 3-Community IL/AL Portfolio in WA &amp; MT</p> <p><b>\$42,600,000</b></p> <p><b>FINANCIAL ADVISOR</b></p>	<p>September 2020</p>  <p>Financing to acquire an IL/AL/MC Community in Mequon, WI</p> <p><b>\$10,050,000</b></p> <p><b>FINANCIAL ADVISOR</b></p>
<p>July 2020</p>  <p>Acquired the IL portion of a CCRC in FL</p> <p><b>\$58,650,000 Series 2020A and \$11,315,000 Series 2020B</b></p> <p><b>RENTAL SENIOR HOUSING BONDS</b></p>	<p>July 2020</p>  <p>Acquired a 2-Community AL Portfolio in Massachusetts &amp; Rhode Island</p> <p><b>\$24,300,000 Series 2020A and \$18,245,000 Series 2020B</b></p> <p><b>RENTAL SENIOR HOUSING BONDS</b></p>	<p>June 2020</p>  <p>HUD Refinancing for an AL/SNF Community in Princeton, WV</p> <p><b>\$10,500,000</b></p> <p><b>HUD FINANCING</b></p>	<p>April 2020</p>  <p>Sold a 3-Community SNF Portfolio in Delaware to a JV</p> <p><b>Private Equity Investor &amp; Regional Owner/Operator</b></p> <p><b>\$67,000,000</b></p> <p><b>SELL-SIDE ADVISOR</b></p>	<p>April 2020</p> <p><b>Private Equity Investor &amp; Regional Owner/Operator</b></p> <p>Financing to acquire a 3-Community SNF Portfolio in DE</p> <p><b>\$64,000,000</b></p> <p><b>FINANCIAL ADVISOR</b></p>	<p>January 2020</p>  <p>HUD Refinancing for an IL/AL Community in Meridian, MS</p> <p><b>\$3,464,000</b></p> <p><b>HUD FINANCING</b></p>

WINDSOR 000705



# THE ZIEGLER DIFFERENCE

- **Execution Certainty** – Believed to be the best in the industry!
  - 87% for all deals engaged;
  - 94% for all deals with a signed LOI;
  - 98% for all deals that achieve a signed asset purchase agreement.
- **Team Oriented Approach** – A client doesn't just work with one person, but gets the attention they deserve through our team approach. Every transaction Ziegler takes on receives senior level guidance and attention.
- **Unwavering Commitment to Senior Living** – Senior living and post-acute care have been core businesses of Ziegler since the company's founding in 1902. We have dedicated our firm's resources and capital to supporting clients through numerous business cycles.
- **Strong Client Relationships** – Ziegler's relationship approach to investment banking is validated by the large number of providers who view Ziegler as a **"trusted partner"** and have, in a number of instances, worked with our firm for decades.
- **Operational Experience** – Our team includes professionals with prior healthcare operational experience, which includes senior housing executive directors, skilled nursing administrators, and development executives.



## KEY HALLMARKS OF THE ZIEGLER PROCESS

- **Deep Understanding of Business Fundamentals Drives Value (Add)** — Ziegler performs deep analysis of the facilities being divested to establish a thorough understanding of fundamentals and to identify credible opportunities to improve cash flow. This thorough understanding allows us to fully convey the value proposition for buyers and achieve stronger valuations.
- **Thorough Disclosure** — We are routinely told that our offering memorandums are the “best in the business” making it easy for buyers to come to a preliminary value conclusion. Also, by thoroughly disclosing key facts (both good and bad), surprises are minimized. This has been critical in achieving our high execution success rate.
- **Fair, Competitive Process with Credible, Capable Buyers** — Ziegler typically establishes a competitive process by soliciting credible, capable buyers, versus a “blast e-mail” approach. This way, buyers know they have a real opportunity and Ziegler can spend more time with each interested buyer.
- **Involved Throughout Process** — Ziegler is involved throughout the process, including writing the offering memorandum, soliciting buyers, evaluating proposals, negotiating terms, coordinating due diligence, monitoring financing, and negotiating transaction agreements. This consistency of service helps to assure execution certainty and prevents key terms from changing.
- **Teamwork** — Ziegler clients get the resources of one of the, if not the, largest boutique healthcare investment bank. We take a team approach to engagements, so success does not depend on one person.
- **Remain Flexible** — Each engagement is unique. We listen to our clients and their goals and customize processes to maximize results. We are also always considering new ways to achieve client goals.



## ESTIMATED TRANSACTION TIMELINE

Phase of Process	Dates	Responsible Party
<b>Engagement of Ziegler</b>	June 18, 2021	Ziegler, Seller
<b>Offering Memorandum Preparation</b>	June 21 to July 2, 2021	Ziegler, Seller
<b>Initial Marketing of the Transaction</b> <i>(Offering Memorandum Distributed, Access to Electronic Data Room)</i>	July 5, to August 13, 2021	Ziegler
<b>Initial Proposals Due</b>	August 13, 2021	Ziegler
<b>Review of Initial Proposals, Finalists Selected</b>	August 16, 2021 – August 20, 2021	Ziegler, Seller
<b>Community Tours and Management Meetings*</b>	August 23 – Sept. 3, 2021	Ziegler, Seller
<b>Final Proposals Due</b>	September 10, 2021	Ziegler, Seller
<b>Review of Best &amp; Final Proposals, Final Proposal Selected</b>	Sept. 13, 2021 – Sept. 17, 2021	Ziegler, Seller
<b>Term Sheet Agreement</b>	September 20, 2021	Ziegler, Seller, Buyer
<b>Draft Purchase &amp; Sale Agreement (PSA) Circulated</b>	September 27, 2021	Ziegler, Seller, Buyer
<b>Expiration of Due Diligence Period</b>	November 2021	Ziegler, Seller, Buyer
<b>PSA Execution</b>	November 2021	Ziegler, Seller, Buyer
<b>Change of Ownership (CHOW) Approval (30 days in CA)</b>	December 2021	Buyer
<b>Transaction Closing (Target Date)</b>	December 2021	Ziegler, Seller, Buyer

*\*Subject to change due to COVID-19.*

## ZIEGLER'S CCRC M&A EXPERIENCE

- The Senior Housing and Care Finance Practice team that would be assigned to this transaction has completed senior housing M&A transactions involving over 400 facilities valued at nearly \$3 billion.

Ziegler Team Completed CCRC Divestiture Transactions Throughout the United States		
City	State	Units
Dallas	TX	268
Edmond	OK	256
Elyria	OH	388
New Hope	MN	548
Bartlett	IL	317
Black Mountain	NC	308
Milwaukee	WI	258
Nantucket	MA	60
Springfield	MA	202
Tucson	AZ	185
Bensenville	IL	398
Bella Vista	AR	174
McMinnville	OR	320
Medina	OH	219
Kansas City	KS	524
Indianapolis	IN	546
Ziegler Team Currently Engaged CCRC Divestitures Transactions Throughout the United States		
City	State	Units
DeLand	FL	280
Baltimore	MD	225
Milwaukee	WI	257
Venice	FL	294
Oakland	CA	219
Pacific Grove	CA	235

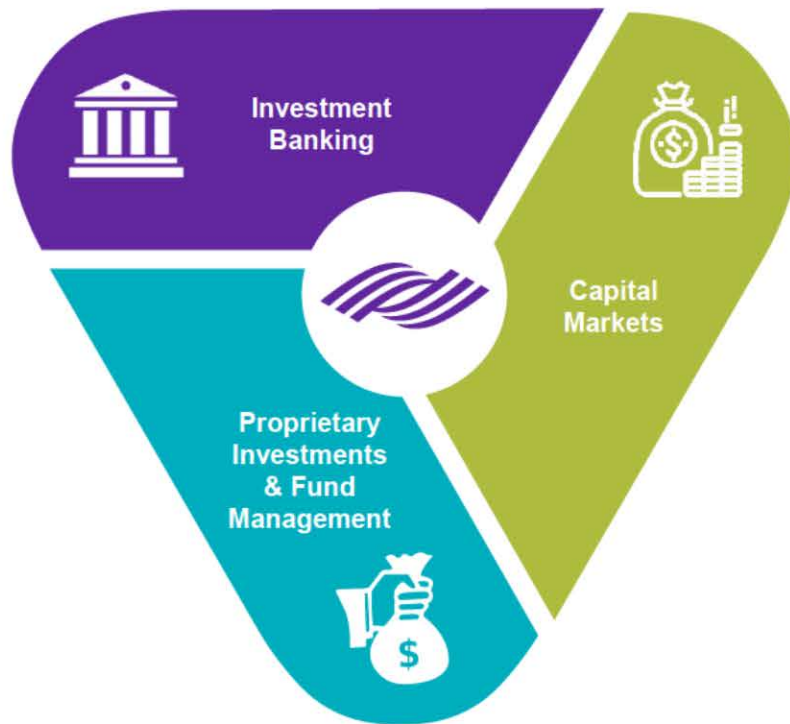
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## **SECTION IV**

### **ZIEGLER INVESTMENT BANKING**

# ZIEGLER INVESTMENT BANKING PLATFORM

**Ziegler** is a privately held, national boutique **investment bank**, **capital markets** and **proprietary investments** firm. Specializing in the **healthcare**, **senior living** and **education sectors**, as well as **general municipal** and **structured finance**, enables us to generate a positive impact on the communities we serve.



## Investment Banking

Strategic advisory, financing and capital planning solutions in healthcare, senior living and educational sectors as well as general municipal and structured finance

## Capital Markets

Active participant in municipal sales and trading including public, tax-exempt, taxable, private placement and preferred trading markets

## Proprietary Investments & Fund Management

Providing opportunities for investors in senior living, healthcare services & technology solutions



# ZIEGLER INVESTMENT BANKING – COVERAGE VERTICALS

## Healthcare



### For-Profit

#### Corporate Finance Healthcare

- Healthcare IT
- Physician Practices
- Telehealth
- Home Health & Hospice
- Behavioral Health
- Lab & Pharma Services

#### Senior Housing & Care Finance

- Individual assets and portfolios of for-profit:
- Independent Living
  - Assisted Living
  - Memory Care
  - Skilled Nursing
  - CCRCs
  - Affordable Senior Housing

### Not-for-Profit

#### Senior Living Finance

- Multi-site senior living campuses/organizations
- Single-site senior living campuses/organizations

#### Healthcare Finance

- Large regional health systems
- Independent community hospitals

## Educational Institutions



### Charter School Finance & Higher Education Finance

- Charter Schools
- K-12 Private Schools
- Religious K-12 Private Schools
- Colleges & Universities
- Religious Colleges & Universities

## General Municipal & Structured Finance



- State & Local Governments
- Governmental Agencies
- Data Center Developers
- Solar Power & Waste to Energy Developers
- Recreational/Sports Complexes

# ZIEGLER INVESTMENT BANKING – PRODUCTS & SERVICES



## PROVIDING CLIENTS

with capital raising, strategic advisory services, equity and fixed-income sales & trading, and research, while specializing in healthcare, senior living and education sectors.



## INVESTMENT BANKING

- Merger and Acquisition Advisory
- Capital Structure Advisory (Debt and Equity)
- Agency Financing (HUD, Fannie Mae, Freddie Mac)
- Bond Financing
- Corporate Finance
- Private Placements
- Seed Capital
- Market Research



## CAPITAL MARKETS

- Primary Fixed-Income Underwriting
- Syndicate Management
- Secondary Institutional Sales & Trading
- Private Placements
- Taxable & Tax-Exempt
- Credit-Focused

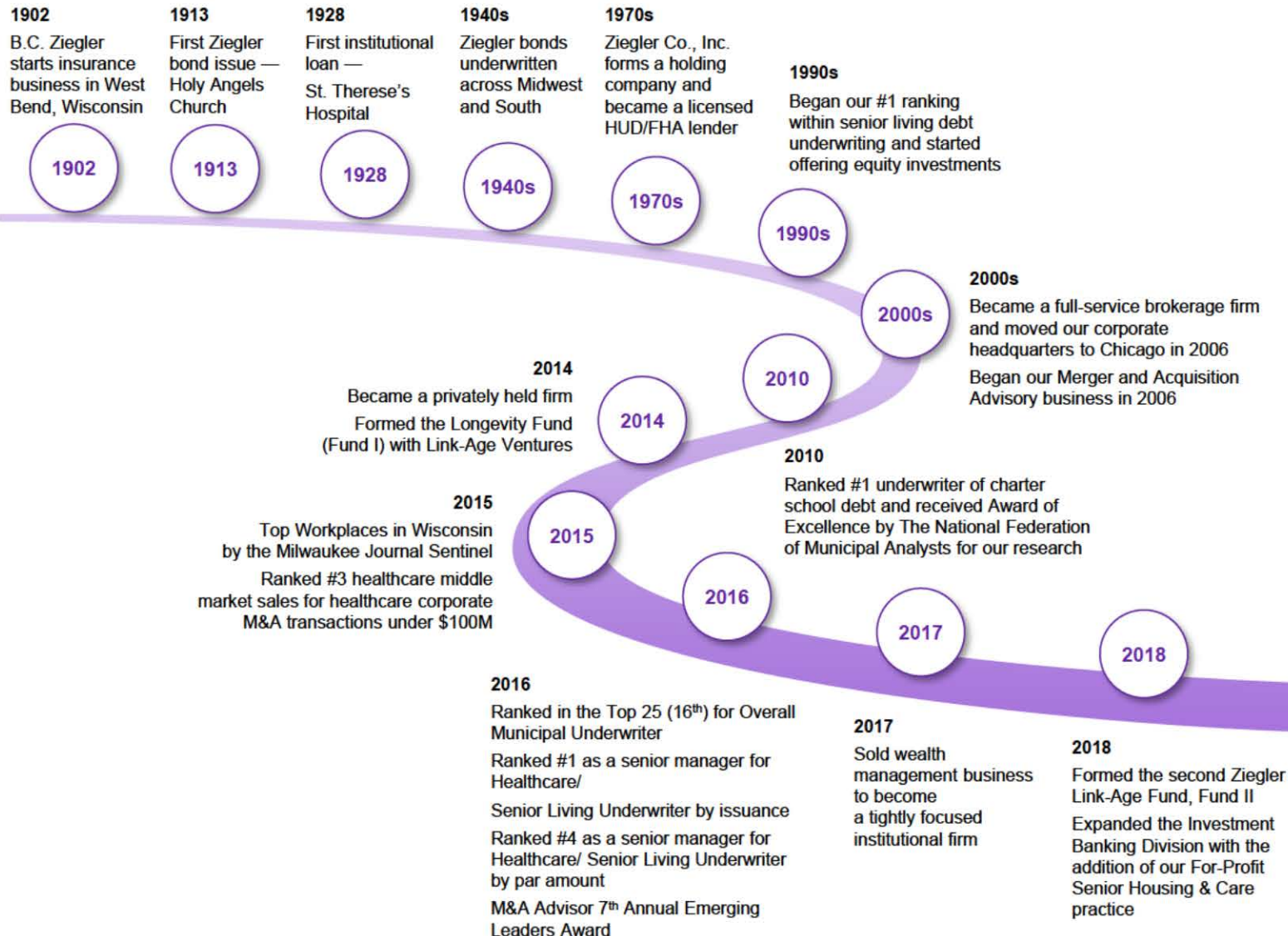


## PROPRIETARY INVESTMENTS & FUND MANAGEMENT

- Providing opportunities for investors in:
  - Senior Living
  - Healthcare Services
  - Healthcare Technology Solutions



# THE ZIEGLER HISTORY – A CONTINUOUS EVOLUTION



WINDSOR 000714

# ZIEGLER'S NATIONAL FOOTPRINT

**HEADQUARTERED** at One North Wacker Drive in Chicago with regional and branch offices throughout the U.S., Ziegler provides its clients with capital raising, strategic advisory services, fixed income sales & trading and research.



**SEATTLE, WA**  
520 Pike Street  
Suite 1505  
Seattle, WA 98101



**MINNEAPOLIS, MN**  
333 South 7<sup>th</sup> Street  
Suite 2440  
Minneapolis, MN 55402



**MILWAUKEE, WI**  
735 Water Street  
Suite 1000  
Milwaukee, WI 53202



**CHICAGO, IL**  
**Corporate HQ**  
One North Wacker Drive  
Suite 2000  
Chicago, IL 60606



**NEW YORK, NY**  
2 Grand Central Tower  
140 East 45<sup>th</sup> Street  
Suite 2200  
New York, NY 10017



**BETHESDA, MD**  
7500 Old Georgetown Rd  
Suite 750  
Bethesda, MD 20817



**RICHMOND, VA**  
5701 Patterson Avenue  
Suite 200  
Richmond, VA 23226



**SCOTTSDALE, AZ**  
14850 N. Scottsdale Road  
Suite 350  
Scottsdale, AZ 85254



**NASHVILLE, TN**  
150 3<sup>rd</sup> Avenue South  
Suite 1810  
Nashville, TN 37201

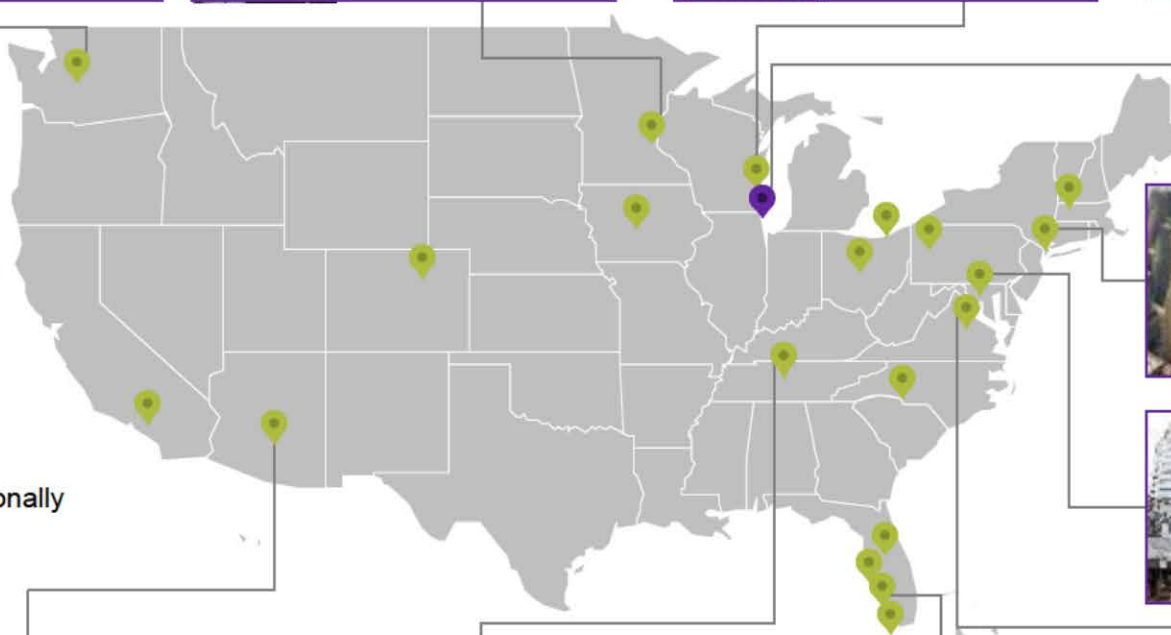


**SARASOTA, FL**  
1605 Main Street  
Suite 1020  
Sarasota, FL 34236

Established  
**1902**

Number of employees  
**185+**

Registered offices nationally  
**21**



WINDSOR 000715



# ZIEGLER HISTORY

## Senior Living & Post-Acute Care

### Mergers & Acquisitions

- **400+** facility divestitures in 32 states totaling **~\$3.0 billion** in value since 2000
- **High execution rate:**
  - **98%** (w/ signed APA)
  - **94%** (w/ signed LOI)
  - **87%** (engaged transactions)
- **15+ professionals** dedicated to senior living and post-acute care
- Core team has worked together for **15+ years**
- **Industry leader** in non-profit affiliations and sponsorship transitions

## Senior Living & Post-Acute Care

### Finance

- **#1 Managing Underwriter** in Senior Living Finance from 1990 - 2018
- Over **\$35 billion** of new issue debt since 2000
- FHA/HUD & Fannie/Freddie lending capabilities
- Closed one of the largest single asset Section 232/223(f) HUD transaction (**\$94 million**)
- Our senior living clients include over 242 single-site and 85 multi-site senior living organizations
- Go-to partner for not-for-profit organizations (**50%+ market share**)

## Hospital Systems & Health Care Services

### Mergers & Acquisitions / Finance

- **70 emerging growth M&A transactions** totaling more than **\$7 billion**
- **35 professionals** dedicated to hospitals, healthcare services & IT
- **Leading non-Wall Street underwriter** of tax-exempt healthcare bonds
- **\$13.1 billion** in hospital financings over the past 10 years
- **25+** recent transactions ranging from **\$30 – \$250 million** in enterprise value at **above market multiples**

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# DEEP CONNECTIONS ACROSS SENIOR HOUSING, POST-ACUTE, AND HEALTHCARE

## Senior Living & Post-Acute Care

### Mergers & Acquisitions



## Senior Living & Post-Acute Care

### Finance



## Hospital Systems & Health Care Services

### Mergers & Acquisitions / Finance



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# ZIEGLER'S COMPREHENSIVE SENIOR LIVING SERVICES AND RELATIONSHIPS

Top Lead Managing Underwriters Senior Living Finance Issues 2020			
Rank	Underwriter	# of Issues	\$ Millions
1	Ziegler	21	\$ 1,620.3
2	RBC Capital Markets	3	574.1
3	Herbert J. Sims & Co.	9	540.6
4	KeyBanc Capital Markets	6	239.7
5	Piper Sandler	3	178.6
6	Colliers Securities	1	162.3
7	Truist	4	145.6
8	Stifel	1	37.0
9	Northland Securities	4	35.6
10	Odeon Capital	2	35.1

Top Lead Managing Underwriters Senior Living Finance Issues 2000 - 2020			
Rank	Underwriter	# of Issues	\$ Millions
1	Ziegler	670	\$ 31,658.4
2	Herbert J. Sims & Co.	209	9,013.0
3	Cain Brothers	144	5,371.8
4	Piper Sandler	181	5,244.4
5	Truist	135	5,100.3
6	RBC Capital Markets	136	2,095.3
7	UBS Securities	34	1,728.4
8	Dougherty & Company	57	1,552.1
9	Wachovia	133	1,436.4
10	Citi	24	1,144.7

Based on full credit given to senior manager of lead-managed underwriting principal volume for senior living transactions completed nationally. Rankings and amounts through Refinitiv data as of 9/30/20.

## Education

- Industry Conferences / Symposiums
- (Annual Ziegler Senior Living Finance + Strategy Conference)
- LeadingAge Ziegler National CFO Workshop
- Ziegler National Senior Living Investor Workshop Series<sup>SM</sup>

## External Research

- LeadingAge Ziegler 200
- CARF Financial Ratios and Trends Publication (*Baker Tilly, CARF*)
- Resident Contract Study
- Statewide CCRC Report (MD; VA; TX) (*My LifeSite*)

## Industry Communication

- Z-News
- White papers
- Ziegler CFO Hotline<sup>SM</sup>

## Internal Information and Research

- Ziegler CCRC National Listing & Profile
- Client-requested research
- Client education sessions

## Secondary Market Investor Research

- Surveillance updates on current credits
- Supports active secondary trading

## Investor Market Research

- ZieglerResearch.com

## Databases

- Industry trends (e.g. *CCaH, Rental CCRC's*)
- All senior living financings
- All new communities (*start-up CCRC's*) since 1990
- Senior living rated organizations

WINDSOR 000718

## SECTION V

### TEAM BIOS AND M&A EXPERIENCE





**Dan Hermann**

**President & CEO**  
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Dan Hermann joined Ziegler in 1987. In 2018 he was named President and CEO. He also is the Head of Investment Banking, and a member of the Ziegler Board and Executive Committee. As the head of both the healthcare and senior living practices, Dan was instrumental in the creation of and fundraising for the Ziegler Link-Age Longevity Fund, L.P. ("Fund"). During his 30-year tenure with Ziegler, Dan has become a leading investment banker in the senior living industry. He has structured and led or co-led more than 325 senior living financings exceeding \$8.2 billion, cumulating far-ranging experience in the management, structuring and financial analysis of every type of senior living financing. Dan has utilized his expertise to create financing structures for a large clientele – from stand-alone nursing homes to multi-facility, multi-state systems, including start-up campuses and campuses undergoing major renovation projects. His particular emphasis in recent years has been to provide resources for key decision-makers in an organization to effectuate sound financial and strategic planning efforts. Dan received a B.S. in finance and accounting from Illinois State University, Normal, Illinois, and an M.B.A. with an emphasis in health services management from Kellogg Graduate School of Management at Northwestern University, Evanston, Illinois. He is a Certified Public Accountant and holds a number of securities certifications.



**Don Husi**

**MD & Group Co-Head**  
dhusi@ziegler.com

Don Husi joined Ziegler's Senior Housing & Care Finance team as Managing Director and Co-Head in 2018. He specializes in complex structured seniors housing transactions, including debt and equity transactions, financial advisory, and mergers and acquisitions assignments. Don has a unique combination of operational experience, turn-around/distressed asset management, financial structuring and strategic planning experience spanning over 32 years within the senior living industry operations, REIT and finance sectors. Prior to joining Ziegler, Don spent over 16 years with American Retirement Corporation, now Brookdale Senior Living. In 2001 Healthcare Realty Trust recruited Mr. Husi as their vice president of senior housing investments managing a large portfolio of senior living assets and mortgages. Don joined Red Capital Group in 2005 as a senior living loan production specialist. Don received a Bachelor of Science degree in healthcare administration from the University of Wisconsin-Eau Claire. He also received a Senior Housing Executive Certificate from the University of Southern California-Davis School of Gerontology and the USC Marshall School of Business in 2016. He holds a FINRA Series 79 license.



**Dan Revie**

**MD & Group Co-Head**  
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As Managing Director and co-head of Ziegler's Senior Housing & Care Finance team, Dan Revie specializes in strategic advisory assignments including: mergers, acquisitions, divestitures, and recapitalizations, as well as financial advisory services for healthcare entities including: skilled nursing, assisted living, memory care facilities, and entrance fee and rental continuing care retirement communities / life plan communities. Dan has completed numerous M&A assignments for public, private and non-profit organizations, and has been involved with several recapitalization assignments for skilled nursing and large assisted living portfolios. He has also frequently represented non-profit clients with divesting non-core assets. Dan also has extensive experience with FHA/HUD. Dan holds a B.B.A. in Accounting and Finance from the University of Wisconsin – Madison and an M.B.A. from the University of Wisconsin – Milwaukee. Dan is a Certified Public Accountant. He holds a FINRA Series 79 license.



**Lindsay Konkell**

**Director/COO, FHA/HUD**  
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Lindsay Konkell joined Ziegler in 2020. Lindsay has an extensive background in FHA-insured loans for both multifamily and seniors housing. As COO, she is responsible for overseeing loan production, underwriting, servicing and asset management of Ziegler's FHA-insured loan business. Prior to joining Ziegler, Lindsay was COO of PGIM Real Estate's FHA and Affordable Lending groups, where she focused on expanding loan originations efforts through talent initiatives, new products and strategic relationships. During her time with PGIM Real Estate, Lindsay served in multiple roles beginning as an underwriter as well as director of operations of the FHA Lending group where she implemented strategies to improve efficiency and quality in all aspects of the business. Lindsay received a B.S.B.A. and M.B.A. from the University of Denver. She is also MAP and LEAN approved.



**Chris Utz**

**Managing Director**  
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Christopher Utz joined the Healthcare Investment Banking team at Ziegler in 2018. As Managing Director he specializes in complex structured seniors housing transactions, including debt and equity transactions, financial advisory, and mergers and acquisitions. Chris has over 12 years of healthcare banking and finance experience on both the buy-side and the sell-side. Prior to joining Ziegler, Chris was a Managing Director at Pinta Capital Partners where he was responsible for transaction sourcing, deal execution and the monitoring of portfolio companies. Specifically, he managed the firm's Senior Housing investment portfolio with over 1,400 beds in the Northeastern United States. Chris has held corporate finance and banking positions with CIT, Greystone, Fifth Street Finance Corp's Healthcare Finance Group (HFG), BNY Mellon, and Merrill Lynch where he completed more than 30 corporate finance and private equity related transactions totaling over \$3.0 billion in aggregate deal value. Chris received his Bachelor of Science degree with dual concentrations in Finance and Management from Ithaca College and is an MBA candidate at Cornell University. Chris holds his FINRA Series 79 – Investment Banking Representative – license.

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**Chad Himel**

*Managing Director*  
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Chad Himel joined the senior living team at Ziegler in November of 2014 to provide investment banking services to not-for-profit senior living providers across the Northeastern United States. In addition to his investment banking services, Chad assists clients nationwide in securing FHA-insured loans for residential health care, multifamily housing and affordable housing properties. Chad brings to Ziegler a wealth of experience financing senior housing, healthcare, affordable housing and multifamily housing properties. Immediately prior to joining Ziegler, he originated FHA-insured loans for Prudential Mortgage Capital Company, the mortgage lending arm of Prudential Financial. Prior to Prudential, Chad spent nearly 12 years at HJ Sims and its FHA lending affiliate, Sims Mortgage Funding, Inc. Chad also provided financial advisory services to banks and institutional bond investors in the restructuring of distressed credits. At Sims Mortgage Funding, he provided FHA-insured financing for health care facilities and apartments communities. In total, Chad has closed approximately \$2.5 billion in financings for health care and senior housing providers since 2001. Chad earned a B.A. in History from Louisiana State University and an M.B.A. in Finance from the Crummer Graduate School of Business at Rollins College.



**Rob Gall**

*Director*  
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Rob has completed more than 60 senior living and long-term care financings, totaling more than \$2 billion. Rob works with a spectrum of clients, including mostly start-up communities that face complex financing challenges. Rob specializes in the development, acquisition, refinancing, restructuring, disposition and repositioning of continuing care retirement communities, independent living, assisted living, memory care, and skilled nursing facilities for both not-for-profit and for-profit organizations. His experience includes structures such as investment grade rated bonds, non-rate bonds, variable rate debt (bank loans, tax-exempt bank bonds, and credit enhancement), construction loans, draw-down fixed-rate bonds, bridge loans, mezzanine/subordinate financing, preferred equity, joint venture partnerships, seed capital, lease arrangements, portfolio financing and sale-manage-back transactions.



**Nick Glaisner**

*Director*  
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Nick Glaisner joined Ziegler in January 2000. He specializes in mergers and acquisitions and strategic advisory engagements for senior living and healthcare providers. Nick has significant transaction experience involving skilled nursing facilities, assisted living centers, CCRCs and home health organizations. In his 20+ years with Ziegler, he has focused on sell-side transactions involving both public and private healthcare providers, primarily in an analytical capacity. He has participated in over \$1.8 billion worth of healthcare, senior living, and long-term care transactions and has also worked closely with Ziegler Finance Corporation on over \$80 million of refinancing projects using the FHA/HUD 232 LEAN Program. Nick graduated from the University of Wisconsin in December 1999. He holds a B.B.A. in Marketing and Finance.



**Eric Johnson**

*Director*  
lejohnson@ziegler.com

Eric Johnson joined the corporate finance team at Ziegler in 2019. He specializes in complex structured senior housing transactions, including debt and equity transactions, financial advisory, as well as mergers and acquisitions. Eric has a unique background in finance, market analysis, project management and engineering. Prior to joining Ziegler, Eric was a Senior Relationship Manager at Bank of the West / BNP Paribas where he was responsible for transaction sourcing, deal execution and for managing relationships with private and institutional healthcare groups across the US. Eric received his Master of Science in Real Estate Finance and Construction Management from the University of Denver. He also received a Master of Science with an emphasis in Structural Engineering from the University of Colorado and a Bachelor of Science in Civil Engineering from Colorado State University.



**Kristin Michels**

*Senior VP, FHA/HUD*  
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Kristin Michels joined the FHA/HUD team at Ziegler in April 2006. She is a vice president and operations manager of Ziegler Financing Corporation. Kristin is involved with every step of the FHA-insured lending process at Ziegler, coordinating the assembly of HUD mortgage insurance applications and subsequently directing servicing activities of those loans. Her focus is on providing superior customer service to our clients throughout all stages of the financing process. Kristin received her B.S. in finance from Grove City College and undertook master's coursework at The Ohio State University. She has earned the Professional Certificate towards a Certified Mortgage Servicer (CMS) Specialist Designation through the Mortgage Bankers Association. Kristin is also a HUD approved MAP and LEAN Underwriter and Construction Loan Administrator.





**Adam Shealy**

**Vice President**  
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Adam Shealy joined Ziegler in 2019 as a vice president in the Senior Housing & Care Finance Practice. He specializes in mergers and acquisitions as well as capital formation engagements for both senior living and healthcare owners and providers. Adam has a diverse background in healthcare real estate, institutional banking and capital markets. Prior to Ziegler, Adam was at Lancaster Pollard & Co. where he provided debt and equity capital to owner-operators and developers focused on the senior living and healthcare sectors. Adam has also held credit, capital markets and front office positions with BNP Paribas and Lloyds Banking Group in New York and London. Adam received his B.A. in economics from Capital University and M.A. in financial economics from Ohio University.



**Tedd Van Gorden**

**Vice President**  
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Tedd Van Gorden joined the corporate finance team at Ziegler in 2015. He works with mergers and acquisitions, strategic advisory and capital formation engagements, as well as FHA/HUD financing programs for senior living and healthcare providers. Prior to Ziegler, Tedd was a senior financial analyst at Brady Corporation where Tedd was responsible for the global financial consolidation process for all of Brady's entities and subsidiaries. Prior to being the global consolidations analyst, Tedd oversaw the operations finance analysis for several North American manufacturing facilities in Brady's portfolio. Tedd graduated with a B.B.A. from the Grainger School of Business at the University of Wisconsin majoring in finance, investment and banking and minoring in German. He is currently pursuing an M.B.A. from the University of Illinois at Urbana-Champaign.



**Patrick Mallen**

**Vice President**  
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Patrick Mallen joined Ziegler in 2020 as a vice president in the Senior Housing & Care Finance Practice. Patrick's Primary responsibilities include providing analytical, underwriting support, and ensuring efficient and effective transaction execution. Patrick has worked to bring over \$2.4 billion of capital for senior living providers and \$2.3 billion of general municipal bond transactions. Prior to joining Ziegler, Patrick spent five years at Herbert J. Sims and Company and four years at Public Financial Management (PFM). While at Sims, Patrick worked exclusively with senior living and healthcare organizations on achieving their capital needs, with structures that have included taxable and tax-exempt debt, rated and nonrated bonds, bank and public fixed rate debt, temporary and permanent debt, fixed and variable interest rate bonds and lines of credit. While at PFM, Patrick provided analytical support on structuring and pricing competitive and negotiated municipal bond transactions. Patrick received his B.S.B.A in finance with a concentration in accounting from York College of Pennsylvania.



**Jacqueline Robey**

**Assistant VP, FHA/HUD**  
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Jacqueline Robey joined the FHA/HUD team at Ziegler in October 2012. She is an assistant vice president and mortgage loan analyst of Ziegler Financing Corporation. Jacqueline is involved with every step of the FHA-insured lending process, from assembling HUD mortgage insurance applications to completing servicing activities of those loans. Providing excellent customer service is her goal. Prior to joining Ziegler, Jacqueline served as a customer service specialist at JPMorgan Chase, where she responded to a variety of customer inquiries and requests. Jacqueline earned a B.S. in business administration from the Ohio State University with a marketing specialization.





**Michael Anthony**

**Senior Associate**  
manthony@ziegler.com

Michael Anthony joined the Senior Housing & Care Finance team at Ziegler in 2019 as a Senior Analyst and was promoted to Associate in 2020 and Senior Associate in 2021. He works with mergers and acquisitions, strategic advisory, and capital formation engagements for senior living and healthcare providers. Since joining Ziegler, Michael has had extensive involvement in providing analytical support for new business origination and deal execution involving both public and private healthcare providers on numerous sell-side and buy-side M&A engagements, equity raises, and bank direct placements. He also has experience working with the FHA/HUD, FNMA, and FHLMC financing programs and mezzanine debt/preferred equity providers. Prior to Ziegler, Michael worked as an investment banking analyst at Regions Securities LLC first in the healthcare corporate finance coverage vertical and later in the healthcare real estate coverage vertical where he focused on sponsor acquisition financing, leveraged loan syndications, and sell-side M&A advisory engagements across the healthcare space. Michael graduated with a B.A. in Economics from Vanderbilt University where he also minored in Finance and Corporate Strategy. He holds FINRA Series 79 and 63 securities licenses.



**Lucas DeSantis**

**Analyst**  
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Lucas DeSantis joined the Senior Housing & Care Finance team at Ziegler in 2020. He works with mergers and acquisitions, strategic advisory, and capital formation engagements for senior living and healthcare providers. Since joining Ziegler, Lucas has had extensive involvement in providing analytical support for new business origination and deal execution involving both public and private healthcare providers on numerous sell-side transactions, equity raises, and bank direct placements, as well as work with the HUD/FHA, FNMA, and FHLMC financing programs. Prior to Ziegler, Lucas worked as a business valuation & litigation support analyst at LBMC, PC where he focused on gift and estate tax planning, financial and forensic analysis for commercial and family law litigators, and transaction-related valuation work. Lucas graduated with a B.A. in Economics from Sewanee: The University of the South where he also minored in Philosophy and Business.



**Charlie Kang**

**Analyst**  
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Charlie Kang joined the Senior Housing & Care Finance team at Ziegler in 2021. He works with mergers and acquisitions, strategic advisory, and capital formation engagements for senior living and healthcare providers. Since joining Ziegler, Charlie has had extensive involvement in providing analytical support for new business origination and deal execution involving both public and private healthcare providers on numerous sell-side transactions, equity raises, and bank direct placements, as well as work with HUD/FHA, FNMA, and FHLMC financing programs. Beginning in 2019, Charlie held a position as an Intern at Ziegler prior to joining the team as a Full Time Analyst. Charlie earned his B.S. in Finance and Business Analytics from The Straz School of Business Administration at Marquette University where he also minored in Corporate Communication.



**Matthew Hutchison**

**Analyst**  
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Matthew Hutchison joined the Senior Housing & Care Finance team at Ziegler in 2021. He works with mergers and acquisitions, strategic advisory, and capital formation engagements for senior living and healthcare providers. Since joining Ziegler, Matthew has had extensive involvement in providing analytical support for new business origination and deal execution involving both public and private healthcare providers on numerous sell-side transactions, equity raises, and bank direct placements, as well as work with the HUD/FHA, FNMA, and FHLMC financing programs. Prior to Ziegler, Matthew was a financial analyst at Discover Financial Services where he focused on expense forecasting and new project investments. Matthew graduated with a B.S. in Finance from the University of Illinois at Urbana-Champaign where he also minored in Informatics.

**Section 999.5(d)(2)(C)**

**2) Sims Analysis dated January 2022**

# HumanGood CA Windsor

Projection Summary  
Active Scenario

1

## x ANNUAL CASH FLOW FORECAST

	Actual 2019	Actual 2020	Actual/Proj. 2021	Projected 2022	Projected 2023	Projected 2024	Projected 2025
<b>Resident Revenue</b>							
Independent Living	\$2,844,542	\$3,000,261	\$3,098,336	\$3,684,321	\$3,831,693	\$3,984,961	\$4,144,360
Assisted Living	2,604,204	2,441,499	2,634,149	2,916,776	3,033,447	3,154,785	3,280,976
Memory Support	—	—	—	230,197	1,205,572	1,387,177	1,442,664
Skilled Nursing	2,587,550	2,944,128	3,605,965	912,135	—	—	—
Other Revenue	111,843	511,221	159,571	345,171	1,325,406	1,513,786	1,574,337
<b>Total - Resident Revenue</b>	<b>\$8,148,138</b>	<b>\$8,897,109</b>	<b>\$9,498,022</b>	<b>\$8,088,599</b>	<b>\$9,396,119</b>	<b>\$10,040,709</b>	<b>\$10,442,337</b>
<b>Operating Expenses</b>							
Salaries and Wages	(4,586,812)	(5,052,544)	(5,165,921)	(5,372,558)	(5,587,460)	(5,810,958)	(6,043,397)
Fringe Benefits	(1,154,264)	(1,459,392)	(1,488,933)	(1,548,491)	(1,610,430)	(1,674,847)	(1,741,841)
Supplies	(835,487)	(1,077,293)	(1,315,791)	(1,355,264)	(1,395,922)	(1,437,800)	(1,480,934)
Ancillary Services Expense	(199,995)	(316,321)	(325,582)	(335,349)	(345,410)	(355,772)	(366,445)
Repair and Maintenance	(248,231)	(229,416)	(273,479)	(281,684)	(290,134)	(298,838)	(307,804)
Marketing	(153,225)	(200,404)	(225,268)	(232,026)	(238,987)	(246,157)	(253,542)
Purchased Services	(530,281)	(496,835)	(532,675)	(548,655)	(565,114)	(582,068)	(599,530)
Group Management Fees	(609,843)	(709,245)	(734,448)	(756,481)	(779,176)	(802,551)	(826,628)
Rentals and Leases	(19,057)	(23,997)	(25,930)	(26,708)	(27,509)	(28,334)	(29,184)
Utilities	(398,080)	(459,900)	(509,958)	(525,257)	(541,015)	(557,245)	(573,963)
Travel and Related	(74,378)	(64,240)	(51,690)	(53,241)	(54,838)	(56,483)	(58,177)
Other Operating Expense	(454,179)	(166,607)	(233,710)	(240,721)	(247,943)	(255,381)	(263,043)
Insurance	(140,242)	(149,583)	(182,951)	(188,439)	(194,093)	(199,915)	(205,913)
<b>Total - Operating Expenses</b>	<b>(\$9,404,074)</b>	<b>(\$10,405,780)</b>	<b>(\$11,066,336)</b>	<b>(\$11,464,875)</b>	<b>(\$11,878,031)</b>	<b>(\$12,306,351)</b>	<b>(\$12,750,400)</b>
<b>Operating Expense Adjustments:</b>							
Remove: SNF Expenses	—	—	—	1,298,177	2,700,209	2,808,218	2,920,546
Add Back: Group Management Fees	—	—	—	756,481	779,176	802,551	826,628
Subtract: 3rd Party Management Fee (5%)	—	—	—	(392,920)	(409,527)	(432,677)	(449,984)
Add Back: Portion Of COVID-related Expenses	—	—	—	125,148	128,902	132,769	136,752
Reduce Overtime Paid to Budgeted Levels	—	—	—	84,427	86,959	89,568	92,255
Reduce Agency Staffing to Budgeted Levels	—	—	—	54,795	56,439	58,133	59,876
Reduce SNF Hours PPD	—	—	—	—	—	—	—
Reduce AL Staffing	—	—	—	221,732	230,601	239,826	249,419
Director Position Efficiencies	—	—	—	418,002	434,722	452,111	470,196
Non-Wage Expenses	—	—	—	565,761	582,734	600,216	618,222
Additional Operating Improvements	—	—	—	—	—	—	—
Memory Care Direct Expenses	—	—	—	(138,118)	(723,343)	(832,306)	(865,599)
Benefits Adjustment	—	—	—	139,907	163,425	172,437	179,334
<b>Subtotal - Operating Expense Adjustments</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>\$3,133,393</b>	<b>\$4,030,298</b>	<b>\$4,090,845</b>	<b>\$4,237,646</b>
<b>Net Operating Margin</b>	<b>(\$1,255,935)</b>	<b>(\$1,508,671)</b>	<b>(\$1,568,314)</b>	<b>(\$242,883)</b>	<b>\$1,548,386</b>	<b>\$1,825,202</b>	<b>\$1,929,584</b>
<b>NOM %</b>	<b>(15.4%)</b>	<b>(17.0%)</b>	<b>(16.5%)</b>	<b>(3.0%)</b>	<b>16.5%</b>	<b>18.2%</b>	<b>18.5%</b>

Capital Expenditures / Replacement Reserve				(500,000)	(500,000)	(500,000)	(500,000)
<b>EBITDA</b>	<b>(\$1,255,935)</b>	<b>(\$1,508,671)</b>	<b>(\$1,568,314)</b>	<b>(\$742,883)</b>	<b>\$1,048,386</b>	<b>\$1,325,202</b>	<b>\$1,429,584</b>

**x DISCOUNTED CASH FLOW**

		0.5 2022	1.5 2023	2.5 2024	3.5 2025	4 Terminal
EBITDA		(742,883)	1,048,386	1,325,202	1,429,584	
Gross Sales Proceeds	8.00%					17,869,794
Less: Closing Costs	2.00%					(357,396)
Plus: Reserves						
<b>Net Cash Flows</b>		<b>(742,883)</b>	<b>1,048,386</b>	<b>1,325,202</b>	<b>1,429,584</b>	<b>17,512,398</b>
Present Value Factor	10.00%	—	1.15	1.27	1.40	1.46
PV of Cash Flows		—	908,724	1,044,240	1,024,083	11,961,204

<b>Sum of PV Future Cash Flows</b>	<b>14,938,251</b>
<b>Less: Est. Conversion Cost</b>	<b>(3,000,000)</b>
<b>Total</b>	<b>11,938,251</b>

**x MONTHLY CASH FLOW FORECAST**

	Fiscal Year Month	2019 Jan-19	2019 Feb-19	2019 Mar-19	2019 Apr-19	2019 May-19	2019 Jun-19	2019 Jul-19	2019 Aug-19	2019 Sep-19	2019 Oct-19	2019 Nov-19
<b>Cash Revenues</b>												
Residential Living		\$253,258	\$253,625	\$254,556	\$252,626	\$218,147	\$236,826	\$235,421	\$232,547	\$220,051	\$217,813	\$226,558
Assisted Living		\$248,667	\$231,188	\$216,618	\$198,651	\$224,072	\$207,426	\$203,991	\$209,101	\$219,137	\$223,065	\$214,784
Personal Care		—	—	—	—	—	—	—	—	—	—	—
Memory Care		—	—	—	—	—	—	—	—	—	—	—
Skilled Nursing		\$166,850	\$243,509	\$197,882	\$271,955	\$248,079	\$212,796	\$189,574	\$237,760	\$189,061	\$184,515	\$201,936
Home Care		—	—	—	—	—	—	—	—	—	—	—
Wellness		—	—	—	—	—	—	—	—	—	—	—
Professional Services Income		—	—	—	—	—	—	—	—	—	—	—
Other Service Income		3,382	933	2,045	50,836	3,114	4,538	1,920	2,856	2,448	7,090	15,066
Assets Released from Restrictions		—	—	—	—	—	—	—	—	—	—	—
Gifts And Donations		—	—	—	—	—	—	—	—	—	—	—
Grants		—	—	—	—	—	—	—	—	—	—	—
Foundation Distributions		972	972	972	972	972	972	972	972	972	972	972
Affordable Housing Fees and Rents		—	—	—	—	—	—	—	—	—	—	—
<b>Total - Cash Revenue</b>		<b>\$673,128</b>	<b>\$730,228</b>	<b>\$672,073</b>	<b>\$775,040</b>	<b>\$694,384</b>	<b>\$662,558</b>	<b>\$631,877</b>	<b>\$683,235</b>	<b>\$631,669</b>	<b>\$633,456</b>	<b>\$659,315</b>
<b>Operating Expenses</b>												
Salaries and Wages		(406,576)	(341,420)	(376,489)	(360,311)	(372,296)	(343,938)	(386,903)	(359,951)	(407,117)	(386,565)	(421,591)
Fringe Benefits		(104,685)	(102,491)	(108,375)	(104,762)	(101,829)	(103,749)	(110,130)	(104,042)	(118,586)	(105,158)	(66,950)
Total Employee Cost												
Supplies		(58,923)	(69,257)	(77,612)	(59,638)	(75,091)	(66,400)	(74,551)	(72,263)	(70,397)	(67,210)	(69,582)
Ancillary Services Expense		(16,225)	(14,161)	(6,193)	(25,011)	(22,958)	(15,612)	(14,312)	(17,295)	(15,123)	(10,044)	(15,650)
Repair and Maintenance		(9,671)	(16,208)	(16,925)	(32,608)	(27,686)	(14,944)	(19,412)	(20,400)	(13,346)	(35,881)	(15,863)
Marketing		(26,953)	(3,346)	(12,925)	(12,960)	(23,949)	(13,558)	(12,922)	(12,080)	(12,480)	(8,316)	(10,318)
Purchased Services		(39,626)	(34,609)	(40,995)	(47,656)	(58,827)	(49,940)	(45,997)	(33,219)	(36,398)	(44,919)	(46,337)
Group Management Fees		(50,375)	(48,671)	(52,442)	(51,827)	(49,085)	(50,363)	(54,249)	(49,450)	(56,402)	(46,744)	(49,605)
Rentals and Leases		(1,678)	(765)	(1,829)	(983)	(972)	(775)	(4,219)	(951)	(1,764)	(2,784)	(946)
Utilities		(31,646)	(35,097)	(33,845)	(33,225)	(31,301)	(27,080)	(30,019)	(32,543)	(36,505)	(39,058)	(33,798)

Travel and Related	(1,989)	(5,420)	(5,527)	(6,679)	(7,556)	(7,452)	(5,289)	(5,743)	(8,006)	(7,576)	(6,720)
Other Operating Expense	(29,770)	(60,374)	(66,002)	(53,724)	(27,476)	(40,054)	(54,936)	(37,623)	(74,778)	32,272	(20,179)
Insurance	(11,625)	(11,625)	(11,625)	(11,625)	(11,625)	(11,625)	(11,625)	(11,625)	(11,625)	(12,061)	(11,776)
<b>Total - Operating Expenses</b>	<b>(\$789,742)</b>	<b>(\$743,444)</b>	<b>(\$810,785)</b>	<b>(\$801,009)</b>	<b>(\$810,650)</b>	<b>(\$745,489)</b>	<b>(\$824,565)</b>	<b>(\$757,186)</b>	<b>(\$862,527)</b>	<b>(\$734,045)</b>	<b>(\$769,316)</b>
	—	—	—	—	—	—	—	—	—	—	—
<b>Operating Expense Adjustments:</b>											
Remove: SNF Expenses											
Add Back: Group Management Fees											
Subtract: 3rd Party Management Fee (5%)											
Add Back: Portion Of COVID-related Expenses											
Reduce Overtime Paid to Budgeted Levels											
Reduce Agency Staffing to Budgeted Levels											
Reduce SNF Hours PPD											
Reduce AL Staffing											
Director Position Efficiencies											
Non-Wage Expenses											
Additional Operating Improvements											
Memory Care Direct Expenses											
Benefits Adjustment											
	0	0	0	0	0	0	0	0	0	0	0
<b>EBITDA</b>	<b>(\$116,614)</b>	<b>(\$13,217)</b>	<b>(\$138,713)</b>	<b>(\$25,969)</b>	<b>(\$116,265)</b>	<b>(\$82,931)</b>	<b>(\$192,687)</b>	<b>(\$73,950)</b>	<b>(\$230,858)</b>	<b>(\$100,589)</b>	<b>(\$110,001)</b>
<i>EBITDA %</i>	<i>(17.3%)</i>	<i>(1.8%)</i>	<i>(20.6%)</i>	<i>(3.4%)</i>	<i>(16.7%)</i>	<i>(12.5%)</i>	<i>(30.5%)</i>	<i>(10.8%)</i>	<i>(36.5%)</i>	<i>(15.9%)</i>	<i>(16.7%)</i>
<b>Capital Expenditures</b>											
<b>EBITDA</b>	<b>(\$116,614)</b>	<b>(\$13,217)</b>	<b>(\$138,713)</b>	<b>(\$25,969)</b>	<b>(\$116,265)</b>	<b>(\$82,931)</b>	<b>(\$192,687)</b>	<b>(\$73,950)</b>	<b>(\$230,858)</b>	<b>(\$100,589)</b>	<b>(\$110,001)</b>
Interest Paid											
Principal Retired											
<b>Total - Debt Service</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Net Cash Flow</b>	<b>(\$116,614)</b>	<b>(\$13,217)</b>	<b>(\$138,713)</b>	<b>(\$25,969)</b>	<b>(\$116,265)</b>	<b>(\$82,931)</b>	<b>(\$192,687)</b>	<b>(\$73,950)</b>	<b>(\$230,858)</b>	<b>(\$100,589)</b>	<b>(\$110,001)</b>
<b>Unrestricted Cash Balances</b>											
Beginning Balance											
Net Cash Flow											
Ending Balance											







2019 Dec-19	2020 Jan-20	2020 Feb-20	2020 Mar-20	2020 Apr-20	2020 May-20	2020 Jun-20	2020 Jul-20	2020 Aug-20	2020 Sep-20	2020 Oct-20	2020 Nov-20	2020 Dec-20	2021 Jan-21	2021 Feb-21	2021 Mar-21	2021 Apr-21
\$243,113	\$245,206	\$254,504	\$257,943	\$261,301	\$254,915	\$253,376	\$257,456	\$225,817	\$252,852	\$248,370	\$246,290	\$242,231	\$249,617	\$236,683	\$226,066	\$229,984
\$207,504	\$215,302	\$211,148	\$222,539	\$213,967	\$211,782	\$197,418	\$200,966	\$195,588	\$191,807	\$188,357	\$200,019	\$192,605	\$210,936	\$207,478	\$204,957	\$199,479
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
\$243,633	\$347,370	\$262,550	\$248,019	\$182,912	\$224,045	\$247,595	\$223,660	\$225,934	\$209,064	\$231,624	\$257,888	\$283,465	\$301,563	\$246,450	\$298,148	\$284,009
—	—	—	—	—	\$13,770	\$17,923	\$7,271	\$4,073	\$6,941	\$4,338	\$12,197	\$6,912	\$6,365	\$3,672	\$10,568	\$8,627
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5,952	11,876	12,468	4,413	20,592	65,192	71,705	20,702	46,034	33,778	61,268	35,247	49,622	(1,450)	570	19,994	12,582
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
972	694	694	694	694	694	694	694	694	694	694	694	(2,730)	744	744	744	744
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>\$701,174</b>	<b>\$820,447</b>	<b>\$741,364</b>	<b>\$733,608</b>	<b>\$679,466</b>	<b>\$770,397</b>	<b>\$788,710</b>	<b>\$710,750</b>	<b>\$698,140</b>	<b>\$695,136</b>	<b>\$734,650</b>	<b>\$752,335</b>	<b>\$772,105</b>	<b>\$767,776</b>	<b>\$695,597</b>	<b>\$760,477</b>	<b>\$735,424</b>
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(423,655)	(435,378)	(422,077)	(443,973)	(426,681)	(418,276)	(420,007)	(412,403)	(398,697)	(414,411)	(397,527)	(404,559)	(458,555)	(441,625)	(391,281)	(440,564)	(448,504)
(23,507)	(107,422)	(107,537)	(116,480)	(106,409)	(107,146)	(122,508)	(111,658)	(107,644)	(121,514)	(107,701)	(124,344)	(219,028)	(127,206)	(112,842)	(130,575)	(125,688)
(74,563)	(71,465)	(67,591)	(70,648)	(82,689)	(71,808)	(95,404)	(75,897)	(74,505)	(111,771)	(91,673)	(85,301)	(178,540)	(128,389)	(87,014)	(116,609)	(106,585)
(27,413)	(39,101)	(37,127)	(23,234)	(11,223)	(26,692)	(26,164)	(21,550)	(13,421)	(15,418)	(28,792)	(35,285)	(38,313)	(28,004)	(21,360)	(32,449)	(26,714)
(25,287)	(11,583)	(17,190)	(14,697)	(12,955)	(17,586)	(15,255)	(21,269)	(30,837)	(9,678)	(38,140)	(16,843)	(23,384)	(19,299)	(18,187)	(18,939)	(34,735)
(3,417)	(15,658)	(16,036)	(15,859)	(18,133)	(16,758)	(15,510)	(16,588)	(17,645)	(18,288)	(13,964)	(20,794)	(15,171)	(18,396)	(24,171)	(16,966)	(15,557)
(51,758)	(33,561)	(30,217)	(53,522)	(21,317)	(26,263)	(33,514)	(36,693)	(40,278)	(54,287)	(54,930)	(47,105)	(65,148)	(35,904)	(40,368)	(51,849)	(49,437)
(50,630)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(59,104)	(61,204)	(61,204)	(61,204)	(61,204)
(1,392)	(3,065)	(805)	(1,748)	(2,220)	(1,918)	(1,820)	(1,820)	(1,913)	(2,593)	(1,049)	(1,968)	(3,077)	(649)	(2,423)	(1,806)	(3,766)
(33,962)	(39,546)	(36,951)	(37,839)	(37,813)	(34,368)	(34,136)	(35,409)	(38,899)	(40,030)	(42,241)	(40,321)	(42,349)	(41,912)	(44,245)	(42,382)	(41,447)



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2021 May-21	2021 Jun-21	2021 Jul-21	2021 Aug-21	2021 Sep-21	2021 Oct-21	2021 Nov-21	2021 Dec-21	2022 Jan-22	2022 Feb-22	2022 Mar-22	2022 Apr-22	2022 May-22	2022 Jun-22	2022 Jul-22	2022 Aug-22	2022 Sep-22
\$237,069	\$241,542	\$254,961	\$268,380	\$277,326	\$286,272	\$295,218	\$295,218	\$307,027	\$307,027	\$307,027	\$307,027	\$307,027	\$307,027	\$307,027	\$307,027	\$307,027
\$216,531	\$219,968	\$219,968	\$226,842	\$226,842	\$233,716	\$233,716	\$233,716	\$243,065	\$243,065	\$243,065	\$243,065	\$243,065	\$243,065	\$243,065	\$243,065	\$243,065
—	—	—	—	—	—	—	—	—	—	—	—	—	\$8,221	\$16,443	\$24,664	\$32,885
\$304,045	\$319,375	\$319,375	\$306,600	\$306,600	\$306,600	\$306,600	\$306,600	\$260,610	\$234,549	\$208,488	\$130,305	\$78,183	—	—	—	—
\$11,250	\$11,595	\$11,794	\$11,905	\$12,038	\$12,273	\$12,406	\$12,406	\$12,037	\$11,650	\$11,263	\$10,103	\$9,329	\$8,290	\$8,412	\$8,534	\$8,656
\$768,895	\$792,480	\$806,098	\$813,727	\$822,806	\$838,861	\$847,940	\$847,940	\$822,739	\$796,291	\$769,843	\$690,499	\$637,603	\$566,603	\$574,946	\$583,289	\$591,633
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(\$430,493)	(\$430,493)	(\$430,493)	(\$430,493)	(\$430,493)	(\$430,493)	(\$430,493)	(\$430,493)	(\$447,713)	(\$447,713)	(\$447,713)	(\$447,713)	(\$447,713)	(\$447,713)	(\$447,713)	(\$447,713)	(\$447,713)
(124,078)	(124,078)	(124,078)	(124,078)	(124,078)	(124,078)	(124,078)	(124,078)	(129,041)	(129,041)	(129,041)	(129,041)	(129,041)	(129,041)	(129,041)	(129,041)	(129,041)
(109,649)	(109,649)	(109,649)	(109,649)	(109,649)	(109,649)	(109,649)	(109,649)	(112,939)	(112,939)	(112,939)	(112,939)	(112,939)	(112,939)	(112,939)	(112,939)	(112,939)
(27,132)	(27,132)	(27,132)	(27,132)	(27,132)	(27,132)	(27,132)	(27,132)	(27,946)	(27,946)	(27,946)	(27,946)	(27,946)	(27,946)	(27,946)	(27,946)	(27,946)
(22,790)	(22,790)	(22,790)	(22,790)	(22,790)	(22,790)	(22,790)	(22,790)	(23,474)	(23,474)	(23,474)	(23,474)	(23,474)	(23,474)	(23,474)	(23,474)	(23,474)
(18,772)	(18,772)	(18,772)	(18,772)	(18,772)	(18,772)	(18,772)	(18,772)	(19,336)	(19,336)	(19,336)	(19,336)	(19,336)	(19,336)	(19,336)	(19,336)	(19,336)
(44,390)	(44,390)	(44,390)	(44,390)	(44,390)	(44,390)	(44,390)	(44,390)	(45,721)	(45,721)	(45,721)	(45,721)	(45,721)	(45,721)	(45,721)	(45,721)	(45,721)
(61,204)	(61,204)	(61,204)	(61,204)	(61,204)	(61,204)	(61,204)	(61,204)	(63,040)	(63,040)	(63,040)	(63,040)	(63,040)	(63,040)	(63,040)	(63,040)	(63,040)
(2,161)	(2,161)	(2,161)	(2,161)	(2,161)	(2,161)	(2,161)	(2,161)	(2,226)	(2,226)	(2,226)	(2,226)	(2,226)	(2,226)	(2,226)	(2,226)	(2,226)
(42,497)	(42,497)	(42,497)	(42,497)	(42,497)	(42,497)	(42,497)	(42,497)	(43,771)	(43,771)	(43,771)	(43,771)	(43,771)	(43,771)	(43,771)	(43,771)	(43,771)

(4,307)	(4,307)	(4,307)	(4,307)	(4,307)	(4,307)	(4,307)	(4,307)	(4,437)	(4,437)	(4,437)	(4,437)	(4,437)	(4,437)	(4,437)	(4,437)	(4,437)
(19,476)	(19,476)	(19,476)	(19,476)	(19,476)	(19,476)	(19,476)	(19,476)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)
(15,246)	(15,246)	(15,246)	(15,246)	(15,246)	(15,246)	(15,246)	(15,246)	(15,703)	(15,703)	(15,703)	(15,703)	(15,703)	(15,703)	(15,703)	(15,703)	(15,703)

(\$922,195)	(\$922,195)	(\$922,195)	(\$922,195)	(\$922,195)	(\$922,195)	(\$922,195)	(\$922,195)	(\$955,406)	(\$955,406)	(\$955,406)	(\$955,406)	(\$955,406)	(\$955,406)	(\$955,406)	(\$955,406)	(\$955,406)
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								216,363	216,363	216,363	216,363	216,363	216,363	216,363	216,363	216,363
								63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040
								(41,137)	(39,815)	(38,492)	(34,525)	(31,880)	(28,330)	(28,747)	(29,164)	(29,582)
								10,429	10,429	10,429	10,429	10,429	10,429	10,429	10,429	10,429
								7,036	7,036	7,036	7,036	7,036	7,036	7,036	7,036	7,036
								4,566	4,566	4,566	4,566	4,566	4,566	4,566	4,566	4,566
								0	0	0	0	0	0	0	0	0
								18,478	18,478	18,478	18,478	18,478	18,478	18,478	18,478	18,478
								34,834	34,834	34,834	34,834	34,834	34,834	34,834	34,834	34,834
								47,147	47,147	47,147	47,147	47,147	47,147	47,147	47,147	47,147
								0	0	0	0	0	0	0	0	0
								0	0	0	0	0	(4,933)	(9,866)	(14,798)	(19,731)
								11,659	11,659	11,659	11,659	11,659	11,659	11,659	11,659	11,659

0	0	0	0	0	0	0	0	372,414	373,736	375,059	379,026	381,671	380,288	374,938	369,588	364,238
(\$153,300)	(\$129,715)	(\$116,097)	(\$108,467)	(\$99,388)	(\$83,333)	(\$74,255)	(\$74,255)	\$239,746	\$214,621	\$189,495	\$114,118	\$63,867	(\$8,516)	(\$5,522)	(\$2,529)	\$464
(19.9%)	(16.4%)	(14.4%)	(13.3%)	(12.1%)	(9.9%)	(8.8%)	(8.8%)	29.1%	27.0%	24.6%	16.5%	10.0%	(1.5%)	(1.0%)	(0.4%)	0.1%

(\$153,300)	(\$129,715)	(\$116,097)	(\$108,467)	(\$99,388)	(\$83,333)	(\$74,255)	(\$74,255)	\$239,746	\$214,621	\$189,495	\$114,118	\$63,867	(\$8,516)	(\$5,522)	(\$2,529)	\$464
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(\$153,300)	(\$129,715)	(\$116,097)	(\$108,467)	(\$99,388)	(\$83,333)	(\$74,255)	(\$74,255)	\$239,746	\$214,621	\$189,495	\$114,118	\$63,867	(\$8,516)	(\$5,522)	(\$2,529)	\$464
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(2,238,175)	(2,391,475)	(2,521,191)	(2,637,287)	(2,745,755)	(2,845,143)	(2,928,476)	(3,002,731)	(3,076,986)	(2,837,239)	(2,622,619)	(2,433,123)	(2,319,005)	(2,255,138)	(2,263,654)	(2,269,176)	(2,271,705)
(153,300)	(129,715)	(116,097)	(108,467)	(99,388)	(83,333)	(74,255)	(74,255)	239,746	214,621	189,495	114,118	63,867	(8,516)	(5,522)	(2,529)	464
(2,391,475)	(2,521,191)	(2,637,287)	(2,745,755)	(2,845,143)	(2,928,476)	(3,002,731)	(3,076,986)	(2,837,239)	(2,622,619)	(2,433,123)	(2,319,005)	(2,255,138)	(2,263,654)	(2,269,176)	(2,271,705)	(2,271,241)



2022 Oct-22	2022 Nov-22	2022 Dec-22	2023 Jan-23	2023 Feb-23	2023 Mar-23	2023 Apr-23	2023 May-23	2023 Jun-23	2023 Jul-23	2023 Aug-23	2023 Sep-23	2023 Oct-23	2023 Nov-23	2023 Dec-23	2024 Jan-24	2024 Feb-24	2024 Mar-24	2024 Apr-24
\$307,027	\$307,027	\$307,027	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$319,308	\$332,080	\$332,080	\$332,080	\$332,080
\$243,065	\$243,065	\$243,065	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$252,787	\$262,899	\$262,899	\$262,899	\$262,899
\$41,107	\$49,328	\$57,549	\$68,401	\$76,951	\$85,502	\$94,052	\$102,602	\$111,152	\$111,152	\$111,152	\$111,152	\$111,152	\$111,152	\$111,152	\$115,598	\$115,598	\$115,598	\$115,598
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\$8,778	\$8,900	\$9,022	\$9,510	\$9,637	\$9,764	\$9,891	\$10,018	\$10,145	\$10,145	\$10,145	\$10,145	\$10,145	\$10,145	\$10,145	\$10,551	\$10,551	\$10,551	\$10,551
\$599,976	\$608,319	\$616,663	\$650,006	\$658,683	\$667,361	\$676,038	\$684,715	\$693,392	\$693,392	\$693,392	\$693,392	\$693,392	\$693,392	\$693,392	\$721,128	\$721,128	\$721,128	\$721,128
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(\$447,713)	(\$447,713)	(\$447,713)	(\$465,622)	(\$465,622)	(\$465,622)	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
(129,041)	(129,041)	(129,041)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(134,203)	(139,571)	(139,571)	(139,571)	(139,571)
(112,939)	(112,939)	(112,939)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(116,327)	(119,817)	(119,817)	(119,817)	(119,817)
(27,946)	(27,946)	(27,946)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(28,784)	(29,648)	(29,648)	(29,648)	(29,648)
(23,474)	(23,474)	(23,474)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,178)	(24,903)	(24,903)	(24,903)	(24,903)
(19,336)	(19,336)	(19,336)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(19,916)	(20,513)	(20,513)	(20,513)	(20,513)
(45,721)	(45,721)	(45,721)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(47,093)	(48,506)	(48,506)	(48,506)	(48,506)
(63,040)	(63,040)	(63,040)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(64,931)	(66,879)	(66,879)	(66,879)	(66,879)
(2,226)	(2,226)	(2,226)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,292)	(2,361)	(2,361)	(2,361)	(2,361)
(43,771)	(43,771)	(43,771)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(45,085)	(46,437)	(46,437)	(46,437)	(46,437)

(4,437)	(4,437)	(4,437)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,570)	(4,707)	(4,707)	(4,707)	(4,707)
(20,060)	(20,060)	(20,060)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(20,662)	(21,282)	(21,282)	(21,282)	(21,282)
(15,703)	(15,703)	(15,703)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,174)	(16,660)	(16,660)	(16,660)	(16,660)

<b>(\$955,406)</b>	<b>(\$955,406)</b>	<b>(\$955,406)</b>	<b>(\$989,836)</b>	<b>(\$989,836)</b>	<b>(\$989,836)</b>	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
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216,363	216,363	216,363	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	234,018	234,018	234,018	234,018
63,040	63,040	63,040	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	66,879	66,879	66,879	66,879
(29,999)	(30,416)	(30,833)	(32,500)	(32,934)	(33,368)	(33,802)	(34,236)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(36,056)	(36,056)	(36,056)	(36,056)
10,429	10,429	10,429	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	11,064	11,064	11,064	11,064
7,036	7,036	7,036	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,464	7,464	7,464	7,464
4,566	4,566	4,566	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,844	4,844	4,844	4,844
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18,478	18,478	18,478	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,985	19,985	19,985	19,985
34,834	34,834	34,834	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	37,676	37,676	37,676	37,676
47,147	47,147	47,147	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	50,018	50,018	50,018	50,018
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(24,664)	(29,597)	(34,529)	(41,041)	(46,171)	(51,301)	(56,431)	(61,561)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(69,359)	(69,359)	(69,359)	(69,359)
11,659	11,659	11,659	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	14,370	14,370	14,370	14,370

358,888	353,538	348,188	356,723	351,159	345,595	340,031	334,467	328,903	328,903	328,903	328,903	328,903	328,903	328,903	328,903	340,904	340,904	340,904	340,904
<b>\$3,458</b>	<b>\$6,451</b>	<b>\$9,445</b>	<b>\$16,893</b>	<b>\$20,007</b>	<b>\$23,120</b>	<b>\$26,233</b>	<b>\$29,346</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$36,502</b>	<b>\$36,502</b>	<b>\$36,502</b>	<b>\$36,502</b>
0.6%	1.1%	1.5%	2.6%	3.0%	3.5%	3.9%	4.3%	4.7%	4.7%	4.7%	4.7%	4.7%	4.7%	4.7%	4.7%	5.1%	5.1%	5.1%	5.1%

<b>\$3,458</b>	<b>\$6,451</b>	<b>\$9,445</b>	<b>\$16,893</b>	<b>\$20,007</b>	<b>\$23,120</b>	<b>\$26,233</b>	<b>\$29,346</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$36,502</b>	<b>\$36,502</b>	<b>\$36,502</b>	<b>\$36,502</b>
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<b>\$3,458</b>	<b>\$6,451</b>	<b>\$9,445</b>	<b>\$16,893</b>	<b>\$20,007</b>	<b>\$23,120</b>	<b>\$26,233</b>	<b>\$29,346</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$32,459</b>	<b>\$36,502</b>	<b>\$36,502</b>	<b>\$36,502</b>	<b>\$36,502</b>
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(2,271,241)	(2,267,783)	(2,261,332)	(2,251,887)	(2,234,994)	(2,214,987)	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
3,458	6,451	9,445	16,893	20,007	23,120	26,233	29,346	32,459	32,459	32,459	32,459	32,459	32,459	32,459	32,459	36,502	36,502	36,502	36,502
(2,267,783)	(2,261,332)	(2,251,887)	(2,234,994)	(2,214,987)	(2,191,867)	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####





2024 May-24	2024 Jun-24	2024 Jul-24	2024 Aug-24	2024 Sep-24	2024 Oct-24	2024 Nov-24	2024 Dec-24	2025 Jan-25	2025 Feb-25	2025 Mar-25	2025 Apr-25	2025 May-25	2025 Jun-25	2025 Jul-25	2025 Aug-25	2025 Sep-25	2025 Oct-25	2025 Nov-25	2025 Dec-25
\$332,080	\$332,080	\$332,080	\$332,080	\$332,080	\$332,080	\$332,080	\$332,080	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363	\$345,363
\$262,899	\$262,899	\$262,899	\$262,899	\$262,899	\$262,899	\$262,899	\$262,899	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415	\$273,415
\$115,598	\$115,598	\$115,598	\$115,598	\$115,598	\$115,598	\$115,598	\$115,598	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222	\$120,222
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\$10,551	\$10,551	\$10,551	\$10,551	\$10,551	\$10,551	\$10,551	\$10,551	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973	\$10,973
\$721,128	\$721,128	\$721,128	\$721,128	\$721,128	\$721,128	\$721,128	\$721,128	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973	\$749,973
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
#####	#####	#####	#####	#####	#####	#####	#####	(\$503,616)	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
(139,571)	(139,571)	(139,571)	(139,571)	(139,571)	(139,571)	(139,571)	(139,571)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)	(145,153)
(119,817)	(119,817)	(119,817)	(119,817)	(119,817)	(119,817)	(119,817)	(119,817)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)	(123,411)
(29,648)	(29,648)	(29,648)	(29,648)	(29,648)	(29,648)	(29,648)	(29,648)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)	(30,537)
(24,903)	(24,903)	(24,903)	(24,903)	(24,903)	(24,903)	(24,903)	(24,903)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)	(25,650)
(20,513)	(20,513)	(20,513)	(20,513)	(20,513)	(20,513)	(20,513)	(20,513)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)	(21,128)
(48,506)	(48,506)	(48,506)	(48,506)	(48,506)	(48,506)	(48,506)	(48,506)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)	(49,961)
(66,879)	(66,879)	(66,879)	(66,879)	(66,879)	(66,879)	(66,879)	(66,879)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)	(68,886)
(2,361)	(2,361)	(2,361)	(2,361)	(2,361)	(2,361)	(2,361)	(2,361)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)	(2,432)
(46,437)	(46,437)	(46,437)	(46,437)	(46,437)	(46,437)	(46,437)	(46,437)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)	(47,830)

[illegible][illegible][illegible][illegible][illegible]

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[illegible]

36,502	36,502	36,502	36,502	36,502	36,502	36,502	36,502	40,577	40,577	40,577	40,577	40,577	40,577	40,577	40,577	40,577	40,577	40,577	40,577
																			(984,129)

**Section 999.5(d)(2)(C)**

**3) CBRE Appraisal dated March 10, 2022**

CBRE VALUATION & ADVISORY SERVICES

# APPRAISAL REPORT

WINDSOR  
1230 E. WINDSOR ROAD  
GLENDALE, CALIFORNIA 91205  
CBRE GROUP, INC. FILE: CB22US009898-1

HUMANGOOD

**CBRE**

WINDSOR 000741

Date of Report: March 10, 2022

Bethany Ghassemi  
 General Counsel  
**HUMANGOOD**  
 1900 Huntington Drive  
 Duarte, California 91010

RE: Appraisal of:  
 Windsor  
 1230 E. Windsor Road,  
 Glendale, California 91205  
 CBRE File: CB22US009898-1

Dear Ms. Ghassemi:

At your request and authorization, CBRE, Inc. has prepared an appraisal of the market value of the referenced property. This analysis is presented in the following appraisal report.

The subject, identified as Windsor, is an existing seniors housing community located at 1230 E. Windsor Road, Glendale, California, situated on a 2.56-acre site. The 115,209 square foot improvements were constructed in 1972, and are undergoing a partial renovation. The community is comprised of the main building, part single-story and part four-story, and three cottage style units. The subject also includes a 9,137-square foot site, considered to be excess land, currently used for overflow parking. As a seniors housing community, the set-up of units, beds, and the most appropriate unit of measurement is shown within the following chart. Throughout this report, the term 'Unit' is intended to represent the 'Revenue Unit' unless otherwise noted.

SUBJECT UNIT MIX BY CARE LEVEL				
Care Level	Units	Beds	Unit of Measure	Revenue Units
Independent Living	71	71	Units	<b>71</b>
Assisted Living	38	38	Beds	<b>38</b>
Skilled Nursing	15	28	Beds	<b>28</b>
<b>Total</b>	<b>124</b>	<b>137</b>	-	<b>137</b>
Compiled by CBRE				

The subject has an Assisted Living Facility (ALF) license for 38 beds and a Skilled Nursing Facility License (SNF) for 28 beds. As shown above, the subject has a total operating capacity of 137 revenue units (beds). Revenue units are based on the operating capacity and are considered the more relevant unit of measure for valuation purposes. The skilled nursing facility is rated 5-stars (much above average) per the CMS 5-star rating system.

The subject operates as a rental-only, continuing care retirement community and was formerly an entrance-fee, life-plan community. The audited total of entrance fee deposits owed (\$610,877) was deducted as a lump sum in Year 1 of the DCF analysis and is reflected in the lease-up deduction. Therefore, the deposits owed are incorporated into the "As Completed" value conclusions in the Sales Comparison and Income Approaches to value.

The community is managed by HumanGood; California's largest non-profit provider of senior housing and services. Headquartered in Duarte, California, HumanGood develops and operates both life plan and affordable senior living communities throughout California, Oregon, Washington and Delaware. Notably, market value is predicated on competent management.

Subject Operation Trends Summary:

- During 2020 census levels remained generally level, with occupancy declining by 8.7% in 2021.
- Operating expenses were elevated in 2020 and 2021 based on increased payroll, PPE costs, and sanitation, by 10.4% and 16.4% per resident day, respectively.
- Both changes in occupancy and expenses have been more fully discussed within the body of this report.

The subject community is in the final phase of a partial renovation which will be completed after a construction period of 1-month or on March 17, 2022. During this assignment, we were provided a renovation budget of \$1,010,853, of which \$751,000 has reportedly been completed. The remaining costs are then \$259,853, for a total cost to complete of \$298,831, inclusive of entrepreneurial profit of 15%.

At the time of inspection, the subject's occupancy was 75.2%. Notably, our model incorporates a 12-month absorption period. CBRE has projected a stabilized occupancy of 85.0%.

Based on the analysis contained in the following report, the market value of the subject is concluded as follows:

MARKET VALUE CONCLUSIONS			
Appraisal Premise	Interest Appraised	Date of Value	Value Conclusion
<b>Current Value Conclusions</b>			
As Is - Going Concern	Fee Simple Estate	February 17, 2022	\$16,800,000
Excess Land Value	Fee Simple Estate	February 17, 2022	\$1,050,000
<b>Prospective Value Conclusions</b>			
Upon Completion - Going Concern	Fee Simple Estate	March 17, 2022	\$17,100,000
Upon Stabilization - Going Concern	Fee Simple Estate	March 17, 2023	\$19,400,000
Compiled by CBRE			

The excess land is presented on a stand-alone basis and not included in the going concern values.

## Allocation of the Going Concern

The allocation of the going concern has been estimated as follows:

ALLOCATION OF THE GOING CONCERN					
	Date of Value	Going Concern Allocations:			Going Concern Market Value
		Real Estate	FF & E	Intangible	
Current Value Conclusion:					
As Is - Going Concern	February 17, 2022	\$14,870,000	\$740,000	\$1,190,000	\$16,800,000
Prospective Value Conclusions:					
Upon Completion - Going Concern	March 17, 2022	\$14,910,000	\$740,000	\$1,450,000	\$17,100,000
Upon Stabilization - Going Concern	March 17, 2023	\$16,400,000	\$760,000	\$2,240,000	\$19,400,000
Compiled by CBRE					

The report, in its entirety, including all assumptions and limiting conditions, is an integral part of, and inseparable from, this letter.

The following appraisal sets forth the most pertinent data gathered, the techniques employed, and the reasoning leading to the opinion of value. The analyses, opinions and conclusions were developed based on, and this report has been prepared in conformance with, the guidelines and recommendations set forth in the Uniform Standards of Professional Appraisal Practice (USPAP), and the requirements of the Code of Professional Ethics and Standards of Professional Appraisal Practice of the Appraisal Institute. It also conforms to Title XI Regulations and the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA) updated in 1994 and further updated by the Interagency Appraisal and Evaluation Guidelines promulgated in 2010.

The intended use and user of our report are specifically identified in our report as agreed upon in our contract for services and/or reliance language found in the report. As a condition to being granted the status of an intended user, any intended user who has not entered into a written agreement with CBRE in connection with its use of our report agrees to be bound by the terms and conditions of the agreement between CBRE and the client who ordered the report. No other use or user of the report is permitted by any other party for any other purpose. Dissemination of this report by any party to any non-intended users does not extend reliance to any such party, and CBRE will not be responsible for any unauthorized use of or reliance upon the report, its conclusions or contents (or any portion thereof).

It has been a pleasure to assist you in this assignment. If you have any questions concerning the analysis, or if CBRE, Inc. can be of further service, please contact us.

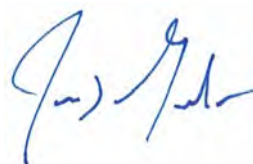
Respectfully submitted,

**CBRE, Inc. - VALUATION & ADVISORY SERVICES**



---

Stephanie Velde  
Senior Appraiser  
Cert. Gen. Appraiser Lic. #3009085  
Phone: 312-233-8659  
Email: Stephanie.Velde@cbre.com



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James Graber, MAI  
Managing Director-National Practice Leader  
Cert. Gen. Appraiser Lic. #3007478  
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Email: James.Graber@cbre.com



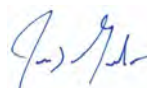
## Certification

We certify to the best of our knowledge and belief:

1. The statements of fact contained in this report are true and correct.
2. The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are our personal, impartial and unbiased professional analyses, opinions, and conclusions.
3. We have no present or prospective interest in or bias with respect to the property that is the subject of this report and have no personal interest in or bias with respect to the parties involved with this assignment.
4. Our engagement in this assignment was not contingent upon developing or reporting predetermined results.
5. Our compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
6. Our analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice, as well as the requirements of the State of California.
7. The reported analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the requirements of the Code of Professional Ethics and Standards of Professional Appraisal Practice of the Appraisal Institute.
8. The use of this report is subject to the requirements of the Appraisal Institute relating to review by its duly authorized representatives.
9. As of the date of this report, James Graber, MAI has completed the continuing education program of the Appraisal Institute for Designated Members.
10. As of the date of this report, Stephanie Velde has completed the continuing education program for Practicing Affiliates of the Appraisal Institute.
11. Stephanie Velde has and James Graber, MAI has not made a personal inspection of the property that is the subject of this report.
12. No one provided significant real property appraisal assistance to the persons signing this report.
13. Valuation & Advisory Services operates as an independent economic entity within CBRE, Inc. Although employees of other CBRE, Inc. divisions may be contacted as a part of our routine market research investigations, absolute client confidentiality and privacy were maintained at all times with regard to this assignment without conflict of interest.
14. Stephanie Velde has not and James Graber, MAI has not provided any services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding agreement to perform this assignment.



Stephanie Velde  
Cert. Gen. Appraiser Lic. #30090805



James Graber, MAI  
Cert. Gen. Appraiser Lic. #3007478

## Subject Photographs







Front Entrance



Side View



Rear View



Parking



Lobby



Activity Room



Typical Corridor



Dining Room



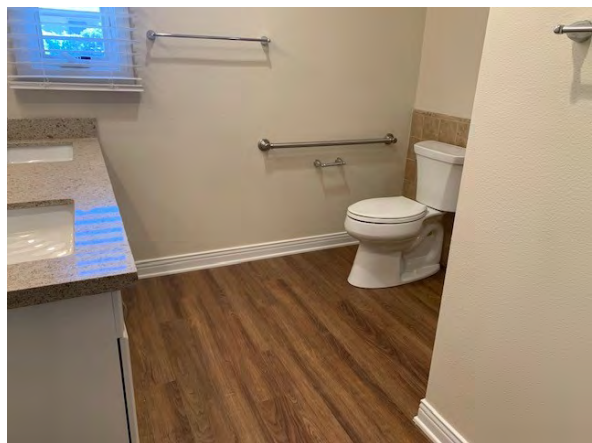
Commercial Kitchen



Typical Resident Room



Typical Resident Room



Resident Bathroom





Theatre



Courtyard



Excess Land



Cottage



Cottage



Street Scene Facing East

## Executive Summary

### ASSET SUMMARY

<b>Property Name</b>	<b>Windsor</b>
<b>Location</b>	1230 E. Windsor Road, Glendale, California 91205
<b>Assessor's Parcel Numbers</b>	5679-032-001 5679-032-004 5679-032-005 5679-032-008
<b>Land Area (Improved)</b>	2.555 Acres
<b>Excess Land Area</b>	0.210 Acres
<b>Improvements</b>	
Property Type	Continuing Care Retirement Community (CCRC)
Number of Buildings	4
Gross Building Area	115,209 SF
Year Built	1972
	Year Renovated 2022

Units of Measure	Units	Beds	Unit of Measure	Revenue Units
Independent Living	71	71	Units	<b>71</b>
Assisted Living	38	38	Beds	<b>38</b>
Nursing Care	15	28	Beds	<b>28</b>
Total	124	137		<b>137</b>

### FINANCIAL SUMMARY

Current Occupancy	75.2%	
Stabilized Occupancy	85.0%	
Overall Capitalization Rate (Going-In Rate)	8.50%	
Discount Rate	Stabilized: 10.50%	Stabilization Period: 11.25%
Terminal Capitalization Rate	Stabilized: 9.00%	Stabilization Period: 9.00%

Stabilized Pro Forma Operating Data	Total	Per Rev. Unit	Per RD
Effective Gross Income	\$10,527,567	\$76,844	\$243.03
Operating Expenses	\$8,980,828	\$65,553	\$207.32
Net Operating Income	\$1,546,740	\$11,290	\$35.71
Expense Ratio	85.31%		

### VALUE SUMMARY

<b>Property Rights Appraised</b>	Fee Simple Estate
<b>Highest and Best Use</b>	
As Vacant	Apartments
As Proposed	Seniors Housing
<b>Exposure/Marketing Time</b>	6 to 12 Months

Approaches To Value	Total	Per Rev. Unit
<b>Current Value As Is On: February 17, 2022</b>		
Land Value (Primary Site)	\$10,500,000	\$76,642
Excess Land Value	\$1,050,000	n/a
Cost Approach	\$17,900,000	\$130,657
Sales Comparison Approach	\$16,200,000	\$118,248
Income Capitalization Approach	\$16,800,000	\$122,628
<b>Prospective Value Upon Completion On: March 17, 2022</b>		
Cost Approach	\$18,200,000	\$132,847
Sales Comparison Approach	\$16,500,000	\$120,438
Income Capitalization Approach	\$17,100,000	\$124,818
<b>Prospective Value Upon Stabilization On: March 17, 2023</b>		
Cost Approach	\$18,800,000	\$137,226
Sales Comparison Approach	\$18,800,000	\$137,226
Income Capitalization Approach	\$19,400,000	\$141,606

CBRE Executive Summary

### MARKET VALUE CONCLUSIONS

Appraisal Premise	Interest Appraised	Date of Value	Value Conclusion
<b>Current Value Conclusions</b>			
As Is - Going Concern	Fee Simple Estate	February 17, 2022	\$16,800,000
Excess Land Value	Fee Simple Estate	February 17, 2022	\$1,050,000
<b>Prospective Value Conclusions</b>			
Upon Completion - Going Concern	Fee Simple Estate	March 17, 2022	\$17,100,000
Upon Stabilization - Going Concern	Fee Simple Estate	March 17, 2023	\$19,400,000

Compiled by CBRE

The excess land is presented on a stand-alone basis and not included in the going concern values.

### Allocation of the Going Concern

The allocation of the going concern has been estimated as follows:

ALLOCATION OF THE GOING CONCERN					
	Date of Value	Going Concern Allocations:			Going Concern
		Real Estate	FF & E	Intangible	Market Value
Current Value Conclusion:					
As Is - Going Concern	February 17, 2022	\$14,870,000	\$740,000	\$1,190,000	\$16,800,000
Prospective Value Conclusions:					
Upon Completion - Going Concern	March 17, 2022	\$14,910,000	\$740,000	\$1,450,000	\$17,100,000
Upon Stabilization - Going Concern	March 17, 2023	\$16,400,000	\$760,000	\$2,240,000	\$19,400,000
Compiled by CBRE					

Compiled by CBRE

**EXTRAORDINARY ASSUMPTIONS**

An extraordinary assumption is defined as “an assignment-specific assumption as of the effective date regarding uncertain information used in an analysis which, if found to be false, could alter the appraiser’s opinions or conclusions.” The Appraisal Foundation, *USPAP, 2020-2021 (Effective January 1, 2020 through December 31, 2022)*

- None Noted

**HYPOTHETICAL CONDITIONS**

A hypothetical condition is defined as “a condition, directly related to a specific assignment, which is contrary to what is known by the appraiser to exist on the effective date of the assignment results but is used for the purposes of analysis.” The Appraisal Foundation, *USPAP, 2020-2021 (Effective January 1, 2020 through December 31, 2022)*

- None Noted

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CBRE Executive Summary

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## Addenda

- A Comparable Data Sheets
- B Operating Data
- C Legal Description
- D Senior Life Report
- E Client Contract Information
- F Appraiser Qualifications
- G CBRE Seniors Housing & Healthcare Practice

## Introduction

### Property Identification

Community Name: Windsor  
 Address: 1230 E Windsor Rd,  
 Glendale, Los Angeles County,  
 California 91205

### Ownership and Property History

The following table summarizes the subject's ownership history.

OWNERSHIP SUMMARY	
Current Owner:	Southern California Presbyterian
Date Purchased:	NA
Purchase Price:	NA
Legal Reference:	NA
Pending Sale, List or Offer:	No
Transfer of Ownership (3-Yr):	No
Compiled by CBRE	

We are not aware of any sales during the prior three years, current purchase contract, or listing for sales regarding the subject.

### Premise of the Appraisal

The following table illustrates the various dates associated with the valuation of the subject, the valuation premise(s) and the rights appraised for each premise/date:

PREMISE OF THE APPRAISAL		
Item	Date	Interest Appraised
Date of Report:	March 10, 2022	
Date of Inspection:	February 17, 2022	
Dates of Value:		
Excess Land Value	February 17, 2022	Fee Simple Estate
As Is Value	February 17, 2022	Fee Simple Estate
Upon Completion - Going Concern	March 17, 2022	Fee Simple Estate
Upon Stabilization - Going Concern	March 17, 2023	Fee Simple Estate
Compiled by CBRE		

### Purpose of the Appraisal

The purpose of this appraisal is to estimate the market value of the subject property.

## Definition of Market Value

The current economic definition of market value agreed upon by agencies that regulate federal financial institutions in the U.S. (and used herein) is as follows:

The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller each acting prudently and knowledgeably, and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby:

1. buyer and seller are typically motivated;
2. both parties are well informed or well advised, and acting in what they consider their own best interests;
3. a reasonable time is allowed for exposure in the open market;
4. payment is made in terms of cash in U.S. dollars or in terms of financial arrangements comparable thereto; and
5. the price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions granted by anyone associated with the sale.<sup>1</sup>

## Definition of Going Concern

**Going Concern:** A going concern is one of the premises under which the total assets of a business can be valued; the assumption that a company is expected to continue operating well into the future (usually indefinitely). Note that an outdated label or the market value of all the tangible and intangible assets of an established and operating business with an indefinite life, as if sold in aggregate; more accurately termed the market value of the going concern or market value of the total assets of the business.

**Market Value of the Going Concern:** Market value of the going concern is defined as, the market value of an established and operating business including the real property, personal property, financial assets, and the intangible assets of the business.<sup>2</sup>

## Intended Use of Report

This appraisal is to be used to assist the client with due diligence regarding an acquisition, disposition or exchange of the subject, and no other use is permitted.

## Intended User of Report

This appraisal is to be used by HumanGood, and no other user may rely on our report unless as specifically indicated in the report.

**Intended Users:** Intended users are those who an appraiser intends will use the appraisal or review report. In other words, appraisers acknowledge at the outset of the assignment that they are developing

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<sup>1</sup> Interagency Appraisal and Evaluation Guidelines; December 10, 2010, Federal Register, Volume 75 Number 237, Page 77472.

<sup>2</sup> The Dictionary of Real Estate Appraisal, 7<sup>th</sup> Edition (Chicago: Appraisal Institute, 2022), 119.

their expert opinions for the use of the intended users they identify. Although the client provides information about the parties who may be intended users, ultimately it is the appraiser who decides who they are. This is an important point to be clear about: The client does not tell the appraiser who the intended users will be. Rather, the client tells the appraiser who the client needs the report to be speaking to, and given that information, the appraiser identifies the intended user or users.<sup>3</sup>

### **Scope of Work**

The scope of the assignment relates to the extent and manner in which research is conducted, data is gathered and analysis is applied. CBRE, Inc. completed the following steps for this assignment:

- Client
- Intended use
- Intended user
- Type of opinion
- Effective date of opinion
- Relevant characteristics about the subject
- Assignment conditions

### ***Extent to Which the Property was Inspected***

CBRE, Inc. inspected the interior and exterior of the subject, as well as its surrounding environs on the effective date of appraisal. This inspection sample was considered an adequate representation of the subject property and is the basis for our findings.

### ***Type and Extent of the Data Researched***

CBRE, Inc. reviewed the micro and macro market environments with respect to physical and economic factors relevant to the valuation process. This process included interviews with regional and local market participants, available published data, and other various resources. CBRE, Inc. also conducted regional and local research with respect to the following:

- applicable tax data
- zoning requirements
- flood zone status
- demographics
- income and expense data
- comparable data

### ***Type and Extent of Analysis Applied***

CBRE, Inc. analyzed the data gathered through the use of appropriate and accepted appraisal methodology to arrive at a probable value indication via each applicable approach to value. The steps required to complete each approach are discussed in the methodology section.

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<sup>3</sup> Appraisal Institute, The Appraisal of Real Estate, 15th edition (Chicago: Appraisal Institute, 2020), 40.

## Data Resources Utilized in the Analysis

DATA SOURCES	
Item	Data Source
<b>Site Data</b>	
Size:	Site Plan
Excess/Surplus:	Site Plan
<b>Improved Data</b>	
Building Size GBA/NRA:	Assessor
Total Rev. Units & Mix:	Reported by Management
Area Breakdown/Use:	Floor Plans
No. Buildings:	Site Plan
Parking Spaces:	Site Plan
YOC:	Assessor
<b>Economic Data</b>	
Deferred Maintenance:	N/A
Building Costs:	MVS
Income Data:	Subject Financials and Market Extracted Data
Expense Data:	Subject Financials and Market Extracted Data
<b>Other</b>	
Licensure Requirements:	ASHA State Regulatory Handbook/ State Regulatory Agency
Compiled by CBRE	

## Exposure/Marketing Time

Appraisal guidelines require a reasonable time-period estimate in which the subject could be brought to market and sold. This timeframe can either be examined historically or prospectively. In a historical analysis, this is referred to as exposure time. Exposure time always precedes the date of value, with the underlying premise being the time a property would have been on the market prior to the date of value, such that it would sell at its appraised value as of the valuation date. On a prospective basis, the term marketing time is most often used. The marketing time is a function of price, time, and use. It is not an isolated estimate of time alone. We have analyzed exposure periods for comparable sales included within the CBRE VIEW database and CBRE U.S. Seniors Housing Investor Survey, as summarized within the following table.

EXPOSURE/MARKETING TIME INFORMATION				
Investment Type	Exposure/Mktg. (Months)			
	Range			Average
Seniors Housing Transactions				
Core Assets	8	-	10	9
Non-Core Assets	10	-	15	12
CBRE Exposure Time Estimate			6 to 12 Months	
CBRE Marketing Time Estimate			6 to 12 Months	
Source: CBRE Investor Survey				

These exposure and marketing time estimates apply to each of the value estimates.

## Seniors Housing Industry Overview

Seniors housing communities provide accommodation, an array of services, and healthcare options to the senior population and are subdivided into several principle community types. The following classifications incorporate publicized standards consistent with industry groups including LeadingAge; American Health Care Association (AHCA); American Seniors Housing Association (ASHA); Argentum; and the National Investment Center for the Seniors Housing & Care Industry, Inc. (NIC).

### Seniors Housing Principle Types

**Seniors Multifamily:** Seniors multifamily, age-restricted (55+/62+), communities include for-rent single-family homes, townhomes, mobile homes, or rental apartments. These properties are typically restricted to adults at least 55 years of age who generally lead independent lifestyles. While these communities would likely include an assortment of residential amenities, such as a clubhouse, golf course and recreational spaces, no specialized services are available. Outdoor maintenance is normally included in the homeowner's association or condominium fee. These properties do not have a commercial kitchen and generally do not provide meals or other services to residents.

**Active Adult Communities (AA):** Active adult communities are generally considered a 'bridge' between market-rate apartments and independent living seniors housing, catering to the more lifestyle focused senior. Amenities, building design, and services, including meals, activities, and transportation, are not included in the monthly rent, but can be arranged at the request of the resident, or on an ala carte basis. These properties do not typically have commercial kitchen, and community dining rooms are usually smaller than independent living communities. Activities of daily living (ADL) services may also be provided through third-party home care providers.

**Independent Living (IL):** Independent living communities are usually offered on a rental basis with resident access to meals and other services such as housekeeping, linen service, transportation, beauty salon/ barber shop, and social or recreational activities, as part of their monthly fees. Such properties do not provide assistance with ADLs, such as supervision of medication, bathing, dressing, toileting, etc. Residents of independent units may have some home health care services provided by in-house staff or an outside agency. Licensure requirements typically do not apply.

**Assisted Living (AL):** Assisted living residences are state-regulated communities that provide similar services and amenities as independent living, while also providing supportive care. The staff within these communities are trained in providing assistance to residents who are unable to live independently and require assistance with activities of daily living (ADL) including management of medications, bathing, dressing, toileting, ambulating and eating.

**Memory Care (MC):** Typically considered a subset of assisted living, memory care residences offer ADL support similar to an assisted living residence. However, this care level is dedicated to residents with Alzheimer's or other forms of dementia. Memory Care residences have 24-hour support with more structured activities to ensure safety and quality of life by trained staff members. Most memory

care living environments are fully secured with locked areas and allow access to outdoor walking paths or gardens.

**Skilled Nursing Facilities (SNF):** Skilled nursing facilities (nursing care) are the most need-driven demand segment. These properties are the most care intensive and highly regulated segment of the seniors housing and healthcare sector. Most individuals require 24-hour nursing and medical care. In most cases, these properties are licensed for Medicaid and Medicare reimbursement. Nursing care properties fall into two categories: Long Term Care and Post-Acute Care. Medicaid typically is the largest payor source of long-term care properties while Medicare is the largest payor source for post-acute care (rehabilitation) properties.

**Continuing Care Retirement Community (CCRCs):** Continuing care retirement communities (also referred to as Life-Plan Communities (LPC)) provide independent living, assisted living, and skilled nursing options on a single campus, typically within different buildings. This arrangement allows older adults to remain in the same community with the same provider, even if their future care needs change (age-in-place). Modern CCRCs tend to target an independent living customer seeking hospitality style amenities and services with the security of knowing that future care needs will be met. Resident payment plans vary and include entrance fee, condo/coop and rental programs.

### Asset Components

Seniors housing and care properties are encumbered by businesses that require a specific mix of tangible and intangible assets to operate effectively. The tangible or real property assets, including the land, improvements, furniture, fixtures and equipment, are obvious components of a seniors housing and care property. Unlike other forms of income producing commercial real estate, a meaningful component of value relates to intangible assets. The intangible components are summarized below.

ASSET COMPONENTS	
Tangible Assets	Intangible Assets
Furniture, Fixtures & Equipment	Operating Policies & Procedures
Building Envelope	Brand
HVAC & Mechanical Systems	Assembled Workforce
Elevator(s)	Market Relationships
Land	License*
*Federal, state, and local	

The seniors housing and care business model is more involved than core-asset classes, making property operations an essential component of value. This 'active management' component is correctly viewed by the market as adding incremental risk and complexity versus the conventional commercial real estate asset classes, which translates into higher return expectations by investors.



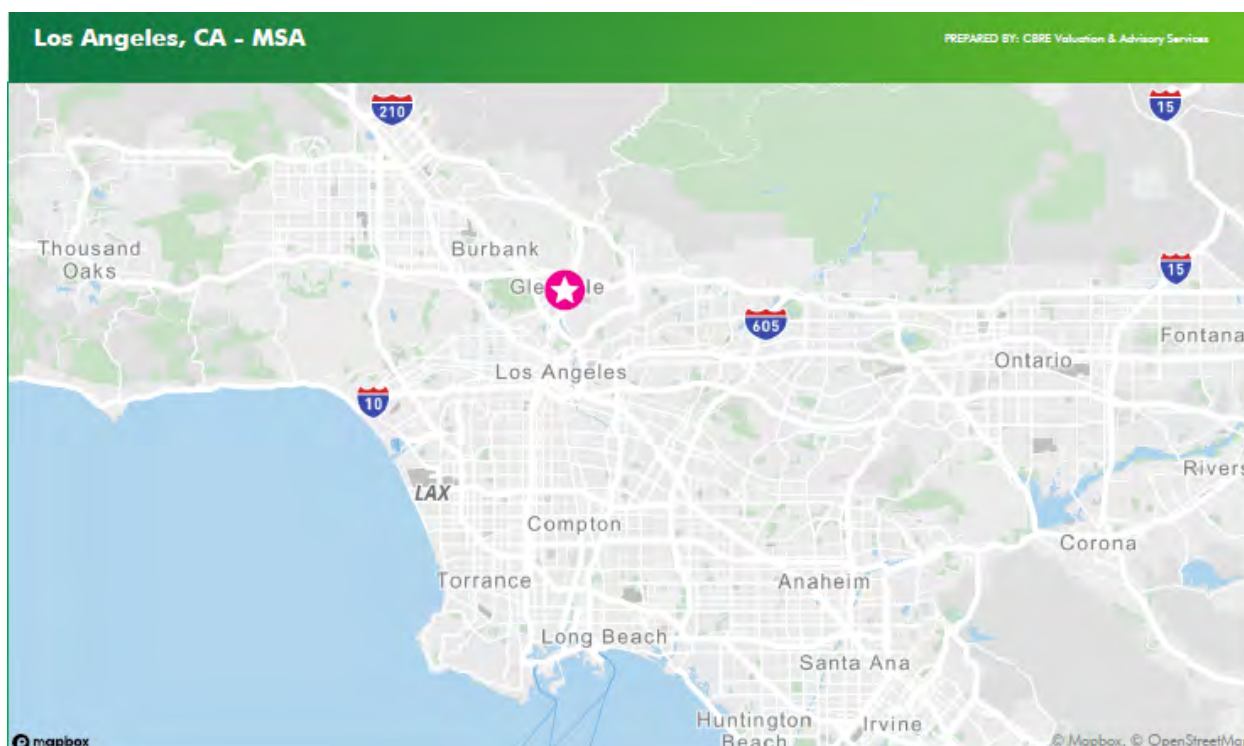
## Seniors Housing Principle Types & Asset Component Summary

In the following illustration, the differing principle care levels are summarized, along with the corresponding asset component and resident demand influencer.

PRINCIPLE SENIORS HOUSING CARE LEVELS								
	Shelter	Activities	Transport & Laundry	Meals Included	Basic Care Services	ADL Care Services*	Dementia Care	Long-Term Chronic Care
Age Restricted Multifamily	REAL ESTATE COMPONENT							
Active Adult	REAL ESTATE COMPONENT	ALA CARTE SERVICES						
CCRC/LCP	Independent Living	REAL ESTATE COMPONENT	SERVICE COMPONENT					
	Assisted Living	REAL ESTATE COMPONENT	SERVICE COMPONENT					
	Memory Care	REAL ESTATE COMPONENT	SERVICE COMPONENT					
	Skilled Nursing	REAL ESTATE COMPONENT	SERVICE COMPONENT					
Resident Decision Influences	RESIDENT LIFESTYLE CHOICE	RELATIVE CHOICE	DOCTOR CHOICE					

Source: CBRE and NIC Map

## Area Analysis

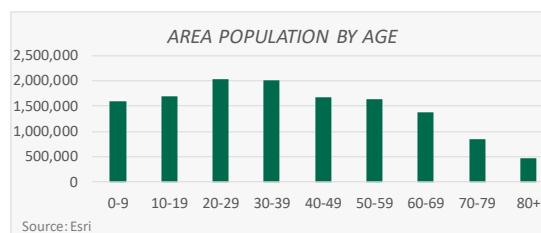


### Regional Overview

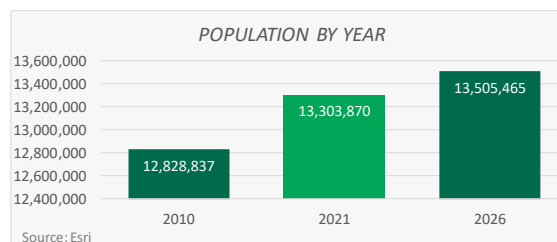
The subject is located in the Los Angeles-Long Beach-Anaheim, CA Metropolitan Statistical Area. Key information about the area is provided in the following tables.

### POPULATION

The area has a population of 13,303,870 and a median age of 37, with the largest population group in the 20-29 age range and the smallest population in 80+ age range.

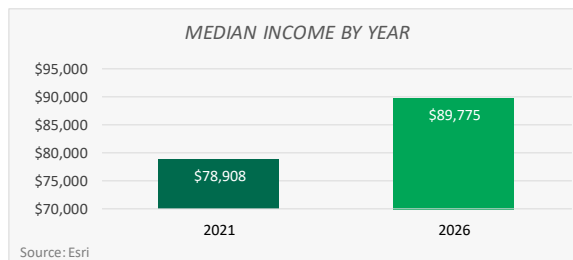


Population has increased by 475,033 since 2010, reflecting an annual increase of 0.3%. Population is projected to increase by an additional 201,595 by 2026, reflecting 0.3% annual population growth.



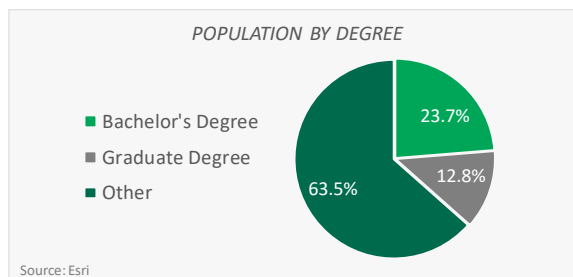
## INCOME

The area features an average household income of \$111,121 and a median household income of \$78,908. Over the next five years, median household income is expected to increase by 13.8%, or \$2,173 per annum.

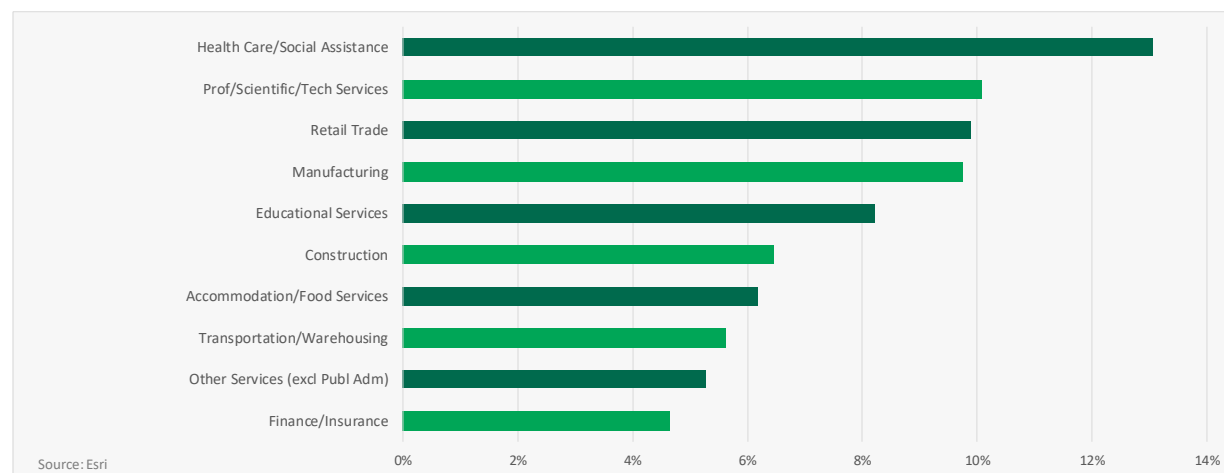


## EDUCATION

A total of 36.5% of individuals over the age of 24 have a college degree, with 23.7% holding a bachelor's degree and 12.8% holding a graduate degree.

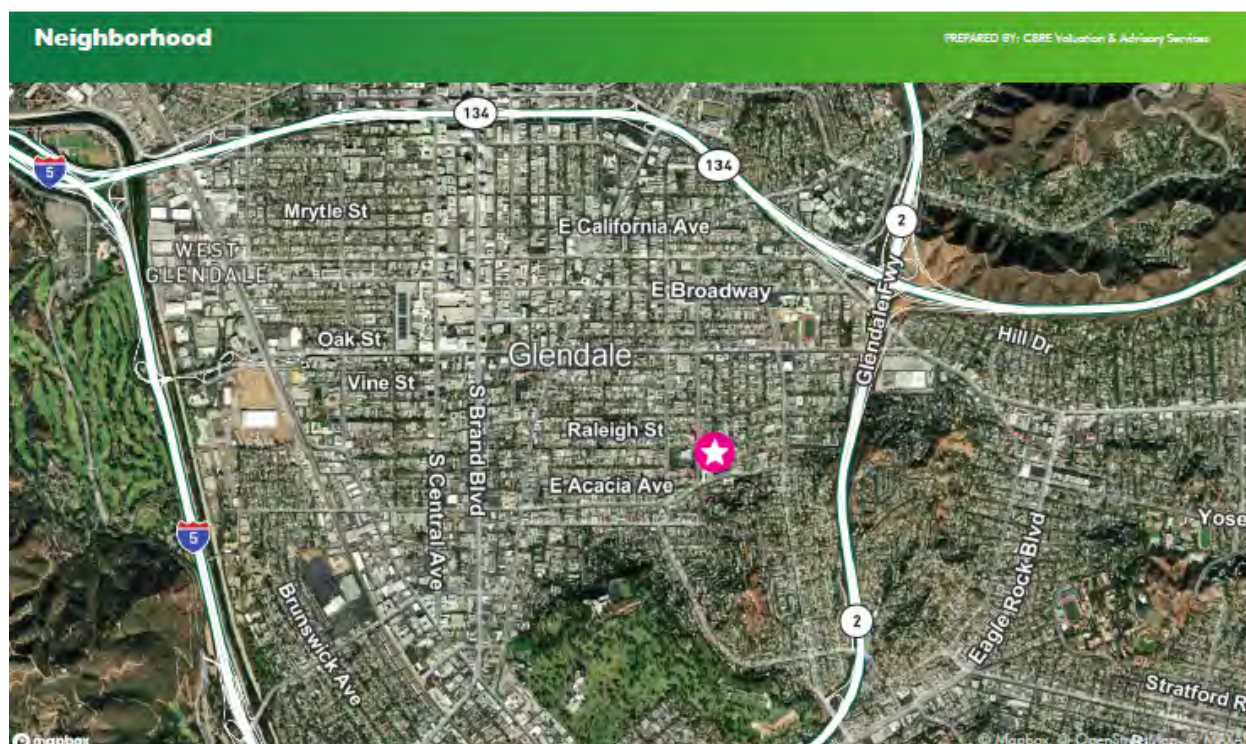


## EMPLOYMENT



The area includes a total of 6,125,889 employees and has a 6.2% unemployment rate. The top three industries within the area are Health Care/Social Assistance, Prof/Scientific/Tech Services and Retail Trade, which represent a combined total of 33% of the population.

## Neighborhood Analysis



### Neighborhood Description

The subject is in Glendale and is considered a suburban location. Lakewood is situated in central Los Angeles County, with the subject approximately 9.6 miles north of the Los Angeles Central Business District. Immediate uses surrounding the subject are primarily residential in nature with medical office located along the west side of Chevy Chase Drive. The neighborhood contains several recreational uses including Griffith Observatory, golf courses, various parks and conservation areas. Notable retailers are located 1.5-miles west, at Broadway and Brand Blvd., and include Macy's, JC Penny, Dick's Sporting Goods, Nordstrom and Target. The area also includes many restaurants, coffee and pizza shops, barbers, banks, salons and dentists. These services are all within a short distance from the subject property.

### Boundaries

The neighborhood boundaries are detailed as follows:

North:	Ventura Freeway
South:	Interstate 5 / Glendale Freeway
East:	Glendale Freeway
West:	Interstate 5

### Proximity to Healthcare Providers

The following table summarizes the area hospitals and their respective distance from the subject:

HOSPITAL SUMMARY		
Hospital	Miles From Subject	Beds
Glendale Adventist Medical Ctr	0.99	396
Glendale Mem Hosp & Hlth Ctr	1.23	251
Gateways Hosp & Mntl Hlth Ctr	3.76	40
Childrens Hospital Los Angeles	4.01	283
Hollywood Presby Medical Ctr	4.16	410
Barlow Respiratory Hospital	4.41	69
City of Angels Medical Center	4.91	187
Source: U.S. Hospital Finder		

### Access

Primary neighborhood access is provided as follows:

Collector Streets:	Windsor Road, Porter Street, Garfield Ave.
Arterial Roadways:	Chevy Chase Drive, Acacia Avenue
Interstates/Highways:	CA-2, Interstate-5, SR-134, Interstate-210
Other:	Glendale Beeline, Metrolink, Los Angeles International Airport

## Demographics

Selected neighborhood demographics are shown in the following table:

SELECTED NEIGHBORHOOD DEMOGRAPHICS			
Windsor Glendale, California	3 Miles	5 Miles	7 Miles
<b>Population</b>			
2026 Total Population	266,237	620,659	1,510,732
2021 Total Population	263,513	613,575	1,465,018
2010 Total Population	251,779	595,630	1,393,303
2000 Total Population	259,216	617,357	1,414,114
Annual Growth 2021 - 2026	0.21%	0.23%	0.62%
Annual Growth 2010 - 2021	0.41%	0.27%	0.46%
Annual Growth 2000 - 2010	-0.29%	-0.36%	-0.15%
<b>Households</b>			
2026 Total Households	97,045	229,670	577,186
2021 Total Households	96,311	227,674	556,916
2010 Total Households	92,073	221,227	523,622
2000 Total Households	91,234	218,722	504,136
Annual Growth 2021 - 2026	0.15%	0.17%	0.72%
Annual Growth 2010 - 2021	0.41%	0.26%	0.56%
Annual Growth 2000 - 2010	0.09%	0.11%	0.38%
<b>Income</b>			
2021 Median Household Income	\$72,625	\$71,796	\$63,554
2021 Average Household Income	\$100,865	\$104,655	\$96,150
2021 Per Capita Income	\$36,875	\$38,965	\$36,679
2021 Pop 25+ College Graduates	81,239	194,129	436,182
Age 25+ Percent College Graduates - 2021	42.0%	43.2%	41.3%
Source: CBRE Fast Reports & ESRI			

## Area & Neighborhood Conclusion

The immediate neighborhood is supportive of the subject's use as seniors housing. The neighborhood contains healthcare providers that are supportive of the subject. Access to area highways, employment centers, and shopping is good. Development has been occurring within the subject's neighborhood. Due to the built-up nature of the area, many of these are redevelopments of older structures. These developments do conform to the existing uses and are considered to benefit the subject. The neighborhood is in a stage of overall balance having a favorable impact on the subject property.



## Market Analysis

The market analysis forms a basis for assessing market area boundaries, supply and demand factors, and indications of financial feasibility. Primary data sources utilized for this analysis include National Investment Center for The Seniors Housing & Care Industry (NIC), American Seniors Housing Association (ASHA), and CBRE primary research. In analyzing the subject's market as well as the overall supply and demand fundamentals that impact the subject's occupancy, the following steps have been taken:

- Seniors Housing Market Overview
- Analyse Market and Submarket Trends
- Delineate and Analyse the Subject's Primary Market Area
- Conduct a Penetration Analysis
- Conclusion

The subject is considered a Class B investment, Continuing Care Retirement Community.

### National Seniors Housing Market Overview

The following discussion illustrates some general observations regarding the overall fundamentals of the subject's property type within the seniors housing sector. NIC MAP serves as a primary resource to lenders, investors, developers and operators of seniors housing and care properties. NIC MAP reports industry specific data for 140 metro markets in the continental United States.

### National Seniors Housing Overview

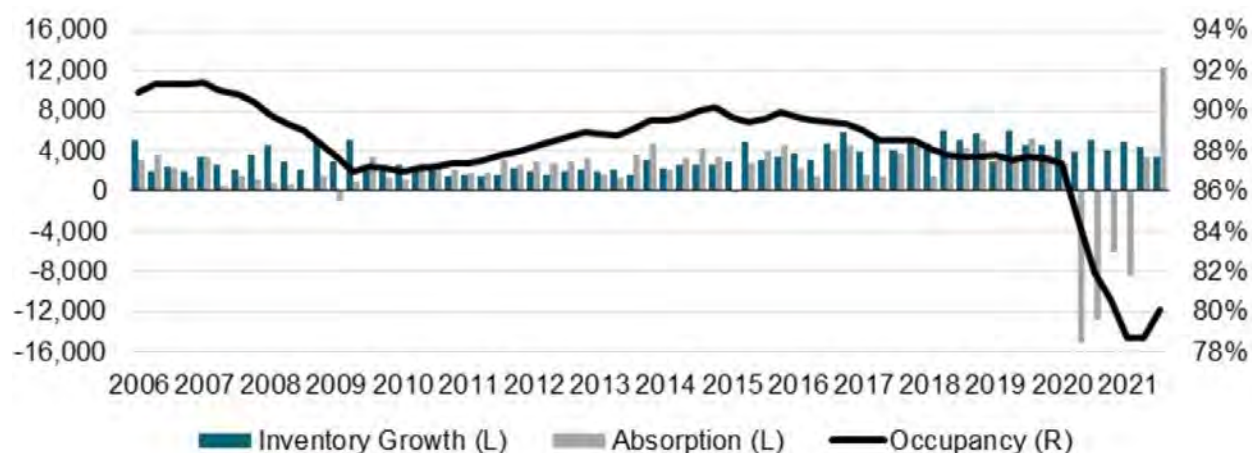
"The seniors housing sector's occupancy improved in the third quarter of 2021. After five consecutive quarters of no occupancy improvement amid the effects of the COVID-19 pandemic, the seniors housing occupancy rate increased in the third quarter to 80.1%, up from 78.7% in the second quarter. Occupancy was down 190 basis points from a year ago, 730 basis points from its pre-pandemic level and 1,010 basis points (10.1 percentage points) below its most recent peak of 90.2% in the fourth quarter of 2014.

Net absorption was positive in the third quarter of 2021, for the second consecutive quarter, and registered at its highest level since the time series began in 2006. In the third quarter, the number of estimated occupied units increased by 12,318, which represented an absorption rate of 2.3% during the quarter, the highest quarterly absorption growth rate on record. Annual absorption was positive in the third quarter at 0.2%, after five consecutive quarters of negative annual absorption growth.

The pace of inventory growth was relatively moderate, which also contributed to the increase in occupancy. Inventory increased by 3,441 units, which represented a quarterly growth rate of 0.5%, down 20 basis points from the prior quarter and 30 basis points from a year ago. Inventory increased by 2.5% in the past year, down 30 basis points from the prior quarter and down 40 basis points from a year ago.

Construction activity slowed during the third quarter of 2021 with 33,014 units under construction, the lowest number since the second quarter of 2015, and down 5.6% from the prior quarter. Construction represented 4.9% of existing inventory, down 30 basis points from the prior quarter.

### SENIORS HOUSING SUPPLY-DEMAND TRENDS



The pace of annual rent growth picked up during the third quarter of 2021 but was still low by historic standards. During the third quarter, annual rent growth was 1.5%, up 20 basis points from the prior quarter and down 60 basis points from a year ago. The average asking rent for seniors housing was \$4,457 as of the third quarter.”<sup>4</sup>

<sup>4</sup> NIC MAP Monitor®, Quarterly Report Q3 2021



## National Independent Living Overview

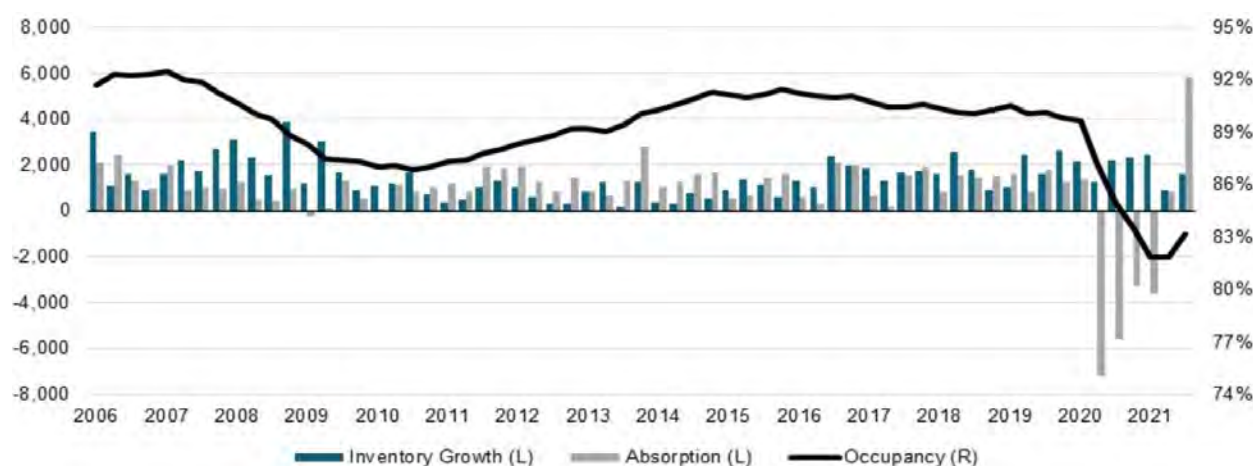
"Independent living occupancy increased in the third quarter of 2021. The third quarter occupancy of 83.2% is 130 basis points higher than the prior quarter, the largest quarterly increase on record. Occupancy is now 930 basis points (9.3 percentage points) below its first quarter 2007 peak of 92.5% and 650 basis points below its pre-pandemic occupancy of 89.7%.

The third quarter of 2021 recorded the highest net absorption in the time series and the second consecutive quarter of positive absorption. In the third quarter, the number of estimated occupied units increased by 5,831, which represented a record absorption rate of 2.1% during the quarter, up 180 basis points from the prior quarter's pace. Annual absorption as of the third quarter of 2021 was still negative, however, at -0.1%, an improvement of 3.8% from the prior quarter.

The pace of inventory growth picked up slightly during the third quarter of 2021. Inventory grew by 1,620 units, which represented a quarterly growth rate of 0.5%, up 20 basis points from the prior quarter. Inventory increased by 2.1% in the past year, down 20 basis points from the prior quarter and down 40 basis points from a year ago.

Construction activity at independent living properties has stayed relatively stable for the last three quarters and remained so in the third quarter of 2021. In the third quarter, there were 16,921 units under construction, up 0.5% from the prior quarter. Construction represented 4.9% of existing inventory, unchanged from the prior quarter and down from its recent peak of 6.7% in the fourth quarter of 2019.

### MAJORITY INDEPENDENT LIVING SUPPLY-DEMAND TRENDS



The pace of annual rent growth was steady in the third quarter of 2021 at 1.5%, unchanged from the prior quarter and down 80 basis points from a year ago. The average asking rent for independent living was \$3,598 as of the third quarter of 2021.<sup>5</sup>

<sup>5</sup> NIC MAP Monitor®, Quarterly Report Q3 2021

## National Assisted Living Overview

"Assisted living occupancy increased by 1.5 percentage points (150 basis points) to 76.9% in the third quarter, the largest quarterly increase since NIC MAP began reporting the data in 2005. Occupancy is now 1,210 basis points (12.1 percentage points) below its recent high of 89.0% reached during the third quarter of 2014. It is very low by historic standards, however, and remained 810 basis points below its pre-pandemic peak of 85.0% in the first quarter of 2020.

Net absorption reached a record high level in the third quarter of 2021, the second consecutive quarter with positive absorption. The number of estimated occupied units increased by 6,466, which represented an absorption rate of 2.6% during the quarter, an increase of 160 basis points from the prior quarter's pace and an increase of 540 basis points from a year ago. Annual absorption was positive at 0.5%, after five consecutive quarters of negative annual absorption rates.

The pace of inventory growth slowed during the third quarter of 2021. Inventory grew by 1,821 units, the lowest number of units since the fourth quarter of 2020. The quarterly growth rate of 0.6% was down 50 basis points from the prior quarter. Inventory increased by 3.0% in the past year, the slowest pace since the first quarter of 2014. That rate is down 30 basis points from the prior quarter and from a year ago.

Construction activity slowed during the third quarter of 2021, with the lowest number of units under construction reported since the second quarter of 2014. In the third quarter, there were 16,093 units under construction, down 11% from the prior quarter. Construction represented 4.9% of existing inventory, down 70 basis points from the prior quarter.

### MAJORITY ASSISTED LIVING SUPPLY-DEMAND TRENDS



The pace of annual rent growth increased during the third quarter of 2021 but remained low by historic standards. During the third quarter, annual rent growth was 1.5%, up 30 basis points from the prior quarter and down 50 basis points from a year ago. The average asking rent for assisted living was \$5,464 as of the third quarter of 2021.<sup>6</sup>

<sup>6</sup> NIC MAP Monitor®, Quarterly Report Q3 2021

## National Nursing Care Overview

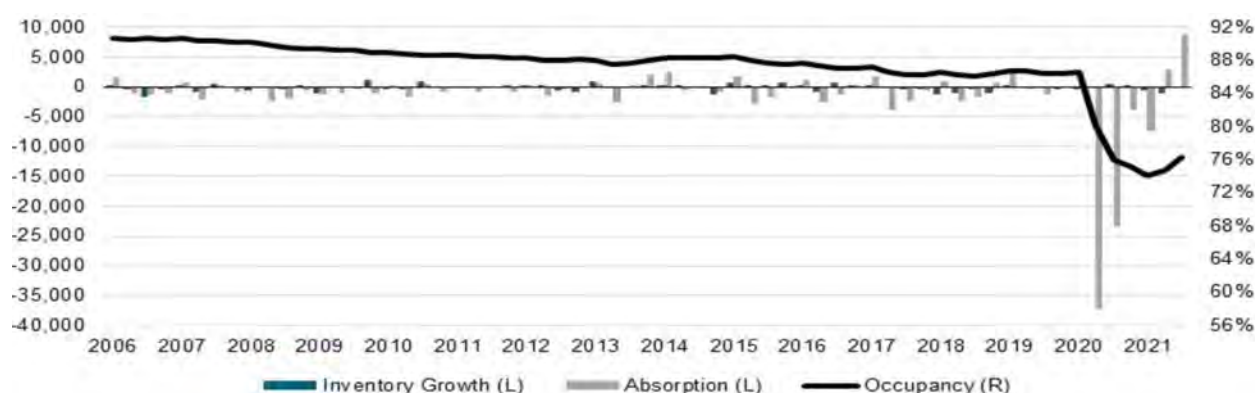
"Nursing care occupancy increased to 76.3% in the third quarter, up 220 basis points from the time-series low of 74.0% recorded in the first quarter of 2021. The improvement in occupancy has been greater for nursing care than assisted living or independent living, but the overall decline in occupancy for nursing care since the pandemic was more severe. Occupancy was up 30 basis points from a year ago but was down 10.3 percentage points from the first quarter of 2020 as of the third quarter. The occupancy decline in nursing care was more severe than in seniors housing as the impact of the COVID-19 pandemic has been more significant on residents/patients in nursing care properties due to their higher acuity and general frailty. Occupancy has also been affected by elective surgery cancellations which has lowered rehabilitation services often provided by skilled nursing providers.

Absorption reached a record high level in the third quarter of 2021. This followed the second quarter, when absorption had been at a previous record high level. The number of estimated occupied beds increased by very strong 8,758, which represented an absorption rate of 2.1% during the quarter, up 140 basis points from the prior quarter. Annual absorption in nursing care was positive for the first time since the fourth quarter of 2019 at 0.1%.

The pace of inventory growth slowed during the third quarter. Inventory decreased by 174 beds. Combined with a drop in inventory in the first and second quarters, the overall stock of nursing care is down 1,843 beds.

The third quarter of 2021 recorded the lowest number of units under construction in the time series for nursing care. In the third quarter, there were 1,507 beds under construction, down 151 beds from the first quarter. Construction represented 0.3% of existing inventory, unchanged from the prior quarter.

### MAJORITY NURSING CARE SUPPLY-DEMAND TRENDS



Annual rent growth, which is based on the private-pay payor source, was 2.0%, up 10 basis points from the prior quarter and down 40 basis points from a year ago. The average per diem private-pay rate was \$356 as of the third quarter.”<sup>7</sup>

<sup>7</sup> NIC MAP Monitor®, Quarterly Report Q3 2021

## National Continuing Care Retirement Community Overview

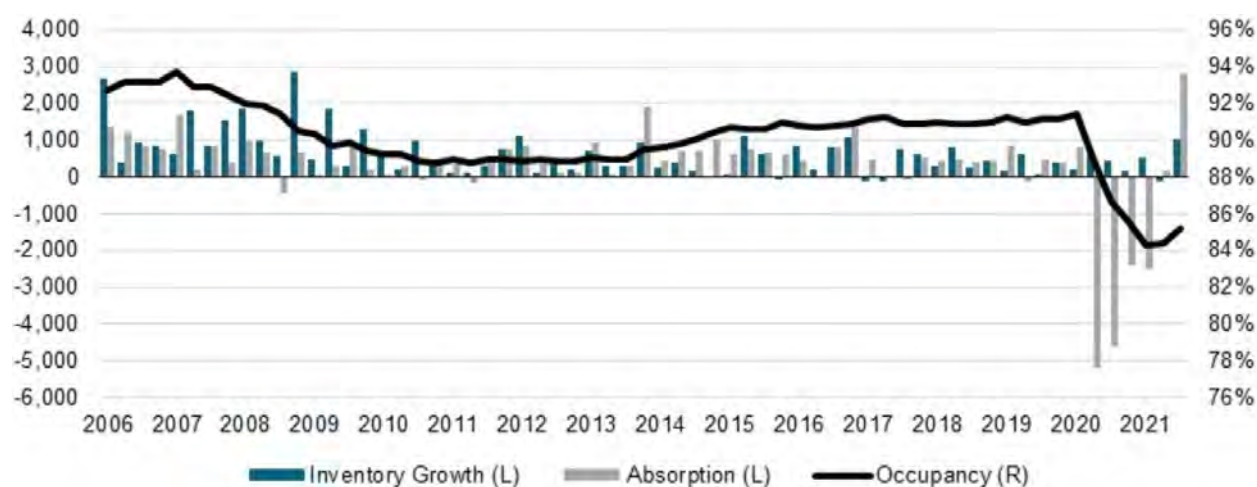
“Continuing care retirement community (CCRC) occupancy increased 80 basis points from the second quarter to 85.2% in the third quarter of 2021, the biggest quarterly increase over the time series. Occupancy was down 150 basis points from year-earlier levels. Entrance-fee CCRCs continued to outperform their rental-based counterparts in terms of occupancy. Notably, occupancy declines in CCRCs has been less than in IL, AL, or nursing care.

Absorption was positive for the second quarter in a row in the third quarter of 2021. In the third quarter, the number of estimated occupied units increased by 2,831 units, which represented a quarterly absorption rate of 1.5%, up 140 basis points from the prior quarter. Annual absorption was still negative at -1.0%.

In the third quarter, inventory grew by 1,034 units, representing a quarterly growth rate of 0.5%, up 600 basis points from the prior quarter. In the past year, CCRC inventory has increased by 0.7%.

Overall construction activity picked up during the third quarter of 2021 with 3,733 units under construction, up 673 units from the prior quarter. In the third quarter, construction represented 1.6% of existing inventory, up 30 basis points from the prior quarter.

### MAJORITY CCRC SUPPLY-DEMAND TRENDS



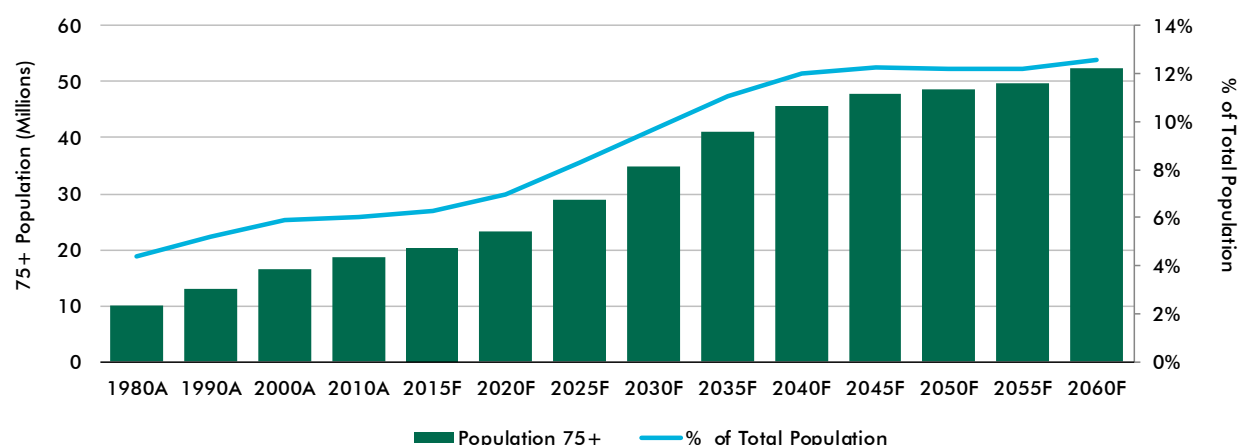
Annual rent growth in CCRCs accelerated in the third quarter. Annual rent growth was 2.4%, up 20 basis points from the prior quarter. The average asking rent for the independent living portion of CCRCs was \$3,810 as of the third quarter.

The average entrance fee for CCRCs in the third quarter of 2021 was approximately \$411,000, up 3% from a year ago.”<sup>8</sup>

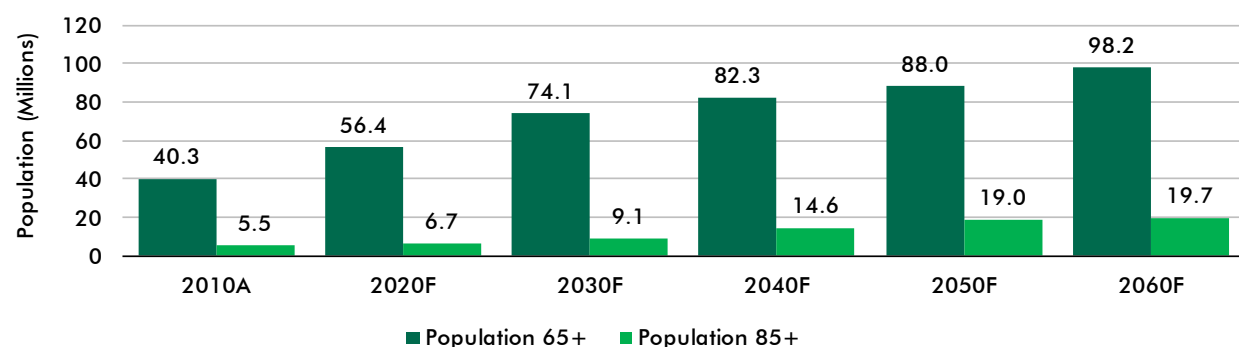
<sup>8</sup> NIC MAP Monitor®, Quarterly Report Q3 2021

## Demand Influences

Demand for seniors housing is primarily driven by people over the age 75. As of 2010, approximately 5% of the US population, or roughly 19.0 million individuals, were aged 75 years or older. The percentage of seniors in this age group is projected to grow at a much more significant rate due to the aging of the baby boomers. According to projections provided by the United States Census Bureau, the population age 65 and older is expected to more than double between 2012 and 2060.



Baby boomers are defined as persons born between 1946 and 1964. As of 2012, this generation accounted for approximate 76.4 million people, or about one-quarter of the U.S. population. The baby boomers began turning 65 in 2011.



By 2050, the 65-plus age group is estimated to equal 88.0 million, nearly double its current population (48.6 million). The projected growth in this age group will present many challenges to policy makers and programs by having a significant impact on families, businesses, healthcare providers and, most notably, the demand for senior housing.

## National Capitalization Rate Trends

The CBRE Valuation & Advisory Seniors Housing and Healthcare practice group recently published the U.S. Seniors Housing & Care Investor Survey. In this survey, capitalization rates for all segments of the seniors housing industry have compressed since H1 2014. Following the COVID-pandemic-induced increase in capitalization rates during the H2 2020 survey, the H1 2021 data indicate an overall compression of 13 bps on a period-over-period (PoP) basis.



Note: Time periods represent when surveys were done.

Source: CBRE Investor Survey, H1 2021.

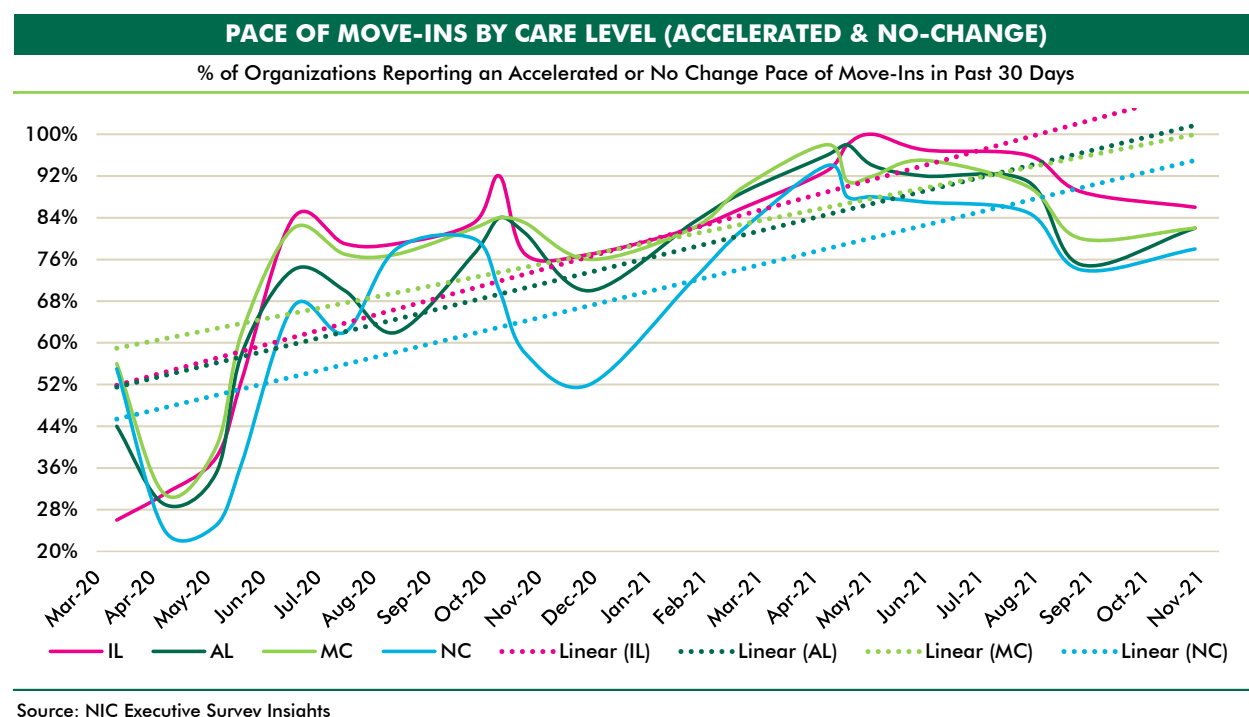
## Current Market Condition Considerations – COVID Impact

As of March 11, 2020, the Novel Coronavirus (COVID-19/COVID) was declared as a “Global Pandemic” by the World Health Organization. In consideration of the effects of COVID-19 on the subject’s operations, as part of this assignment, we reviewed and analyzed census activity since March 2020, as well as adjustments to operating expenses and capital markets assumptions. Furthermore, projections for the projected term (i.e. near, mid, or long-term) of impact on the subject’s operations was incorporated within the conclusions.

## National Occupancy Trends - COVID Impact

Overall national occupancy trends have shown declines across all acuity levels. These reductions in census levels have fluctuated significantly by location, including regional geography and pockets considered as ‘COVID-19 Hotspots’ and because of operator response to COVID-19 on the community level.

For further occupancy trends since March 2020, NIC reports a majority of occupancy decline was reported to have occurred in April 2020. The following chart shows the percentage of respondents that report either an accelerated or no-change in the pace of move-ins, excluding those reporting a trend of ‘deceleration’. Occupancy rates mostly increased, with an overall positive trend, with seasonal declines in the Winter of 2020/2021 and the start of Winter 2021/2022. Impacts of COVID-19 on the subject’s local and regional level are discussed within the ‘Market Occupancy’ subsection of this report.





### Market Summary - COVID Impact

Throughout this ongoing pandemic, the CBRE U.S. Seniors Housing valuation practice group has been in continuous contact with numerous market participants, working to discern any perceived and/or quantifiable impact of COVID-19 on the seniors housing market, in real-time. Our discussions include potential near-, mid-, and long-term influences on seniors housing community operations, capital markets, and investor sentiment. These discussions consist of a broad range of market participants active in seniors housing, inclusive of capital markets, private capital investors, institutional fund managers, developers, community operators, and brokers. The following bullets summarize the market discussions:

- Equity funds have record-levels of committed capital that must be deployed in the near term, and are actively assessing investment opportunities, albeit slower to execute.
- Current market activity is showing capitalization rate fluctuations mostly range from 0 to 50 bps over pre-COVID levels for stabilized/near-stabilized communities.
- Capital markets have sizable liquidity and historically low interest rates; however, deployment of capital is somewhat constrained given the continually changing market landscape.
- Investors have developed a comfort level with virtual due diligence.
- Buyers are active in the market, albeit with significant divergence in buy-side vs. sell-side expectations in post-COVID underwriting
- Operators that closed community access, permitting only essential services to enter. The impact of community closers adversely impacted community census levels on aggregate.
- Developers are currently planning to move forward on their projects that are ready to break ground, in most scenarios.
- Near-term disruptions in supply chains and substantial increases in construction costs have impacted the viability of some projects.
- Construction lending is difficult under the current conditions. It should be noted that construction lenders are actively assessing risk for the property type on a daily basis as market data becomes available.

Overall, market participants suggest that markets are incorporating consideration for COVID-19, working to assess potential impact on the seniors housing sector. While a majority of market participants indicated that they do not expect significant price adjustments in the near term, the consensus is that it is too early to quantifiably opine as the impact of this pandemic. Again, please note that these statements are as of the date of the effective date of this report; however, given the recent rate of change in market conditions, these comments are subject to change in the near term.



## Submarket Performance Trends

The National Investment Center for the Seniors Housing and Care Industry (NIC) tracks and reports various operational and statistical data through their NIC MAP database. NIC MAP covers 140 U.S. Metropolitan Areas (Metro). The Los Angeles, CA, Metro is the most applicable to the subject's market.

## Seniors Housing Performance Trends

Overall Metro performance trends and attributes for Seniors Housing communities are summarized as follows:

INDEPENDENT LIVING METRO TRENDS									
Period	Existing Inventory		Occupancy		Supply & Demand		Under Construction		YoY Rent Growth
	# Properties	# Rev. Units	All Properties	Stabilized	Absorption	Inventory Unit Change	# Properties	# Rev. Units	
3Q2019	50	10,886	90.60%	93.00%	3.00%	8	5	591	3.20%
4Q2019	50	10,885	91.00%	93.40%	3.00%	-1	5	591	2.80%
1Q2020	50	10,875	92.70%	93.20%	4.10%	-10	6	927	3.70%
2Q2020	50	10,886	91.40%	91.40%	2.00%	11	6	927	4.10%
3Q2020	50	10,882	88.90%	88.90%	-1.90%	-4	8	1,157	4.60%
4Q2020	51	11,226	85.30%	87.40%	-3.30%	344	4	598	4.80%
1Q2021	51	11,220	83.40%	85.00%	-7.20%	-6	4	598	2.70%
2Q2021	52	11,326	82.80%	83.60%	-5.80%	106	5	612	2.60%
3Q2021	52	11,202	84.90%	85.50%	-1.70%	-124	6	633	2.30%
4Q2021	52	11,155	85.10%	85.50%	-0.90%	-47	6	633	2.40%

Source: NIC MAP; Majority IL, for Los Angeles, CA.

ASSISTED LIVING METRO TRENDS									
Period	Existing Inventory		Occupancy		Supply & Demand		Under Construction		YoY Rent Growth
	# Properties	# Rev. Units	All Properties	Stabilized	Absorption	Inventory Unit Change	# Properties	# Rev. Units	
3Q2019	266	24,758	87.60%	89.30%	0.70%	177	19	1,554	4.50%
4Q2019	266	24,676	87.60%	89.00%	-1.00%	-82	20	1,758	5.20%
1Q2020	266	24,723	88.60%	89.70%	1.70%	47	22	1,904	5.30%
2Q2020	267	24,884	85.40%	86.80%	-1.20%	161	21	1,740	4.10%
3Q2020	268	25,093	80.90%	82.10%	-6.40%	209	21	1,745	3.70%
4Q2020	267	24,766	79.40%	80.60%	-9.00%	-327	20	1,673	3.30%
1Q2021	269	25,041	74.70%	76.50%	-14.70%	275	19	1,524	1.70%
2Q2021	271	25,120	75.30%	77.00%	-10.90%	79	18	1,550	2.00%
3Q2021	274	25,292	76.90%	78.60%	-4.10%	172	13	1,293	2.40%
4Q2021	276	25,495	77.60%	79.50%	0.60%	203	11	1,101	3.30%

Source: NIC MAP; Majority AL, for Los Angeles, CA.

## Skilled Nursing Performance Trends

Overall Metro performance trends and attributes for Skilled Nursing Facilities are summarized as follows:

NURSING CARE METRO TRENDS									
Period	Existing Inventory		Occupancy		Supply & Demand		Under Construction		YoY Rent Growth
	# Properties	# Rev. Units	All Properties	Stabilized	Absorption	Inventory Unit Change	# Properties	# Rev. Units	
3Q2019	356	39,429	91.50%	91.50%	1.40%	33	1	30	5.30%
4Q2019	356	39,427	91.50%	91.50%	1.00%	-2	1	30	5.10%
1Q2020	356	39,407	91.70%	91.80%	1.00%	-20	1	30	3.50%
2Q2020	356	39,392	84.50%	84.60%	-7.50%	-15	1	30	3.60%
3Q2020	356	39,416	76.40%	76.40%	-16.60%	24	1	30	3.90%
4Q2020	357	39,587	76.60%	76.60%	-15.90%	171	1	30	4.00%
1Q2021	357	39,592	74.80%	74.80%	-18.00%	5	1	30	4.00%
2Q2021	357	39,597	76.30%	76.30%	-9.20%	5	1	30	4.50%
3Q2021	357	39,610	79.70%	79.60%	4.80%	13	1	30	3.80%
4Q2021	357	39,607	81.40%	81.30%	6.30%	-3	1	30	3.60%

Source: NIC MAP; Majority NC, for Los Angeles, CA.

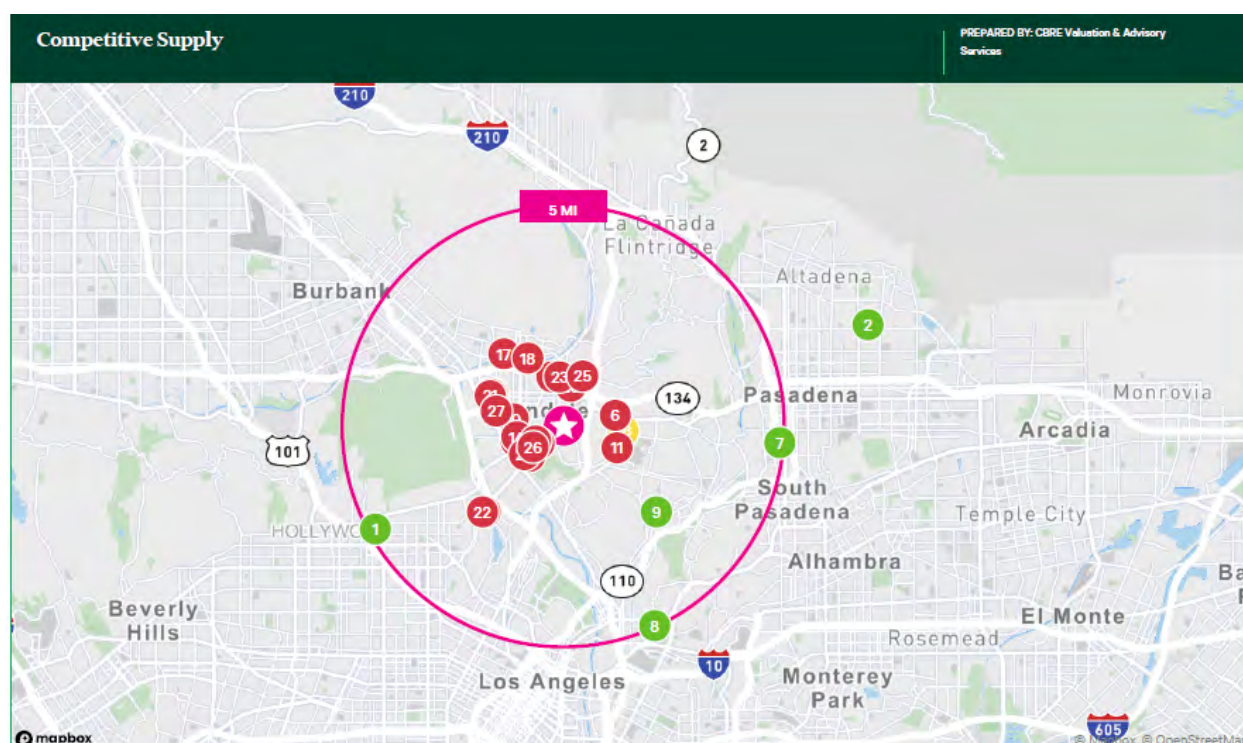
## Primary Market Area Performance Summary

The first step in analyzing the competitive market for the subject is delineating the subject's primary market area (PMA). A PMA can be defined by a radius, node(s), submarket(s), zip code(s), county(s) or township(s), or any variety of such defining terms. This cohort represents where approximately 70% to 80% of the residents currently occupying the subject resided prior to moving into the subject property.

## Competitive Supply

CBRE researched all current and proposed supply within the subject's primary market area. Based on discussions with property management as well as marketing directors at comparable properties to the subject, the subject's primary market area is outlined in the map below as well as summarized in the following table.

As shown in the map, the comparable rental properties are denoted by 'Green Indicators', additional competitive supply via 'Red Indicators', and proposed supply by 'yellow indicators'. Notably, Comparables 2, 3, 4, and 6 were utilized as comparable properties but not considered direct competitors due to their location outside the defined PMA.



COMPETITIVE SUPPLY SUMMARY						
Property	2022			2027		
	IL	AL	NC	IL	AL	NC
<b>SUBJECT - Star Indicator in Map</b>	71	38	28	71	38	28
<b>RENT COMPARABLES - Green Indicators in Map</b>						
1 Hollywood Hills, A Pacifica Senior Living Comm	2	82	-	2	82	-
2 Los Feliz Gardens	-	120	-	-	120	-
3 California Convalescent Hospital of Pasadena	-	-	63	-	-	63
4 Kei-Ai Los Angeles Healthcare Center	-	-	300	-	-	300
5 Highland Park Skilled Nursing	-	-	59	-	-	59
<b>ADDITIONAL SUPPLY - Red Indicators in Map</b>						
6 Ararat Convalescent Hospital	-	-	42	-	-	42
7 Autumn Hills Health Care Center	-	-	99	-	-	99
8 Broadview Residential Care Center	120	-	-	120	-	-
9 Broadway Manor Care Center	-	-	78	-	-	78
10 Chandler Convalescent Hospital	-	-	106	-	-	106
11 College Vista Convalescent Hospital	-	-	49	-	-	49
12 Country Villa Los Feliz	-	-	131	-	-	131
13 Glendale Healthcare	-	-	48	-	-	48
14 Elms Convalescent Hospital	-	-	52	-	-	52
15 Glen Park East	-	98	-	-	98	-
16 Glen Park West	-	95	-	-	95	-
17 Glenoaks Convalescent Hospital	-	-	99	-	-	99
18 Glen Terra	-	90	-	-	90	-
19 Leisure Glen Care Center	-	-	125	-	-	125
20 Glendale Post Acute	-	-	132	-	-	132
21 Royal Palms Convalescent Hospital	-	-	140	-	-	140
22 Skyline Helathcare Center	-	-	99	-	-	99
23 Parkview of Glendale	-	50	-	-	50	-
24 Victor Royale Adult Residential Living	-	35	-	-	35	-
25 Scholl Canyon Estates	95	-	-	95	-	-
26 Leisure Vale Retirement Home	-	112	-	-	112	-
27 Sage Glendale Senior Living	-	81	-	-	81	-
<b>PROPOSED SUPPLY - Yellow Indicators in Map</b>						
28 Eldercare Facility	-	-	-	-	87	-
<b>Total Supply</b>	<b>288</b>	<b>801</b>	<b>1,650</b>	<b>288</b>	<b>888</b>	<b>1,650</b>
Source: CBRE VIEW Database						

### Future Supply

Future supply is one of the greatest potential impacts on a market's balance. Hence, any properties under construction or proposed for construction within the subject's PMA must be identified. To do so, data obtained NIC Construction Reports was researched and inquiries to local planning and zoning approval offices were conducted.

The following properties were identified as part of this research:

- The Panorama Group is planning an elderly care facility at 4900 Eagle Rock in Los Angeles. The plans call for two buildings centered on a single courtyard with a total of 87 assisted-living rooms and 22 memory care rooms for people experiencing cognitive decline. One of the buildings would include a rooftop deck, according to Panorama. While a construction schedule is not yet available, environmental clearance has been granted and the assisted living units were included in the future supply.

### Direct Competitors

In addition to the above PMA analysis, the following comparable properties have been surveyed to identify the occupancy and rental trends within the subject's immediate market area. Only properties offering similar services were identified as direct competition to the subject. Note communities within as well as surrounding the subject PMA were considered, with the most comparable properties included; these comparables will be further discussed within the Income Capitalization Approach section of this report. The comparable data is summarized in the following table:

SUMMARY OF COMPARABLE COMMUNITY RENTALS					
Comp. No.	Name	Occupancy Trends	Base Rate IL	Base Rate AL	Base Rate NC
1	Hollywood Hills, A Pacifica Senior Living Community	Increasing	\$5,895 - \$11,000	\$3,495 - \$6,395	
2	Pasadena Highlands	Stable	\$4,200 - \$6,500	\$4,550 - \$6,850	
3	The Heights at Burbank	Stable	\$4,375 - \$8,695	\$4,780 - \$9,895	
4	Village at Sherman Oaks	Stable	\$5,230 - \$9,600	\$6,095 - \$9,350	
5	Los Feliz Gardens	Stable		\$4,901 - \$6,371	
6	Westlake Convalescent Hospital	Increasing			\$350
7	California Convalescent Hospital of Pasadena	Increasing			\$320 - \$450
8	Kei-Ai Los Angeles Healthcare Center	Stable			\$240 - \$282
9	Highland Park Skilled Nursing	Stable			\$261 - \$282
Subject			\$4,016 - \$7,068	\$5,513 - \$8,267	\$349 - \$525
Source: CBRE VIEW Database					

## Subject's Market Trends

### Submarket Summary

The following table summarizes key market statistics identified by CBRE for the subject's PMA, NIC MAP metro market, and NIC MAP Primary or Secondary market average.

SENIORS HOUSING MARKET STATISTICS			
Category	Subject's PMA	Los Angeles, CA	MAP Primary
<b>Independent Living</b>			
Average Occupancy	100.0%	85.5%	86.0%
Average Monthly Rent	\$6,937	\$4,788	\$3,635
Property Count	3	52	2,089
Inventory (Rev. Units)	288	11,155	285,290
Construction (Rev. Units)	0	633	15,694
Construction vs. Inventory	0.00%	1.70%	3.70%
Penetration	1.13%	3.10%	6.00%
<b>Assisted Living</b>			
Average Occupancy	94.3%	79.5%	80.7%
Average Monthly Rent	\$6,376	\$5,593	\$5,619
Property Count	6	276	4,578
Inventory (Rev. Units)	801	25,495	284,647
Construction (Rev. Units)	87	1,101	13,982
Construction vs. Inventory	10.86%	2.40%	8.60%
Penetration	3.20%	4.70%	4.50%
<b>Nursing Care</b>			
Average Occupancy	96.1%	81.3%	77.2%
Average Daily Rate	\$312	\$359	\$360
Property Count	17	357	4,633
Inventory (Beds)	1,650	39,607	575,778
Construction (Beds)	0	30	1,619
Construction vs. Inventory	0.00%	0.00%	0.70%
Penetration	6.45%	9.20%	10.40%
Source: NIC MAP			

### Penetration Analysis

A penetration analysis can be performed to determine the overall market depth, as well as the potential impact of any future supply within the subject's defined market area. Penetration is defined as the competitive inventory (including the subject) divided by the number of age-qualified households. There are several methodologies in calculating penetration. Though somewhat simplistic, this method is the most widely recognized respective to the subject's property type. Most importantly, it represents the methodology employed by the National Investment Center for the Seniors Housing & Care Industry, therefore allowing for accurate benchmarking against other markets.

This analysis begins by identifying current and proposed competitive supply within the subject's defined PMA. The supply estimate is then applied to demand generators relative to the age qualified demographics of the PMA.

### Barriers to Entry

Interest rates and other financing terms remain very attractive with construction levels at all-time highs. Increased construction costs and declining occupancy levels has caused developers to take pause. Nevertheless, all-in development costs remain well below acquisition costs of an existing property. Hence, new development remains an attractive and feasible option for investors.

Investors and underwriters are aware of the potential for overbuilding. Underwriting requirements and levels of due diligence are increasing. Most lenders and investors are requiring extensive market research and a successful track record of developing and-or operating seniors housing properties to move forward.

Licensure requirements relative to the subject's property type are present in California. As further detailed later in this report, there is no moratorium on new licensure. Only the operational and staffing requirements must be met for a property to be granted a license to operate.

### Market Occupancy

Occupancy trends for the subject's MSA as well as the NIC MAP Primary and Secondary Metro Markets have been summarized. To best understand market performance within the subject's PMA, current occupancy for all competing properties have been gathered.

COMPETITIVE OCCUPANCY SUMMARY			
Property	IL	AL	NC
Subject	82%	76%	57%
Hollywood Hills, A Pacifica Senior Living Community	100%	37%	
Los Feliz Gardens		100%	
California Convalescent Hospital of Pasadena			62%
Kei-Ai Los Angeles Healthcare Center			97%
Highland Park Skilled Nursing			92%
Estimated Occupied Supply	237	597	1,467
<b>Average Occupancy</b>	<b>82.2%</b>	<b>74.6%</b>	<b>88.9%</b>
<b>Avg. for Stabilized Properties</b>	<b>100.0%</b>	<b>94.3%</b>	<b>96.1%</b>
Source: CBRE VIEW Database			

### Demand Analysis

Demand for seniors housing and care properties can be clearly defined by specific age cohorts, healthcare requirements, and income levels. Future demand can be estimated by understanding population shifts or trends relative to this defined population segment.

This section of the market analysis begins by identifying the age-qualified segment of the population. Various methodologies suggest that consideration should be given to the “adult child” influence, which typically result in an in-migration to the PMA as the adult child will typically bring their respective parent to a property close to their home. However, in accounting for an “adult child” factor, out-migration must also be considered for similar reasoning.

Considering that various markets can behave differently based on locational attributes, climates, local economies, and overall population behaviors, this analysis assumes that the typical in-migration will net out the typical out-migration. This also allows for accurate benchmarking in comparing the subject’s market to the various data-points presented.

### Population by Age Cohorts

According to the National Study of Long-Term Care Providers published by the Centers for Disease Control and Prevention (CDC) and National Center for Health Statistics (NCHS), conducted in 2016 and published February 2018, the average age of residents living in residential care communities (IL, AL, MC) is 86.9 years. The following table illustrates the population and projected household changes for the subject’s primary market area.

SENIOR POPULATION BY AGE			
Windsor Glendale, California	3 Miles	5 Miles	7 Miles
<b>2021 Population</b>			
Total Population	263,513	613,575	1,465,018
Age 65 - 74	25,879	57,577	123,316
Age 75 - 84	13,982	30,679	64,735
Age 85+	5,940	13,030	27,461
<b>2026 Population</b>			
Total Population	266,237	620,659	1,510,732
Age 65 - 74	27,448	61,502	135,267
Age 75 - 84	16,515	36,759	79,931
Age 85+	6,593	14,380	30,327
<b>% Change</b>			
Total Population	1.03%	1.15%	3.12%
Age 65 - 74	6.06%	6.82%	9.69%
Age 75 - 84	18.12%	19.82%	23.47%
Age 85+	10.99%	10.36%	10.44%
Source: CBRE Fast Reports & ESRI			



Considering 85+ is the average resident population age at senior living communities, it can be assumed that residents enter these communities at earlier ages as well as later ages. Therefore, this analysis considers the 75 to 84 and the 85+ age cohort as age-qualified demand.

### Income Distributions

Income available for expenditure on housing and other consumer items is a primary factor in determining income qualified demand. The following table illustrates estimated household income distributions for the subject's primary market area.

ESTIMATED HOUSEHOLD INCOME BY AGE			
2021 Households	65-74 Years	75 - 84 Years	85+ Years
- Income Less than \$15,000	4,120	3,660	1,555
- Income \$15,000 to \$24,999	3,298	2,890	1,227
- Income \$25,000 to \$34,999	2,566	1,773	753
- Income \$35,000 to \$49,999	3,746	2,337	992
- Income \$50,000 to \$74,999	5,439	2,666	1,133
- Income \$75,000 to \$99,999	3,559	1,446	614
- Income \$100,000 to \$149,999	4,257	1,510	641
- Income \$150,000 to \$199,999	1,949	759	323
- Income \$200,000 and Over	2,823	903	384
Total Households	31,758	17,945	7,621
Average Household Income	\$89,410	\$65,269	n/a
Median Household Income	\$57,703	\$38,280	n/a
Estimated Average Housing Value	\$1,040,967	\$1,040,967	\$1,040,967
2026 Households	65-74 Years	75 - 84 Years	85+ Years
- Income Less than \$15,000	3,572	3,822	1,495
- Income \$15,000 to \$24,999	2,840	2,923	1,143
- Income \$25,000 to \$34,999	2,350	1,870	732
- Income \$35,000 to \$49,999	3,444	2,534	991
- Income \$50,000 to \$74,999	5,760	3,092	1,209
- Income \$75,000 to \$99,999	3,972	1,890	740
- Income \$100,000 to \$149,999	5,046	2,223	870
- Income \$150,000 to \$199,999	2,429	1,228	481
- Income \$200,000 and Over	3,587	1,428	559
Total Households	33,000	21,011	8,219
Average Household Income	\$103,863	\$79,209	n/a
Median Household Income	\$66,765	\$45,307	n/a
Estimated Average Housing Value	\$1,181,488	\$1,181,488	\$1,181,488
Source: CBRE Fast Reports & ESRI			

The immediate area surrounding the subject is projected to experience growth relative to households, population, and income levels over the next five-year period. Foregoing any changes in competitive supply, these trends do indicate a favorable demand outlook.

### Penetration Analysis Conclusion

Applying the competitive supply indications to the total demand indications yields the following penetrations rates:

MARKET PENETRATION		
	2022	2027
<b>Independent Living</b>		
Age Qualified Households (75+)	25,566	29,230
Total Supply	288	288
<b>Indicated Penetration Rate:</b>	<b>1.13%</b>	<b>0.99%</b>
<b>Assisted Living</b>		
Age Qualified Households (75+)	25,566	29,230
Total Supply	817	904
<b>Indicated Penetration Rate:</b>	<b>3.20%</b>	<b>3.09%</b>
<b>Nursing Care</b>		
Age Qualified Households (75+)	25,566	29,230
Total Supply	1,650	1,650
<b>Indicated Penetration Rate:</b>	<b>6.45%</b>	<b>5.64%</b>
Compiled by CBRE		

Penetration rates alone can have multiple meanings. To properly understand market penetration, market occupancy must also be considered. The various market types are summarized as follows:

**Low Penetration/ High Occupancy:** This combination is the most favorable. The high occupancy indicates that the local population is accepting the subject's product type with significant room for expansion. This combination also suggests a higher than typical ratio of residents emanating from outside the defined PMA, or above market net in-migration. This market suggests strong occupancy, stable rent growth, and healthy absorption for proposed properties.

**Low Penetration/ Low Occupancy:** Age and income qualified seniors are either not accepting the property type or are traveling outside the defined PMA to obtain their respective needs, due to unsatisfactory product within the PMA. This combination suggests that market opportunity does exist but will likely require additional marketing efforts to achieve a favorable stabilized occupancy level.

**High Penetration/ High Occupancy:** While this combination can indicate a competitive market, it does presume that the local population is well educated with the property type and generally receptive to the services provided. Markets displaying this combination require less marketing efforts in terms of product education but may require more resources from a competitive market position standpoint, such as superior quality or affordable rents.

**High Penetration/ Low Occupancy:** This combination is the least favorable and most likely depicts a saturated market. Decreasing rental rates, prevalence of concessions, and less than favorable occupancy can be expected when this combination is displayed.

The subject's primary market area is defined by comparing the PMA occupancy and penetration metrics to the respective NIC MAP market metrics as summarized below.

PENETRATION ANALYSIS CONCLUSION						
Current Market Rating						
Property Type	NIC MSA		Subject PMA		CBRE Market Rating	
	Penetration	Occupancy	Penetration	Occupancy	Penetration	Occupancy
Independent Living	3.1%	85.5%	1.1%	100.0%	Low	High
Assisted Living	4.7%	79.5%	3.2%	94.3%	Low	High
Nursing Care	9.2%	81.3%	6.5%	96.1%	Low	High
Future Market Rating (Five Years)						
Independent Living	3.1%	85.5%	1.0%	100.0%	Low	High
Assisted Living	4.7%	79.5%	3.1%	94.3%	Low	High
Nursing Care	9.2%	81.3%	5.6%	96.1%	Low	High
Source: Compiled from Various Sources						

## Market Analysis Conclusion

To determine market demand, CBRE employed a penetration analysis. These conclusions are further supported by discussions with local marketing directors at comparable properties within and around the subject's defined market area.

### Independent Living Penetration

The independent living penetration analysis yields low penetration with high market occupancy indicating a under supplied market. Penetration is expected to remain low over the next five years, indicating the competitive supply is expected to change at a generally similar rate to demand.

### Assisted Living Penetration

The assisted living penetration analysis yields low penetration with high market occupancy indicating a under supplied market. Penetration is expected to remain low over the next five years, indicating the competitive supply is expected to change at a generally similar rate to demand.

### Nursing Care Penetration

The nursing care penetration analysis yields low penetration with high market occupancy indicating a under supplied market. Penetration is expected to decrease over the next five years, indicating demand will outpace the competitive supply. Hence, occupancy and-or rental rates are expected to increase over the next five-year period.

### ***Supply and Demand Conclusion***

The subject's market is undersupplied with the subject required to capture its proportionate share of market demand to obtain the estimated stabilized levels. The subject is generally competitive in terms of amenities and offers a continuum of care.

The location of the subject with favorable economic and population trends, along with physical and operational attributes suggest that the subject will capture the appropriate share of the market to maintain a stabilized occupancy level consistent with current market indications for stabilized properties.

### **Subject Market Position**

#### ***Management Overview***

The community is managed by HumanGood; California's largest non-profit provider of senior housing and services. Headquartered in Duarte, California, HumanGood develops and operates both life plan and affordable senior living communities throughout California, Oregon, Washington and Delaware. The analysis and conclusions within this report assume competent management and market operations.

#### ***Subject Licensure Requirements***

Licensure requirements specific to the subject's use are summarized below. CBRE does not represent to be legal experts regarding the subject's adherence to the respective state guidelines. According to the state regulatory agency, the subject's license is current and in good standing.

## ASSISTED LIVING STATE REGULATORY OVERVIEW

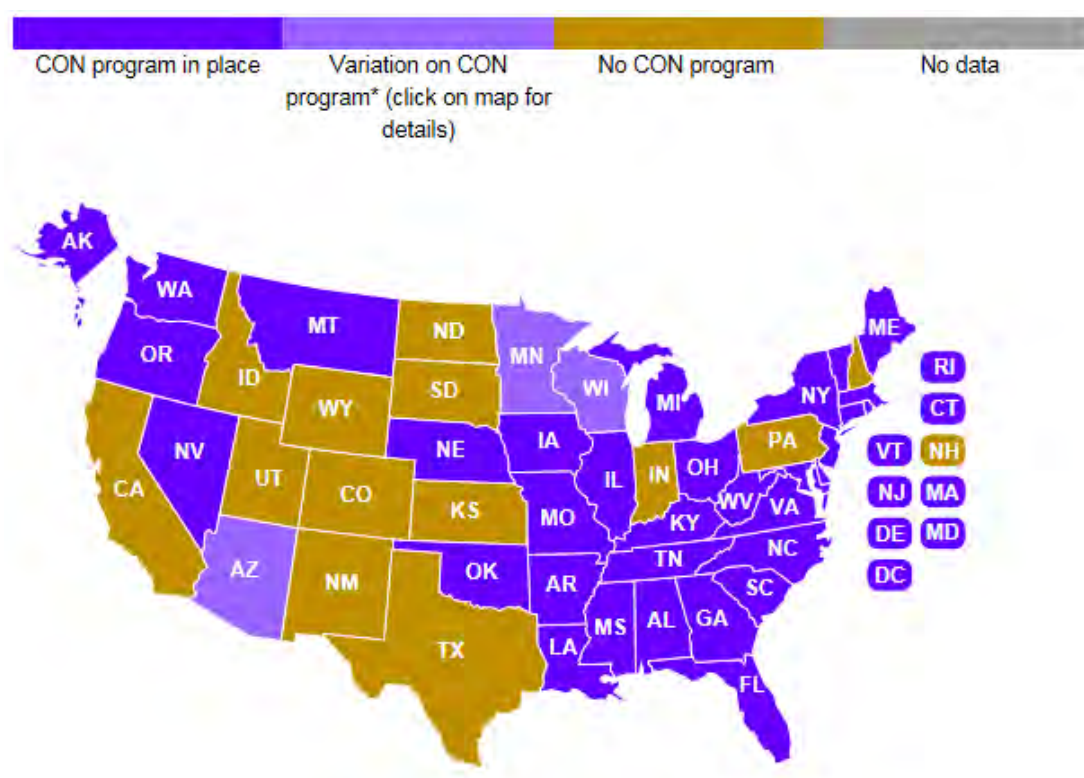
<b>CLASSIFICATION</b>	Residential Care Facilities for the Elderly
<b>REGULATORY REFERENCES</b>	Health & Safety Code 1569 et seq.; Cal. Code of Regs., Title 22, 87100 et seq.
<b>MANDATORY SERVICES</b>	
<b>ADL Care:</b>	
Transportation	Yes, or arrange
Laundry	Yes
Activities /Recreation	Yes
Arranging Health Related Services	Yes
Housekeeping	Yes
Medications Management	Yes
Monitoring	Yes
Other	Three Meals per day, snacks
<b>PERMITTED SERVICES:</b>	
Assistance with Medications	Yes
Administer Medications	Limited to skilled medical professional
Intermittent Nursing	Under limited circumstances
Other	Dementia care; restricted health conditions; home health under certain conditions; prohibited health conditions & hospice care with licensing agency approval
<b>REGULATED SUBJECTS:</b>	
Admission Agreements	Yes
Resident Funds	Yes; If bonded
Care Plan	Yes
Medication Storage	Yes
Dietary Requirements	Yes
Other	Dementia care; restricted health conditions; home health under certain conditions; prohibited health conditions & hospice care with licensing agency approval
<b>ADMINISTRATOR:</b>	
Education/ exam	Certification Program (80+hrs) + Exam
Continuing Education	40 hours per two years
Availability	Sufficient number of hours to permit adequate attention to management & administration of facility
Other (Qualifications, etc.)	Education and experience varies for facility license; at least 21 years old
<b>STAFFING LEVELS:</b>	
Staff; Resident Ratio	Competent and sufficient to meet resident needs
Required Hours	1 + staff 24 hours per day
Other Qualifications	40 hours initial training; 20 hours annual training
<b>MANDATORY DISCHARGE:</b>	
Ongoing Nursing Care	Yes; for 24 hr skilled nursing
Danger to Self/Others	Yes
Unable to Evacuate	No; with appropriate fire clearance
Restraints	No
Beyond Capabilities	Yes
Other	All activities of daily living unless exceptions granted
<b>PHYSICAL PLANT:</b>	
Maximum Occupancy/Unit	Two (per bedroom)
Toilet	1:6 persons*
Bath or Shower	1:10 persons*
<b>CERTIFICATE OF NEED</b>	No
<b>LICENSING AGENCY</b>	Department of Social Services; Community Care Licensing Div.
<b>MEDICAID WAIVER/ STATE PLAN</b>	Yes; Assisted Living Waiver (ALW)
<b>NOTES</b>	Residents' Counsel *Persons = Residents, family and personnel and live-in personnel

Source: American Seniors Housing Assoc., State Regulatory Handbook

## Certificate of Need

Certificate of Need (C.O.N.) programs are aimed at restraining health care facility costs and facilitating coordinated planning of new services and facility construction. Many "CON" laws initially were put into effect across the nation as part of the federal "Health Planning Resources Development Act" of 1974. Despite numerous changes in the past 30 years, most states retain some type of CON program, law or agency as of 2016.

The basic assumption underlying CON regulation is that excess capacity stemming from overbuilding of health care facilities results in health care price inflation. Price inflation can occur when a hospital cannot fill its beds and fixed costs must be met through higher charges for the beds that are used. Bigger institutions generally have bigger costs, so CON supporters say it makes sense to limit facilities to building only enough capacity to meet actual need or demand. A need must be established for an organization to be granted a CON. California does not have a Certificate of Need law.



### Stabilized Occupancy Estimate

The physical occupancy for the subject is detailed in the following chart:

PHYSICAL OCCUPANCY	
Reporting Period	%
2019 Actual	86.0%
2020 Actual	85.8%
2021 Actual	78.3%
2022 Budget	79.4%
<b>CBRE Stabilized Estimate</b>	<b>86.6%</b>
Compiled by CBRE	

In recognition of impacts of COVID-19 on the overall seniors housing market, the following bullets summarize the subject's recent trailing census levels:

- During 2020 census levels remained generally level, with occupancy declining by 8.7% in 2021.

CBRE's conclusion of stabilized occupancy for the subject is illustrated in the following table. This estimate considers physical and economic market factors.

OCCUPANCY CONCLUSIONS			
	IL	AL	NC
NIC MAP - Primary/ Secondary Markets	86.0%	80.7%	77.2%
NIC MAP - Subject MSA	85.5%	79.5%	81.3%
Primary Market Area (All Properties)	82.2%	74.6%	88.9%
Primary Market Area (Stabilized Only)	100.0%	94.3%	91.0%
Subject's Current Occupancy	81.7%	76.3%	57.1%
CBRE Estimated Stabilized Occupancy	90.0%	85.0%	80.0%
Lease-up Period	12 Months	12 Months	12 Months
Compiled by CBRE			

The vacancy estimate above represents physical occupancy based on resident days while the weighted average vacancy represents economic vacancy based on potential gross income (PGI) attributable to each component. Any disparity between the two figures is due to the differing levels of rent for the subject's care levels.

The concluded occupancy was applied to the subject's unit mix to derive a weighted average economic vacancy, as detailed below:

WEIGHTED AVERAGE ECONOMIC VACANCY					
Care Level	% of Total PGI		Vacancy		
Independent Living	37.9%	x	10.0%	=	3.8%
Assisted Living	24.1%	x	15.0%	=	3.6%
Nursing Care	38.0%	x	20.0%	=	7.6%
Indicated Weighted Average Vacancy (Rounded)					15.0%
Compiled by CBRE					

Based on the market analysis, the subject's PMA shows positive indicated demand. Additionally, in our discussions with representatives at nearby, direct competitors, occupancies are reported to be slowly increasing to pre-pandemic levels. The NIC MSA indicates stabilized levels were 92.7% in the 1<sup>st</sup> quarter of 2020 for independent living and 88.6% of assisted living. The CBRE stabilized occupancy conclusion places primary weight on the subject's historical levels, as supported by the market data.

In the discounted cash flow analysis, fluctuations in revenue and expenses are incorporated into the valuation model as will be discussed. Consistent with typical market underwriting methodology, a 10-Year discounted cash flow model has been utilized.

### Absorption Estimate

As the subject will undergo an absorption period to achieve stabilization, we have researched absorption rates for comparable properties for an absorption rate estimate for the subject. The following comparables were utilized from within the subject's general market area.

COMPARABLE SPACE ABSORPTION								
Community	State	Region	Rev. Units	Care Type	Occupancy Date	Surveyed Census	Lease Up Period	Absorption/ Month
Renaissance Village Murrieta	CA	Pacific	127	IL-AL-MC	Sep-20	82%	35 Months	3.0 Units
Crestavilla	CA	Pacific	211	IL-AL-MC	Jan-21	70%	31 Months	4.8 Units
Bella Villaggio	CA	Pacific	170	IL-AL-MC	Dec-20	54%	26 Months	3.5 Units
Belmont Village Albany	CA	Pacific	175	IL-AL-MC	Jul-19	95%	25 Months	6.7 Units
Bonaventure of Medford	OR	Pacific	147	IL-AL-MC	Apr-19	98%	16 Months	9.3 Units
The Springs at Greer Gardens	OR	Pacific	217	IL-AL-MC	Nov-19	85%	17 Months	10.8 Units
The Springs at Lake Oswego	OR	Pacific	216	IL-AL-MC	May-21	60%	16 Months	8.0 Units
Touchmark in the West Hills	OR	Pacific	279	IL-AL-MC	Jul-21	90%	37 Months	6.7 Units
Absorption Rate Range:							3.0 Units - 10.8 Units	
Absorption Rate Average:							6.6 Units	
STABILIZED CONCLUSIONS								
Subject	CA	Pacific	137	IL-AL-NC	Feb-23	85%	12 Months	1.3 Units
Complied by CBRE								

The following table outlines average monthly move-ins for each property type as reported by NIC.



**MOVE-IN RATES**

Property Type	Average Move-Ins /Month
Independent Living	6.1
Assisted Living	4.8
Skilled Nursing (SNF)	14.3
CCRC	13.5
Source: NIC	

Given the impact of COVID on the overall seniors housing market, in our recent (H1 2021) Seniors Housing Investor Survey, we asked respondents to opine as to the rate of absorption they are underwriting for communities that lost census since the COVID pandemic started. As shown within the following dataset, in each care level, a majority of respondents (% of respondents) reported underwriting re-absorption at between one and six units per month.

Units/Month	AA	IL	AL	MC	SNF	CCRC/LPC
1 - 3	28.6%	39.4%	56.2%	61.1%	35.3%	37.1%
3 - 6	40.8%	47.9%	27.4%	27.8%	38.2%	34.3%
6 - 9	24.5%	8.5%	8.2%	4.2%	11.8%	14.3%
9+	6.1%	4.2%	8.2%	6.9%	14.7%	14.3%
Primary Indications						
1 - 6	69.4%	87.3%	83.6%	88.9%	73.5%	71.4%

CBRE Seniors Housing Investor Survey results, H1 2021.

Given the variance in census deterioration during the pandemic, we also asked respondents what their projected period (in months) was to re-gain stabilized, or pre-COVID census levels. The results are included within the following dataset. A majority of respondents (% of respondents) reported an absorption period of between 6 and 18 months for lower acuity communities.

Months	AA	IL	AL	MC	SNF	CCRC/LPC
0-6 Months	22.0%	15.3%	6.9%	7.0%	5.1%	5.3%
6-12 Months	36.0%	30.6%	25.0%	31.0%	28.2%	31.6%
12-18 Months	22.0%	33.3%	37.5%	35.2%	43.6%	36.8%
18-24 Months	14.0%	12.5%	20.8%	12.7%	12.8%	21.1%
24+ Months	6.0%	8.3%	9.7%	14.1%	10.3%	5.3%
Primary Indications						
0-18 Months	80.0%	79.2%	-	-	-	-
6-18 Months	58.0%	63.9%	62.5%	66.2%	71.8%	68.4%
6-24 Months	-	76.4%	83.3%	78.9%	84.6%	89.5%

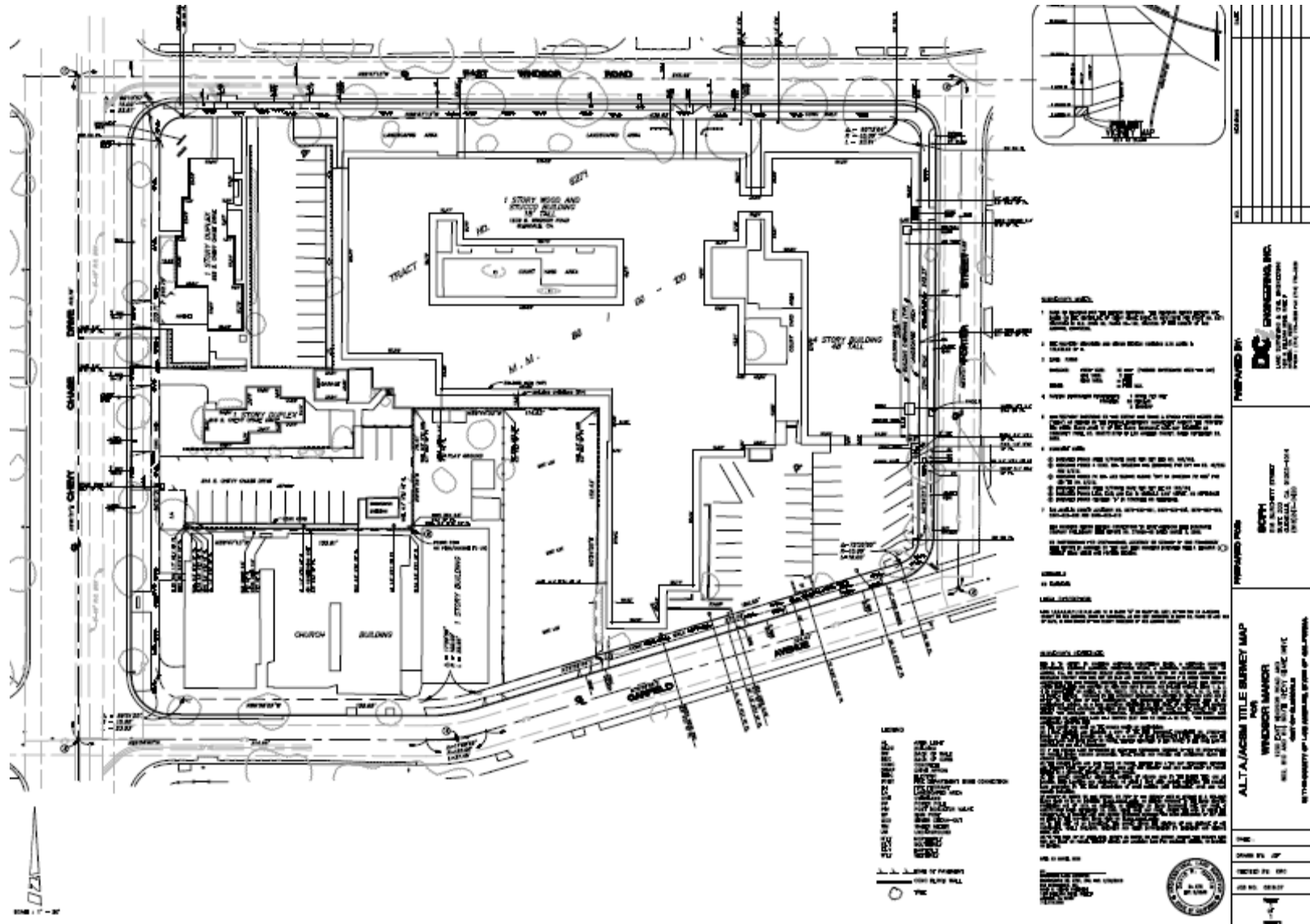
CBRE Seniors Housing Investor Survey results, H1 2021.

### **Absorption Conclusion**

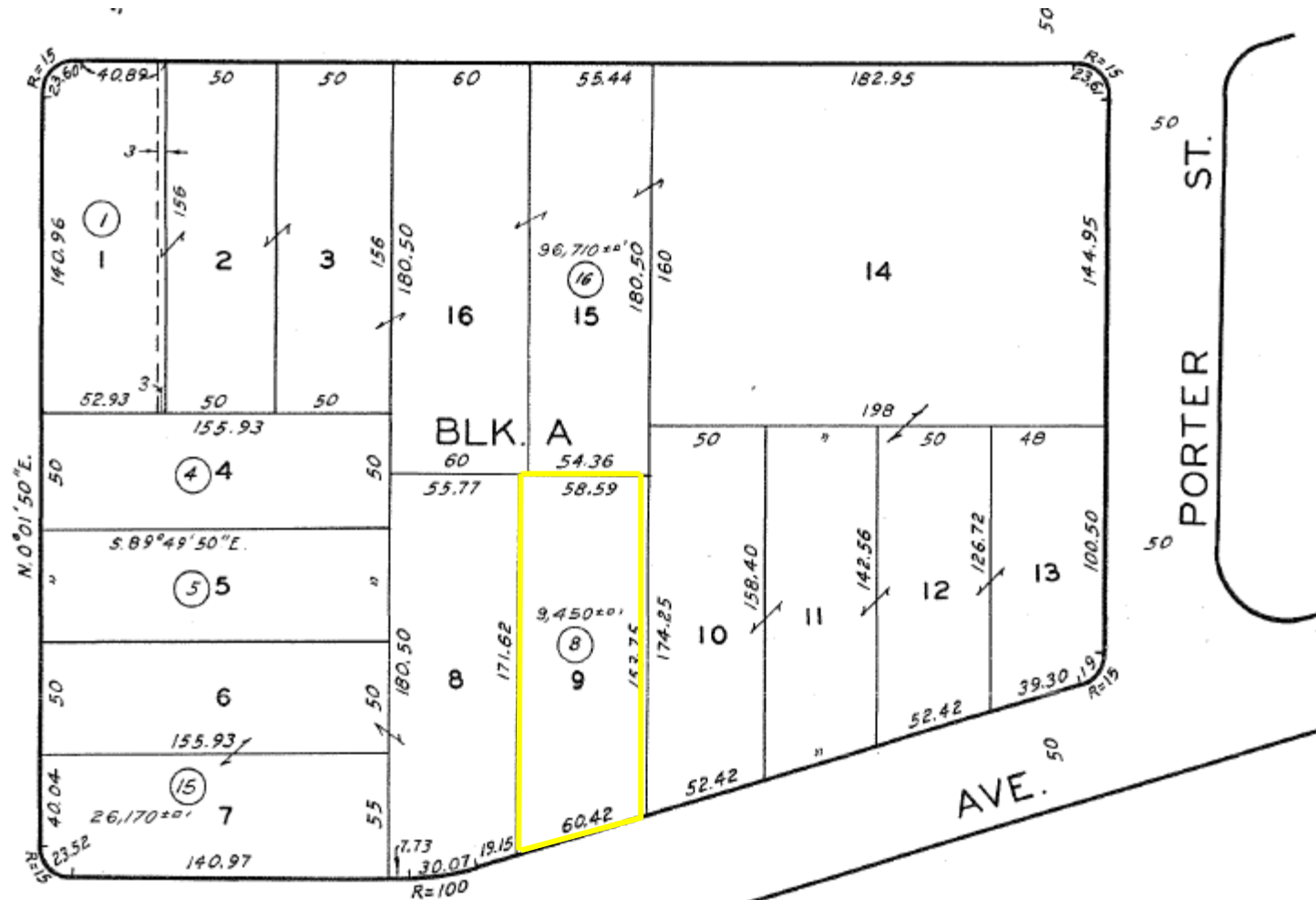
Considering the location of the subject and conclusions stated in the market analysis, lease-up is expected to fall at the low end of the market averages presented above. The subject benefits from its location within the market but absorption tends to compress as a property approaches stabilization. The improvements are well designed for their respective use and offer amenities that are commensurate with the demands of the local population. The data presented throughout the market analysis indicates that operating levels currently projected for the subject will continue.

Overall, we conclude to an absorption of 12 months or to a net monthly absorption of 1.30 revenue units.

## PLAT MAP



EXCESS LAND



# FLOOD MAP

## National Flood Hazard Layer FIRMette



SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

### Legend

**SPECIAL FLOOD HAZARD AREAS**

- Without Base Flood Elevation (BFE) Zone A, V, AE, X
- With BFE or Depth Zone AC, AG, AH, VE, AR
- Regulatory Floodway

**OTHER AREAS OF FLOOD HAZARD**

- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee. See Notes. Zone X
- Area with Flood Risk due to Levee Zone D

**OTHER AREAS**

- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOMRA
- Area of Undetermined Flood Hazard Zone I

**GENERAL STRUCTURES**

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

**OTHER FEATURES**

- Cross Sections with 1% Annual Chance Water Surface Elevation
- Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

**MAP PANELS**

- Digital Data Available
- No Digital Data Available
- Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/21/2022 at 2:57 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmoderated areas cannot be used for regulatory purposes.

## Site Analysis

The following chart summarizes the subject site characteristics:

SITE SUMMARY		
<b>Physical Description</b>		
Gross Site Area	2.765 Acres	120,433 Sq. Ft.
Net Site Area	2.555 Acres	111,296 Sq. Ft.
Excess Land Area	0.210 Acres	9,137 Sq. Ft.
Surplus Land Area	None	
Shape	Irregular	
Topography	Generally Level	
Flood Map Panel No. & Date	06037C1375F	9/26/2008
Earthquake Zone	No	
<b>Comparative Analysis</b>		
Access	Good	
Visibility	Good	
Functional Utility	Good	
Adequacy of Utilities	Assumed adequate	
Landscaping	Commensurate with community quality	
Drainage	Assumed adequate	
<b>Utilities</b>		
	Provider	Adequacy
Water	City of Glendale	Yes
Sewer	City of Glendale	Yes
Natural Gas	SoCal Gas	Yes
Electricity	SoCal Gas	Yes
Telephone	Spectrum, Various	Yes
Mass Transit	Metrolink	Yes
<b>Other</b>		
	Yes	No
Detrimental Easements		X
Encroachments		X
Deed Restrictions		X
Reciprocal Parking Rights		X
Common Ingress/Egress		X
Source: Various sources compiled by CBRE		

*This parcel is not located within an Earthquake Fault Zone, Liquefaction Zone or Landslide Zone per the California Geological Survey's Earthquake Hazards Zone Application.*

### Excess Land

The subject includes a 9,137-square foot, nearly rectangular lot, considered to be excess land. The site is identified as tax identification number 5679-032-008 and has an address of 1219 E. Garfield. The site is vacant and used for overflow parking.

## Adjacent Properties

The adjacent land uses are summarized as follows:

North:	Residences
South:	Elementary School
East:	Windsor Mini Park, Residences
West:	Medical Office

The adjacent properties are conforming to the neighborhood and are complementary to the specific use of the subject.

## Flood Zone

According to flood hazard maps published by the Federal Emergency Management Agency (FEMA), the site is within Zone X (Unshaded). FEMA defines the subject's respective zone flood zone as follows:

*Zones C and X (unshaded) are flood insurance rate zones used for areas outside the 0.2-percent-annual-chance floodplain. No Base Flood Elevations (BFEs) or depths are shown in this zone, and insurance purchase is not required.*

## Conclusion

The site is well located and affords good access and visibility from roadway frontage. The size of the site is typical for the area and use, and there are no known detrimental uses in the immediate vicinity. There are no known factors that are considered to prevent the site from development to its highest and best use, as if vacant, or adverse to the existing use of the site.



## Zoning

The following chart summarizes the subject's zoning requirements.

ZONING SUMMARY	
Current Zoning	R 3050; Moderate Density Residential District
Legally Conforming	Yes
Uses Permitted	Multiple Residential Dwellings, Senior housing and congregate living communities are also permitted.
Ability to be Restored Without Permit	Yes
Zoning Change	Not likely
Source: Planning & Zoning Dept.	

The existing improvements represent a legal, conforming use of the site. The excess land, identified as tax identification number 5679-032-008, contains 9,137 square feet. The site is used for overflow parking and is also zoned R-3050; intended primarily as a zone for moderate density residential development with a minimum of three thousand fifty (3,050) square feet of lot area per dwelling unit. The site could be improved with a single-family or a two-unit residence, provided all setback and parking requirements are met.

It is recommended that local planning and zoning personnel be contacted regarding more specific information that might be applicable to the subject.

### ZONING MAP





## FLOOR PLANS

### Studio

Studio, 1 Bath



### Semi-Suite

Studio, 1 Bath



### Suite

1 Bed, 1 Bath



### One Bedroom

1 Bed, 1 Bath



### Two Bedroom

2 Bed, 2 Bath

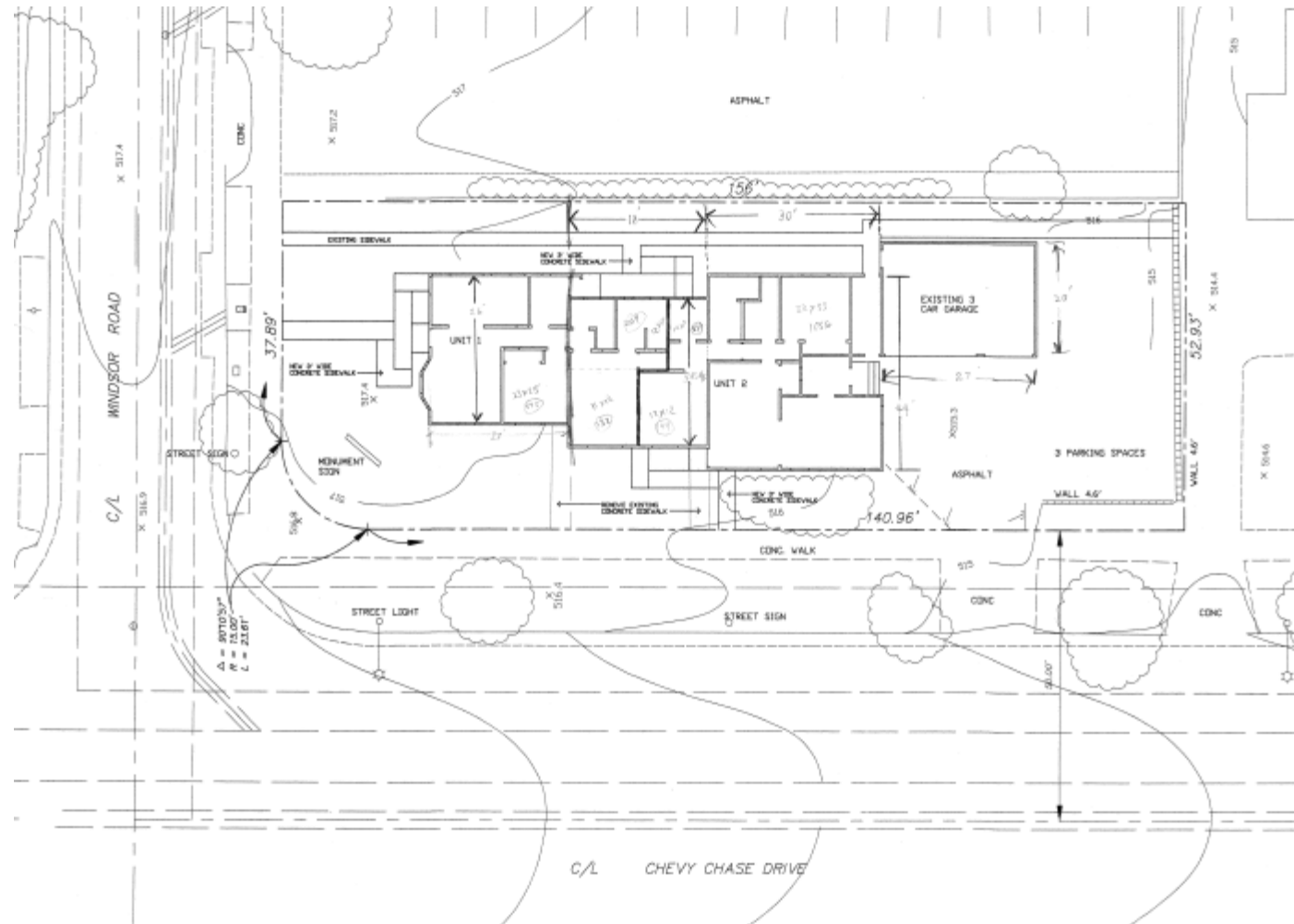


### Cottage

2 Bed, 2 Bath



[illegible]



## Improvement Analysis

The following chart shows a summary of the improvements.

SUMMARY OF IMPROVEMENTS						
Care Level	GBA	NRA	Units	Beds	Year Built	Condition
Independent Living	-	-	71	71	1972	Good
Assisted Living	-	-	38	38	1972	Good
Skilled Nursing	-	-	15	28	1972	Good
<b>Total/ Average:</b>	<b>115,209 SF</b>	<b>53,250 SF</b>	<b>124</b>	<b>137</b>	<b>1972</b>	<b>Good</b>
Building Size Source:	Assessor					
Fully Sprinklered	Yes					
Site Coverage	25.9%					
Land-to-Building Ratio	0.97 : 1					
Floor Area Ratio (FAR)	1.04					
Source: Compiled by CBRE						

### Layout of Improvements

The existing improvements consist of the primary building, which is part one-story and part, four story, with a subterranean basement and three cottage style, duplex units. The primary building features a central courtyard and surface parking areas at the southeast and northwest portion of the site. There is a lobby area with a reception desk. Most of the administrative offices are located adjacent to the main lobby. Common areas include activity rooms, a dining area, therapy room and a private dining room. The basement also features a theatre, billiards room and meeting room. There are resident laundry rooms and a commercial laundry area. The nursing care wing contains a separate and secured resident "pod" containing a dining area, warming kitchen, common television and activity room along with the resident rooms. All support areas, including a full commercial kitchen and commercial laundry room, are located at the central portion of the property. A summary of the unit mix is included below:

INDEPENDENT LIVING UNIT MIX					
Unit Type	No. Beds	No. Units	Revenue Units	Percent of Total	Unit Size (SF) Range
Studio	37	37	37	27.0%	300 - 450
1 Bedroom	29	29	29	21.2%	600
2 Bedroom	2	2	2	1.5%	900
Cottage	3	3	3	2.2%	950 - 1,300
Total/Average:	71	71	71	51.8%	513
Source: Compiled by CBRE					

**ASSISTED LIVING UNIT MIX**

Unit Type	No. Beds	No. Units	Revenue Units	Percent of Total	Unit Size (SF) Range
Studio	32	32	32	23.4%	300
1 Bedroom	6	6	6	4.4%	600
Total/Average:	38	38	38	27.7%	347

Source: Compiled by CBRE

**NURSING CARE UNIT MIX**

Unit Type	No. Beds	No. Units	Revenue Units	Percent of Total	Unit Size (SF) Range
Companion	26	13	26	19.0%	240
Private	2	2	2	1.5%	240
Total/Average:	28	15	28	20.4%	240

Source: Compiled by CBRE

**Conformity**

The State of Seniors Housing Survey published by ASHA (American Seniors Housing Association) reports the following design trends for the subject property type:

**CONFORMITY OF IMPROVEMENTS**

Care Level	Total Rev. Units:			GBA (SF)	Common Area:		Average Unit Size (SF)
	Lower Quartile	Average	Upper Quartile		(SF)	%	
CCRC	147	420	837	354,318	100,943	28%	751
SUBJECT	---	137	---	115,209	61,959	54%	429

Source: State of Seniors Housing Annual Report

In comparison, the subject's improvements feature smaller average unit sizes, but a greater percentage of common areas, as compared to similar property types.

**Description of Improvements**

Construction Class: D - Wood frame, floor and structure; considered combustible.

The construction components are assumed to be in working condition and adequate for the building.

Foundation: The foundation is assumed to be of adequate load-bearing capacity to support the improvements.

Ground Floor: Reinforced, concrete basement.

Roof Cover:	Low-pitch roofing system consisting of asphalt-shingles.
Flooring:	The common areas have commercial grade carpeting with Pergo laminate or ceramic tile flooring. The commercial kitchen has a quarry tile floor. The resident units have carpet or laminate in the living and bedroom areas with laminate or ceramic tile in the kitchenettes and bathrooms.
Exterior Walls:	The exterior walls consist of painted stucco with decorative trim. The building contains double-pane aluminum frame windows.
HVAC:	All common areas and resident rooms contain central cooling and heating. The cottages feature individual HVAC systems.
Plumbing:	The plumbing system is assumed to be adequate for the existing use and in compliance with local law and building codes.
Electrical:	The electrical system is assumed to be in good working order and adequate for the building.
Security:	Resident call systems in all the resident living areas and bathrooms, as well as emergency back-up lighting system.

## Utilities

The subject operations indicate that management is responsible for all utilities including electricity, water and sewer costs. The individual units are separately wired for phone and cable services with the tenants paying these costs.

## Fire Protection

It is assumed the improvements have adequate fire alarm systems, fire exits, fire extinguishers, fire escapes and other fire protection measures to meet local fire marshal requirements. CBRE, Inc. is not qualified to determine adequate levels of safety & fire protection, whereby it is recommended that the client/reader review available permits, etc. prior to making a business decision.

## Project Amenities

Property and unit amenities for the subject property are summarized below:

- Community Dining Room(s)
- Private Dining Room
- Other Dining Venues (Bistro)
- Sundries Shop
- Game Room
- Library/Computer Center
- Hair Salon
- Media Room
- Resident Lounge Areas
- Arts & Craft Room
- Elevator Access to all areas
- Laundry Facilities
- Wellness Center
- Resident Storage
- Mail Room
- Outside Patios/Walking Areas
- Scheduled Transportation

The following are the individual living unit amenities and features are being offered at the subject:

- 24-Hour Emergency Response System
- Fire/Smoke Detectors and Sprinkler System
- Individual Air Controls
- Private Baths
- Showers with a Seat and Grab Bars
- Full-Function Kitchen (IL units)
- Kitchenettes (AL units)
- Ample Closet Space
- Basic Cable Television Access
- Washer/Dryer Appliances (Cottage units)

## Parking and Drives

The subject features surface parking comprised of 62 spaces situated throughout the site. Additionally, the parking is considered adequate, including accessible (FKA as handicapped or disabled) parking spaces. The cottage style units feature two, 2-car garages. All parking spaces and vehicle drives are asphalt paved and considered to be in good condition.

## Landscaping

Landscaping is in good condition and well maintained.

## Functional Utility

The floor plans are considered to feature functional layouts and the layout of the overall project is considered functional in utility.

## ADA Compliance

The client/reader's attention is directed to the specific limiting conditions regarding ADA compliance.

## Furniture, Fixtures and Equipment

Additional personal property including all common area furniture, as well as all equipment required to operate the subject property are typically included in the sale of a seniors housing property. These items are in good condition.

## Environmental Issues

CBRE, Inc. is not qualified to detect the existence of any potentially hazardous materials such as lead paint, asbestos, urea formaldehyde foam insulation, or other potentially hazardous construction materials on or in the improvements. The existence of such substances may affect the value of the property. This analysis assumes that any hazardous materials that may cause a loss in value do not affect the subject.

## Deferred Maintenance

Our inspection of the property indicated no items of significant deferred maintenance.

## Cost to Complete (Capital Expenditures)

The subject is undergoing a renovation of the three-story section of the building. This included renovating the basement level common areas, renovating the resident hallways and renovating a number of resident rooms in the four-story section of the main building. A rooftop HVAC system was also replaced. The renovations will be completed after a construction period of 1-month or on March 17, 2022.

During this assignment, we were provided a budget for the cost to complete this project, as recapitulated within the following chart.

SUMMARY OF COST TO COMPLETE	
Renovation Costs	\$1,010,853
Less Completed	(\$751,000)
Subtotal - Remaining Costs	\$259,853
Plus: Profit @ 15%	\$38,978
<b>Total Cost to Complete:</b>	<b>\$298,831</b>
Source: Management's Construction Budget	

In addition to the cost to complete, a 15% profit (entrepreneurial incentive) line item, based on a percentage of cost, has been added to account for the time, effort, and cost of capital associated with undertaking this project. The remaining costs are then \$259,853, for a total cost to complete of \$298,831, inclusive of entrepreneurial profit.



## Economic Age and Life

CBRE, Inc.'s estimate of the subject improvements effective age and remaining economic life is depicted in the following chart:

ECONOMIC AGE AND LIFE	
Actual Age	50 Years
Effective Age	20 Years
MVS Expected Life	55 Years
Remaining Economic Life	35 Years
Accrued Physical Incurable Depreciation	36.4%
Compiled by CBRE	

The overall life expectancy is based upon our on-site observations and a comparative analysis of typical life expectancies reported for buildings of similar construction as published by Marshall and Swift, LLC, in the *Marshall Valuation Service* cost guide. While CBRE, Inc. did not observe anything to suggest a different economic life, a capital improvement program could extend the life expectancy.

This analysis is based on the subject in as is condition, upon completion and upon stabilization.

## Conclusion

The improvements are considered to be functional in design and consistent with current design trends for the subject's respective property type. These improvements are expected to maximize the highest and best use of the site.

## Tax and Assessment Data

The subject's market value, assessed value, and taxes are summarized below, and do not include any furniture, fixtures and equipment.

AD VALOREM TAX INFORMATION			
Assessor's Market Value	2021	2021 Less Exemption	CBRE Year 1
5679-032-001	\$84,784	-	\$14,870,000
5679-032-004	301,978	-	
5679-032-005	50,675	-	
5679-032-008	377,424	-	
5679-032-016	6,600,732	-	
Subtotal	\$7,415,593	\$0	\$14,870,000
Assessed Value @	100%	100%	100%
Total Assessed Value	\$7,415,593	\$0	\$14,870,000
General Tax Rate (per \$100 A.V.)	1.000000	1.000000	1.000000
General Tax:	\$74,156	\$0	\$148,700
Special Assessments:	10,104	10,104	10,104
<b>Total Taxes</b>	<b>\$84,260</b>	<b>\$10,104</b>	<b>\$158,804</b>
Source: Assessor's Office			

The table above shows the 2021 assessment values along with the 2021 taxes, after exemptions were applied. Nonprofit corporations are eligible for tax exempt status under section 501(c)(3) for real and personal property owned and operated in California.

### Property Tax Methodology

In California, privately held real property is typically assessed at 100% of full cash value (which is interpreted to mean market value of the fee simple estate) as determined by the County Assessor. Generally, a reassessment occurs only when a property is sold (or transferred) or when new construction occurs (as differentiated from replacing existing construction). In the case of long-term ground leases, the general rule is that a reassessment is made at the time of assigning or terminating a lease where the remaining term is more than 35 years. For reassessment purposes, the lease term includes all options to extend. Assessments for properties that were acquired before the tax year 1975-1976 were stabilized as of the tax year 1975-1976. Property taxes are limited by state law to 1% of the assessed value plus voter-approved obligations and special assessments. If no sale (or transfer) occurs or no new building takes place, assessments may not increase by more than 2% annually. Taxes are payable in two equal installments, which become delinquent after December 10 and April 10, respectively.

The concluded tax value is equal to the “As Is” allocated real estate value. If the subject were to sell, a reassessment at the allocated real estate value would most likely occur, with tax increases limited to 2% annually thereafter until the property is sold again. The stabilized tax projection does not include the excess land parcel.

### **Delinquency**

According to our search of local public records, the subject does not have any outstanding (delinquent) property taxes.

### **Conclusion**

The total taxes for the subject have been estimated as \$158,804 for the base year of our analysis, based upon an assessed value of \$14,870,000 or \$108,540 per unit. The taxes estimated in our analysis are for the subject property assuming a sale at the current market value (real estate). If the subject were to sell, a reassessment at the allocated real estate value would most likely occur, with tax increases limited to 2% annually thereafter until the property is sold again. The consequences of this reassessment have been considered in the appropriate valuation sections.

## Highest and Best Use

In appraisal practice, the concept of highest and best use represents the premise upon which value is based. The four criteria the highest and best use must meet are:

- legally permissible
- physically possible
- financially feasible
- maximally productive

The highest and best use analysis of the subject is discussed on the following pages.

### **As If Vacant – Primary Site**

#### ***Legally Permissible***

The legally permissible uses were discussed in the Site Analysis and Zoning Sections.

#### ***Physically Possible***

The subject is adequately served by utilities, and has an adequate shape and size, sufficient access, etc., to be a separately developable site. There are no known physical reasons why the subject site would not support any legally probable development (i.e. it appears adequate for development). Existing structures on similar sites provide additional evidence for the physical possibility of development.

#### ***Financially Feasible***

Potential uses of the site include various multifamily uses as previously detailed in the zoning analysis. The determination of financial feasibility is dependent primarily on the relationship of supply and demand for the legally probable land uses versus the cost to create the uses. As discussed in the market analysis of this report, the subject's seniors housing market is generally stabilized. Development of new seniors housing properties has occurred in the past few years; however elevated construction costs has resulted in many proposed developments which are no longer moving forward due to inadequate construction financing and market conditions (increasing vacancy, declining effective rental rates, higher cap rates, etc.). Overall, there is significant risk in the senior housing market and most investors would not move forward with new construction at this time. Redevelopments of older buildings for new apartment buildings is taking place in the subject's market and due to the built-up nature of the area, demand for redevelopment sites is positive.

#### ***Maximally Productive***

The final test of highest and best use of the site as if vacant is that the use be maximally productive, yielding the highest return to the land. In relation to the various uses permitted, the subject's location is most viable for an apartment development. Surrounding uses are complementary in nature. Hence, in the case of the subject as if vacant, the analysis has indicated that a new apartment development would be most appropriate.

**Conclusion: Highest and Best Use As If Vacant**

Based on the information presented above and contained in the market and neighborhood analysis, the highest and best use of the subject as if vacant would be the immediate development of apartments. More specifically, the subject would be developed at a density that would maximize the allowable unit count under current zoning code. Our analysis of the subject and its respective market characteristics indicate the most likely buyer, as if vacant, would be an investor (land speculation) or a developer.

**As If Vacant – Excess Land*****Legally Permissible***

The legally permissible uses were discussed in the Site Analysis and Zoning Sections.

***Physically Possible***

The subject is adequately served by utilities, and has an adequate shape and size, sufficient access, etc., to be a separately developable site. There are no known physical reasons why the subject site would not support any legally probable development (i.e. it appears adequate for development). Existing structures on similar sites provide additional evidence for the physical possibility of development.

***Financially Feasible***

Potential uses of the site include various a single-family or a two-unit residence, provided all setback and parking requirements are met. The determination of financial feasibility is dependent primarily on the relationship of supply and demand for the legally probable land uses versus the cost to create the uses. Redevelopments of older buildings for new apartment buildings is taking place in the subject's market and due to the built-up nature of the area, demand for development sites is positive.

***Maximally Productive***

The final test of highest and best use of the site as if vacant is that the use be maximally productive, yielding the highest return to the land. In relation to the various uses permitted, the subject's location is most viable for a residential development. Surrounding uses are complementary in nature. Hence, in the case of the subject as if vacant, the analysis has indicated that a new single-family or a two-unit residence would be most appropriate.

**Conclusion: Highest and Best Use As If Vacant**

Based on the information presented above and contained in the market and neighborhood analysis, the highest and best use of the subject as if vacant would be the immediate development of a single-family or a two-unit residence. Our analysis of the subject and its respective market characteristics indicate the most likely buyer, as if vacant, would be an investor (land speculation) or a developer.

## **As Improved**

### ***Legally Permissible***

The site has been improved with a seniors' housing development that is a legal, conforming use.

### ***Physically Possible***

The layout and positioning of the improvements are considered functional for seniors housing use. While it would be physically possible for a wide variety of uses, based on the legal restrictions and the design of the improvements, the continued use of the property for seniors housing users would be the most functional use.

### ***Financially Feasible***

The financial feasibility of a seniors housing community is based on the amount of rent which can be generated, less operating expenses required to generate that income; if a residual amount exists, then the land is being put to a productive use. Based upon the income capitalization approach conclusion, the subject is producing a positive net cash flow and continued utilization of the improvements for seniors housing purposes is considered financially feasible.

### ***Maximally Productive***

The maximally profitable use of the subject as improved should conform to neighborhood trends and be consistent with existing land uses. Although several uses may generate sufficient revenue to satisfy the required rate of return on investment and provide a return on the land, the single use that produces the highest price or value is typically the highest and best use. As shown in the applicable valuation sections, buildings that are similar to the subject have been acquired or continue to be used by seniors housing owners/tenants. These comparables would indicate that the maximally productive use of the property is consistent with the existing use as a seniors housing community.

## **Conclusion: Highest and Best Use As Improved**

The highest and best use of the property as improved, is consistent with the existing use as a seniors housing development. Additionally, the most probable purchaser as improved is a non-profit or regional investor.

## Appraisal Methodology

In appraisal practice, an approach to value is included or omitted based on its applicability to the property type being valued and the quality and quantity of information available.

### Cost Approach

The cost approach is based on the proposition that the informed purchaser would pay no more for the subject than the cost to produce a substitute property with equivalent utility. This approach is particularly applicable when the property being appraised involves relatively new improvements that represent the highest and best use of the land, or when it is improved with relatively unique or specialized improvements for which there exist few sales or leases of comparable properties.

### Sales Comparison Approach

The sales comparison approach utilizes sales of comparable properties, adjusted for differences, to indicate a value for the subject. Valuation is typically accomplished using physical units of comparison such as price per square foot, price per unit, price per floor, etc., or economic units of comparison such as gross rent multiplier. Adjustments are applied to the physical units of comparison derived from the comparable sale. The unit of comparison chosen for the subject is then used to yield a total value.

### Income Capitalization Approach

The income capitalization approach reflects the subject's income-producing capabilities. This approach is based on the assumption that value is created by the expectation of benefits to be derived in the future. Specifically estimated is the amount an investor would be willing to pay to receive an income stream plus reversion value from a property over a period of time. The two common valuation techniques associated with the income capitalization approach are direct capitalization and the discounted cash flow (DCF) analysis.

### Methodology Applicable to the Subject

In valuing the subject, all three approaches are applicable and have been utilized.

## Market Inflation Rate

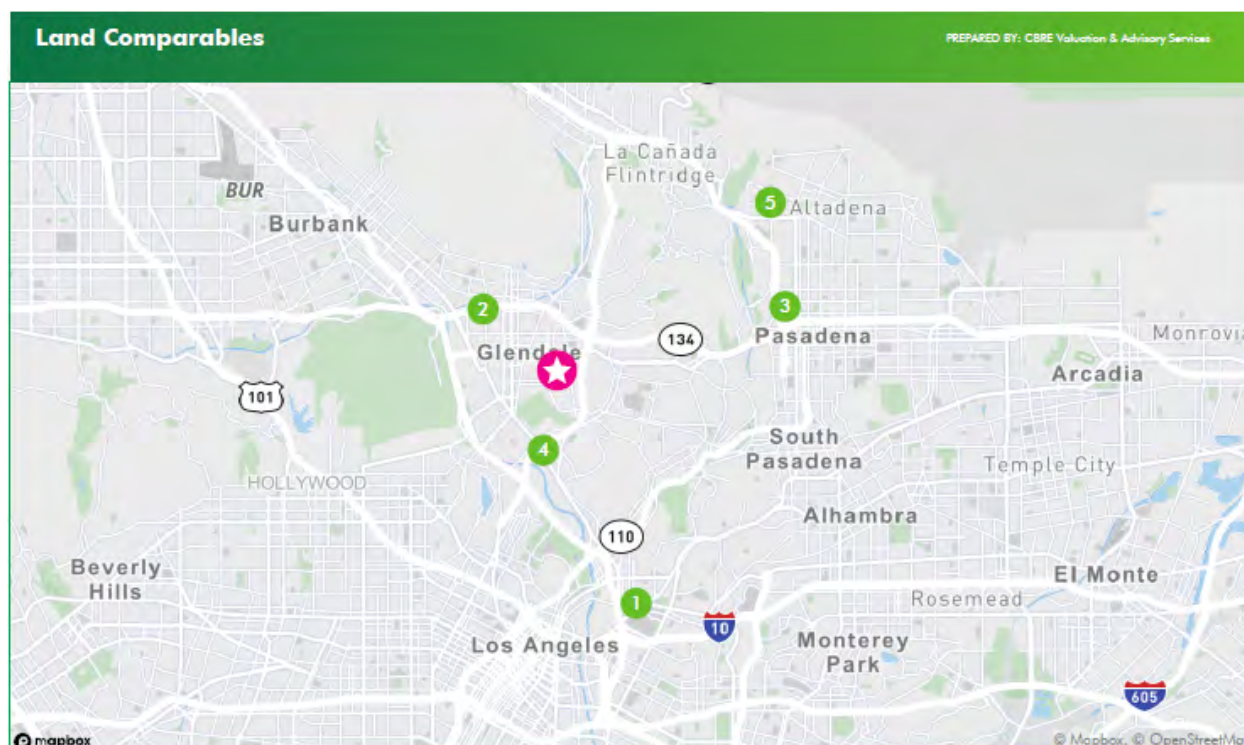
In each approach to value, the most recent available market data is utilized in providing estimates of value. For estimating an annual inflation rate to be applied within the valuation modeling where applicable, this is estimated by analyzing the expectations typically used by buyers and sellers in the local marketplace. An analysis of the Consumer Price Index (CPI), published survey, as well as data provided via developer and investor proformas is shown in the following chart. The concluded annual inflation rate of 3.00% is also included.

SUMMARY OF GROWTH RATES			
Investment Type	Min	Max	Average
U.S. Bureau of Labor Statistics (CPI-U) - As of November 2021 10-Year Snapshot Average			2.08%
CBRE Seniors Housing & Care Investor Survey (H1 2021) Seniors Housing & Care Rental Growth Rate*	0.00%	3.00%	-
IBISWorld: Retirement Communities in the US (December 2020) Annualized Revenue Five-Year Growth Outlook (2020-2026)	-	-	4.30%
Annual Industry Value Added (IVA) Five-Year Outlook (2020-2026)	-	-	4.06%
Senior Living Valuation Services Survey (2020) Seniors Housing Annual Growth Rate - Revenues	-5.00%	4.00%	1.60%
Seniors Housing Annual Growth Rate - Expenses	-2.00%	10.00%	1.90%
Seniors Housing Annual Growth Rate - General Inflation	0.00%	3.50%	2.20%
Market Participants: Current Seniors Housing Investor / Developer Proformas	2.00%	4.50%	3.00%
<b>CBRE Inflation Estimate</b>			<b>3.00%</b>
Source: Compiled by CBRE; *(Majority of Respondents: 80%+/-)			



## Land Value

The following map and table summarize the comparable data used in the valuation of the subject site. A detailed description of each transaction is included in the addenda.



SUMMARY OF COMPARABLE LAND SALES								
No.	Property Location	Transaction Type	Transaction Date	Adjusted Sale Price <sup>1</sup>	Size (Acres)	Size (SF)	Price Per Acre	Price Per SF
1	3012-3024 N. Main Street, Los Angeles, California	Sale	Mar-19	\$8,251,000	2.11	91,830	\$3,913,951	\$89.85
2	515 Pioneer Drive, Glendale, California	Sale	Oct-19	\$13,001,000	2.80	121,994	\$4,642,220	\$106.57
3	745-765 N. Orange Grove, Pasadena, California	Sale	Jul-19	\$7,488,000	1.19	51,685	\$6,310,999	\$144.88
4	2900-2910 N. San Fernando Road, Los Angeles (Glassell Park), California	Sale	Dec-20	\$27,000,000	4.97	216,419	\$5,434,454	\$124.76
5	2439-2445 Lincoln Avenue, Altadena, California	Sale	Sep-21	\$2,900,000	0.61	26,572	\$4,754,098	\$109.14
Sub.	1230 E Windsor Rd, Glendale, California	---	---	---	2.56	111,296	---	---

<sup>1</sup> Transaction amount adjusted for cash equivalency and/or development costs (where applicable)

Source: CBRE VIEW Database

The sales utilized represent the best data available for comparison with the subject. These sales were chosen based upon use, condition and quality, date of transaction, and location. CBRE did attempt to select comparables located in markets with similar economic attributes as the subject.

## **Discussion/Analysis of Land Sales**

### ***Land Sale One***

The upward market conditions (time) adjustment reflects the improved market conditions since date of sale. The adjustment for location was warranted due to the property's location in a market with favorable income levels and demographic growth. Therefore, a downward adjustment was judged proper for this comparable. With respect to zoning/density, this comparable was considered superior in this aspect and received a downward adjustment because of its superior allowable development potential (FAR). Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### ***Land Sale Two***

The upward market conditions (time) adjustment reflects the improved market conditions since the date of sale. Upon comparison with the subject, this comparable was considered superior in terms of shape and received a downward adjustment for this characteristic due to its rectangular site shape. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### ***Land Sale Three***

The downward adjustment for size reflects this comparable's superior feature as smaller sites tend to sell for a higher price per square foot (economies of scale). The adjustment for location was warranted due to the property's location in a market with favorable income levels and demographic growth. Therefore, a downward adjustment was judged proper for this comparable. With respect to zoning/density, this comparable was considered superior in this aspect and received a downward adjustment because of its mixed-use zoning. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### ***Land Sale Four***

The upward market conditions (time) adjustment reflects the improved market conditions since the date of sale. The upward adjustment for size reflects this comparable's inferior feature with respect to economies of scale. The adjustment for location was warranted due to the property's location in a market with favorable income levels and demographic growth. Therefore, a downward adjustment was judged proper for this comparable. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

## Land Sale Five

The upward market conditions (time) adjustment reflects the improved market conditions since the date of sale. The downward adjustment for size reflects this comparable's superior feature with respect to economies of scale. With respect to zoning/density, this comparable was considered superior in this aspect and received a downward adjustment because of its superior allowable development potential (FAR). Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

## Summary of Adjustments

Based on our comparative analysis, the following chart summarizes the adjustments warranted to each comparable.

LAND SALES ADJUSTMENT GRID						
Comparable Number	1	2	3	4	5	Subject
Transaction Type	Sale	Sale	Sale	Sale	Sale	---
Transaction Date	Mar-19	Oct-19	Jul-19	Dec-20	Sep-21	---
Actual Sale Price	\$8,251,000	\$13,001,000	\$7,488,000	\$27,000,000	\$2,900,000	---
Adjusted Sale Price <sup>1</sup>	\$8,251,000	\$13,001,000	\$7,488,000	\$27,000,000	\$2,900,000	---
Size (Acres)	2.11	2.80	1.19	4.97	0.61	2.56
Size (SF)	91,830	121,994	51,685	216,419	26,572	111,296
Price (\$ PSF)	\$89.85	\$106.57	\$144.88	\$124.76	\$109.14	
Property Rights Conveyed	0%	0%	0%	0%	0%	
Financing Terms <sup>1</sup>	0%	0%	0%	0%	0%	
Conditions of Sale	0%	0%	0%	0%	0%	
Market Conditions (Time)	9%	7%	0%	4%	1%	
Subtotal	\$97.71	\$114.30	\$144.88	\$129.12	\$110.23	
Size	0%	0%	-5%	5%	-10%	
Shape	0%	-10%	0%	0%	0%	
Corner	0%	0%	0%	0%	0%	
Frontage	0%	0%	0%	0%	0%	
Topography	0%	0%	0%	0%	0%	
Location	-5%	0%	-10%	-10%	0%	
Zoning/Density	-5%	0%	-10%	0%	-5%	
Utilities	0%	0%	0%	0%	0%	
Highest & Best Use	0%	0%	0%	0%	0%	
Total Other Adjustments	-10%	-10%	-25%	-5%	-15%	
Value Indication for Subject	\$87.94	\$102.87	\$108.66	\$122.67	\$93.70	

<sup>1</sup> Transaction amount adjusted for cash equivalency and/or development costs (where applicable)

Source: CBRE VIEW Database

## Conclusion

The comparables indicate an unadjusted range of \$90 to \$145 per square foot of land with an adjusted range of \$88 to \$123 per unit. The adjusted average indication of \$103 per square foot represents an approximate -10.32% difference from the unadjusted average.

Comparables 1, 2 and 5 are the most representative of the subject site due to their respective uses. These sales indicate an adjusted average of \$95 per square foot, below the overall average indication of the comparable set. Hence, a price per square foot indication consistent with the mean of these sales is most appropriate for the subject. The following table presents the valuation conclusion:

CONCLUDED LAND VALUE				
\$ PSF		Subject SF		Total
\$90	x	111,296	=	\$10,016,640
\$100	x	111,296	=	\$11,129,600
<b>Indicated Value:</b>				<b>\$10,500,000</b>
		(Rounded \$ PSF)		\$94.34
Compiled by CBRE				

## Excess Land

A value consideration was also applied to the portion of the subject site containing excess land. This site is identified as tax identification number 5679-032-008 and contains 9,137 square feet. The site is used for overflow parking and is zoned R-3050; and is intended primarily as a zone for moderate density residential development with a minimum of three thousand fifty (3,050) square feet of lot area per dwelling unit. The site could be improved with a single-family residence or a two-unit residence, provided all setback and parking requirements are met. We discovered the following recent sales of residential lots in the subject's market.

SUMMARY OF COMPARABLE LAND SALES					
Address	City	Size	Sale Date	Sale Price	Price/ SF
917 Highland	Glendale	6,126	9/30/2021	\$871,000	\$142.18
1409 El Mirador Dr.	Pasadena	19,689	9/30/2021	\$1,900,000	\$96.50
1128 Stanley	Glendale	7,205	1/24/2020	\$965,000	\$133.93
1316 N. Jackson	Glendale	6,795	8/11/2020	\$775,000	\$114.05
Source: CBRE VIEW Database					

The data, above along with the previously presented land comparables, indicate a higher price per square foot is warranted for this land parcel's smaller size. A value indication of \$115 per square foot is considered well supported based on the comparables presented.

CONCLUDED EXCESS LAND VALUE				
\$ PSF		Subject SF		Total
\$100.00	x	9,137	=	\$913,700
\$120.00	x	9,137	=	\$1,096,440
Indicated Value:				<b>\$1,050,000</b>
Compiled by CBRE				

The contributory value of this excel land parcel has been presented on a stand-alone basis.

## Cost Approach

In estimating the replacement cost new for the subject, the following methods/data sources have been utilized (where available):

- the comparative unit method has been employed, utilizing the Marshall Valuation Service (MVS) cost guide, published by Marshall and Swift, LLC;
- the subject's actual construction costs (where available); and
- actual/budget construction cost figures available for comparable properties have been considered.

### Marshall Valuation Service

#### Direct Cost

Salient details regarding the direct costs are summarized in the Cost Approach Conclusion at the end of this section. The MVS cost estimates include the following:

1. average architect's and engineer's fees for plans, plan check, building permits and survey(s) to establish building line;
2. normal interest in building funds during the period of construction plus a processing fee or service charge;
3. materials, sales taxes on materials, and labor costs;
4. normal site preparation including finish grading and excavation for foundation and backfill;
5. utilities from structure to lot line figured for typical setback;
6. contractor's overhead and profit, including job supervision, workmen's compensation, fire and liability insurance, unemployment insurance, equipment, temporary facilities, security, etc.;
7. site improvements (included as lump sum additions); and
8. initial tenant improvement costs are included in MVS cost estimate. However, additional lease-up costs such as advertising, marketing and leasing commissions are not included.

Base building costs (direct costs) are adjusted to reflect the physical characteristics of the subject. Making these adjustments, including the appropriate local and current cost multipliers, the direct building cost is indicated.

#### Additions

Items not included in the direct building cost estimate include parking and walks, signage, landscaping, and miscellaneous site improvements. The cost for these items is estimated separately using the segregated cost sections of the MVS cost guide.

#### Indirect Cost Items

Several indirect cost items are not included in the direct building cost figures derived through the MVS cost guide. These items include developer overhead (general and administrative costs), property taxes, legal and insurance costs, local development fees and contingencies, and miscellaneous costs.

As part of the research for the most recent U.S. Seniors Housing Development Costs Report, indirect (soft) costs were predominantly reported to range between 20% and 35% of the direct costs. For our conclusion, we have utilized an indirect cost based on 20.0% of the total direct costs.

### MVS Conclusion

The concluded direct and indirect building cost estimates obtained via the MVS cost guide are illustrated as follows:

MARSHALL VALUATION SERVICE COST SCHEDULE				
Primary Building Type:	CCRC	Height per Story:	9'	
Effective Age:	20 YRS	Number of Buildings:	4	
Condition:	Good	Gross Building Area:	115,209 SF	
Number of Units:	137	Average Unit Size:	429 SF	
Number of Stories:	4	Average Floor Area:	28,802 SF	
<b>MVS Sec/Page</b>		Sec 12 / Pg 25	Sec 12 / Pg 22	
<b>Quality/Bldg. Class</b>		Good / D	Good / D	
<b>Building Component</b>		Cottages/Garage	Retirement	
<b>Component Sq. Ft.</b>		3,649 SF	111,560 SF	
<b>Base Square Foot Cost</b>		\$119.38	\$137.00	
<b>Square Foot Refinements</b>				
Sprinklers		\$0.00	\$3.00	
Subtotal		\$119.38	\$140.00	
<b>Height and Size Refinements</b>				
Number of Stories Multiplier		1.00	1.00	
Height per Story Multiplier		1.00	1.00	
Floor Area Multiplier		1.00	0.90	
Subtotal		\$119.38	\$126.00	
<b>Cost Multipliers</b>				
Current Cost Multiplier		1.22	1.22	
Local Multiplier		1.19	1.19	
<b>Final Square Foot Cost</b>		<b>\$173.31</b>	<b>\$182.93</b>	
<b>Base Component Cost</b>		<b>\$632,419</b>	<b>\$20,407,314</b>	
<b>Base Building Cost</b>				\$21,039,732
<b>Site Improvements</b>	<b>% of Site</b>	<b>Allocation (SF)</b>	<b>\$/ Sf</b>	<b>Total</b>
Signage	N/A	N/A	N/A	\$20,000
Landscaping	25.00%	27,824	\$2.14	\$59,543
Misc. Site Work	50.00%	55,648	\$2.50	\$139,120
Parking/ Walkways	25.00%	27,824	\$6.00	\$166,944
				<b>\$385,607</b>
<b>Direct Building Cost</b>				<b>\$21,425,340</b>
<b>Indirect Costs</b>	20.0% of Direct Building Cost			<b>\$4,285,068</b>
<b>Direct and Indirect Building Cost</b>				<b>\$25,710,408</b>
<b>Rounded</b>				<b>\$25,710,000</b>
Compiled by CBRE				

## Construction Costs Comparables

Comparable cost information on several comparable properties recently constructed or under construction within the subject's general market area is illustrated in the following table. The following costs do not include land or FF & E. These items are added later in this analysis.

BUDGETED CONSTRUCTION COSTS				
Comparable:	1	2	3	Average
Location:	Vallejo, CA	Folsom, CA	Camarillo, CA	
Revenue Units:	140	166	91	132
Size (SF):	117,000	181,200	84,068	127,423
Hard Costs	\$20,277,396	\$30,148,212	\$18,029,000	\$22,818,203
Soft Costs	\$2,722,604	\$12,392,113	\$1,950,000	\$5,688,239
Total Hard & Soft Cost	\$23,000,000	\$42,540,325	\$19,979,000	\$28,506,442
Cost Per Rev. Unit	<b>\$164,286</b>	<b>\$256,267</b>	<b>\$219,549</b>	<b>\$213,367</b>
Cost Per SF	<b>\$196.58</b>	<b>\$234.77</b>	<b>\$237.65</b>	<b>\$223.00</b>
Source: CBRE VIEW Database				

## Direct and Indirect Cost Conclusion

The indicated direct and indirect building costs for the subject are illustrated as follows:

DIRECT AND INDIRECT COST CONCLUSION			
Source	Total	Per Unit	Per SF
MVS Cost Guide	\$25,710,000	\$187,664	\$223.16
Cost Comparables (Avg.)	-	\$213,367	\$223.00
<b>CBRE Estimate</b>	<b>\$25,700,881</b>	<b>\$187,598</b>	<b>\$223.08</b>
Source: CBRE VIEW Database			

The estimates derived via MVS represent replacement cost while the comparable actual figures represent reproduction costs. The MVS cost guide and the cost comparables were given equal consideration towards a cost conclusion for the subject.

## Entrepreneurial Incentive

Entrepreneurial profit represents the return to the developer and is separate from the contractor's overhead and profit. This line item, which is a subjective figure, tends to range from 10.0% to 25.0% of total direct and indirect costs for this property type, based on discussions with developers active in this market. For this analysis, an entrepreneurial incentive (profit) of 15.0% was utilized.

## Accrued Depreciation

There are essentially three sources of accrued depreciation:

1. physical deterioration, both curable and incurable;
2. functional obsolescence, both curable and incurable;
3. external obsolescence.



Distinction must also be made between short lived and long-lived items.

### Short Lived Physical Deterioration

Short lived items include roof cover, floor cover, HVAC, a portion of the site improvements, and FF & E. The appropriate depreciation was applied based on our physical inspection of the property. These items are summarized below along with the expected remaining life and depreciated basis.

SUMMARY OF SHORT LIVED ITEMS						
Short Lived Item	Size (SF)	Cost (\$/SF)	Cost New	Effective Age	Expected Life	Depreciation
Roof Cover	28,802	\$3.68	\$105,992	20	25	\$84,794
Floor Cover	115,209	\$9.12	\$1,050,706	5	15	\$350,235
HVAC	115,209	\$9.81	\$1,130,200	20	25	\$904,160
Site Improvements	-	-	\$385,607	7	20	\$134,963
<b>Total</b>			<b>\$2,672,506</b>		<b>55.16%</b>	<b>\$1,474,152</b>
Compiled by CBRE						

### Furniture, Fixtures and Equipment

Furniture, fixtures and equipment (FF&E) costs have been added to the Cost Approach as they are necessary to operate the subject property. In estimating costs for FF&E, numerous developers have been consulted as well as property owners. The following table outlines budgeted FF&E cost comparables for new construction.

FF&E COST SUMMARY		
Property Type	# of Units	\$/ Unit
CCRC	277	\$11,250
CCRC	220	\$12,430
IL/MC/SNF	326	\$19,567
IL/AL/SNF	124	\$17,944
IL/AL/MC	114	\$16,906
IL/AL/MC	214	\$8,040
IL/AL/MC	201	\$8,279
IL/AL/MC	147	\$9,796
IL/AL/MC	186	\$7,258
IL/AL/MC	157	\$8,540
IL/AL/MC	142	\$5,268
IL/AL/MC	255	\$6,544
<b>Weighted Average:</b>	<b>---</b>	<b>\$11,136</b>
Source: Compiled by CBRE		

As shown within the above chart, FF&E costs for similar activity seniors housing communities range from \$5,268 to \$19,567 per revenue unit, with variation based on quality of assets. Given the degree

of construction and quality associated with the subject property, combined with its size, a an FF&E cost estimate of \$9,000 per revenue unit is considered reasonable for the subject.

Based on our physical inspection of the property, the following depreciation was applied to the FF&E, for the concluded contributory value detailed within the following chart.

FF&E VALUE ESTIMATE		
Cost New per Unit	\$9,000	\$1,233,000
Percentage of Units furnished with FF&E		100.0%
Cost New of FF&E		\$1,233,000
Effective Age	4 Years	
MVS Expected Life	10 Years	
Remaining Economic Life	6 Years	
Less: Incurable Physical Deterioration		40.0%
Rounded Contributory Value of FF&E	137 Units	<b>\$740,000</b>
Compiled by CBRE		

To account for prospective cost escalations, we have included the following analysis for the subject Upon Stabilization.

FF&E PROSPECTIVE VALUE ESTIMATES				
		Rev. Units	\$/Unit	Total
Current Contributory Value of FF&E	February 17, 2022	137	\$5,401	\$740,000
Construction Period	1 months			
Applied Annual Growth Rate	3.00%			
Applied Growth Rate Factor - Adj/Rev. Unit	0.0025		\$13	
<b>Upon Completion Indication (Rounded)</b>	March 17, 2022	137	\$5,415	<b>\$740,000</b>
Construction & Stabilization Period	12 months			
Applied Annual Growth Rate	3.00%			
Applied Growth Rate Factor - Adj/Rev. Unit	0.03000		\$162	
<b>Upon Stabilization Indication (Rounded)</b>	March 17, 2023	137	\$5,577	<b>\$760,000</b>
Compiled by CBRE				

Notably, for the subject Upon Stabilization, the property would have undergone an absorption period. However, depreciation does not typically occur in a linear fashion, and the subject would not be fully occupied during the absorption period. Furthermore, this estimate is based on the contributory value of the FF&E as it relates to the going concern, and it is not expected to have incurred significant, measurable depreciation during this period. As such, in this case, depreciation is not applied to the FF&E under prospective value scenarios.

### Long Lived Physical Deterioration

The subject's physical condition was detailed in the improvement analysis. Curable deterioration affecting the improvements results from deferred maintenance, and if applicable, was previously discussed. With regard to incurable deterioration, the subject's long-lived improvements are considered to have deteriorated due to normal wear and tear associated with natural aging. The following chart provides a summary of the remaining economic life.

<b>ECONOMIC AGE AND LIFE</b>	
Actual Age	50 Years
Effective Age	20 Years
MVS Expected Life	55 Years
Remaining Economic Life	35 Years
Accrued Physical Incurable Depreciation	36.4%
Compiled by CBRE	

### Functional Obsolescence

Based on a review of the layout of the improvements, no forms of curable functional obsolescence were noted. Because replacement cost considers the construction of the subject improvements utilizing modern materials and current standards, design and layout, functional incurable obsolescence normally is not applicable.

### External Obsolescence

The cost feasible NOI exceeds the subject's stabilized NOI resulting in external obsolescence. This is measured by the NOI differential of \$973,910 capitalized at 8.50%, resulting in the external obsolescence outlined below:

<b>EXTERNAL OBSOLESCENCE</b>	
Cost Feasible NOI:	\$2,520,650
Pro-Forma Stabilized NOI:	\$1,546,740
NOI Differential:	\$973,910
Capitalized at:	8.50%
External Obsolescence:	(\$11,457,769)
Compiled by CBRE	

## Cost Approach Conclusion

The value estimate is calculated as follows:

COST APPROACH CONCLUSION			
Primary Building Type:	CCRC	Height per Story:	9'
Effective Age:	20 YRS	Number of Buildings:	4
Condition:	Good	Gross Building Area:	115,209 SF
Number of Units:	137	Average Unit Size:	429 SF
Number of Stories:	4	Average Floor Area:	28,802 SF
<b>Direct and Indirect Building Cost</b>			\$25,700,881
<b>Entrepreneurial Incentive</b>	15.0% of Total Building Cost		\$3,855,132
<b>Replacement Cost New</b>			<u>\$29,556,014</u>
<b>Accrued Depreciation</b>			
Replacement Cost New		\$29,556,014	
Less Replacement Cost New of Short Lived Items		<u>(\$2,672,506)</u>	
Long Lived Depreciable Basis		\$26,883,508	
Long Lived Incurable Physical Deterioration (Less Curable Items)	36.36%	<u>(\$9,667,155)</u>	
Short Lived Physical Incurable Depreciation (Less FF&E)	55.16%	<u>(\$1,474,152)</u>	
Functional Obsolescence		\$0	
External Obsolescence		<u>(\$11,457,769)</u>	
Total Accrued Depreciation	76.5% of Replacement Cost New		(\$22,599,076)
Contributory Value of FF&E			<u>\$740,000</u>
<b>Depreciated Replacement Cost</b>			<u>\$7,696,937</u>
Land Value			<u>\$10,500,000</u>
<b>Indicated As Complete Value</b>			\$18,196,937
<b>Rounded</b>			<b>\$18,200,000</b>
Estimated Cost to Complete			<u>(\$298,831)</u>
<b>Indicated As Is Value</b>			\$17,898,106
<b>Rounded</b>			<b>\$17,900,000</b>
<b>Value Per Rev. Unit</b>			\$130,657
Compiled by CBRE			

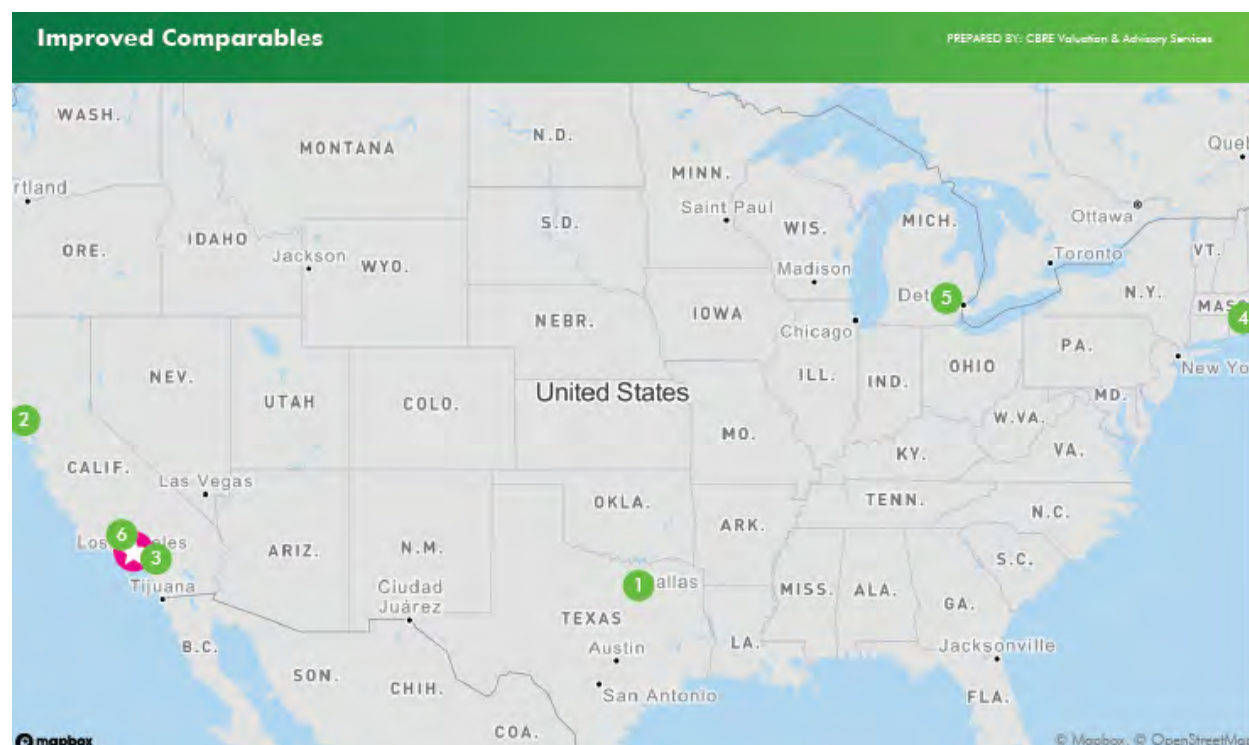
The cost to complete was discussed previously in this report. The value estimate included within the above chart is based on current market data. As discussed within the Appraisal Methodology section of this report, to derive estimates of prospective value, the above value estimate is escalated by 3.00% per annum during construction and stabilization, a 1-month period for construction (Upon Completion) and an additional a 12-month period for absorption (Upon Stabilization). This calculation is summarized within the following chart:

COST APPROACH PROSPECTIVE VALUE ESTIMATES		
Current Value Indication	February 17, 2022	\$17,898,106
Indicated Value		\$17,898,106
Add: Estimated Cost to Complete		\$298,831
Construction Period	1 months	
Annual Applied Growth Rate	3.00%	
Applied Growth Rate Factor - Indication	1.0025	\$18,241,816
<b>Upon Completion Indication (Rounded)</b>	<b>March 17, 2022</b>	<b>\$18,200,000</b>
Construction & Stabilization Period	12 months	
Annual Applied Growth Rate	3.00%	
Applied Growth Rate Factor - Indication	1.0300	\$18,789,070
Upon Stabilization Indication		\$18,789,070
<b>Upon Stabilization Indication (Rounded)</b>	<b>March 17, 2023</b>	<b>\$18,800,000</b>
Compiled by CBRE		

Notably, consistent with increases in construction costs in recent years, we have applied an annual growth rate to the conclusions via the Cost Approach. As the subject will be complete during absorption, the improvements may incur depreciation. However, depreciation is not linear, and the subject will not be fully stabilized during this period; thus, any incurred depreciation is expected to be nominal and an adjustment is not applied.

## Sales Comparison Approach

The following map and table summarize the comparable data used in the valuation of the subject. A detailed description of each transaction is included in the addenda.



SUMMARY OF COMPARABLE SALES											
No.	Name	Transaction Type	Date	Year Built	Year Renovated	Rev. Units	Adjusted Sale Price <sup>1</sup>	Price Per Rev. Unit <sup>1</sup>	Occ.	NOI Per Rev. Unit	OAR
1	LCS Portfolio, Dallas, Texas	Sale	Jan-18	1982	2011	1,190	\$199,000,000	\$167,227	75%	\$14,978	8.96%
2	Healdsburg Senior Living, Healdsburg, California	Sale	Apr-18	2000		110	\$19,000,000	\$172,727	98%	\$19,149	11.09%
3	Altavita Village, Riverside, California	Sale	Sep-19	1989	2009	633	\$78,000,000	\$123,223	53%	\$13,584	11.02%
4	Pleasant Bay Nursing & Rehab and Woodlands at Pleasant Bay, Brewster, Massachusetts	Sale	Sep-19	1994	2006	194	\$31,000,000	\$159,794	90%	\$14,150	8.86%
5	Caretel Inns of America Portfolio, Brighton, Michigan	Sale	Jun-20	1998		647	\$68,000,000	\$105,100	78%	\$8,500	8.09%
6	Brookdale Northridge Senior Living, Northridge, California	Sale	Sep-21	2001		160	\$29,000,000	\$181,250	57%	\$19,029	10.50%
Subj. Pro Forma	Windsor, Glendale, California	---	---	1972	2022	137	---	---	85%	\$11,290	(Est)

<sup>1</sup> Transaction amount adjusted for cash equivalency and/or deferred maintenance (where applicable)  
Compiled by CBRE

Given the finite number of properties in this sector, single-asset arm's length transfers remain limited relative to other property types. Recognizing the impact of a property's operating attributes on pricing, it is appropriate to utilize comparable properties exemplifying similar operational margins to accurately interpret pricing metrics employed by market participants. To do so, a more regional search was performed with comparables chosen based on care level provided, operating metrics at time of sale, and condition of the property. The sales utilized represent the best data available for comparison with the subject.

## **Analysis of Improved Sales**

### ***Improved Sale One***

This comparable represents a portfolio transaction containing six, Class B, rental only, IL/AL/MC/NC properties located in the Dallas MSA. Autumn Leaves contains 166 revenue units, was built in 1962 and most recently renovated in 2012. Monticello West contains 159 revenue units, was built in 1979 and most recently renovated in 2013. Parkwood Healthcare contains 159 revenue units, was built in 1986 and most recently renovated in 2007. Parkwood Retirement Community contains 162 revenue units, was built in 1986 and most recently renovated in 2007. Signature Pointe on the Lake contains 293 revenue units, was built in 1986 and most recently renovated in 2007. Walnut Place contains 263 revenue units, was built in 1980 and most recently renovated in 2012. The buyer was the tenant in a long-term lease at the time of sale and reported that the capital structure would not allow for necessary capital improvements to be made in order for the six properties to remain competitive in their respective markets. Each of the properties is located in a very desirable area with high barriers to entry. The buyer planned to terminate the lease and immediately implement a \$13.0 million capital improvement plan to re-position the properties.

In terms of conditions of sale, this comparable was considered superior and received a downward adjustment for this characteristic due to the premium associated with a portfolio sale. However, this adjustment was offset by the fact the buyer was also the tenant and had already owned the business. In terms of age/condition, this comparable was judged superior due to capital improvements after the sale and received a downward adjustment for this characteristic. The adjustment for project amenities was warranted due to the superior amenities and services offered. Therefore, a downward adjustment was judged proper for this comparable. An occupancy category adjustment was considered appropriate for this comparable given it was sub-stabilized at the time of sale. Because of this inferior trait, an upward adjustment was considered appropriate. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### ***Improved Sale Two***

This comparable is a Class B, senior living community with assisted living, memory care and skilled nursing. The improvements were constructed in 2000, with a memory care addition completed in

2015. The property sold for \$19,000,000 or \$172,727 in April 2018. The proforma cap rate was 11.09%. Occupancy at the time of sale was 98%.

The downward adjustment for location reflects this comparable's superior feature with respect to its location in a high barrier market with superior income levels and demographic growth. In terms of age/condition, this comparable was judged superior due to its date of construction and received a downward adjustment for this characteristic. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### ***Improved Sale Three***

Altavita Village, a Class A CCRC, was purchased by Westmont Developer, LP (Buyer) for \$58 million. Altavita is currently in bankruptcy, and as part of the purchase, the burden (debt) of the existing entrance fee contracts will dissolve. Westmont intends to operate in good faith and will transition the community on a forward basis to a full rental senior living campus. Legacy residents will receive discounted rent (current to their existing levels) in perpetuity, with the understanding that the monies owed to them/their estate at time of expiration/move-out will not be returned as initially agreed/contracted. Entrance fee liability exception includes residents who executed a 50% or 95% contract and those residents who executed 100% contracts in 2018. Westmont will assume this liability estimated at just shy of \$3.7 million, and in return will receive funds of nearly \$3.2 million held by the seller, and a credit of just over \$500,000 at time of closing so that together the liabilities are fully covered. Given the current bankruptcy scenario, the size of the property, and the multi-care campus, the number of buyers who would be interested and able to perform are limited. The acquisition price is considered below market and was based on reductions for construction and lease-up. Westmont plans to put \$20 million in capital expenditures to update the common areas and increase the unit count by converting several two-bedroom units into studio and one-bedroom units. The adjusted sale price was \$78,000,000 or \$91,627 per unit.

In terms of conditions of sale, this comparable was considered inferior and received an upward adjustment for this characteristic due to the distressed sale condition. A downward adjustment was applied to this comparable for its superior quality of construction attribute when compared to the subject, based upon its construction class and finish. The adjustment for project amenities was warranted due to superior amenities and services offered. Therefore, a downward adjustment was judged proper for this comparable. An occupancy category adjustment was considered appropriate for this comparable given it was sub-stabilized at the time of sale. Because of this inferior trait, an upward adjustment was considered appropriate. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### ***Improved Sale Four***

This comparable is an investment class B skilled nursing facility and assisted living community. The skilled nursing facility consists of 135 beds and was constructed in 1994 while the assisted living



community consists of 59 assisted living units and was constructed in 2006. The community also includes a large wellness center with an indoor pool and exercise room. The improvements are in good condition. The property is located in a suburban/rural area and affords average visibility and good access with favorable access to healthcare providers. Amenities and services offered are superior to the competitive market. The property sold for \$31,000,000 for \$159,794 per revenue unit. Occupancy at the time of sale was 90% with the buyer purchasing the property based on a core investment strategy. Pointe Group Care will assume management of the property post acquisition. Pricing was based on a net operating income of \$2,745,207 or \$14,151 per revenue unit, for an overall capitalization rate 8.86% and EGIM of 1.46. The analysis is based on stabilized operations and include market level management fees and replacement reserves. The community was constructed and internally managed by the local owner/operator since the time of construction. The buyer is a local owner/operator of three skilled nursing facilities in the Boston area. Although public records list the combined purchase price as \$23,447,900, based upon the contract of sale provided, the total consideration was \$31,000,000.

The downward adjustment for location reflects this comparable's superior feature with respect to its location in a high barrier market with superior income levels and demographic growth. In terms of age/condition, this comparable was judged superior due to its year of construction and received a downward adjustment for this characteristic. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### **Improved Sale Five**

Caretel Inns of America Portfolio is comprised of five Class B, senior communities, the Caretel Inns of Lakeland built in 1998, Linden built in 2008, Brighton built in 2005, Tri-Cities built in 2007 and Applewood Nursing Center in Michigan built in 1977. The portfolio consisted of 8 independent living, 211 assisted living, 66 memory care and 362 SNF revenue units. The quality mix for the SNF units was 31%. At the time of marketing the portfolio was exhibiting \$48,141,650 in revenue, with an EGIM of 1.41, with 78% occupancy (with one of the properties still in lease-up from a recent expansion) with an average net operating income margin of 13.3%. The skilled nursing beds at four of the communities were not licensed for Medicaid, contributing to the lower occupancy of the portfolio. While negotiating the purchase and sale agreement, the portfolio experienced a deterioration in operating performance from \$6,400,000 at the time of marketing to \$5,500,000 in EBITDAR. The total purchase price for all five communities was \$68,000,000 (\$105,100 per bed/unit) representing an 8.09% capitalization rate on in-place cash flow. The buyer plans to explore licensing the skilled nursing beds at four of the communities for Medicaid as these beds are only licensed to receive Medicare revenue. The transaction represented the second closing tranche of this portfolio that was financed through a HUD loan assumption. Three of the properties were rated 5-stars and two rated 3-stars, per the CMS Five-Star Quality Rating System. The broker reports pricing was not impacted by COVID-19.

In terms of conditions of sale, this comparable was considered superior and received a downward adjustment for this characteristic due to the premium associated with a portfolio sale. The upward adjustment for location reflects this comparable's inferior feature with respect to its location in a market with less favorable income levels and demographic growth. In terms of age/condition, this comparable was judged superior due to its year of construction and received a downward adjustment for this characteristic. An occupancy category adjustment was considered appropriate for this comparable given it was sub-stabilized at the time of sale. Because of this inferior trait, an upward adjustment was considered appropriate. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### **Improved Sale Six**

Brookdale Northridge is a Class B, 160-bed community with assisted living, memory care, and skilled nursing in the Los Angeles MSA. The improvements were constructed in 2001, have been renovated over the years, and are in good condition. This community was approximately 57% occupied at the time of contract, which was February 2021, and is inclusive of both private pay and Medicare residents. The buyer was Pacifica Senior Living, which purchased the property based on an operational value-add strategy. Upon closing, Pacifica Senior Living reportedly leased the 45-bed skilled nursing component to Aspen Skilled Healthcare for a term of ten years for \$432,000 in Year 1 and \$540,000 in Year 2, with 3% annual escalations thereafter. Based on 2019 historical financials, which were inclusive of 5.0% management fees and \$350/bed replacement reserves, the contract price of \$29,000,000, or \$181,250 per revenue unit, implied a trailing OAR of 10.5%. Closing reportedly occurred in early September 2021 for \$29,000,000.

The downward adjustment for location reflects this comparable's superior feature with respect to its location in a high barrier market with superior income levels and demographic growth. In terms of age/condition, this comparable was judged superior due to its year of construction and received a downward adjustment for this characteristic. The adjustment for project amenities was warranted due to the superior amenities and services offered. Therefore, a downward adjustment was judged proper for this comparable. An occupancy category adjustment was considered appropriate for this comparable given it was sub-stabilized at the time of sale. Because of this inferior trait, an upward adjustment was considered appropriate. Overall, this comparable was deemed superior in comparison to the subject and a downward net adjustment was warranted to the sales price indicator.

### **Comparable Listings**

In addition to recent transactions, comparable listings were considered. Brokers active in the space were interviewed for any comparable properties that are being actively marketed. Data sources were also researched, and no comparable listings were discovered through this process. Seniors housing properties are typically directly marketed to a smaller group of potential buyers without ever being exposed to the open market; furthermore, communities are not typically marketed with a listing price, but on a 'call for offers' basis.

## Summary of Adjustments

The sales comparison approach utilizes sales of comparable properties, adjusted for differences, to indicate a value for the subject. Valuation is typically accomplished using physical units of comparison such as price per square foot, price per unit, price per floor, etc., or economic units of comparison such as gross rent multiplier. Adjustments are applied to the physical units of comparison derived from the comparable sales. The unit of comparison chosen for the subject is then used to yield a total value. Economic units of comparison are not adjusted, but rather analyzed as to relevant differences, with the final estimate derived based on the general comparisons. Based on a comparative analysis, the following chart summarizes the adjustments warranted to each comparable.

COMPARABLE SALES ADJUSTMENT GRID							
Comparable Number	1	2	3	4	5	6	Subject
Transaction Type	Sale	Sale	Sale	Sale	Sale	Sale	---
Transaction Date	Jan-18	Apr-18	Sep-19	Sep-19	Jun-20	Sep-21	---
Year Built	1982	2000	1989	1994	1998	2001	1972
Year Renovated	2011		2009	2006			2022
No. Units	1,190	110	633	194	647	160	137
Adjusted Sale Price <sup>1</sup>	\$199,000,000	\$19,000,000	\$78,000,000	\$31,000,000	\$68,000,000	\$29,000,000	---
Price Per Rev. Unit <sup>1</sup>	\$167,227	\$172,727	\$123,223	\$159,794	\$105,100	\$181,250	---
Occupancy	75%	98%	53%	90%	78%	57%	85%
NOI Per Rev. Unit	\$14,978	\$19,149	\$13,584	\$14,150	\$8,500	\$19,029	\$11,290
OAR	8.96%	11.09%	11.02%	8.86%	8.09%	10.50%	---
Adj. Price Per Rev. Unit	\$167,227	\$172,727	\$123,223	\$159,794	\$105,100	\$181,250	
Property Rights Conveyed	0%	0%	0%	0%	0%	0%	
Financing Terms <sup>1</sup>	0%	0%	0%	0%	0%	0%	
Conditions of Sale	10%	0%	10%	0%	-5%	0%	
Market Conditions (Time)	0%	0%	0%	0%	0%	0%	
Subtotal - Price Per Rev. Unit	\$183,950	\$172,727	\$135,545	\$159,794	\$99,845	\$181,250	
Location	0%	-10%	0%	-10%	20%	-10%	
Project Size	0%	0%	0%	0%	0%	0%	
Age/Condition	-10%	-10%	0%	-5%	-10%	-10%	
Quality of Construction	0%	0%	-10%	0%	0%	0%	
Average Unit Size	0%	0%	0%	0%	0%	0%	
Project Amenities	-10%	0%	-10%	0%	0%	-10%	
Parking	0%	0%	0%	0%	0%	0%	
Occupancy	5%	0%	10%	0%	5%	10%	
Total Other Adjustments	-15%	-20%	-10%	-15%	15%	-20%	
<b>Indicated Value Per Rev. Unit</b>	<b>\$156,357</b>	<b>\$138,182</b>	<b>\$121,991</b>	<b>\$135,825</b>	<b>\$114,822</b>	<b>\$145,000</b>	

<sup>1</sup> Transaction amount adjusted for cash equivalency and/or deferred maintenance (where applicable)

Compiled by CBRE

## Price Per Unit Comparison

After applied gross adjustments of -20.00% to 40.00%, the adjusted average of all comparables representing an approximate -11.96% difference over the unadjusted average. The adjusted indicated value range for the sales is from \$114,822 to \$156,357 per unit, with an average of \$135,363 per unit.

Comparables 3 and 4 were the most representative of the subject in terms of operating performance, while Comparables 3 and 6 best represent the subject in terms of location.

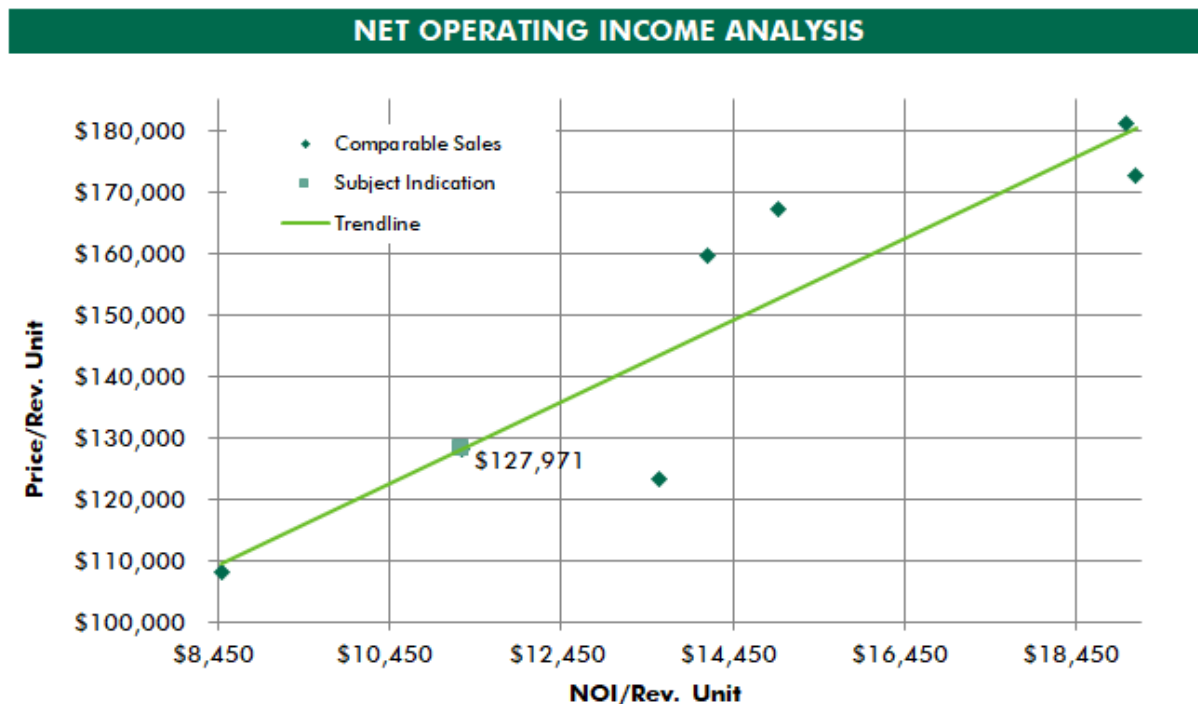
## Net Operating Income Analysis

The fundamental basis for the real estate appraisal conclusions involve differences (elements of comparison) between the comparables and the subject property. Specifically, the elements of comparison are the characteristics of properties and transactions that cause the prices paid for real estate to vary. The nine common elements of comparison that are always considered in the sales comparison approach include:

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| 1. Real property rights conveyed | 6. Physical Characteristics       |
| 2. Financing terms               | 7. Economic Characteristics       |
| 3. Conditions of sale            | 8. Use                            |
| 4. Market Conditions             | 9. Non-Realty Components of Value |
| 5. Location                      |                                   |

Adjustments for difference in these elements of comparison were applied in the preceding paired sales analysis. These elements combined are considered to have a direct correlation to the net operating income of a specific property, and therefore the overall purchase price. To support this theory, a regression analysis of 50 sales has been performed. The sales data has been generated from CBRE Inc.'s database of verified seniors housing properties. The resulting correlation of 96.5% indicates a relatively high-level relationship between price per bed and net operating income per bed, with minor variations.

The following net operating income analysis chart illustrates the sale prices of the individual sales plotted in comparison to their net operating income per unit. In addition, a trend line has been plotted based on a linear regression analysis of the comparables.



Compiled by CBRE

### Effective Gross Income Multiplier Analysis

As the above analysis is heavily dependent on the net operating income of a property, the EGIM can be applied to a property's gross income and is therefore less dependent upon an accurate estimation of net operating income.

The EGIM analysis compares the subject's income characteristics with those of the comparable properties and develops a multiplier that is appropriate for the subject. Based on our analysis, we have concluded to an appropriate EGIM as follows:

EFFECTIVE GROSS INCOME MULTIPLIER ANALYSIS			
Sale No.	Occupancy	OER	EGIM
1	75%	75.28%	2.76
2	98%	81.69%	1.65
3	53%	56.91%	3.91
4	90%	87.11%	1.46
5	78%	88.58%	1.41
6	57%	78.63%	2.04
Subj.	85%	85.31%	1.75
Compiled by CBRE			

For seniors housing assets, there is typically an inverse relationship between the EGIM and OER, we considered the OERs at each comparable for our conclusion. As the subject's concluded OER falls at above the center of the range, we have reconciled below the center of the comparable EGIM range.

## Sales Comparison Approach Conclusion

In completing this analysis, CBRE contacted various market participants that include specialty brokers and national investors of well-known seniors housing investment funds. These participants all indicated that in pricing the subject property, primary weight would be placed on the in-place cash flow with the applied risk based on the amount of historical operations supporting the respective cash flows. It was further indicated that comparable sales would be utilized as a secondary measure. These participants advised that when selecting comparable sales for the subject, a regional search should be employed to appropriately account for comparable operations respective to the subject property.

The following table presents the estimated value for the subject as indicated by the sales comparison approach. The average of all three indications (paired sales, NOI, and EGIM) was utilized.

SALES COMPARISON APPROACH				
Adjusted Indication				
Total Rev. Units	X	Value Per Rev. Unit	=	Value
137	X	\$135,363	=	\$18,544,696
NOI Analysis				
Total Rev. Units	X	Value Per Rev. Unit	=	Value
137	X	\$127,971	=	\$17,532,012
EGIM				
EGI	X	ANALYSIS	=	Value
\$10,527,567	X	1.75	=	\$18,423,243
VALUE CONCLUSION				
Indicated As If Stabilized Value				\$18,166,650
Rounded				<b>\$18,200,000</b>
Value Per Rev. Unit				\$132,847
Compiled by CBRE				

The comparable sales utilized within this approach represent current market data, the indicated value is considered to be consistent with current price levels. As discussed within the Appraisal Methodology section of this report, to derive estimates of prospective value, the current value indication is escalated by 3.00% per annum during the construction and absorption period.

To derive an indicated value for the subject in Upon Completed condition via the Sales Comparison Approach, a deduction from the Upon Stabilization value indication is necessary. This deduction accounts not only for rent loss during absorption, but also for the time value of money and the entrepreneurial incentive necessary for an investor to undertake the lease-up of a sub-stabilized project. For this deduction, we have applied a lease-up discount (LUD) as derived via the discounted cashflow (DCF) analyses as will be fully discussed in the Income Capitalization Approach section of

this report, or the delta between the Upon Stabilization value indication and the As Completed value indications via the DCF analyses. This calculation is summarized within the following chart:

SALES COMPARISON APPROACH PROSPECTIVE VALUE ESTIMATES		
Current As If Stabilized Value Indication	February 17, 2022	\$18,166,650
Construction & Stabilization Period	13 months	
Annual Applied Growth Rate	3.00%	
Applied Growth Rate Factor	1.0325	
Upon Stabilization Indication	March 17, 2023	\$18,757,798
<b>Upon Stabilization Indication (Rounded)</b>	March 17, 2023	<b>\$18,800,000</b>
Less LUD (Stabilized DCF - Upon Completion DCF)		(\$2,300,000)
Upon Completion Indication	March 17, 2022	\$16,457,798
<b>Upon Completion Indication (Rounded)</b>	March 17, 2022	<b>\$16,500,000</b>
Less Cost to Complete		(\$298,831)
As Is Indication	February 17, 2022	\$16,158,967
<b>As Is Indication (Rounded)</b>	February 17, 2022	<b>\$16,200,000</b>
Compiled by CBRE		

The cost to complete was discussed previously in this report.

## Income Capitalization Approach

As discussed, the subject is operating as a seniors housing community. The set-up of units, beds, and most appropriate unit of measurement is shown within the following chart.

SUBJECT UNIT MIX BY CARE LEVEL				
Care Level	Units	Beds	Unit of Measure	Revenue Units
Independent Living	71	71	Units	<b>71</b>
Assisted Living	38	38	Beds	<b>38</b>
Skilled Nursing	15	28	Beds	<b>28</b>
Total	124	137	-	<b>137</b>
Compiled by CBRE				

In this valuation section, the subject's reported operating data is presented. This data is followed by stabilized revenue and expenses that are estimated with consideration of the subject's reported operating data as well as supported by current market levels.

### Operating Summary

As shown in the table on following page, we were provided the trailing three annual, calendar year reporting periods as well as the subject's 2022 budget. Although requested, detailed census data was not provided for the 2021 and 2022 budgeted period (not a stabilized proforma). Monthly totals were provided which were annualized for purposes of comparison. Nursing care revenue was not bifurcated by category and private pay, insurance and Medicaid revenue was allocated based on the average daily rates of the respective year provided by management or rates published by the California Department of Public Health (CDPH) web site. Medicare revenue was then arrived at as a residual sum.

Notably, amortized entrance fees were included as a historical line item in the historical statements but were excluded in our model. The subject has converted to a rental community.



## SUBJECT OPERATING SUMMARY

Reporting Period	2019 Actual			2020 Actual			2021 Actual			2022 Budget			CBRE Stabilized Estimate		
	Rev. Units	Occ.	R-Days	Rev. Units	Occ.	R-Days	Rev. Units	Occ.	R-Days	Rev. Units	Occ.	R-Days	Rev. Units	Occ.	R-Days
Independent Living	71	89.1%	23,101	71	91.0%	23,577	71	78.9%	20,440	71	82.8%	21,456	71	90.0%	23,339
Assisted Living	38	87.4%	12,116	38	80.4%	11,157	38	76.3%	10,585	38	85.3%	11,832	38	85.0%	11,797
Nursing Care	28	76.1%	7,777	28	79.7%	8,149	28	79.7%	8,149	28	62.6%	6,396	28	80.0%	8,181
<b>Total</b>	<b>137</b>	<b>86.0%</b>	<b>42,994</b>	<b>137</b>	<b>85.8%</b>	<b>42,883</b>	<b>137</b>	<b>78.3%</b>	<b>39,174</b>	<b>137</b>	<b>79.4%</b>	<b>39,684</b>	<b>137</b>	<b>86.6%</b>	<b>43,318</b>
	Total (\$)	% EGI	\$/RD	Total	% EGI	\$/RD	Total	% EGI	\$/RD	Total	% EGI	\$/RD	Total	% EGI	\$/RD
<b>Income</b>															
Independent Living Rent	2,844,542	34.9%	<b>66.16</b>	3,000,261	33.7%	<b>69.96</b>	2,814,715	31.5%	<b>71.85</b>	3,815,654	38.1%	<b>96.15</b>	3,540,240	33.6%	<b>81.73</b>
Assisted Living Rent	2,604,204	32.0%	<b>60.57</b>	2,441,499	27.4%	<b>56.93</b>	2,380,673	26.6%	<b>60.77</b>	3,206,841	32.1%	<b>80.81</b>	2,125,680	20.2%	<b>49.07</b>
Level of Care Fees	100,179	1.2%	<b>2.33</b>	432,897	4.9%	<b>10.09</b>	108,087	1.2%	<b>2.76</b>	-	0.0%	<b>0.00</b>	465,120	4.4%	<b>10.74</b>
Nursing Care - Private Pay	1,301,654	16.0%	<b>30.28</b>	488,005	5.5%	<b>11.38</b>	503,913	5.6%	<b>12.86</b>	76,000	0.8%	<b>1.92</b>	676,973	6.4%	<b>15.63</b>
Nursing Care - Medicaid	632,237	7.8%	<b>14.71</b>	992,389	11.2%	<b>23.14</b>	1,030,293	11.5%	<b>26.30</b>	923,282	9.2%	<b>23.27</b>	1,249,623	11.9%	<b>28.85</b>
Nursing Care - Medicare	503,239	6.2%	<b>11.70</b>	658,937	7.4%	<b>15.37</b>	1,550,217	17.3%	<b>39.57</b>	764,255	7.6%	<b>19.26</b>	935,066	8.9%	<b>21.59</b>
Nursing Care - Other	150,420	1.8%	<b>3.50</b>	804,798	9.0%	<b>18.77</b>	424,162	4.7%	<b>10.83</b>	230,821	2.3%	<b>5.82</b>	294,336	2.8%	<b>6.79</b>
Ancillary Income	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	911,503	9.1%	<b>22.97</b>	996,308	9.5%	<b>23.00</b>
Second Resident Fees	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	49,842	0.5%	<b>1.15</b>
Community Fees	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	38,000	0.4%	<b>0.96</b>	107,744	1.0%	<b>2.49</b>
Other Income	11,664	0.1%	<b>0.27</b>	78,324	0.9%	<b>1.83</b>	126,237	1.4%	<b>3.22</b>	36,350	0.4%	<b>0.92</b>	86,635	0.8%	<b>2.00</b>
Effective Gross Income	8,148,138	100.0%	<b>\$189.52</b>	\$8,897,108	100.0%	<b>\$207.47</b>	\$8,938,298	100.0%	<b>\$228.17</b>	\$10,002,705	100.0%	<b>\$252.06</b>	<b>\$10,527,567</b>	100.0%	<b>\$243.03</b>
<b>Expenses</b>															
Real Estate Taxes	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	11,286	0.1%	<b>0.28</b>	158,804	1.5%	<b>3.67</b>
Property Insurance	140,242	1.7%	<b>3.26</b>	149,583	1.7%	<b>3.49</b>	193,632	2.2%	<b>4.94</b>	79,400	0.8%	<b>2.00</b>	82,304	0.8%	<b>1.90</b>
Utilities	398,080	4.9%	<b>9.26</b>	459,900	5.2%	<b>10.72</b>	509,260	5.7%	<b>13.00</b>	308,000	3.1%	<b>7.76</b>	411,518	3.9%	<b>9.50</b>
Administrative & General	74,378	0.9%	<b>1.73</b>	64,240	0.7%	<b>1.50</b>	54,794	0.6%	<b>1.40</b>	906,975	9.1%	<b>22.85</b>	909,672	8.6%	<b>21.00</b>
Marketing	153,225	1.9%	<b>3.56</b>	200,404	2.3%	<b>4.67</b>	240,992	2.7%	<b>6.15</b>	308,571	3.1%	<b>7.78</b>	303,224	2.9%	<b>7.00</b>
Resident Care	730,276	9.0%	<b>16.99</b>	813,156	9.1%	<b>18.96</b>	964,632	10.8%	<b>24.62</b>	4,901,077	49.0%	<b>123.50</b>	4,158,502	39.5%	<b>96.00</b>
Culinary Services	835,487	10.3%	<b>19.43</b>	1,077,293	12.1%	<b>25.12</b>	1,154,862	12.9%	<b>29.48</b>	631,545	6.3%	<b>15.91</b>	736,401	7.0%	<b>17.00</b>
Laundry & Housekeeping	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	227,314	2.3%	<b>5.73</b>	259,906	2.5%	<b>6.00</b>
Repairs & Maintenance	267,288	3.3%	<b>6.22</b>	253,413	2.8%	<b>5.91</b>	354,759	4.0%	<b>9.06</b>	563,258	5.6%	<b>14.19</b>	303,224	2.9%	<b>7.00</b>
Programming	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>	135,861	1.4%	<b>3.42</b>	259,906	2.5%	<b>6.00</b>
Employee Payroll	4,586,812	56.3%	<b>106.68</b>	5,052,544	56.8%	<b>117.82</b>	5,297,605	59.3%	<b>135.23</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>
Payroll Taxes & Benefits	1,154,264	14.2%	<b>26.85</b>	1,459,392	16.4%	<b>34.03</b>	1,406,451	15.7%	<b>35.90</b>	1,538,917	15.4%	<b>38.78</b>	823,037	7.8%	<b>19.00</b>
Other	454,179	5.6%	<b>10.56</b>	166,607	1.9%	<b>3.89</b>	159,811	1.8%	<b>4.08</b>	-	0.0%	<b>0.00</b>	-	0.0%	<b>0.00</b>
Management Fee	407,407	5.0%	<b>9.48</b>	444,855	5.0%	<b>10.37</b>	446,915	5.0%	<b>11.41</b>	500,135	5.0%	<b>12.60</b>	526,378	5.0%	<b>12.15</b>
Reserves for Replacement	47,950	0.6%	<b>1.12</b>	47,950	0.5%	<b>1.12</b>	47,950	0.5%	<b>1.22</b>	47,950	0.5%	<b>1.21</b>	47,950	0.5%	<b>1.11</b>
<b>Operating Expenses [1]</b>	<b>\$9,249,588</b>	<b>113.5%</b>	<b>\$215.14</b>	<b>\$10,189,340</b>	<b>114.5%</b>	<b>\$237.61</b>	<b>\$10,831,663</b>	<b>121.2%</b>	<b>\$276.50</b>	<b>\$10,160,288</b>	<b>101.6%</b>	<b>\$256.03</b>	<b>\$8,980,828</b>	<b>85.3%</b>	<b>\$207.32</b>
<b>Net Operating Income</b>	<b>(\$1,101,450)</b>	<b>-13.5%</b>	<b>(\$25.62)</b>	<b>(\$1,292,232)</b>	<b>-14.5%</b>	<b>(\$30.13)</b>	<b>(\$1,893,366)</b>	<b>-21.2%</b>	<b>(\$48.33)</b>	<b>(\$157,583)</b>	<b>-1.6%</b>	<b>(\$3.97)</b>	<b>\$1,546,740</b>	<b>14.7%</b>	<b>\$35.71</b>

[1] Operating statements have been adjusted to include the market-level management fees and replacement reserves.

Source: Operating statements

## Operating Revenue Analysis

### Subject Rental Information

Independent and assisted living units within the subject property are private pay. The following table shows the subject's quoted rental rates based on unit type:

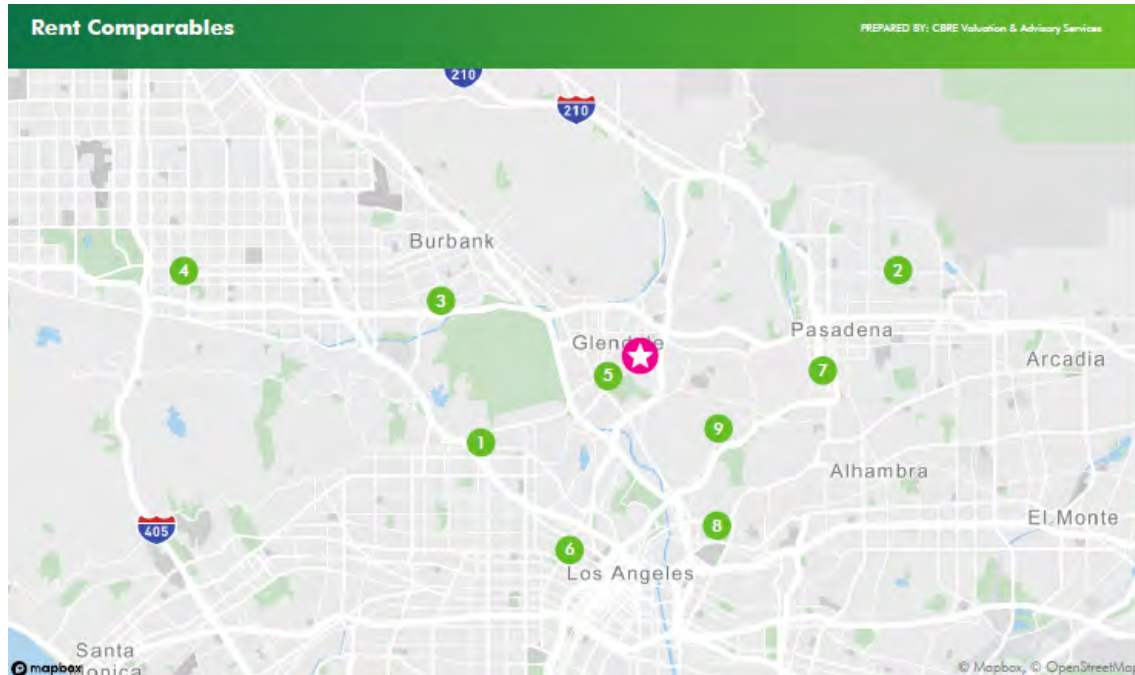
SUBJECT RENTAL INFORMATION						
Type	No. Units	No. Beds	Unit Size (SF)	Revenue Units	Rev. Unit Occ.	Quoted \$/Rev. Unit
<b>Independent Living</b>						
Studio	37	37	300 - 450	37	81%	\$4,016 - \$5,279
1 Bedroom	29	29	600	29	72%	\$5,600 - \$5,908
2 Bedroom	2	2	900	2	100%	\$6,119
Cottage	3	3	950 - 1,300	3	67%	\$6,541 - \$7,068
<b>Assisted Living</b>						
Studio	32	32	300	32	78%	\$5,513
1 Bedroom	6	6	600	6	33%	\$7,937 - \$8,267
<b>Total/Average:</b>	<b>109</b>	<b>109</b>	<b>429</b>	<b>109</b>	<b>75%</b>	
Compiled by CBRE						

The following chart summarizes the subject's rental rate structure, including care plan type, second resident (person) fee, and community fee:

SUBJECT RENTAL STRUCTURE			
Care Level	Care Plan Type	Second Resident Fee	Community Fee
Independent Living	None	Yes	Yes
Assisted Living	Levels	No	Yes
Source: Property Management			

## Rent Comparables

The following map and table summarize the comparable data used in the valuation of the subject. A description of each comparable property survey is included in the addenda.



SUMMARY OF COMPARABLE RENTALS														
Property Name		Year	Rev. Units			Census			Base Rent (\$/Month)			LOC	Community	Second
No.	and Location	Built	IL	AL	NC	IL	AL	NC	IL	AL	NC (Daily)	\$/Month	Fee	Res. Fee
1	Hollywood Hills, A Pacifica Senior Living Community 1745 North Gramercy Place, Los Angeles, California	1933	2	82		100%	37%		\$5,895 \$11,000	\$3,495 \$6,395		\$300 \$2,500	\$4,000	\$950
2	Pasadena Highlands 1575 E Washington Blvd, Pasadena, California	1977	155	58		68%	66%		\$4,200 \$6,500	\$4,550 \$6,850		\$300 \$1,500	\$4,200 \$7,095	\$795 \$1,200
3	The Heights at Burbank 2721 West Willow Street, Burbank, California	1985	29	56		86%	86%		\$4,375 \$8,695	\$4,780 \$9,895			\$4,375 \$9,895	\$1,100
4	Village at Sherman Oaks 5450 Vesper Avenue, Sherman Oaks, California	2001	158	83		77%	70%		\$5,230 \$9,600	\$6,095 \$9,350		\$600 \$1,800	\$4,000	\$1,000
5	Los Feliz Gardens 205 East Los Feliz, Glendale, California	1977		120			100%			\$4,901 \$6,371				
6	Westlake Convalescent Hospital 316 South Westlake Avenue, Los Angeles, California	1970			114			67%			\$350			
7	California Convalescent Hospital of Pasadena 120 Bellefontaine Street, Pasadena, California	1964			63			62%			\$320 \$450			
8	Kei-Ai Los Angeles Healthcare Center 2221 Lincoln Park Avenue, Los Angeles, California	1968			300			97%			\$240 \$282			
9	Highland Park Skilled Nursing 5125 Monte Vista, Los Angeles, California	1963			59			92%			\$261 \$282			
Subj.	Windsor 1230 E. Windsor Road, Glendale, California	1972	71	38	28	82%	76%	57%	\$4,016 \$7,068	\$5,513 \$8,267	\$349 \$525	\$662 \$3,306	\$3,500	\$1,300 \$3,412

Source: CBRE VIEW Database

Comparable properties have been surveyed to identify the occupancy and rental trends within the subject's immediate market area. Competitive properties were identified within the subject's defined primary market area whereas comparable properties located outside the defined PMA were supplemented as needed.

## **Analysis of Rent Comparables**

### ***Rent Comparable One***

Pacifica Hollywood Hills is an independent living, assisted living, and memory care community situated in a semi-urban location. The improvements were constructed in 1933, with an extensive multi-million-dollar renovation in 2019, and are in excellent condition. The community is owned and managed by Pacifica Senior Living, a regional operator of seniors housing communities. The property had an overall census of 43% and is in lease-up and opened in August 2020.

### ***Rent Comparable Two***

Pasadena Highlands is a good quality senior living community in a suburban location. The community is managed by WellQuest Living. Occupancy is compressed due to the pandemic. Assisted living rates are based on a level of care structure. Memory care rates are all-inclusive. The community fee is equivalent to one month's rent.

### ***Rent Comparable Three***

The Heights at Burbank is a good quality independent, assisted living, and memory care community located in Burbank, California. The community was built in 1985 and is operated by SRG Senior Living, a national operator of good-quality senior living communities. The community is 8 stories in height. All beds are licensed for assisted living, however, management stated around 35% of residents on average are considered, independent paying no care service fees.

### ***Rent Comparable Four***

Village at Sherman Oaks is a high quality independent and assisted living community located in Sherman Oaks, California. The community is licensed for 100 assisted living residents, to allow for second residents, but has only 83 units of assisted living. The IL and AL wings are located separately. All residents, however, receive three meals per day included in the base rental rates. The community fee is \$4,000 and the second resident fee is \$1,000 per month. Assisted living care service fees follow a levels of care structure with three levels ranging from \$600 to \$1,800 per month, and medication management is a flat rate of \$500 per month.

**Rent Comparable Five**

Los Feliz Gardens, formerly known as Emerald City, is an assisted living facility with 100 assisted living units and licensed for 199 residents. The property is located on the north side of Los Feliz Boulevard, between Brand Boulevard and Glendale Avenue. It is located in a commercial district with mixed uses, about a quarter mile from the Glendale Memorial Hospital. The property was built in 1977. Additional services are available on an ala carte basis. There is no community fee.

**Rent Comparable Six**

Westlake Convalescent is an average quality nursing home in an urban location. The facility has a strong quality mix of 94%. The facility is rated 3-stars (average) per the CMS 5-star rating system. The majority of residents use insurance.

**Rent Comparable Seven**

The Californian is a skilled nursing facility situated in a suburban location. The improvements were constructed in 1964, and are in good condition. The community is locally owned and operated. Per the CMS Five-Star Quality Rating System, this facility had an overall rating of 4-Stars. The property had an overall census of 62%. Amenities and services offered are superior to the local market. This community is near the renowned Huntington Hospital. Medicaid is not accepted, as most patient stays are rehab-focused (Medicare) or private pay. The admissions representative indicated that due to COVID many residents wish to leave early out of fear of contracting the virus, which has been the biggest factor impacting census, and less so actual COVID outbreaks in the facility.

**Rent Comparable Eight**

Kei-Ai Los Angeles Healthcare Center is a skilled nursing facility located at 2221 Lincoln Park Avenue in Los Angeles, California. The improvements were constructed in 1968, expanded in 1989, and are in average condition. The community is managed by Aspen Skilled Health, a regional operator of seniors housing communities. Per the CMS Five-Star Quality Rating System, this facility has an overall rating of 3-Stars. Private rooms are currently only available for residents in isolation.

**Rent Comparable Nine**

Highland Park Skilled Nursing and Wellness Center is a skilled nursing facility situated in an urban location. Per the CMS Five-Star Quality Rating System, this facility has an overall rating of 2-Stars (below average). Occupancy at the time of the survey was 92%, with admissions indicating COVID has had limited impact on occupancy levels. Private pay rates range from \$261 to \$282 per day.

**Market Rent Estimate**

In order to estimate the market rates, the subject unit types have been compared with similar units and care levels. While independent living rents are typically all inclusive, assisted living and memory care units are often rented under various rental structures. These structures range from all inclusive, base

rent plus additional charges for activity of daily living (ADL) services charged by level, or base rent plus additional charges for ADL services charged a la carte. In order to get an accurate understanding of the subject market position, the comparable rents have been adjusted accordingly.

### *Independent Living*

#### **SUMMARY OF COMPARABLE RENTALS INDEPENDENT LIVING STUDIO UNITS**

<b>Comparable</b>	<b>Monthly Rental Rate</b>
Subject (Quoted Rent)	\$4,016 - \$5,279
Pasadena Highlands	\$4,200
<b>Subject (Concluded Mkt.)</b>	<b>\$4,200</b>
The Heights at Burbank	\$4,375 - \$5,420
Village at Sherman Oaks	\$5,230
Compiled by CBRE	

#### **SUMMARY OF COMPARABLE RENTALS INDEPENDENT LIVING ONE-BEDROOM UNITS**

<b>Comparable</b>	<b>Monthly Rental Rate</b>
Pasadena Highlands	\$4,500
<b>Subject (Concluded Mkt.)</b>	<b>\$4,900</b>
Subject (Quoted Rent)	\$5,600 - \$5,908
Village at Sherman Oaks	\$5,970 - \$7,695
The Heights at Burbank	\$6,630
Compiled by CBRE	

#### **SUMMARY OF COMPARABLE RENTALS INDEPENDENT LIVING TWO-BEDROOM UNITS**

<b>Comparable</b>	<b>Monthly Rental Rate</b>
Hollywood Hills	\$5,895 - \$11,000
<b>Subject (Concluded Mkt.)</b>	<b>\$6,000</b>
Subject (Quoted Rent)	\$6,119
Pasadena Highlands	\$6,500
The Heights at Burbank	\$7,835 - \$8,695
Compiled by CBRE	

### SUMMARY OF COMPARABLE RENTALS INDEPENDENT LIVING COTTAGE UNITS

Comparable	Monthly Rental Rate
<b>Subject (Concluded Mkt.)</b>	<b>\$6,100</b>
Subject (Quoted Rent)	\$6,541 - \$7,068
Village at Sherman Oaks	\$8,155 - \$9,600
Compiled by CBRE	

The subject's quoted rental rates are generally within the range indicated by the rent comparables. Recognizing the subject's age, quality and location in relation to the comparables, it is appropriate that the subject's rent fall at the lower end of the range. Notably, there is only one other community with cottage style units and these were reconciled in line with the lower end of the market range for 2-BR units.

### Assisted Living

#### SUMMARY OF COMPARABLE RENTALS ASSISTED LIVING STUDIO UNITS

Comparable	Base \$/Mo.	Plan Type	ADL \$/Mo.	Adj. \$/Mo.
Subject (Quoted Rent)	\$5,513	Levels	\$662 - \$3,306	\$6,175 - \$8,819
Hollywood Hills	\$3,995 - \$4,395	Levels	\$300 - \$2,200	\$4,295 - \$6,595
Pasadena Highlands	\$4,550	Levels	\$300 - \$1,500	\$4,850 - \$6,050
The Heights at Burbank	\$4,780 - \$5,825	A-la-carte	\$1,000 - \$2,300	\$5,780 - \$8,125
<b>Subject (Concluded Mkt.)</b>	<b>\$5,200</b>	<b>Levels</b>	<b>\$1,200</b>	<b>\$6,400</b>
Los Feliz Gardens	\$5,881	A-la-carte	\$100 - \$2,000	\$5,981 - \$7,881
Village at Sherman Oaks	\$6,095	Levels	\$600 - \$1,800	\$6,695 - \$7,895
Compiled by CBRE				

#### SUMMARY OF COMPARABLE RENTALS ASSISTED LIVING ONE-BEDROOM UNITS

Comparable	Base \$/Mo.	Plan Type	ADL \$/Mo.	Adj. \$/Mo.
Pasadena Highlands	\$5,250	Levels	\$300 - \$1,500	\$5,550 - \$6,750
Los Feliz Gardens	\$6,371	A-la-carte	\$100 - \$2,000	\$6,471 - \$8,371
<b>Subject (Concluded Mkt.)</b>	<b>\$7,000</b>	<b>Levels</b>	<b>\$1,200</b>	<b>\$8,200</b>
The Heights at Burbank	\$7,035 - \$8,465	A-la-carte	\$1,000 - \$2,300	\$8,035 - \$10,765
Village at Sherman Oaks	\$7,695	Levels	\$600 - \$1,800	\$8,295 - \$9,495
Subject (Quoted Rent)	\$7,937 - \$8,267	Levels	\$662 - \$3,306	\$8,599 - \$11,573
Compiled by CBRE				

The subject's quoted rental rates are within the adjusted range indicated by the rent comparables. Recognizing the subject's age, quality and location in relation to the comparables, it is appropriate that the subject's rent fall below the center of the range.

## Rent Adjustments

Rent adjustments can be necessary to account for differences in rental rates applicable to different units within similar floor plans due to items such as location within the property and care provided. However, this analysis utilizes the weighted average rental rates, considering this variance. Thus, no rent adjustments are required.

## Subject Rent Roll Analysis

The subject's rent roll has been analyzed and is summarized below:

RENT ROLL ANALYSIS											
	Subject Asking	Base Contract Rent Collected						Total Revenue Collected			
		Most Recent	Avg.	T6 Avg	Min.	Max.	LOC Avg.	Avg.	T6 Avg	Min.	Max.
Independent Living											
Studio	\$4,016 - \$5,279	Dec-21	\$3,488	\$3,376	\$2,665	\$6,402	\$0	\$3,488	\$3,376	\$2,665	\$6,402
1 Bedroom	\$5,600 - \$5,908	Oct-21	\$5,064	\$5,089	\$2,632	\$7,269	\$0	\$5,064	\$5,089	\$2,632	\$7,269
2 Bedroom	\$6,119	Jun-21	\$6,227	None	\$5,600	\$6,854	\$0	\$6,227	None	\$5,600	\$6,854
Cottage	\$6,541 - \$7,068	Oct-19	\$5,278	None	\$4,440	\$6,115	\$0	\$5,278	None	\$4,440	\$6,115
Assisted Living											
Studio	\$5,513	Jan-22	\$5,568	\$5,570	\$4,250	\$6,306	\$1,200	\$6,768	\$6,770	\$5,450	\$7,506
1 Bedroom	\$7,937 - \$8,267	Aug-21	\$6,796	\$7,005	\$6,587	\$7,005	\$1,200	\$7,996	\$8,205	\$7,787	\$8,205
Source: Property Rent Roll											

Source: Property Rent Roll

Notably, total rents were presented on the assisted living rent roll and care fees were not itemized separately. Rents were adjusted by the concluded level of care fee (\$1,200) for purposes of comparison. The rent roll analysis serves as a crosscheck to the estimate of market rent for the subject. The collections shown on the rent roll include rent premiums and/or discounts.

## Market Rent Conclusions

The following chart shows the market rent conclusions for the subject:

MARKET RENT CONCLUSIONS					
Unit Type	Revenue	Monthly Rent		Annual Rent	Annual
	Units	\$/Rev. Unit	PRI	\$/Rev. Unit	Potential Total
<b>Independent Living</b>					
Studio	37	\$4,200	\$155,400	\$50,400	\$1,864,800
1 Bedroom	29	\$4,900	\$142,100	\$58,800	\$1,705,200
2 Bedroom	2	\$6,000	\$12,000	\$72,000	\$144,000
Cottage	3	\$6,100	\$18,300	\$73,200	\$219,600
<b>Assisted Living</b>					
Studio	32	\$5,200	\$166,400	\$62,400	\$1,996,800
1 Bedroom	6	\$7,000	\$42,000	\$84,000	\$504,000
<b>Conclusions</b>	<b>109</b>	<b>\$4,919</b>	<b>\$536,200</b>	<b>\$59,031</b>	<b>\$6,434,400</b>

Compiled by CBRE



In concluding market rental rate levels, we have incorporated consideration for nearby communities, as previously detailed and discussed. Additionally, the subject's in-place rates have also been considered. Within this analysis, potential rental income is estimated based upon the forward-looking market rental rates over the next twelve months. This method of calculating rental income is most prevalent in the local market and is consistent with the method used to derive overall capitalization rates from the comparable sales data.

In the proceeding loss to lease analysis, the subject's in-place rates are juxtaposed to market rent conclusions:

LOSS TO LEASE ANALYSIS		
Revenue Component	Total Monthly Rent	Total Annual Rent
82 Occupied Rev. Units at Contract Rates	\$386,785	\$4,641,420
27 Vacant Rev. Units at Market Rates	\$139,100	\$1,669,200
109 Total Rev. Units @ Contract Rent	\$525,885	\$6,310,620
109 Total Rev. Units @ Market Rent	\$536,200	\$6,434,400
Indicated Loss-to-Lease		1.9%
Compiled by CBRE		

The variation between the total annual rent reflected in the rent roll analysis and the market rent conclusion is due to older leases that do not reflect recent increases in rental rates.

### Concessions

Rent concessions are currently not prevalent in the local market nor are they present at the subject.

### Level of Care Income

The subject's range of quoted monthly care fees as well as the comparables are summarized within the following chart. As utilization of care fees vary by operational model, we have applied an overall average monthly care fee applied to the subject's census.

MONTHLY CARE FEES				
Care Level	Subject Care Fees:		Comparable Range	CBRE Conclusion
	Care Plan	Quoted Fees		
Assisted Living	Levels	\$662 - \$3,306	\$100 - \$2,300	<b>\$1,200</b>
Source: Property Management				

On an annual basis, a summary of the subject's care fees during the reporting period as well as CBRE's stabilized projections are presented below:

LEVEL OF CARE FEES				
Reporting Period	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$2.33	\$731	1.2%	\$100,179
2020 Actual	\$10.09	\$3,160	4.9%	\$432,897
2021 Actual	\$2.76	\$789	1.2%	\$108,087
2022 Budget	\$0.00	\$0	0.0%	\$0
<b>CBRE Stabilized Estimate</b>	<b>\$10.74</b>	<b>\$3,395</b>	<b>4.4%</b>	<b>\$465,120</b>
Assisted Living: Avg Monthly Conclusion				\$1,200
Compiled by CBRE				

Level of care fees were not presented as a separate item in the 2022 budget. As concluded within the above chart, the subject's care fees are consistent with the comparable data and considered reasonable.

### Second Resident Fees

Second resident fees are prevalent in the market, whereby couples are charged for double occupancy. The subject's second resident revenue for this source is summarized below.

SECOND RESIDENT FEES				
Reporting Period	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$0	0.0%	\$0
2020 Actual	\$0.00	\$0	0.0%	\$0
2021 Actual	\$0.00	\$0	0.0%	\$0
2022 Budget	\$0.00	\$0	0.0%	\$0
<b>CBRE Stabilized Estimate</b>	<b>\$1.15</b>	<b>\$364</b>	<b>0.5%</b>	<b>\$49,842</b>
Compiled by CBRE				

As the subject formerly operated as an entrance fee community, second resident fees were not itemized in the provided historical statements. Second resident fees currently charged in the market range from \$795 to \$1,200 per month, with management charging a second resident fee \$1,300 to \$3,412 per month, depending on acuity.

Standard double occupancy typically ranges from 1.05 to 1.20; this range generally varies by acuity, with an inverse relationship between community acuity and double occupancy prevalence. By applying the concluded second resident fee of \$1,300 for the subject to an average double occupancy ratio of

5.00%, and adjusting for vacancy, an annual revenue for this source is indicated, as reported in the table above.

### Community Fee

It is common for seniors housing properties to charge a one-time community fee at move-in. Property management is charging a community fee. The subject's community fee collections for this source reported below:

COMMUNITY FEES				
Reporting Period	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$0	0.0%	\$0
2020 Actual	\$0.00	\$0	0.0%	\$0
2021 Actual	\$0.00	\$0	0.0%	\$0
2022 Budget	\$0.96	\$277	0.4%	\$38,000
<b>CBRE Stabilized Estimate</b>	<b>\$2.49</b>	<b>\$786</b>	<b>1.0%</b>	<b>\$107,744</b>
Compiled by CBRE				

As the subject formerly operated as an entrance fee community, community fees were not itemized in the provided historical statements. The market indicated range is \$4,000 to \$9,895, while the subject's community fee is quoted at \$3,500. Accordingly, we have projected the community fee at \$3,500.

In a recent The State of Seniors Housing report notes median, annual resident turnover rates as 32% for independent living, 54% for assisted living facilities, and 17% for CCRCs. Given the subject's unit mix with 79.6% of all units independent living and assisted living, we have utilized an annual turnover ratio of 32.0%, or 29.6 unit rollovers per year (occupied beds x 32.0%) based on CBRE's stabilized estimate. The annual revenue for this source can be estimated by applying the indicated unit turnover to the estimated community fee as indicated in the table above.

### Skilled Nursing Rate Analysis

#### Private Pay Rate

Management is currently charging a private pay rate of \$349 per day for companion rooms and \$425 per day for private rooms, with private pay rates in the market ranging from \$240 to \$450. 2021 levels averaged \$353 per resident day. Hence, this analysis reconciles between management's projected rate and the comparable indications, at \$360.00 per day.

#### Medicare Rate

#### Trailing RUGS Reimbursement Model (Pre-October 2019)

With respect to reimbursement amounts, Medicare employs a prospective payment system using per diem federal payment rates based on mean SNF costs in a base year (FY 1995) updated annually for inflation, and geographically adjusted for differences in area wage levels using a wage index determined appropriate by the CMS Secretary (thus far, the wage index has been based on inpatient hospital wage index data). Under the RUG IV classification system, there are 8 major RUG Groups:

- Rehab Plus Extensive Services
- Rehab
- Extensive Services
- Special Care High
- Special Care Low
- Clinically Complex
- Behavioral Symptoms and Cognitive Performance
- Reduced Physical Functioning

Each major group is then subdivided into multiple categories (66 altogether) based on various criteria including care intensity, assistance with daily living scores, depression factors, and medical needs.

### **Patient Driven Payment Model (PDPM) Implementation**

In April 2017 the Centers for Medicare and Medicaid Services (CMS) announced they were planning to change the skilled nursing facility reimbursement methodology from Resources Utilization Groups, Version 4 (RUG-IV) to a Resident Classification System. A new final rule was published in July 2018 to implement a classification system called the Patient Driven Payment Model (PDPM). The intended goal of this new classification system is to better reflect each individual resident profile and the varying care required throughout the stay in a skilled nursing facility. The PDPM model was implemented effective October 1, 2019.

The goals of this new payment model are to improve payment accuracy by focusing on the patient, significantly reduce administrative burden on providers, and improve SNF payments to currently underserved beneficiaries without increasing total Medicare payments. PDPM will consist of five case-mix adjusted components:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Language Pathology (SLP)
- Nursing
  - NTA (non-therapy ancillary)

Each patient is then classified in each of the five case-mix adjusted components utilizing different criteria for each such as clinical category, functional score, etc. Under this method, the relationship between resident dependence and payments are not a linear relationship, which is to say that increasing dependence for a resident will not automatically result in a high payment. This is the most important aspect to determine the impact PDPM will have on NOI when analyzing effects of implementation.

As an example, for the PT and OT component under PDPM, payment for three clinical categories is lower for the most and least dependent patients who are less likely to require high amounts of therapy, as opposed to those residents that are in the middle who will require the most amounts of therapy. Therefore, the impact of PDPM on NOI will rely primarily on the facility charging the appropriate amounts of therapy and care to residents. Facilities dependent on the highest acuity residents receiving the highest RUG-IV rates could see a significant decrease in NOI following the implementation as these higher acuity residents will require less therapy services and therefore result in a lower Medicare rate. Additionally, the daily rate is highest on the first day, and decreases over the stay of the resident until reaching a baseline rate determined by their assessment.

Per discussions with market participants of the impact PDPM will have in general, the market is expected a neutral impact, 50% winners, 50% losers.

However, with regards to the subject, the review of the RUG-IV utilization may result in a significant negative impact to revenue. To assist stakeholders in understanding the potential impacts of the proposed PDPM, CMS provided a provider-specific impact analysis file, which details the estimated impact of the PDPM model discussed in the FY 2019 SNF PPS NPRM on Medicare Part A payments to each SNF in the country. Note that the provider and resident data is for fiscal year 2017 and represents estimated payments under PDPM, assuming no changes in provider operational model or resident case mix.

Although requested, we were not provided a breakout of trailing 12-month PDPM reimbursement rates. Based on the financials provided the average PDPM reimbursement rate was \$646.84, \$548.20 and \$658.27 in 2019, 2020 and 2021, respectively.

Note also that the basket rate increase for 2021 is 2.2%, per CMS. Applying the basket rate increase to the previous 2021 average, results in a stabilized rate of \$672.75 per resident day. Based on this analysis, a Medicare rate of \$672.75 is chosen.

### Medicaid Rate

#### National Overview

Title XIX of the Social Security Act is a Federal-State matching entitlement program that pays for medical assistance for certain vulnerable and needy individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States furnishing medical assistance to eligible needy persons. Medicaid is the largest program funding medical and health-related services for America's poorest people.

Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or states may pay for Medicaid services through various prepayment arrangements, such as health maintenance organizations (HMOs). Within federally imposed upper

limits and specific restrictions, each state for the most part has broad discretion in determining the payment methodology and payment rate for services. Generally, payment rates must be sufficient to enlist enough providers so that covered services are available at least to the extent that comparable care and services are available to the general population within that geographic area. Providers participating in Medicaid must accept Medicaid payment rates as payment in full.

The Federal Government pays a share of the medical assistance expenditures under each state's Medicaid program. That share, known as the Federal Medical Assistance Percentage (FMAP), is determined annually by a formula that compares the state's average per capita income level with the national income average. States with a higher per capita income level are reimbursed a smaller share of their costs. By law, the FMAP cannot be lower than 50 percent or higher than 83 percent. In fiscal year (FY) 2004, the FMAPs varied from 50 percent in 12 states to 77.08 percent in Mississippi, and averaged 60.2 percent overall. The Federal Government pays States a higher share for children covered through the SCHIP program. This "enhanced" FMAP averages about 70 percent for all states, compared to the general Medicaid average of 60.2 percent.

### **California Medicaid Reimbursement Methodology**

The Long-Term Care (LTC) Reimbursement Unit conducts the annual study to develop the Medi-Cal rates for a variety of long-term care providers. This study serves as the basis for Medi-Cal reimbursements of Nursing Facilities including Nursing Facility - Level A (NF-A), Distinct Part Skilled Nursing Facilities of General Acute Care Hospitals (DP/NF-Bs), Distinct Part Adult Subacute Units for General Acute Care Hospitals (DP/ASA), Hospice Care, Rural Swing Beds, Acute and Transitional Inpatient Care Administrative Days (Administrative Days Level 1) and Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) (including ICF/DD-Habilitative and ICF/DD-Nursing). This unit also conducts the necessary research to develop new or revised reimbursement methodologies necessary to meet changing policy or program needs.

The Medi-Cal LTC reimbursement rates are established under the authority of Title XIX of the federal Social Security Act. Reimbursement shall be for routine per diem services, exclusive of ancillary services, except for state-owned facilities where an ancillary per diem rate shall be developed by another State agency, and for county facilities operating under a special agreement with the Department. These ancillary rates are reviewed and audited by the Department and, together with the routine service per diem, form an all-inclusive rate. The routine service per diem shall be based on Medicare principles of reimbursement. Ancillary services for all other facilities are reimbursed separately on a fee for service basis as defined in the California Code of Regulations (CCR), except for facilities providing subacute and pediatric subacute care.

Effective August 1, 2005, a FS/NF-B's actual reimbursement rate (per diem payment) is the amount the Department will reimburse to a FS/NF-B for services rendered to an eligible resident for one resident day. The per diem payment is calculated prospectively on a facility-specific basis using facility-

specific data from the FS/NF-B's most recent cost report period (audited or adjusted), supplemental schedules, and other data determined necessary by the Department.

The prospective per diem payment for each FS/NF-B is computed on a per resident day basis. For the rate year beginning August 1, 2010, and for subsequent years, professional liability insurance costs are included as a major cost category. The per diem payment is comprised of the following major cost categories:

1. labor costs
2. indirect care non-labor costs
3. administrative costs
4. professional liability insurance costs
5. capital costs
6. direct pass-through costs.

Payment for FS/NF-Bs will be based on facility-specific cost-based reimbursement rates consisting of the major cost categories.

NFs shall be reimbursed based on the provision of the following services: level A; level B; subacute - ventilator and non-ventilator dependent; and pediatric subacute -- ventilator and non-ventilator dependent. Level A services are provided to a NF resident who requires medically necessary services of relatively low intensity. Level B, subacute and pediatric subacute services are provided to a NF resident who requires medically necessary services of varying degrees of higher intensity. The criteria for the acuity of NF services and staffing standards are contained in state regulations and policy manuals.

For the rate year beginning August 1, 2014, the Department will develop and implement the Skilled Nursing Facility Quality and Accountability Supplemental C24Payment (QASP) System. This program provides supplemental reimbursement for FS/NF-Bs, including PS/adult subacute facilities, that improve the quality of care rendered to its residents and would be in addition to the rate of payment FS/NF-Bs receive under the current reimbursement methodology. The Department, in consultation with CDPH and representatives from the long-term care industry, organized labor, and consumers; has developed a three-tiered scoring methodology, with improvement scoring, for supplemental payments. The Minimum Data Set data file is obtained from the Centers for Medicare & Medicaid Services. The Department has a data use agreement with the Health Services Advisory Group for such purposes.

#### **Subject's Current Medicaid Reimbursement Rates**

The current Medicaid rate includes a temporary additional reimbursement related to the COVID-19 outbreak. The rates effective January 1, 2021 – December 31, 2021, per the California Department of Health Care Services (DHCS) are \$325.63, \$316.90, \$331.35 and \$322.62 for accommodation codes 1, 2 and 3, 11 and 12 respectively. As the current rate reflect a temporary increase, we have reconciled based on the average of the previous two years and the 2022 budgeted period or \$305.68 per resident day.

### Other Payors

This category includes any third-party insurance or other payors and typically falls consistent with the property's private pay rate. This rate was reconciled in accordance with the private pay rate at \$360 per resident day.

### Skilled Nursing Rate Conclusion

Based on the preceding analysis and discussions, the concluded daily rate for each reimbursement is summarized below:

NURSING CARE AVERAGE DAILY RATE					
Payor Source	CBRE Estimate	Subject Reporting Periods:			
		2022 Budget	2021 Actual	2020 Actual	2019 Actual
Private Pay	\$360.00	\$51.08	\$352.88	\$341.74	\$327.63
Medicaid	\$305.68	\$277.76	\$325.63	\$313.65	\$246.39
Medicare	\$672.75	\$723.73	\$658.27	\$548.20	\$646.84
Other	\$360.00	\$437.16	\$352.88	\$341.74	\$327.00

Source: Compiled by CBRE as Provided by the Operator

### Census Mix

The final step in determining the potential gross income for the subject's nursing care services is estimating an appropriate census mix.

NURSING CARE CENSUS MIX				
	Private Pay	Medicaid	Medicare	Other
Westlake Convalescent Hospital	0.00%	6.00%	4.50%	89.50%
California Convalescent Hospital of Pasadena	59.00%	0.00%	41.00%	0.00%
Kei-Ai Los Angeles Healthcare Center	6.53%	60.82%	30.93%	1.72%
Highland Park Skilled Nursing	2.00%	86.00%	12.00%	0.00%
2019 Actual	51.09%	32.99%	10.00%	5.91%
2020 Actual	17.52%	38.83%	14.75%	28.90%
2021 Actual	17.52%	38.83%	28.90%	14.75%
2022 Budget	23.26%	51.97%	16.51%	8.26%
<b>CBRE Estimate</b>	<b>23.00%</b>	<b>50.00%</b>	<b>17.00%</b>	<b>10.00%</b>

Source: CBRE VIEW Database



### Nursing Care Potential Gross Income

The concluded daily rates and census mix for the subject has been summarized below along with the calculation of potential gross income.

POTENTIAL GROSS NURSING CARE RENT CALCULATION					
Revenue Source	Census Mix	Beds (Rounded)	Daily Rate	Annual Rent PRD	Annual Rent Total
Private Pay	23.00%	6	\$360.00	\$20.14	\$846,216
Medicaid	50.00%	14	\$305.68	\$37.17	\$1,562,029
Medicare	17.00%	5	\$672.75	\$27.82	\$1,168,833
Other	10.00%	3	\$360.00	\$8.76	\$367,920
Total/ Average	100.00%	28	\$386.01	\$93.88	\$3,944,998
Compiled by CBRE					

### Ancillary Income

Ancillary income represents a variety of non-routine medical services which include medications, ambulance transportation, injections, drugs, blood work, and other non-routine services. The subject's ancillary income is summarized as follows:

ANCILLARY INCOME				
Reporting Period	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$0	0.0%	\$0
2020 Actual	\$0.00	\$0	0.0%	\$0
2021 Actual	\$0.00	\$0	0.0%	\$0
2022 Budget	\$22.97	\$6,653	9.1%	\$911,503
<b>CBRE Stabilized Estimate</b>	<b>\$23.00</b>	<b>\$7,272</b>	<b>9.5%</b>	<b>\$996,308</b>
Compiled by CBRE				

With respect to the provided statements, ancillary income was only bifurcated in the 2022 budget. The CBRE stabilized estimate reconciles with the budget on a per resident day basis.

### Other Income

Other income includes ancillary services, such as guest meals, late fees, medication management, and other add-on services. A summary of the other income fees collected by the subject as well as CBRE's stabilized projections are presented below:

OTHER INCOME				
Reporting Period	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.27	\$85	0.1%	\$11,664
2020 Actual	\$1.83	\$572	0.9%	\$78,324
2021 Actual	\$3.22	\$921	1.4%	\$126,237
2022 Budget	\$0.92	\$265	0.4%	\$36,350
<b>CBRE Stabilized Estimate</b>	<b>\$2.00</b>	<b>\$632</b>	<b>0.8%</b>	<b>\$86,635</b>
Compiled by CBRE				

This revenue category includes guest meals, special events, salon fees and other miscellaneous service fees. 2021 revenue is inflated due to stimulus funds. The CBRE estimate reconciles with 2020 actual levels

### Vacancy

The subject's estimated stabilized occupancy rate was previously discussed in the market analysis. The concluded occupancy was applied to the subject's unit mix in order to derive a weighted average vacancy, as detailed below:

WEIGHTED AVERAGE ECONOMIC VACANCY					
Care Level	% of Total PGI		Vacancy		
Independent Living	37.9%	x	10.0%	=	3.8%
Assisted Living	24.1%	x	15.0%	=	3.6%
Nursing Care	38.0%	x	20.0%	=	7.6%
Indicated Weighted Average Vacancy (Rounded)					15.0%
Compiled by CBRE					

Notably, while the above vacancy estimate represents weighted average vacancy based on potential gross income (PGI) attributable to each component, or the economic vacancy, the below vacancy indications are based on physical occupancy calculated on a resident day basis. Any disparity between the two figures is due to the differing levels of rent for the subject's care levels. The subject's average vacancy is detailed as follows:

VACANCY	
Reporting Period	%
2019 Actual	14.0%
2020 Actual	14.2%
2021 Actual	21.7%
2022 Budget	20.6%
<b>CBRE Stabilized Estimate</b>	<b>13.4%</b>
Compiled by CBRE	

## Effective Gross Income

The following table summarizes the projected gross rental and effective gross rental revenue for the subject:

CONCLUDED RENTAL REVENUE SUMMARY						
Care Level / Payor	Potential Gross Rent Income		Occupancy (Rounded)	Net (Effective) Rental Income		
	Annual	AMR		Annual	% of Total	PRD
Independent Living	\$3,933,600	\$4,617	90.0%	\$3,540,240	40%	\$81.73
Assisted Living	\$2,500,800	\$5,484	85.0%	\$2,125,680	24%	\$49.07
SNF - Private Pay	\$846,216	\$2,519	80.0%	\$676,973	8%	\$15.63
SNF - Medicaid	\$1,562,029	\$4,649	80.0%	\$1,249,623	14%	\$28.85
SNF - Medicare	\$1,168,833	\$3,479	80.0%	\$935,066	11%	\$21.59
SNF - Other	\$367,920	\$1,095	80.0%	\$294,336	3%	\$6.79
<b>Total / Average</b>	<b>\$10,379,398</b>	<b>\$6,314</b>	<b>85.0%</b>	<b>\$8,821,918</b>		<b>\$203.66</b>
Source: Compiled by CBRE						

The subject's effective gross income is detailed below which includes all revenue sources detailed in this analysis.

EFFECTIVE GROSS INCOME				
Reporting Period	\$/ RD	\$/Rev. Unit	% Change	Annual Total
2019 Actual	\$189.52	\$59,475	---	\$8,148,138
2020 Actual	\$207.47	\$64,942	9.2%	\$8,897,108
2021 Actual	\$228.17	\$65,243	0.5%	\$8,938,298
2022 Budget	\$252.06	\$73,012	11.9%	\$10,002,705
<b>CBRE Stabilized Estimate</b>	<b>\$243.03</b>	<b>\$76,844</b>	<b>---</b>	<b>\$10,527,567</b>
Compiled by CBRE				

The CBRE Stabilized estimate is generally consistent with management's stabilized projections. While the CBRE estimate is modestly higher than management's, our reconciled estimate is below

management's on a per resident day basis. As detailed throughout this report, market data was extracted and utilized in determining these estimates. Historical operations of the subject reveal growth in 2020 and then remained generally level in 2021, due to the pandemic. Overall, management's projections appear to be reasonable with the concluded effective gross income estimated by CBRE being well supported by market-extracted indications.

## Operating Expense Analysis

### Expense Comparables

The following chart summarizes expenses obtained from comparable properties:

EXPENSE COMPARABLES									
	Comparable 1			Comparable 2			Comparable 3		
Expense Year	2020 Actual			2019 Actual			2020 Actual		
GBA (\$F)	39,197			196,663			73,896		
Year Built	1964			1989			1971		
Unit Type:	Rev. Units	Res. Days		Rev. Units	Res. Days		Rev. Units	Res. Days	
Independent Living	-	-		89	54,273		33	11,820	
Assisted Living	25	7,882		63	-		80	21,003	
Memory Care	-	-		23	-		-	-	
Skilled Nursing	100	32,281		67	21,646		60	16,999	
Total Resident Days	125	40,163		242	75,919		173	49,822	
	%/ EGI	\$/RUnit	\$/RD	%/ EGI	\$/RUnit	\$/RD	%/ EGI	\$/RUnit	\$/RD
<b>Effective Gross Income</b>	-	\$80,494	<b>\$251</b>	-	\$58,969	<b>\$188</b>	-	\$43,582	<b>\$151</b>
<b>Expenses</b>									
Real Estate Taxes	0.2%	\$126	<b>\$0.39</b>	2.4%	\$1,435	<b>\$4.58</b>	1.2%	\$533	<b>\$1.85</b>
Property Insurance	0.8%	607	<b>1.89</b>	0.7%	430	<b>1.37</b>	1.7%	736	<b>2.56</b>
Utilities	1.0%	798	<b>2.48</b>	3.4%	2,014	<b>6.42</b>	2.9%	1,275	<b>4.43</b>
Administrative & General	11.6%	9,326	<b>29.02</b>	8.7%	5,103	<b>16.27</b>	10.5%	4,561	<b>15.84</b>
Marketing	0.0%	0	<b>0.00</b>	0.9%	549	<b>1.75</b>	0.9%	394	<b>1.37</b>
Resident Care	46.8%	37,657	<b>117.20</b>	30.6%	18,054	<b>57.55</b>	39.5%	17,217	<b>59.78</b>
Culinary Services	6.9%	5,588	<b>17.39</b>	12.3%	7,239	<b>23.07</b>	8.5%	3,722	<b>12.92</b>
Laundry & Housekeeping	2.7%	2,201	<b>6.85</b>	4.1%	2,409	<b>7.68</b>	4.4%	1,930	<b>6.70</b>
Repairs & Maintenance	2.1%	1,679	<b>5.23</b>	5.2%	3,094	<b>9.86</b>	3.7%	1,614	<b>5.60</b>
Programming	2.8%	2,250	<b>7.00</b>	2.7%	1,564	<b>4.98</b>	4.0%	1,740	<b>6.04</b>
Payroll Taxes & Benefits	5.9%	4,769	<b>14.84</b>	7.3%	4,312	<b>13.75</b>	5.6%	2,462	<b>8.55</b>
Management Fee [1]	5.0%	4,025	<b>12.53</b>	5.0%	2,948	<b>9.40</b>	5.0%	2,179	<b>7.57</b>
Reserves [1]	0.4%	350	<b>1.09</b>	0.6%	350	<b>1.12</b>	0.8%	350	<b>1.22</b>
Total Operating Expense	86.2%	\$69,376	<b>\$215.92</b>	83.9%	\$49,503	<b>\$157.80</b>	88.8%	\$38,713	<b>\$134.43</b>

Source: CBRE Database; [1] Operating statements have been adjusted to include the market-level management fees and replacement reserves.

CBRE's analysis and estimates of stabilized operating expenses for the subject is presented in the following section. In analyzing operating data relative to the subject's property type, the "per resident day" (\$/RD) indicator is considered the most accurate element of comparison for a majority of the departmental expense; in some cases, as will be outlined, weight is placed on alternative units of comparison.

### COVID-19 Operating Expense Considerations

Expense levels at seniors housing communities were impacted by the COVID-19 pandemic. Though the level of the impact varied by region and property type, expenses increased since early March 2020. Primary elevated expenses included staffing/payroll, PPE, testing kits, and sanitation. The impact of the elevated expenses on the overall operations have been offset by several factors. In our discussions with operators, there is generally a consensus that while certain expenses, particularly payroll expenses, have increased in recent months, the increase is not anticipated to be permanent. Some operators are reporting that the increase in payroll expenses have reverted back to pre-COVID levels, while other operators report that payroll expenses remain elevated. The consensus among operators is that elevated payroll expenses levels are not expected to be permanent. Notably, several government programs, such as the Payroll Protection Program, helped to offset the increased expenses for qualified operators.

Long-term expectations for changes in operating expenses are not current quantifiable. Potentially, however, elevated PPE and sanitation costs in the longer term are not likely to have significant impacts on overall operations. Potential increased regulatory requirements on a State or Federal level as well as elevated liability insurance, for example, pose a potential risk for increased expenses into perpetuity. However, in our discussions with market participants, this potential threat is not quantifiable, and not currently included within investment underwriting.

### Real Estate Taxes

Real estate taxes for the subject are detailed as follows:

REAL ESTATE TAXES					
Real Estate Tax Total:					
Reporting Period	\$/ RD	\$/ Sq.Ft.	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$0.00	\$0	0.0%	\$0
2020 Actual	\$0.00	\$0.00	\$0	0.0%	\$0
2021 Actual	\$0.00	\$0.00	\$0	0.0%	\$0
2022 Budget	\$0.28	\$0.10	\$82	0.1%	\$11,286
Expense Comparable 1	\$0.39	\$0.40	\$126	0.2%	-
Expense Comparable 2	\$4.58	\$1.77	\$1,435	2.4%	-
Expense Comparable 3	\$1.85	\$1.25	\$533	1.2%	-
Comparable Mean [1]	\$2.27	\$1.14	\$698	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$3.67</b>	<b>\$1.38</b>	<b>\$1,159</b>	<b>1.5%</b>	<b>\$158,804</b>

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

Our conclusion is based on the analysis and discussion as presented within the Taxes and Assessment Data section. Note that this line item includes real property tax only, with the subject's personal property tax included under the Administrative & General expense line item.

### Property Insurance

Property insurance expenses typically include fire and extended coverage and owner's liability coverage. The subject's expense is detailed as follows:

PROPERTY INSURANCE					
Property Insurance Total:					
Reporting Period	\$/ RD	\$/ Sq.Ft.	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	<b>\$3.26</b>	\$1.22	\$1,024	1.7%	\$140,242
2020 Actual	<b>\$3.49</b>	\$1.30	\$1,092	1.7%	\$149,583
2021 Actual	<b>\$4.94</b>	\$1.68	\$1,413	2.2%	\$193,632
2022 Budget	<b>\$2.00</b>	\$0.69	\$580	0.8%	\$79,400
Expense Comparable 1	<b>\$1.89</b>	\$1.94	\$607	0.8%	-
Expense Comparable 2	<b>\$1.37</b>	\$0.53	\$430	0.7%	-
Expense Comparable 3	<b>\$2.56</b>	\$0.92	\$736	1.7%	-
Comparable Mean [1]	<b>\$1.94</b>	\$1.13	\$591	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$1.90</b>	\$0.71	\$601	0.8%	\$82,304
Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.					

2019, 2020 and 2021 statements combined all insurance categories together with the 2022 budget detailing the property insurance expense only. The CBRE stabilized estimate reconciles with the budget which is supported by the expense comparables on a price per square foot, basis.

### Utilities

Utility expenses include electricity, natural gas, water and sewer. The subject's expense is detailed as follows:

UTILITIES					
Utilities Total:					
Reporting Period	\$/ RD	\$/ Sq.Ft.	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	<b>\$9.26</b>	\$3.46	\$2,906	4.9%	\$398,080
2020 Actual	<b>\$10.72</b>	\$3.99	\$3,357	5.2%	\$459,900
2021 Actual	<b>\$13.00</b>	\$4.42	\$3,717	5.7%	\$509,260
2022 Budget	<b>\$7.76</b>	\$2.67	\$2,248	3.1%	\$308,000
Expense Comparable 1	<b>\$2.48</b>	\$2.55	\$798	3.5%	-
Expense Comparable 2	<b>\$6.42</b>	\$2.48	\$2,014	2.8%	-
Expense Comparable 3	<b>\$4.43</b>	\$2.98	\$1,275	4.3%	-
Comparable Mean [1]	<b>\$4.44</b>	\$2.67	\$1,362	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$9.50</b>	\$3.57	\$3,004	3.9%	\$411,518

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

The recent renovation of the subject is expected to somewhat reduce the utility expense with high-efficiency units. The CBRE stabilized estimate reconciles just above 2019 actual levels, which assumes a decrease from the last two periods.

### Administrative & General

Administrative expenses typically include legal costs, accounting, telephone, supplies, furniture, temporary help and items that are not provided by off-site management. The subject's expense is detailed as follows:

ADMINISTRATIVE & GENERAL						
Reporting Period	Payroll	Expense	Total Administrative & General Expense:			
	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$1.73	<b>\$1.73</b>	\$543	0.9%	\$74,378
2020 Actual	\$0.00	\$1.50	<b>\$1.50</b>	\$469	0.7%	\$64,240
2021 Actual	\$0.00	\$1.40	<b>\$1.40</b>	\$400	0.6%	\$54,794
2022 Budget	\$9.18	\$13.67	<b>\$22.85</b>	\$6,620	9.1%	\$906,975
Expense Comparable 1	\$16.66	\$12.37	<b>\$29.02</b>	\$9,326	11.6%	-
Expense Comparable 2	\$10.36	\$5.90	<b>\$16.27</b>	\$5,103	8.7%	-
Expense Comparable 3	\$11.66	\$4.18	<b>\$15.84</b>	\$4,561	10.5%	-
Comparable Mean [1]	\$12.89	\$7.48	<b>\$20.38</b>	\$6,330	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$11.00</b>	<b>\$10.00</b>	<b>\$21.00</b>	\$6,640	8.6%	\$909,672

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

Departmental payroll was not bifurcated out in the historical statements but was included in the 2022 budget. The CBRE stabilized estimate reconciles with the 2022 budget.

### Marketing

Marketing expenses typically include all costs associated with the promotion of the subject, including advertisements in local publications, trade publications, yellow pages, et cetera. The subject's expense is detailed as follows:

MARKETING						
	Payroll	Expense	Total Marketing Expense:			
Reporting Period	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$3.56	<b>\$3.56</b>	\$1,118	1.9%	\$153,225
2020 Actual	\$0.00	\$4.67	<b>\$4.67</b>	\$1,463	2.3%	\$200,404
2021 Actual	\$0.00	\$6.15	<b>\$6.15</b>	\$1,759	2.7%	\$240,992
2022 Budget	\$0.00	\$7.78	<b>\$7.78</b>	\$2,252	3.1%	\$308,571
Expense Comparable 1	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	-
Expense Comparable 2	\$0.00	\$1.75	<b>\$1.75</b>	\$549	0.9%	-
Expense Comparable 3	\$0.97	\$0.40	<b>\$1.37</b>	\$394	0.9%	-
Comparable Mean [1]	\$0.97	\$1.07	<b>\$1.56</b>	\$472	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$1.00</b>	<b>\$6.00</b>	<b>\$7.00</b>	<b>\$2,213</b>	<b>2.9%</b>	<b>\$303,224</b>

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

The expense comparables reported minimal expenses for this category and likely included this expense in the previous administrative and general expense category. The CBRE stabilized estimate reconciles with the 2022 budget.

### Resident Care

One of the more costly items involved in operating the subject property is resident care services. In addition to departmental employees, this category includes supplies and drugs, as well as medical and therapy fees necessary for operation. The nurse's aides are on duty 24 hours a day during all shifts, and also perform light housekeeping duties, serve meals, and provide personal care assistance to the residents. The subject's expense is detailed as follows:



RESIDENT CARE						
Reporting Period	Payroll	Expense	Total Resident Care Expense:			
	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$16.99	<b>\$16.99</b>	\$5,330	9.0%	\$730,276
2020 Actual	\$0.00	\$18.96	<b>\$18.96</b>	\$5,935	9.1%	\$813,156
2021 Actual	\$0.00	\$24.62	<b>\$24.62</b>	\$7,041	10.8%	\$964,632
2022 Budget	\$98.89	\$24.61	<b>\$123.50</b>	\$35,774	49.0%	\$4,901,077
Expense Comparable 1	\$70.24	\$46.97	<b>\$117.20</b>	\$37,657	46.8%	-
Expense Comparable 2	\$47.13	\$10.42	<b>\$57.55</b>	\$18,054	30.6%	-
Expense Comparable 3	\$48.85	\$10.93	<b>\$59.78</b>	\$17,217	39.5%	-
Comparable Mean [1]	\$55.41	\$22.77	<b>\$78.18</b>	\$24,309	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$75.00</b>	<b>\$21.00</b>	<b>\$96.00</b>	\$30,354	39.5%	\$4,158,502

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

As noted previously, departmental payroll was not bifurcated out in the historical statements but was included in the 2022 budget. Management's projections for this category exceed the range of the expense comparables. Hence, in concluding to a per resident day indication, the CBRE Estimate placed most weight on the expense comparables. The overall percentage of EGI is stabilized at 39.5%, which is also supported by the expense comparable range.

### Culinary Services

Another significant departmental expense in the operation of a seniors housing property is the dietary department, which provides food service for the residents, guests, and employees. High quality food and service is a priority consideration in properties such as the subject. The subject's expense is detailed as follows:

CULINARY SERVICES						
	Payroll	Expense	Total Culinary Services Expense:			
Reporting Period	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$19.43	<b>\$19.43</b>	\$6,098	10.3%	\$835,487
2020 Actual	\$0.00	\$25.12	<b>\$25.12</b>	\$7,863	12.1%	\$1,077,293
2021 Actual	\$0.00	\$29.48	<b>\$29.48</b>	\$8,430	12.9%	\$1,154,862
2022 Budget	\$1.92	\$13.99	<b>\$15.91</b>	\$4,610	6.3%	\$631,545
Expense Comparable 1	\$7.96	\$9.43	<b>\$17.39</b>	\$5,588	6.9%	-
Expense Comparable 2	\$12.08	\$10.99	<b>\$23.07</b>	\$7,239	12.3%	-
Expense Comparable 3	\$6.43	\$6.49	<b>\$12.92</b>	\$3,722	8.5%	-
Comparable Mean [1]	\$8.83	\$8.97	<b>\$17.80</b>	\$5,516	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$9.00</b>	<b>\$8.00</b>	<b>\$17.00</b>	\$5,375	7.0%	\$736,401

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

The 2019, 2020 and 2021 statements lumped all operating supplies, including food into one category. Therefore, these expenses are not considered reliable. The CBRE stabilized estimate reconciles between the 2022 budget and the mean of the expense comparables.

### Laundry & Housekeeping

Housekeeping and Laundry expenses include the cost of supplies and miscellaneous expenses, uniforms, and linens. The subject's expense is detailed as follows:

LAUNDRY & HOUSEKEEPING						
	Payroll	Expense	Total Laundry & Housekeeping Expense:			
Reporting Period	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	\$0
2020 Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	\$0
2021 Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	\$0
2022 Budget	\$1.81	\$3.92	<b>\$5.73</b>	\$1,659	2.3%	\$227,314
Expense Comparable 1	\$5.76	\$1.09	<b>\$6.85</b>	\$2,201	2.7%	-
Expense Comparable 2	\$6.41	\$1.27	<b>\$7.68</b>	\$2,409	4.1%	-
Expense Comparable 3	\$5.03	\$1.67	<b>\$6.70</b>	\$1,930	4.4%	-
Comparable Mean [1]	\$5.73	\$1.34	<b>\$7.08</b>	\$2,180	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$5.00</b>	<b>\$1.00</b>	<b>\$6.00</b>	\$1,897	2.5%	\$259,906

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

The CBRE Estimate reconciles between the expense comparables and management's 2022 projected expense for this line item.

## Repairs & Maintenance

Repairs and maintenance expenses typically include all outside maintenance service contracts and the cost of maintenance and repairs supplies. Landscaping and security expenses typically include all outside landscaping and grounds maintenance service contracts and the cost of landscaping supplies, as well as security services. Trash related expenses are also included in this line item. The subject's expense is detailed as follows:

REPAIRS & MAINTENANCE						
Reporting Period	Payroll	Expense	Total Repairs & Maintenance Expense:			
	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$6.22	<b>\$6.22</b>	\$1,951	3.3%	\$267,288
2020 Actual	\$0.00	\$5.91	<b>\$5.91</b>	\$1,850	2.8%	\$253,413
2021 Actual	\$0.00	\$9.06	<b>\$9.06</b>	\$2,589	4.0%	\$354,759
2022 Budget	\$8.51	\$5.68	<b>\$14.19</b>	\$4,111	5.6%	\$563,258
Expense Comparable 1	\$5.23	\$0.00	<b>\$5.23</b>	\$1,679	2.1%	-
Expense Comparable 2	\$4.63	\$5.23	<b>\$9.86</b>	\$3,094	5.2%	-
Expense Comparable 3	\$2.95	\$2.66	<b>\$5.60</b>	\$1,614	3.7%	-
Comparable Mean [1]	\$4.27	\$3.94	<b>\$6.90</b>	\$2,129	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$4.00</b>	<b>\$3.00</b>	<b>\$7.00</b>	\$2,213	2.9%	\$303,224

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

Historical levels have ranged from \$6.00 to \$9.00 (rounded) per resident day. The CBRE stabilized estimate reconciles within this range at \$7.00 per resident day. This is also supported by the mean of the expense comparables.

## Programming

Programming includes all expenses associated with resident activities, social services, and scheduled transportation.

PROGRAMMING						
Reporting Period	Payroll	Expense	Total Programming Expense:			
	\$/ RD	\$/ RD	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	\$0
2020 Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	\$0
2021 Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0	0.0%	\$0
2022 Budget	\$0.00	\$3.42	<b>\$3.42</b>	\$992	1.4%	\$135,861
Expense Comparable 1	\$5.31	\$1.70	<b>\$7.00</b>	\$2,250	2.8%	-
Expense Comparable 2	\$4.54	\$0.44	<b>\$4.98</b>	\$1,564	2.7%	-
Expense Comparable 3	\$4.65	\$1.39	<b>\$6.04</b>	\$1,740	4.0%	-
Comparable Mean [1]	\$4.83	\$1.18	<b>\$6.01</b>	\$1,851	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$5.00</b>	<b>\$1.00</b>	<b>\$6.00</b>	\$1,897	2.5%	\$259,906

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

The CBRE Estimate reconciles with the mean of the expense comparables on a per resident day basis.

## Payroll Taxes & Benefits

Payroll expenses typically include all payroll and payroll-related items for all directly employed administrative personnel. Not included are the salaries or fees for off-site management firm personnel and services. The subject's expense is detailed as follows:

PAYROLL TAXES & BENEFITS							
Reporting Period	Payroll Taxes	Payroll Benefits	Payroll Taxes & Benefits Total:				
	\$/ RD	\$/ RD	\$/ RD	% of Payroll	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	\$0.00	\$26.85	<b>\$26.85</b>	<b>25.2%</b>	\$8,425	14.2%	\$1,154,264
2020 Actual	\$0.00	\$34.03	<b>\$34.03</b>	<b>28.9%</b>	\$10,652	16.4%	\$1,459,392
2021 Actual	\$0.00	\$35.90	<b>\$35.90</b>	<b>26.5%</b>	\$10,266	15.7%	\$1,406,451
2022 Budget	\$9.33	\$29.45	<b>\$38.78</b>	<b>32.2%</b>	\$11,233	15.4%	\$1,538,917
Expense Comparable 1	\$8.75	\$6.10	<b>\$14.84</b>	<b>13.4%</b>	\$4,769	5.9%	-
Expense Comparable 2	\$5.30	\$8.44	<b>\$13.75</b>	<b>16.1%</b>	\$4,312	7.3%	-
Expense Comparable 3	\$6.48	\$2.06	<b>\$8.55</b>	<b>10.6%</b>	\$2,462	5.6%	-
Comparable Mean [1]	\$6.84	\$5.53	<b>\$12.38</b>	<b>13.4%</b>	\$3,848	-	-
<b>CBRE Stabilized Estimate</b>	<b>\$10.00</b>	<b>\$9.00</b>	<b>\$19.00</b>	<b>17.3%</b>	\$6,008	7.8%	\$823,037

Compiled by CBRE; [1] Mean solely includes datapoints above \$0.00.

We were unable to ascertain why the subject's historical levels represented such a large percentage of payroll. The reported expenses fall well above what is typical in the market. As a check of reasonableness, payroll taxes and benefits typically ranges between 15.0% and 25.0% of the Total Employee Payroll for similar facilities and our conclusion, which falls around 17.3% of the total payroll expenses, is supported by this range.

### **Management Fee**

Management expenses are typically negotiated as a percentage of collected revenues (i.e., effective gross income). Notably, for valuation purposes the reported and comparable datasets have been adjusted have been adjusted to include the market-level management fees. As reported in the 2018 SOSH report, management fees currently charged in the market range from 3.5% to 6.5% depending upon a wide assortment of attributes ranging from size, location, etc. When considering the subject's operations and physical features, we conclude an appropriate management expense is 5.00%.

### **Reserves for Replacement**

As shown, for valuation purposes, the reported and comparable datasets have been adjusted have been adjusted to include the market-level replacement reserves. Reserves for replacement have been estimated based on market parameters with an indicated range of \$250 to \$550 per revenue unit for comparable properties. A reserve replacement of \$350 per unit has been applied to CBRE's pro forma.

### **Operating Expense Conclusions**

As detailed within the departmental operating expense discussions, each conclusion does include payroll expenses. The table on the following page summarizes the breakdown between department payroll and department expenses.

The 2022 budget does not reflect stabilized operations. The CBRE Stabilized operating expense is within 3% of the 2019 actual expenses. These are also supported by the 2019 actual operating history on a per resident day basis and well supported by the market comparables.

As a check of reasonableness for the operating expense conclusions, we have considered the subject's indicated operating expense ratio. The implied expense ratios for the comparable properties range from 83.9% to 88.8%, while the subject's reported operating expenses have a corresponding range of 101.6% to 117.4%. Overall, the subject's indicated expense ratio, of 85.3%, falls within the comparable range, providing further support for the operating expenses conclusion.

## OPERATING EXPENSE SUMMARY

Department Payroll	Subject Reporting Periods								CBRE Stabilized		Comparable Dataset:		
	2019 Actual		2020 Actual		2021 Actual		2022 Budget		Estimate		Comp. 1	Comp. 2	Comp. 3
	Total	\$/RD	Total	\$/RD	Total	\$/RD	Total	\$/RD	Total	\$/RD	\$/RD	\$/RD	\$/RD
Administrative & General	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$364,478	\$9.18	\$476,495	\$11.00	\$16.66	\$10.36	\$11.66
Resident Care	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$3,924,339	\$98.89	\$3,248,829	\$75.00	\$70.24	\$47.13	\$48.85
Culinary Services	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$76,230	\$1.92	\$389,860	\$9.00	\$7.96	\$12.08	\$6.43
Laundry & Housekeeping	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$71,862	\$1.81	\$216,589	\$5.00	\$5.76	\$6.41	\$5.03
Repairs & Maintenance	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$337,804	\$8.51	\$173,271	\$4.00	\$5.23	\$4.63	\$2.95
<b>Employee Payroll</b>	<b>\$4,586,812</b>	<b>\$106.68</b>	<b>\$5,052,544</b>	<b>\$117.82</b>	<b>\$5,297,605</b>	<b>\$135.23</b>	<b>\$4,774,713</b>	<b>\$120.32</b>	<b>\$4,764,950</b>	<b>\$110.00</b>	<b>\$111.14</b>	<b>\$85.16</b>	<b>\$80.55</b>
Payroll Taxes	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$370,218	\$9.33	\$433,177	\$10.00	\$8.75	\$5.30	\$6.48
Benefits	\$1,154,264	\$26.85	\$1,459,392	\$34.03	\$1,406,451	\$35.90	\$1,168,699	\$29.45	\$389,860	\$9.00	\$6.10	\$8.44	\$2.06
Payroll Taxes & Benefits	\$1,154,264	\$26.85	\$1,459,392	\$34.03	\$1,406,451	\$35.90	\$1,538,917	\$38.78	\$823,037	\$19.00	\$14.84	\$13.75	\$8.55
% of Employee Payroll		25.2%		28.9%		26.5%		32.2%		17.3%	13.4%	16.1%	10.6%
<b>Total Payroll Expenses</b>	<b>\$5,741,076</b>	<b>\$133.53</b>	<b>\$6,511,936</b>	<b>\$151.85</b>	<b>\$6,704,056</b>	<b>\$171.14</b>	<b>\$6,313,630</b>	<b>\$159.10</b>	<b>\$5,587,987</b>	<b>\$129.00</b>	<b>\$125.99</b>	<b>\$98.91</b>	<b>\$89.10</b>
% of Operating Expenses		62.1%		63.9%		61.9%		62.1%		62.2%	58.3%	62.7%	66.3%

Department Expenses	Subject Reporting Periods:								CBRE Stabilized		Comparable Dataset:		
	2019 Actual		2020 Actual		2021 Actual		2022 Budget		Estimate		Comp. 1	Comp. 2	Comp. 3
	Total	\$/RD	Total	\$/RD	Total	\$/RD	Total	\$/RD	Total	\$/RD	\$/RD	\$/RD	\$/RD
Real Estate Taxes	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$11,286	\$0.28	\$158,804	\$3.67	\$0.39	\$4.58	\$1.85
Property Insurance	\$140,242	\$3.26	\$149,583	\$3.49	\$193,632	\$4.94	\$79,400	\$2.00	\$82,304	\$1.90	\$1.89	\$1.37	\$2.56
Utilities	\$398,080	\$9.26	\$459,900	\$10.72	\$509,260	\$13.00	\$308,000	\$7.76	\$411,518	\$9.50	\$2.48	\$6.42	\$4.43
Administrative & General	\$74,378	\$1.73	\$64,240	\$1.50	\$54,794	\$1.40	\$542,497	\$13.67	\$433,177	\$10.00	\$12.37	\$5.90	\$4.18
Marketing	\$153,225	\$3.56	\$200,404	\$4.67	\$240,992	\$6.15	\$308,571	\$7.78	\$259,906	\$6.00	\$0.00	\$1.75	\$0.40
Resident Care	\$730,276	\$16.99	\$813,156	\$18.96	\$964,632	\$24.62	\$976,738	\$24.61	\$909,672	\$21.00	\$46.97	\$10.42	\$10.93
Culinary Services	\$835,487	\$19.43	\$1,077,293	\$25.12	\$1,154,862	\$29.48	\$555,315	\$13.99	\$346,542	\$8.00	\$9.43	\$10.99	\$6.49
Laundry & Housekeeping	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$155,452	\$3.92	\$43,318	\$1.00	\$1.09	\$1.27	\$1.67
Repairs & Maintenance	\$267,288	\$6.22	\$253,413	\$5.91	\$354,759	\$9.06	\$225,454	\$5.68	\$129,953	\$3.00	\$0.00	\$5.23	\$2.66
Programming	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$135,861	\$3.42	\$43,318	\$1.00	\$1.70	\$0.44	\$1.39
Other	\$167,039	\$3.89	\$166,607	\$3.89	\$159,811	\$4.08	\$0	\$0.00	\$0	\$0.00	\$0.00	\$0.00	\$0.00
Management Fee*	\$407,407	\$9.48	\$444,855	\$10.37	\$446,915	\$11.41	\$500,135	\$12.60	\$526,378	\$12.15	\$12.53	\$9.40	\$7.57
Reserves*	\$47,950	\$1.12	\$47,950	\$1.12	\$47,950	\$1.22	\$47,950	\$1.21	\$47,950	\$1.11	\$1.09	\$1.12	\$1.22
<b>Total Expense Items</b>	<b>\$3,221,371</b>	<b>\$74.93</b>	<b>\$3,677,404</b>	<b>\$85.75</b>	<b>\$4,127,608</b>	<b>\$105.37</b>	<b>\$3,846,658</b>	<b>\$96.93</b>	<b>\$3,392,841</b>	<b>\$78.32</b>	<b>\$89.94</b>	<b>\$58.89</b>	<b>\$45.33</b>
<b>Operating Expenses</b>	<b>\$8,962,447</b>	<b>\$208.46</b>	<b>\$10,189,340</b>	<b>\$237.61</b>	<b>\$10,831,663</b>	<b>\$276.50</b>	<b>\$10,160,288</b>	<b>\$256.03</b>	<b>\$8,980,828</b>	<b>\$207.32</b>	<b>\$215.92</b>	<b>\$157.80</b>	<b>\$134.43</b>
Operating Expense Ratio		113.5%		114.5%		121.2%		101.6%		85.3%	86.2%	83.9%	88.8%

Compiled by CBRE; \*Operating statements have been adjusted to include market level management fees and replacement reserves.

## Net Operating Income Conclusion

The subject's net operating income is detailed as follows:

NET OPERATING INCOME				
Reporting Period	\$/ RD	\$/Rev. Unit	% EGI	Annual Total
2019 Actual	(\$25.62)	(\$8,040)	-13.5%	<b>(\$1,101,450)</b>
2020 Actual	(\$30.13)	(\$9,432)	-14.5%	<b>(\$1,292,232)</b>
2021 Actual	(\$48.33)	(\$13,820)	-21.2%	<b>(\$1,893,366)</b>
2022 Budget	(\$3.97)	(\$1,150)	-1.6%	<b>(\$157,583)</b>
<b>CBRE Stabilized Estimate</b>	<b>\$35.71</b>	<b>\$11,290</b>	<b>14.7%</b>	<b>\$1,546,740</b>
Compiled by CBRE				

The stabilized net operating income reflects stabilized occupancy with expenses adjusted based on similar property types. The subject has been operating as an entrance fee community but has converted to a rental-only community. The amortized entrance fees were excluded from the historical income statements. The community has also undergone a renovation and operations are expected to improve. Notably, it is not uncommon for non-profits to exhibit expense above market norms; however the CBRE stabilized estimate reflects market levels.

As the revenue, occupancy, and individual operating expense line items are supported by the market data, the corresponding net operating income is considered to be well supported.

In addition to the above analysis, we have incorporated consideration for the indicated operating margin, based on the net operating income (EBITDAR) as a test of reasonableness. The following table includes operating margins, on a national basis, for seniors housing communities by care level. Overall, the CBRE revenue and expense conclusion have a corresponding operating margin of 14.7%; this indication is well-within the range of the market data and, as such, this analysis is considered to provide additional support for the overall revenue and expenses conclusions.

OPERATING MARGINS BY COMMUNITY TYPE (EBITDAR/TOTAL REVENUES)						
For Profit Communities Only	IL	IL/AL	IL/AL/MC	AL (no MC)	AL/MC	CCRC
Lower Quartile	26.8%	16.7%	18.1%	13.8%	15.3%	7.6%
Median	39.1%	33.0%	33.2%	29.3%	28.7%	24.7%
Upper Quartile	48.8%	45.2%	43.0%	41.0%	39.9%	44.5%
<i>Note: Properties are ranked by operating margin. Each quartile represents the weighted average of all properties falling in that rank while the median reflects the average of the 5th and 6th deciles.</i>						
Source: ASHA, 2018 State of Seniors Housing Report						

## Direct Capitalization

Direct capitalization is a method used to convert a single year's estimated stabilized net operating income into a value indication. The following subsections represent different techniques for deriving an overall capitalization rate, or "going-in rate", for direct capitalization.

### Comparable Sales

The overall capitalization rates (OARs) confirmed for the comparable sales analyzed in the sales comparison approach are as follows:

COMPARABLE CAPITALIZATION RATES				
Sale	Sale Date	Sale Price \$/Rev. Unit	Occupancy	OAR
1	Jan-18	\$167,227	75%	8.96%
2	Apr-18	\$172,727	98%	11.09%
3	Sep-19	\$123,223	53%	11.02%
4	Sep-19	\$159,794	90%	8.86%
5	Jun-20	\$105,100	78%	8.09%
6	Sep-21	\$181,250	57%	10.50%
<b>Indicated OAR:</b>			<b>83%</b>	<b>8.09% - 11.09%</b>
Source: CBRE VIEW Database				



## Published Investor Surveys

The results of the most recent investor surveys are summarized in the following chart.

OVERALL CAPITALIZATION RATES		
Investment Type	Average	
NIC-RCA Sales Transaction Report (2020 Transactions)		
Seniors Housing		
2019 Transactions	6.10%	
2020 Transactions	5.80%	
Investment Type	OAR Range	Average
Senior Living Valuation Services Survey (Fall 2020)		
CCRC/LPC	7.50% - 12.00%	9.00%
Investment Type	OAR Range	Average
CBRE Seniors Housing Investor Survey (H1 2021)		
CCRC/LPC		
Class B: Core Locations	6.00% - 11.00%	8.23%
Class B: Non-Core Locations	7.00% - 11.00%	8.76%
Class C: Core Locations	7.00% - 12.00%	9.39%
Class C: Non-Core Locations	8.00% - 12.00%	9.71%
<b>Indicated OAR:</b>		<b>8.00% - 10.00%</b>
Source: CBRE, RealtyRates.com, NIC		

## Band of Investment

The band of investment technique has been utilized as a crosscheck to the foregoing techniques. The Mortgage Interest Rate and the Equity Dividend Rate (EDR) are based upon current market yields for similar investments. The following Band of Investment analysis is summarized within the following chart:

BAND OF INVESTMENT		
Mortgage Interest Rate	4.50%	
Mortgage Term (Amortization Period)	30 Years	
Mortgage Ratio (Loan-to-Value)	65%	
Mortgage Constant (monthly payments)	0.06080	
Equity Dividend Rate (EDR)	13%	
Mortgage Requirement	65% x 0.0608 =	0.03952
Equity Requirement	35% x 0.13000 =	0.04550
	100%	0.08502
<b>Indicated OAR:</b>		<b>8.50%</b>
Compiled by: CBRE		

## COVID-19 Capitalization Rate Considerations

As discussed within the Market Analysis section of this report, market participants opine capitalization rate fluctuations include a range of no change (or 0 bps) up to an increase of up to 50 bps on the buy side. The factors that have been identified as impacting these rates are as follows:

- In the valuation model, near through long-term impacts on census levels have been incorporated and, thus, are not included within the capitalization rate conclusion.
- Similar to occupancy levels, a majority of elevated operating expenses have been incorporated within the cash flow conclusions. However, long-term elevated expenses, including potential increased regulatory requirements and/or liability insurance, etc. is not quantifiable, and has been considered in the selection of the overall capitalization rate selection.
- Disruptions in capital markets, with increased borrowing costs, as discussed.
- Overall increased perception of risk due to market uncertainty.

Capitalization rate fluctuations can vary based on location (core versus non-core, COVID 'Hot Spot', etc.) and asset class (A, B or C), with best-in-class properties falling at the lower end of the range, and value-add properties falling at the high end. Overall capitalization rates expanded during Q2-Q4 2020, while showing improvement in Q1-Q2 2021.

## Capitalization Rate Conclusion

The following chart summarizes the OAR conclusions.

OVERALL CAPITALIZATION RATE - CONCLUSION	
Source	Indicated OAR
Comparable Sales	8.09% - 11.09%
National Investor Surveys and Transaction Reports	8.00% - 10.00%
Band of Investment	8.50%
<b>CBRE Estimate</b>	<b>8.50%</b>
Compiled by: CBRE	

In reviewing the Capitalization Rate sources above, the overall rates are generally stable since the transaction dates of the Comparable Sales and the publication dates of National Investor Surveys. The Band of Investment compared the current cost of borrowing against the pre-pandemic environment, indicating a minimal increase. The subject's Strengths/Opportunities and Weaknesses/Threats (SWOT) are considered, and outlined within the following bullets:

### Strengths/ Opportunities

- Excellent reputation in community
- Lack of new construction of similar facilities in the local market
- Positive growth in age 75+ population and households
- Good location with historically stable operating trends pre-COVID

- High barrier market in terms of availability of land

### Weaknesses/ Threats

- COVID-19 has impacted the subject operation with reductions in occupancy and elevated expenses

### Direct Capitalization Summary

A summary of the direct capitalization at stabilized occupancy is illustrated in the following chart.

DIRECT CAPITALIZATION SUMMARY		
	As If Stabilized Feb-22	Upon Stabilization Mar-23
<b>Income</b>		
Independent Living	\$3,540,240	\$3,655,440
Assisted Living	\$2,125,680	\$2,194,850
Nursing Care	\$3,155,998	\$3,258,695
<b>Net Rental Income</b>	<b>\$8,821,918</b>	<b>\$9,108,986</b>
Level of Care Fees	\$465,120	\$480,255
Ancillary Income	\$996,308	\$1,028,728
Second Resident Fees	\$49,842	\$51,464
Community Fees	\$107,744	\$111,250
Other Income	\$86,635	\$89,455
<b>Effective Gross Income</b>	<b>\$10,527,567</b>	<b>\$10,870,137</b>
<b>Expenses</b>		
Real Estate Taxes	\$158,804	\$162,248
Property Insurance	\$82,304	\$84,982
Utilities	\$411,518	\$424,909
Administrative & General	\$909,672	\$939,273
Marketing	\$303,224	\$313,091
Resident Care	\$4,158,502	\$4,293,820
Culinary Services	\$736,401	\$760,364
Laundry & Housekeeping	\$259,906	\$268,364
Repairs & Maintenance	\$303,224	\$313,091
Programming	\$259,906	\$268,364
Payroll Taxes & Benefits	\$823,037	\$849,819
Management Fee	\$526,378	\$543,507
Reserves for Replacement	\$47,950	\$49,510
<b>Operating Expenses</b>	<b>\$8,980,828</b>	<b>\$9,271,342</b>
Operating Expense Ratio	85.31%	85.29%
<b>Net Operating Income</b>	<b>\$1,546,740</b>	<b>\$1,598,795</b>
<b>OAR</b>	<b>/ 8.50%</b>	<b>/ 8.50%</b>
Indicated Stabilized Value	\$18,196,937	\$18,809,352
<b>Indicated Value (Rounded)</b>	<b>\$18,200,000</b>	<b>\$18,800,000</b>
Value Per Rev. Unit	\$132,847	\$137,226
Compiled by CBRE		

## Discounted Cash Flow Analysis (DCF)

In the discounted cash flow analysis, fluctuations in revenue and expenses are incorporated into the valuation model as will be discussed. Consistent with typical market underwriting methodology, a 10-Year discounted cash flow model has been utilized.

### Variations in Census Levels

As discussed in the Market Analysis section, the occupancy at the subject is expected to fluctuate in the near to midterm, or an absorption period which includes consideration for the following:

- **Existing Census:** Overall occupancy is currently 75.2% which has been applied during Month 1 of the valuation model.
- **Positive Absorption:** Consistent with the discussion in the Market Analysis section, the positive absorption period is projected at 12 months. Notably, this positive absorption period commences after any negative absorption is incorporated within the valuation model.

### Positive Absorption Period

When analyzing the lease-up (positive absorption), two methods are typically utilized, including straight-line absorption and weighted absorption:

- **Straight Line:** Under this method, all revenue units are absorbed consistent with the overall average absorption rate, net of pre-leases, on a linear basis.
- **Weighted:** In this method, absorption is not considered to be linear, and the appraiser subjectively incorporates consideration for variation in the lease-up rate. During an absorption period, similar seniors housing communities typically report that the rate of absorption slow as they near stabilization. For this method, the appraiser subjectively incorporates a percentage of absorption per each annual lease-up period.

POSITIVE ABSORPTION PER PERIOD [1]					
Positive (Net) Absorption Per Annual Period:					
Care Level	Year 1	Year 2	Year 3	Year 4	Year 5
Independent Living (IL)	5.9	-	-	-	-
Assisted Living (AL)	3.3	-	-	-	-
Nursing Care - Private Pay	1.5	-	-	-	-
Nursing Care - Medicaid	3.2	-	-	-	-
Nursing Care - Medicare	1.1	-	-	-	-
Nursing Care - Other	0.6	-	-	-	-
Skilled Nursing (SNF)	6.4	-	-	-	-
Positive Absorption Total	15.6	Stabilized	Stabilized	Stabilized	Stabilized
Months of Positive Absorption	12	-	-	-	-
Net Monthly Absorption	1.3	-	-	-	-
CBRE Conclusions; [1] Revenue Units.					

### Absorption Period Summary

The following chart summarizes the projected census fluctuations during the absorption period as well as percentage of absorption applied by care level and the corresponding net monthly revenue unit absorption:

CENSUS ESTIMATES THROUGH STABILIZATION					
Stabilization Summary	Year 1	Year 2	Year 3	Year 4	Year 5
Stabilization Months in Period	12	Stabilized	Stabilized	Stabilized	Stabilized
Average Census (Resident Days)	40,446	43,294	43,294	43,294	43,294
Average Census (%)	80.9%	86.6%	86.6%	86.6%	86.6%

CENSUS LEVELS [1]					
Stabilization Summary	Year 1	Year 2	Year 3	Year 4	Year 5
Existing Census	103.0	-	-	-	-
Positive Absorption	15.6	Stabilized	Stabilized	Stabilized	Stabilized
Turnover During Stabilization	35.5	Stabilized	Stabilized	Stabilized	Stabilized
Physical Move-Ins	51.1	38.0	38.0	38.0	38.0
Average Census	110.8	118.6	118.6	118.6	118.6

CBRE Conclusions; [1] Revenue Units.

### Revenue During Absorption Period

The following discussion points reference the estimated revenue during the absorption period:

- **Market Rent Estimate:** Rental revenue is based on the corresponding care level, and applied census on a monthly basis, consistent with the stabilization schedule.
- **Levels of Care:** Income from care fees is based on the applicable care levels, consistent with the corresponding stabilization schedule.
- **Second Resident Fees:** Second resident fees are applied consistent with the stabilization schedule.
- **Community Fee:** Community fees are applied consistent with the stabilization schedule.
- **Ancillary Income:** Ancillary income represents a variety of non-routine medical services which include medications, ambulance transportation, injections, drugs, blood work, and other non-routine services. The subject's ancillary income is summarized as follows:
- **Other Income:** Other income is applied consistent with the stabilization schedule.

Applied revenue adjustments, as discussed above, are summarized within the following chart. These subjective adjustments are shown as a percentage (%) of the stabilized market conclusion.

REVENUE DURING STABILIZATION					
Proforma Period	% of Stabilized Estimate				
	Year 1	Year 2	Year 3	Year 4	Year 5
Independent Living Rent	100%	100%	100%	100%	100%
Assisted Living Rent	100%	100%	100%	100%	100%
AL Care Fees	100%	100%	100%	100%	100%
Nursing Care - Private Pay	100%	100%	100%	100%	100%
Nursing Care - Medicaid	100%	100%	100%	100%	100%
Nursing Care - Medicare	100%	100%	100%	100%	100%
Nursing Care - Other	100%	100%	100%	100%	100%
Ancillary Income	100%	100%	100%	100%	100%
Second Resident Fees	100%	100%	100%	100%	100%
Community Fees	100%	100%	100%	100%	100%
Other Income	100%	100%	100%	100%	100%
CBRE Conclusions					

### Operating Expenses During the Absorption Period

The following discussion points reference the estimated revenue during absorption.

#### Fixed Expense:

- **Real Estate Taxes:** As this is a fixed expense, property taxes are expected to be consistent with the stabilized conclusion.
- **Property Insurance:** As a fixed expense, it has been applied at a stabilized level.
- **Reserves for Replacement:** This expense is fixed and applied consistently with the stabilized conclusion.

#### Variable Expense:

Note that the correlation between census and expenses is not a one-to-one relationship and, therefore, the occupancy conclusion is not directly applied to variable expenses.

- **Utilities:** As utilities fluctuate based on census, an adjustment of -10% has been applied throughout the absorption period.
- **Administrative & General:** This line item includes both payroll and expenses. Staffing is predominantly front-loaded, prior to occupancy. Therefore, no adjustment was warranted.
- **Marketing:** This expense is expected to be somewhat elevated during the absorption period, with a 15% adjustment applied.
- **Resident Care:** Primarily driven by fluctuations in staffing, this expense is expected to fluctuate based on census levels. An adjustment of -10% has been applied throughout the absorption period.

- **Culinary Services:** While culinary staffing positions are mostly filled in the early stages of absorption, food and supplies costs are reflective of census levels. An adjustment of -10% has been applied throughout the absorption period.
- **Laundry & Housekeeping:** This expense is correlated to census levels and, thus, has been adjusted by -10% during stabilization.
- **Repairs & Maintenance:** As the property will be operating at sub-stabilized levels during absorption, this expense is expected to be somewhat reduced during stabilization, and a reduction of -10% is applied during stabilization.
- **Programming:** Programming is highly associated with census levels and, thus, has been adjusted by -10% during stabilization.
- **Payroll Taxes & Benefits:** This expense is tied to the total payroll, and it has been adjusted on a consistent basis.
- **Management Fee:** A management expense based on 5.00% of EGI is applied.

As discussed, subjective adjustments are applied to the trended, As If Stabilized operating expense conclusions based on a percentage of the total, 'Stabilized' operating expense levels for each respective period. These adjustments are included within the following chart:

EXPENSES DURING ABSORPTION					
Proforma Period	% of Stabilized Estimate				
	Year 1	Year 2	Year 3	Year 4	Year 5
Real Estate Taxes	100%	100%	100%	100%	100%
Property Insurance	100%	100%	100%	100%	100%
Utilities	90%	100%	100%	100%	100%
Administrative & General	100%	100%	100%	100%	100%
Marketing	115%	100%	100%	100%	100%
Resident Care	90%	100%	100%	100%	100%
Culinary Services	90%	100%	100%	100%	100%
Laundry & Housekeeping	90%	100%	100%	100%	100%
Repairs & Maintenance	90%	100%	100%	100%	100%
Programming	90%	100%	100%	100%	100%
Payroll Taxes & Benefits	100%	100%	100%	100%	100%
Reserves for Replacement	100%	100%	100%	100%	100%
CBRE Conclusions					

### Lump Sum Deduction

During the initial periods of the DCF, the subject will have the following costs:

LUMP SUM DEDUCTION DURING DCF	
	Amount
DCF Year 1	\$610,877
<b>Total</b>	<b>\$610,877</b>
CBRE Conclusions	

As noted previously, the subject was formerly an entrance fee, continuing care retirement community that has been converted to a rental-only community. According to management, the total audited amount due to residents is \$610,877, as of December 31, 2021. Management further added \$301,500 is due on contracts with rebates, with the remainder due on classic contracts (classic contract refund exposure decreases with time). For the purpose of this appraisal assignment, we have deducted the total audited deposits as a 'lump-sum' deduction from Year 1 in the DCF analysis. This expense is applied below the line.

### Growth Rate Assumptions

As the valuation model incorporates future cash flows, annual growth rates are estimated by analyzing the expectations typically used by buyers and sellers in the local marketplace. Market data including the Consumer Price Index (CPI), published survey, as well as data provided via developer and investor proformas, was presented in the Appraisal Methodology section of this report.

For our conclusion, we have applied an annual inflation rate of 3.00% during these periods. In addition to the overall inflation rate, we have considered annual growth rates for the individual revenue and expense line items as these can also fluctuate.



## Revenue and Expense Growth Rate Discussion

The concluded growth rates are included within the following table:

ANNUAL GROWTH RATES	
Inflation	Growth Rate
General Inflation	3.0%
Revenue	Growth Rate
All Revenue Line Items	3.0%
Expenses	Growth Rate
Real Estate Taxes	2.0%
Operating Expenses	3.0%
CBRE Conclusions	

Real estate taxes were capped at 2% in accordance with the Assessor's methodology in California.

## Investment Rates

For estimating value via the Income Capitalization Approach, investment rates are applied to the projected income levels. In addition to the previously concluded overall capitalization rate (going-in rate), The primary investment rates utilized within our analysis include the reversion (disposition) capitalization rate, and the discount rate (unleveraged IRR).

## Terminal Capitalization Rate

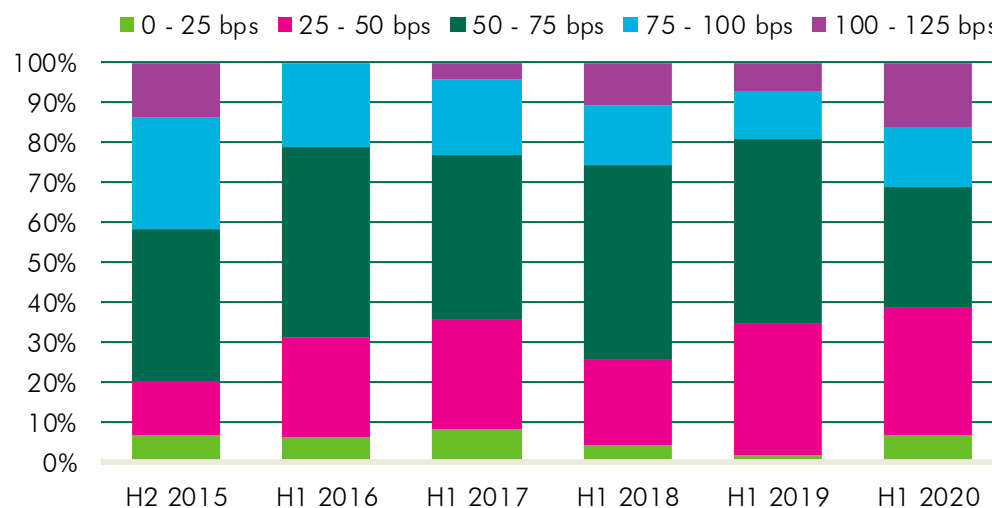
The reversionary value of the subject is based on an assumed sale at the end of the holding period based on capitalizing the Year 11 NOI at a terminal capitalization rate. Typically, market participants utilize a terminal capitalization rate that falls above the going-in capitalization rate (OAR); this practice is a result of the uncertainty of future economic conditions and the natural aging of the property. The following chart includes the reported basis point (bps) spread between the going-in capitalization rate and the terminal capitalization rate, as reported by the CBRE Seniors Housing Investor Survey. Additionally, average terminal capitalization rate spreads for multifamily assets, as provided via a recent PwC Real Estate Investor Survey, are also included.

### TERMINAL CAPITALIZATION RATES

Investment Type	Spread Over Going-In Cap Rate
<b>CBRE Seniors Housing Investor Survey - Spread Over Going-In Rate</b>	
70.4% of Respondents Reported a Spread:	25 bps - 75 bps
82.7% of Respondents Reported a Spread:	25 bps - 100 bps
93.8% of Respondents Reported a Spread:	25 bps - 125 bps
<b>PwC Real Estate Investor Survey</b>	
National Apartment Market - Avg Spread Over Going-In Rate:	38 bps
Regional Apartment Market - Avg Spread Over Going-In Rate:	25 bps - 52 bps
<b>CBRE Estimate Spread Over Going-In Rate</b>	<b>50 bps</b>
<b>CBRE Estimate</b>	<b>9.00%</b>
Source: CBRE Investor Survey	

As shown by the CBRE Seniors Housing Investor Survey, a vast majority of market participants utilize a terminal rate spread, over the going-in capitalization rate (OAR), of between 25 bps and 75 bps. Additionally, the following chart includes the reported basis point (bps) spread between the going-in capitalization rate and the terminal capitalization rate, as reported by the CBRE Seniors Housing Investor Survey.

#### Going-In and Reversion Capitalization Rate Spreads



Source: CBRE Seniors Housing & Care Investor Survey Historical Results.

As shown by the CBRE Seniors Housing Investor Survey trailing data, a vast majority of market participants utilize a terminal rate spread 25 and 100 bps; the summed percentage of respondents that utilize this range (25 – 100 bps) has been between 77.00% and 93.44% during the trailing survey periods. Furthermore, since H1 2016, an average of 70% of respondents reported utilizing a spread

of between 25 and 75 bps. For the subject, we conclude loading 50 basis points to the going-in rate of 8.75% is appropriate based on this dataset; the corresponding reversion rate utilized is 9.25%.

### Discount Rate Analysis

The primary rates utilized within our analysis include the overall capitalization rate (going-in rate), reversion (disposition) capitalization rate, and the discount rate (unleveraged IRR). The results of the most recent investor surveys are summarized in the following chart.

DISCOUNT RATES		
Investment Type	Rate Range	Average
Senior Living Valuation Services Survey (Fall 2020)		
CCRC	7.50% - 14.00%	11.10%
CBRE Seniors Housing & Care Investor Survey (H1 2021)*		
CCRC	7.00% - 11.00%	9.00%
<b>CBRE Estimate</b>		<b>10.50%</b>
Source: Senior Living Valuation Services & RealtyRates.com; *(Primary Range of Respondents)		

### Discounted Cash Flow Conclusions

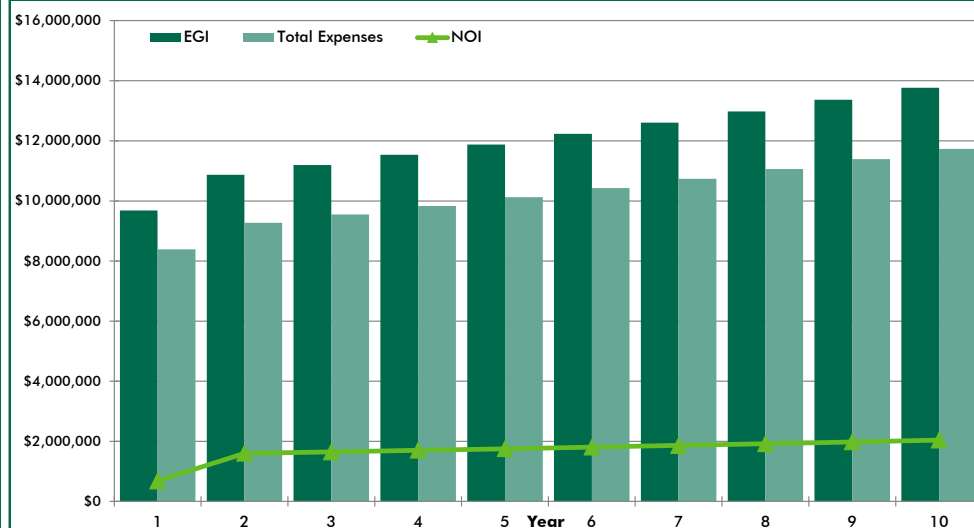
The DCF assumptions concluded for the subject are summarized as follows and the schedule as well as value conclusions are depicted on the following page:

SUMMARY OF DCF ASSUMPTIONS		
Valuation Scenario	Upon Completion	Upon Stabilization
<b>General Assumptions</b>		
Start Date	Mar-22	Mar-23
Terms of Analysis (Hold Period)	10 Years	10 Years
Software	Excel	Excel
<b>Occupancy Assumptions</b>		
Current Occupancy	75.18%	84.99%
Stabilized Economic Occupancy	84.99%	84.99%
Stabilized Physical Occupancy	86.57%	86.57%
Months to Stabilization	12 Months	Stabilized
<b>Financial Assumptions</b>		
Discount Rate	11.25%	10.50%
Terminal Capitalization Rate	9.00%	9.00%
Cost of Sale	2.50%	2.50%
Compiled by CBRE		



**WINDSOR**  
UPON COMPLETION: PERIOD BEGINNING MARCH 2022

Period	1	2	3	4	5	6	7	8	9	10	Reversion
Period Date (Begin)	Mar-22	Mar-23	Mar-24	Mar-25	Mar-26	Mar-27	Mar-28	Mar-29	Mar-30	Mar-31	Mar-32
<b>Revenue</b>											
Independent Living Rent	3,385,130	3,655,440	3,765,104	3,878,057	3,994,398	4,114,230	4,237,657	4,364,787	4,495,731	4,630,602	4,769,521
Assisted Living Rent	2,022,067	2,194,850	2,260,696	2,328,517	2,398,372	2,470,323	2,544,433	2,620,766	2,699,389	2,780,371	2,863,782
Level of Care Fees	442,449	480,255	494,663	509,503	524,788	540,531	556,747	573,450	590,653	608,373	626,624
SNF - Private Pay	581,693	699,002	719,972	741,571	763,818	786,733	810,335	834,645	859,684	885,474	912,039
SNF - Medicaid	1,073,747	1,290,286	1,328,995	1,368,865	1,409,930	1,452,228	1,495,795	1,540,669	1,586,889	1,634,496	1,683,531
SNF - Medicare	803,462	965,494	994,458	1,024,292	1,055,021	1,086,671	1,119,272	1,152,850	1,187,435	1,223,058	1,259,750
SNF - Other	252,910	303,914	313,031	322,422	332,095	342,058	352,319	362,889	373,776	384,989	396,539
Ancillary Income	856,084	1,028,728	1,059,590	1,091,377	1,124,119	1,157,842	1,192,577	1,228,355	1,265,205	1,303,162	1,342,256
Second Resident Fees	47,658	51,464	53,008	54,598	56,236	57,923	59,661	61,451	63,294	65,193	67,149
Community Fees	135,124	111,250	114,588	118,025	121,566	125,213	128,969	132,838	136,823	140,928	145,156
Other Income	81,137	89,455	92,138	94,902	97,749	100,682	103,702	106,813	110,018	113,318	116,718
<b>Effective Gross Income</b>	<b>\$9,681,463</b>	<b>\$10,870,137</b>	<b>\$11,196,241</b>	<b>\$11,532,128</b>	<b>\$11,878,092</b>	<b>\$12,234,435</b>	<b>\$12,601,468</b>	<b>\$12,979,512</b>	<b>\$13,368,897</b>	<b>\$13,769,964</b>	<b>\$14,183,063</b>
<b>Expenses</b>											
Real Estate Taxes	159,067	162,248	165,493	168,803	172,179	175,622	179,135	182,718	186,372	190,099	213,772
Insurance	82,507	84,982	87,531	90,157	92,862	95,648	98,517	101,473	104,517	107,652	110,882
Utilities	371,280	424,909	437,657	450,786	464,310	478,239	492,586	507,364	522,585	538,262	554,410
Administrative & General	911,916	939,273	967,451	996,475	1,026,369	1,057,160	1,088,875	1,121,541	1,155,188	1,189,843	1,225,538
Marketing	349,568	313,091	322,484	332,158	342,123	352,387	362,958	373,847	385,063	396,614	408,513
Resident Care	3,751,882	4,293,820	4,422,635	4,555,314	4,691,973	4,832,733	4,977,715	5,127,046	5,280,857	5,439,283	5,602,462
Culinary Services	664,396	760,364	783,175	806,670	830,870	855,796	881,470	907,914	935,152	963,206	992,103
Laundry & Housekeeping	234,493	268,364	276,415	284,707	293,248	302,046	311,107	320,440	330,054	339,955	350,154
Repairs & Maintenance	273,575	313,091	322,484	332,158	342,123	352,387	362,958	373,847	385,063	396,614	408,513
Programming	234,493	268,364	276,415	284,707	293,248	302,046	311,107	320,440	330,054	339,955	350,154
Payroll Taxes & Benefits	825,067	849,819	875,313	901,573	928,620	956,478	985,173	1,014,728	1,045,170	1,076,525	1,108,821
Management Fee	484,073	543,507	559,812	576,606	593,905	611,722	630,073	648,976	668,445	688,498	709,153
Reserves	48,068	49,510	50,996	52,525	54,101	55,724	57,396	59,118	60,891	62,718	64,600
<b>Operating Expenses</b>	<b>\$8,390,382</b>	<b>\$9,271,342</b>	<b>\$9,547,860</b>	<b>\$9,832,641</b>	<b>\$10,125,932</b>	<b>\$10,427,988</b>	<b>\$10,739,072</b>	<b>\$11,059,452</b>	<b>\$11,389,409</b>	<b>\$11,729,227</b>	<b>\$12,099,074</b>
<b>Net Income</b>	<b>\$1,291,080</b>	<b>\$1,598,795</b>	<b>\$1,648,381</b>	<b>\$1,699,488</b>	<b>\$1,752,160</b>	<b>\$1,806,447</b>	<b>\$1,862,396</b>	<b>\$1,920,060</b>	<b>\$1,979,489</b>	<b>\$2,040,737</b>	<b>\$2,083,989</b>
Lump Sum Deduction	(610,877)	-	-	-	-	-	-	-	-	-	-
<b>Cash Flow</b>	<b>\$680,203</b>	<b>\$1,598,795</b>	<b>\$1,648,381</b>	<b>\$1,699,488</b>	<b>\$1,752,160</b>	<b>\$1,806,447</b>	<b>\$1,862,396</b>	<b>\$1,920,060</b>	<b>\$1,979,489</b>	<b>\$2,040,737</b>	<b>\$2,083,989</b>



## DCF UPON COMPLETION CONCLUSION SUMMARY

## REVERSION SUMMARY

Net Income ( Year 11 )	\$2,083,989
Sale at a Reversion Cap Rate of 9.00%	\$23,155,436
Less Cost of Sale at 2.50%	(\$578,886)
<b>Net Reversion Sale Price</b>	<b>\$22,576,550</b>

## YIELD MATRIX (ROUNDED)

IRR	Reversion CAP Rate		
	9.25%	9.00%	8.75%
-			
11.50%	16,600,000	16,800,000	17,100,000
11.25%	16,900,000	17,100,000	17,300,000
11.00%	17,200,000	17,400,000	17,600,000

## VALUE CONCLUSIONS

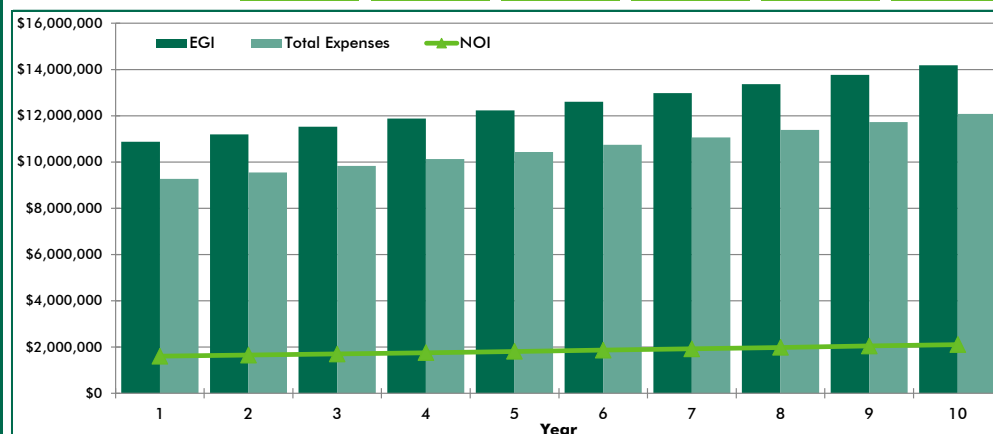
<b>Indicated Value Upon Completion</b>	\$17,127,509
<b>Indicated Value (Rounded)</b>	<b>\$17,100,000</b>
Less Cost to Complete	(\$312,046)
<b>Indicated Value As Is</b>	<b>\$16,787,963</b>
<b>Indicated Value (Rounded)</b>	<b>\$16,800,000</b>

WINDSOR 060886



**WINDSOR**  
**UPON STABILIZATION: PERIOD BEGINNING MARCH 2023**

Period Period Date (Begin)	1 Mar-23	2 Mar-24	3 Mar-25	4 Mar-26	5 Mar-27	6 Mar-28	7 Mar-29	8 Mar-30	9 Mar-31	10 Mar-32	Reversion Mar-33
<b>Revenue</b>											
Independent Living Rent	3,655,440	3,765,104	3,878,057	3,994,398	4,114,230	4,237,657	4,364,787	4,495,731	4,630,602	4,769,521	4,912,606
Assisted Living Rent	2,194,850	2,260,696	2,328,517	2,398,372	2,470,323	2,544,433	2,620,766	2,699,389	2,780,371	2,863,782	2,949,695
Level of Care Fees	480,255	494,663	509,503	524,788	540,531	556,747	573,450	590,653	608,373	626,624	645,423
SNF - Private Pay	699,002	719,972	741,571	763,818	786,733	810,335	834,645	859,684	885,474	912,039	939,400
SNF - Medicaid	1,290,286	1,328,995	1,368,865	1,409,930	1,452,228	1,495,795	1,540,669	1,586,889	1,634,496	1,683,531	1,734,037
SNF - Medicare	965,494	994,458	1,024,292	1,055,021	1,086,671	1,119,272	1,152,850	1,187,435	1,223,058	1,259,750	1,297,543
SNF - Other	303,914	313,031	322,422	332,095	342,058	352,319	362,889	373,776	384,989	396,539	408,435
Ancillary Income	1,028,728	1,059,590	1,091,377	1,124,119	1,157,842	1,192,577	1,228,355	1,265,205	1,303,162	1,342,256	1,382,524
Second Resident Fees	51,464	53,008	54,598	56,236	57,923	59,661	61,451	63,294	65,193	67,149	69,163
Community Fees	111,250	114,588	118,025	121,566	125,213	128,969	132,838	136,823	140,928	145,156	149,511
Other Income	89,455	92,138	94,902	97,749	100,682	103,702	106,813	110,018	113,318	116,718	120,219
<b>Effective Gross Income</b>	<b>\$10,870,137</b>	<b>\$11,196,241</b>	<b>\$11,532,128</b>	<b>\$11,878,092</b>	<b>\$12,234,435</b>	<b>\$12,601,468</b>	<b>\$12,979,512</b>	<b>\$13,368,897</b>	<b>\$13,769,964</b>	<b>\$14,183,063</b>	<b>\$14,608,555</b>
<b>Expenses</b>											
Real Estate Taxes	162,248	165,493	168,803	172,179	175,622	179,135	182,718	186,372	190,099	193,901	218,048
Property Insurance	84,982	87,531	90,157	92,862	95,648	98,517	101,473	104,517	107,652	110,882	114,209
Utilities	424,909	437,657	450,786	464,310	478,239	492,586	507,364	522,585	538,262	554,410	571,043
Administrative & General	939,273	967,451	996,475	1,026,369	1,057,160	1,088,875	1,121,541	1,155,188	1,189,843	1,225,538	1,262,305
Marketing	313,091	322,484	332,158	342,123	352,387	362,958	373,847	385,063	396,614	408,513	420,768
Resident Care	4,293,820	4,422,635	4,555,314	4,691,973	4,832,733	4,977,715	5,127,046	5,280,857	5,439,283	5,602,462	5,770,535
Culinary Services	760,364	783,175	806,670	830,870	855,796	881,470	907,914	935,152	963,206	992,103	1,021,866
Laundry & Housekeeping	268,364	276,415	284,707	293,248	302,046	311,107	320,440	330,054	339,955	350,154	360,658
Repairs & Maintenance	313,091	322,484	332,158	342,123	352,387	362,958	373,847	385,063	396,614	408,513	420,768
Programming	268,364	276,415	284,707	293,248	302,046	311,107	320,440	330,054	339,955	350,154	360,658
Payroll Taxes & Benefits	849,819	875,313	901,573	928,620	956,478	985,173	1,014,728	1,045,170	1,076,525	1,108,821	1,142,085
Management Fee	543,507	559,812	576,606	593,905	611,722	630,073	648,976	668,445	688,498	709,153	730,428
Reserves	49,510	50,996	52,525	54,101	55,724	57,396	59,118	60,891	62,718	64,600	66,538
<b>Operating Expenses</b>	<b>\$9,271,342</b>	<b>\$9,547,860</b>	<b>\$9,832,641</b>	<b>\$10,125,932</b>	<b>\$10,427,988</b>	<b>\$10,739,072</b>	<b>\$11,059,452</b>	<b>\$11,389,409</b>	<b>\$11,729,227</b>	<b>\$12,079,203</b>	<b>\$12,459,908</b>
<b>Net Income</b>	<b>\$1,598,795</b>	<b>\$1,648,381</b>	<b>\$1,699,488</b>	<b>\$1,752,160</b>	<b>\$1,806,447</b>	<b>\$1,862,396</b>	<b>\$1,920,060</b>	<b>\$1,979,489</b>	<b>\$2,040,737</b>	<b>\$2,103,860</b>	<b>\$2,148,647</b>



**UPON STABILIZATION DCF SUMMARY**

**REVERSION SUMMARY**

Net Income ( Year 11 )	\$2,148,647
Sale at a Reversion Cap Rate of 9.00%	\$23,873,852
Less Cost of Sale at 2.50%	(\$596,846)
<b>Net Reversion Sale Price</b>	<b>\$23,277,006</b>

**YIELD MATRIX (ROUNDED)**

IRR	Reversion CAP Rate		
	9.25%	9.00%	8.75%
10.75%	<b>18,800,000</b>	19,100,000	19,300,000
<b>10.50%</b>	<b>19,100,000</b>	<b>19,400,000</b>	19,600,000
10.25%	19,500,000	19,700,000	<b>19,900,000</b>

**VALUE CONCLUSIONS**

<b>Indicated Value Upon Stabilization</b>	\$19,378,726
<b>Indicated Value (Rounded)</b>	<b>\$19,400,000</b>

## Income Capitalization Approach Summary

The conclusions via the valuation methods employed for this approach are as follows:

INCOME CAPITALIZATION APPROACH CONCLUSIONS				
Value Scenario	Date of Value	Direct Capitalization	Discounted Cash Flow Analysis	Reconciled Value
Current As Is	February 17, 2022	-	\$16,800,000	<b>\$16,800,000</b>
Prospective Upon Completion	March 17, 2022	-	\$17,100,000	<b>\$17,100,000</b>
Prospective Upon Stabilization	March 17, 2023	\$18,800,000	\$19,400,000	<b>\$19,400,000</b>
Compiled by CBRE				

Direct capitalization is typically utilized in estimating a market value for stabilized properties, the discounted cash flow analysis recognizes the changes in cash flows over the holding period of an asset. In this case, while both methods provided relatively similar value indications, primary weight has been placed on the discounted cash flow analysis as this methodology is considered to best reflect the actions of buyers and sellers currently active in this market.

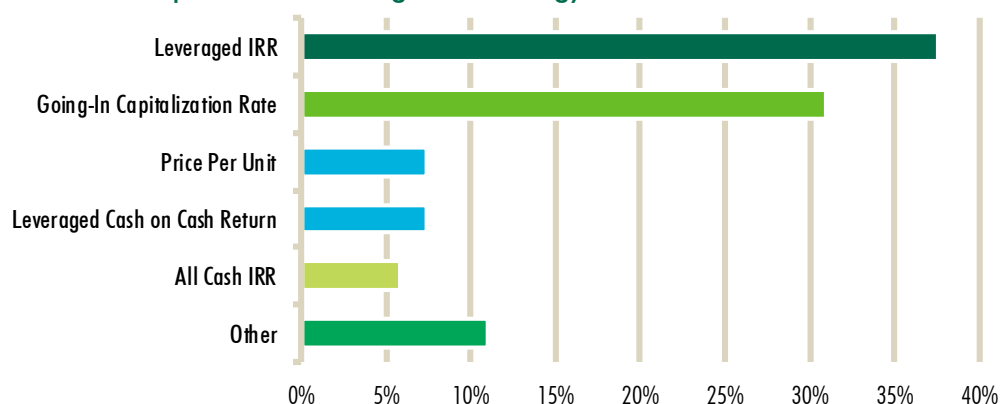
## Reconciliation of Value

The value indications from the approaches to value are summarized as follows:

SUMMARY OF VALUE CONCLUSIONS			
Valuation Approach	As Is February 17, 2022	Upon Completion March 17, 2022	Upon Stabilization March 17, 2023
Excess Land Value	\$1,050,000	-	-
Cost Approach	\$17,900,000	\$18,200,000	\$18,800,000
Sales Comparison Approach	\$16,200,000	\$16,500,000	\$18,800,000
Income Capitalization Approach	\$16,800,000	\$17,100,000	\$19,400,000
Reconciled Value	\$16,800,000	\$17,100,000	\$19,400,000
Compiled by CBRE			

In reconciling the value indications as provided via the utilized approaches to value. The estimate of value is based on valuation techniques as employed by market participants when underwriting acquisitions/dispositions. As part of a recent CBRE U.S. Seniors Housing & Care Investor Survey, market participants opined as to their primary applied seniors housing underwriting methodology; these results are summarized within the following graph.

### Market Participant Underwriting Methodology



Source: CBRE Investor Survey, H1 2020.

The cost approach typically gives a reliable value indication when there is strong support for the replacement cost estimate and when there is minimal depreciation. Considering the substantial amount of depreciation present in the property, the reliability of the cost approach is considered somewhat diminished. Therefore, the cost approach is considered less applicable to the subject and is used primarily as a test of reasonableness against the other valuation techniques. However, conclusions derived from this approach are utilized in allocating business value for the subject.

The sales used in this analysis are considered comparable to the subject, and the required adjustments were based on reasonable and well-supported rationale. However, as shown, market participants do not rely heavily on the price per unit indications for estimating value. Therefore, while the sales comparison approach is considered to provide a reliable value indication, it has been given secondary emphasis in the final value reconciliation.



The income capitalization approach is applicable to the subject since it is an income producing property leased in the open market. As shown above, over 80% of market participants primarily utilize analysis of income generating capability, via multiple methods. Therefore, the income capitalization approach has been given primary emphasis in the final value estimate.

Based on the foregoing, the market value of the subject has been concluded as follows:

MARKET VALUE CONCLUSIONS			
Appraisal Premise	Interest Appraised	Date of Value	Value Conclusion
Current Value Conclusions			
As Is - Going Concern	Fee Simple Estate	February 17, 2022	\$16,800,000
Excess Land Value	Fee Simple Estate	February 17, 2022	\$1,050,000
Prospective Value Conclusions			
Upon Completion - Going Concern	Fee Simple Estate	March 17, 2022	\$17,100,000
Upon Stabilization - Going Concern	Fee Simple Estate	March 17, 2023	\$19,400,000
Compiled by CBRE			

The excess land is presented on a stand-alone basis and not included in the going concern values.

## Allocation of the Going Concern

This "going concern" value of the fee simple in the subject property includes value attributable to furniture, fixtures, and equipment (FF&E), business operation, and the real property. According to the Uniform Standards of Professional Appraisal Practice, Standards Rule 1-2(e), it is necessary to "identify and consider the effect on value of any personal property, trade fixtures or intangible items that are not real property but are included in the appraisal." The subject property contains elements of all three types of values: real property, intangible items (or business value), and personal property. Thus, we have allocated between each of these value components. In doing so, this analysis employs the cost residual and the lease coverage methods.

### Cost Residual

The allocated value of the real estate and the furnishing, fixtures, and equipment are based on estimates contained in the Cost Approach. In this approach, the depreciated value of the improvements and FF&E was estimated along with a value for the subject site. This allows for the value of the business/intangibles to be estimated by taking the market value of the subject and deducting the estimated personal property value, and the estimated real property value. The remaining value therefore represents the contribution of the business/intangibles.

Based upon the differences presented in the Cost and Income Approach sections of this report, the subject's values are allocated as follows:

COST RESIDUAL			
Interest Appraised	As Is	Upon Completion	Upon Stabilization
Real Estate Value	\$17,460,000	\$17,503,061	\$18,028,153
FF&E	\$740,000	\$740,000	\$760,000
Business Value	\$0	\$0	\$611,847
Going Concern Value	\$16,800,000	\$17,100,000	\$19,400,000
Compiled by CBRE			

### Lease Coverage Ratio Analysis

A lease coverage ratio (LCR) analysis can be utilized to allocate the going concern of the fee simple interest. To calculate the real estate value component, a market derived lease coverage ratio is applied to the concluded net operating income for the subject. The result is an indicated annual market lease payment for the subject. Market participants utilize this method to value the real property. REITs and other buyers of seniors housing properties also utilize this methodology to determine market rent. Hence, this method is considered to best reflect actions taken by actual market participants in allocating business value for the subject's property type.

In support of lease coverage ratios, we have included the following dataset is comprised of lease coverage ratios as recently reported by REITs for portfolios of assets:

SENIORS HOUSING REIT PORTFOLIO LEASE COVERAGE RATIOS				
Property / Portfolio	Type	Units	Period Ending:	LCR
WellTower REIT Seniors Portfolio	IL/AL	1,656	Sep-19	1.21
WellTower REIT SNF Portfolio	SNF	1,882	Sep-19	1.54
NHI REIT - Holiday Portfolio	IL	2,925	Nov-18	1.25
NHI REIT - Seniors Housing Portfolio	IL/AL/SNF	---	Dec-19	1.08
NHI REIT - Skilled Nursing Portfolio	SNF	---	Dec-19	2.59
Sabra Health Care REIT SNF Portfolio	SNF	33,879	Sep-19	1.24
Sabra Health Care REIT SH Portfolio	IL/AL/MC	4,011	Sep-19	1.07
Ventas REIT SH Portfolio	IL/AL/SNF	42,801	Sep-19	1.17
Omega REIT Core Assets	SNF	6,590	Jun-19	1.30
Total Dataset Range / Mean:			Max:	2.59
			Mean:	1.38
			Min:	1.07
Source: Compiled by CBRE				

As part of the recent CBRE Seniors Housing Investor Survey (H1 2020), market participants were asked to opine as to lease coverage ratio expectations for each acuity level. The following dataset includes the indicated range, based on a vast majority of respondent indications; i.e. 79.5% or more of respondents provided a lease coverage ratio expectation that falls within the indicated range.

CBRE INVESTOR SURVEY LEASE COVERAGE RATIOS		
Property Type / Care Level	% of Respondents	Indicated Range
Active Adult	79.5%	1.00 - 1.30
Independent Living	87.7%	1.10 - 1.50
Assisted Living	91.0%	1.20 - 1.60
Memory Care	86.2%	1.20 - 1.60
Skilled Nursing	80.0%	1.30 - 1.90
CCRC / LPC	82.9%	1.20 - 1.60
		Max: 1.90
		Min: 1.00
Source: CBRE H1 2020 Investor Survey Results.		

For lease coverage rate selection support, we have included the following datasets. The following chart includes lease coverage ratios as derived by transaction of leased seniors housing communities:

SENIORS HOUSING LEASE COVERAGE RATIOS							
Property / Portfolio	Type	Units	State	NOI/Unit	Lease Date	Rent/Unit	LCR
Oakmont of Chino Hills	AL/MC	123	CA	\$23,593	Jul-14	\$19,106	1.23
Arbors of Winthrop	AL	90	MA	\$23,076	May-14	\$17,778	1.30
Holiday Portfolio	IL	2,850	Multiple	\$13,779	Sep-14	\$10,614	1.30
CareTrust REIT	AL, MC	90	ID	\$14,847	Oct-14	\$11,333	1.31
Prelude at Woodbury	MC	30	MN	\$26,000	Jan-15	\$20,000	1.30
Transitional Care Portfolio	TCF	678	MD	\$40,165	Jun-15	\$30,199	1.33
Liberty Healthcare Corp.	IL/AL/NC	1,200	OH	\$19,583	Nov-15	\$14,294	1.37
GA SNF	NC	105	GA	\$10,679	Jan-15	\$7,628	1.40
Infinity Portfolio	SNF	702	TN & KY	\$13,394	Aug-16	\$10,256	1.31
Priority Mgt. Portfolio	AL/NC	568	TX	\$22,711	Dec-16	\$15,141	1.50
West Texas SNF Portfolio	SNF	519	TX	\$9,776	Sep-17	\$6,901	1.42
Central Wisconsin SC Portfolio	IL/AL/SNF	215	WI	\$8,691	Mar-18	\$8,199	1.06
Pinnacle Senior Housing	AL/MC	75	TX	\$22,265	Jul-18	\$15,475	1.44
Colorado Springs SNF	SNF	80	CO	\$25,116	Jul-18	\$19,101	1.31
Colorado Grand SNF	SNF	80	CO	\$36,054	Jul-18	\$19,867	1.81
Arizona SNF	SNF	96	AZ	\$30,562	Jul-18	\$18,273	1.67
Missouri SNF Portfolio	SNF	1,112	MO	\$12,520	Sep-18	\$6,861	1.82
Michigan ALF Portfolio	AL	162	MI	\$28,593	Dec-18	\$23,679	1.21
St. James Place	AL	22	GA	\$5,727	Jul-19	\$4,091	1.40
Tarzana & Valley View	AL	81	CA	\$24,586	Oct-19	\$15,460	1.59
Family Initiative Residences	IL/AL	38	GA	\$9,032	Oct-19	\$6,947	1.30
A Change of Seasons Assisted Living	AL	12	CO	\$10,584	Sep-20	\$7,700	1.37
Cooney Rehab & Nursing Home	SNF	150	MT	\$12,942	Sep-20	\$10,667	1.21
Villa Toscana at Cypress Woods	SNF	120	TX	\$9,185	Sep-20	\$5,500	1.67
Rockport Senior Living	AL/MC	117	OH	\$5,727	Sep-20	\$4,615	1.24
Grand Brook Memory Care	MC	36	AR	\$19,633	Oct-20	\$16,413	1.20
CareTrust Dallas Portfolio (4 Pack)	SNF	578	TX	\$13,149	Nov-20	\$6,574	2.00
Range: (Minimum - Maximum)				<b>1.06 - 2.00</b>		Mean: <b>1.41</b>	

Source: Compiled by CBRE

As shown, lease coverage ratios for seniors housing assets range from 1.06 to 2.59, with a majority of ratios ranging from 1.10 to 1.90. In consideration of the subject's acuity level, for purposes of this analysis, a coverage ratio of 1.30 was used. The inferred rent is assumed to be on an absolute net basis with no expenses to the lessor. Furthermore, the market rent is based upon a long-term lease of 20+ years, which is common. These terms are common for this property type.

The next step is estimating an absolute net lease capitalization rate. The results of the 2021 CBRE Healthcare Real Estate Investor & Developer Survey are summarized as follows, relative to capitalization rates for absolute net leased healthcare properties:

CAP RATE	Above 9.00%	8.50% - 8.99%	8.00% - 8.49%	7.50% - 7.99%	7.00% - 7.49%	6.50% - 6.99%	6.00% - 6.49%	5.50% - 5.99%	5.00% - 5.49%	4.50% - 5.00%	4.00% - 4.49%
Medical Office Building	1%	0%	0%	3%	1%	8%	10%	23%	32%	17%	5%
Freestanding Emergency Department	2%	3%	3%	7%	19%	17%	24%	14%	2%	9%	0%
Ambulatory Surgery Center	1%	1%	0%	1%	7%	9%	26%	28%	15%	10%	0%
Wellness Center	2%	2%	8%	8%	10%	20%	27%	7%	8%	5%	2%
Acute Care Hospital	0%	6%	6%	11%	17%	23%	11%	8%	6%	11%	2%
Long Term Acute Care Hospital	10%	10%	10%	24%	12%	8%	6%	2%	12%	8%	0%
Rehabilitation Hospital	0%	4%	4%	15%	16%	20%	20%	9%	7%	5%	0%
Behavioral Hospital	0%	4%	15%	15%	19%	21%	12%	6%	4%	4%	0%
Skilled Nursing Facility	22%	10%	18%	12%	6%	10%	8%	6%	8%	2%	0%
Life Sciences	2%	0%	2%	4%	4%	5%	14%	20%	20%	16%	14%

Absolute net transactions for seniors housing and similar (medical) net leased properties are summarized below:

SENIORS HOUSING NET LEASE TRANSACTIONS								
Property / Portfolio	Type	Units	State	Lease Date	Sale Price Per Unit	Fee Simple Cap Rate	Leased Fee Cap Rate	Basis Point Spread
ILC Portfolio	IL	3,138	Multiple	Oct-13	\$251,753	7.25%	6.20%	105
Confidential Transaction	AL	120	WI	Nov-13	\$168,333	9.30%	7.75%	155
HealthLease Properties	AL/NC	365	Multiple	Apr-14	\$135,342	10.37%	8.30%	207
Sun City West	MC	48	AZ	Apr-14	\$333,333	9.00%	6.92%	208
Oakmont of Chino Hills	AL/MC	123	CA	Jun-14	\$390,244	6.05%	4.90%	115
Holiday Portfolio	IL	2,850	Multiple	Sep-14	\$192,982	7.14%	5.50%	164
CareTrust REIT	AL, MC	90	ID	Oct-14	\$133,333	11.14%	8.50%	264
Prelude at Woodbury	MC	30	MN	Jan-15	\$240,000	10.83%	8.33%	250
GA SNF	NC	105	GA	Apr-15	\$79,048	13.51%	9.65%	386
Transitional Care Portfolio	TCF	678	MD	Jun-15	\$345,133	11.64%	8.75%	289
Liberty Healthcare Corp.	IL/AL/NC	1,200	OH	Nov-15	\$147,500	13.28%	9.69%	359
Infinity Portfolio	SNF	702	TN & KY	Aug-16	\$105,257	12.72%	9.74%	298
Priority Mgt.Portfolio	AL/NC	568	TX	Dec-16	\$168,838	13.45%	8.97%	448
West Texas Skilled Nursing	SNF	519	TX	Sep-17	\$76,676	12.75%	9.00%	375
Central Wisconsin SC Portfolio	IL/AL/SNF	215	WI	Mar-18	\$105,116	8.27%	7.80%	47
Pinnacle Senior Housing	AL/MC	75	TX	Jul-18	\$260,000	8.56%	5.95%	261
Colorado Springs SNF	SNF	80	CO	Jul-18	\$263,750	9.52%	7.24%	228
Arizona SNF	SNF	96	AZ	Jul-18	\$241,042	12.68%	7.58%	510
Michigan ALF Portfolio	AL	162	MI	Dec-18	\$345,679	8.27%	6.85%	142
Tarzana & Valley View	AL	81	CA	Oct-19	\$283,951	8.66%	5.44%	321
Family Initiative Residences	IL/AL	38	GA	Oct-19	\$81,579	11.07%	8.52%	255
Range: (Minimum - Maximum)					47 - 510		Mean:	257
Source: Compiled by CBRE								

Net leased transactions typically yield a capitalization rate ranging from 50 to 500 basis points below the fee simple cap rate. Note that for the subject on an as is and as complete basis, the property will be undergoing an absorption period; thus, we have increased the capitalization rate for this scenario to account for perceived risk associated with a lease-up period.

The final step is applying the concluded lease coverage ratio and absolute net capitalization rate to the estimated NOI for the subject. By capitalizing the indicated annual lease payment, a leased fee value or value allocation of the real estate only is determined. The business value is the difference in the going concern and the inferred leased fee or real property value allocation and FF&E value allocation, as summarized below.

LEASE COVERAGE ANALYSIS			
	As Is February 17, 2022	Upon Completion March 17, 2022	Upon Stabilization March 17, 2023
Concluded Stabilized NOI	\$1,546,740	\$1,550,684	\$1,598,795
Divided Lease Coverage Ratio	1.30	1.30	1.30
Cash Flow to the Real Estate	\$1,189,800	\$1,192,834	\$1,229,842
Real Estate Only Cap Rate	8.00%	8.00%	7.50%
Indicated Real Estate Value	\$14,872,497	\$14,910,420	\$16,397,897
Market Value of the Going Concern	\$16,800,000	\$17,100,000	\$19,400,000
FF&E	\$740,000	\$740,000	\$760,000
Inferred Real Estate Value	\$14,872,497	\$14,910,420	\$16,397,897
<b>Indicated Business Value (Rounded)</b>	<b>\$1,188,000</b>	<b>\$1,450,000</b>	<b>\$2,242,000</b>
Compiled by CBRE			

### Intangible Component Allocation Conclusion

When concluding to an appropriate business value of the subject, to reflect market-based underwriting, primary weight was placed on the lease coverage method, with secondary consideration for the cost residual method of analysis.

INDICATION OF BUSINESS ALLOCATION			
	As Is February 17, 2022	Upon Completion March 17, 2022	Upon Stabilization March 17, 2023
Cost Residual	\$0	\$0	\$611,847
Lease Coverage	\$1,188,000	\$1,450,000	\$2,242,000
<b>Conclusion</b>	<b>\$1,190,000</b>	<b>\$1,450,000</b>	<b>\$2,240,000</b>
Compiled by CBRE			

### Allocation of the Going Concern Conclusion

By utilizing the concluded business value detailed above, an allocation of the going concern has been estimated as follows:

ALLOCATION OF THE GOING CONCERN					
	Date of Value	Going Concern Allocations:			Going Concern Market Value
		Real Estate	FF & E	Intangible	
Current Value Conclusion:					
As Is - Going Concern	February 17, 2022	\$14,870,000	\$740,000	\$1,190,000	\$16,800,000
Prospective Value Conclusions:					
Upon Completion - Going Concern	March 17, 2022	\$14,910,000	\$740,000	\$1,450,000	\$17,100,000
Upon Stabilization - Going Concern	March 17, 2023	\$16,400,000	\$760,000	\$2,240,000	\$19,400,000
Compiled by CBRE					

## Assumptions and Limiting Conditions

1. CBRE, Inc. through its appraiser (collectively, "CBRE") has inspected through reasonable observation the subject property. However, it is not possible or reasonably practicable to personally inspect conditions beneath the soil and the entire interior and exterior of the improvements on the subject property. Therefore, no representation is made as to such matters.
2. The report, including its conclusions and any portion of such report (the "Report"), is as of the date set forth in the letter of transmittal and based upon the information, market, economic, and property conditions and projected levels of operation existing as of such date. The dollar amount of any conclusion as to value in the Report is based upon the purchasing power of the U.S. Dollar on such date. The Report is subject to change as a result of fluctuations in any of the foregoing. CBRE has no obligation to revise the Report to reflect any such fluctuations or other events or conditions which occur subsequent to such date.
3. Unless otherwise expressly noted in the Report, CBRE has assumed that:
  - (i) Title to the subject property is clear and marketable and that there are no recorded or unrecorded matters or exceptions to title that would adversely affect marketability or value. CBRE has not examined title records (including without limitation liens, encumbrances, easements, deed restrictions, and other conditions that may affect the title or use of the subject property) and makes no representations regarding title or its limitations on the use of the subject property. Insurance against financial loss that may arise out of defects in title should be sought from a qualified title insurance company.
  - (ii) Existing improvements on the subject property conform to applicable local, state, and federal building codes and ordinances, are structurally sound and seismically safe, and have been built and repaired in a workmanlike manner according to standard practices; all building systems (mechanical/electrical, HVAC, elevator, plumbing, etc.) are in good working order with no major deferred maintenance or repair required; and the roof and exterior are in good condition and free from intrusion by the elements. CBRE has not retained independent structural, mechanical, electrical, or civil engineers in connection with this appraisal and, therefore, makes no representations relative to the condition of improvements. CBRE appraisers are not engineers and are not qualified to judge matters of an engineering nature, and furthermore structural problems or building system problems may not be visible. It is expressly assumed that any purchaser would, as a precondition to closing a sale, obtain a satisfactory engineering report relative to the structural integrity of the property and the integrity of building systems.
  - (iii) Any proposed improvements, on or off-site, as well as any alterations or repairs considered will be completed in a workmanlike manner according to standard practices.
  - (iv) Hazardous materials are not present on the subject property. CBRE is not qualified to detect such substances. The presence of substances such as asbestos, urea formaldehyde foam insulation, contaminated groundwater, mold, or other potentially hazardous materials may affect the value of the property.
  - (v) No mineral deposit or subsurface rights of value exist with respect to the subject property, whether gas, liquid, or solid, and no air or development rights of value may be transferred. CBRE has not considered any rights associated with extraction or exploration of any resources, unless otherwise expressly noted in the Report.
  - (vi) There are no contemplated public initiatives, governmental development controls, rent controls, or changes in the present zoning ordinances or regulations governing use, density, or shape that would significantly affect the value of the subject property.
  - (vii) All required licenses, certificates of occupancy, consents, or other legislative or administrative authority from any local, state, nor national government or private entity or organization have been or can be readily obtained or renewed for any use on which the Report is based.
  - (viii) The subject property is managed and operated in a prudent and competent manner, neither inefficiently or super-efficiently.
  - (ix) The subject property and its use, management, and operation are in full compliance with all applicable federal, state, and local regulations, laws, and restrictions, including without limitation environmental laws, seismic hazards, flight patterns, decibel levels/noise envelopes, fire hazards, hillside ordinances, density, allowable uses, building codes, permits, and licenses.
  - (x) The subject property is in full compliance with the Americans with Disabilities Act (ADA). CBRE is not qualified to assess the subject property's compliance with the ADA, notwithstanding any discussion of possible readily achievable barrier removal construction items in the Report.
  - (xi) All information regarding the areas and dimensions of the subject property furnished to CBRE are correct, and no encroachments exist. CBRE has neither undertaken any survey of the boundaries of the subject property nor reviewed or confirmed the accuracy of any legal description of the subject property.



Unless otherwise expressly noted in the Report, no issues regarding the foregoing were brought to CBRE's attention, and CBRE has no knowledge of any such facts affecting the subject property. If any information inconsistent with any of the foregoing assumptions is discovered, such information could have a substantial negative impact on the Report. Accordingly, if any such information is subsequently made known to CBRE, CBRE reserves the right to amend the Report, which may include the conclusions of the Report. CBRE assumes no responsibility for any conditions regarding the foregoing, or for any expertise or knowledge required to discover them. Any user of the Report is urged to retain an expert in the applicable field(s) for information regarding such conditions.

4. CBRE has assumed that all documents, data and information furnished by or behalf of the client, property owner, or owner's representative are accurate and correct, unless otherwise expressly noted in the Report. Such data and information include, without limitation, numerical street addresses, lot and block numbers, Assessor's Parcel Numbers, land dimensions, square footage area of the land, dimensions of the improvements, gross building areas, net rentable areas, usable areas, unit count, room count, rent schedules, income data, historical operating expenses, budgets, and related data. Any error in any of the above could have a substantial impact on the Report. Accordingly, if any such errors are subsequently made known to CBRE, CBRE reserves the right to amend the Report, which may include the conclusions of the Report. The client and intended user should carefully review all assumptions, data, relevant calculations, and conclusions of the Report and should immediately notify CBRE of any questions or errors within 30 days after the date of delivery of the Report.
5. CBRE assumes no responsibility (including any obligation to procure the same) for any documents, data or information not provided to CBRE, including without limitation any termite inspection, survey or occupancy permit.
6. All furnishings, equipment and business operations have been disregarded with only real property being considered in the Report, except as otherwise expressly stated and typically considered part of real property.
7. Any cash flows included in the analysis are forecasts of estimated future operating characteristics based upon the information and assumptions contained within the Report. Any projections of income, expenses and economic conditions utilized in the Report, including such cash flows, should be considered as only estimates of the expectations of future income and expenses as of the date of the Report and not predictions of the future. Actual results are affected by a number of factors outside the control of CBRE, including without limitation fluctuating economic, market, and property conditions. Actual results may ultimately differ from these projections, and CBRE does not warrant any such projections.
8. The Report contains professional opinions and is expressly not intended to serve as any warranty, assurance or guarantee of any particular value of the subject property. Other appraisers may reach different conclusions as to the value of the subject property. Furthermore, market value is highly related to exposure time, promotion effort, terms, motivation, and conclusions surrounding the offering of the subject property. The Report is for the sole purpose of providing the intended user with CBRE's independent professional opinion of the value of the subject property as of the date of the Report. Accordingly, CBRE shall not be liable for any losses that arise from any investment or lending decisions based upon the Report that the client, intended user, or any buyer, seller, investor, or lending institution may undertake related to the subject property, and CBRE has not been compensated to assume any of these risks. Nothing contained in the Report shall be construed as any direct or indirect recommendation of CBRE to buy, sell, hold, or finance the subject property.
9. No opinion is expressed on matters which may require legal expertise or specialized investigation or knowledge beyond that customarily employed by real estate appraisers. Any user of the Report is advised to retain experts in areas that fall outside the scope of the real estate appraisal profession for such matters.
10. CBRE assumes no responsibility for any costs or consequences arising due to the need, or the lack of need, for flood hazard insurance. An agent for the Federal Flood Insurance Program should be contacted to determine the actual need for Flood Hazard Insurance.
11. Acceptance or use of the Report constitutes full acceptance of these Assumptions and Limiting Conditions and any special assumptions set forth in the Report. It is the responsibility of the user of the Report to read in full, comprehend and thus become aware of all such assumptions and limiting conditions. CBRE assumes no responsibility for any situation arising out of the user's failure to become familiar with and understand the same.
12. The Report applies to the property as a whole only, and any pro ration or division of the title into fractional interests will invalidate such conclusions, unless the Report expressly assumes such pro ration or division of interests.
13. The allocations of the total value estimate in the Report between land and improvements apply only to the existing use of the subject property. The allocations of values for each of the land and improvements are not intended to be used with any other property or appraisal and are not valid for any such use.
14. The maps, plats, sketches, graphs, photographs, and exhibits included in this Report are for illustration purposes only and shall be utilized only to assist in visualizing matters discussed in the Report. No such items shall be removed, reproduced, or used apart from the Report.



**ADDENDA**

**ADDENDUM A**

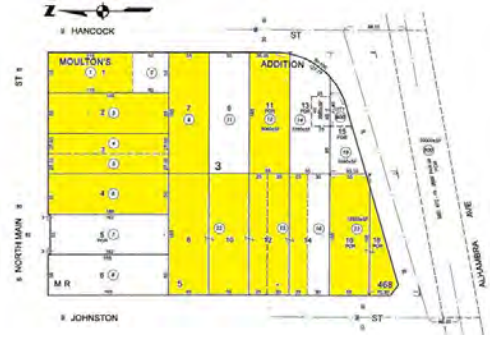
**Comparable Data Sheets**

# Sale

# Land - Planned Development

No. 1

Property Name Old Pickle Factory Site  
 Address 3012-3024 N Main St  
 1808, 1818, & 1826 Johnson St  
 1815, 1825, & 1839 Hancock St  
 Los Angeles, CA 90031  
 United States  
 Government Tax Agency Los Angeles  
 Govt./Tax ID 5210-24-001, 003, 004, 005, 006, 009, 012, 015, 022, 023



## Site/Government Regulations

	Acres	Square feet
Land Area Net	2.108	91,830
Land Area Gross	N/A	N/A

Site Development Status	Finished
Shape	Irregular
Topography	Generally Level
Utilities	Available

Maximum FAR	N/A
Min Land to Bldg Ratio	N/A
Maximum Density	N/A

General Plan	Limited Industrial
Specific Plan	None
Zoning	CM-1VL, M1-1VL
Entitlement Status	N/A

## Sale Summary

Recorded Buyer	The Brine, L.P.
True Buyer	The Decro Group
Recorded Seller	Martin Lee Morhar, Sharon Marie Morhar
True Seller	N/A

Marketing Time	N/A
Buyer Type	Developer
Seller Type	Private Investor
Primary Verification	Broker

Interest Transferred	Fee Simple/Freehold
Current Use	Retail, light industrial, residential
Proposed Use	Affordable residential, biotech, & retail
Listing Broker	Anthony Behar, Bradley Luster - Major Properties Real Estate
Selling Broker	Anthony Behar, Bradley Luster - Major Properties Real Estate
Doc #	19-0185030, 0185122, 0185063

Type	Sale
Date	3/1/2019
Sale Price	\$8,251,000
Financing	N/A
Cash Equivalent	\$8,251,000
Capital Adjustment	\$0
Adjusted Price	\$8,251,000

## Transaction Summary plus Five-Year CBRE View History

Transaction Date	Transaction Type	Buyer	Seller	Price	Price/ac and /sf
03/2019	Sale	The Brine, L.P.	Martin Lee Morhar, Sharon Marie Morhar	\$8,251,000	\$3,913,951 / \$89.85

## Units of Comparison

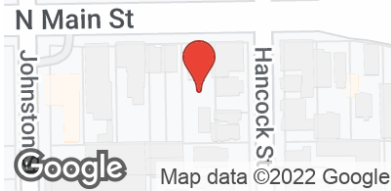
\$89.85 / sf  
\$3,913,950.95 / ac

N/A / Unit  
N/A / Allowable Bldg. Units  
N/A / Building Area

## Financial

No information recorded

## Map &amp; Comments



A 2.1-acre mixed-use site composed of several industrial, commercial, and residential properties on one city block, located on Main Street between Johnson and Hancock Streets. The southern end of the property is a few blocks north of the Keck Hospital of USC and the LAC/USC Medical Center, and the site is located two blocks from Lincoln Park. Half of the site is zoned M1 for limited industrial uses, and the remaining are zoned CM for commercial manufacturing. The site includes a building materials yard, residential single and multifamily homes, retail space, and a separate office building and parking lots.

According to the offering memorandum, short term leases provide an annual income of \$246,000 or the site may be delivered vacant.

In March 2019, the property sold for \$8,251,000, or about \$90 per square foot of land. The buyer, a non-profit, has obtained entitlements and plans to construct an affordable residential project (160 units) plus a health clinic and a grocery store. Additional parcels are under contract, awaiting relocation of the occupants and/or eviction. biotech, and retail project. In mid-2017 the property was listed for sale through Major Properties.

The buyer concurrently purchased a 9,075-square-foot parcel at the southeast corner of Main Street and Johnson Street (APN 5210-024-008) from a different seller, for \$1,800,000, or \$198 per square foot of land based on public record. The assembled site totals approximately 100,905 square feet with a total price of \$10,051,000, or about \$100 per square foot of land. Reportedly this portion, potentially combined with some abutting property, will be developed as new bioscience space, benefiting from its proximity to the LAC/USC Medical complex.

Offering memorandum attached.

**Sale****Land - Multi Unit Residential****No. 2**

Property Name Multi-Family Redevelopment Site  
 Address 515 Pioneer Drive  
 Glendale, CA 91203  
 United States

Government Tax Agency Los Angeles  
 Govt./Tax ID 5637-023-806

**Site/Government Regulations**

	Acres	Square feet
Land Area Net	2.801	121,994
Land Area Gross	N/A	N/A

Site Development Status	Finished
Shape	Rectangular
Topography	Level, At Street Grade
Utilities	To the site

Maximum FAR	N/A
Min Land to Bldg Ratio	N/A
Maximum Density	49.99 per ac

General Plan	N/A
Specific Plan	N/A
Zoning	R 3050 (50DU/acre)
Entitlement Status	None

**Sale Summary**

Recorded Buyer	Housing Authority of the City of Glendale
True Buyer	Housing Authority of the City of Glendale
Recorded Seller	Pacific Bell
True Seller	AT&T, Inc.

Marketing Time	11 Month(s)
Buyer Type	End User
Seller Type	End User
Primary Verification	Public Records, Costar, Broker

Interest Transferred	Fee Simple/Freehold
Current Use	N/A
Proposed Use	N/A
Listing Broker	Roger Gage/C&W
Selling Broker	None
Doc #	1166713

Type	Sale
Date	10/30/2019
Sale Price	\$13,001,000
Financing	Cash to Seller
Cash Equivalent	\$13,001,000
Capital Adjustment	\$0
Adjusted Price	\$13,001,000

**Transaction Summary plus Five-Year CBRE View History**

<u>Transaction Date</u>	<u>Transaction Type</u>	<u>Buyer</u>	<u>Seller</u>	<u>Price</u>	<u>Price/ac and /sf</u>
10/2019	Sale	Housing Authority of the City of Glendale	Pacific Bell	\$13,001,000	\$4,642,220 / \$106.57

Sale	Land - Multi Unit Residential	No. 2
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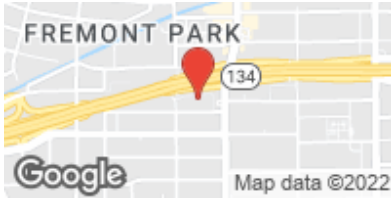
#### Units of Comparison

\$106.57 / sf	N/A / Unit
\$4,642,219.52 / ac	\$92,864 / Allowable Bldg. Units
	N/A / Building Area

#### Financial

No information recorded

#### Map & Comments



This is the sale of a 2.8-acre parcel sold by AT&T. The current industrial improvements on the site will be demolished (13,440 sf) to make way for an affordable housing project developed by the City of Glendale's Housing Authority. The parcel is zoned R 3050 with a proposed maximum of up to 50 units per acre. The sale price was \$13,001,000 or \$107/site sf or \$92,864/unit.

# Sale

# Land - Planned Development

No. 3

Property Name Affordable Housing & Retail  
 Address 745-765 N. Orange Grove  
 654-662 Lincoln Avenue  
 (NEC Orange Grove Blvd & Lincoln Ave)  
 Pasadena, CA 91103  
 United States  
 Government Tax Agency Los Angeles  
 Govt./Tax ID 5726-018-(023 to 027, 033)



## Site/Government Regulations

	Acres	Square feet
Land Area Net	1.187	51,685
Land Area Gross	1.187	51,685

Site Development Status	Finished
Shape	Irregular
Topography	Generally Level
Utilities	Available

Maximum FAR 1.30  
 Min Land to Bldg Ratio 0.77:1  
 Maximum Density 38.77 per ac

Frontage Distance/Street	192 ft Orange Grove Blvd
Frontage Distance/Street	222 ft Lincoln Ave
Frontage Distance/Street	0 ft N/A
Frontage Distance/Street	0 ft N/A

General Plan Neighborhood Commercial & Multi-Family Residential  
 Specific Plan Fair Oaks Orange Grove Specific Plan  
 Zoning FGSP-C-3D, RM-12  
 Entitlement Status None

## Sale Summary

Recorded Buyer	HHP Log LLC	Marketing Time	N/A
True Buyer	N/A	Buyer Type	Developer
Recorded Seller	Kaled Hammad Trust et al.	Seller Type	N/A
True Seller	N/A	Primary Verification	Confidential; Public Records
Interest Transferred	Fee Simple/Freehold	Type	Sale
Current Use	Vacant Commercial	Date	7/10/2019
Proposed Use	Affordable MFR & Retail	Sale Price	\$7,488,000
Listing Broker	N/A	Financing	N/A
Selling Broker	N/A	Cash Equivalent	\$7,488,000
Doc #	18-0240088, 18-0481979, 18-0481980, 19-0663416	Capital Adjustment	\$0
		Adjusted Price	\$7,488,000

## Transaction Summary plus Five-Year CBRE View History

Transaction Date	Transaction Type	Buyer	Seller	Price	Price/ac and /sf
07/2019	Sale	HHP Log LLC	Kaled Hammad Trust et al.	\$7,488,000	\$6,310,999 / \$144.88

Sale	Land - Planned Development	No. 3
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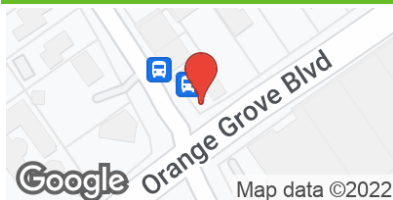
#### Units of Comparison

\$144.88 / sf	\$162,783 / Unit
\$6,310,998.74 / ac	\$162,783 / Allowable Bldg. Units
	\$111.11 / Building Area

#### Financial

No information recorded

#### Map & Comments



This comparable is the assemblage of six parcels, totaling 51,685 square feet, at the northeast corner of Orange Grove Boulevard and Lincoln Avenue, in the city of Pasadena. Zoning for APN 5726-018-033 is RM-12 and the other five other parcels are zoned FGSP-C-3D. The RM-12 zoning allows a maximum density of two residential units per lot. The South Fair Oaks Specific Plan C-3D zoning permits residential development at a density of 32 units per acre, equating to 34 units by right. Surrounding uses include residential, commercial and industrial uses, including a Post Office facility.

In March 2018, APN 5726-018-025 located at the northeast corner of Orange Grove Boulevard and Lincoln Avenue sold for \$1,670,000, or about \$107 per square foot of land area. In May 2018, APNs 5726-018-026 and 5726-018-027 fronting on Orange Grove Boulevard sold for \$1,395,000 (\$129 per square foot) and \$1,073,000 (\$99 per square foot), respectively. The remaining three parcels sold in July 2019 for \$3,350,000, or \$230 per square foot of land. The total cost of the assemblage was 7,488,000, or about \$145 per square foot of land area.

The buyer is an experienced local developer who has since entitled the site for 46 units, with approximately 10,000 square feet of retail, above subterranean parking. A knowledgeable third party indicated the units will all be affordable but we were unable to confirm this with a principal. Based on the approved entitlements, the combined purchase price equates to \$162,783 per unit.



**Sale****Land - Multi Unit Residential****No. 4**

Property Name 370-Unit Site (Entitled)  
 Address 2900-2910 N. San Fernando Road  
 Los Angeles (Glassell Park), CA 90065  
 United States

Government Tax Agency Los Angeles  
 Govt./Tax ID Multiple

**Site/Government Regulations**

	Acres	Square feet
Land Area Net	4.968	216,419
Land Area Gross	4.968	216,419

Site Development Status	Other(See Comments)
Shape	Irregular
Topography	Generally Level
Utilities	At Site

Maximum FAR	3.00
Min Land to Bldg Ratio	0.33:1
Maximum Density	74.47 per ac
Frontage Distance/Street	460 ft N San Fernando Rd

General Plan N/A  
 Specific Plan N/A  
 Zoning [Q]CM-1-CDO-RIO  
 Entitlement Status Fully Entitled/Planning Permissions

**Sale Summary**

Recorded Buyer	Faifield Glassell LLC	Marketing Time	N/A
True Buyer	Fairfield Residential	Buyer Type	Developer
Recorded Seller	David H & Patricia L Bolstad 1990	Seller Type	Private Investor
True Seller	David H & Patricia L Bolstad 1990	Primary Verification	Broker, CoStar, Determination Letter, and Public Records
Interest Transferred	Fee Simple/Freehold	Type	Sale
Current Use	Industrial	Date	12/23/2020
Proposed Use	370 DU (31 VLI) & 1,900 SF Commercial	Sale Price	\$27,000,000
Listing Broker	CBRE: Brad McCarthy - 213.613.3255	Financing	All Cash
Selling Broker	CBRE: Brad McCarthy - 213.613.3255	Cash Equivalent	\$27,000,000
Doc #	20-1743717	Capital Adjustment	\$0
		Adjusted Price	\$27,000,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Price/ac and /sf
12/2020	Sale	Faifield Glassell LLC	David H & Patricia L Bolstad 1990	\$27,000,000	\$5,434,454 / \$124.76

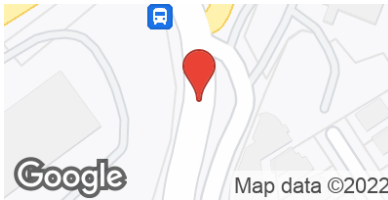
## Units of Comparison

\$124.76 / sf	\$72,973 / Unit
\$5,434,454.44 / ac	\$72,973 / Allowable Bldg. Units
	\$41.59 / Building Area

## Financial

No information recorded

## Map &amp; Comments



This is a 216,419-square-foot site located on the west side of San Fernando Road, just south of the Glendale (2) Freeway, in the Glassell Park neighborhood of Los Angeles, just across the Los Angeles River from the Elysian Valley/Frogtown neighborhood. It has 460 feet of frontage along San Fernando Road. When the site went under contract it was used as a storage, warehouse, and distribution facility, with approximately 53,670 square feet of improvements and a billboard. The industrial zoning at the time did not allow residential development.

The property went under contract to Fairfield Residential in late-2017 and closed in December 2020 at \$27,000,000, or \$124.76 per square foot of land, or \$72,973 per unit, proposed density. Close of escrow was contingent upon the buyer obtaining entitlements, requiring a zone change from [Q]M1-1-CDO-RIO to (T)(Q)CM-1-CDO-RIO. The initial contract price of \$27,500,000 was renegotiated based on the buyer's concerns about rising costs due to Measure JJJ. The buyer unsuccessfully tried to renegotiate again due to the COVID-19 pandemic.

The zone change allowed mixed-use and multifamily uses to the R3 density of one dwelling unit per 800 square feet of land, resulting in a base density of 275 units. Utilizing SB 1818 allowed a density bonus of +35% units by providing income-restricted affordable housing, in this case 11% Very Low Income units, calculated on the base density. The maximum density with the density bonus is 370 units. The maximum FAR is 3:1. The October 3, 2019 Determination Letter indicates the site was approved for a five-story, 370-unit apartment (including 31 VLI units), with 58,666 square feet of open space, 1,914 square feet of co-work space, and a seven-story parking structure with 597 parking stalls. According to the Los Angeles Department of Building and Safety, the proposed parking structure has been changed to eight stories with 600 spaces and was in plan check as of February 2021. The proposed building plans for the apartment structure were not submitted to the City of Los Angeles at the time of sale.

**Sale****Land - Retail / Commercial****No. 5**

Property Name 0.61-Acre Commercial Land Site  
 Address 2439-2445 Lincoln Avenue  
 Altadena, CA 91001  
 United States

Government Tax Agency Los Angeles  
 Govt./Tax ID Multiple

**Site/Government Regulations**

	Acres	Square feet
Land Area Net	0.610	26,572
Land Area Gross	0.610	26,572

Site Development Status	Finished
Shape	Irregular
Topography	Generally Level
Utilities	To site

Maximum FAR N/A  
 Min Land to Bldg Ratio N/A  
 Maximum Density 121.31 per ac

General Plan N/A  
 Specific Plan N/A  
 Zoning CC3/CR  
 Entitlement Status N/A

**Sale Summary**

Recorded Buyer	Altadena Senior SH, L.P	Marketing Time	17 Month(s)
True Buyer	Affirmed Housing Group	Buyer Type	Developer
Recorded Seller	ARSHAK A. KOULADJIAN & NEVEAR S. KOULADJIAN	Seller Type	Private Investor
True Seller	ARSHAK A. KOULADJIAN & NEVEAR S. KOULADJIAN	Primary Verification	CoStar, Listing Agent

Interest Transferred Fee Simple/Freehold  
 Current Use N/A  
 Proposed Use N/A  
 Listing Broker Robert Dixon, NAI Capital Commercial 909-945-2339  
 Selling Broker N/A  
 Doc # 1458055

Type	Sale
Date	9/24/2021
Sale Price	\$2,900,000
Financing	Cash to Seller
Cash Equivalent	\$2,900,000
Capital Adjustment	\$0
Adjusted Price	\$2,900,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Price/ac and /sf
09/2021	Sale	Altadena Senior SH, L.P	ARSHAK A. KOULADJIAN & NEVEAR S. KOULADJIAN	\$2,900,000	\$4,754,098 / \$109.14

Sale	Land - Retail / Commercial	No. 5
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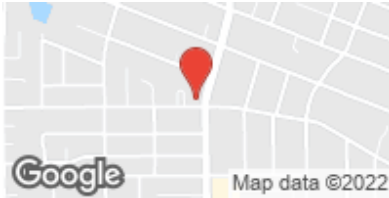
#### Units of Comparison

\$109.14 / sf	N/A / Unit
\$4,754,098.36 / ac	\$39,189 / Allowable Bldg. Units
	N/A / Building Area

#### Financial

No information recorded

#### Map & Comments



This is the sale of a 0.61-acre land site located at 2439-2445 Lincoln Avenue in Altadena. The property is zoned LACC3/LACR. The property was listed in 2019 for \$2,900,000, or \$108.98 per site square foot and sold for \$2,900,000 or \$109.14 per square foot on September 24, 2021. The proposed development was originally five stories tall and contained 94 units but in November 2021, after residents objected, Affirmed Housing Group indicated they were willing to reduce the height of the proposed apartment building, changing it from a five-story, 96 unit edifice to a four-story building with 74 units.

**Sale****Seniors Housing & Care - Multi-Care****No. 1**

Property Name LCS Portfolio  
 Address Multiple  
 Dallas, TX 00000  
 United States

Government Tax Agency Multiple  
 Govt./Tax ID Multiple

**Care Levels: IL , AL , MC , NC**

Land Area	26.960 ac	Year Built	1982
Gross Building Area (GBA)	679,255 sf	Year Renovated	2011
Total Units	1056	Buildings	6
Total Beds	1190	Floor Count	3
Total Revenue Units	1190	Condition	Average
Investment Class	B	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	354	354	Units	354	74%	N/A
AL	285	285	Beds	285	77%	N/A
MC	118	152	Beds	152	63%	N/A
NC	299	399	Beds	399	79%	N/A
<b>Totals</b>	<b>1056</b>	<b>1190</b>		<b>1190</b>	<b>75%</b>	

**Amenities**

General: N/A

Unit Specific: N/A

**Sale Summary**

Recorded Buyer	LCS Subsidiaries	Marketing Time	3 Month(s)
True Buyer	JV; Life Care Services and Aspect Investment Partners	Buyer Type	Corporation
Recorded Seller	Multiple Subsidiaries	Seller Type	REIT
True Seller	New Senior Investment Group	Primary Verification	Buyer

Interest Transferred	Fee Simple/Freehold	Type	Sale
Current Use	Seniors Housing	Date	1/23/2018
Proposed Use	Seniors Housing	Sale Price	\$186,000,000
Listing Broker	CBRE	Financing	Cash to Seller
Selling Broker	CBRE	Cash Equivalent	\$186,000,000
Doc #	Multiple	Capital Adjustment	\$13,000,000
		Adjusted Price	\$199,000,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Cash Equivalent Price/sf
01/2018	Sale	LCS Subsidiaries	Multiple Subsidiaries	\$186,000,000	\$273.83

## Units of Comparison

Static Analysis Method	Pro Forma (Stabilized)	Actual Occupancy at Sale	75%
Buyer's Primary Analysis	Static Capitalization Analysis	Eff Gross Inc Mult (EGIM)	2.76
Net Initial Yield/Cap. Rate	8.96%	Price / Revenue Unit	\$167,227
Projected IRR	N/A		

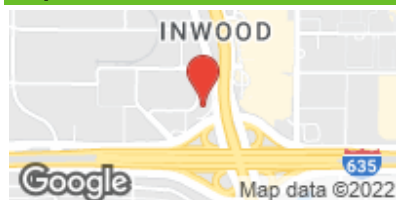
## Financial

Revenue Type	Pro Forma Stabilized	Trailing Actuals
Period Ending	12/31/2018	6/30/2017
Source	Buyer	Seller
Price	\$199,000,000	\$186,000,000
Occupancy	74%	75%
Resident Days	321419	325763
Effective Gross Income	\$72,107,706	\$65,777,622
Expenses	\$54,283,282	\$50,073,145
Net Operating Income	\$17,824,424	\$15,704,477
NOI/Revenue Unit	\$14,979	\$13,197
OER	75.28%	76.12%
EGIM	2.76	2.83
Net Initial Yield/Cap. Rate	8.96%	8.44%

## Leased Fee

Year 1 Period Ending	6/30/2017	Net Lease Amount	\$15,301,115
Source	Seller	Net Lease Amnt/Rev.Unit	\$12,858
Adjusted Sale Price	\$199,000,000	Lease Fee Cap Rate	7.69
Annual Gross Lease Pymt	\$15,301,115	Net Lease Multiplier	2.76
Owner Expenses	\$0	Coverage Ratio	1.16

## Map &amp; Comments



This comparable represents a portfolio transaction containing six rental only IL/AL/MC/NC properties located in the Dallas MSA. Autumn Leaves contains 166 revenue units, was built in 1962 and most recently renovated in 2012. Monticello West contains 159 revenue units, was built in 1979 and most recently renovated in 2013. Parkwood Healthcare contains 159 revenue units, was built in 1986 and most recently renovated in 2007. Parkwood Retirement Community contains 162 revenue units, was built in 1986 and most recently renovated in 2007. Signature Pointe on the Lake contains 293 revenue units, was built in 1986 and most recently renovated in 2007. Walnut Place contains 263 revenue units, was built in 1980 and most recently renovated in 2012. The buyer was the tenant in a long-term lease at the time of sale and reported that the capital structure would not allow for necessary capital improvements to be made in order for the six properties to remain competitive in their respective markets. Each of the properties is located in a very desirable area with high barriers to entry. The buyer planned to terminate the lease and immediately implement a \$13.0 million capital improvement plan to re-position the properties.

**Sale****Seniors Housing & Care - Multi-Care****No. 2**

Property Name Healdsburg Senior Living  
 Address 725 Grove Street  
 Healdsburg, CA 95448  
 United States

Government Tax Agency Sonoma  
 Govt./Tax ID 089-120-093

**Care Levels: AL , MC , NC**

Land Area	5.980 ac	Year Built	2000
Gross Building Area (GBA)	50,373 sf	Year Renovated	N/A
Total Units	78	Buildings	1
Total Beds	110	Floor Count	1
Total Revenue Units	110	Condition	Good
Investment Class	B	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
AL	40	40	Units	40	98%	N/A
MC	22	32	Beds	32	97%	N/A
NC	16	38	Beds	38	100%	N/A
<b>Totals</b>	<b>78</b>	<b>110</b>		<b>110</b>	<b>98%</b>	

**Census Mix**

Level	Private Pay	Medicaid	Medicare	Other
NC	4%	69%	27%	N/A

**Amenities**

General: N/A

Unit Specific: N/A

**Sale Summary**

Recorded Buyer	Pacifica SL Grove Street LP	Marketing Time	N/A
True Buyer	Pacifica Companies	Buyer Type	REIT
Recorded Seller	Healdsburg Senior Living LLC	Seller Type	N/A
True Seller	Berryman Health, Inc.	Primary Verification	Buyer

Interest Transferred	Fee Simple/Freehold	Type	Sale
Current Use	AL/MC/SN	Date	4/4/2018
Proposed Use	AL/MC/SN	Sale Price	\$19,000,000
Listing Broker	Blueprint's Mario Wilson and Christopher Hyldahl	Financing	N/A
Selling Broker	N/A	Cash Equivalent	\$19,000,000
Doc #	2018R007201	Capital Adjustment	\$0
		Adjusted Price	\$19,000,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Cash Equivalent Price/sf
04/2018	Sale	Pacifica SL Grove Street LP	Healdsburg Senior Living LLC	\$19,000,000	\$377.19

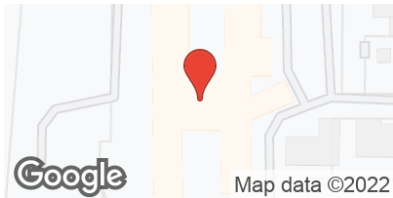
## Units of Comparison

Static Analysis Method	Pro Forma (Stabilized)	Actual Occupancy at Sale	98%
Buyer's Primary Analysis	Static Capitalization Analysis	Eff Gross Inc Mult (EGIM)	1.65
Net Initial Yield/Cap. Rate	11.09%	Price / Revenue Unit	\$172,727
Projected IRR	N/A		

## Financial

Revenue Type	Pro Forma Stabilized	Trailing Actuals
Period Ending	12/31/2018	12/31/2017
Source	Buyer	Buyer
Price	\$19,000,000	\$19,000,000
Occupancy	90%	91%
Resident Days	36135	36537
Effective Gross Income	\$11,505,794	\$10,040,932
Expenses	\$9,399,374	\$8,191,739
Net Operating Income	\$2,106,420	\$1,849,193
NOI/Revenue Unit	\$19,149	\$16,811
OER	81.69%	81.58%
EGIM	1.65	1.89
Net Initial Yield/Cap. Rate	11.09%	9.73%

## Map &amp; Comments



This comparable is a Class B, senior living community with assisted living, memory care and skilled nursing. The improvements were constructed in 2000, with a memory care addition completed in 2015. The property sold for \$19,000,000 or \$172,727 in April 2018. The proforma cap rate was 11.09%. Occupancy at the time of sale was 98%.



**Sale****Seniors Housing & Care - CCRC****No. 3**

Property Name Altavita Village  
 Address 17050 Arnold Drive  
 Riverside, CA 92518  
 United States

Government Tax Agency Riverside  
 Govt./Tax ID 295-270-003

**Care Levels: IL , AL , MC , NC**

Land Area	153.000 ac	Year Built	1989
Gross Building Area (GBA)	835,624 sf	Year Renovated	2009
Total Units	604	Buildings	315
Total Beds	633	Floor Count	3
Total Revenue Units	633	Condition	Good
Investment Class	A	Construction Class	D - Wood frame, floor and structure; considered combustible

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	484	484	Units	484	42%	1.32
AL	55	55	Units	55	91%	1.06
MC	35	35	Beds	35	86%	N/A
NC	30	59	Beds	59	86%	N/A
<b>Totals</b>	<b>604</b>	<b>633</b>		<b>633</b>	<b>53%</b>	

**Census Mix**

Level	Private Pay	Medicaid	Medicare	Other
NC	39%	N/A	22%	39%

**Amenities**

General: Formal Dining, Private Dining, Café, Clubhouse, Mail Room, Library, Arts / Crafts Studio, Game Room, Media Room, Prayer Room, Salon, Sundry Shop, Banking Office, Doctor's Office, Board Room, Computer Center, Wellness Center, Aquatic Center, Walking Trails, Secured Courtyard, Dog Run, Garage Parking, Covered Parking, Scheduled Transportation  
 Unit Specific: Fireplace, Kitchenette, Private Bath, Walk-In Shower, Walk-In Closets, Individual Air Control, Internet Access, 24-Hour Response System

**Sale Summary**

Recorded Buyer	Westmont Developer, LP	Marketing Time	N/A
True Buyer	N/A	Buyer Type	Private Investor
Recorded Seller	Air Force Village West, Inc.	Seller Type	Private Investor
True Seller	N/A	Primary Verification	Westmont (Buyer)
Interest Transferred	Fee Simple/Freehold	Type	Sale
Current Use	N/A	Date	9/5/2019
Proposed Use	N/A	Sale Price	\$58,000,000
Listing Broker	N/A	Financing	Cash to Seller
Selling Broker	N/A	Cash Equivalent	\$58,000,000
Doc #	N/A	Capital Adjustment	\$20,000,000
		Adjusted Price	\$78,000,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Cash Equivalent Price/sf
09/2019	Sale	Westmont Developer, LP	Air Force Village West, Inc.	\$58,000,000	\$69.41

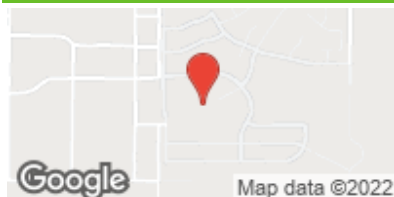
## Units of Comparison

Static Analysis Method	Other (see comments)	Actual Occupancy at Sale	53%
Buyer's Primary Analysis	N/A	Eff Gross Inc Mult (EGIM)	3.91
Net Initial Yield/Cap. Rate	11.02%	Price / Revenue Unit	\$123,223
Projected IRR	N/A		

## Financial

Revenue Type	Pro Forma Stabilized	Trailing Actuals	Other See Comments
Period Ending	12/31/2019	12/31/2018	12/31/2019
Source	Buyer	Seller	Appraiser
Price	\$78,000,000	\$58,000,000	\$78,000,000
Occupancy	95%	68%	89%
Resident Days	219493	157111	205630
Effective Gross Income	\$25,549,620	\$25,909,702	\$19,955,528
Expenses	\$11,833,978	\$25,192,447	\$11,356,227
Net Operating Income	\$13,715,642	\$717,255	\$8,599,301
NOI/Revenue Unit	\$21,668	\$1,133	\$13,585
OER	46.32%	97.23%	56.91%
EGIM	3.05	2.24	3.91
Net Initial Yield/Cap. Rate	17.58%	1.24%	11.02%

## Map &amp; Comments



Altavita Village was purchased by Westmont Developer, LP (Buyer) for \$58 million. Altavita is currently in bankruptcy, and as part of the purchase, the burden (debt) of the existing entrance fee contracts will dissolve. Westmont intends to operate in good faith and will transition the community on a forward basis to a full rental senior living campus. Legacy residents will receive discounted rent (current to their existing levels) in perpetuity, with the understanding that the monies owed to them/their estate at time of expiration/move-out will not be returned as initially agreed/contracted. Entrance fee liability exception includes residents who executed a 50% or 95% contract and those residents who executed 100% contracts in 2018. Westmont will assume this liability estimated at just shy of \$3.7 million, and in return will receive funds of nearly \$3.2 million held by the seller, and a credit of just over \$500,000 at time of closing so that together the liabilities are fully covered. Given the current bankruptcy scenario, the size of the property, and the multi-care campus, the number of buyers who would be interested and able to perform are limited. The acquisition price is considered below market and was based on reductions for construction and lease-up. Westmont plans to put \$20 million in capital expenditures to update the common areas and increase the unit count by converting several two-bedroom units into studio and one-bedroom units. The adjusted sale price was \$78,000,000 or \$91,627 per unit.

# Sale Seniors Housing & Care - Multi-Care No. 4

Property Name Pleasant Bay Nursing & Rehab and Woodlands at Pleasant Bay  
 Address Woodlands Way  
 Brewster, MA 02631  
 United States  
 Government Tax Agency Barnstable  
 Govt./Tax ID N/A



## Care Levels: AL , NC

Land Area	24.199 ac	Year Built	1994
Gross Building Area (GBA)	148,164 sf	Year Renovated	2006
Total Units	133	Buildings	4
Total Beds	194	Floor Count	3
Total Revenue Units	194	Condition	Good
Investment Class	B	Construction Class	N/A

Care Level Summary							Census Mix				
Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio	Level	Private Pay	Medicaid	Medicare	Other
AL	59	59	Units	59	98%	N/A	AL	100%	N/A	N/A	N/A
NC	74	135	Beds	135	87%	N/A	NC	25%	40%	30%	5%
<b>Totals</b>	<b>133</b>	<b>194</b>		<b>194</b>	<b>90%</b>						

## Amenities

General: Formal Dining, Private Dining, Concierge, Mail Room, Library, Arts / Crafts Studio, Auditorium, Game Room, Media Room, Salon, Doctor's Office, Board Room, Computer Center, Wellness Center, Aquatic Center, Resident Storage, Secured Courtyard, Scheduled Transportation, Common Laundry, Therapy Services  
 Unit Specific: Kitchenette, Private Bath, Walk-In Shower, Walk-In Closets, Individual Air Control, Internet Access, 24-Hour Response System, Kitchen, Upgraded Floor Covering

## Sale Summary

Recorded Buyer	N/A	Marketing Time	8 Month(s)
True Buyer	Pointe Group Care, LLC	Buyer Type	End User
Recorded Seller	N/A	Seller Type	End User
True Seller	Pleasant Bay Health and Living Centers	Primary Verification	Purchase Agreement
Interest Transferred	Fee Simple/Freehold	Type	Sale
Current Use	N/A	Date	9/24/2019
Proposed Use	N/A	Sale Price	\$31,000,000
Listing Broker	N/A	Financing	Market Rate Financing
Selling Broker	N/A	Cash Equivalent	\$31,000,000
Doc #	32320-50/52	Capital Adjustment	\$0
		Adjusted Price	\$31,000,000

## Transaction Summary plus Five-Year CBRE View History

Transaction Date	Transaction Type	Buyer	Seller	Price	Cash Equivalent Price/sf
09/2019	Sale	N/A	N/A	\$31,000,000	\$209.23

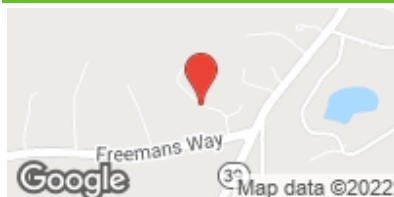
## Units of Comparison

Static Analysis Method	Trailing Actuals	Actual Occupancy at Sale	90%
Buyer's Primary Analysis	Static Capitalization Analysis	Eff Gross Inc Mult (EGIM)	1.46
Net Initial Yield/Cap. Rate	8.86%	Price / Revenue Unit	\$159,794
Projected IRR	N/A		

## Financial

Revenue Type	Pro Forma Stabilized	Trailing Actuals
Period Ending	12/31/2019	3/31/2019
Source	Buyer	Buyer
Price	\$31,000,000	\$31,000,000
Occupancy	89%	89%
Resident Days	63021	63021
Effective Gross Income	\$21,118,694	\$21,296,608
Expenses	\$15,796,157	\$18,551,401
Net Operating Income	\$5,322,537	\$2,745,207
NOI/Revenue Unit	\$27,436	\$14,151
OER	74.80%	87.11%
EGIM	1.47	1.46
Net Initial Yield/Cap. Rate	17.17%	8.86%

## Map &amp; Comments



This comparable is an investment class B skilled nursing facility and assisted living community. The skilled nursing facility consists of 135 beds and was constructed in 1994 while the assisted living community consists of 59 assisted living units and was constructed in 2006. The community also includes a large wellness center with an indoor pool and exercise room. The improvements are in good condition. The property is located in a suburban/rural area and affords average visibility and good access with favorable access to healthcare providers. Amenities and services offered are superior to the competitive market. As of August 2019, the property is under contract for \$31,000,000 for \$159,794 per revenue unit. Occupancy at the time of sale was 90% with the buyer purchasing the property based on a core investment strategy. Pointe Group Care will assume management of the property post acquisition. Pricing was based on a net operating income of \$2,745,207 or \$14,151 per revenue unit, for an overall capitalization rate 8.86% and EGIM of 1.46. The analysis is based on stabilized operations and include market level management fees and replacement reserves. The community was constructed and internally managed by the local owner/operator since the time of construction. The buyer is a local owner/operator of three skilled nursing facilities in the Boston area. Although public records lists the combined purchase price as \$23,447,900, based upon the contract of sale provided, the total consideration was \$31,000,000.

**Sale****Seniors Housing & Care - Multi-Care****No. 5**

Property Name Caretel Inns of America Porfolio  
 Address 1014 E Grand River Ave  
 Brighton, MI 48116  
 United States

Government Tax Agency Livingston  
 Govt./Tax ID Multiple

**Care Levels: AL , IL , MC , NC**

Land Area	38.430 ac	Year Built	1998
Gross Building Area (GBA)	378,349 sf	Year Renovated	N/A
Total Units	647	Buildings	5
Total Beds	647	Floor Count	1
Total Revenue Units	647	Condition	Average
Investment Class	B	Construction Class	D - Wood frame, floor and structure; considered combustible

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	8	8	Units	8	75%	N/A
AL	211	211	Beds	211	78%	N/A
MC	66	66	Beds	66	77%	N/A
NC	362	362	Beds	362	78%	N/A
<b>Totals</b>	<b>647</b>	<b>647</b>		<b>647</b>	<b>78%</b>	

**Census Mix**

Level	Private Pay	Medicaid	Medicare	Other
NC	N/A	69%	20%	11%

**Amenities**

General: Formal Dining, Arts / Crafts Studio, Media Room, Salon, Resident Storage, Secured Courtyard, Scheduled Transportation, Common Laundry, Therapy Services

Unit Specific: Private Bath, Individual Air Control, 24-Hour Response System

**Sale Summary**

Recorded Buyer	N/A	Marketing Time	N/A
True Buyer	Symphony Post Acute Network	Buyer Type	End User
Recorded Seller	Caretel Inns	Seller Type	N/A
True Seller	N/A	Primary Verification	Andrew Kaufman- ESI

Interest Transferred	Fee Simple/Freehold
Current Use	N/A
Proposed Use	N/A
Listing Broker	ESI
Selling Broker	N/A
Doc #	000000256540 et al

Type	Sale
Date	6/1/2020
Sale Price	\$68,000,000
Financing	Market Rate Financing
Cash Equivalent	\$68,000,000
Capital Adjustment	\$0
Adjusted Price	\$68,000,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Cash Equivalent Price/sf
06/2020	Sale	N/A	Caretel Inns	\$68,000,000	\$179.73

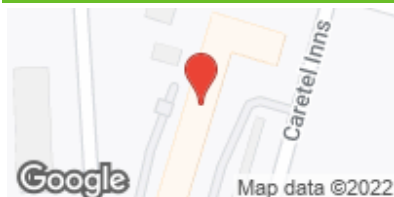
## Units of Comparison

Static Analysis Method	Trailing Actuals	Actual Occupancy at Sale	78%
Buyer's Primary Analysis	Static Capitalization Analysis	Eff Gross Inc Mult (EGIM)	1.41
Net Initial Yield/Cap. Rate	8.09%	Price / Revenue Unit	\$105,100
Projected IRR	N/A		

## Financial

Revenue Type	Trailing Actuals
Period Ending	4/30/2018
Source	Broker
Price	\$68,000,000
Occupancy	78%
Resident Days	184201
Effective Gross Income	\$48,141,650
Expenses	\$42,641,650
Net Operating Income	\$5,500,000
NOI/Revenue Unit	\$8,501
OER	88.58%
EGIM	1.41
Net Initial Yield/Cap. Rate	8.09%

## Map &amp; Comments



Caretel Inns of America Portfolio is comprised of five senior communities, the Caretel Inns of Lakeland built in 1998, Linden built in 2008, Brighton built in 2005, Tri-Cities built in 2007 and Applewood Nursing Center in Michigan built in 1977. The portfolio consisted of 8 independent living, 211 assisted living, 66 memory care and 362 SNF revenue units. The quality mix for the SNF units was 31%. At the time of marketing the portfolio was exhibiting \$48,141,650 in revenue, with an EGIM of 1.41, with 78% occupancy (with one of the properties still in lease-up from a recent expansion) with an average net operating income margin of 13.3%. The skilled nursing beds at four of the communities were not licensed for Medicaid, contributing to the lower occupancy of the portfolio. While negotiating the purchase and sale agreement, the portfolio experienced a deterioration in operating performance from \$6,400,000 at the time of marketing to \$5,500,000 in EBITDAR. The total purchase price for all five communities was \$68,000,000 (\$105,100 per bed/unit) representing an 8.09% capitalization rate on in-place cash flow. The buyer plans to explore licensing the skilled nursing beds at four of the communities for Medicaid as these beds are only licensed to receive Medicare revenue. The transaction represented the second closing tranche of this portfolio that was financed through a HUD loan assumption. Three of the properties were rated 5-stars and two rated 3-stars, per the CMS Five-Star Quality Rating System. The broker reports pricing was not impacted by COVID-19.

**Sale****Seniors Housing & Care - Multi-Care****No. 6**

Property Name Brookdale Northridge Senior Living  
 Address 17650 Devonshire Street  
 Northridge, CA 91325  
 United States

Government Tax Agency Los Angeles  
 Govt./Tax ID 2734012072

**Care Levels: AL , MC , NC**

Land Area	5.537 ac	Year Built	2001
Gross Building Area (GBA)	88,287 sf	Year Renovated	N/A
Total Units	143	Buildings	1
Total Beds	160	Floor Count	2
Total Revenue Units	160	Condition	Good
Investment Class	B	Construction Class	D - Wood frame, floor and structure; considered combustible

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
AL	90	90	Beds	90	66%	N/A
MC	25	25	Beds	25	52%	N/A
NC	28	45	Beds	45	44%	N/A
<b>Totals</b>	<b>143</b>	<b>160</b>		<b>160</b>	<b>58%</b>	

**Census Mix**

Level	Private Pay	Medicaid	Medicare	Other
AL	100%	N/A	N/A	N/A
MC	100%	N/A	N/A	N/A
NC	35%	N/A	55%	10%

**Amenities**

General: N/A

Unit Specific: N/A

**Sale Summary**

Recorded Buyer Pacifica Companies, LLC  
 True Buyer Pacifica Senior Living  
 Recorded Seller HCP MA3 California, LP  
 True Seller Brookdale

Marketing Time N/A  
 Buyer Type N/A  
 Seller Type N/A  
 Primary Verification PSA, Deed

Interest Transferred Fee Simple/Freehold  
 Current Use Seniors Housing  
 Proposed Use N/A  
 Listing Broker N/A  
 Selling Broker N/A  
 Doc # 20211307099

Type	Sale
Date	9/3/2021
Sale Price	\$29,000,000
Financing	Market Rate Financing
Cash Equivalent	\$29,000,000
Capital Adjustment	\$0
Adjusted Price	\$29,000,000

**Transaction Summary plus Five-Year CBRE View History**

Transaction Date	Transaction Type	Buyer	Seller	Price	Cash Equivalent Price/sf
09/2021	Sale	Pacifica Companies, LLC	HCP MA3 California, LP	\$29,000,000	\$328.47

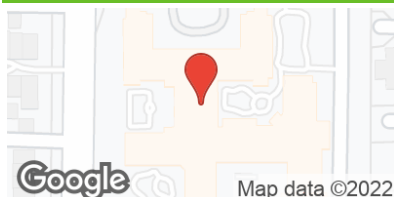
## Units of Comparison

Static Analysis Method	Trailing Actuals	Actual Occupancy at Sale	57%
Buyer's Primary Analysis	Static Capitalization Analysis	Eff Gross Inc Mult (EGIM)	2.04
Net Initial Yield/Cap. Rate	10.50%	Price / Revenue Unit	\$181,250
Projected IRR	N/A		

## Financial

Revenue Type	Trailing Actuals
Period Ending	12/31/2019
Source	Buyer
Price	\$29,000,000
Occupancy	76%
Resident Days	44384
Effective Gross Income	\$14,246,426
Expenses	\$11,201,693
Net Operating Income	\$3,044,733
NOI/Revenue Unit	\$19,030
OER	78.63%
EGIM	2.04
Net Initial Yield/Cap. Rate	10.50%

## Map &amp; Comments



Brookdale Northridge is a 160-bed community with assisted living, memory care, and skilled nursing in the Los Angeles MSA. The improvements were constructed in 2001, have been renovated over the years, and are in good condition. This community was approximately 57% occupied at the time of contract, which was February 2021, and is inclusive of both private pay and Medicare residents. The buyer was Pacifica Senior Living, which purchased the property based on an operational value-add strategy. Upon closing, Pacifica Senior Living reportedly leased the 45-bed skilled nursing component to Aspen Skilled Healthcare for a term of ten years for \$432,000 in Year 1 and \$540,000 in Year 2, with 3% annual escalations thereafter. Based on 2019 historical financials, which were inclusive of 5.0% management fees and \$350/bed replacement reserves, the contract price of \$29,000,000, or \$181,250 per revenue unit, implied a trailing OAR of 10.5%. Closing reportedly occurred in early September 2021 for \$29,000,000.



**Comparable****Seniors Housing & Care - Multi-Care****No. 1**

Property Name Hollywood Hills, A Pacifica Senior Living Community  
 Address 1745 North Gramercy Place  
 Los Angeles, CA 90028  
 United States

Government Tax Agency N/A  
 Govt./Tax ID 5544-002-031

**Care Levels: IL , AL , MC**

Land Area	0.683 ac	Year Built	1933
Gross Building Area (GBA)	67,656 sf	Year Renovated	2020
Total Units	79	Buildings	1
Total Beds	100	Floor Count	6
Total Revenue Units	100	Condition	Excellent
Investment Class	B	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	2	2	Units	2	100%	1.50
AL	65	82	Beds	82	37%	N/A
MC	12	16	Beds	16	69%	N/A
<b>Totals</b>	<b>79</b>	<b>100</b>		<b>100</b>	<b>43%</b>	

**Census Mix**

Level	Private Pay	Medicaid	Medicare	Other
IL	100%	N/A	N/A	N/A
AL	100%	N/A	N/A	N/A
MC	100%	N/A	N/A	N/A

**Amenities**

General: Private Dining, Library, Media Room, Salon, Secured Courtyard, Dog Run, Garage Parking, Covered Parking, Scheduled Transportation

Unit Specific: Private Bath, Internet Access, 24-Hour Response System

**Rental Survey**

Services Included	N/A	Verification	N/A
Concessions	None	Contact	323-400-4007
Last Rent Increase	N/A - Newer community	Survey Date	10/20/2021
Management	Pacifica		

# Comparable Seniors Housing & Care - Multi-Care No. 1

## Unit Mix & Asking Rates

Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
IL	2 Bedroom	2	2	693 - 1,727	\$4,000	\$5,895 - 11,000	Monthly	3/Day
AL	Companion	21	38	693 - 778	\$4,000	\$3,495 - 3,995	Monthly	3/Day
AL	Studio	40	40	307 - 395	\$4,000	\$3,995 - 4,395	Monthly	3/Day
AL	2 Bedroom	4	4	693 - 778	\$4,000	\$5,570 - 6,395	Monthly	3/Day
MC	Companion	4	8	697 - 773	\$4,000	\$3,995 - 3,995	Monthly	3/Day
MC	Studio	8	8	304 - 505	\$4,000	\$4,595 - 5,795	Monthly	3/Day

## Entrance Fee Structure

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
		No information recorded		

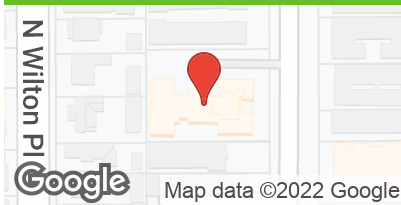
## Second Resident Fees

Care Level	Monthly Fee	Move-In Fee
AL	\$950	N/A

## Care Service Fees

Care Level	Type	Monthly Fee	Care Level	Description	Fee
AL	Levels	\$300 - 2,200	AL	Respite	\$195/Day
MC	Levels	\$1,000 - 2,500	MC	Respite	\$245/Day

## Map & Comments



Pacifica Hollywood Hills is an independent living, assisted living, and memory care community situated in a semi-urban location. The improvements were constructed in 1933, with an extensive multi-million dollar renovation in 2019, and are in excellent condition. The community is owned and managed by Pacifica Senior Living, a regional operator of seniors housing communities. The property had an overall census of 43% and is in lease-up and opened in August 2020.

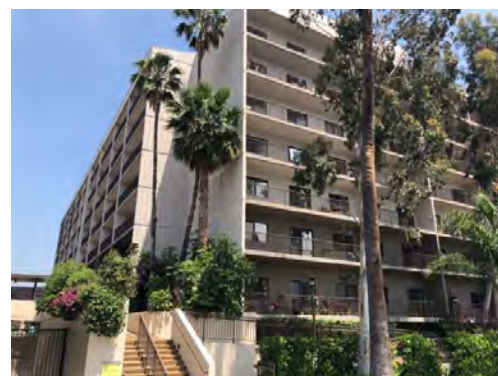
# Comparable Seniors Housing & Care - Multi-Care No. 2

Property Name Pasadena Highlands  
Address 1575 E Washington Blvd  
Pasadena, CA 91104  
United States

Government Tax Agency Los Angeles  
Govt./Tax ID N/A

## Care Levels: IL , AL , MC

Land Area	2.330 ac	Year Built	1977
Gross Building Area (GBA)	210,416 sf	Year Renovated	N/A
Total Units	223	Buildings	1
Total Beds	233	Floor Count	N/A
Total Revenue Units	233	Condition	Good
Investment Class	B	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade



## Care Level Summary

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	155	155	Units	155	68%	N/A
AL	58	58	Beds	58	66%	N/A
MC	10	20	Beds	20	70%	N/A
<b>Totals</b>	<b>223</b>	<b>233</b>		<b>233</b>	<b>68%</b>	

## Amenities

General: N/A

Unit Specific: N/A

## Rental Survey

Services Included	N/A	Verification	N/A
Concessions	N/A	Contact	626-791-1981
Last Rent Increase	N/A	Survey Date	02/01/2022
Management	Wellquest Living		

# Comparable

# Seniors Housing & Care - Multi-Care

No. 2

## Unit Mix & Asking Rates

Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
IL	Studio	5	5	470	\$4,200	\$4,200	Monthly	1/Day
IL	1 Bedroom	124	124	502 - 570	\$4,500	\$4,500	Monthly	1/Day
IL	2 Bedroom	26	26	805	\$6,500	\$6,500	Monthly	1/Day
AL	Studio	2	2	470	\$4,550	\$4,550	Monthly	3/Day
AL	1 Bedroom	48	48	502 - 570	\$5,250	\$5,250	Monthly	3/Day
AL	2 Bedroom	8	8	805	\$6,850	\$6,850	Monthly	3/Day
MC	Companion	10	20	502	\$7,095	\$7,095	Monthly	3/Day

## Entrance Fee Structure

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
		No information recorded		

## Second Resident Fees

Care Level	Monthly Fee	Move-In Fee
IL	\$795	N/A
AL	\$1,200	N/A

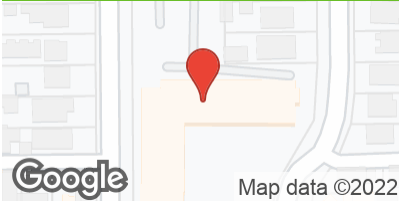
## Care Service Fees

Care Level	Type	Monthly Fee
AL	Levels	\$300 - 1,500
MC	All-Inclusive	N/A

## Other Fees

Care Level	Description	Fee
IL	Meal Plan - 1 Addl Meal per Day	\$250/Month

## Map & Comments



Pasadena Highlands is a good quality senior living community in a suburban location. The community is managed by WellQuest Living. Occupancy is compressed due to the pandemic. Assisted living rates are based on a level of care structure. Memory care rates are all-inclusive. The community fee is equivalent to one months rent.

# Comparable Seniors Housing & Care - Multi-Care No. 3

Property Name The Heights at Burbank  
Address 2721 West Willow Street  
Burbank, CA 91505  
United States

Government Tax Agency Los Angeles  
Govt./Tax ID 2484-022-001

## Care Levels: IL , AL , MC

Land Area	0.472 ac	Year Built	1985
Gross Building Area (GBA)	124,906 sf	Year Renovated	N/A
Total Units	103	Buildings	1
Total Beds	106	Floor Count	8
Total Revenue Units	106	Condition	Good
Investment Class	A	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade



## Care Level Summary

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	29	29	Units	29	86%	N/A
AL	56	56	Beds	56	86%	N/A
MC	18	21	Beds	21	81%	N/A
<b>Totals</b>	<b>103</b>	<b>106</b>		<b>106</b>	<b>85%</b>	

## Amenities

General: N/A

Unit Specific: N/A

## Rental Survey

Services Included	N/A	Verification	Dawn
Concessions	None.	Contact	(818) 446-9838
Last Rent Increase	N/A	Survey Date	02/01/2022
Management	SRG Senior Living		

# Comparable Seniors Housing & Care - Multi-Care No. 3

## Unit Mix & Asking Rates

Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
IL	Studio	16	16	360 - 520	\$4,375 - 5,420	\$4,375 - 5,420	Monthly	3/Day
IL	1 Bedroom	11	11	730 - 920	\$6,630	\$6,630	Monthly	3/Day
IL	2 Bedroom	2	2	1,050	\$7,835 - 8,695	\$7,835 - 8,695	Monthly	3/Day
AL	Studio	43	43	360 - 520	\$4,780 - 5,825	\$4,780 - 5,825	Monthly	3/Day
AL	1 Bedroom	11	11	730 - 920	\$7,035 - 8,465	\$7,035 - 8,465	Monthly	3/Day
AL	2 Bedroom	2	2	1,050	\$8,235 - 9,895	\$8,235 - 9,895	Monthly	3/Day
MC	Companion	3	6	520	\$7,360	\$7,360	Monthly	3/Day
MC	Studio	15	15	360	\$8,720	\$8,720	Monthly	3/Day

## Entrance Fee Structure

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
		No information recorded		

## Second Resident Fees

Care Level	Monthly Fee	Move-In Fee
IL	\$1,100	N/A
AL	\$1,100	N/A

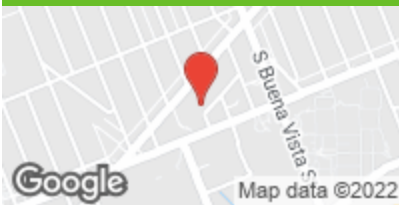
## Care Service Fees

Care Level	Type	Monthly Fee
AL	A-la-carte	\$1,000 - 2,300
MC	All-Inclusive	N/A

## Other Fees

Care Level	Description	Fee
	No information recorded	

## Map & Comments



The Heights at Burbank is a good quality independent, assisted living, and memory care community located in Burbank, California. The community was built in 1985 and is operated by SRG Senior Living, a national operator of good-quality senior living communities. The community is 8 stories in height. All beds are licensed for assisted living, however, management stated around 35% of residents on average are considered, independent paying no care service fees.

# Comparable Seniors Housing & Care - Multi-Care No. 4

Property Name Village at Sherman Oaks  
Address 5450 Vesper Avenue  
Sherman Oaks, CA 91411  
United States

Government Tax Agency Los Angeles  
Govt./Tax ID 2249-003-022

## Care Levels: IL , AL

Land Area	4.548 ac	Year Built	2001
Gross Building Area (GBA)	209,559 sf	Year Renovated	N/A
Total Units	241	Buildings	1
Total Beds	241	Floor Count	3
Total Revenue Units	241	Condition	Excellent
Investment Class	A	Construction Class	D - Wood frame, floor and structure; considered combustible



## Care Level Summary

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
IL	158	158	Units	158	77%	N/A
AL	83	83	Beds	83	70%	N/A
<b>Totals</b>	<b>241</b>	<b>241</b>		<b>241</b>	<b>75%</b>	

## Amenities

General: N/A

Unit Specific: N/A

## Rental Survey

Services Included	N/A	Verification	Connie
Concessions	None.	Contact	(818) 538-6728
Last Rent Increase	Annually.	Survey Date	02/01/2022
Management	SRG Senior Living		

# Comparable Seniors Housing & Care - Multi-Care No. 4

## Unit Mix & Asking Rates

Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
IL	Studio	N/A	N/A	438	\$4,000	\$5,230	Monthly	3/Day
IL	1 Bedroom	N/A	N/A	614 - 802	\$4,000	\$5,970 - 7,695	Monthly	3/Day
IL	Cottage	N/A	N/A	875 - 1,115	\$4,000	\$8,155 - 9,600	Monthly	3/Day
AL	Studio	N/A	N/A	438	\$4,000	\$6,095	Monthly	3/Day
AL	1 Bedroom	N/A	N/A	614 - 802	\$4,000	\$7,695	Monthly	3/Day
AL	2 Bedroom	N/A	N/A	875	\$4,000	\$9,350	Monthly	3/Day

## Entrance Fee Structure

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
		No information recorded		

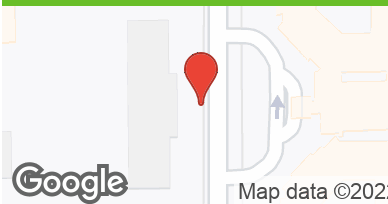
## Second Resident Fees

Care Level	Monthly Fee	Move-In Fee
IL	\$1,000	N/A
AL	\$1,000	N/A

## Care Service Fees

Care Level	Type	Monthly Fee	Care Level	Description	Fee
AL	Levels	\$600 - 1,800		No information recorded	
AL	Medication Management	\$500			

## Map & Comments



Village at Sherman Oaks is a high quality independent and assisted living community located in Sherman Oaks, California. The community is licensed for 100 assisted living residents, to allow for second residents, but has only 83 units of assisted living. The IL and AL wings are located separately. All residents, however, receive three meals per day included in the base rental rates. The community fee is \$4,000 and the second resident fee is \$1,000 per month. Assisted living care service fees follow a levels of care structure with three levels ranging from \$600 to \$1,800 per month, and medication management is a flat rate of \$500 per month.



Property Name Los Feliz Gardens  
 Address 205 East Los Feliz  
 Glendale, CA 91205  
 United States

Government Tax Agency Los Angeles  
 Govt./Tax ID 5640-016-031

**Care Levels: AL**

Land Area	0.880 ac	Year Built	1977
Gross Building Area (GBA)	51,058 sf	Year Renovated	N/A
Total Units	100	Buildings	1
Total Beds	120	Floor Count	3
Total Revenue Units	120	Condition	Average
Investment Class	B	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade

**Care Level Summary**

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
AL	100	120	Beds	120	100%	N/A
<b>Totals</b>	<b>100</b>	<b>120</b>		<b>120</b>	<b>100%</b>	

**Amenities**

General: Game Room, Salon, Scheduled Transportation, Common Laundry, Therapy Services

Unit Specific: Walk-In Closets, Individual Air Control, Internet Access

**Rental Survey**

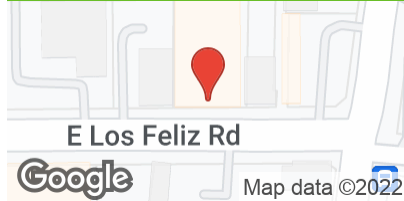
Services Included	N/A	Verification	N/A
Concessions	N/A	Contact	310-435-2394
Last Rent Increase	N/A	Survey Date	02/10/2022
Management	Emerald City		

Comparable

Seniors Housing & Care - Single-Care

No. 5

Unit Mix & Asking Rates								
Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
AL	Companion	N/A	N/A	200	N/A	\$4,901	Monthly	3/Day
AL	Studio	N/A	N/A	350	N/A	\$5,881	Monthly	3/Day
AL	1 Bedroom	N/A	N/A	450	N/A	\$6,371	Monthly	3/Day
Entrance Fee Structure								
Plan Type	Refundable	Healthcare Benefits			Amortization Schedule		Residents	
No information recorded								
Second Resident Fees								
Care Level	Monthly Fee			Move-In Fee				
No information recorded								
Care Service Fees					Other Fees			
Care Level	Type	Monthly Fee			Care Level	Description	Fee	
AL	A-la-carte	\$100 - 2,000			No information recorded			
Map & Comments								



Los Feliz Gardens, formerly known as Emerald City, is an assisted living facility with 100 assisted living units and licensed for 199 residents. The property is located on the north side of Los Feliz Boulevard, between Brand Boulevard and Glendale Avenue. It is located in a commercial district with mixed uses, about a quarter mile from the Glendale Memorial Hospital. The property was built in 1977. Additional services are available on an ala carte basis. There is no community fee.

# Comparable Seniors Housing & Care - Single-Care No. 6

Property Name Westlake Convalescent Hospital  
Address 316 South Westlake Avenue  
Los Angeles, CA 90057  
United States

Government Tax Agency Los Angeles  
Govt./Tax ID 90057



## Care Levels: NC

Land Area	0.616 ac	Year Built	1970
Gross Building Area (GBA)	24,646 sf	Year Renovated	N/A
Total Units	0	Buildings	1
Total Beds	114	Floor Count	2
Total Revenue Units	114	Condition	N/A
Investment Class	B	Construction Class	N/A

Care Level Summary							Census Mix				
Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio	Level	Private Pay	Medicaid	Medicare	Other
NC	N/A	114	Beds	114	67%	N/A	NC	N/A	6%	5%	90%
<b>Totals</b>	<b>N/A</b>	<b>114</b>		<b>114</b>	<b>67%</b>						

## Amenities

General: N/A

Unit Specific: N/A

## Rental Survey

Services Included	N/A	Verification	Admissions
Concessions	N/A	Contact	213-484-0510
Last Rent Increase	N/A	Survey Date	10/12/2021
Management	independently		

Comparable	Seniors Housing & Care - Single-Care	No. 6
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Unit Mix & Asking Rates
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Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
NC	Ward	N/A	N/A	400	N/A	\$350	Daily	3/Day
NC	Companion	N/A	N/A	400	N/A	\$350	Daily	3/Day

Entrance Fee Structure
------------------------

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
No information recorded				

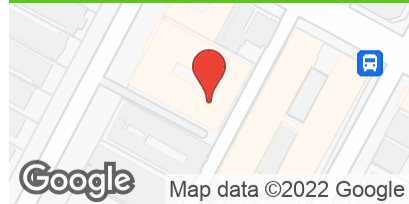
Second Resident Fees
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Care Level	Monthly Fee	Move-In Fee
No information recorded		


Care Service Fees	Other Fees
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Care Level	Type	Monthly Fee	Care Level	Description	Fee
No information recorded			No information recorded		

Map & Comments
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Westlake Convalescent is an average quality nursing home in an urban location. The facility has a strong quality mix of 94%. The facility is rated 3-stars (average) per the CMS 5-star rating system. The majority of residents use insurance.



Map data ©2022 Google

# Comparable Seniors Housing & Care - Single-Care No. 7

Property Name California Convalescent Hospital of Pasadena  
 Address 120 Bellefontaine Street  
 Pasadena, CA 91105  
 United States  
 Government Tax Agency Los Angeles  
 Govt./Tax ID 5719-024-030



## Care Levels: NC

Land Area	0.917 ac	Year Built	1964
Net Rentable Area (NRA)	N/A	Year Renovated	N/A
Total Units	0	Buildings	1
Total Beds	63	Floor Count	1
Total Revenue Units	63	Condition	Average
Investment Class	C	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade

Care Level Summary							Census Mix				
Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio	Level	Private Pay	Medicaid	Medicare	Other
NC	N/A	63	Beds	63	62%	N/A	NC	59%	N/A	41%	N/A
<b>Totals</b>	<b>N/A</b>	<b>63</b>		<b>63</b>	<b>62%</b>						

## Amenities

General: N/A

Unit Specific: N/A

## Rental Survey

Services Included	N/A	Verification	Ashley in Admissions
Concessions	N/A	Contact	626-793-5114
Last Rent Increase	N/A	Survey Date	03/21/2021
Management	independent		

Comparable	Seniors Housing & Care - Single-Care	No. 7
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#### Unit Mix & Asking Rates

Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
NC	Private	N/A	N/A	N/A	N/A	\$450	Daily	3/Day
NC	Companion	N/A	N/A	N/A	N/A	\$320	Daily	3/Day
NC	Ward	N/A	N/A	N/A	N/A	\$320	Daily	3/Day

#### Entrance Fee Structure

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
No information recorded				

#### Second Resident Fees

Care Level	Monthly Fee	Move-In Fee
No information recorded		

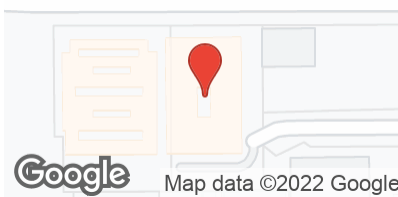
#### Care Service Fees

Care Level	Type	Monthly Fee
No information recorded		

#### Other Fees

Care Level	Description	Fee
No information recorded		

#### Map & Comments



The Californian is a skilled nursing facility situated in a suburban location. The improvements were constructed in 1964, and are in good condition. The community is locally owned and operated. Per the CMS Five-Star Quality Rating System, this facility had an overall rating of 4-Stars. The property had an overall census of 62%. Amenities and services offered are superior to the local market. This community is near the renowned Huntington Hospital. Medicaid is not accepted, as most patient stays are rehab-focused (Medicare) or private pay. The admissions representative indicated that due to COVID many residents wish to leave early out of fear of contracting the virus, which has been the biggest factor impacting census, and less so actual COVID outbreaks in the facility.

# Comparable Seniors Housing & Care - Single-Care No. 8

Property Name Kei-Ai Los Angeles Healthcare Center  
 Address 2221 Lincoln Park Avenue  
 Los Angeles, CA 90031  
 United States

Government Tax Agency Los Angeles  
 Govt./Tax ID 5211-007-055

## Care Levels: NC

Land Area	3.160 ac	Year Built	1968
Gross Building Area (GBA)	92,530 sf	Year Renovated	1989
Total Units	92	Buildings	1
Total Beds	300	Floor Count	3
Total Revenue Units	300	Condition	Average
Investment Class	B	Construction Class	C - Masonry/concrete ext. walls & wood/steel roof & floor struct., exc. concrete slab on grade



Care Level Summary							Census Mix				
Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio	Level	Private Pay	Medicaid	Medicare	Other
NC	92	300	Beds	300	97%	N/A	NC	7%	61%	31%	2%
<b>Totals</b>	<b>92</b>	<b>300</b>		<b>300</b>	<b>97%</b>						

## Amenities

General: N/A

Unit Specific: N/A

## Rental Survey

Services Included	N/A	Verification	Admissions
Concessions	N/A	Contact	323-276-5700
Last Rent Increase	N/A	Survey Date	10/12/2021
Management	Kiero		

Comparable	Seniors Housing & Care - Single-Care	No. 8
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Unit Mix & Asking Rates
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Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
NC	Private	9	9	N/A	N/A	\$282	Daily	3/Day
NC	Companion	9	18	N/A	N/A	\$262	Daily	3/Day
NC	Ward	74	273	N/A	N/A	\$240	Daily	3/Day

Entrance Fee Structure
------------------------

Plan Type	Refundable	Healthcare Benefits	Amortization Schedule	Residents
No information recorded				

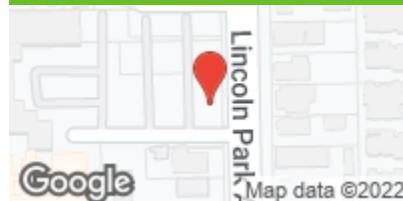
Second Resident Fees
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Care Level	Monthly Fee	Move-In Fee
No information recorded		

Care Service Fees	Other Fees
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Care Level	Type	Monthly Fee	Care Level	Description	Fee
No information recorded			No information recorded		

Map & Comments
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Kei-Ai Los Angeles Healthcare Center is a skilled nursing facility located at 2221 Lincoln Park Avenue in Los Angeles, California. The improvements were constructed in 1968, expanded in 1989, and are in average condition. The community is managed by Aspen Skilled Health, a regional operator of seniors housing communities. Per the CMS Five-Star Quality Rating System, this facility has an overall rating of 3-Stars. Private rooms are currently only available for residents in isolation.



# Comparable

# Seniors Housing & Care - Single-Care

No. 9

Property Name Highland Park Skilled Nursing  
 Address 5125 Monte Vista  
 Los Angeles, CA 90042  
 United States  
 Government Tax Agency Los Angeles  
 Govt./Tax ID 5469-013-020



## Care Levels: NC

Land Area	0.560 ac	Year Built	1963
Gross Building Area (GBA)	13,131 sf	Year Renovated	N/A
Total Units	0	Buildings	1
Total Beds	59	Floor Count	1
Total Revenue Units	59	Condition	Average
Investment Class	C	Construction Class	N/A

## Care Level Summary

Level	Units	Beds	Measure	Revenue Units	Occupancy	Resident Ratio
NC	N/A	59	Beds	59	92%	N/A
<b>Totals</b>	<b>N/A</b>	<b>59</b>		<b>59</b>	<b>92%</b>	

## Census Mix

Level	Private Pay	Medicaid	Medicare	Other
NC	2%	86%	12%	N/A

## Amenities

General: N/A

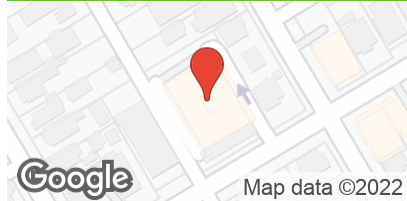
Unit Specific: N/A

## Rental Survey


Services Included	N/A	Verification	Admissions
Concessions	N/A	Contact	(323) 254-6125
Last Rent Increase	N/A	Survey Date	02/01/2022
Management	Highland Park		

Comparable	Seniors Housing & Care - Single-Care	No. 9
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Unit Mix & Asking Rates								
Care Level	Unit Type	Units	Beds	Size (sf)	Move-In Fee	Rental Fee	Fee Basis	Meals
NC	Companion	N/A	N/A	150	N/A	\$261	Daily	3/Day
NC	Ward	N/A	N/A	150	N/A	\$261	N/A	3/Day
NC	Private	N/A	N/A	220	N/A	\$282	N/A	3/Day
Entrance Fee Structure								
Plan Type	Refundable	Healthcare Benefits			Amortization Schedule		Residents	
No information recorded								
Second Resident Fees								
Care Level	Monthly Fee			Move-In Fee				
No information recorded								
Care Service Fees					Other Fees			
Care Level	Type	Monthly Fee			Care Level	Description	Fee	
No information recorded					No information recorded			
Map & Comments								



Highland Park Skilled Nursing and Wellness Center is a skilled nursing facility situated in an urban location. Per the CMS Five-Star Quality Rating System, this facility has an overall rating of 2-Stars (below average). Occupancy at the time of the survey was 92%, with admissions indicating COVID has had limited impact on occupancy levels. Private pay rates range from \$261 to \$282 per day.



Map data ©2022

**ADDENDUM B**

**Operating Data**

**Budget GL Account Detail**

Entity: (1\_C203) Windsor

Dept: (TOT) Total Departments

GL Account	2022 Budget
<b>Operating Revenue</b>	
40220 - Second Person Fee - PPC	
40200 - Monthly Fees – Private (Contract)	3,206,841
40201 - Monthly Fees – Private (Non-Contract)	3,887,494
40202 - Monthly Fees – Medicare (Part A)	764,255
40204 - Monthly Fees – Medicaid	923,282
40205 - Monthly Fees – Managed Care	230,821
41000 - Monthly Fees - Wellness - PPC	76,000
43102 - Laboratory – Medicare (Part A)	8,373
43105 - Laboratory – Managed Care	2,960
43112 - Radiology – Medicare (Part A)	7,403
43115 - Radiology – Managed Care	2,705
43200 - Phys Therapy – Private (Contract)	13,476
43202 - Physical Therapy – Medicare (Part A)	244,500
43203 - Physical Therapy – Medicare (Part B)	24,701
43205 - Physical Therapy – Mgd Care (Part A)	80,568
43206 - Physical Therapy – Type A Contact	
43212 - Occupational Therapy – Medicare (Part A)	213,570
43213 - Occupational Therapy – Medicare (Part B)	38,030
43215 - Occup Therapy – Mgd Care (Part A)	65,316
43216 - Occup Therapy – Type A Contract	
43222 - Speech Therapy – Medicare (Part A)	58,493
43223 - Speech Therapy – Medicare (Part B)	
43225 - Speech Therapy – Mgd Care (Part A)	16,383
43226 - Speech Therapy – Type A Contract	
43232 - Respiratory Therapy – Medicare (Part A)	9,262
43252 - IV Therapy – Medicare (Part A)	
43255 - IV Therapy – Managed Care	
43300 - Chargeable Supplies – Private (Contract)	25,000
43302 - Chargeable Supplies – Medicare (Part A)	24,133
43305 - Chargeable Supplies – Managed Care	5,084
43320 - Drugs – Private (Contract)	
43322 - Drugs – Medicare (Part A)	42,246
43325 - Drugs – Managed Care	33,045
43332 - Oxygen – Medicare (Part A)	
45002 - Contractual Allowance - Med A Ancillary Charges	73,165
45003 - Contractual Allowance - Medicare (Part B)	(12,546)
45004 - Contractual Allowance - Medicaid	(32,682)
45005 - Contractual Allowance - Managed Care	30,318
45110 - Admin Discount - Private	(62,000)
45190.000 - Benevolence Write-offs	(71,840)
47000 - Resident Meals	(37,635)
47001 - Guest Meals	8,103
47002 - Employee Meals	7,300
47004 - Catering	2,555
47007 - Bistro / Café Sales	
47010 - Rental Income – Guest Room	15,000
47013 - Community Fee	38,000

47014 - Rental Income – Vehicles & Equipment	2,000
47040 - Special Events Income	
47080 - Apartment Enhancement Fees	
47098.000 - Misc. Income – Other	13,500
47030 - Department Extra Services	
47092.000 - Beauty & Barber Revenue	15,000
47094.000 - Covid-19 HHS Care Act Relief Funds	
47094.003 - Covid-19 Training Incentive- UNM	
49000.000 - Foundation Distributions	10,527

<b>10,002,705</b>
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#### **Total Employee Cost**

60100 - Regular Salaries - Management	693,492
60110 - Regular Salaries - RNs	165,980
60111 - Regular Salaries - RN Admin Duties	158,128
60120 - Regular Salaries - LVNs	728,530
60121 - Regular Salaries - LVN/LPN Admin Duties	
60130 - Regular Salaries - CNAs	442,439
60140 - Regular Salaries - Cooks	
60160 - Regular Salaries - Other Exempt	76,230
60188 - Regular Salaries - Hourly	1,866,879
60200.000 - Outside Labor - Management- HOME	275,704
60211 - Outside Labor - RN Admin Duties	
60220 - Outside Labor - LVNs	
60230 - Outside Labor - CNAs	
60288 - Outside Labor - Other Non-Exempt	71,862
60500 - Overtime - Management	2,606
60510 - Overtime - RNs	
60511 - Overtime - RN Admin Duties	
60520 - Overtime - LVNs	46,740
60521 - Overtime - LVN/LPN Admin Duties	
60530 - Overtime - CNAs	66,079
60540 - Overtime - Cooks	
60588 - Overtime - Other Non-Exempt	78,168
60800 - CE Overtime - Management	
60810 - CE Overtime - RNs	
60811 - CE Overtime - RN Admin Duties	
60820 - CE Overtime - LVNs	
60821 - CE Overtime - LVN/LPN Admin Duties	
60830 - CE Overtime - CNAs	
60840 - CE Overtime - Dining	
60888 - CE Overtime - Other Non-Exempt	
60700 - Doubletime - Management	
60710 - Doubletime - RNs	
60711 - Doubletime - RN Admin Duties	
60720 - Doubletime - LVNs	
60730 - Doubletime - CNAs	
60740 - Doubletime - Cooks	
60788 - Doubletime - Other Non-Exempt	
60900 - CE Doubletime - Management	
60910 - CE Doubletime - RNs	
60911 - CE Doubletime - RN Admin Duties	
60920 - CE Doubletime - LVNs	

60930 - CE Doubletime - CNAs	
60940 - CE Doubletime - Dining	
60988 - CE Doubletime - Other Non-Exempt	
60600.000 - Incentive Comp - Management	8,000
60600.001 - Payroll Commisions Capitalized	
60601 - Incentive Bonus - Reimbursement	
60610 - Incentive Bonus - RNs	
60611 - Incentive Bonus - RN Admin Duties	
60620 - Incentive Bonus - LVNs	
60630 - Incentive Bonus - CNAs	
60688 - Incentive Bonus - Other Non-Exempt	3,000
60400 - Non-Productive - Management	106,023
60410 - Non-Productive - RNs	9,992
60411 - Non-Productive - RN Admin Duties	24,185
60420 - Non-Productive - LVNs	75,855
60421 - Non-Productive - LVN/LPN Admin Duties	
60430 - Non-Productive - CNAs	68,195
60440 - Non-Productive - Cooks	
60460 - Non-Productive - Other Exempt	9,570
60488 - Non-Productive - Other Non-Exempt	258,768
61000 - FICA - Social Security	370,218
61010 - Worker's Compensation	201,285
61020 - Unemployment Insurance	14,634
61200 - Health Insurance	649,179
61221 - Retirement	261,697
61290 - Employee Activities	6,810
61291 - Recruitment	12,500
61297.000 - Employee Physicals, Medical Tests	10,347
61298 - Employee Uniforms & Allowances	12,248
	<b>6,775,341</b>

#### **Non Wage Expenses**

72010 - Non-Chargeable Medical Supplies	72,000
72020.000 - Raw Food Supplies	555,315
72020.001 - Raw Food Supplies - Events	
72030 - Office Supplies	39,039
72045.000 - Covid-19 Expenses	
72045.001 - COVD Expense - Testing	75,000
72070 - Department Operating Supplies	257,196
72300 - Equipment Purchases Not Capitalized	39,105
73200 - Physical Therapy Expense	188,888
73210 - Occupational Therapy Expense	158,775
73220 - Speech Therapy Expense	30,113
73230 - Respiratory Therapy Expense	9,262
73250 - IV Therapy Expense	
73300 - Chargeable Supplies Expense	7,123
73301 - Pharmacy Drugs Expense	102,696
73302 - Oxygen Supplies Expense	
73100 - Laboratory Expense	1,205
73110 - Radiology Expense	35,376
73910 - Other Chargeable Ancil. Services	
73920 - Outside Medical Charges	
73960 - Rental Equip Hlth Fac	

74000.000 - Repair and Maintenance	200,454
74006 - Apartment Remodels Not Capitalized	72,446
74300 - Sales & Mkt Consulting Fees	201,300
74320 - Move-In Incentives	16,000
74360 - Resident Relations / Referral	8,000
74370 - Events & Programs / Public Relations	10,825
74410 - Media Ad Placement	
74440 - Direct Mail / Dine & Discover	
74450 - Collateral / Sales Materials	
74460 - Digital Programs / Website Design	
74480 - Discretionary Expenses	
74100 - Service Contracts	134,633
74130 - Grounds Maintenance Contracts	59,000
74200 - Printing	3,795
75205 - Computer Lease & IT Infrastructure	79,631
74550 - Legal Fees	10,000
74580 - Audit Fees	12,360
74610.000 - Bank Service Charges	
74810 - IT Systems Expense	42,180
74600 - Purchased Services - Other	155,452
75520 - Outside Entertainment	67,500
75200 - Equipment Rentals	23,720
75600 - Vehicle Leases	691
75500 - Travel & Entertainment	17,550
75610 - Vehicle Expenses	26,400
77590.000 - Corporate Allocation	756,374
75400.000 - Telephone	31,200
75401 - Cell Phones	11,087
75404 - Internet Service	5,300
75810 - Gas	
75820 - Electricity	
75830 - Water	
75840 - Sewer	
75850 - Trash Removal	25,000
75860.000 - Utilities	308,000
75860.013 - Commercial Energy Utility Invoices	
75860.042 - Utilities -Gas-PLANT -SoCalGas	
75860.043 - Utilities -Cable/TV-PLANT -Spectrum	
75860.050 - Utilities -Water/Sewer/Waste-City of Redland	
75860.051 - Utilities-Gas/Electric/Water -PLANT -Glendale GWP	
75890 - Cable / Satellite TV	79,400
77000 - Property & Liability Insurance	17,319
77010 - Insurance Allocation	149,469
77095 - Insurance Program Management Fees	32,348
75000 - Bad Debt Write-off	77,000
75001 - A/R Bad Debt Allowance - Private Pay	
75002 - A/R Bad Debt Allowance - Medicare	
75003 - Medicaid Coinsurance Denial	
75004 - A/R Bad Debt Allowance - Medicaid	
75005 - A/R Bad Debt Allowance - Mgd Care	
75010 - Bad Debt Recovery	
75100.000 - Dues / Subscriptions	18,363
75120 - LeadingAge Dues & Support	15,000
75150.000 - Licenses / Permits	38,077

75300 - Postage / Delivery	7,858
75700 - Training / Seminars	10,934
75701.000 - Cost Of Hosting Meetings	2,000
76000.000 - Intercompany Cost Allocation	82,208
76002 - Dietary Transfers	0
77200 - Property Taxes	11,286
77210 - Sales Taxes	1,500

<b>4,392,751</b>
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#### Statistical Accounts

90500 - Overtime Hours Management	47
90510 - Overtime Hours RNs	
90511 - Overtime Hours RN Admin Duties	
90520 - Overtime Hours LVNs	1,064
90521 - Overtime Hours LVN/LPN Admin Duties	
90530 - Overtime Hours CNAs	2,549
90540 - Overtime Hours Cooks	
90588 - Overtime Hours Hourly	2,830
90700 - Doubletime Hours Management	
90710 - Doubletime Hours RNs	
90711 - Doubletime Hours RN Admin Duties	
90720 - Doubletime Hours LVNs	
90730 - Doubletime Hours CNAs	
90740 - Doubletime Hours Cooks	
90788 - Doubletime Hours Hourly	
90200 - Outside Labor Hours Management	5,408
90211 - Outside Labor Hours RN Admin Duties	
90220 - Outside Labor Hours LVNs	
90230 - Outside Labor Hours CNAs	
90240 - Outside Labor Hours Cooks	
90288 - Outside Labor Hours Hourly	2,974
90100 - Regular Hours Management	15,811
90110 - Regular Hours RNs	4,025
90111 - Regular Hours RN Admin Duties	3,240
90120 - Regular Hours LVNs	23,891
90121 - Regular Hours LVN/LPN Admin Duties	
90130 - Regular Hours CNAs	25,640
90140 - Regular Hours Cooks	
90160 - Regular Hours Other Exempt	924
90188 - Regular Hours Hourly	103,214
90400 - Nonproductive Hours Management	2,389
90410 - Nonproductive Hours RNs	239
90411 - Nonproductive Hours RN Admin Duties	504
90420 - Nonproductive Hours LVNs	2,499
90421 - Nonproductive Hours LVN/LPN Admin Duties	
90430 - Nonproductive Hours CNAs	3,948
90440 - Nonproductive Hours Cooks	
90460 - Nonproductive Hours Other Exempt	116
90488 - Nonproductive Hours Hourly	14,089
91100 - RL Available Inventory	73.00
91200 - AL Available Inventory	39.00
HCAI - HC Available Inventory	28.00
91310 - HC Patient Days PPC	1,095.00



91311 - HC Patient Days PP	1,460.00
91312 - HC Patient Days MCA	2,007.50
91314 - HC Patient Days MCD	2,920.00
91315 - HC Patient Days MC	730.00
91110 - RL Occupied Apts. PPC	31.00
91111 - RL Occupied Apts. PP	28.50
91210 - AL Occupied Apts. PPC	14.99
91211 - AL Occupied Apts. PP	18.00
ADC.HMO - Managed Care Occupied Beds	2.00
ADC.MCA - Medicare A Occupied Beds	5.50
ADC.MCD - Medicaid Occupied Beds	8.00
ADC.PP - Private Pay Non Contract Occupied Beds	4.00
ADC.PPC - Private Pay Contract Occupied Beds	3.00
91102 - RL 2nd Person Fee Count PPC	2.00
91103 - RL 2nd Person Fee Count PP	
91202 - AL 2nd Person Fee Count PPC	
91203 - AL 2nd Person Fee Count PP	
91120 - RL Residents PPC	
91121 - RL Residents PP	
91220 - AL Residents PPC	
91221 - AL Residents PP	
91512 - Base PPC	32.99
91300 - HC Available Patient Days	10,220
94100 - RL Meals	50,689
94200 - AL Meals	36,124
94300 - HC Meals	24,638
94501 - Guest Meals	1,095
94502 - Paid Employee Meals	2,920
94503 - Resident Extra Meals	365
94504 - Catering	365
94509 - Socials & Meetings (Internal)	4,380
94512 - Free Employee Meals	8,030
95000 - Entrance Fees Subject to Refund	
95100 - Entrance Fee T/O NonRebateable	
95106 - T/O Entrance Fee Refunds	92,000
95113 - Turnover EF Deposit Refund	
95300 - Rebataable Turnover Entrance Fees Received	
92100 - Months	
92200 - Calendar Days	
98010 - Acquisition of P&E CF	1,022,000
98018 - Notes & Bonds Payable CF	
99003 - Other Cash Sources	74,000
81090 - Debt Principal Payments	28,120
FTE - FTE	103



Summary Income Statement - Prior Year  
Windsor  
Dec 2021, 2020, 2019

	Year to Date		
	Dec 2021	Dec 2020	Dec 2019
<b>Revenue</b>			
Residential Living	2,814,715	3,000,261	2,844,542
Assisted Living	2,380,673	2,441,499	2,604,204
Personal Care			
Memory Care			
Health Center	3,508,585	2,944,128	2,587,550
Wellness			
Home Care	113,885	73,424	
Professional Services Income			
Other Service Income	108,087	432,897	100,179
Bequests & Charitable Giving	12,352	4,900	11,664
Affordable Housing Fees and Rents			
Entry Fee Amortization	301,584	465,732	718,056
<b>Total Revenue</b>	<b>9,239,882</b>	<b>9,362,841</b>	<b>8,866,195</b>
<b>Expenses</b>			
Salaries and Wages	5,297,605	5,052,544	4,586,812
Fringe Benefits	1,406,451	1,459,392	1,154,264
<b>Total Employee Cost</b>	<b>6,704,056</b>	<b>6,511,936</b>	<b>5,741,076</b>
Supplies	1,154,862	1,077,293	835,487
Ancillary Services Expense	367,983	316,321	199,995
Repair and Maintenance	328,496	229,416	248,231
Marketing	240,992	200,404	153,225
Purchased Services	596,649	496,835	530,281
Group Management Fees	734,448	709,245	609,843
Utilities	509,260	459,900	398,080
Travel and Related	54,794	64,240	74,378
Rentals and Leases	26,263	23,997	19,057
Insurance	193,632	149,583	140,242
Other Operating Expenses	159,811	166,607	454,179
<b>Operating Expenses</b>	<b>11,071,246</b>	<b>10,405,780</b>	<b>9,404,074</b>
<b>Subtotal</b>	<b>(1,831,365)</b>	<b>(1,042,939)</b>	<b>(537,879)</b>
<b>Other Income (Expense)</b>			
Realized Gain (Loss)		1,100	
Unrealized Gain (Loss)			
Investment Income	2,231	70	765
Interest Expense - Servicing Debt	(58,227)	(59,297)	(95,999)
Interest expense - non- servicing debt	-	-	-
Depreciation Expense	(748,219)	(811,539)	(768,944)
<b>GAAP Net Income</b>	<b>(2,635,579)</b>	<b>(1,912,605)</b>	<b>(1,402,056)</b>
Contributed Capital	17,771	2,893	2,602
Interest Rate Swap			
Other Changes in Net Assets			
<b>Change in Unrestricted Assets</b>	<b>(2,617,808)</b>	<b>(1,909,711)</b>	<b>(1,399,454)</b>
Foundation Investment Income			
Unrealized Gains (Losses)			
Equity contribution - restricted			
Restricted Contributions			
Transfer of Matured Trust	-	-	-
Payments To Beneficiaries	-	-	-
<b>Change in Restricted Assets</b>			
<b>Total Change in Net Assets</b>	<b>(2,617,808)</b>	<b>(1,909,711)</b>	<b>(1,399,454)</b>
<b>Operating Margin</b>	<b>(2,132,949)</b>	<b>(1,508,671)</b>	<b>(1,255,935)</b>
Operating Margin %	(23.9)%	(17.0)%	(15.4)%
<b>COM</b>	<b>(2,191,175)</b>	<b>(1,567,968)</b>	<b>(1,351,934)</b>
COM %	(24.5)%	(17.6)%	(16.6)%

Facility All Resident Census History Report

Report Definition ad hoc

Unit Locations ALL

Admission Statuses ALL

Levels Of Care ALL

From Date 1/1/2019

Thru Date 12/31/2019

Medicare (Mc) Certified Include

Medicaid (Md) Certified Include

Payor Types

Name	Fac	Med Rec#	ID	Bill		Non-Bill		TOTAL	Loc	Co-		Ins	Unit#	LOC	MedA Admis Dc	MedA Day	Mc/Md	Status	Admission	Admit Date	Skilled Care End Date
				From Date	To Date	Days	Days			Pyr 1	Pyr 2										
AL				1/1/2019	3/15/2019	74	0	74	WW	PVT		N	50	ALS	00/00/0000	0	N / N	Admit	2	6/1/2018	00/00/0000
AL				3/16/2019	3/18/2019	3	0	3	WW	PVT		N	50	ALS	00/00/0000	0		Expired Hi	2	6/1/2018	00/00/0000
AL				3/19/2019	3/19/2019	0	0	0	WW	PVT		N	50	ALS	00/00/0000	0		Discharge	2	6/1/2018	00/00/0000
HC				12/20/2019	12/23/2019	4	0	4	HC	MCA		N	7A	SNC	12/20/2019	****	Y / Y	Admit	1	12/20/2019	00/00/0000
HC				12/24/2019	12/24/2019	0	0	0	HC	MCA		N	7A	SNC	00/00/0000	0		Discharge	1	12/20/2019	00/00/0000
AL				4/2/2019	4/7/2019	6	0	6	WW	PVT		N	45	BC	00/00/0000	0	N / N	Admit	2	4/2/2019	00/00/0000
AL				4/8/2019	4/8/2019	0	0	0	WW	PVT		N	45	BC	00/00/0000	0		Discharge	2	4/2/2019	00/00/0000
AL				8/26/2019	9/1/2019	7	0	7	WW	PVT		N	45	BC	00/00/0000	0	N / N	Admit	3	8/26/2019	00/00/0000
AL				9/2/2019	12/31/2019	121	0	121	WW	PVT		N	31	ALMS	00/00/0000	0		Admit	3	8/26/2019	00/00/0000
RL				1/1/2019	4/1/2019	91	0	91	HR	PVT		N	310	RLMS	00/00/0000	0	N / N	Admit	1	3/11/2017	00/00/0000
RL				4/2/2019	4/7/2019	6	0	6	HR	PVT		N	310	RLMS	00/00/0000	0		Temporar	1	3/11/2017	00/00/0000
RL				4/8/2019	8/25/2019	140	0	140	HR	PVT		N	310	RLMS	00/00/0000	0		Admit	1	3/11/2017	00/00/0000
RL				8/26/2019	9/1/2019	7	0	7	HR	PVT		N	310	RLMS	00/00/0000	0		Temporar	1	3/11/2017	00/00/0000
AL				1/1/2019	1/7/2019	7	0	7	WW	PVT		N	28-30	AL2	00/00/0000	0	N / N	Admit	1	6/2/2016	00/00/0000
AL				1/8/2019	1/8/2019	0	0	0	WW	PVT		N	28-30	AL2	00/00/0000	0		Expired	1	6/2/2016	00/00/0000
AL				1/1/2019	1/11/2019	11	0	11	WW	PVT		N	46	ALMS	00/00/0000	0	N / N	Admit	2	12/19/2014	00/00/0000
AL				1/12/2019	1/30/2019	19	0	19	WW	PVT		N	46	ALMS	00/00/0000	0		Expired Hi	2	12/19/2014	00/00/0000
AL				1/31/2019	1/31/2019	0	0	0	WW	PVT		N	46	ALMS	00/00/0000	0		Discharge	2	12/19/2014	00/00/0000
HC				1/1/2019	12/31/2019	365	0	365	HC	PVT		N	7B	NSC	9/27/2018	39	Y / Y	Admit	3	9/27/2018	#####
AL				1/1/2019	5/18/2019	138	0	138	WW	PVT		N	4	ALS	00/00/0000	0	N / N	Admit	1	8/21/2018	00/00/0000
AL				5/19/2019	5/31/2019	13	0	13	WW	PVT		N	4	ALS	00/00/0000	0		Discharge	1	8/21/2018	00/00/0000
AL				6/1/2019	6/1/2019	0	0	0	WW	PVT		N	4	ALS	00/00/0000	0		Discharge	1	8/21/2018	00/00/0000
RL				10/31/2019	12/22/2019	53	0	53	HR	PVT		N	419	RLM2	00/00/0000	0	N / N	Admit	1	10/31/2019	00/00/0000
RL				12/23/2019	12/31/2019	9	0	9	HR	PVT		N	419	RLM2	00/00/0000	0		Hospital H	1	10/31/2019	00/00/0000
RL				10/31/2019	12/31/2019	62	0	62	HR	PVT		N	419	RLMD	00/00/0000	0	N / N	Admit	1	10/31/2019	00/00/0000
AL				5/7/2019	10/28/2019	175	0	175	WW	PVT		N	1	ALS	00/00/0000	0	N / N	Admit	1	5/7/2019	00/00/0000
AL				10/29/2019	10/29/2019	0	0	0	WW	PVT		N	1	ALS	00/00/0000	0		Discharge	1	5/7/2019	00/00/0000
AL				11/19/2019	11/22/2019	4	0	4	WW	PVT		N	45	BC	00/00/0000	0	N / N	Admit	2	11/18/2019	00/00/0000
AL				11/23/2019	11/23/2019	0	0	0	WW	PVT		N	45	BC	00/00/0000	0		Discharge	2	11/18/2019	00/00/0000
RL				1/1/2019	4/15/2019	105	0	105	HR	PVT		N	202	RLS	00/00/0000	0	N / N	Admit	1	12/17/2018	00/00/0000
RL				4/16/2019	4/18/2019	3	0	3	HR	PVT		N	202	RLS	00/00/0000	0		Hospital H	1	12/17/2018	00/00/0000
RL				4/19/2019	5/6/2019	18	0	18	HR	PVT		N	202	RLS	00/00/0000	0		Admit	1	12/17/2018	00/00/0000
RL				5/7/2019	5/7/2019	0	0	0	HR	PVT		N	202	RLS	00/00/0000	0		Discharge	1	12/17/2018	00/00/0000
RL				10/29/2019	11/17/2019	20	0	20	HR	PVT		N	202	RLS	00/00/0000	0	N / N	Admit	2	10/29/2019	00/00/0000
RL				11/18/2019	11/22/2019	5	0	5	HR	PVT		N	202	RLS	00/00/0000	0		Temporar	2	10/29/2019	00/00/0000
RL				11/23/2019	12/31/2019	39	0	39	HR	PVT		N	202	RLS	00/00/0000	0		Admit	2	10/29/2019	00/00/0000
HC				1/1/2019	12/31/2019	365	0	365	HC	MMCD		N	4B	NSC	2/5/2018	19	Y / Y	Admit	2	2/5/2018	#####
RL				1/1/2019	12/31/2019	365	0	365	HR	PVT		N	125	RLS	00/00/0000	0	N / N	Admit	1	8/29/2018	00/00/0000
RL				11/14/2019	12/31/2019	48	0	48	HR	PVT		N	421-23	RLM2	00/00/0000	0	N / N	Admit	1	11/14/2019	00/00/0000
RL				11/14/2019	12/31/2019	48	0	48	HR	PVT		N	421-23	RLMD	00/00/0000	0	N / N	Admit	1	11/14/2019	00/00/0000
AL				5/14/2019	5/27/2019	14	0	14	WW	PVT		N	45	ALMS	00/00/0000	0	N / N	Admit	1	5/14/2019	00/00/0000
AL				5/28/2019	5/28/2019	0	0	0	WW	PVT		N	45	ALMS	00/00/0000	0		Discharge	1	5/14/2019	00/00/0000
AL				10/4/2019	12/31/2019	89	0	89	WW	PVT		N	11	ALMS	00/00/0000	0	N / N	Admit	2	10/4/2019	00/00/0000
RL				1/1/2019	10/3/2019	276	0	276	HR	PVT		N	107	ALMS	00/00/0000	0	N / N	Admit	1	12/20/2013	00/00/0000
RL				10/4/2019	10/4/2019	0	0	0	HR	PVT		N	107	ALMS	00/00/0000	0		Discharge	1	12/20/2013	00/00/0000
AL				1/1/2019	4/1/2019	91	0	91	WW	PVT		N	23-25	ALS	00/00/0000	0	N / N	Admit	1	10/10/2017	00/00/0000
AL				4/2/2019	5/31/2019	60	0	60	WW	PVT		N	23-25	ALS	00/00/0000	0		Hospital H	1	10/10/2017	00/00/0000
AL				6/1/2019	6/1/2019	0	0	0	WW	PVT		N	23-25	ALS	00/00/0000	0		Discharge	1	10/10/2017	00/00/0000
RL				1/1/2019	12/31/2019	365	0	365	HR	PVT		N	307	RLS	00/00/0000	0	N / N	Admit	1	9/20/2016	00/00/0000

Facility All  
Unit Locations ALL  
Admission Status ALL  
Levels Of Care ALL

## Resident Census History Report

Report Definition ad hoc

From Date 1/1/2020  
Thru Date 12/31/2020  
Medicare (Mc) Certified Include

Medicaid (Md) Certified Include

Payor Types

Name	Fac	Med Rec#	ID	From Date	To Date	Bill Days	Non-Bill Days	TOTAL	Loc	Pyr 1	Pyr 2	Ins	Unit#	LOC	MedA Admis Dai	MedA Days	Mc/Md	Status	Admission#	Admit Date	Skilled Care End Date
HC				4/25/2020	5/14/2020	20	0	20 HC	MCA	N		N	12	SNC	4/25/2020 ****	Y / Y	Admit	1	4/25/2020	00/00/0000	
HC				5/15/2020	5/15/2020	1	0	1 HC	MCA	Y		N	12	SNC	00/00/0000	0	Admit	1	4/25/2020	00/00/0000	
HC				5/16/2020	5/16/2020	0	0	0 HC	MCA	N		N	12	SNC	00/00/0000	0	Discharged	1	4/25/2020	00/00/0000	
AL				1/1/2020	12/31/2020	366	0	366 WW	PVT	N		N	31	ALMS	00/00/0000	0 N / N	Admit	3	8/26/2019	00/00/0000	
RL				1/14/2020	12/31/2020	353	0	353 HR	PVT	N		N	114-15	RLMD	00/00/0000	0 N / N	Admit	1	1/14/2020	00/00/0000	
RL				1/14/2020	12/19/2020	341	0	341 HR	PVT	N		N	114-15	RLM2	00/00/0000	0 N / N	Admit	1	1/14/2020	00/00/0000	
RL				12/20/2020	12/31/2020	12	0	12 HR	PVT	N		N	114-15	RLM2	00/00/0000	0	Hospital Hc	1	1/14/2020	00/00/0000	
HC				1/1/2020	11/25/2020	330	0	330 HC	PVT	N		N	7B	NSC	9/27/2018	39 Y / Y	Admit	3	9/27/2018	11/1/2018	
HC				11/26/2020	11/26/2020	0	0	0 HC	PVT	N		N	7B	NSC	00/00/0000	0	Discharged	3	9/27/2018	11/1/2018	
AL				1/22/2020	1/30/2020	9	0	9 WW	PVT	N		N	46	BC	00/00/0000	0 N / N	Admit	1	1/22/2020	00/00/0000	
AL				1/31/2020	1/31/2020	0	0	0 WW	PVT	N		N	46	BC	00/00/0000	0	Expired	1	1/22/2020	00/00/0000	
HC				1/13/2020	1/13/2020	1	0	1 HC	MCA	COA		N	15B	SN	00/00/0000	0	Admit	1	1/13/2020	00/00/0000	
HC				1/14/2020	1/21/2020	8	0	8 HC	MCA	COA		N	5A	SN	00/00/0000	0	Admit	1	1/13/2020	00/00/0000	
HC				1/22/2020	1/22/2020	0	0	0 HC	MCA	COA		N	5A	SN	00/00/0000	0	Discharged	1	1/13/2020	00/00/0000	
RL				1/1/2020	1/12/2020	12	0	12 HR	PVT	N		N	419	RLM2	00/00/0000	0	Hospital Hc	1	10/31/2019	00/00/0000	
RL				1/13/2020	1/21/2020	9	0	9 HR	PVT	N		N	419	RLM2	00/00/0000	0	Temporary	1	10/31/2019	00/00/0000	
RL				1/22/2020	1/22/2020	0	0	0 HR	PVT	N		N	419	RLM2	00/00/0000	0	Discharged	1	10/31/2019	00/00/0000	
RL				1/1/2020	2/29/2020	60	0	60 HR	PVT	N		N	419	RLMD	00/00/0000	0 N / N	Admit	1	10/31/2019	00/00/0000	
RL				3/1/2020	3/1/2020	0	0	0 HR	PVT	N		N	419	RLMD	00/00/0000	0	Discharged	1	10/31/2019	00/00/0000	
RL				1/17/2020	8/10/2020	207	0	207 HR	PVT	N		N	310	RLMS	00/00/0000	0 N / N	Admit	1	1/17/2020	00/00/0000	
RL				8/11/2020	8/13/2020	3	0	3 HR	PVT	N		N	310	RLMS	00/00/0000	0	Hospital Hc	1	1/17/2020	00/00/0000	
RL				8/14/2020	12/31/2020	140	0	140 HR	PVT	N		N	310	RLMS	00/00/0000	0 N / N	Admit	2	8/14/2020	00/00/0000	
RL				2/8/2020	12/31/2020	328	0	328 HR	PVT	N		N	217	RLMS	00/00/0000	0 N / N	Admit	1	2/8/2020	00/00/0000	
RL				1/1/2020	5/31/2020	152	0	152 HR	PVT	N		N	202	RLS	00/00/0000	0 N / N	Admit	2	10/29/2019	00/00/0000	
RL				6/11/2020	7/23/2020	43	0	43 HR	PVT	N		N	404	RLS	00/00/0000	0	Admit	2	10/29/2019	00/00/0000	
RL				7/24/2020	7/24/2020	1	0	1 HR	PVT	N		N	404	RLS	00/00/0000	0	Hospital Hc	2	10/29/2019	00/00/0000	
RL				7/25/2020	12/31/2020	160	0	160 HR	PVT	N		N	404	RLS	00/00/0000	0 N / N	Admit	3	7/25/2020	00/00/0000	
HC				1/1/2020	12/31/2020	366	0	366 HC	MMCD	N		4B	NSC	2/5/2018	19 Y / Y	Admit	2	2/5/2018	2/23/2018		
RL				1/1/2020	12/31/2020	366	0	366 HR	PVT	N		N	125	RLS	00/00/0000	0 N / N	Admit	1	8/29/2018	00/00/0000	
RL				1/1/2020	9/9/2020	253	0	253 HR	PVT	N		N	421-23	RLM2	00/00/0000	0 N / N	Admit	1	11/14/2019	00/00/0000	
RL				9/10/2020	9/28/2020	19	0	19 HR	PVT	N		N	421-23	RLMD	00/00/0000	0	Admit	1	11/14/2019	00/00/0000	
RL				9/29/2020	12/31/2020	94	0	94 HR	PVT	N		N	401-02	RLMD	00/00/0000	0	Admit	1	11/14/2019	00/00/0000	
HC				8/7/2020	8/9/2020	3	0	3 HC	PVT	N		N	14	NSC	8/10/2020 ****	Y / Y	Admit	1	8/7/2020	00/00/0000	
HC				8/10/2020	8/20/2020	11	0	11 HC	ADVA	N		N	14	SNC	00/00/0000	0	Admit	1	8/7/2020	00/00/0000	
HC				8/21/2020	8/27/2020	7	0	7 HC	ADVA	N		N	12	SNC	00/00/0000	0	Admit	1	8/7/2020	00/00/0000	
HC				8/28/2020	8/28/2020	0	0	0 HC	ADVA	N		N	12	SNC	00/00/0000	0	Discharged	1	8/7/2020	00/00/0000	
RL				1/1/2020	8/1/2020	214	0	214 HR	PVT	N		N	421-23	RLMD	00/00/0000	0	Admit	1	11/14/2019	00/00/0000	
RL				8/2/2020	8/6/2020	5	0	5 HR	PVT	N		N	421-23	RLMD	00/00/0000	0	Hospital Hc	1	11/14/2019	00/00/0000	
RL				8/7/2020	8/26/2020	20	0	20 HR	PVT	N		N	421-23	RLMD	00/00/0000	0	Temporary	1	11/14/2019	00/00/0000	
RL				8/27/2020	9/9/2020	14	0	14 HR	PVT	N		N	421-23	RLMD	00/00/0000	0	Admit	1	11/14/2019	00/00/0000	
RL				9/10/2020	9/10/2020	0	0	0 HR	PVT	N		N	421-23	RLMD	00/00/0000	0	Expired	1	11/14/2019	00/00/0000	
HC				10/28/2020	10/31/2020	4	0	4 HC	ADVA	N		N	12	SNC	10/28/2020 ****	Y / Y	Admit	1	10/28/2020	00/00/0000	
HC				11/1/2020	11/1/2020	1	0	1 HC	PVT	N		N	12	NSC	00/00/0000	0	Bed Hold	1	10/28/2020	00/00/0000	
HC				11/2/2020	11/2/2020	1	0	1 HC	PVT	N		N	12	NSC	00/00/0000	0	Bed Hold	1	10/28/2020	00/00/0000	
HC				11/3/2020	11/6/2020	4	0	4 HC	ADVA	N		N	11A	SNC	11/3/2020 ****	Y / Y	Admit	2	11/3/2020	00/00/0000	
HC				11/7/2020	11/7/2020	0	0	0 HC	ADVA	N		N	11A	SNC	00/00/0000	0	Discharged	2	11/3/2020	00/00/0000	
HC				6/17/2020	6/23/2020	7	0	7 HC	MCA	COA		N	12	SNC	6/17/2020 ****	Y / Y	Admit	1	6/17/2020	00/00/0000	
HC				6/24/2020	6/24/2020	1	0	1 HC	MCA	COA		N	7A	SNC	00/00/0000	0	Admit	1	6/17/2020	00/00/0000	
HC				6/25/2020	6/30/2020	6	0	6 HC	MCA	COA		N	12	SNC	00/00/0000	0	Admit	1	6/17/2020	00/00/0000	
HC				7/1/2020	7/1/2020	1	0	1 HC	MCA	COA		Y	12	SNC	00/00/0000	0	Admit	1	6/17/2020	00/00/0000	
HC				7/2/2020	7/2/2020	0	0	0 HC	MCA	COA		N	12	SNC	00/00/0000	0	Discharged	1	6/17/2020	00/00/0000	
AL				1/1/2020	11/30/2020	335	0	335 WW	PVT	N		N	11	ALMS	00/00/0000	0 N / N	Admit	2	10/4/2019	00/00/0000	
AL				12/1/2020	12/31/2020	31	0	31 WW	PVT	N		N	11	ALS	00/00/0000	0	Admit	2	10/4/2019	00/00/0000	
RL				1/1/2020	9/21/2020	265	0	265 HR	PVT	N		N	307	RLS	00/00/0000	0 N / N	Admit	1	9/20/2016	00/00/0000	
RL				9/22/2020	9/24/2020	3	0	3 HR	PVT	N		N	307	RLS	00/00/0000	0	Hospital Hc	1	9/20/2016	00/00/0000	
RL				9/25/2020	12/31/2020	98	0	98 HR	PVT	N		N	307	RLS	00/00/0000	0 N / N	Admit	2	9/25/2020	00/00/0000	
HC				12/17/2020	12/31/2020	15	0	15 HC	MCA	N		N	11B	SNC	12/17/2020 ****	Y / Y	Admit	2	12/17/2020	00/00/0000	
AL				1/1/2020	7/1/2020	183	0	183 WW	PVT	N		N	38	ALS	00/00/0000	0 N / N	Admit	2	12/28/2019	00/00/0000	
AL				7/2/2020	7/8/2020	7	0	7 WW	PVT	N		N	38	ALS	00/00/0000	0	Hospital Hc	2	12/28/2019	00/00/0000	
AL				7/9/2020	12/31/2020	176	0	176 WW	PVT	N		N	38	ALS	00/00/0000	0 N / N	Admit	3	7/9/2020	00/00/0000	

Facility All  
Unit Locations ALL  
Admission Statuses ALL  
Levels Of Care ALL

## Resident Census History Report

Report Definition ad hoc

From Date 1/1/2022  
Thru Date 1/31/2022  
Medicare (Mc) Certified Include  
Medicaid (Md) Certified Include

Payor Types

Name	Fac	Med Rec#	ID	From Date	To Date	Bill Days	Non-Bill Days	TOTAL	Loc	Pyr 1	Co- Pyr 2	Ins	Unit#	LOC	MedA Admis Da	MedA Days	Mc/Md	Status	Admission#	Admit Date	Skilled Care	End Date
AL	300476	300476	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	12 ALMS	00/00/0000	0 N / N	Admit	1	3/31/2021	00/00/0000						
RL	300417	300417	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	114-15 RLMD	00/00/0000	0 N / N	Admit	1	1/14/2020	00/00/0000						
RL	300418	300418	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	114-15 RLM2	00/00/0000	0 N / N	Admit	2	3/10/2021	00/00/0000						
RL	300368	300368	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	404 RLS	00/00/0000	0 N / N	Admit	3	7/25/2020	00/00/0000						
RL	300361	300361	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	125 RLS	00/00/0000	0 N / N	Admit	1	8/29/2018	00/00/0000						
AL	300013	300013	1/1/2022	1/8/2022	8	0	8 WW	PVT	N	11 ALS	00/00/0000	0 N / N	Admit	2	10/4/2019	00/00/0000						
AL	300013	300013	1/9/2022	1/20/2022	12	0	12 WW	PVT	N	11 ALS	00/00/0000	0	Hospital Hc	2	10/4/2019	00/00/0000						
AL	300013	300013	1/21/2022	1/21/2022	1	0	1 WW	PVT	N	11 ALS	00/00/0000	0 N / N	Admit	3	1/21/2022	00/00/0000						
AL	300013	300013	1/22/2022	1/25/2022	4	0	4 WW	PVT	N	11 ALS	00/00/0000	0	Expired Ho	3	1/21/2022	00/00/0000						
AL	300013	300013	1/26/2022	1/26/2022	0	0	0 WW	PVT	N	11 ALS	00/00/0000	0	Discharged	3	1/21/2022	00/00/0000						
RL	300296	300296	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	307 RLS	00/00/0000	0 N / N	Admit	2	9/25/2020	00/00/0000						
RL	300498	300498	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	224 RLMS	00/00/0000	0 N / N	Admit	1	6/25/2021	00/00/0000						
AL	300019	300019	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	38 ALS	00/00/0000	0 N / N	Admit	3	7/9/2020	00/00/0000						
RL	300352	300352	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	313-14 RLS	00/00/0000	0 N / N	Admit	1	5/15/2018	00/00/0000						
RL	300022	300022	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	201 RLS	00/00/0000	0 N / N	Admit	1	12/28/2005	00/00/0000						
AL	300023	300023	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	3 ALMS	00/00/0000	0 N / N	Admit	2	5/27/2015	00/00/0000						
RL	300524	300524	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	116-17 RLMS	00/00/0000	0 N / N	Admit	1	10/31/2021	00/00/0000						
RL	300427	300427	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	226-27 RLMD	00/00/0000	0 N / N	Admit	1	2/11/2020	00/00/0000						
AL	300496	300496	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	10 ALMS	00/00/0000	0 N / N	Admit	1	6/30/2021	00/00/0000						
RL	300031	300031	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	108 RLS	00/00/0000	0 N / N	Admit	2	4/18/2020	00/00/0000						
RL	300034	300034	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	301 RLMS	00/00/0000	0 N / N	Admit	1	3/17/2011	00/00/0000						
HC	300036	300036	1/1/2022	1/31/2022	31	0	31 HC	PVT	N	10A NSC	12/10/2020	5 Y / Y	Admit	8	6/19/2019	#####						
HC	300398	300398	1/1/2022	1/31/2022	31	0	31 HC	MMCD	N	4A NSC	00/00/0000	0 Y / Y	Admit	3	1/28/2020	00/00/0000						
AL	300038	300038	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	25 ALS	00/00/0000	0 N / N	Admit	1	12/7/2020	00/00/0000						
HC	300528	300528	1/12/2022	1/31/2022	20	0	20 HC	MCA	MCOA	3A SN	1/12/2022 ****	Y / Y	Admit	1	1/12/2022	00/00/0000						
HC	300487	300487	1/4/2022	1/13/2022	10	0	10 HC	MCA	N	12 SN	1/4/2022 ****	Y / Y	Admit	1	1/4/2022	1/12/2022						
RL	300487	300487	1/1/2022	1/3/2022	3	0	3 HR	PVT	N	409-100 RLMS	00/00/0000	0	Hospital Hc	1	5/8/2021	00/00/0000						
RL	300487	300487	1/4/2022	1/12/2022	9	0	9 HR	PVT	N	409-100 RLMS	00/00/0000	0	Temporary	1	5/8/2021	00/00/0000						
RL	300487	300487	1/13/2022	1/31/2022	19	0	19 HR	PVT	N	409-100 RLMS	00/00/0000	0	Admit	1	5/8/2021	00/00/0000						
RL	300044	300044	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	315-17 RLD	00/00/0000	0 N / N	Admit	1	9/6/2012	00/00/0000						
RL	300045	300045	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	315-17 RL2	00/00/0000	0 N / N	Admit	1	9/6/2012	00/00/0000						
AL	300046	300046	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	44 ALMS	00/00/0000	0 N / N	Admit	3	11/10/2017	00/00/0000						
RL	300517	300517	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	222-23 RLMS	00/00/0000	0 N / N	Admit	1	9/24/2021	00/00/0000						
AL	300050	300050	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	46 ALS	00/00/0000	0 N / N	Admit	3	1/29/2021	00/00/0000						
RL	300052	300052	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	211 RLS	00/00/0000	0 N / N	Admit	6	12/28/2021	00/00/0000						
AL	300053	300053	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	35 ALMS	00/00/0000	0 N / N	Admit	2	7/13/2021	00/00/0000						
HC	300054	300054	1/1/2022	1/31/2022	31	0	31 HC	MCD	N	8A NSC	11/12/2021	17 Y / Y	Admit	9	9/24/2021	#####						
RL	300314	300314	1/1/2022	1/5/2022	5	0	5 HR	PVT	N	405-06 RLMS	00/00/0000	0 N / N	Admit	1	6/1/2017	00/00/0000						
RL	300314	300314	1/6/2022	1/6/2022	0	0	0 HR	PVT	N	405-06 RLMS	00/00/0000	0	Expired	1	6/1/2017	00/00/0000						
AL	300518	300518	1/21/2022	1/31/2022	11	0	11 WW	PVT	N	18 ALMS	00/00/0000	0 N / N	Admit	1	1/21/2022	00/00/0000						
RL	300518	300518	1/1/2022	1/20/2022	20	0	20 HR	PVT	N	403 RLMS	00/00/0000	0	Admit	1	9/30/2021	00/00/0000						
RL	300518	300518	1/21/2022	1/21/2022	0	0	0 HR	PVT	N	403 RLMS	00/00/0000	0	Discharged	1	9/30/2021	00/00/0000						
RL	300366	300366	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	303 RLS	00/00/0000	0 N / N	Admit	1	11/27/2018	00/00/0000						
RL	300396	300396	1/1/2022	1/31/2022	31	0	31 COT	PVT	N	COT B RLS	00/00/0000	0 N / N	Admit	1	10/3/2019	00/00/0000						
HC	300397	300397	1/1/2022	1/31/2022	31	0	31 HC	MMCD	N	1B NS	00/00/0000	0 Y / Y	Admit	1	10/9/2019	00/00/0000						
HC	300526	300526	1/1/2022	1/5/2022	5	0	5 HC	MCA	COA	3B SNC	12/6/2021 ****	Y / Y	Admit	1	12/6/2021	1/5/2022						
HC	300526	300526	1/6/2022	1/6/2022	0	0	0 HC	MCA	COA	3B SNC	12/6/2021 ****	Y / Y	Discharged	1	12/6/2021	1/5/2022						
RL	300526	300526	1/6/2022	1/31/2022	26	0	26 HR	PVT	N	414 RLMS	00/00/0000	0	Admit	1	1/6/2022	00/00/0000						
RL	300059	300059	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	309 RLS	00/00/0000	0 N / N	Admit	2	10/29/2019	00/00/0000						
RL	300362	300362	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	103 RLS	00/00/0000	0 N / N	Admit	1	9/25/2018	00/00/0000						
HC	300433	300433	1/1/2022	1/31/2022	31	0	31 HC	MMCD	N	15D NSC	6/1/2021	52 Y / Y	Admit	3	6/1/2021	7/22/2021						
RL	300506	300506	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	202 RLMS	00/00/0000	0 N / N	Admit	1	8/5/2021	00/00/0000						
RL	300502	300502	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	427 RLMS	00/00/0000	0 N / N	Admit	3	10/30/2021	00/00/0000						
AL	300379	300379	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	50 ALMS	00/00/0000	0 N / N	Admit	1	5/9/2019	00/00/0000						
AL	300064	300064	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	1 ALS	00/00/0000	0 N / N	Admit	2	1/28/2020	00/00/0000						
HC	300525	300525	1/1/2022	1/4/2022	4	0	4 HC	ADVA	N	6B SN	12/11/2021 ****	Y / Y	Admit	2	12/11/2021	1/4/2022						
HC	300525	300525	1/5/2022	1/5/2022	0	0	0 HC	ADVA	N	6B SN	00/00/0000	0	Discharged	2	12/11/2021	1/4/2022						
HC	300525	300525	1/14/2022	1/30/2022	17	0	17 HC	ADVA	N	6B SN	1/14/2022 ****	Y / Y	Admit	3	1/14/2022	1/30/2022						
HC	300525	300525	1/31/2022	1/31/2022	0	0	0 HC	ADVA	N	6B SN	00/00/0000	0	Discharged	3	1/14/2022	1/30/2022						
AL	300503	300503	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	48 ALMS	00/00/0000	0 N / N	Admit	2	11/24/2021	00/00/0000						

RL	300338	300338	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	308 RLMS	00/00/0000	0 N / N	Admit	1	12/29/2017	00/00/0000
HC	300073	300073	1/1/2022	1/31/2022	31	0	31 HC	MCD	N	10B NS	8/6/2021	38 Y / Y	Admit	5	8/6/2021	9/10/2021
AL	300266	300266	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	9 ALS	00/00/0000	0 N / N	Admit	1	12/30/2020	00/00/0000
RL	300326	300326	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	204-05 RLMS	00/00/0000	0 N / N	Admit	1	6/23/2017	00/00/0000
AL	300374	300374	1/1/2022	1/23/2022	23	0	23 WW	PVT	N	14-16 ALS	00/00/0000	0 N / N	Temporary	1	4/9/2019	00/00/0000
AL	300374	300374	1/24/2022	1/31/2022	8	0	8 WW	PVT	N	14-16 ALS	00/00/0000	0	Admit	1	4/9/2019	00/00/0000
HC	300374	300374	1/1/2022	1/23/2022	23	0	23 HC	ADVA	N	7A SN	00/00/0000	0	Admit	1	12/20/2021	00/00/0000
HC	300374	300374	1/24/2022	1/24/2022	0	0	0 HC	ADVA	N	7A SN	00/00/0000	0	Discharged	1	12/20/2021	00/00/0000
RL	300479	300479	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	212-13 RLMS	00/00/0000	0 N / N	Admit	1	3/31/2021	00/00/0000
RL	300219	300219	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	208 RLS	00/00/0000	0 N / N	Admit	1	3/19/2015	00/00/0000
AL	300283	300283	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	28-30 ALS	00/00/0000	0 N / N	Admit	1	6/2/2016	00/00/0000
HC	300527	300527	1/1/2022	1/3/2022	3	0	3 HC	MCA	N	7B SN	12/15/2021 ****	Y / Y	Admit	1	12/15/2021	00/00/0000
HC	300527	300527	1/4/2022	1/31/2022	28	0	28 HC	MCA	Y	7B SN	00/00/0000	0	Admit	1	12/15/2021	00/00/0000
RL	300512	300512	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	401-02 RLMS	00/00/0000	0 N / N	Admit	1	8/27/2021	00/00/0000
RL	300079	300079	1/1/2022	1/31/2022	31	0	31 COT	PVT	N	COT A RLS	00/00/0000	0 N / N	Admit	3	9/30/2019	00/00/0000
HC	300319	300319	1/1/2022	1/31/2022	31	0	31 HC	PVT	N	5A NSC	10/11/2021	101 Y / Y	Admit	6	10/11/2021	#####
RL	300391	300391	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	319 RLMS	00/00/0000	0 N / N	Admit	2	5/23/2021	00/00/0000
AL	300087	300087	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	40 ALS	00/00/0000	0 N / N	Admit	1	12/15/2011	00/00/0000
AL	300499	300499	1/1/2022	1/4/2022	4	0	4 WW	PVT	N	21 ALMS	00/00/0000	0 N / N	PreAdmit	1	1/1/2022	00/00/0000
AL	300499	300499	1/5/2022	1/31/2022	27	0	27 WW	PVT	N	21 ALMS	00/00/0000	0	Temporary	1	1/1/2022	00/00/0000
HC	300499	300499	1/6/2022	1/7/2022	2	0	2 HC	MCA	N	11B SN	00/00/0000	0	Admit	1	1/6/2022	00/00/0000
HC	300499	300499	1/8/2022	1/19/2022	12	0	12 HC	MCA	N	11A SN	00/00/0000	0	Admit	1	1/6/2022	00/00/0000
HC	300499	300499	1/20/2022	1/25/2022	6	0	6 HC	MCA	N	12 SN	00/00/0000	0	Admit	1	1/6/2022	00/00/0000
HC	300499	300499	1/26/2022	1/31/2022	6	0	6 HC	MCA	Y	12 SN	00/00/0000	0	Admit	1	1/6/2022	00/00/0000
RL	300499	300499	1/1/2022	1/1/2022	0	0	0 HR	PVT	N	421-23 RLMS	00/00/0000	0	Discharged	1	6/30/2021	00/00/0000
AL	300473	300473	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	26 ALMS	00/00/0000	0 N / N	Admit	1	4/6/2021	00/00/0000
RL	300297	300297	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	221 RLS	00/00/0000	0 N / N	Admit	1	9/30/2016	00/00/0000
RL	300444	300444	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	218 RLMS	00/00/0000	0 N / N	Admit	1	6/30/2020	00/00/0000
RL	300096	300096	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	219 RLS	00/00/0000	0 N / N	Admit	1	5/1/2012	00/00/0000
HC	300466	300466	1/1/2022	1/31/2022	31	0	31 HC	PVT	N	5B NSC	11/18/2020	41 Y / Y	Admit	1	11/18/2020	00/00/0000
HC	300097	300097	1/1/2022	1/31/2022	31	0	31 HC	PVT	N	1A SNC	9/7/2021	41 Y / Y	Admit	3	9/7/2021	#####
RL	300168	300168	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	118 RLS	00/00/0000	0 N / N	Admit	1	5/15/2014	00/00/0000
RL	300384	300384	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	325-26 RLS	00/00/0000	0 N / N	Admit	2	1/31/2020	00/00/0000
AL	300386	300386	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	39 ALMS	00/00/0000	0 N / N	Admit	3	7/29/2019	00/00/0000
RL	300342	300342	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	203 RLS	00/00/0000	0 N / N	Admit	1	2/23/2018	00/00/0000
AL	300104	300104	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	36 ALS	00/00/0000	0 N / N	Admit	3	8/2/2021	00/00/0000
HC	300184	300184	1/1/2022	1/31/2022	31	0	31 HC	MMCD	N	9B NSC	00/00/0000	0 Y / Y	Admit	1	9/24/2014	00/00/0000
RL	300108	300108	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	209-10 RLMS	00/00/0000	0 N / N	Admit	2	10/27/2020	00/00/0000
AL	300225	300225	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	29 ALS	00/00/0000	0 N / N	Admit	3	10/13/2019	00/00/0000
AL	300494	300494	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	6 ALMS	00/00/0000	0 N / N	Admit	3	12/24/2021	00/00/0000
RL	300358	300358	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	420 RLS	00/00/0000	0 N / N	Admit	1	8/15/2018	00/00/0000
AL	300477	300477	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	8 ALMS	00/00/0000	0 N / N	Admit	1	10/2/2021	00/00/0000
RL	300519	300519	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	417-18 RLMS	00/00/0000	0 N / N	Admit	1	9/30/2021	00/00/0000
RL	300118	300118	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	113 RLS	00/00/0000	0 N / N	Admit	1	10/11/2013	00/00/0000
RL	300318	300318	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	302 RLS	00/00/0000	0 N / N	Admit	1	4/21/2017	00/00/0000
AL	300346	300346	1/1/2022	1/21/2022	21	0	21 WW	PVT	N	41 ALS	00/00/0000	0 N / N	Admit	3	12/30/2021	00/00/0000
AL	300346	300346	1/22/2022	1/25/2022	4	0	4 WW	PVT	N	41 ALS	00/00/0000	0	Expired Ho	3	12/30/2021	00/00/0000
AL	300346	300346	1/26/2022	1/26/2022	0	0	0 WW	PVT	N	41 ALS	00/00/0000	0	Discharged	3	12/30/2021	00/00/0000
AL	300357	300357	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	37 ALS	00/00/0000	0 N / N	Admit	1	12/21/2021	00/00/0000
AL	300351	300351	1/1/2022	1/7/2022	7	0	7 WW	PVT	N	49 ALS	00/00/0000	0 N / N	Hospital Hc	1	4/5/2018	00/00/0000
AL	300351	300351	1/8/2022	1/31/2022	24	0	24 WW	PVT	N	49 ALS	00/00/0000	0	Temporary	1	4/5/2018	00/00/0000
HC	300351	300351	1/8/2022	1/16/2022	9	0	9 HC	MCA	N	2B SNC	00/00/0000	0	Admit	1	1/8/2022	00/00/0000
HC	300351	300351	1/17/2022	1/27/2022	11	0	11 HC	MCA	N	11B SNC	00/00/0000	0	Admit	1	1/8/2022	00/00/0000
HC	300351	300351	1/28/2022	1/31/2022	4	0	4 HC	MCA	Y	11B SNC	00/00/0000	0	Admit	1	1/8/2022	00/00/0000
HC	300408	300408	1/1/2022	1/31/2022	31	0	31 HC	MCA	Y	14 SNC	11/12/2021 ****	Y / Y	Admit	2	11/12/2021	00/00/0000
AL	300461	300461	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	22 ALMS	00/00/0000	0 N / N	Admit	1	10/30/2020	00/00/0000
AL	300395	300395	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	24 ALMS	00/00/0000	0 N / N	Admit	1	9/28/2019	00/00/0000
RL	300131	300131	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	425-26 RLS	00/00/0000	0 N / N	Admit	1	9/4/2013	00/00/0000
HC	300529	300529	1/31/2022	1/31/2022	1	0	1 HC	MCA	N	2B SN	1/31/2022 ****	Y / Y	Admit	1	1/31/2022	00/00/0000
RL	300329	300329	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	407 RLMS	00/00/0000	0 N / N	Admit	2	3/22/2019	00/00/0000
AL	300510	300510	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	7-May ALD	00/00/0000	0 N / N	Admit	1	8/31/2021	00/00/0000
AL	300511	300511	1/1/2022	1/31/2022	31	0	31 WW	PVT	N	7-May ALM2	00/00/0000	0 N / N	Admit	2	10/17/2021	00/00/0000
RL	300324	300324	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	413 RLS	00/00/0000	0 N / N	Admit	2	9/14/2019	00/00/0000
HC	300467	300467	1/1/2022	1/31/2022	31	0	31 HC	MMCD	N	15C NSC	00/00/0000	0 Y / Y	Admit	1	12/3/2020	00/00/0000
AL	300230	300230	1/7/2022	1/31/2022	25	0	25 WW	PVT	N	17 ALS	00/00/0000	0 N / N	Admit	1	1/7/2021	00/00/0000
RL	300230	300230	1/1/2022	1/6/2022	6	0	6 HR	PVT	N	206-07 RLS	00/00/0000	0 N / N	Hospital Hc	2	6/15/2020	00/00/0000
RL	300230	300230	1/7/2022	1/31/2022	25	0	25 HR	PVT	N	206-07 RLS	00/00/0000	0	Temporary	2	6/15/2020	00/00/0000
RL	300491	300491	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	126 RLMS	00/00/0000	0 N / N	Admit	1	5/22/2021	00/00/0000
RL	300434	300434	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	107 RLMS	00/00/0000	0 N / N	Admit	2	11/21/2020	00/00/0000
AL	300140	300140	1/1/2022	1/20/2022	20	0	20 WW	PVT	N	27* ALS	00/00/0000	0 N / N	Admit	1	12/22/2021	00/00/0000
AL	300140	300140	1/21/2022	1/31/2022	11	0	11 WW	PVT	N	42 ALS	00/00/0000	0	Admit	1	12/22/2021	00/00/0000
RL	300522	300522	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	311-12 RLMS	00/00/0000	0 N / N	Admit	1	10/19/2021	00/00/0000
RL	300377	300377	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	214-15 RLS	00/00/0000	0 N / N	Admit	2	9/22/2019	00/00/0000
RL	300364	300364	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	121-22 RLS	00/00/0000	0 N / N	Admit	2	4/24/2021	00/00/0000

RL	300348	300348	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	109-10	RLD	00/00/0000	0 N / N	Admit	1	4/17/2018	00/00/0000
RL	300349	300349	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	109-10	RL2	00/00/0000	0 N / N	Admit	1	4/17/2018	00/00/0000
AL	300381	300381	1/1/2022	1/1/2022	1	0	1 WW	PVT	N		17 BC	00/00/0000	0 N / N	Admit	2	12/24/2021	00/00/0000
AL	300381	300381	1/2/2022	1/2/2022	0	0	0 WW	PVT	N		17 BC	00/00/0000	0	Expired	2	12/24/2021	00/00/0000
RL	300381	300381	1/1/2022	1/1/2022	1	0	1 HR	PVT	N	411-12	RLS	00/00/0000	0	Temporary	2	10/10/2021	00/00/0000
RL	300381	300381	1/2/2022	1/2/2022	0	0	0 HR	PVT	N	411-12	RLS	00/00/0000	0	Expired	2	10/10/2021	00/00/0000
RL	300504	300504	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	415-16	RLMS	00/00/0000	0 N / N	Admit	1	7/31/2021	00/00/0000
RL	300146	300146	1/1/2022	1/31/2022	31	0	31 HR	PVT	N		225 RLS	00/00/0000	0 N / N	Admit	1	10/16/2012	00/00/0000
RL	300478	300478	1/1/2022	1/31/2022	31	0	31 HR	PVT	N		408 RLMS	00/00/0000	0 N / N	Admit	1	3/31/2021	00/00/0000
RL	300515	300515	1/1/2022	1/31/2022	31	0	31 HR	PVT	N	119-20	RLMS	00/00/0000	0 N / N	Admit	1	9/14/2021	00/00/0000
3307																	

Total Number of Days by 1st Payor Type:

ADVA	MCA Advantage/Replacement Plan	44	0	44
MCA	Medicare A	148	0	148
MCD	Medi-Cal	62	0	62
MMCD	Managed Medi-Cal	155	0	155
PVT	Private Pay	2898	0	2898
Report Total Number of Days:		3307	0	3307
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Fac	Pyr 1	LOC	Status	Sum of TOTAL
AL	PVT	ALD	Admit	31
		ALM2	Admit	31
		ALMS	Admit	414
			PreAdmit	4
			Temporary Trans	27
		ALS	Admit	404
			Expired Hold	8
			Hospital Hold	19
			Temporary Trans	47
			BC	Admit
AL Total				986
HC	ADVA	SN	Admit	44
	MCA	SN	Admit	88
		SNC	Admit	60
	MCD	NS	Admit	31
		NSC	Admit	31
	MMCD	NS	Admit	31
		NSC	Admit	124
	PVT	NSC	Admit	93
		SNC	Admit	31
HC Total				533
RL	PVT	RL2	Admit	62
		RLD	Admit	62
		RLM2	Admit	31
		RLMD	Admit	62
		RLMS	Admit	721
			Hospital Hold	3
			Temporary Trans	9
		RLS	Admit	806
			Hospital Hold	6
			Temporary Trans	26
RL Total				1788
Grand Total				3307

RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	313-14	RLS	00/00/0000	0 N / N	Admit	1	5/15/2018	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	201	RLS	00/00/0000	0 N / N	Admit	1	12/28/2005	00/00/0000
AL	1/1/2020	11/30/2020	335	0	335 WW	PVT	N		3 ALS	00/00/0000	0 N / N	Admit	2	5/27/2015	00/00/0000
AL	12/1/2020	12/31/2020	31	0	31 WW	PVT	N		3 ALMS	00/00/0000	0	Admit	2	5/27/2015	00/00/0000
HC	11/9/2020	11/12/2020	4	0	4 HC	MCA	N	11B	SNC	11/9/2020 ****	Y / Y	Admit	1	11/9/2020	1/13/2021
HC	11/13/2020	11/17/2020	5	0	5 HC	MCA	N	1A	SNC	00/00/0000	0	Admit	1	11/9/2020	1/13/2021
HC	11/18/2020	11/28/2020	11	0	11 HC	MCA	COA	1A	SNC	00/00/0000	0	Admit	1	11/9/2020	1/13/2021
HC	11/29/2020	12/8/2020	10	0	10 HC	MCA	COA	1A	SNC	00/00/0000	0	Admit	1	11/9/2020	1/13/2021
HC	12/9/2020	12/31/2020	23	0	23 HC	MCA	COA	7B	SNC	00/00/0000	0	Admit	1	11/9/2020	1/13/2021
HC	1/1/2020	1/3/2020	3	0	3 HC	MCA	COA	15A	SN	12/9/2019 ****	Y / Y	Admit	3	12/9/2019	00/00/0000
HC	1/4/2020	1/4/2020	1	0	1 HC	PVT	N	15A	NS	00/00/0000	0	Admit	3	12/9/2019	00/00/0000
HC	1/5/2020	1/5/2020	1	0	1 HC	PVT	N	15A	NS	00/00/0000	0	Admit	3	12/9/2019	00/00/0000
HC	1/6/2020	12/31/2020	361	0	361 HC	PVT	N	15A	NS	00/00/0000	0	Admit	3	12/9/2019	00/00/0000
AL	1/1/2020	5/23/2020	144	0	144 WW	PVT	N		42 ALS	00/00/0000	0 N / N	Admit	1	7/27/2018	00/00/0000
AL	5/24/2020	5/27/2020	4	0	4 WW	PVT	N		42 ALS	00/00/0000	0	Hospital Hc	1	7/27/2018	00/00/0000
AL	5/28/2020	8/11/2020	76	0	76 WW	PVT	N		42 ALS	00/00/0000	0	Temporary	1	7/27/2018	00/00/0000
AL	8/12/2020	8/12/2020	0	0	0 WW	PVT	N		42 ALS	00/00/0000	0	Discharged	1	7/27/2018	00/00/0000
HC	5/28/2020	6/4/2020	8	0	8 HC	MCA	N	14	SN	8/7/2020 ****	Y / Y	Admit	2	5/28/2020	8/6/2020
HC	6/5/2020	6/16/2020	12	0	12 HC	MCA	N	10B	SN	00/00/0000	0	Admit	2	5/28/2020	8/6/2020
HC	6/17/2020	8/5/2020	50	0	50 HC	MCA	Y	10B	SN	00/00/0000	0	Admit	2	5/28/2020	8/6/2020
HC	8/6/2020	8/7/2020	2	0	2 HC	MCA	Y	8B	SN	00/00/0000	0	Admit	2	5/28/2020	8/6/2020
HC	8/8/2020	12/31/2020	146	0	146 HC	PVT	N	8B	NS	00/00/0000	0	Admit	2	5/28/2020	8/6/2020
RL	2/11/2020	12/31/2020	325	0	325 HR	PVT	N	226-27	RLMD	00/00/0000	0 N / N	Admit	1	2/11/2020	00/00/0000
RL	1/1/2020	4/16/2020	107	0	107 HR	PVT	N		108 RLS	00/00/0000	0 N / N	Admit	1	10/3/2003	00/00/0000
RL	4/17/2020	4/17/2020	1	0	1 HR	PVT	N		108 RLS	00/00/0000	0	Hospital Hc	1	10/3/2003	00/00/0000
RL	4/18/2020	12/31/2020	258	0	258 HR	PVT	N		108 RLS	00/00/0000	0 N / N	Admit	2	4/18/2020	00/00/0000
RL	2/8/2020	3/8/2020	30	0	30 HR	PVT	N		220 RLMS	00/00/0000	0 N / N	PreAdmit	1	2/8/2020	00/00/0000
RL	3/9/2020	3/9/2020	0	0	0 HR	PVT	N		220 RLMS	00/00/0000	0	Discharged	1	2/8/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N		301 RLMS	00/00/0000	0 N / N	Admit	1	3/17/2011	00/00/0000
HC	1/1/2020	10/6/2020	280	0	280 HC	PVT	N	11A	NSC	12/10/2020 ****	Y / Y	Admit	8	6/19/2019	12/15/2020
HC	10/7/2020	12/9/2020	64	0	64 HC	PVT	N	10A	NSC	00/00/0000	0	Admit	8	6/19/2019	12/15/2020
HC	12/10/2020	12/15/2020	6	0	6 HC	MCA	N	10A	SNC	00/00/0000	0	Admit	8	6/19/2019	12/15/2020
HC	12/16/2020	12/31/2020	16	0	16 HC	PVT	N	10A	NSC	00/00/0000	0	Admit	8	6/19/2019	12/15/2020
HC	1/1/2020	1/2/2020	2	0	2 HC	MCD	N	14	NSC	11/7/2019	39 Y / Y	Admit	2	11/7/2019	12/11/2019
HC	1/3/2020	1/25/2020	23	0	23 HC	MCD	N	4A	NSC	11/7/2019	39 Y / Y	Admit	2	11/7/2019	12/11/2019
HC	1/26/2020	1/27/2020	2	0	2 HC	MCD	N	4A	NSC	11/7/2019	39 Y / Y	Bed Hold	2	11/7/2019	12/11/2019
HC	1/28/2020	4/30/2020	94	0	94 HC	MCD	N	4A	NSC	00/00/0000	0 Y / Y	Admit	3	1/28/2020	00/00/0000
HC	5/1/2020	12/31/2020	245	0	245 HC	MMCD	N	4A	NSC	00/00/0000	0	Admit	3	1/28/2020	00/00/0000
AL	12/7/2020	12/30/2020	24	0	24 WW	PVT	N		25 ALS	00/00/0000	0 N / N	Temporary	1	12/7/2020	00/00/0000
AL	12/31/2020	12/31/2020	1	0	1 WW	PVT	N		25 ALS	00/00/0000	0	Admit	1	12/7/2020	00/00/0000
HC	11/26/2020	12/3/2020	8	0	8 HC	ADVA	N	11A	SN	11/26/2020 ****	Y / Y	Admit	1	11/26/2020	12/12/2020
HC	12/4/2020	12/12/2020	9	0	9 HC	ADVA	N		14 SN	11/26/2020 ****	Y / Y	Admit	1	11/26/2020	12/12/2020
HC	12/13/2020	12/30/2020	18	0	18 HC	PVT	N		14 NS	11/26/2020 ****	Y / Y	Admit	1	11/26/2020	12/12/2020
HC	12/31/2020	12/31/2020	0	0	0 HC	PVT	N		14 NS	11/26/2020 ****	Y / Y	Discharged	1	11/26/2020	12/12/2020
RL	1/1/2020	11/25/2020	330	0	330 HR	PVT	N		414 RLS	00/00/0000	0	Admit	1	6/1/2009	00/00/0000
RL	11/26/2020	12/6/2020	11	0	11 HR	PVT	N		414 RLS	00/00/0000	0	Temporary	1	6/1/2009	00/00/0000
RL	12/7/2020	12/7/2020	0	0	0 HR	PVT	N		414 RLS	00/00/0000	0	Discharged	1	6/1/2009	00/00/0000
AL	1/1/2020	2/28/2020	59	0	59 WW	PVT	N		17 ALS	00/00/0000	0 N / N	Admit	2	9/7/2018	00/00/0000
AL	2/29/2020	3/2/2020	3	0	3 WW	PVT	N		17 ALS	00/00/0000	0	Hospital Hc	2	9/7/2018	00/00/0000
AL	3/3/2020	4/16/2020	45	0	45 WW	PVT	N		17 ALS	00/00/0000	0	Temporary	2	9/7/2018	00/00/0000
AL	4/17/2020	4/17/2020	0	0	0 WW	PVT	N		17 ALS	00/00/0000	0	Discharged	2	9/7/2018	00/00/0000
HC	3/3/2020	3/15/2020	13	0	13 HC	MCA	N	5A	SN	3/3/2020 ****	Y / Y	Admit	1	3/3/2020	00/00/0000
HC	3/16/2020	3/22/2020	7	0	7 HC	MCA	N	7A	SN	00/00/0000	0	Admit	1	3/3/2020	00/00/0000
HC	3/23/2020	4/21/2020	30	0	30 HC	MCA	COA	7A	SN	00/00/0000	0	Admit	1	3/3/2020	00/00/0000
HC	4/22/2020	4/25/2020	4	0	4 HC	PVT	N	7A	NS	00/00/0000	0	Admit	1	3/3/2020	00/00/0000
HC	4/26/2020	4/26/2020	1	0	1 HC	PVT	N	7A	NS	00/00/0000	0	Admit	1	3/3/2020	00/00/0000
HC	4/27/2020	5/11/2020	15	0	15 HC	PVT	N	7A	NS	00/00/0000	0	Admit	1	3/3/2020	00/00/0000
HC	5/12/2020	5/12/2020	0	0	0 HC	PVT	N	7A	NS	00/00/0000	0	Expired	1	3/3/2020	00/00/0000
HC	1/24/2020	2/6/2020	14	0	14 HC	MCA	N	9A	SNC	1/24/2020 ****	Y / Y	Admit	1	1/24/2020	00/00/0000
HC	2/7/2020	2/11/2020	5	0	5 HC	MCA	MCOA	9A	SNC	00/00/0000	0	Admit	1	1/24/2020	00/00/0000
HC	2/12/2020	3/11/2020	29	0	29 HC	MCA	MCOA		14 SNC	00/00/0000	0	Admit	1	1/24/2020	00/00/0000
HC	3/12/2020	3/12/2020	0	0	0 HC	MCA	N		14 SNC	00/00/0000	0	Discharged	1	1/24/2020	00/00/0000
RL	1/1/2020	12/20/2020	355	0	355 COT	PVT	N	C	RLD	00/00/0000	0 N / N	Admit	1	9/29/2015	00/00/0000
RL	12/21/2020	12/22/2020	2	0	2 COT	PVT	N	C	RLD	00/00/0000	0	Hospital Hc	1	9/29/2015	00/00/0000
RL	12/23/2020	12/31/2020	9	0	9 COT	PVT	N	C	RLD	00/00/0000	0	Expired Ho	1	9/29/2015	00/00/0000
RL	1/1/2020	12/22/2020	357	0	357 COT	PVT	N	C	RL2	00/00/0000	0 N / N	Admit	1	9/29/2015	00/00/0000
RL	12/23/2020	12/26/2020	4	0	4 COT	PVT	N	C	RL2	00/00/0000	0	Hospital Hc	1	9/29/2015	00/00/0000
RL	12/27/2020	12/31/2020	5	0	5 COT	PVT	N	C	RL2	00/00/0000	0	Expired Ho	1	9/29/2015	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	315-17	RLD	00/00/0000	0 N / N	Admit	1	9/6/2012	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	315-17	RL2	00/00/0000	0 N / N	Admit	1	9/6/2012	00/00/0000
HC	10/8/2020	10/10/2020	3	0	3 HC	MCA	N	11A	SNC	10/8/2020 ****	Y / Y	Admit	1	10/8/2020	00/00/0000
HC	10/11/2020	10/22/2020	12	0	12 HC	MCA	N		14 SNC	00/00/0000	0	Admit	1	10/8/2020	00/00/0000
HC	10/23/2020	10/23/2020	0	0	0 HC	MCA	N		14 SNC	00/00/0000	0	Discharged	1	10/8/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N		44 ALMS	00/00/0000	0 N / N	Admit	3	11/10/2017	00/00/0000



AL	1/1/2020	10/9/2020	283	0	283 WW	PVT	N	18 ALMS	00/00/0000	0 N / N	Admit	1	11/13/2017	00/00/0000		
AL	10/10/2020	10/20/2020	11	0	11 WW	PVT	N	18 ALMS	00/00/0000	0	Hospital Hc	1	11/13/2017	00/00/0000		
AL	10/21/2020	12/31/2020	72	0	72 WW	PVT	N	18 ALMS	00/00/0000	0 N / N	Admit	2	10/21/2020	00/00/0000		
AL	1/1/2020	6/3/2020	155	0	155 WW	PVT	N	21 ALMS	00/00/0000	0 N / N	Admit	1	2/16/2010	00/00/0000		
AL	6/4/2020	6/6/2020	3	0	3 WW	PVT	N	21 ALMS	00/00/0000	0	Hospital Hc	1	2/16/2010	00/00/0000		
AL	6/7/2020	8/6/2020	61	0	61 WW	PVT	N	21 ALMS	00/00/0000	0 N / N	Admit	2	6/7/2020	00/00/0000		
AL	8/7/2020	12/31/2020	147	0	147 WW	PVT	N	17 ALMS	00/00/0000	0	Admit	2	6/7/2020	00/00/0000		
AL	1/1/2020	1/29/2020	29	0	29 WW	PVT	N	45 ALMS	00/00/0000	0 N / N	Admit	1	12/17/2019	00/00/0000		
AL	1/30/2020	1/30/2020	0	0	0 WW	PVT	N	45 ALMS	00/00/0000	0	Discharged	1	12/17/2019	00/00/0000		
AL	3/6/2020	12/31/2020	301	0	301 WW	PVT	N	48 ALMS	00/00/0000	0 N / N	Admit	2	3/6/2020	00/00/0000		
HC	2/4/2020	3/5/2020	31	0	31 HC	MCA	COA	7A	SNC	00/00/0000	0	Admit	2	2/4/2020	00/00/0000	
HC	3/6/2020	3/6/2020	0	0	0 HC	MCA		7A	SNC	00/00/0000	0	Discharged	2	2/4/2020	00/00/0000	
AL	3/20/2020	3/26/2020	7	0	7 WW	PVT	N	46 BC	00/00/0000	0 N / N	Admit	2	3/20/2020	00/00/0000		
AL	3/27/2020	5/8/2020	43	0	43 WW	PVT	N	46 ALS	00/00/0000	0	Admit	2	3/20/2020	00/00/0000		
AL	5/9/2020	5/12/2020	4	0	4 WW	PVT	N	46 ALS	00/00/0000	0	Hospital Hc	2	3/20/2020	00/00/0000		
AL	5/13/2020	6/11/2020	30	0	30 WW	PVT	N	46 ALS	00/00/0000	0	Temporary	2	3/20/2020	00/00/0000		
AL	6/12/2020	12/31/2020	203	0	203 WW	PVT	N	46 ALS	00/00/0000	0	Admit	2	3/20/2020	00/00/0000		
HC	5/13/2020	5/26/2020	14	0	14 HC	KFH	N	14 K4B	5/13/2020 ****	Y / Y	Admit	1	5/13/2020	00/00/0000		
HC	5/27/2020	6/11/2020	16	0	16 HC	KFH	N	7A	K4B	5/13/2020 ****	Y / Y	Admit	1	5/13/2020	00/00/0000	
HC	6/12/2020	6/12/2020	0	0	0 HC	KFH	N	7A	K4B	5/13/2020 ****	Y / Y	Discharged	1	5/13/2020	00/00/0000	
RL	1/1/2020	3/19/2020	79	0	79 HR	PVT	N	116-17	RLS	00/00/0000	0 N / N	Admit	2	2/8/2018	00/00/0000	
RL	3/20/2020	3/26/2020	7	0	7 HR	PVT	N	116-17	RLS	00/00/0000	0	Temporary	2	2/8/2018	00/00/0000	
RL	3/27/2020	3/27/2020	0	0	0 HR	PVT	N	116-17	RLS	00/00/0000	0	Discharged	2	2/8/2018	00/00/0000	
AL	2/17/2020	2/24/2020	8	0	8 WW	PVT	N	13-15	ALMD	00/00/0000	0 N / N	Admit	1	2/17/2020	00/00/0000	
AL	2/25/2020	2/29/2020	5	0	5 WW	PVT	N	13-15	ALMD	00/00/0000	0	Hospital Hc	1	2/17/2020	00/00/0000	
AL	3/1/2020	3/3/2020	3	0	3 WW	PVT	N	13-15	ALMD	00/00/0000	0	Expired Ho	1	2/17/2020	00/00/0000	
AL	3/4/2020	3/4/2020	0	0	0 WW	PVT	N	13-15	ALMD	00/00/0000	0	Discharged	1	2/17/2020	00/00/0000	
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	37 ALMS	00/00/0000	0 N / N	Admit	1	1/29/2018	00/00/0000		
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	211 RLS	00/00/0000	0 N / N	Admit	4	6/8/2015	00/00/0000		
AL	2/25/2020	5/21/2020	87	0	87 WW	PVT	N	35 ALMS	00/00/0000	0 N / N	Admit	1	2/24/2020	00/00/0000		
AL	5/22/2020	5/24/2020	3	0	3 WW	PVT	N	35 ALMS	00/00/0000	0	Hospital Hc	1	2/24/2020	00/00/0000		
AL	5/25/2020	6/10/2020	17	0	17 WW	PVT	N	35 ALMS	00/00/0000	0	Temporary	1	2/24/2020	00/00/0000		
AL	6/11/2020	8/23/2020	74	0	74 WW	PVT	N	35 ALMS	00/00/0000	0	Admit	1	2/24/2020	00/00/0000		
AL	8/24/2020	8/25/2020	2	0	2 WW	PVT	N	35 ALMS	00/00/0000	0	Hospital Hc	1	2/24/2020	00/00/0000		
AL	8/26/2020	10/1/2020	37	0	37 WW	PVT	N	35 ALMS	00/00/0000	0	Temporary	1	2/24/2020	00/00/0000		
AL	10/2/2020	12/31/2020	91	0	91 WW	PVT	N	35 ALMS	00/00/0000	0	Admit	1	2/24/2020	00/00/0000		
HC	5/25/2020	6/9/2020	16	0	16 HC	MCA	N	12 SNC	00/00/0000	0	Admit	1	5/25/2020	00/00/0000		
HC	6/10/2020	6/10/2020	1	0	1 HC	MCA	MCOA	N	12 SNC	00/00/0000	0	Admit	1	5/25/2020	00/00/0000	
HC	6/11/2020	6/11/2020	0	0	0 HC	MCA	MCOA	N	12 SNC	00/00/0000	0	Discharged	1	5/25/2020	00/00/0000	
HC	8/26/2020	9/7/2020	13	0	13 HC	MCA	N	14 SNC	8/26/2020 ****	Y / Y	Admit	2	8/26/2020	00/00/0000		
HC	9/8/2020	9/14/2020	7	0	7 HC	MCA	7A	SNC	00/00/0000	0	Admit	2	8/26/2020	00/00/0000		
HC	9/15/2020	10/1/2020	17	0	17 HC	MCA	7A	SNC	00/00/0000	0	Admit	2	8/26/2020	00/00/0000		
HC	10/2/2020	10/2/2020	0	0	0 HC	MCA	7A	SNC	00/00/0000	0	Discharged	2	8/26/2020	00/00/0000		
RL	1/1/2020	2/24/2020	55	0	55 HR	PVT	N	106 ALMS	00/00/0000	0 N / N	Admit	1	3/3/2011	00/00/0000		
RL	2/25/2020	2/25/2020	0	0	0 HR	PVT	N	106 ALMS	00/00/0000	0	Discharged	1	3/3/2011	00/00/0000		
HC	1/1/2020	12/31/2020	366	0	366 HC	MCD	N	8A	NSC	00/00/0000	0 Y / Y	Admit	7	8/20/2019	00/00/0000	
HC	1/1/2020	3/10/2020	70	0	70 HC	PVT	N	10B	NSC	6/4/2019	21 Y / Y	Admit	2	6/4/2019	6/24/2019	
HC	3/11/2020	3/12/2020	2	0	2 HC	PVT	N	10B	NSC	00/00/0000	0	Bed Hold	2	6/4/2019	6/24/2019	
HC	3/13/2020	3/31/2020	19	0	19 HC	PVT	N	14	NSC	00/00/0000	0	Admit	2	6/4/2019	6/24/2019	
HC	4/1/2020	5/7/2020	37	0	37 HC	PVT	N	9A	NSC	00/00/0000	0	Admit	2	6/4/2019	6/24/2019	
HC	5/8/2020	5/8/2020	0	0	0 HC	PVT	N	9A	NSC	00/00/0000	0	Expired	2	6/4/2019	6/24/2019	
HC	1/1/2020	1/6/2020	6	0	6 HC	PVT	N	10A	NSC	11/15/2019	24 Y / Y	Bed Hold	5	11/15/2019	00/00/0000	
HC	1/7/2020	1/7/2020	0	0	0 HC	PVT	N	10A	NSC	00/00/0000	0	Discharged	5	11/15/2019	00/00/0000	
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	405-06	RLMS	00/00/0000	0 N / N	Admit	1	6/1/2017	00/00/0000	
HC	6/6/2020	6/26/2020	21	0	21 HC	PINS	N	14	BS2C	6/6/2020 ****	Y / Y	Admit	1	6/6/2020	00/00/0000	
HC	6/27/2020	6/27/2020	0	0	0 HC	PINS	N	14	BS2C	00/00/0000	0	Discharged	1	6/6/2020	00/00/0000	
AL	1/1/2020	9/14/2020	258	0	258 WW	PVT	N	7-May	ALS	00/00/0000	0 N / N	Admit	1	10/17/2014	00/00/0000	
AL	9/15/2020	9/16/2020	2	0	2 WW	PVT	N	7-May	ALS	00/00/0000	0	Discharge t	1	10/17/2014	00/00/0000	
AL	9/17/2020	9/17/2020	0	0	0 WW	PVT	N	7-May	ALS	00/00/0000	0	Discharged	1	10/17/2014	00/00/0000	
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	303	RLS	00/00/0000	0 N / N	Admit	1	11/27/2018	00/00/0000	
RL	1/1/2020	12/31/2020	366	0	366 COT	PVT	N	COT B	RLS	00/00/0000	0 N / N	Admit	1	10/3/2019	00/00/0000	
HC	1/1/2020	6/30/2020	182	0	182 HC	MMCD	N	1B	SN	00/00/0000	0 Y / Y	Admit	1	10/9/2019	00/00/0000	
HC	7/1/2020	12/31/2020	184	0	184 HC	MMCD	N	1B	NS	00/00/0000	0	Admit	1	10/9/2019	00/00/0000	
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	309	RLS	00/00/0000	0 N / N	Admit	2	10/29/2019	00/00/0000	
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	103	RLS	00/00/0000	0 N / N	Admit	1	9/25/2018	00/00/0000	
HC	3/13/2020	3/18/2020	6	0	6 HC	MMCD	N	15D	NS	3/13/2020 ****	Y / Y	Admit	1	3/13/2020	00/00/0000	
HC	3/19/2020	5/24/2020	67	0	67 HC	MMCD	N	10B	NS	00/00/0000	0	Admit	1	3/13/2020	00/00/0000	
HC	5/25/2020	10/4/2020	133	0	133 HC	MMCD	N	6A	NS	00/00/0000	0	Admit	1	3/13/2020	00/00/0000	
HC	10/5/2020	10/8/2020	4	0	4 HC	MMCD	N	6A	NS	00/00/0000	0	Bed Hold	1	3/13/2020	00/00/0000	
HC	10/9/2020	10/12/2020	4	0	4 HC	MCA	MCOA	Y	12 SNC	10/9/2020 ****	Y / Y	Admit	2	10/9/2020	11/19/2020	
HC	10/13/2020	10/23/2020	11	0	11 HC	MCA	N	12	SNC	00/00/0000	0	Admit	2	10/9/2020	11/19/2020	
HC	10/24/2020	10/28/2020	5	0	5 HC	MCA	N	6A	SNC	00/00/0000	0	Admit	2	10/9/2020	11/19/2020	
HC	10/29/2020	11/19/2020	22	0	22 HC	MCA	MCOA	Y	6A	SNC	00/00/0000	0	Admit	2	10/9/2020	11/19/2020
HC	11/20/2020	12/31/2020	42	0	42 HC	MMCD	N	6A	NSC	00/00/0000	0	Admit	2	10/9/2020	11/19/2020	

HC	10/3/2020	10/10/2020	8	0	8 HC	MCA	N	14	SNC	10/3/2020 ****	Y / Y	Admit	1	10/3/2020	00/00/0000
HC	10/11/2020	10/21/2020	11	0	11 HC	MCA	N	3A	SNC	00/00/0000	0	Admit	1	10/3/2020	00/00/0000
HC	10/22/2020	10/22/2020	0	0	0 HC	MCA	N	3A	SNC	00/00/0000	0	Discharged	1	10/3/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	50	ALMS	00/00/0000	0 N / N	Admit	1	5/9/2019	00/00/0000
AL	1/28/2020	12/31/2020	339	0	339 WW	PVT	N	1	ALS	00/00/0000	0 N / N	Admit	2	1/28/2020	00/00/0000
HC	1/1/2020	1/2/2020	2	0	2 HC	MCA	COA	4A	SN	12/4/2019 ****	Y / Y	Admit	1	12/4/2019	00/00/0000
HC	1/3/2020	1/6/2020	4	0	4 HC	PVT	N	15B	NS	00/00/0000	0	Bed Hold	1	12/4/2019	00/00/0000
HC	1/7/2020	1/8/2020	2	0	2 HC	MCA	COA	15B	SN	1/7/2020 ****	Y / Y	Admit	2	1/7/2020	1/27/2020
HC	1/9/2020	1/27/2020	19	0	19 HC	MCA	COA	7A	SN	00/00/0000	0	Admit	2	1/7/2020	1/27/2020
HC	1/28/2020	1/28/2020	0	0	0 HC	MCA	COA	7A	SN	00/00/0000	0	Discharged	2	1/7/2020	1/27/2020
RL	1/1/2020	1/2/2020	2	0	2 HR	PVT	N	409-100	RLS	00/00/0000	0 N / N	Temporary	1	5/6/2008	00/00/0000
RL	1/3/2020	1/3/2020	0	0	0 HR	PVT	N	409-100	RLS	00/00/0000	0	Discharged	1	5/6/2008	00/00/0000
AL	1/1/2020	2/20/2020	51	0	51 WW	PVT	N	8	ALMS	00/00/0000	0 N / N	Temporary	3	12/23/2019	00/00/0000
AL	2/21/2020	2/27/2020	7	0	7 WW	PVT	N	8	ALMS	00/00/0000	0	Admit	3	12/23/2019	00/00/0000
AL	2/28/2020	2/28/2020	1	0	1 WW	PVT	N	8	ALMS	00/00/0000	0	Hospital Hc	3	12/23/2019	00/00/0000
AL	2/29/2020	11/30/2020	276	0	276 WW	PVT	N	8	ALMS	00/00/0000	0 N / N	Admit	4	2/29/2020	00/00/0000
AL	12/1/2020	12/31/2020	31	0	31 WW	PVT	N	8	ALS	00/00/0000	0	Admit	4	2/29/2020	00/00/0000
HC	1/1/2020	1/13/2020	13	0	13 HC	MCA	N	8B	SN	12/25/2019 ****	Y / Y	Admit	2	12/25/2019	00/00/0000
HC	1/14/2020	2/21/2020	39	0	39 HC	MCA	COA	8B	SN	00/00/0000	0	Admit	2	12/25/2019	00/00/0000
HC	2/22/2020	2/22/2020	0	0	0 HC	MCA	N	8B	SN	00/00/0000	0	Discharged	2	12/25/2019	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	424	RLS	00/00/0000	0 N / N	Admit	1	9/28/2018	00/00/0000
HC	1/1/2020	4/16/2020	107	0	107 HC	PVT	N	6A	NS	7/18/2019	35 Y / Y	Admit	3	7/18/2019	8/14/2019
HC	4/17/2020	4/17/2020	0	0	0 HC	PVT	N	6A	NS	00/00/0000	0	Expired	3	7/18/2019	8/14/2019
RL	8/31/2020	12/31/2020	123	0	123 HR	PVT	N	119-20	RLM2	00/00/0000	0 N / N	Admit	1	8/31/2020	00/00/0000
RL	8/31/2020	12/31/2020	123	0	123 HR	PVT	N	119-20	RLMS	00/00/0000	0 N / N	Admit	1	8/31/2020	00/00/0000
HC	7/7/2020	7/9/2020	3	0	3 HC	MCA	MCOA	14	SNC	7/7/2020 ****	Y / Y	Admit	1	7/7/2020	00/00/0000
HC	7/10/2020	7/13/2020	4	0	4 HC	MCA	MCOA	3A	SNC	00/00/0000	0	Admit	1	7/7/2020	00/00/0000
HC	7/14/2020	7/17/2020	4	0	4 HC	PVT	N	3A	NSC	00/00/0000	0	Bed Hold	1	7/7/2020	00/00/0000
HC	7/18/2020	7/18/2020	1	0	1 HC	PVT	N	12	NSC	00/00/0000	0	Bed Hold	1	7/7/2020	00/00/0000
HC	7/19/2020	7/31/2020	13	0	13 HC	MCA	N	12	SNC	7/19/2020 ****	Y / Y	Admit	2	7/19/2020	9/28/2020
HC	8/1/2020	8/2/2020	2	0	2 HC	MCA	MCOA	12	SNC	00/00/0000	0	Admit	2	7/19/2020	9/28/2020
HC	8/3/2020	9/1/2020	30	0	30 HC	MCA	MCOA	3A	SNC	00/00/0000	0	Admit	2	7/19/2020	9/28/2020
HC	9/2/2020	9/7/2020	6	0	6 HC	MCA	MCOA	12	SNC	00/00/0000	0	Admit	2	7/19/2020	9/28/2020
HC	9/8/2020	9/28/2020	21	0	21 HC	MCA	MCOA	3A	SNC	00/00/0000	0	Admit	2	7/19/2020	9/28/2020
HC	9/29/2020	9/30/2020	2	0	2 HC	MMCD	N	3A	NSC	00/00/0000	0	Admit	2	7/19/2020	9/28/2020
HC	10/1/2020	10/1/2020	0	0	0 HC	MMCD	N	3A	NSC	00/00/0000	0	Discharged	2	7/19/2020	9/28/2020
AL	1/1/2020	4/13/2020	104	0	104 WW	PVT	N	12	ALS	00/00/0000	0 N / N	Admit	1	9/18/2017	00/00/0000
AL	4/14/2020	5/13/2020	30	0	30 WW	PVT	N	12	ALS	00/00/0000	0	Hospital Hc	1	9/18/2017	00/00/0000
AL	5/14/2020	12/31/2020	232	0	232 WW	PVT	N	12	ALS	00/00/0000	0	Admit	1	9/18/2017	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	308	RLMS	00/00/0000	0 N / N	Admit	1	12/29/2017	00/00/0000
HC	1/1/2020	10/6/2020	280	0	280 HC	MCD	N	11B	NS	7/15/2019	38 Y / Y	Admit	4	7/15/2019	8/1/2019
HC	10/7/2020	12/1/2020	56	0	56 HC	MCD	N	10B	NS	00/00/0000	0	Admit	4	7/15/2019	8/1/2019
HC	12/2/2020	12/3/2020	2	0	2 HC	MCD	N	14	NS	00/00/0000	0	Admit	4	7/15/2019	8/1/2019
HC	12/4/2020	12/31/2020	28	0	28 HC	MCD	N	10B	NS	00/00/0000	0	Admit	4	7/15/2019	8/1/2019
HC	5/8/2020	5/27/2020	20	0	20 HC	MCA	COA	3A	SNC	5/8/2020 ****	Y / Y	Admit	1	5/8/2020	00/00/0000
HC	5/28/2020	7/5/2020	39	0	39 HC	MCA	COA	3A	SNC	00/00/0000	0	Admit	1	5/8/2020	00/00/0000
HC	7/6/2020	7/6/2020	0	0	0 HC	MCA	COA	3A	SNC	00/00/0000	0	Discharged	1	5/8/2020	00/00/0000
AL	12/30/2020	12/31/2020	2	0	2 WW	PVT	N	9	ALS	00/00/0000	0 N / N	Temporary	1	12/30/2020	00/00/0000
HC	12/11/2020	12/23/2020	13	0	13 HC	ADVA	N	12	SN	00/00/0000	0	Admit	1	12/11/2020	00/00/0000
HC	12/24/2020	12/31/2020	8	0	8 HC	ADVA	N	11A	SN	00/00/0000	0	Admit	1	12/11/2020	00/00/0000
RL	1/1/2020	12/8/2020	343	0	343 HR	PVT	N	216	RLS	00/00/0000	0	Admit	1	10/15/2015	00/00/0000
RL	12/9/2020	12/10/2020	2	0	2 HR	PVT	N	216	RLS	00/00/0000	0	Hospital Hc	1	10/15/2015	00/00/0000
RL	12/11/2020	12/29/2020	19	0	19 HR	PVT	N	216	RLS	00/00/0000	0	Temporary	1	10/15/2015	00/00/0000
RL	12/30/2020	12/30/2020	0	0	0 HR	PVT	N	216	RLS	00/00/0000	0	Discharged	1	10/15/2015	00/00/0000
HC	1/1/2020	10/12/2020	286	0	286 HC	PVT	N	1A	NS	5/23/2019	36 Y / Y	Admit	1	5/23/2019	6/27/2019
HC	10/13/2020	10/13/2020	0	0	0 HC	PVT	N	1A	NS	00/00/0000	0	Expired	1	5/23/2019	6/27/2019
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	204-05	RLMS	00/00/0000	0 N / N	Admit	1	6/23/2017	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	14-16	ALS	00/00/0000	0 N / N	Admit	1	4/9/2019	00/00/0000
HC	1/2/2020	1/22/2020	21	0	21 HC	ADVA	N	9A	SNC	1/2/2020 ****	Y / Y	Admit	1	1/2/2020	00/00/0000
HC	1/23/2020	2/14/2020	23	0	23 HC	ADVA	N	5A	SNC	00/00/0000	0	Admit	1	1/2/2020	00/00/0000
HC	2/15/2020	2/15/2020	0	0	0 HC	ADVA	N	5A	SNC	00/00/0000	0	Discharged	1	1/2/2020	00/00/0000
AL	1/1/2020	11/14/2020	319	0	319 WW	PVT	N	6	ALMS	00/00/0000	0 N / N	Admit	1	2/1/2016	00/00/0000
AL	11/15/2020	11/16/2020	2	0	2 WW	PVT	N	6	ALMS	00/00/0000	0	Expired Ho	1	2/1/2016	00/00/0000
AL	11/17/2020	11/17/2020	0	0	0 WW	PVT	N	6	ALMS	00/00/0000	0	Discharged	1	2/1/2016	00/00/0000
HC	5/1/2020	5/12/2020	12	0	12 HC	PVT	N	14	NSC	00/00/0000	0 Y / Y	Admit	1	5/1/2020	00/00/0000
HC	5/13/2020	5/14/2020	2	0	2 HC	PVT	N	6A	NSC	00/00/0000	0	Admit	1	5/1/2020	00/00/0000
HC	5/15/2020	5/16/2020	2	0	2 HC	PVT	N	6A	NSC	00/00/0000	0	Bed Hold	1	5/1/2020	00/00/0000
HC	5/17/2020	5/24/2020	8	0	8 HC	MCA	COA	12	SNC	5/17/2020 ****	Y / Y	Admit	2	5/17/2020	6/22/2020
HC	5/25/2020	6/5/2020	12	0	12 HC	MCA	COA	9A	SNC	00/00/0000	0	Admit	2	5/17/2020	6/22/2020
HC	6/6/2020	6/21/2020	16	0	16 HC	MCA	COA	9A	SNC	00/00/0000	0	Admit	2	5/17/2020	6/22/2020
HC	6/22/2020	12/31/2020	193	0	193 HC	PVT	N	9A	NSC	00/00/0000	0	Admit	2	5/17/2020	6/22/2020
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	208	RLS	00/00/0000	0 N / N	Admit	1	3/19/2015	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	28-30	ALS	00/00/0000	0 N / N	Admit	1	6/2/2016	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 COT	PVT	N	COT A	RLS	00/00/0000	0 N / N	Admit	3	9/30/2019	00/00/0000

HC	1/1/2020	1/8/2020	8	0	8 HC	ADVA	N	12 SNC	12/20/2019 ****	Y / Y	Admit	1	12/20/2019	00/00/0000
HC	1/9/2020	1/9/2020	0	0	0 HC	PVT	N	12 NSC	00/00/0000	0	Discharged	1	12/20/2019	00/00/0000
HC	1/13/2020	3/30/2020	78	0	78 HC	ADVA	N	12 SNC	1/13/2020 ****	Y / Y	Admit	2	1/13/2020	00/00/0000
HC	3/31/2020	3/31/2020	0	0	0 HC	ADVA	N	12 SNC	00/00/0000	0	Discharged	2	1/13/2020	00/00/0000
HC	4/1/2020	4/15/2020	15	0	15 HC	PVT	N	12 NSC	00/00/0000	0 Y / Y	Admit	3	4/1/2020	00/00/0000
HC	4/16/2020	4/16/2020	0	0	0 HC	PVT	N	12 NSC	00/00/0000	0	Discharged	3	4/1/2020	00/00/0000
HC	1/1/2020	7/1/2020	183	0	183 HC	MCD	N	3B NSC	00/00/0000	0 Y / Y	Admit	6	1/12/2018	00/00/0000
HC	7/2/2020	7/5/2020	4	0	4 HC	MCD	N	3B NSC	00/00/0000	0	Bed Hold	6	1/12/2018	00/00/0000
HC	7/6/2020	7/8/2020	3	0	3 HC	MCA	N	3B SNC	7/6/2020 ****	Y / Y	Admit	7	7/6/2020	7/23/2020
HC	7/9/2020	7/15/2020	7	0	7 HC	MCA	N	12 SNC	7/6/2020 ****	Y / Y	Admit	7	7/6/2020	7/23/2020
HC	7/16/2020	7/19/2020	4	0	4 HC	MCA	N	14 SNC	7/6/2020 ****	Y / Y	Admit	7	7/6/2020	7/23/2020
HC	7/20/2020	7/23/2020	4	0	4 HC	MCA	N	3B SNC	7/6/2020 ****	Y / Y	Admit	7	7/6/2020	7/23/2020
HC	7/24/2020	12/31/2020	161	0	161 HC	MCD	N	3B NSC	7/6/2020 ****	Y / Y	Admit	7	7/6/2020	7/23/2020
HC	1/31/2020	1/31/2020	1	0	1 HC	MCA	Y	7A SNC	1/31/2020 ****	Y / Y	Admit	3	1/31/2020	00/00/0000
HC	2/1/2020	2/2/2020	2	0	2 HC	MCA	N	7A SNC	00/00/0000	0	Admit	3	1/31/2020	00/00/0000
HC	2/3/2020	2/3/2020	0	0	0 HC	MCA	N	7A SNC	00/00/0000	0	Discharged	3	1/31/2020	00/00/0000
AL	1/1/2020	12/18/2020	353	0	353 WW	PVT	N	26 ALS	00/00/0000	0 N / N	Admit	2	8/1/2019	00/00/0000
AL	12/19/2020	12/19/2020	1	0	1 WW	PVT	N	26 ALS	00/00/0000	0	Expired Ho	2	8/1/2019	00/00/0000
AL	12/20/2020	12/20/2020	0	0	0 WW	PVT	N	26 ALS	00/00/0000	0	Discharged	2	8/1/2019	00/00/0000
HC	2/18/2020	3/8/2020	20	0	20 HC	MCA	N	3A SNC	2/18/2020 ****	Y / Y	Admit	1	2/18/2020	00/00/0000
HC	3/9/2020	3/14/2020	6	0	6 HC	MCA	Y	3A SNC	00/00/0000	0	Admit	1	2/18/2020	00/00/0000
HC	3/15/2020	3/15/2020	0	0	0 HC	MCA	N	3A SNC	00/00/0000	0	Discharged	1	2/18/2020	00/00/0000
HC	1/1/2020	12/31/2020	366	0	366 HC	MCD	N	6B NS	00/00/0000	0 Y / Y	Admit	1	3/26/2018	00/00/0000
AL	1/1/2020	2/5/2020	36	0	36 WW	PVT	N	19-20	00/00/0000	0 N / N	Admit	1	3/28/2019	00/00/0000
AL	2/6/2020	2/17/2020	12	0	12 WW	PVT	N	19-20	00/00/0000	0	Hospital Hc	1	3/28/2019	00/00/0000
AL	2/18/2020	7/16/2020	150	0	150 WW	PVT	N	19-20	00/00/0000	0 N / N	Admit	2	2/18/2020	00/00/0000
AL	7/17/2020	7/19/2020	3	0	3 WW	PVT	N	19-20	00/00/0000	0	Hospital Hc	2	2/18/2020	00/00/0000
AL	7/20/2020	8/12/2020	24	0	24 WW	PVT	N	19-20	00/00/0000	0	Temporary	2	2/18/2020	00/00/0000
AL	8/13/2020	12/31/2020	141	0	141 WW	PVT	N	19-20	00/00/0000	0	Admit	2	2/18/2020	00/00/0000
HC	7/20/2020	8/2/2020	14	0	14 HC	MCA	N	14 SN	7/20/2020 ****	Y / Y	Admit	4	7/20/2020	00/00/0000
HC	8/3/2020	8/8/2020	6	0	6 HC	MCA	Y	5A SN	00/00/0000	0	Admit	4	7/20/2020	00/00/0000
HC	8/9/2020	8/12/2020	4	0	4 HC	MCA	Y	5A SN	00/00/0000	0	Admit	4	7/20/2020	00/00/0000
HC	8/13/2020	8/13/2020	0	0	0 HC	MCA	Y	5A SN	00/00/0000	0	Discharged	4	7/20/2020	00/00/0000
HC	12/31/2020	12/31/2020	1	0	1 HC	MCA	N	12 SNC	12/31/2020 ****	Y / Y	Admit	1	12/31/2020	00/00/0000
RL	1/1/2020	12/11/2020	346	0	346 HR	PVT	N	323-24	00/00/0000	0	Admit	1	12/31/2019	00/00/0000
RL	12/12/2020	12/30/2020	19	0	19 HR	PVT	N	323-24	00/00/0000	0	Hospital Hc	1	12/31/2019	00/00/0000
RL	12/31/2020	12/31/2020	1	0	1 HR	PVT	N	323-24	00/00/0000	0	Temporary	1	12/31/2019	00/00/0000
HC	6/24/2020	6/24/2020	1	0	1 HC	MCA	N	12 SNC	6/24/2020 ****	Y / Y	Discharged	1	6/24/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	40 ALS	00/00/0000	0 N / N	Admit	1	12/15/2011	00/00/0000
HC	2/13/2020	2/25/2020	13	0	13 HC	PVT	N	2B SNC	00/00/0000	1 Y / Y	Admit	1	2/13/2020	00/00/0000
HC	2/26/2020	2/26/2020	0	0	0 HC	PVT	N	2B SNC	00/00/0000	0	Discharged	1	2/13/2020	00/00/0000
HC	1/1/2020	1/6/2020	6	0	6 HC	MCA	Y	5A SNC	12/31/2019 ****	Y / Y	Admit	1	12/31/2019	00/00/0000
HC	1/7/2020	1/7/2020	0	0	0 HC	MCA	Y	5A SNC	00/00/0000	0	Discharged	1	12/31/2019	00/00/0000
HC	2/14/2020	3/4/2020	20	0	20 HC	MCA	N	9A SNC	2/14/2020 ****	Y / Y	Admit	1	2/14/2020	00/00/0000
HC	3/5/2020	3/15/2020	11	0	11 HC	MCA	Y	9A SNC	00/00/0000	0	Admit	1	2/14/2020	00/00/0000
HC	3/16/2020	3/16/2020	0	0	0 HC	MCA	N	9A SNC	00/00/0000	0	Discharged	1	2/14/2020	00/00/0000
AL	1/1/2020	1/7/2020	7	0	7 WW	PVT	N	25 ALMS	00/00/0000	0 N / N	Admit	1	12/13/2019	00/00/0000
AL	1/8/2020	2/5/2020	29	0	29 WW	PVT	N	25 ALMS	00/00/0000	0	Hospital Hc	1	12/13/2019	00/00/0000
AL	2/6/2020	2/6/2020	0	0	0 WW	PVT	N	25 ALMS	00/00/0000	0	Discharged	1	12/13/2019	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	221 RLS	00/00/0000	0 N / N	Admit	1	9/30/2016	00/00/0000
RL	6/30/2020	6/30/2020	1	0	1 HR	PVT	N	218 RLMS	00/00/0000	0 N / N	Admit	1	6/30/2020	00/00/0000
RL	7/1/2020	7/6/2020	6	0	6 HR	PVT	N	218 RLMS	00/00/0000	0	PreAdmit	1	6/30/2020	00/00/0000
RL	7/7/2020	12/31/2020	178	0	178 HR	PVT	N	218 RLMS	00/00/0000	0	Admit	1	6/30/2020	00/00/0000
AL	2/6/2020	2/12/2020	7	0	7 WW	PVT	N	43 ALMS	00/00/0000	0 N / N	Admit	1	2/6/2020	00/00/0000
AL	2/13/2020	2/13/2020	1	0	1 WW	PVT	N	43 ALMS	00/00/0000	0	Hospital Hc	1	2/6/2020	00/00/0000
AL	2/14/2020	2/14/2020	1	0	1 WW	PVT	N	48 ALMS	00/00/0000	0 N / N	Admit	2	2/14/2020	00/00/0000
AL	2/15/2020	5/13/2020	89	0	89 WW	PVT	N	43 ALMS	00/00/0000	0	Admit	2	2/14/2020	00/00/0000
AL	5/14/2020	5/14/2020	0	0	0 WW	PVT	N	43 ALMS	00/00/0000	0	Expired	2	2/14/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	219 RLS	00/00/0000	0 N / N	Admit	1	5/1/2012	00/00/0000
HC	11/18/2020	12/1/2020	14	0	14 HC	MCA	N	11B SNC	11/18/2020 ****	Y / Y	Admit	1	11/18/2020	00/00/0000
HC	12/2/2020	12/7/2020	6	0	6 HC	MCA	N	7B SNC	00/00/0000	0	Admit	1	11/18/2020	00/00/0000
HC	12/8/2020	12/8/2020	1	0	1 HC	MCA	Y	7B SNC	00/00/0000	0	Admit	1	11/18/2020	00/00/0000
HC	12/9/2020	12/25/2020	17	0	17 HC	MCA	Y	1A SNC	00/00/0000	0	Admit	1	11/18/2020	00/00/0000
HC	12/26/2020	12/31/2020	6	0	6 HC	PVT	N	1A NSC	00/00/0000	0	Admit	1	11/18/2020	00/00/0000
HC	1/1/2020	12/31/2020	366	0	366 HC	PVT	N	15C NS	10/16/2019	23 Y / Y	Admit	2	10/16/2019	11/8/2019
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	118 RLS	00/00/0000	0 N / N	Admit	1	5/15/2014	00/00/0000
RL	1/1/2020	1/23/2020	23	0	23 HR	PVT	N	325-26	00/00/0000	0 N / N	Admit	1	5/31/2019	00/00/0000
RL	1/24/2020	1/30/2020	7	0	7 HR	PVT	N	325-26	00/00/0000	0	Hospital Hc	1	5/31/2019	00/00/0000
RL	1/31/2020	12/31/2020	336	0	336 HR	PVT	N	325-26	00/00/0000	0 N / N	Admit	2	1/31/2020	00/00/0000
RL	3/14/2020	8/10/2020	150	0	150 HR	PVT	N	119-20	00/00/0000	0 N / N	Admit	1	3/14/2020	00/00/0000
RL	8/11/2020	8/11/2020	0	0	0 HR	PVT	N	119-20	00/00/0000	0	Discharged	1	3/14/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	39 ALMS	00/00/0000	0 N / N	Admit	3	7/29/2019	00/00/0000
RL	1/1/2020	5/24/2020	145	0	145 HR	PVT	N	408 RLMS	00/00/0000	0 N / N	Admit	1	5/10/2011	00/00/0000
RL	5/25/2020	5/28/2020	4	0	4 HR	PVT	N	408 RLMS	00/00/0000	0	Hospital Hc	1	5/10/2011	00/00/0000

RL	5/29/2020	5/30/2020	2	0	2 HR	PVT	N	408 RLMS	00/00/0000	0 N / N	Admit	2	5/29/2020	00/00/0000
RL	5/31/2020	5/31/2020	0	0	0 HR	PVT	N	408 RLMS	00/00/0000	0	Expired	2	5/29/2020	00/00/0000
HC	11/13/2020	11/24/2020	12	0	12 HC	ADVA	N	14 SNC	11/13/2020 ****	Y / Y	Admit	1	11/13/2020	00/00/0000
HC	11/25/2020	12/15/2020	21	0	21 HC	ADVA	N	2B SNC	00/00/0000	0	Admit	1	11/13/2020	00/00/0000
HC	12/16/2020	12/16/2020	0	0	0 HC	ADVA	N	2B SNC	00/00/0000	0	Discharged	1	11/13/2020	00/00/0000
AL	6/29/2020	6/30/2020	2	0	2 WW	PVT	N	9 ALMS	00/00/0000	0 N / N	PreAdmit	1	6/29/2020	00/00/0000
AL	7/1/2020	8/3/2020	34	0	34 WW	PVT	N	9 ALMS	00/00/0000	0	Admit	1	6/29/2020	00/00/0000
AL	8/4/2020	8/4/2020	1	0	1 WW	PVT	N	9 ALMS	00/00/0000	0	Expired Ho	1	6/29/2020	00/00/0000
AL	8/5/2020	8/5/2020	0	0	0 WW	PVT	N	9 ALMS	00/00/0000	0	Discharged	1	6/29/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	311-12 RLMS	00/00/0000	0 N / N	Admit	2	8/11/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	22 ALMS	00/00/0000	0 N / N	Admit	1	9/20/2017	00/00/0000
RL	1/1/2020	12/14/2020	349	0	349 HR	PVT	N	203 RLS	00/00/0000	0 N / N	Admit	1	2/23/2018	00/00/0000
RL	12/15/2020	12/31/2020	17	0	17 HR	PVT	N	203 RLS	00/00/0000	0	Hospital Hc	1	2/23/2018	00/00/0000
AL	10/21/2020	12/31/2020	72	0	72 WW	PVT	N	21 ALS	00/00/0000	0 N / N	Admit	2	10/21/2020	00/00/0000
RL	1/1/2020	10/20/2020	294	0	294 HR	PVT	N	222-23 RLS	00/00/0000	0 N / N	Admit	1	12/5/2013	00/00/0000
RL	10/21/2020	10/21/2020	0	0	0 HR	PVT	N	222-23 RLS	00/00/0000	0	Discharged	1	12/5/2013	00/00/0000
RL	1/1/2020	1/22/2020	22	0	22 HR	PVT	N	224 RLMS	00/00/0000	0 N / N	Admit	1	12/30/2017	00/00/0000
RL	1/23/2020	1/23/2020	1	0	1 HR	PVT	N	224 RLMS	00/00/0000	0	Discharged	1	12/30/2017	00/00/0000
RL	1/24/2020	2/1/2020	9	0	9 HR	PVT	N	224 RLMS	00/00/0000	0	Expired Ho	1	12/30/2017	00/00/0000
RL	2/2/2020	2/2/2020	0	0	0 HR	PVT	N	224 RLMS	00/00/0000	0	Discharged	1	12/30/2017	00/00/0000
HC	1/1/2020	12/22/2020	357	0	357 HC	PVT	N	5B NS	9/5/2018	43 Y / Y	Admit	8	9/5/2018	9/20/2018
HC	12/23/2020	12/26/2020	4	0	4 HC	PVT	N	5B NS	00/00/0000	0	Bed Hold	8	9/5/2018	9/20/2018
HC	12/27/2020	12/27/2020	1	0	1 HC	PVT	N	12 NS	12/28/2020 ****	Y / Y	Admit	9	12/27/2020	00/00/0000
HC	12/28/2020	12/28/2020	1	0	1 HC	MCA	N	12 SN	00/00/0000	0	Admit	9	12/27/2020	00/00/0000
HC	12/29/2020	12/31/2020	3	0	3 HC	MCA	N	5B SN	00/00/0000	0	Admit	9	12/27/2020	00/00/0000
HC	1/1/2020	12/31/2020	366	0	366 HC	MMCD	N	9B NSC	00/00/0000	0 Y / Y	Admit	1	9/24/2014	00/00/0000
RL	1/1/2020	10/24/2020	298	0	298 HR	PVT	N	209-10 RLMS	00/00/0000	0 N / N	Admit	1	7/11/2011	00/00/0000
RL	10/25/2020	10/26/2020	2	0	2 HR	PVT	N	209-10 RLMS	00/00/0000	0	Hospital Hc	1	7/11/2011	00/00/0000
RL	10/27/2020	12/31/2020	66	0	66 HR	PVT	N	209-10 RLMS	00/00/0000	0 N / N	Admit	2	10/27/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	29 ALS	00/00/0000	0 N / N	Admit	3	10/13/2019	00/00/0000
HC	1/1/2020	12/31/2020	366	0	366 HC	PVT	N	2A NS	1/4/2019	36 Y / Y	Admit	1	1/4/2019	2/8/2019
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	420 RLS	00/00/0000	0 N / N	Admit	1	8/15/2018	00/00/0000
HC	2/1/2020	2/14/2020	14	0	14 HC	MCA	N	15D SNC	2/1/2020 ****	Y / Y	Admit	1	2/1/2020	00/00/0000
HC	2/15/2020	2/17/2020	3	0	3 HC	MCA	N	5A SNC	00/00/0000	0	Admit	1	2/1/2020	00/00/0000
HC	2/18/2020	2/20/2020	3	0	3 HC	MCA	N	15D SNC	00/00/0000	0	Admit	1	2/1/2020	00/00/0000
HC	2/21/2020	3/4/2020	13	0	13 HC	MCA	Y	15D SNC	00/00/0000	0	Admit	1	2/1/2020	00/00/0000
HC	3/5/2020	3/5/2020	0	0	0 HC	MCA	N	15D SNC	00/00/0000	0	Discharged	1	2/1/2020	00/00/0000
RL	3/5/2020	12/31/2020	302	0	302 HR	PVT	N	417-18 RLM2	00/00/0000	0	Admit	1	3/5/2020	00/00/0000
RL	2/4/2020	3/3/2020	29	0	29 HR	PVT	N	107 RLMS	00/00/0000	0 N / N	Admit	1	2/4/2020	00/00/0000
RL	3/4/2020	12/31/2020	303	0	303 HR	PVT	N	417-18 RLMS	00/00/0000	0	Admit	1	2/4/2020	00/00/0000
RL	1/1/2020	5/13/2020	134	0	134 HR	PVT	N	319 RLS	00/00/0000	0 N / N	Admit	1	4/1/2013	00/00/0000
RL	5/14/2020	5/14/2020	0	0	0 HR	PVT	N	319 RLS	00/00/0000	0	Expired	1	4/1/2013	00/00/0000
RL	1/1/2020	7/5/2020	187	0	187 HR	PVT	N	123-24 RLS	00/00/0000	0 N / N	Admit	1	2/17/2011	00/00/0000
RL	7/6/2020	7/8/2020	3	0	3 HR	PVT	N	123-24 RLS	00/00/0000	0	Hospital Hc	1	2/17/2011	00/00/0000
RL	7/9/2020	7/29/2020	21	0	21 HR	PVT	N	123-24 RLS	00/00/0000	0 N / N	Admit	2	7/9/2020	00/00/0000
RL	7/30/2020	8/8/2020	10	0	10 HR	PVT	N	123-24 RLS	00/00/0000	0	Hospital Hc	2	7/9/2020	00/00/0000
RL	8/9/2020	8/9/2020	0	0	0 HR	PVT	N	123-24 RLS	00/00/0000	0	Expired	2	7/9/2020	00/00/0000
HC	10/21/2020	11/1/2020	12	0	12 HC	MCA	N	11A SNC	10/21/2020 ****	Y / Y	Admit	1	10/21/2020	00/00/0000
HC	11/2/2020	11/9/2020	8	0	8 HC	MCA	N	2B SNC	00/00/0000	0	Admit	1	10/21/2020	00/00/0000
HC	11/10/2020	11/11/2020	2	0	2 HC	MCA	Y	2B SNC	00/00/0000	0	Admit	1	10/21/2020	00/00/0000
HC	11/12/2020	11/12/2020	0	0	0 HC	MCA	N	2B SNC	00/00/0000	0	Discharged	1	10/21/2020	00/00/0000
AL	7/31/2020	7/31/2020	1	0	1 WW	PVT	N	13-15 ALMS	00/00/0000	0 N / N	PreAdmit	1	7/31/2020	00/00/0000
AL	8/1/2020	9/28/2020	59	0	59 WW	PVT	N	13-15 ALMS	00/00/0000	0	Admit	1	7/31/2020	00/00/0000
AL	9/29/2020	9/29/2020	0	0	0 WW	PVT	N	13-15 ALMS	00/00/0000	0	Discharged	1	7/31/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	113 RLS	00/00/0000	0 N / N	Admit	1	10/11/2013	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	302 RLS	00/00/0000	0 N / N	Admit	1	4/21/2017	00/00/0000
RL	1/31/2020	2/4/2020	5	0	5 HR	PVT	N	105 RLS	00/00/0000	0 N / N	PreAdmit	1	1/31/2020	00/00/0000
RL	2/5/2020	11/30/2020	300	0	300 HR	PVT	N	105 RLS	00/00/0000	0	Admit	1	1/31/2020	00/00/0000
RL	12/1/2020	12/31/2020	31	0	31 HR	PVT	N	105 RLMS	00/00/0000	0	Admit	1	1/31/2020	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	41 ALS	00/00/0000	0 N / N	Admit	1	4/14/2018	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	306 RLS	00/00/0000	0 N / N	Admit	1	7/5/2018	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	49 ALS	00/00/0000	0 N / N	Admit	1	4/5/2018	00/00/0000
AL	1/1/2020	1/20/2020	20	0	20 WW	PVT	N	36 ALS	00/00/0000	0 N / N	Admit	1	11/15/2016	00/00/0000
AL	1/21/2020	1/22/2020	2	0	2 WW	PVT	N	36 ALS	00/00/0000	0	Hospital Hc	1	11/15/2016	00/00/0000
AL	1/23/2020	1/25/2020	3	0	3 WW	PVT	N	36 ALS	00/00/0000	0 N / N	Admit	2	1/23/2020	00/00/0000
AL	1/26/2020	1/29/2020	4	0	4 WW	PVT	N	36 ALS	00/00/0000	0	Expired Ho	2	1/23/2020	00/00/0000
AL	1/30/2020	1/30/2020	0	0	0 WW	PVT	N	36 ALS	00/00/0000	0	Discharged	2	1/23/2020	00/00/0000
HC	12/4/2020	12/8/2020	5	0	5 HC	MCA	N	11B SNC	12/4/2020 ****	Y / Y	Admit	1	12/4/2020	12/11/2020
HC	12/9/2020	12/11/2020	3	0	3 HC	MCA	N	11B SNC	00/00/0000	0	Admit	1	12/4/2020	12/11/2020
HC	12/12/2020	12/12/2020	0	0	0 HC	MCA	N	11B SNC	00/00/0000	0	Discharged	1	12/4/2020	12/11/2020
AL	9/28/2020	10/2/2020	5	0	5 WW	PVT	N	10 ALMS	00/00/0000	0 N / N	Admit	1	9/28/2020	00/00/0000
AL	10/3/2020	10/8/2020	6	0	6 WW	PVT	N	10 ALMS	00/00/0000	0	Hospital Hc	1	9/28/2020	00/00/0000
AL	10/9/2020	12/29/2020	82	0	82 WW	PVT	N	10 ALMS	00/00/0000	0 N / N	Admit	2	10/9/2020	00/00/0000
AL	12/30/2020	12/31/2020	2	0	2 WW	PVT	N	10 ALMS	00/00/0000	0	Hospital Hc	2	10/9/2020	00/00/0000

AL	1/1/2020	2/2/2020	33	0	33 WW	PVT	N	2 ALMS	00/00/0000	0 N / N	Admit	1	11/30/2018	00/00/0000
AL	2/3/2020	2/4/2020	2	0	2 WW	PVT	N	2 ALMS	00/00/0000	0	Hospital Hc	1	11/30/2018	00/00/0000
AL	2/5/2020	4/5/2020	61	0	61 WW	PVT	N	2 ALMS	00/00/0000	0 N / N	Admit	2	2/5/2020	00/00/0000
AL	4/6/2020	4/8/2020	3	0	3 WW	PVT	N	2 ALMS	00/00/0000	0	Hospital Hc	2	2/5/2020	00/00/0000
AL	4/9/2020	6/10/2020	63	0	63 WW	PVT	N	2 ALMS	00/00/0000	0 N / N	Admit	3	4/9/2020	00/00/0000
AL	6/11/2020	6/12/2020	2	0	2 WW	PVT	N	2 ALMS	00/00/0000	0	Expired Ho	3	4/9/2020	00/00/0000
AL	6/13/2020	6/13/2020	0	0	0 WW	PVT	N	2 ALMS	00/00/0000	0	Expired	3	4/9/2020	00/00/0000
HC	1/1/2020	1/5/2020	5	0	5 HC	PVT	N	2B NSC	12/9/2019	22 Y / Y	Admit	1	12/9/2019	12/31/2019
HC	1/6/2020	1/6/2020	0	0	0 HC	PVT	N	2B NSC	00/00/0000	0	Discharged	1	12/9/2019	12/31/2019
RL	1/1/2020	1/6/2020	6	0	6 HR	PVT	N	226-27 RLS	00/00/0000	0 N / N	Admit	1	12/4/2019	00/00/0000
RL	1/7/2020	11/30/2020	329	0	329 HR	PVT	N	403 RLS	00/00/0000	0	Admit	1	12/4/2019	00/00/0000
RL	12/1/2020	12/26/2020	26	0	26 HR	PVT	N	403 RLMS	00/00/0000	0	Admit	1	12/4/2019	00/00/0000
RL	12/27/2020	12/31/2020	5	0	5 HR	PVT	N	403 RLMS	00/00/0000	0	Hospital Hc	1	12/4/2019	00/00/0000
AL	12/3/2020	12/31/2020	29	0	29 WW	PVT	N	13-15 ALMD	00/00/0000	0 N / N	Admit	1	12/3/2020	00/00/0000
HC	10/30/2020	11/8/2020	10	0	10 HC	MCA	N	14 SNC	00/00/0000	0	Admit	1	10/30/2020	00/00/0000
HC	11/9/2020	11/18/2020	10	0	10 HC	MCA	N	3A SNC	00/00/0000	0	Admit	1	10/30/2020	00/00/0000
HC	11/19/2020	12/2/2020	14	0	14 HC	MCA	Y	3A SNC	00/00/0000	0	Admit	1	10/30/2020	00/00/0000
HC	12/3/2020	12/3/2020	0	0	0 HC	MCA	N	3A SNC	00/00/0000	0	Discharged	1	10/30/2020	00/00/0000
AL	10/30/2020	12/2/2020	34	0	34 WW	PVT	N	13-15 ALMS	00/00/0000	0 N / N	Admit	1	10/30/2020	00/00/0000
AL	12/3/2020	12/31/2020	29	0	29 WW	PVT	N	13-15 ALM2	00/00/0000	0	Admit	1	10/30/2020	00/00/0000
RL	1/1/2020	1/30/2020	30	0	30 HR	PVT	N	401-02 RLMS	00/00/0000	0 N / N	Admit	1	5/1/2019	00/00/0000
RL	1/31/2020	1/31/2020	0	0	0 HR	PVT	N	401-02 RLMS	00/00/0000	0	Discharged	1	5/1/2019	00/00/0000
HC	1/1/2020	1/2/2020	2	0	2 HC	MCA	N	3A SNC	12/26/2019 ****	Y / Y	Admit	1	12/26/2019	00/00/0000
HC	1/3/2020	1/14/2020	12	0	12 HC	MCA	N	14 SNC	00/00/0000	0	Admit	1	12/26/2019	00/00/0000
HC	1/15/2020	2/11/2020	28	0	28 HC	MCA	Y	14 SNC	00/00/0000	0	Admit	1	12/26/2019	00/00/0000
HC	2/12/2020	2/12/2020	0	0	0 HC	MCA	N	14 SNC	00/00/0000	0	Discharged	1	12/26/2019	00/00/0000
HC	5/11/2020	5/30/2020	20	0	20 HC	MCA	N	2B SNC	5/11/2020 ****	Y / Y	Admit	2	5/11/2020	6/15/2020
HC	5/31/2020	6/15/2020	16	0	16 HC	MCA	Y	2B SNC	00/00/0000	0	Admit	2	5/11/2020	6/15/2020
HC	6/16/2020	8/14/2020	60	0	60 HC	PVT	N	2B NSC	00/00/0000	0	Admit	2	5/11/2020	6/15/2020
HC	8/15/2020	8/21/2020	7	0	7 HC	PVT	N	2B NSC	00/00/0000	0	Bed Hold	2	5/11/2020	6/15/2020
HC	8/22/2020	8/23/2020	2	0	2 HC	PVT	N	14 NSC	00/00/0000	0 Y / Y	Admit	3	8/22/2020	00/00/0000
HC	8/24/2020	8/24/2020	0	0	0 HC	PVT	N	14 NSC	00/00/0000	0	Expired	3	8/22/2020	00/00/0000
AL	1/31/2020	3/1/2020	31	0	31 WW	PVT	N	9 ALMS	00/00/0000	0 N / N	PreAdmit	1	1/31/2020	00/00/0000
AL	3/2/2020	4/13/2020	43	0	43 WW	PVT	N	9 ALMS	00/00/0000	0	Admit	1	1/31/2020	00/00/0000
AL	4/14/2020	4/14/2020	0	0	0 WW	PVT	N	9 ALMS	00/00/0000	0	Discharged	1	1/31/2020	00/00/0000
AL	1/1/2020	1/16/2020	16	0	16 WW	PVT	N	4 ALS	00/00/0000	0 N / N	Admit	2	8/29/2019	00/00/0000
AL	1/17/2020	2/10/2020	25	0	25 WW	PVT	N	4 ALS	00/00/0000	0	Expired Ho	2	8/29/2019	00/00/0000
AL	2/11/2020	2/11/2020	0	0	0 WW	PVT	N	4 ALS	00/00/0000	0	Discharged	2	8/29/2019	00/00/0000
AL	1/1/2020	12/31/2020	366	0	366 WW	PVT	N	24 ALMS	00/00/0000	0 N / N	Admit	1	9/28/2019	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	425-26 RLS	00/00/0000	0 N / N	Admit	1	9/4/2013	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	318 RLMS	00/00/0000	0 N / N	Admit	1	4/20/2017	00/00/0000
HC	9/11/2020	9/17/2020	7	0	7 HC	MCA	N	14 SNC	9/11/2020 ****	Y / Y	Admit	1	9/11/2020	00/00/0000
HC	9/18/2020	9/18/2020	0	0	0 HC	MCA	N	14 SNC	00/00/0000	0	Discharged	1	9/11/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	407 RLMS	00/00/0000	0 N / N	Admit	2	3/22/2019	00/00/0000
HC	1/3/2020	1/6/2020	4	0	4 HC	MCA	Y	3A SNC	12/13/2019 ****	Y / Y	Admit	1	1/3/2020	00/00/0000
HC	1/7/2020	1/22/2020	16	0	16 HC	MCA	Y	2B SNC	00/00/0000	0	Admit	1	1/3/2020	00/00/0000
HC	1/23/2020	1/23/2020	0	0	0 HC	MCA	N	2B SNC	00/00/0000	0	Discharged	1	1/3/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	413 RLS	00/00/0000	0 N / N	Admit	2	9/14/2019	00/00/0000
HC	12/3/2020	12/10/2020	8	0	8 HC	PINS	N	12 SNC	00/00/0000	0 Y / Y	Admit	1	12/3/2020	00/00/0000
HC	12/11/2020	12/31/2020	21	0	21 HC	PINS	N	5A SNC	00/00/0000	0	Admit	1	12/3/2020	00/00/0000
RL	1/1/2020	6/11/2020	163	0	163 HR	PVT	N	206-07 RLS	00/00/0000	0 N / N	Admit	1	5/27/2015	00/00/0000
RL	6/12/2020	6/14/2020	3	0	3 HR	PVT	N	206-07 RLS	00/00/0000	0	Hospital Hc	1	5/27/2015	00/00/0000
RL	6/15/2020	12/31/2020	200	0	200 HR	PVT	N	206-07 RLS	00/00/0000	0 N / N	Admit	2	6/15/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	304-05 RLMS	00/00/0000	0 N / N	Admit	1	1/22/2016	00/00/0000
AL	2/29/2020	3/12/2020	13	0	13 WW	PVT	N	46 ALMS	00/00/0000	0 N / N	Admit	1	2/29/2020	00/00/0000
AL	3/13/2020	3/13/2020	1	0	1 WW	PVT	N	13-15 ALMS	00/00/0000	0	Admit	1	2/29/2020	00/00/0000
AL	3/14/2020	3/14/2020	0	0	0 WW	PVT	N	13-15 ALMS	00/00/0000	0	Expired	1	2/29/2020	00/00/0000
AL	3/13/2020	3/22/2020	10	0	10 WW	PVT	N	13-15 ALMS	00/00/0000	0 N / N	Admit	1	3/13/2020	00/00/0000
AL	3/23/2020	3/23/2020	0	0	0 WW	PVT	N	13-15 ALMS	00/00/0000	0	Discharged	1	3/13/2020	00/00/0000
RL	3/23/2020	11/11/2020	234	0	234 HR	PVT	N	107 RLMS	00/00/0000	0	Admit	1	3/23/2020	00/00/0000
RL	11/12/2020	11/20/2020	9	0	9 HR	PVT	N	107 RLMS	00/00/0000	0	Hospital Hc	1	3/23/2020	00/00/0000
RL	11/21/2020	12/31/2020	41	0	41 HR	PVT	N	107 RLMS	00/00/0000	0 N / N	Admit	2	11/21/2020	00/00/0000
RL	1/1/2020	8/10/2020	223	0	223 HR	PVT	N	321-22 RLS	00/00/0000	0 N / N	Admit	1	12/21/2012	00/00/0000
RL	8/11/2020	12/31/2020	143	0	143 HR	PVT	N	116-17 RLS	00/00/0000	0	Admit	1	12/21/2012	00/00/0000
HC	10/30/2020	11/2/2020	4	0	4 HC	ADVA	N	118 SNC	10/30/2020 ****	Y / Y	Admit	1	10/30/2020	00/00/0000
HC	11/3/2020	11/16/2020	14	0	14 HC	ADVA	N	12 SNC	00/00/0000	0	Admit	1	10/30/2020	00/00/0000
HC	11/17/2020	11/17/2020	0	0	0 HC	ADVA	N	12 SNC	00/00/0000	0	Discharged	1	10/30/2020	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	214-15 RLS	00/00/0000	0 N / N	Admit	2	9/22/2019	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	121-22 RLS	00/00/0000	0 N / N	Admit	1	10/3/2018	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	109-10 RLD	00/00/0000	0 N / N	Admit	1	4/17/2018	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	109-10 RL2	00/00/0000	0 N / N	Admit	1	4/17/2018	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	411-12 RLS	00/00/0000	0 N / N	Admit	1	5/15/2019	00/00/0000
RL	1/1/2020	12/31/2020	366	0	366 HR	PVT	N	225 RLS	00/00/0000	0 N / N	Admit	1	10/16/2012	00/00/0000
RL	1/1/2020	1/6/2020	6	0	6 HR	PVT	N	220 RLMS	00/00/0000	0 N / N	Admit	1	12/7/2019	00/00/0000

	1/7/2020	1/7/2020	0	0	0	HR	PVT	N		220	RLMS	00/00/0000	0	Discharged	1	12/7/2019	00/00/0000
AL	11/12/2020	11/25/2020	14	0	14	WW	PVT	N		42	ALMS	00/00/0000	0 N / N	Admit	1	11/12/2020	00/00/0000
AL	11/26/2020	11/26/2020	0	0	0	VW	PVT	N		42	ALMS	00/00/0000	0	Discharged	1	11/12/2020	00/00/0000
HC	9/18/2020	10/5/2020	18	0	18	HC	MCA	N		12	SNC	00/00/0000	0	Admit	1	9/18/2020	00/00/0000
HC	10/6/2020	10/7/2020	2	0	2	HC	MCA	N	5A	SNC	00/00/0000	0	Admit	1	9/18/2020	00/00/0000	
HC	10/8/2020	10/13/2020	6	0	6	HC	MCA	N	5A	SNC	00/00/0000	0	Admit	1	9/18/2020	00/00/0000	
HC	10/14/2020	11/11/2020	29	0	29	HC	MCA	Y	1A	SNC	00/00/0000	0	Admit	1	9/18/2020	00/00/0000	
AL	11/12/2020	11/12/2020	0	0	0	HC	MCA	N	1A	SNC	00/00/0000	0	Discharged	1	9/18/2020	00/00/0000	
AL	2/4/2020	2/27/2020	24	0	24	WW	PVT	N	27*	ALMS	00/00/0000	0 N / N	Temporary	2	1/30/2020	00/00/0000	
AL	2/28/2020	3/1/2020	3	0	3	WW	PVT	N	27*	ALMS	00/00/0000	0	Admit	2	1/30/2020	00/00/0000	
AL	3/2/2020	3/2/2020	1	0	1	WW	PVT	N	27*	ALMS	00/00/0000	0	Temporary	2	1/30/2020	00/00/0000	
AL	3/3/2020	3/4/2020	2	0	2	VW	PVT	N	27*	ALMS	00/00/0000	0	Hospital Hc	2	1/30/2020	00/00/0000	
AL	3/5/2020	3/24/2020	20	0	20	WW	PVT	N	27*	ALMS	00/00/0000	0	Temporary	2	1/30/2020	00/00/0000	
AL	3/25/2020	3/25/2020	0	0	0	VW	PVT	N	27*	ALMS	00/00/0000	0	Discharged	2	1/30/2020	00/00/0000	
HC	1/1/2020	1/8/2020	8	0	8	HC	MCA	N	7A	SNC	12/24/2019 ****	Y / Y	Admit	2	12/24/2019	2/27/2020	
HC	1/9/2020	1/12/2020	4	0	4	HC	MCA	N	10A	SNC	12/24/2019 ****	Y / Y	Admit	2	12/24/2019	2/27/2020	
HC	1/13/2020	2/27/2020	46	0	46	HC	MCA	Y	10A	SNC	12/24/2019 ****	Y / Y	Admit	2	12/24/2019	2/27/2020	
HC	2/28/2020	2/28/2020	0	0	0	HC	MCA	N	10A	SNC	12/24/2019 ****	Y / Y	Discharged	2	12/24/2019	2/27/2020	
HC	3/2/2020	3/2/2020	1	0	1	HC	MCA	Y	10A	SNC	3/2/2020 ****	Y / Y	Admit	3	3/2/2020	3/2/2020	
HC	3/3/2020	3/3/2020	0	0	0	HC	MCA	Y	10A	SNC	3/2/2020 ****	Y / Y	Discharged	3	3/2/2020	3/2/2020	
HC	3/5/2020	4/6/2020	33	0	33	HC	MCA	Y	10A	SNC	3/5/2020 ****	Y / Y	Admit	4	3/5/2020	4/6/2020	
HC	4/7/2020	10/5/2020	182	0	182	HC	PVT	N	10A	NSC	3/5/2020 ****	Y / Y	Admit	4	3/5/2020	4/6/2020	
HC	10/6/2020	12/31/2020	87	0	87	HC	PVT	N	7A	NSC	3/5/2020 ****	Y / Y	Admit	4	3/5/2020	4/6/2020	
RL	1/1/2020	1/29/2020	29	0	29	HR	PVT	N		104	RLMS	00/00/0000	0 N / N	Temporary	1	10/11/2010	00/00/0000
RL	1/30/2020	1/30/2020	0	0	0	HR	PVT	N		104	RLMS	00/00/0000	0	Discharged	1	10/11/2010	00/00/0000

42884

Total Number of Days by 1st Payor Type:

ADVA	MCA Advantage/Replacement Plan	245	0	245
KFH	Kaiser Permanente	30	0	30
MCA	Medicare A	1203	0	1203
MCD	Medi-Cal	1567	0	1567
MMCD	Managed Medi-Cal	1597	0	1597
PINS	Private Insurance	50	0	50
PVT	Private Pay	38192	0	38192

Report Total Number of Days: 42884 0 42884

Fac	Pyr 1	LOC	Status	Sum of TOTAL
AL	PVT	ALM2	Admit	29
		ALMD	Admit	37
			Expired Hold	3
			Hospital Hold	5
		ALMS	Admit	5389
			Expired Hold	5
			Hospital Hold	65
			PreAdmit	34
			Temporary Trans	150
		ALS	Admit	5126
			Discharge Hold	2
			Expired Hold	30
			Hospital Hold	65
			Temporary Trans	201
		BC	Admit	16
AL Total				11157
HC	ADVA	SN	Admit	38
		SNC	Admit	207
	KFH	K4B	Admit	30
	MCA	SN	Admit	237
		SNC	Admit	965
	MCD	NS	Admit	732
		NSC	Admit	829
			Bed Hold	6
	MMCD	NS	Admit	390
			Bed Hold	4
		NSC	Admit	1021
		SN	Admit	182
	PINS	BS2C	Admit	21
		SNC	Admit	29
	PVT	NS	Admit	2030
			Bed Hold	8
		NSC	Admit	1383
			Bed Hold	24
		SNC	Admit	13
HC Total				8149
RL	PVT	ALMS	Admit	55
		RL2	Admit	1089
			Expired Hold	5
			Hospital Hold	4
		RLD	Admit	1087
			Expired Hold	9
			Hospital Hold	2
		RLM2	Admit	1019
			Hospital Hold	24

11212

RL	PVT	RLM2	Temporary Trans	9		
		RLMD	Admit	1079		
			Hospital Hold	5		
			Temporary Trans	20		
		RLMS	Admit	5634		
			Discharged Hold	1		
			Expired Hold	9		
			Hospital Hold	42		
			PreAdmit	36		
			Temporary Trans	30		
		RLS	Admit	13327		
			Hospital Hold	47		
			PreAdmit	5		
			Temporary Trans	39		
RL Total				23577	21372	21372
Grand Total				42883		

HC	9/6/2019	9/26/2019	21	0	21	HC	MCA	COA	Y	10A	SN	9/6/2019	****	Y / Y	Admit	1	9/6/2019	00/00/0000
HC	9/27/2019	9/27/2019	0	0	0	HC	MCA	COA	N	10A	SN	9/6/2019	****	Y / Y	Discharge	1	9/6/2019	00/00/0000
AL	1/1/2019	12/20/2019	354	0	354	WW	PVT		N	38	ALS	00/00/0000		0 N / N	Admit	1	9/25/2018	00/00/0000
AL	12/21/2019	12/27/2019	7	0	7	WW	PVT		N	38	ALS	00/00/0000		0	Hospital H	1	9/25/2018	00/00/0000
AL	12/28/2019	12/31/2019	4	0	4	WW	PVT		N	38	ALS	00/00/0000		0 N / N	Admit	2	12/28/2019	00/00/0000
HC	2/7/2019	2/26/2019	20	0	20	HC	MCA	COA	N	6A	SNC	2/7/2019	****	Y / Y	Admit	1	2/7/2019	3/1/2019
HC	2/27/2019	3/1/2019	3	0	3	HC	MCA	COA	Y	6A	SNC	00/00/0000		0	Admit	1	2/7/2019	3/1/2019
HC	3/2/2019	3/2/2019	0	0	0	HC	PVT		N	6A	NSC	00/00/0000		0	Discharge	1	2/7/2019	3/1/2019
RL	1/1/2019	1/30/2019	30	0	30	HR	PVT		N	313-14	RLS	00/00/0000		0	Admit	1	5/15/2018	00/00/0000
RL	1/31/2019	2/6/2019	7	0	7	HR	PVT		N	313-14	RLS	00/00/0000		0	Hospital H	1	5/15/2018	00/00/0000
RL	2/7/2019	3/1/2019	23	0	23	HR	PVT		N	313-14	RLS	00/00/0000		0	Temporar	1	5/15/2018	00/00/0000
RL	3/2/2019	12/31/2019	305	0	305	HR	PVT		N	313-14	RLS	00/00/0000		0	Admit	1	5/15/2018	00/00/0000
HC	1/1/2019	9/27/2019	270	0	270	HC	PVT		N	14	NSC	00/00/0000		0 Y / Y	Admit	1	4/21/2017	00/00/0000
HC	9/28/2019	9/28/2019	0	0	0	HC	PVT		N	14	NSC	00/00/0000		0	Expired	1	4/21/2017	00/00/0000
HC	11/8/2019	11/11/2019	4	0	4	HC	PVT		N	5A	NSC	00/00/0000		0 Y / Y	Admit	1	11/8/2019	00/00/0000
HC	11/12/2019	11/12/2019	0	0	0	HC	PVT		N	5A	NSC	00/00/0000		0	Discharge	1	11/8/2019	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	201	RLS	00/00/0000		0 N / N	Admit	1	12/28/2005	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N	3	ALS	00/00/0000		0 N / N	Admit	2	5/27/2015	00/00/0000
AL	1/1/2019	10/29/2019	302	0	302	WW	PVT		N	10	ALS	00/00/0000		0 N / N	Admit	2	7/25/2018	00/00/0000
AL	10/30/2019	11/4/2019	6	0	6	WW	PVT		N	10	ALS	00/00/0000		0	Hospital H	2	7/25/2018	00/00/0000
AL	11/5/2019	11/11/2019	7	0	7	WW	PVT		N	10	ALS	00/00/0000		0	Temporar	2	7/25/2018	00/00/0000
AL	11/12/2019	11/30/2019	19	0	19	WW	PVT		N	10	ALS	00/00/0000		0	Discharge	2	7/25/2018	00/00/0000
AL	12/1/2019	12/1/2019	0	0	0	WW	PVT		N	10	ALS	00/00/0000		0	Discharge	2	7/25/2018	00/00/0000
HC	11/5/2019	11/24/2019	20	0	20	HC	MCA	COA	N	15A	SN	00/00/0000		0	Admit	2	11/5/2019	00/00/0000
HC	11/25/2019	12/4/2019	10	0	10	HC	MCA	COA	Y	15A	SN	00/00/0000		0	Admit	2	11/5/2019	00/00/0000
HC	12/5/2019	12/8/2019	4	0	4	HC	PVT		N	15A	NS	00/00/0000		0	Bed Hold	2	11/5/2019	00/00/0000
HC	12/9/2019	12/31/2019	23	0	23	HC	MCA		Y	15A	SN	12/9/2019	****	Y / Y	Admit	3	12/9/2019	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N	42	ALS	00/00/0000		0 N / N	Admit	1	7/27/2018	00/00/0000
HC	1/1/2019	1/4/2019	4	0	4	HC	MCA		Y	7A	SN	12/3/2018	****	Y / Y	Admit	4	12/3/2018	1/4/2019
HC	1/5/2019	2/19/2019	46	0	46	HC	PVT		N	7A	NS	00/00/0000		0	Admit	4	12/3/2018	1/4/2019
HC	2/20/2019	3/18/2019	27	0	27	HC	PVT		N	7A	NS	00/00/0000		0	Bed Hold	4	12/3/2018	1/4/2019
HC	3/19/2019	3/19/2019	0	0	0	HC	PVT		N	7A	NS	00/00/0000		0	Discharge	4	12/3/2018	1/4/2019
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	108	RLS	00/00/0000		0 N / N	Admit	1	10/3/2003	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	301	RLMS	00/00/0000		0 N / N	Admit	1	3/17/2011	00/00/0000
HC	1/1/2019	4/16/2019	106	0	106	HC	PVT		N	11A	NSC	9/12/2017	****	Y / Y	Admit	6	9/12/2017	*****
HC	4/17/2019	4/22/2019	6	0	6	HC	PVT		N	11A	NSC	00/00/0000		0	Bed Hold	6	9/12/2017	*****
HC	4/23/2019	5/8/2019	16	0	16	HC	MCA	COA	N	11A	SNC	4/23/2019	****	Y / Y	Admit	7	4/23/2019	5/8/2019
HC	5/9/2019	6/16/2019	39	0	39	HC	PVT		N	11A	NSC	00/00/0000		0	Admit	7	4/23/2019	5/8/2019
HC	6/17/2019	6/18/2019	2	0	2	HC	PVT		N	11A	NSC	00/00/0000		0	Bed Hold	7	4/23/2019	5/8/2019
HC	6/19/2019	12/31/2019	196	0	196	HC	PVT		N	11A	NSC	00/00/0000		0 Y / Y	Admit	8	6/19/2019	00/00/0000
AL	4/12/2019	5/31/2019	50	0	50	WW	PVT		N	35	ALMS	00/00/0000		0 N / N	Admit	1	4/12/2019	00/00/0000
AL	6/1/2019	6/1/2019	1	0	1	WW	PVT		N	35	ALMS	00/00/0000		0	Hospital H	1	4/12/2019	00/00/0000
AL	6/2/2019	10/17/2019	138	0	138	WW	PVT		N	35	ALMS	00/00/0000		0	Admit	1	4/12/2019	00/00/0000
AL	10/18/2019	10/18/2019	1	0	1	WW	PVT		N	35	ALMS	00/00/0000		0	Hospital H	1	4/12/2019	00/00/0000
AL	10/19/2019	10/21/2019	3	0	3	WW	PVT		N	35	ALMS	00/00/0000		0 N / N	Admit	2	10/19/2019	00/00/0000
AL	10/22/2019	11/3/2019	13	0	13	WW	PVT		N	35	ALMS	00/00/0000		0	Hospital H	2	10/19/2019	00/00/0000
AL	11/4/2019	11/6/2019	3	0	3	WW	PVT		N	35	ALMS	00/00/0000		0 N / N	Admit	3	11/4/2019	00/00/0000
AL	11/7/2019	11/17/2019	11	0	11	WW	PVT		N	35	ALMS	00/00/0000		0	Expired Hi	3	11/4/2019	00/00/0000
AL	11/18/2019	11/18/2019	0	0	0	WW	PVT		N	35	ALMS	00/00/0000		0	Expired	3	11/4/2019	00/00/0000
HC	10/28/2019	10/30/2019	3	0	3	HC	MCA	COA	N	14	SN	10/28/2019	****	Y / Y	Admit	1	10/28/2019	*****
HC	10/31/2019	10/31/2019	1	0	1	HC	PVT		N	14	NS	00/00/0000		0	Bed Hold	1	10/28/2019	*****
HC	11/1/2019	11/1/2019	1	0	1	HC	PVT		N	14	NS	00/00/0000		0	Admit	1	10/28/2019	*****
HC	11/2/2019	11/2/2019	0	0	0	HC	PVT		N	14	NS	00/00/0000		0	Discharge	1	10/28/2019	*****
HC	11/7/2019	11/22/2019	16	0	16	HC	MCA	COA	N	14	SN	11/7/2019	****	Y / Y	Admit	2	11/7/2019	*****
HC	11/23/2019	12/10/2019	18	0	18	HC	MCA	COA	Y	14	SN	00/00/0000		0	Admit	2	11/7/2019	*****
HC	12/11/2019	12/31/2019	21	0	21	HC	MCD		N	14	NSC	00/00/0000		0	Admit	2	11/7/2019	*****
RL	1/1/2019	6/3/2019	154	0	154	HR	PVT		N	403	RLMS	00/00/0000		0 N / N	Admit	1	9/8/2016	00/00/0000
RL	6/4/2019	6/4/2019	1	0	1	HR	PVT		N	403	RLMS	00/00/0000		0	Hospital H	1	9/8/2016	00/00/0000
RL	6/5/2019	7/26/2019	52	0	52	HR	PVT		N	403	RLMS	00/00/0000		0	Admit	1	9/8/2016	00/00/0000
RL	7/27/2019	8/23/2019	28	0	28	HR	PVT		N	403	RLMS	00/00/0000		0	Hospital H	1	9/8/2016	00/00/0000
RL	8/24/2019	8/28/2019	5	0	5	HR	PVT		N	403	RLMS	00/00/0000		0	Expired Hi	1	9/8/2016	00/00/0000
RL	8/29/2019	8/29/2019	0	0	0	HR	PVT		N	403	RLMS	00/00/0000		0	Discharge	1	9/8/2016	00/00/0000
AL	1/1/2019	3/31/2019	90	0	90	WW	PVT		N	26	ALS	00/00/0000		0 N / N	Admit	3	11/5/2014	00/00/0000



	4/1/2019	4/2/2019	2	0	2	WW	PVT	N	26	ALS	00/00/0000	0	Hospital H	3	11/5/2014	00/00/0000		
AL	4/3/2019	4/11/2019	9	0	9	WW	PVT	N	26	ALS	00/00/0000	0	Temporar	3	11/5/2014	00/00/0000		
AL	4/12/2019	4/13/2019	2	0	2	WW	PVT	N	26	ALS	00/00/0000	0	Admit	3	11/5/2014	00/00/0000		
AL	4/14/2019	4/16/2019	3	0	3	WW	PVT	N	26	ALS	00/00/0000	0	Expired H	3	11/5/2014	00/00/0000		
AL	4/17/2019	4/17/2019	0	0	0	WW	PVT	N	26	ALS	00/00/0000	0	Discharge	3	11/5/2014	00/00/0000		
HC	4/3/2019	4/8/2019	6	0	6	HC	PVT	N	1B	NS	00/00/0000	0	Y / Y	Admit	2	4/3/2019	00/00/0000	
HC	4/9/2019	4/9/2019	0	0	0	HC	PVT	N	1B	NS	00/00/0000	0	Discharge	2	4/3/2019	00/00/0000		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	414	RLS	00/00/0000	0	N / N	Admit	1	6/1/2009	00/00/0000	
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	17	ALS	00/00/0000	0	N / N	Admit	2	9/7/2018	00/00/0000	
HC	1/1/2019	9/8/2019	251	0	251	HC	PVT	N	9A	NS	4/6/2017	****	Y / Y	Admit	1	6/7/2016	7/7/2016	
HC	9/9/2019	9/9/2019	0	0	0	HC	PVT	N	9A	NS	4/6/2017	****	Y / Y	Expired	1	6/7/2016	7/7/2016	
RL	1/1/2019	9/8/2019	251	0	251	COT	PVT	N	C	RLD	00/00/0000	0	N / N	Admit	1	9/29/2015	00/00/0000	
RL	9/9/2019	9/11/2019	3	0	3	COT	PVT	N	C	RLD	00/00/0000	0	Hospital H	1	9/29/2015	00/00/0000		
RL	9/12/2019	12/31/2019	111	0	111	COT	PVT	N	C	RLD	00/00/0000	0	Admit	1	9/29/2015	00/00/0000		
HC	2/14/2019	2/28/2019	15	0	15	HC	MCA	COA	N	15A	SN	2/14/2019	****	Y / Y	Admit	1	2/14/2019	*****
HC	3/1/2019	3/1/2019	0	0	0	HC	MCA	N	15A	SN	00/00/0000	0	Discharge	1	2/14/2019	*****		
RL	1/1/2019	2/10/2019	41	0	41	COT	PVT	N	C	RL2	00/00/0000	0	Admit	1	9/29/2015	00/00/0000		
RL	2/11/2019	2/13/2019	3	0	3	COT	PVT	N	C	RL2	00/00/0000	0	Hospital H	1	9/29/2015	00/00/0000		
RL	2/14/2019	2/28/2019	15	0	15	COT	PVT	N	C	RL2	00/00/0000	0	Temporar	1	9/29/2015	00/00/0000		
RL	3/1/2019	12/31/2019	306	0	306	COT	PVT	N	C	RL2	00/00/0000	0	Admit	1	9/29/2015	00/00/0000		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	315-17	RLD	00/00/0000	0	N / N	Admit	1	9/6/2012	00/00/0000	
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	315-17	RL2	00/00/0000	0	N / N	Admit	1	9/6/2012	00/00/0000	
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	44	ALMS	00/00/0000	0	N / N	Admit	3	11/10/2017	00/00/0000	
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	18	ALMS	00/00/0000	0	N / N	Admit	1	11/13/2017	00/00/0000	
AL	1/1/2019	5/9/2019	129	0	129	WW	PVT	N	24	ALS	00/00/0000	0	N / N	Admit	1	2/17/2018	00/00/0000	
AL	5/10/2019	5/13/2019	4	0	4	WW	PVT	N	24	ALS	00/00/0000	0	Hospital H	1	2/17/2018	00/00/0000		
AL	5/14/2019	6/9/2019	27	0	27	WW	PVT	N	24	ALS	00/00/0000	0	Admit	1	2/17/2018	00/00/0000		
AL	6/10/2019	6/11/2019	2	0	2	WW	PVT	N	24	ALS	00/00/0000	0	Hospital H	1	2/17/2018	00/00/0000		
AL	6/12/2019	6/21/2019	10	0	10	WW	PVT	N	24	ALS	00/00/0000	0	Admit	1	2/17/2018	00/00/0000		
AL	6/22/2019	6/23/2019	2	0	2	WW	PVT	N	24	ALS	00/00/0000	0	Hospital H	1	2/17/2018	00/00/0000		
AL	6/24/2019	6/24/2019	1	0	1	WW	PVT	N	24	ALS	00/00/0000	0	Expired H	1	2/17/2018	00/00/0000		
AL	6/25/2019	6/25/2019	0	0	0	WW	PVT	N	24	ALS	00/00/0000	0	Discharge	1	2/17/2018	00/00/0000		
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	21	ALMS	00/00/0000	0	N / N	Admit	1	2/16/2010	00/00/0000	
AL	12/17/2019	12/31/2019	15	0	15	WW	PVT	N	45	ALMS	00/00/0000	0	N / N	Admit	1	12/17/2019	00/00/0000	
HC	11/21/2019	12/10/2019	20	0	20	HC	MCA	COA	N	7A	SNC	00/00/0000	0	Admit	1	11/21/2019	*****	
HC	12/11/2019	12/16/2019	6	0	6	HC	MCA	COA	Y	7A	SNC	00/00/0000	0	Admit	1	11/21/2019	*****	
HC	12/17/2019	12/17/2019	0	0	0	HC	MCA	COA	N	7A	SNC	00/00/0000	0	Discharge	1	11/21/2019	*****	
RL	1/1/2019	7/6/2019	187	0	187	HR	PVT	N	116-17	RLS	00/00/0000	0	N / N	Admit	2	2/8/2018	00/00/0000	
RL	7/7/2019	7/8/2019	2	0	2	HR	PVT	N	116-17	RLS	00/00/0000	0	Hospital H	2	2/8/2018	00/00/0000		
RL	7/9/2019	12/31/2019	176	0	176	HR	PVT	N	116-17	RLS	00/00/0000	0	Admit	2	2/8/2018	00/00/0000		
HC	11/6/2019	11/9/2019	4	0	4	HC	MCA	COA	N	2B	SN	11/6/2019	****	Y / Y	Admit	1	11/6/2019	00/00/0000
HC	11/10/2019	11/10/2019	0	0	0	HC	MCA	COA	N	2B	SN	00/00/0000	0	Discharge	1	11/6/2019	00/00/0000	
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	37	ALMS	00/00/0000	0	N / N	Admit	1	1/29/2018	00/00/0000	
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	211	RLS	00/00/0000	0	N / N	Admit	4	6/8/2015	00/00/0000	
RL	1/1/2019	6/26/2019	177	0	177	HR	PVT	N	106	RLMS	00/00/0000	0	N / N	Admit	1	3/3/2011	00/00/0000	
RL	6/27/2019	12/31/2019	188	0	188	HR	PVT	N	106	ALMS	00/00/0000	0	Admit	1	3/3/2011	00/00/0000		
HC	1/1/2019	7/1/2019	182	0	182	HC	MCD	N	8A	NSC	00/00/0000	0	Y / Y	Admit	5	11/7/2017	00/00/0000	
HC	7/2/2019	7/2/2019	1	0	1	HC	MCD	N	8A	NSC	00/00/0000	0	Bed Hold	5	11/7/2017	00/00/0000		
HC	7/3/2019	7/3/2019	0	0	0	HC	MCD	N	8A	NSC	00/00/0000	0	Discharge	5	11/7/2017	00/00/0000		
HC	7/8/2019	8/15/2019	39	0	39	HC	MCD	N	8A	NSC	00/00/0000	0	Y / Y	Admit	6	7/8/2019	00/00/0000	
HC	8/16/2019	8/19/2019	4	0	4	HC	MCD	N	8A	NSC	00/00/0000	0	Bed Hold	6	7/8/2019	00/00/0000		
HC	8/20/2019	12/31/2019	134	0	134	HC	MCD	N	8A	NSC	00/00/0000	0	Y / Y	Admit	7	8/20/2019	00/00/0000	
HC	1/1/2019	5/30/2019	150	0	150	HC	PVT	N	10B	NSC	3/20/2014	86	Y / Y	Admit	1	3/20/2014	*****	
HC	5/31/2019	6/3/2019	4	0	4	HC	PVT	N	10B	NSC	00/00/0000	0	Bed Hold	1	3/20/2014	*****		
HC	6/4/2019	6/24/2019	21	0	21	HC	ADVA	N	10B	SNC	6/4/2019	****	Y / Y	Admit	2	6/4/2019	*****	
HC	6/25/2019	12/31/2019	190	0	190	HC	PVT	N	10B	NSC	00/00/0000	0	Admit	2	6/4/2019	*****		
AL	3/28/2019	4/12/2019	16	0	16	WW	PVT	N	46	ALMS	00/00/0000	0	N / N	Admit	1	3/28/2019	00/00/0000	
AL	4/13/2019	4/23/2019	11	0	11	WW	PVT	N	46	ALMS	00/00/0000	0	Hospital H	1	3/28/2019	00/00/0000		
AL	4/24/2019	7/16/2019	84	0	84	WW	PVT	N	46	ALMS	00/00/0000	0	Temporar	1	3/28/2019	00/00/0000		
AL	7/17/2019	9/17/2019	63	0	63	WW	PVT	N	46	ALMS	00/00/0000	0	Admit	1	3/28/2019	00/00/0000		
AL	9/18/2019	9/18/2019	0	0	0	WW	PVT	N	46	ALMS	00/00/0000	0	Discharge	1	3/28/2019	00/00/0000		
HC	1/7/2019	2/8/2019	33	0	33	HC	ADVA	N	8B	SNC	00/00/0000	0	Admit	1	1/7/2019	2/8/2019		
HC	2/9/2019	3/27/2019	47	0	47	HC	PVT	N	8B	NSC	00/00/0000	0	Admit	1	1/7/2019	2/8/2019		

	3/28/2019	3/28/2019	0	0	0	HC	PVT	N	8B	NSC	00/00/0000	0	Discharge	1	1/7/2019	2/8/2019		
HC	4/24/2019	5/16/2019	23	0	23	HC	ADVA	N	6A	SNC	4/24/2019	****	Y / Y	Admit	2	4/24/2019	*****	
HC	5/17/2019	5/19/2019	3	0	3	HC	PVT	N	6A	NSC	00/00/0000	0		Admit	2	4/24/2019	*****	
HC	5/20/2019	5/23/2019	4	0	4	HC	PVT	N	6A	NSC	00/00/0000	0		Bed Hold	2	4/24/2019	*****	
HC	5/24/2019	6/14/2019	22	0	22	HC	ADVA	N	6A	SNC	5/24/2019	****	Y / Y	Admit	3	5/24/2019	*****	
HC	6/15/2019	7/16/2019	32	0	32	HC	PVT	N	6A	NSC	00/00/0000	0		Admit	3	5/24/2019	*****	
HC	7/17/2019	7/17/2019	0	0	0	HC	PVT	N	6A	NSC	00/00/0000	0		Discharge	3	5/24/2019	*****	
HC	9/18/2019	9/26/2019	9	0	9	HC	PVT	N	5A	NSC	00/00/0000	0	Y / Y	Admit	4	9/18/2019	00/00/0000	
HC	9/27/2019	11/6/2019	41	0	41	HC	PVT	N	10A	NSC	00/00/0000	0		Admit	4	9/18/2019	00/00/0000	
HC	11/7/2019	11/14/2019	8	0	8	HC	PVT	N	10A	NSC	00/00/0000	0		Bed Hold	4	9/18/2019	00/00/0000	
HC	11/15/2019	12/6/2019	22	0	22	HC	ADVA	COA	N	10A	SNC	11/15/2019	****	Y / Y	Admit	5	11/15/2019	00/00/0000
HC	12/7/2019	12/27/2019	21	0	21	HC	PVT	N	10A	NSC	00/00/0000	0		Admit	5	11/15/2019	00/00/0000	
HC	12/28/2019	12/31/2019	4	0	4	HC	PVT	N	10A	NSC	00/00/0000	0		Bed Hold	5	11/15/2019	00/00/0000	
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	405-06	RLMS	00/00/0000	0	N / N	Admit	1	6/1/2017	00/00/0000	
AL	6/18/2019	7/2/2019	15	0	15	WW	PVT	N		45	ALMS	00/00/0000	0	N / N	Admit	1	6/18/2019	00/00/0000
AL	7/3/2019	7/3/2019	0	0	0	WW	PVT	N		45	ALMS	00/00/0000	0		Discharge	1	6/18/2019	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N		7-May	ALS	00/00/0000	0	N / N	Admit	1	10/17/2014	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N		303	RLS	00/00/0000	0	N / N	Admit	1	11/27/2018	00/00/0000
RL	10/3/2019	12/31/2019	90	0	90	COT	PVT	N	COT B	RLS	00/00/0000	0	N / N	Admit	1	10/3/2019	00/00/0000	
HC	10/9/2019	10/14/2019	6	0	6	HC	MCD	N	5A	SN	00/00/0000	0	Y / Y	Admit	1	10/9/2019	00/00/0000	
HC	10/15/2019	12/31/2019	78	0	78	HC	MCD	N	1B	SN	00/00/0000	0		Admit	1	10/9/2019	00/00/0000	
HC	1/1/2019	9/18/2019	261	0	261	HC	MMCD	N	4A	NSC	12/17/2016		86 Y / Y	Admit	1	12/17/2016	*****	
HC	9/19/2019	9/22/2019	4	0	4	HC	MMCD	N	4A	NSC	00/00/0000	0		Bed Hold	1	12/17/2016	*****	
HC	9/23/2019	10/12/2019	20	0	20	HC	MCA	N	4A	SN	9/23/2019	****	Y / Y	Admit	2	9/23/2019	*****	
HC	10/13/2019	10/22/2019	10	0	10	HC	MCA	MCOA	Y	4A	SN	00/00/0000	0		Admit	2	9/23/2019	*****
HC	10/23/2019	10/24/2019	2	0	2	HC	MMCD	N	4A	NS	00/00/0000	0		Bed Hold	2	9/23/2019	*****	
HC	10/25/2019	11/12/2019	19	0	19	HC	MHOS	N	4A	NS	00/00/0000	0	Y / Y	Admit	3	10/25/2019	00/00/0000	
HC	11/13/2019	11/13/2019	0	0	0	HC	MHOS	N	4A	NS	00/00/0000	0		Expired	3	10/25/2019	00/00/0000	
RL	1/1/2019	10/26/2019	299	0	299	HR	PVT	N		309	RLS	00/00/0000	0	N / N	Admit	1	11/16/2001	00/00/0000
RL	10/27/2019	10/28/2019	2	0	2	HR	PVT	N		309	RLS	00/00/0000	0		Hospital H	1	11/16/2001	00/00/0000
RL	10/29/2019	12/31/2019	64	0	64	HR	PVT	N		309	RLS	00/00/0000	0	N / N	Admit	2	10/29/2019	00/00/0000
HC	3/19/2019	3/19/2019	1	0	1	HC	ADVA	N	2B	SN	3/19/2019	****	Y / Y	Admit	1	3/19/2019	00/00/0000	
HC	3/20/2019	3/20/2019	0	0	0	HC	ADVA	N	2B	SN	00/00/0000	0		Discharge	1	3/19/2019	00/00/0000	
HC	4/2/2019	4/25/2019	24	0	24	HC	ADVA	N	2B	SN	4/2/2019	****	Y / Y	Admit	2	4/2/2019	00/00/0000	
HC	4/26/2019	4/26/2019	0	0	0	HC	ADVA	N	2B	SN	00/00/0000	0		Discharge	2	4/2/2019	00/00/0000	
RL	1/1/2019	3/17/2019	76	0	76	HR	PVT	N		103	RLS	00/00/0000	0	N / N	Admit	1	9/25/2018	00/00/0000
RL	3/18/2019	3/18/2019	1	0	1	HR	PVT	N		103	RLS	00/00/0000	0		Hospital H	1	9/25/2018	00/00/0000
RL	3/19/2019	3/19/2019	1	0	1	HR	PVT	N		103	RLS	00/00/0000	0		Temporar	1	9/25/2018	00/00/0000
RL	3/20/2019	4/25/2019	37	0	37	HR	PVT	N		103	RLS	00/00/0000	0		Hospital H	1	9/25/2018	00/00/0000
RL	4/26/2019	12/31/2019	250	0	250	HR	PVT	N		103	RLS	00/00/0000	0		Admit	1	9/25/2018	00/00/0000
AL	1/1/2019	3/17/2019	76	0	76	WW	PVT	N		39	ALS	00/00/0000	0	N / N	Admit	2	12/6/2018	00/00/0000
AL	3/18/2019	4/21/2019	35	0	35	WW	PVT	N		39	ALS	00/00/0000	0		Hospital H	2	12/6/2018	00/00/0000
AL	4/22/2019	5/2/2019	11	0	11	WW	PVT	N		39	ALS	00/00/0000	0		Admit	2	12/6/2018	00/00/0000
AL	5/3/2019	5/14/2019	12	0	12	WW	PVT	N		39	ALS	00/00/0000	0		Expired Hi	2	12/6/2018	00/00/0000
AL	5/15/2019	5/15/2019	0	0	0	WW	PVT	N		39	ALS	00/00/0000	0		Discharge	2	12/6/2018	00/00/0000
AL	5/30/2019	6/2/2019	4	0	4	WW	PVT	N	45*	BC	00/00/0000	0	N / N	Admit	2	5/30/2019	00/00/0000	
AL	6/3/2019	12/10/2019	191	0	191	WW	PVT	N		48	ALS	00/00/0000	0	N / N	Admit	3	6/3/2019	00/00/0000
AL	12/11/2019	12/28/2019	18	0	18	WW	PVT	N		48	ALS	00/00/0000	0		Expired Hi	3	6/3/2019	00/00/0000
AL	12/29/2019	12/29/2019	0	0	0	WW	PVT	N		48	ALS	00/00/0000	0		Discharge	3	6/3/2019	00/00/0000
HC	3/22/2019	4/17/2019	27	0	27	HC	ADVA	N	6A	SN	3/22/2019	****	Y / Y	Admit	1	3/22/2019	00/00/0000	
HC	4/18/2019	4/18/2019	0	0	0	HC	ADVA	N	6A	SN	00/00/0000	0		Discharge	1	3/22/2019	00/00/0000	
RL	1/1/2019	3/17/2019	76	0	76	HR	PVT	N	323-24	RLS	00/00/0000	0		Admit	1	1/8/2016	00/00/0000	
RL	3/18/2019	4/17/2019	31	0	31	HR	PVT	N	323-24	RLS	00/00/0000	0		Hospital H	1	1/8/2016	00/00/0000	
RL	4/18/2019	5/29/2019	42	0	42	HR	PVT	N	323-24	RLS	00/00/0000	0		Admit	1	1/8/2016	00/00/0000	
RL	5/30/2019	6/29/2019	31	0	31	HR	PVT	N	323-24	RLS	00/00/0000	0		Temporar	1	1/8/2016	00/00/0000	
RL	6/30/2019	6/30/2019	0	0	0	HR	PVT	N	323-24	RLS	00/00/0000	0		Discharge	1	1/8/2016	00/00/0000	
AL	5/9/2019	12/31/2019	237	0	237	WW	PVT	N		50	ALMS	00/00/0000	0	N / N	Admit	1	5/9/2019	00/00/0000
HC	12/4/2019	12/23/2019	20	0	20	HC	MCA	N	4A	SN	12/4/2019	****	Y / Y	Admit	1	12/4/2019	00/00/0000	
HC	12/24/2019	12/31/2019	8	0	8	HC	MCA	Y	4A	SN	00/00/0000	0		Admit	1	12/4/2019	00/00/0000	
RL	1/1/2019	11/30/2019	334	0	334	HR	PVT	N	409-100	RLS	00/00/0000	0		Admit	1	5/6/2008	00/00/0000	
RL	12/1/2019	12/3/2019	3	0	3	HR	PVT	N	409-100	RLS	00/00/0000	0		Hospital H	1	5/6/2008	00/00/0000	
RL	12/4/2019	12/31/2019	28	0	28	HR	PVT	N	409-100	RLS	00/00/0000	0		Temporar	1	5/6/2008	00/00/0000	
AL	1/1/2019	3/30/2019	89	0	89	WW	PVT	N		48	ALMS	00/00/0000	0	N / N	Admit	1	9/18/2015	00/00/0000

	3/31/2019	4/1/2019	2	0	2	WW	PVT	N	48	ALMS	00/00/0000	0	Expired Hi	1	9/18/2015	00/00/0000		
AL	4/2/2019	4/2/2019	0	0	0	WW	PVT	N	48	ALMS	00/00/0000	0	Discharge	1	9/18/2015	00/00/0000		
AL	9/19/2019	11/29/2019	72	0	72	WW	PVT	N	8	ALMS	00/00/0000	0 N / N	Admit	1	9/19/2019	00/00/0000		
AL	11/30/2019	12/16/2019	17	0	17	WW	PVT	N	8	ALMS	00/00/0000	0	Hospital H	1	9/19/2019	00/00/0000		
AL	12/17/2019	12/19/2019	3	0	3	WW	PVT	N	8	ALMS	00/00/0000	0 N / N	Admit	2	12/17/2019	00/00/0000		
AL	12/20/2019	12/22/2019	3	0	3	WW	PVT	N	8	ALMS	00/00/0000	0	Hospital H	2	12/17/2019	00/00/0000		
AL	12/23/2019	12/24/2019	2	0	2	WW	PVT	N	8	ALMS	00/00/0000	0 N / N	Admit	3	12/23/2019	00/00/0000		
AL	12/25/2019	12/31/2019	7	0	7	WW	PVT	N	8	ALMS	00/00/0000	0	Temporar	3	12/23/2019	00/00/0000		
HC	12/25/2019	12/31/2019	7	0	7	HC	MCA	N	8B	SN	12/25/2019	****	Y / Y	Admit	2	12/25/2019	00/00/0000	
RL	1/1/2019	9/18/2019	261	0	261	HR	PVT	N	105	RLS	00/00/0000	0 N / N	Admit	1	10/1/2002	00/00/0000		
RL	9/19/2019	9/19/2019	0	0	0	HR	PVT	N	105	RLS	00/00/0000	0	Discharge	1	10/1/2002	00/00/0000		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	424	RLS	00/00/0000	0 N / N	Admit	1	9/28/2018	00/00/0000		
AL	1/1/2019	6/30/2019	181	0	181	WW	PVT	N	8	ALS	00/00/0000	0 N / N	Admit	5	2/15/2017	00/00/0000		
AL	7/1/2019	7/17/2019	17	0	17	WW	PVT	N	8	ALS	00/00/0000	0	Hospital H	5	2/15/2017	00/00/0000		
AL	7/18/2019	8/23/2019	37	0	37	WW	PVT	N	8	ALS	00/00/0000	0	Temporar	5	2/15/2017	00/00/0000		
AL	8/24/2019	8/24/2019	0	0	0	WW	PVT	N	8	ALS	00/00/0000	0	Discharge	5	2/15/2017	00/00/0000		
HC	7/18/2019	8/6/2019	20	0	20	HC	MCA	COA	N	6A	SN	7/18/2019	****	Y / Y	Admit	3	7/18/2019	*****
HC	8/7/2019	8/14/2019	8	0	8	HC	MCA	COA	Y	6A	SN	00/00/0000	0	Admit	3	7/18/2019	*****	
HC	8/15/2019	9/26/2019	43	0	43	HC	PVT	N	6A	NS	00/00/0000	0	Admit	3	7/18/2019	*****		
HC	9/27/2019	10/2/2019	6	0	6	HC	PVT	N	15A	NS	00/00/0000	0	Admit	3	7/18/2019	*****		
HC	10/3/2019	10/9/2019	7	0	7	HC	PVT	N	15D	NS	00/00/0000	0	Admit	3	7/18/2019	*****		
HC	10/10/2019	12/31/2019	83	0	83	HC	PVT	N	6A	NS	00/00/0000	0	Admit	3	7/18/2019	*****		
HC	1/1/2019	7/5/2019	186	0	186	HC	PVT	N	11B	NSC	3/29/2016	64 Y / Y	Admit	2	3/29/2016	*****		
HC	7/6/2019	7/6/2019	0	0	0	HC	PVT	N	11B	NSC	3/29/2016	64 Y / Y	Expired	2	3/29/2016	*****		
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	12	ALS	00/00/0000	0 N / N	Admit	1	9/18/2017	00/00/0000		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	308	RLMS	00/00/0000	0 N / N	Admit	1	12/29/2017	00/00/0000		
AL	1/1/2019	2/22/2019	53	0	53	WW	PVT	N	29	ALS	00/00/0000	0 N / N	Temporar	3	5/5/2017	00/00/0000		
AL	2/23/2019	2/23/2019	0	0	0	WW	PVT	N	29	ALS	00/00/0000	0	Discharge	3	5/5/2017	00/00/0000		
HC	1/1/2019	7/10/2019	191	0	191	HC	PVT	N	5A	NS	00/00/0000	0	Admit	3	11/14/2018	*****		
HC	7/11/2019	7/11/2019	0	0	0	HC	PVT	N	5A	NS	00/00/0000	0	Discharge	3	11/14/2018	*****		
HC	7/15/2019	7/21/2019	7	0	7	HC	MCA	COA	N	5A	SN	7/15/2019	****	Y / Y	Admit	4	7/15/2019	8/1/2019
HC	7/22/2019	7/31/2019	10	0	10	HC	MCA	COA	N	11B	SN	00/00/0000	0	Admit	4	7/15/2019	8/1/2019	
HC	8/1/2019	12/31/2019	153	0	153	HC	MCD	N	11B	NS	00/00/0000	0	Admit	4	7/15/2019	8/1/2019		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	216	RLS	00/00/0000	0 N / N	Admit	1	10/15/2015	00/00/0000		
HC	1/1/2019	5/21/2019	141	0	141	HC	MMCD	N	10A	NS	7/29/2015	50 Y / Y	Admit	2	7/29/2015	*****		
HC	5/22/2019	5/22/2019	0	0	0	HC	MMCD	N	10A	NS	7/29/2015	50 Y / Y	Expired	2	7/29/2015	*****		
AL	1/1/2019	5/15/2019	135	0	135	WW	PVT	N	13-15	AL2	00/00/0000	0 N / N	Admit	2	3/14/2018	00/00/0000		
AL	5/16/2019	5/22/2019	7	0	7	WW	PVT	N	13-15	AL2	00/00/0000	0	Hospital H	2	3/14/2018	00/00/0000		
AL	5/23/2019	6/29/2019	38	0	38	WW	PVT	N	13-15	AL2	00/00/0000	0	Temporar	2	3/14/2018	00/00/0000		
AL	6/30/2019	6/30/2019	0	0	0	WW	PVT	N	13-15	AL2	00/00/0000	0	Discharge	2	3/14/2018	00/00/0000		
HC	5/23/2019	6/11/2019	20	0	20	HC	MCA	COA	N	1A	SN	5/23/2019	****	Y / Y	Admit	1	5/23/2019	*****
HC	6/12/2019	6/27/2019	16	0	16	HC	MCA	COA	Y	1A	SN	00/00/0000	0	Admit	1	5/23/2019	*****	
HC	6/28/2019	12/31/2019	187	0	187	HC	PVT	N	1A	NS	00/00/0000	0	Admit	1	5/23/2019	*****		
AL	1/1/2019	4/29/2019	119	0	119	WW	PVT	N	13-15	ALD	00/00/0000	0 N / N	Admit	8	3/14/2018	00/00/0000		
AL	4/30/2019	5/6/2019	7	0	7	WW	PVT	N	13-15	ALD	00/00/0000	0	Hospital H	8	3/14/2018	00/00/0000		
AL	5/7/2019	6/29/2019	54	0	54	WW	PVT	N	13-15	ALD	00/00/0000	0	Temporar	8	3/14/2018	00/00/0000		
AL	6/30/2019	6/30/2019	0	0	0	WW	PVT	N	13-15	ALD	00/00/0000	0	Discharge	8	3/14/2018	00/00/0000		
HC	5/7/2019	5/26/2019	20	0	20	HC	MCA	COA	N	2B	SN	5/7/2019	****	Y / Y	Admit	4	5/7/2019	*****
HC	5/27/2019	6/12/2019	17	0	17	HC	MCA	COA	Y	2B	SN	00/00/0000	0	Admit	4	5/7/2019	*****	
HC	6/13/2019	10/16/2019	126	0	126	HC	PVT	N	2B	NS	00/00/0000	0	Admit	4	5/7/2019	*****		
HC	10/17/2019	10/18/2019	2	0	2	HC	PVT	N	2B	NS	00/00/0000	0	Bed Hold	4	5/7/2019	*****		
HC	10/19/2019	10/31/2019	13	0	13	HC	PVT	N	2B	NS	00/00/0000	0 Y / Y	Admit	5	10/19/2019	00/00/0000		
RL	11/1/2019	11/1/2019	0	0	0	HC	PVT	N	2B	NS	00/00/0000	0	Discharge	5	10/19/2019	00/00/0000		
RL	1/1/2019	5/10/2019	130	0	130	HR	PVT	N	114-15	RLMS	00/00/0000	0 N / N	Admit	1	11/26/2016	00/00/0000		
RL	5/11/2019	5/11/2019	0	0	0	HR	PVT	N	114-15	RLMS	00/00/0000	0	Discharge	1	11/26/2016	00/00/0000		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	204-05	RLMS	00/00/0000	0 N / N	Admit	1	6/23/2017	00/00/0000		
AL	4/9/2019	12/31/2019	267	0	267	WW	PVT	N	14-16	ALS	00/00/0000	0 N / N	Admit	1	4/9/2019	00/00/0000		
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT	N	6	ALMS	00/00/0000	0 N / N	Admit	1	2/1/2016	00/00/0000		
HC	4/17/2019	5/6/2019	20	0	20	HC	MCA	COA	N	8B	SNC	4/17/2019	****	Y / Y	Admit	1	4/17/2019	*****
HC	5/7/2019	5/17/2019	11	0	11	HC	MCA	COA	Y	8B	SNC	00/00/0000	0	Admit	1	4/17/2019	*****	
HC	5/18/2019	5/18/2019	0	0	0	HC	MCA	COA	N	8B	SNC	00/00/0000	0	Discharge	1	4/17/2019	*****	
HC	2/12/2019	3/3/2019	20	0	20	HC	MCA	MCOA	N	15B	SNC	2/12/2019	****	Y / Y	Admit	1	2/12/2019	00/00/0000
HC	3/4/2019	3/7/2019	4	0	4	HC	MCA	MCOA	Y	15B	SNC	00/00/0000	0	Admit	1	2/12/2019	00/00/0000	

	3/8/2019	3/8/2019	0	0	0	HC	MCA	MCOA	N	15B	SNC	00/00/0000	0	Discharge	1	2/12/2019	00/00/0000		
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N		208	RLS	00/00/0000	0	N / N	Admit	1	3/19/2015	00/00/0000
AL	1/1/2019	1/7/2019	7	0	7	WW	PVT		N	28-30	ALD	00/00/0000	0	N / N	Admit	1	6/2/2016	00/00/0000	
AL	1/8/2019	12/31/2019	358	0	358	WW	PVT		N	28-30	ALS	00/00/0000	0		Admit	1	6/2/2016	00/00/0000	
RL	1/1/2019	9/22/2019	265	0	265	COT	PVT		N	COT A	RLS	00/00/0000	0	N / N	Admit	2	3/16/2015	00/00/0000	
RL	9/23/2019	9/29/2019	7	0	7	COT	PVT		N	COT A	RLS	00/00/0000	0		Hospital H	2	3/16/2015	00/00/0000	
RL	9/30/2019	12/31/2019	93	0	93	COT	PVT		N	COT A	RLS	00/00/0000	0	N / N	Admit	3	9/30/2019	00/00/0000	
AL	1/1/2019	3/24/2019	83	0	83	WW	PVT		N		43	ALS	00/00/0000	0	N / N	Admit	2	9/4/2017	00/00/0000
AL	3/25/2019	3/25/2019	0	0	0	WW	PVT		N		43	ALS	00/00/0000	0		Discharge	2	9/4/2017	00/00/0000
HC	12/20/2019	12/31/2019	12	0	12	HC	ADVA		N		12	SNC	12/20/2019	****	Y / Y	Admit	1	12/20/2019	00/00/0000
HC	1/1/2019	12/31/2019	365	0	365	HC	MCD		N	3B	NSC	00/00/0000	0	Y / Y	Admit	6	1/12/2018	00/00/0000	
HC	1/1/2019	6/9/2019	160	0	160	HC	MMCD		N	3A	NSC	00/00/0000	0	Y / Y	Admit	3	6/19/2018	00/00/0000	
HC	6/10/2019	6/12/2019	3	0	3	HC	MMCD		N	3A	NSC	00/00/0000	0		Bed Hold	3	6/19/2018	00/00/0000	
HC	6/13/2019	6/13/2019	1	0	1	HC	MMCD		N	3A	NSC	00/00/0000	0	Y / Y	Admit	4	6/13/2019	00/00/0000	
HC	6/14/2019	6/18/2019	5	0	5	HC	MHOS		N	3A	NSC	00/00/0000	0		Admit	4	6/13/2019	00/00/0000	
HC	6/19/2019	6/19/2019	0	0	0	HC	MHOS		N	3A	NSC	00/00/0000	0		Discharge	4	6/13/2019	00/00/0000	
AL	1/1/2019	1/18/2019	18	0	18	WW	PVT		N		31	ALMS	00/00/0000	0	N / N	Hospital H	1	11/3/2018	00/00/0000
AL	1/19/2019	1/19/2019	0	0	0	WW	PVT		N		31	ALMS	00/00/0000	0		Discharge	1	11/3/2018	00/00/0000
AL	7/1/2019	7/1/2019	1	0	1	WW	PVT		N		26	ALS	00/00/0000	0	N / N	Hospital H	1	7/1/2019	00/00/0000
AL	7/2/2019	7/16/2019	15	0	15	WW	PVT		N		26	ALS	00/00/0000	0		Admit	1	7/1/2019	00/00/0000
AL	7/17/2019	7/31/2019	15	0	15	WW	PVT		N		26	ALS	00/00/0000	0		Hospital H	1	7/1/2019	00/00/0000
AL	8/1/2019	12/31/2019	153	0	153	WW	PVT		N		26	ALS	00/00/0000	0	N / N	Admit	2	8/1/2019	00/00/0000
RL	1/1/2019	6/24/2019	175	0	175	HR	PVT		N		419	RLS	00/00/0000	0	N / N	Admit	1	12/1/2006	00/00/0000
RL	6/25/2019	6/30/2019	6	0	6	HR	PVT		N		419	RLS	00/00/0000	0		Temporar	1	12/1/2006	00/00/0000
RL	7/1/2019	7/1/2019	0	0	0	HR	PVT		N		419	RLS	00/00/0000	0		Discharge	1	12/1/2006	00/00/0000
HC	1/1/2019	12/31/2019	365	0	365	HC	MCD		N	6B	NS	00/00/0000	0	Y / Y	Admit	1	3/26/2018	00/00/0000	
AL	3/28/2019	4/26/2019	30	0	30	WW	PVT		N	19-20	ALS	00/00/0000	0	N / N	Admit	1	3/28/2019	00/00/0000	
AL	4/27/2019	4/29/2019	3	0	3	WW	PVT		N	19-20	ALS	00/00/0000	0		Hospital H	1	3/28/2019	00/00/0000	
AL	4/30/2019	12/31/2019	246	0	246	WW	PVT		N	19-20	ALS	00/00/0000	0		Admit	1	3/28/2019	00/00/0000	
RL	1/1/2019	3/27/2019	86	0	86	HR	PVT		N	212-13	RLS	00/00/0000	0		Admit	1	4/26/2017	00/00/0000	
RL	3/28/2019	3/28/2019	0	0	0	HR	PVT		N	212-13	RLS	00/00/0000	0		Discharge	1	4/26/2017	00/00/0000	
AL	8/9/2019	12/11/2019	125	0	125	WW	PVT		N	27*	ALMS	00/00/0000	0	N / N	Admit	1	8/9/2019	00/00/0000	
AL	12/12/2019	12/12/2019	0	0	0	WW	PVT		N	27*	ALMS	00/00/0000	0		Discharge	1	8/9/2019	00/00/0000	
RL	12/12/2019	12/31/2019	20	0	20	HR	PVT		N	323-24	RLMS	00/00/0000	0		Admit	1	12/12/2019	00/00/0000	
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N		40	ALS	00/00/0000	0	N / N	Admit	1	12/15/2011	00/00/0000
RL	1/1/2019	3/1/2019	60	0	60	HR	PVT		N	415-16	RLS	00/00/0000	0	N / N	Admit	1	6/30/2018	00/00/0000	
RL	3/2/2019	3/3/2019	2	0	2	HR	PVT		N	415-16	RLS	00/00/0000	0		Hospital H	1	6/30/2018	00/00/0000	
RL	3/4/2019	5/15/2019	73	0	73	HR	PVT		N	415-16	RLS	00/00/0000	0		Admit	1	6/30/2018	00/00/0000	
RL	5/16/2019	5/21/2019	6	0	6	HR	PVT		N	415-16	RLS	00/00/0000	0		Hospital H	1	6/30/2018	00/00/0000	
RL	5/22/2019	5/30/2019	9	0	9	HR	PVT		N	415-16	RLS	00/00/0000	0		Admit	1	6/30/2018	00/00/0000	
RL	5/31/2019	7/1/2019	32	0	32	HR	PVT		N	415-16	RLS	00/00/0000	0		Expired Hi	1	6/30/2018	00/00/0000	
RL	7/2/2019	7/2/2019	0	0	0	HR	PVT		N	415-16	RLS	00/00/0000	0		Discharge	1	6/30/2018	00/00/0000	
HC	8/15/2019	9/3/2019	20	0	20	HC	MCA	COA	N		12	SN	8/15/2019	****	Y / Y	Admit	1	8/15/2019	9/7/2019
HC	9/4/2019	9/7/2019	4	0	4	HC	MCA	COA	Y		12	SN	00/00/0000	0		Admit	1	8/15/2019	9/7/2019
HC	9/8/2019	9/8/2019	1	0	1	HC	PVT		N		12	NS	00/00/0000	0		Admit	1	8/15/2019	9/7/2019
HC	9/9/2019	9/9/2019	0	0	0	HC	PVT		N		12	NS	00/00/0000	0		Discharge	1	8/15/2019	9/7/2019
HC	9/16/2019	9/30/2019	15	0	15	HC	ADVA		N		12	SN	9/16/2019	****	Y / Y	Admit	1	9/16/2019	00/00/0000
HC	10/1/2019	10/1/2019	0	0	0	HC	ADVA		N		12	SN	00/00/0000	0		Discharge	1	9/16/2019	00/00/0000
HC	12/31/2019	12/31/2019	1	0	1	HC	MCA	MCOA	Y	5A	SNC	12/31/2019	****	Y / Y	Admit	1	12/31/2019	00/00/0000	
HC	8/9/2019	8/19/2019	11	0	11	HC	MCA	COA	N	7A	SNC	8/9/2019	****	Y / Y	Admit	1	8/9/2019	00/00/0000	
HC	8/20/2019	8/23/2019	4	0	4	HC	MCA	COA	N	1B	SNC	00/00/0000	0		Admit	1	8/9/2019	00/00/0000	
HC	8/24/2019	8/24/2019	0	0	0	MCA	COA		N			00/00/0000	0		Discharge	1	8/9/2019	00/00/0000	
AL	12/13/2019	12/31/2019	19	0	19	WW	PVT		N		25	ALMS	00/00/0000	0	N / N	Admit	1	12/13/2019	00/00/0000
HC	10/28/2019	12/12/2019	46	0	46	HC	PVT		N		12	NS	00/00/0000	0		Admit	1	10/28/2019	00/00/0000
HC	12/13/2019	12/13/2019	0	0	0	HC	PVT		N		12	NS	00/00/0000	0		Discharge	1	10/28/2019	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N		221	RLS	00/00/0000	0	N / N	Admit	1	9/30/2016	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N		219	RLS	00/00/0000	0	N / N	Admit	1	5/1/2012	00/00/0000
HC	1/1/2019	10/12/2019	285	0	285	HC	PVT		N	15C	NSC	00/00/0000	0	Y / Y	Admit	1	7/19/2013	00/00/0000	
HC	10/13/2019	10/15/2019	3	0	3	HC	PVT		N	15C	NSC	00/00/0000	0		Bed Hold	1	7/19/2013	00/00/0000	
HC	10/16/2019	11/4/2019	20	0	20	HC	MCA	COA	N	15C	SN	10/16/2019	****	Y / Y	Admit	2	10/16/2019	*****	
HC	11/5/2019	11/8/2019	4	0	4	HC	MCA	COA	Y	15C	SN	00/00/0000	0		Admit	2	10/16/2019	*****	
HC	11/9/2019	12/31/2019	53	0	53	HC	PVT		N	15C	NS	00/00/0000	0		Admit	2	10/16/2019	*****	
RL	1/1/2019	4/29/2019	119	0	119	HR	PVT		N		118	RLS	00/00/0000	0	N / N	Admit	1	5/15/2014	00/00/0000

	4/30/2019	4/30/2019	1	0	1	HR	PVT		N	118	RLS	00/00/0000	0	Hospital H	1	5/15/2014	00/00/0000	
RL	5/1/2019	12/31/2019	245	0	245	HR	PVT		N	118	RLS	00/00/0000	0	Admit	1	5/15/2014	00/00/0000	
HC	5/24/2019	6/10/2019	18	0	18	HC	PVT		N	12	NS	00/00/0000	0	Y / Y	Admit	1	5/24/2019	00/00/0000
HC	6/11/2019	6/11/2019	0	0	0	HC	PVT		N	12	NS	00/00/0000	0	Discharge	1	5/24/2019	00/00/0000	
RL	5/31/2019	12/31/2019	215	0	215	HR	PVT		N	325-26	RLS	00/00/0000	0	N / N	Admit	1	5/31/2019	00/00/0000
AL	7/5/2019	7/7/2019	3	0	3	WW	PVT		N	45*	ALMS	00/00/0000	0	N / N	Admit	1	7/5/2019	00/00/0000
AL	7/8/2019	7/8/2019	1	0	1	WW	PVT		N	45*	ALMS	00/00/0000	0	Hospital H	1	7/5/2019	00/00/0000	
AL	7/9/2019	7/18/2019	10	0	10	WW	PVT		N	45*	ALMS	00/00/0000	0	Admit	1	7/5/2019	00/00/0000	
AL	7/19/2019	7/24/2019	6	0	6	WW	PVT		N	39	ALMS	00/00/0000	0	N / N	Admit	2	7/19/2019	00/00/0000
AL	7/25/2019	7/28/2019	4	0	4	WW	PVT		N	39	ALMS	00/00/0000	0	Hospital H	2	7/19/2019	00/00/0000	
AL	7/29/2019	12/31/2019	156	0	156	WW	PVT		N	39	ALMS	00/00/0000	0	N / N	Admit	3	7/29/2019	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	408	RLMS	00/00/0000	0	N / N	Admit	1	5/10/2011	00/00/0000
HC	7/24/2019	8/12/2019	20	0	20	HC	MCA	MCOA	N	12	SNC	7/24/2019	****	Y / Y	Admit	1	7/24/2019	*****
HC	8/13/2019	8/13/2019	0	0	0	HC	MCA	MCOA	N	12	SNC	00/00/0000	0	Discharge	1	7/24/2019	*****	
AL	10/15/2019	10/21/2019	7	0	7	WW	PVT		N	45	BC	00/00/0000	0	N / N	Admit	1	10/15/2019	00/00/0000
AL	10/22/2019	10/22/2019	0	0	0	WW	PVT		N	45	BC	00/00/0000	0	Discharge	1	10/15/2019	00/00/0000	
RL	1/1/2019	9/24/2019	267	0	267	HR	PVT		N	119-20	RLS	00/00/0000	0	Admit	1	6/30/2017	00/00/0000	
RL	9/25/2019	10/13/2019	19	0	19	HR	PVT		N	119-20	RLS	00/00/0000	0	Hospital H	1	6/30/2017	00/00/0000	
RL	10/14/2019	10/21/2019	8	0	8	HR	PVT		N	119-20	RLS	00/00/0000	0	Temporar	1	6/30/2017	00/00/0000	
RL	10/22/2019	10/23/2019	2	0	2	HR	PVT		N	119-20	RLS	00/00/0000	0	Hospital H	1	6/30/2017	00/00/0000	
RL	10/24/2019	10/28/2019	5	0	5	HR	PVT		N	119-20	RLS	00/00/0000	0	Expired H	1	6/30/2017	00/00/0000	
RL	10/29/2019	10/29/2019	0	0	0	HR	PVT		N	119-20	RLS	00/00/0000	0	Discharge	1	6/30/2017	00/00/0000	
RL	1/1/2019	7/24/2019	205	0	205	HR	PVT		N	311-12	RLMS	00/00/0000	0	N / N	Admit	1	6/30/2017	00/00/0000
RL	7/25/2019	8/10/2019	17	0	17	HR	PVT		N	311-12	RLMS	00/00/0000	0	Hospital H	1	6/30/2017	00/00/0000	
RL	8/11/2019	12/31/2019	143	0	143	HR	PVT		N	311-12	RLMS	00/00/0000	0	N / N	Admit	2	8/11/2019	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N	22	ALMS	00/00/0000	0	N / N	Admit	1	9/20/2017	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	203	RLS	00/00/0000	0	N / N	Admit	1	2/23/2018	00/00/0000
RL	4/5/2019	4/7/2019	3	0	3	HR	PVT		N	417-18	RLMS	00/00/0000	0	N / N	PreAdmit	1	4/5/2019	00/00/0000
RL	4/8/2019	4/28/2019	21	0	21	HR	PVT		N	417-18	RLMS	00/00/0000	0	Admit	1	4/5/2019	00/00/0000	
RL	4/29/2019	4/30/2019	2	0	2	HR	PVT		N	417-18	RLMS	00/00/0000	0	Expired H	1	4/5/2019	00/00/0000	
RL	5/1/2019	5/1/2019	0	0	0	HR	PVT		N	417-18	RLMS	00/00/0000	0	Discharge	1	4/5/2019	00/00/0000	
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	222-23	RLS	00/00/0000	0	N / N	Admit	1	12/5/2013	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	224	RLMS	00/00/0000	0	N / N	Admit	1	12/30/2017	00/00/0000
HC	1/1/2019	12/31/2019	365	0	365	HC	PVT		N	5B	NS	9/5/2018	43	Y / Y	Admit	8	9/5/2018	*****
AL	1/1/2019	2/28/2019	59	0	59	WW	PVT		N	14-16	ALMS	00/00/0000	0	N / N	Admit	3	5/5/2015	00/00/0000
AL	3/1/2019	3/1/2019	0	0	0	WW	PVT		N	14-16	ALMS	00/00/0000	0	Discharge	3	5/5/2015	00/00/0000	
HC	1/1/2019	12/31/2019	365	0	365	HC	MMCD		N	9B	NSC	00/00/0000	0	Y / Y	Admit	1	9/24/2014	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	209-10	RLMS	00/00/0000	0	N / N	Admit	1	7/11/2011	00/00/0000
HC	7/23/2019	9/27/2019	67	0	67	HC	PVT		N	3A	NSC	00/00/0000	0	Y / Y	Admit	1	7/23/2019	00/00/0000
HC	9/28/2019	9/28/2019	0	0	0	HC	PVT		N	3A	NSC	00/00/0000	0	Expired	1	7/23/2019	00/00/0000	
AL	8/11/2019	8/16/2019	6	0	6	WW	PVT		N	45	BC	00/00/0000	0	N / N	Admit	1	8/11/2019	00/00/0000
AL	8/17/2019	10/11/2019	56	0	56	WW	PVT		N	29	ALS	00/00/0000	0	N / N	Admit	2	8/17/2019	00/00/0000
AL	10/12/2019	10/12/2019	1	0	1	WW	PVT		N	29	ALS	00/00/0000	0	Hospital H	2	8/17/2019	00/00/0000	
AL	10/13/2019	12/31/2019	80	0	80	WW	PVT		N	29	ALS	00/00/0000	0	N / N	Admit	3	10/13/2019	00/00/0000
RL	1/1/2019	8/10/2019	222	0	222	HR	PVT		N	220	RLS	00/00/0000	0	N / N	Admit	1	5/8/2015	00/00/0000
RL	8/11/2019	8/16/2019	6	0	6	HR	PVT		N	220	RLS	00/00/0000	0	Temporar	1	5/8/2015	00/00/0000	
RL	8/17/2019	8/17/2019	0	0	0	HR	PVT		N	220	RLS	00/00/0000	0	Discharge	1	5/8/2015	00/00/0000	
AL	1/1/2019	1/3/2019	3	0	3	WW	PVT		N	19-20	ALS	00/00/0000	0	N / N	Hospital H	1	9/1/2016	00/00/0000
AL	1/4/2019	2/10/2019	38	0	38	WW	PVT		N	19-20	ALS	00/00/0000	0	Temporar	1	9/1/2016	00/00/0000	
AL	2/11/2019	2/11/2019	0	0	0	WW	PVT		N	19-20	ALS	00/00/0000	0	Discharge	1	9/1/2016	00/00/0000	
HC	1/4/2019	1/23/2019	20	0	20	HC	MCA	COA	N	2A	SN	00/00/0000	0	Admit	1	1/4/2019	2/8/2019	
HC	1/24/2019	2/8/2019	16	0	16	HC	MCA	COA	Y	2A	SN	00/00/0000	0	Admit	1	1/4/2019	2/8/2019	
HC	2/9/2019	12/31/2019	326	0	326	HC	PVT		N	2A	NS	00/00/0000	0	Admit	1	1/4/2019	2/8/2019	
RL	1/1/2019	9/30/2019	273	0	273	HR	PVT		N	218	RLS	00/00/0000	0	N / N	Admit	1	8/15/2018	00/00/0000
RL	10/1/2019	12/31/2019	92	0	92	HR	PVT		N	420	RLS	00/00/0000	0	Admit	1	8/15/2018	00/00/0000	
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	319	RLS	00/00/0000	0	N / N	Admit	1	4/1/2013	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	123-24	RLS	00/00/0000	0	N / N	Admit	1	2/17/2011	00/00/0000
HC	7/16/2019	7/23/2019	8	0	8	HC	MCA	MCOA	N	10A	SNC	7/16/2019	****	Y / Y	Admit	1	7/16/2019	00/00/0000
HC	7/24/2019	7/24/2019	1	0	1	HC	MCA	MCOA	N	1B	SNC	00/00/0000	0	Admit	1	7/16/2019	00/00/0000	
HC	7/25/2019	7/25/2019	0	0	0	HC	MCA	MCOA	N	1B	SNC	00/00/0000	0	Discharge	1	7/16/2019	00/00/0000	
HC	7/30/2019	8/9/2019	11	0	11	HC	MCA		N	1B	SNC	7/30/2019	****	Y / Y	Admit	2	7/30/2019	00/00/0000
HC	8/10/2019	8/16/2019	7	0	7	HC	MCA	MCOA	Y	1B	SNC	00/00/0000	0	Admit	2	7/30/2019	00/00/0000	
HC	8/17/2019	8/17/2019	0	0	0	HC	MCA		N	1B	SNC	00/00/0000	0	Discharge	2	7/30/2019	00/00/0000	

	1/1/2019	4/7/2019	97	0	97	WW	PVT		N	1	ALS	00/00/0000	0	N / N	Admit	1	6/13/2018	00/00/0000
AL	4/8/2019	4/8/2019	0	0	0	WW	PVT		N	1	ALS	00/00/0000	0		Discharge	1	6/13/2018	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	113	RLS	00/00/0000	0	N / N	Admit	1	10/11/2013	00/00/0000
RL	1/1/2019	1/30/2019	30	0	30	HR	PVT		N	302	RLS	00/00/0000	0	N / N	Admit	1	4/21/2017	00/00/0000
RL	1/31/2019	1/31/2019	1	0	1	HR	PVT		N	302	RLS	00/00/0000	0		Hospital H	1	4/21/2017	00/00/0000
RL	2/1/2019	12/31/2019	334	0	334	HR	PVT		N	302	RLS	00/00/0000	0		Admit	1	4/21/2017	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N	41	ALS	00/00/0000	0	N / N	Admit	1	4/14/2018	00/00/0000
AL	4/29/2019	4/30/2019	2	0	2	WW	PVT		N	43	ALMS	00/00/0000	0	N / N	Admit	1	4/29/2019	00/00/0000
AL	5/1/2019	5/14/2019	14	0	14	WW	PVT		N	43	ALMS	00/00/0000	0		Hospital H	1	4/29/2019	00/00/0000
AL	5/15/2019	9/9/2019	118	0	118	WW	PVT		N	43	ALMS	00/00/0000	0		Temporar	1	4/29/2019	00/00/0000
AL	9/10/2019	9/10/2019	0	0	0	WW	PVT		N	43	ALMS	00/00/0000	0		Discharge	1	4/29/2019	00/00/0000
HC	3/28/2019	4/2/2019	6	0	6	HC	MCA	COA	N	1B	SNC	00/00/0000	0		Admit	1	3/28/2019	00/00/0000
HC	4/3/2019	4/16/2019	14	0	14	HC	MCA	COA	N	15B	SNC	00/00/0000	0		Admit	1	3/28/2019	00/00/0000
HC	4/17/2019	4/29/2019	13	0	13	HC	MCA	COA	Y	15B	SNC	00/00/0000	0		Admit	1	3/28/2019	00/00/0000
HC	4/30/2019	4/30/2019	0	0	0	HC	PVT		N	15B	NSC	00/00/0000	0		Discharge	1	3/28/2019	00/00/0000
HC	5/15/2019	5/29/2019	15	0	15	HC	MCA	COA	Y	15B	SNC	5/15/2019	****	Y / Y	Admit	2	5/15/2019	00/00/0000
HC	5/30/2019	5/30/2019	0	0	0	HC	MCA	COA	N	15B	SNC	00/00/0000	0		Discharge	2	5/15/2019	00/00/0000
HC	6/6/2019	6/21/2019	16	0	16	HC	MCA	COA	Y	15B	SNC	6/6/2019	****	Y / Y	Admit	3	6/6/2019	*****
HC	6/22/2019	9/11/2019	82	0	82	HC	PVT		N	15B	NSC	00/00/0000	0		Admit	3	6/6/2019	*****
HC	9/12/2019	10/27/2019	46	0	46	HC	PVT		N	15B	NSC	00/00/0000	0		Bed Hold	3	6/6/2019	*****
HC	10/28/2019	10/28/2019	0	0	0	HC	PVT		N	15B	NSC	00/00/0000	0		Discharge	3	6/6/2019	*****
RL	1/1/2019	3/16/2019	75	0	75	HR	PVT		N	226-27	RLMS	00/00/0000	0	N / N	Admit	1	4/14/2018	00/00/0000
RL	3/17/2019	4/28/2019	43	0	43	HR	PVT		N	226-27	RLMS	00/00/0000	0		Hospital H	1	4/14/2018	00/00/0000
RL	4/29/2019	4/29/2019	0	0	0	HR	PVT		N	226-27	RLMS	00/00/0000	0		Discharge	1	4/14/2018	00/00/0000
RL	1/1/2019	1/23/2019	23	0	23	HR	PVT		N	306	RLS	00/00/0000	0	N / N	Admit	1	7/5/2018	00/00/0000
RL	1/24/2019	2/4/2019	12	0	12	HR	PVT		N	306	RLS	00/00/0000	0		Hospital H	1	7/5/2018	00/00/0000
RL	2/5/2019	6/16/2019	132	0	132	HR	PVT		N	306	RLS	00/00/0000	0		Admit	1	7/5/2018	00/00/0000
RL	6/17/2019	6/17/2019	1	0	1	HR	PVT		N	306	RLS	00/00/0000	0		Hospital H	1	7/5/2018	00/00/0000
RL	6/18/2019	12/31/2019	197	0	197	HR	PVT		N	306	RLS	00/00/0000	0		Admit	1	7/5/2018	00/00/0000
HC	1/7/2019	1/26/2019	20	0	20	HC	MCA	COA	N	6A	SNC	1/7/2019	****	Y / Y	Admit	1	1/7/2019	00/00/0000
HC	1/27/2019	2/1/2019	6	0	6	HC	MCA	COA	Y	6A	SNC	00/00/0000	0		Admit	1	1/7/2019	00/00/0000
HC	2/2/2019	2/2/2019	0	0	0	HC	MCA	COA	N	6A	SNC	00/00/0000	0		Discharge	1	1/7/2019	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N	49	ALS	00/00/0000	0	N / N	Admit	1	4/5/2018	00/00/0000
AL	1/1/2019	3/22/2019	81	0	81	WW	PVT		N	36	ALS	00/00/0000	0	N / N	Admit	1	11/15/2016	00/00/0000
AL	3/23/2019	3/28/2019	6	0	6	WW	PVT		N	36	ALS	00/00/0000	0		Hospital H	1	11/15/2016	00/00/0000
AL	3/29/2019	5/8/2019	41	0	41	WW	PVT		N	36	ALS	00/00/0000	0		Temporar	1	11/15/2016	00/00/0000
AL	5/9/2019	12/31/2019	237	0	237	WW	PVT		N	36	ALS	00/00/0000	0		Admit	1	11/15/2016	00/00/0000
HC	3/29/2019	4/17/2019	20	0	20	HC	MCA	COA	N	7A	SNC	3/29/2019	****	Y / Y	Admit	2	3/29/2019	00/00/0000
HC	4/18/2019	5/8/2019	21	0	21	HC	MCA	COA	Y	7A	SNC	00/00/0000	0		Admit	2	3/29/2019	00/00/0000
HC	5/9/2019	5/9/2019	0	0	0	HC	MCA	COA	N	7A	SNC	00/00/0000	0		Discharge	2	3/29/2019	00/00/0000
AL	1/1/2019	12/31/2019	365	0	365	WW	PVT		N	2	ALMS	00/00/0000	0	N / N	Admit	1	11/30/2018	00/00/0000
HC	12/9/2019	12/28/2019	20	0	20	HC	MCA		N	2B	SNC	12/9/2019	****	Y / Y	Admit	1	12/9/2019	*****
HC	12/29/2019	12/31/2019	3	0	3	HC	MCA		Y	2B	SNC	00/00/0000	0		Admit	1	12/9/2019	*****
RL	12/4/2019	12/31/2019	28	0	28	HR	PVT		N	226-27	RLS	00/00/0000	0	N / N	Admit	1	12/4/2019	00/00/0000
RL	5/1/2019	12/31/2019	245	0	245	HR	PVT		N	401-02	RLMS	00/00/0000	0	N / N	Admit	1	5/1/2019	00/00/0000
HC	12/26/2019	12/31/2019	6	0	6	HC	MCA		N	3A	SNC	12/26/2019	****	Y / Y	Admit	1	12/26/2019	00/00/0000
AL	7/20/2019	7/22/2019	3	0	3	WW	PVT		N	45	BC	00/00/0000	0	N / N	Admit	1	7/20/2019	00/00/0000
AL	7/23/2019	7/23/2019	0	0	0	WW	PVT		N	45	BC	00/00/0000	0		Discharge	1	7/20/2019	00/00/0000
AL	8/29/2019	12/31/2019	125	0	125	WW	PVT		N	4	ALS	00/00/0000	0	N / N	Admit	2	8/29/2019	00/00/0000
HC	8/7/2019	8/26/2019	20	0	20	HC	MCA	COA	N	10A	SN	8/7/2019	****	Y / Y	Admit	1	8/7/2019	*****
HC	8/27/2019	8/28/2019	2	0	2	HC	MCA	COA	Y	10A	SN	00/00/0000	0		Admit	1	8/7/2019	*****
HC	8/29/2019	8/29/2019	0	0	0	HC	MCA	COA	N	10A	SN	00/00/0000	0		Discharge	1	8/7/2019	*****
RL	1/1/2019	7/19/2019	200	0	200	HR	PVT		N	427	RLS	00/00/0000	0		Admit	1	9/22/2011	00/00/0000
RL	7/20/2019	7/22/2019	3	0	3	HR	PVT		N	427	RLS	00/00/0000	0		Temporar	1	9/22/2011	00/00/0000
RL	7/23/2019	8/6/2019	15	0	15	HR	PVT		N	427	RLS	00/00/0000	0		Hospital H	1	9/22/2011	00/00/0000
RL	8/7/2019	8/26/2019	20	0	20	HR	PVT		N	427	RLS	00/00/0000	0		Temporar	1	9/22/2011	00/00/0000
RL	8/27/2019	8/27/2019	0	0	0	HR	PVT		N	427	RLS	00/00/0000	0		Discharge	1	9/22/2011	00/00/0000
AL	9/28/2019	12/31/2019	95	0	95	WW	PVT		N	24	ALMS	00/00/0000	0	N / N	Admit	1	9/28/2019	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT		N	425-26	RLS	00/00/0000	0	N / N	Admit	1	9/4/2013	00/00/0000
RL	1/1/2019	6/12/2019	163	0	163	HR	PVT		N	318	RLMS	00/00/0000	0	N / N	Admit	1	4/20/2017	00/00/0000
RL	6/13/2019	6/15/2019	3	0	3	HR	PVT		N	318	RLMS	00/00/0000	0		Hospital H	1	4/20/2017	00/00/0000
RL	6/16/2019	12/31/2019	199	0	199	HR	PVT		N	318	RLMS	00/00/0000	0		Admit	1	4/20/2017	00/00/0000
RL	3/22/2019	12/31/2019	285	0	285	HR	PVT		N	407	RLMS	00/00/0000	0	N / N	Admit	2	3/22/2019	00/00/0000

AL	1/1/2019	2/6/2019	37	0	37	WW	PVT	N	35	ALS	00/00/0000	0	N / N	Hospital H	1	5/19/2018	00/00/0000
AL	2/7/2019	2/18/2019	12	0	12	WW	PVT	N	35	ALS	00/00/0000	0		Expired Hi	1	5/19/2018	00/00/0000
AL	2/19/2019	2/19/2019	0	0	0	WW	PVT	N	35	ALS	00/00/0000	0	N / N	Discharge	1	5/19/2018	00/00/0000
RL	1/1/2019	8/28/2019	240	0	240	HR	PVT	N	413	RLS	00/00/0000	0	N / N	Admit	1	6/20/2017	00/00/0000
RL	8/29/2019	9/13/2019	16	0	16	HR	PVT	N	413	RLS	00/00/0000	0		Hospital H	1	6/20/2017	00/00/0000
RL	9/14/2019	12/31/2019	109	0	109	HR	PVT	N	413	RLS	00/00/0000	0	N / N	Admit	2	9/14/2019	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	206-07	RLS	00/00/0000	0	N / N	Admit	1	5/27/2015	00/00/0000
RL	1/1/2019	5/23/2019	143	0	143	HR	PVT	N	304-05	RLMS	00/00/0000	0	N / N	Admit	1	1/22/2016	00/00/0000
RL	5/24/2019	5/25/2019	2	0	2	HR	PVT	N	304-05	RLMS	00/00/0000	0		Hospital H	1	1/22/2016	00/00/0000
RL	5/26/2019	12/31/2019	220	0	220	HR	PVT	N	304-05	RLMS	00/00/0000	0		Admit	1	1/22/2016	00/00/0000
HC	1/1/2019	5/10/2019	130	0	130	HC	MHOS	N	12	NS	00/00/0000	0	Y / Y	Admit	6	10/9/2017	00/00/0000
HC	5/11/2019	5/11/2019	0	0	0	HC	MHOS	N	12	NS	00/00/0000	0		Expired	6	10/9/2017	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	321-22	RLS	00/00/0000	0	N / N	Admit	1	12/21/2012	00/00/0000
RL	4/30/2019	9/8/2019	132	0	132	HR	PVT	N	214-15	RLS	00/00/0000	0	N / N	Admit	1	4/30/2019	00/00/0000
RL	9/9/2019	9/21/2019	13	0	13	HR	PVT	N	214-15	RLS	00/00/0000	0		Hospital H	1	4/30/2019	00/00/0000
RL	9/22/2019	12/31/2019	101	0	101	HR	PVT	N	214-15	RLS	00/00/0000	0	N / N	Admit	2	9/22/2019	00/00/0000
AL	1/1/2019	5/25/2019	145	0	145	WW	PVT	N	11-Sep	ALMS	00/00/0000	0	N / N	Admit	1	2/6/2012	00/00/0000
AL	5/26/2019	5/31/2019	6	0	6	WW	PVT	N	11-Sep	ALMS	00/00/0000	0		Expired Hi	1	2/6/2012	00/00/0000
AL	6/1/2019	6/1/2019	0	0	0	WW	PVT	N	11-Sep	ALMS	00/00/0000	0		Discharge	1	2/6/2012	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	121-22	RLS	00/00/0000	0	N / N	Admit	1	10/3/2018	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	109-10	RLD	00/00/0000	0	N / N	Admit	1	4/17/2018	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	109-10	RL2	00/00/0000	0	N / N	Admit	1	4/17/2018	00/00/0000
RL	5/15/2019	12/31/2019	231	0	231	HR	PVT	N	411-12	RLS	00/00/0000	0	N / N	Admit	1	5/15/2019	00/00/0000
RL	1/1/2019	12/31/2019	365	0	365	HR	PVT	N	225	RLS	00/00/0000	0	N / N	Admit	1	10/16/2012	00/00/0000
RL	12/7/2019	12/31/2019	25	0	25	HR	PVT	N	220	RLMS	00/00/0000	0	N / N	Admit	1	12/7/2019	00/00/0000
AL	1/1/2019	3/21/2019	80	0	80	WW	PVT	N	27*	ALS	00/00/0000	0	N / N	Admit	1	1/20/2018	00/00/0000
AL	3/22/2019	4/9/2019	19	0	19	WW	PVT	N	27*	ALS	00/00/0000	0		Hospital H	1	1/20/2018	00/00/0000
AL	4/10/2019	5/1/2019	22	0	22	WW	PVT	N	27*	ALS	00/00/0000	0		Temporar	1	1/20/2018	00/00/0000
AL	5/2/2019	5/17/2019	16	0	16	WW	PVT	N	27*	ALS	00/00/0000	0		Admit	1	1/20/2018	00/00/0000
AL	5/18/2019	5/22/2019	5	0	5	WW	PVT	N	27*	ALS	00/00/0000	0		Hospital H	1	1/20/2018	00/00/0000
AL	5/23/2019	7/4/2019	43	0	43	WW	PVT	N	27*	ALS	00/00/0000	0		Admit	1	1/20/2018	00/00/0000
AL	7/5/2019	7/8/2019	4	0	4	WW	PVT	N	27*	ALS	00/00/0000	0		Expired Hi	1	1/20/2018	00/00/0000
AL	7/9/2019	7/9/2019	0	0	0	WW	PVT	N	27*	ALS	00/00/0000	0		Discharge	1	1/20/2018	00/00/0000
HC	4/10/2019	5/1/2019	22	0	22	HC	ADVA	N	1A	SN	00/00/0000	0		Admit	1	4/10/2019	00/00/0000
HC	5/2/2019	5/2/2019	0	0	0	HC	ADVA	N	1A	SN	00/00/0000	0		Discharge	1	4/10/2019	00/00/0000
HC	12/24/2019	12/31/2019	8	0	8	HC	MCA	N	7A	SNC	12/24/2019 ****	Y / Y		Admit	2	12/24/2019	00/00/0000
RL	1/1/2019	5/13/2019	133	0	133	HR	PVT	N	104	RLMS	00/00/0000	0	N / N	Admit	1	10/11/2010	00/00/0000
RL	5/14/2019	5/16/2019	3	0	3	HR	PVT	N	104	RLMS	00/00/0000	0		Hospital H	1	10/11/2010	00/00/0000
RL	5/17/2019	12/16/2019	214	0	214	HR	PVT	N	104	RLMS	00/00/0000	0		Admit	1	10/11/2010	00/00/0000
RL	12/17/2019	12/23/2019	7	0	7	HR	PVT	N	104	RLMS	00/00/0000	0		Hospital H	1	10/11/2010	00/00/0000
RL	12/24/2019	12/31/2019	8	0	8	HR	PVT	N	104	RLMS	00/00/0000	0		Temporar	1	10/11/2010	00/00/0000

Total Number of Days by 1st Payor Type:

ADVA	MCA Advantage/Replacement Plan	222	0	222
MCA	Medicare A	778	0	778
MCD	Medi-Cal	1348	0	1348
MHOS	Medi-Cal Hospice	154	0	154
MMCD	Managed Medi-Cal	1302	0	1302
PVT	Private Pay	39190	0	39190

Report Total Number of Days: 42994 0 42994

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Fac	Pyr 1	LOC	Status	Sum of TOTAL
AL	PVT	AL2	Admit	142
			Discharged	0
			Expired	0
			Hospital Hold	7
			Temporary Trans	38
		ALD	Admit	126
			Discharged	0
			Hospital Hold	7
			Temporary Trans	54
		ALMS	Admit	4116
			Discharged	0
			Expired	0
			Expired Hold	38
			Hospital Hold	83
			Temporary Trans	209
		ALS	Admit	6742
			Discharge Hold	32

11892

AL	PVT	ALS	Discharged	0
			Expired Hold	53
			Hospital Hold	225
			Temporary Trans	207
			BC	Admit
			Discharged	0
AL Total				12116
HC	ADVA	SN	Admit	89
			Discharged	0
		MCA	SNC	Admit
	Discharged			0
	SN		Admit	423
			Discharged	0
	MCD	SNC	Admit	355
			Discharged	0
		NS	Admit	518
			NSC	Admit
	MHOS	NSC	Bed Hold	5
			Discharged	0
		SN	Admit	84
			NS	Admit
	MMCD	NSC	Expired	0
			Admit	5
		NS	Discharged	0
			Admit	141
	PVT	NS	Bed Hold	2
			Expired	0
		NSC	Admit	1152
			Bed Hold	7
	PVT	NS	Admit	1769
			Bed Hold	34
		NSC	Discharged	0
			Expired	0
	PVT	NSC	Admit	2093
			Bed Hold	77
		NSC	Discharged	0
			Expired	0
HC Total				7777
RL	PVT	ALMS	Admit	464
			Discharged	0
	RL2	ALMS	Admit	1077
			Hospital Hold	3
		RLD	Temporary Trans	15
			Admit	1092
	RLM2	RLD	Hospital Hold	3
			Admit	101
		RLM2	Hospital Hold	9
			Admit	110
	RLMD	RLM2	Admit	5390
			Discharged	0
		RLMD	Expired Hold	7
			Hospital Hold	104
	RLS	RLMD	PreAdmit	3
			Temporary Trans	21
		RLS	Admit	14353
			Discharged	0
	RLS	RLS	Expired Hold	37
			Hospital Hold	181
		RLS	Temporary Trans	131
			Admit	131
RL Total				23101
Grand Total				42994

3972

21896



For Facility Type AL

Current Rate: S=Special Rate, R=Rate Table

Market Rate Rent Roll for AL 01/31/2022 Sequence - By Unit Type + Census Status - Admitted

Unit Number	Unit Type	Square Footage	Last Name	First Name	Mid Init	Admission Date	Last Rate Change	Current Rate	Market Rate	Unrolled Rent Over	Unrolled Rent Under	Vacancy Loss	Care Level
Unit Type: 1BDR - 1 Bedroom													
14-16	1 Bedroom	0				4/9/2019	00/00/0000	8,235.00R		0	8,235.00		0
28-30	1 Bedroom	0				6/2/2016	00/00/0000	8,235.00R		0	8,235.00		0
	7-May 1 Bedroom					10/17/2021							0
	7-May 1 Bedroom	0				8/31/2021	00/00/0000	8,958.00S		0	8,958.00		0
Unit Type: S - Studio													
	12 Studio	0				3/31/2021	00/00/0000	7,817.00S		0	7,817.00		0
	38 Studio	0				7/9/2020	00/00/0000	6,863.00R		0	6,863.00		0
	3 Studio	0				5/27/2015	00/00/0000	7,817.00S		0	7,817.00		0
	10 Studio	0				6/30/2021	00/00/0000	7,817.00S		0	7,817.00		0
	25 Studio	0				12/7/2020	00/00/0000	6,863.00R		0	6,863.00		0
	44 Studio	0				11/10/2017	00/00/0000	7,817.00R		0	7,817.00		0
	46 Studio	0				1/29/2021	00/00/0000	6,863.00S		0	6,863.00		0
	35 Studio	0				7/13/2021	00/00/0000	7,817.00S		0	7,817.00		0
	18 Studio	0				1/21/2022	00/00/0000	7,817.00S		0	7,817.00		0
	50 Studio	0				5/9/2019	00/00/0000	7,817.00S		0	7,817.00		0
	1 Studio	0				1/28/2020	00/00/0000	6,863.00R		0	6,863.00		0
	48 Studio	0				11/24/2021	00/00/0000	6,776.00S		0	6,776.00		0
	9 Studio	0				12/30/2020	00/00/0000	6,863.00R		0	6,863.00		0
	40 Studio	0				12/15/2011	00/00/0000	6,863.00R		0	6,863.00		0
	26 Studio	0				4/6/2021	00/00/0000	7,817.00S		0	7,817.00		0
	39 Studio	0				7/29/2019	00/00/0000	7,817.00R		0	7,817.00		0
	36 Studio	0				8/2/2021	00/00/0000	6,863.00R		0	6,863.00		0
	29 Studio	0				10/13/2019	00/00/0000	6,863.00R		0	6,863.00		0
	6 Studio	0				12/24/2021	00/00/0000	7,817.00S		0	7,817.00		0
	8 Studio	0				10/2/2021	00/00/0000	7,817.00S		0	7,817.00		0
	37 Studio	0				12/21/2021	00/00/0000	6,863.00S		0	6,863.00		0
	22 Studio	0				10/30/2020	00/00/0000	7,817.00S		0	7,817.00		0
	24 Studio	0				9/28/2019	00/00/0000	7,817.00R		0	7,817.00		0
	17 Studio	0				1/7/2021	00/00/0000	6,863.00S		0	6,863.00		0
	42 Studio	0				12/22/2021	00/00/0000	6,863.00S		0	6,863.00		0
	Totals:	0						209,318.00		0	209,318.00	0	0
										Total Over/Under	209,318.00		
Total Admitted:		29	Total Discharged:		0	Total Discharged:		0	Total Non-Billed:		0		
Total Hold:		0	Total Expired:		0	Total Expired:		0	Total Leave:		0		

For Facility Type HC

Current Rate: S=Special Rate, R=Rate Table

Market Rate Rent Roll for HC 01/31/2022 Sequence - By Unit Type + Census Status - Admitted

Unit Number	Unit Type	Square Footage	Last Name	First Name	Mid Init	Admission Date	Last Rate Change	Current Rate	Market Rate	Unrolled Rent Over	Unrolled Rent Under	Vacancy Loss	Care Level
Unit Type: PRI - Private Bed													
12	Private Bed	0				1/6/2022	00/00/000	451.00R		0	451		0
14	Private Bed	0				11/12/2021	00/00/000	525.00R		0	525		0
Unit Type: SP - Semi-private Bed													
10A	Semi-private Bed	0				6/19/2019	00/00/000	393.00R		0	393		0
4A	Semi-private Bed	0				1/28/2020	00/00/000	393.00R		0	393		0
3A	Semi-private Bed	0				1/12/2022	00/00/000	313.00R		0	313		0
8A	Semi-private Bed	0				9/24/2021	00/00/000	393.00R		0	393		0
1B	Semi-private Bed	0				10/9/2019	00/00/000	331.00R		0	331		0
10B	Semi-private Bed	0				8/6/2021	00/00/000	331.00R		0	331		0
7B	Semi-private Bed	0				12/15/2021	00/00/000	313.00R		0	313		0
5A	Semi-private Bed	0				10/11/2021	00/00/000	393.00R		0	393		0
5B	Semi-private Bed	0				2/10/2022	00/00/000	393.00R		0	393		0
1A	Semi-private Bed	0				9/7/2021	00/00/000	393.00R		0	393		0
9B	Semi-private Bed	0				9/24/2014	00/00/000	393.00R		0	393		0
11B	Semi-private Bed	0				1/8/2022	00/00/000	372.00R		0	372		0
2B	Semi-private Bed	0				1/31/2022	00/00/000	313.00R		0	313		0
Unit Type: WD - Ward													
15D	Ward	0				6/1/2021	00/00/000	307.00R		0	307		0
15C	Ward	0				12/3/2020	00/00/000	307.00R		0	307		0
	Totals:	0						6,314.00		0	6,314.00	0	0
	Total Admitted:	17	Total Discharged Bill:	0	Total Discharge Non Bi	0	Total Non-	0					
	Total Hold:	0	Total Expired Billable	0	Total Expired Non Billa	0	Total Leav	0					
	Total Vacant:	11	Percent Occupancy:	60.71									

For Facility Type RL

Current Rate: S=Special Rate, R=Rate Table

Market Rate Rent Roll for RL 01/31/2022 Sequence - By Unit Type + Census Status - Admitted

Unit Number	Unit Type	Square Footage	Last Name	First Name	Mid Init	Admission Date	Last Rate Change	Current Rate	Market Rate	Unrolled Rent Over	Unrolled Rent Under	Vacancy Loss	Care Level
Unit Type: 1BDR - 1 Bedroom													
114-15	1 Bedroom					1/14/2020	00/00/0000	8,597.00S		0	8,597.00		0
114-15	1 Bedroom					3/10/2021							0
313-14	1 Bedroom					5/15/2018	00/00/0000	5,612.00R		0	5,612.00		0
116-17	1 Bedroom					10/31/2021	00/00/0000	5,264.00S		0	5,264.00		0
226-27	1 Bedroom					2/11/2020	00/00/0000	8,597.00S		0	8,597.00		0
409-100	1 Bedroom					5/8/2021	00/00/0000	3,684.00S		0	3,684.00		0
222-23	1 Bedroom					9/24/2021	00/00/0000	7,881.00S		0	7,881.00		0
204-05	1 Bedroom					6/23/2017	00/00/0000	7,881.00S		0	7,881.00		0
212-13	1 Bedroom					3/31/2021	00/00/0000	7,881.00S		0	7,881.00		0
401-02	1 Bedroom					8/27/2021	00/00/0000	4,211.00S		0	4,211.00		0
325-26	1 Bedroom					1/31/2020	00/00/0000	5,612.00R		0	5,612.00		0
209-10	1 Bedroom					10/27/2020	00/00/0000	7,881.00S		0	7,881.00		0
417-18	1 Bedroom					9/30/2021	00/00/0000	7,881.00S		0	7,881.00		0
425-26	1 Bedroom					9/4/2013	00/00/0000	5,612.00R		0	5,612.00		0
311-12	1 Bedroom					10/19/2021	00/00/0000	7,881.00S		0	7,881.00		0
214-15	1 Bedroom					9/22/2019	00/00/0000	5,612.00S		0	5,612.00		0
121-22	1 Bedroom					4/24/2021	00/00/0000	5,612.00S		0	5,612.00		0
109-10	1 Bedroom					4/17/2018							0
109-10	1 Bedroom					4/17/2018	00/00/0000	6,329.00R		0	6,329.00		0
415-16	1 Bedroom					7/31/2021	00/00/0000	3,684.00S		0	3,684.00		0
119-20	1 Bedroom					9/14/2021	00/00/0000	7,881.00S		0	7,881.00		0
Unit Type: 2BDR - 2 Bedroom													
315-17	2 Bedroom					9/6/2012	00/00/0000	7,168.00S		0	7,168.00		0
315-17	2 Bedroom					9/6/2012							0
Unit Type: COT - Cottage													
COT B	Cottage					10/3/2019	00/00/0000	6,451.00R		0	6,451.00		0
COT A	Cottage					9/30/2019	00/00/0000	6,451.00S		0	6,451.00		0
Unit Type: S - Studio													
404	Studio					7/25/2020	00/00/0000	3,180.00R		0	3,180.00		0
125	Studio					8/29/2018	00/00/0000	3,180.00R		0	3,180.00		0
307	Studio					9/25/2020	00/00/0000	3,180.00R		0	3,180.00		0
224	Studio					6/25/2021	00/00/0000	2,665.00S		0	2,665.00		0

201 Studio	12/28/2005 00/00/0000	3,180.00R	0	3,180.00		0	
108 Studio	4/18/2020 00/00/0000	3,180.00R	0	3,180.00		0	
301 Studio	3/17/2011 00/00/0000	4,018.00R	0	4,018.00		0	
211 Studio	12/28/2021 00/00/0000	3,180.00R	0	3,180.00		0	
414 Studio	1/6/2022 00/00/0000	4,018.00S	0	4,018.00		0	
309 Studio	10/29/2019 00/00/0000	3,180.00R	0	3,180.00		0	
202 Studio	8/5/2021 00/00/0000	2,665.00S	0	2,665.00		0	
427 Studio	10/30/2021 00/00/0000	2,665.00S	0	2,665.00		0	
221 Studio	9/30/2016 00/00/0000	3,180.00R	0	3,180.00		0	
118 Studio	5/15/2014 00/00/0000	3,180.00R	0	3,180.00		0	
420 Studio	8/15/2018 00/00/0000	3,180.00R	0	3,180.00		0	
113 Studio	10/11/2013 00/00/0000	3,180.00R	0	3,180.00		0	
302 Studio	4/21/2017 00/00/0000	3,180.00R	0	3,180.00		0	
407 Studio	3/22/2019 00/00/0000	4,018.00R	0	4,018.00		0	
413 Studio	9/14/2019 00/00/0000	3,180.00R	0	3,180.00		0	
126 Studio	5/22/2021 00/00/0000	2,665.00S	0	2,665.00		0	
107 Studio	11/21/2020 00/00/0000	4,018.00S	0	4,018.00		0	
225 Studio	10/16/2012 00/00/0000	3,180.00S	0	3,180.00		0	
Unit Type: SSTE - Semi Suite							
303 Semi Suite	11/27/2018 00/00/0000	4,324.00S	0	4,324.00		0	
103 Semi Suite	9/25/2018 00/00/0000	4,324.00S	0	4,324.00		0	
319 Semi Suite	5/23/2021 00/00/0000	5,418.00R	0	5,418.00		0	
218 Semi Suite	6/30/2020 00/00/0000	5,418.00S	0	5,418.00		0	
219 Semi Suite	5/1/2012 00/00/0000	4,324.00S	0	4,324.00		0	
203 Semi Suite	2/23/2018 00/00/0000	4,324.00R	0	4,324.00		0	
Unit Type: STE - Suite							
308 Suite	12/29/2017 00/00/0000	6,821.00S	0	6,821.00		0	
208 Suite	3/19/2015 00/00/0000	5,442.00S	0	5,442.00		0	
408 Suite	3/31/2021 00/00/0000	5,004.00S	0	5,004.00		0	
Totals:		260,314.00	0	260,314.00	0	0	
			Total Over/Under	260,314.00			
Total Admitted:	56	Total Discharged:	0	Total Discharged:	0	Total Non-Billed:	0
Total Hold:	0	Total Expired:	0	Total Expired:	0	Total Leave:	0
Total Vacant:	19	Percent Occupied:	73.97				

## Monthly Residential Living Rental Rates

### What's Included in your Rental Rate:

- 3 meals per day
- All utilities except telephone – Cable and WIFI
- Weekly Housekeeping
- Safety features including grab bars, smoke detectors, and sprinklers
- Emergency response system / Emergency Pendant
- Access to our clinic and nursing services 24 hrs./7 days a week
- Local Transportation Services
- Maintenance of apartment, community, and grounds
- Scheduled transportation for local appointments and outings
- Night watch and Security
- Access to all community amenities
- Recreational, social, and educational programs

*Apartments offered:*

*Studio | Semi Suite | Suite | One Bedroom | Two Bedroom | Cottages*

### Community Fee \$3,500.00

<u>Residences</u>	<u>Monthly Service Fee</u>	<u>Two Persons</u>
Studio	\$4,016.00	N/A
Semi-Suite	\$4,694.00	N/A
Suite	\$5,279.00	N/A
One Bedroom	\$5,600.00	\$6,900.00
One Bedroom w Stove	\$5,908.00	\$7,208.00
Two Bedroom	\$6,119.00	\$7,419.00
Cottage	\$6,541 - \$6,752 - \$7,068	\$7,841 - \$8,052 - \$8,368 (1 meal per/day)

### Second Person Fee: \$1,300/mo

Rates are effective as of January 1, 2022.

*All applicants must complete the Application for Residency and must meet the financial and eligibility requirements of Windsor.*

## Monthly Assisted Living Rental Rates

### What's Included in your Rental Rate:

- 3 meals per day including snacks / room service if required
- Monitoring of health care needs
- Medication management
- Assistance with bathing, dressing, personal grooming, incontinence management
- Making medical appointments
- All utilities except telephone
- Weekly housekeeping and personal laundry services (no dry cleaning or hand washed items)
- Daily bed making
- Safety features including grab bars, smoke detectors, sprinklers
- Emergency response system / Emergency Pendant
- Access to our clinic and nursing services 24 hrs./7 days a week
- Scheduled Transportation for local appointments and outings
  - ❖ Drop off and Pick up only
  - ❖ Family/responsible party is responsible for companion care during an appointment
- Maintenance of Apartment, community and grounds
- Night watch and Security
- Recreational, social and educational programs

*Apartments offered:*

*Studio | Suite | One Bedroom*

**Community Fee \$3,500.00**

<u>Residences</u>	<u>*Base Rate</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
Studio	\$5,513	\$6,394	\$7,165	\$7,937	\$8,819
Suite	\$7,937	\$8,599	\$9,481	\$10,362	\$11,024
One Bedroom	\$8,267	\$9,040	\$9,922	\$10,882	\$11,544
<b>Second Person Fee:</b>		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
		\$1,322	\$2,089	\$2,750	\$3,412

*\*Base Rate will come into effect when a resident is on an extended leave from the community*

*Rates are effective as of January 1, 2022.*

*All applicants must complete the Application for Residency and must meet the financial and eligibility requirements of Windsor.*

**ADDENDUM C**

**Legal Description**

SCHEDULE B

NO EASEMENTS

LEGAL DESCRIPTION:

LOTS 1,2,3,4,5,10,11,13,14,15 AND 16 IN BLOCK "A" OF TRACT NO. 5271, IN THE CITY OF GLENDALE, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 86, PAGES 99 AND 100 OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF LOS ANGELES COUNTY.



**ADDENDUM D**

**Senior Life Report**

# CBRE

## SENIOR HOUSING

1230 E WINDSOR RD

	1 MILE		3 MILES		5 MILES	
<b>2021 Population</b>	<b>53,496</b>		<b>263,513</b>		<b>613,575</b>	
Age 45-49	3,421	6.4%	17,713	6.7%	40,899	6.7%
Age 50-54	3,577	6.7%	17,400	6.6%	40,142	6.5%
Age 55-59	3,629	6.8%	17,019	6.5%	39,236	6.4%
Age 60-64	3,505	6.6%	16,215	6.2%	36,672	6.0%
Age 65-69	3,011	5.6%	14,149	5.4%	31,565	5.1%
Age 70-74	2,532	4.7%	11,730	4.5%	26,012	4.2%
Age 75-79	1,720	3.2%	8,220	3.1%	18,204	3.0%
Age 80-84	1,334	2.5%	5,762	2.2%	12,475	2.0%
Age 85 and Older	1,319	2.5%	5,940	2.3%	13,030	2.1%
2021 Median Age	41.2		40.3		39.5	
<b>2021 Females</b>	<b>27,797</b>		<b>135,108</b>		<b>311,345</b>	
Females Age 45-49	1,811	6.5%	8,986	6.7%	20,323	6.5%
Females Age 50-54	1,833	6.6%	8,740	6.5%	20,026	6.4%
Females Age 55-59	1,909	6.9%	8,735	6.5%	19,865	6.4%
Females Age 60-64	1,911	6.9%	8,638	6.4%	19,186	6.2%
Females Age 65-69	1,686	6.1%	7,769	5.8%	17,177	5.5%
Females Age 70-74	1,446	5.2%	6,696	5.0%	14,618	4.7%
Females Age 75-79	1,058	3.8%	4,721	3.5%	10,300	3.3%
Females Age 80-84	807	2.9%	3,389	2.5%	7,237	2.3%
Females Age 85+	814	2.9%	3,685	2.7%	7,997	2.6%
2021 Median Female Age	43.3		41.7		40.6	
<b>2021 Males</b>	<b>25,698</b>		<b>128,406</b>		<b>302,230</b>	
Males Age 45-49	1,610	6.3%	8,728	6.8%	20,576	6.8%
Males Age 50-54	1,744	6.8%	8,661	6.8%	20,116	6.7%
Males Age 55-59	1,720	6.7%	8,284	6.5%	19,371	6.4%
Males Age 60-64	1,594	6.2%	7,577	5.9%	17,486	5.8%
Males Age 65-69	1,325	5.2%	6,380	5.0%	14,388	4.8%
Males Age 70-74	1,086	4.2%	5,033	3.9%	11,394	3.8%
Males Age 75-79	662	2.6%	3,500	2.7%	7,904	2.6%
Males Age 80-84	527	2.1%	2,373	1.9%	5,238	1.7%
Males Age 85+	505	2.0%	2,255	1.8%	5,033	1.7%
2021 Median Male Age	39.2		38.9		38.5	

1230 E WINDSOR RD

	1 MILE		3 MILES		5 MILES	
2026 Population	53,516		266,237		620,659	
Age 45-49	3,502	6.5%	18,342	6.9%	42,354	6.8%
Age 50-54	3,404	6.4%	17,227	6.5%	39,490	6.4%
Age 55-59	3,562	6.7%	17,053	6.4%	39,161	6.3%
Age 60-64	3,579	6.7%	16,245	6.1%	36,776	5.9%
Age 65-69	3,237	6.1%	14,830	5.6%	33,338	5.4%
Age 70-74	2,715	5.1%	12,618	4.7%	28,164	4.5%
Age 75-79	2,187	4.1%	10,076	3.8%	22,347	3.6%
Age 80-84	1,366	2.6%	6,439	2.4%	14,412	2.3%
85 and Older	1,500	2.8%	6,593	2.5%	14,380	2.3%
2026 Median Age	42.9		41.6		40.8	
2026 Females	27,705		136,010		314,377	
Females Age 45-49	1,829	6.6%	9,351	6.9%	21,217	6.8%
Females Age 50-54	1,817	6.6%	8,832	6.5%	19,890	6.3%
Females Age 55-59	1,845	6.7%	8,668	6.4%	19,694	6.3%
Females Age 60-64	1,865	6.7%	8,344	6.1%	18,752	6.0%
Females Age 65-69	1,775	6.4%	7,951	5.9%	17,660	5.6%
Females Age 70-74	1,549	5.6%	7,074	5.2%	15,631	5.0%
Females Age 75-79	1,269	4.6%	5,827	4.3%	12,768	4.1%
Females Age 80-84	866	3.1%	3,851	2.8%	8,462	2.7%
Females Age 85+	941	3.4%	4,107	3.0%	8,856	2.8%
2026 Median Female Age	44.8		43.0		42.0	
2026 Males	25,812 48.2%		130,227 48.9%		306,282 49.4%	
Males Age 45-49	1,672	6.5%	8,991	6.9%	21,137	6.9%
Males Age 50-54	1,587	6.2%	8,395	6.5%	19,600	6.4%
Males Age 55-59	1,717	6.7%	8,385	6.4%	19,467	6.4%
Males Age 60-64	1,715	6.6%	7,901	6.1%	18,023	5.9%
Males Age 65-69	1,463	5.7%	6,879	5.3%	15,679	5.1%
Males Age 70-74	1,166	4.5%	5,543	4.3%	12,533	4.1%
Males Age 75-79	918	3.6%	4,249	3.3%	9,579	3.1%
Males Age 80-84	501	1.9%	2,588	2.0%	5,950	1.9%
Males Age 85+	560	2.2%	2,486	1.9%	5,524	1.8%
2026 Median Male Age	41.0		40.1		39.7	

1230 E WINDSOR RD

	1 MILE		3 MILES		5 MILES	
<b>2010 Population</b>	<b>53,069</b>		<b>251,779</b>		<b>595,630</b>	
Age 45-49	4,021	7.6%	18,729	7.4%	44,095	7.4%
Age 50-54	3,947	7.4%	17,894	7.1%	41,507	7.0%
Age 55-59	3,518	6.6%	16,222	6.4%	37,112	6.2%
Age 60-64	2,886	5.4%	13,575	5.4%	30,884	5.2%
Age 65-69	2,093	3.9%	10,073	4.0%	22,718	3.8%
Age 70-74	1,934	3.6%	8,291	3.3%	18,244	3.1%
Age 75-79	1,708	3.2%	6,754	2.7%	14,861	2.5%
Age 80-84	1,155	2.2%	5,133	2.0%	11,262	1.9%
85 and Older	1,069	2.0%	4,863	1.9%	10,915	1.8%
2010 Median Age	39.5		38.6		37.8	
<b>2010 Females</b>	<b>27,697</b>		<b>129,643</b>		<b>303,053</b>	
Females Age 45-49	2,059	7.4%	9,378	7.2%	21,740	7.2%
Females Age 50-54	2,085	7.5%	9,256	7.1%	21,119	7.0%
Females Age 55-59	1,933	7.0%	8,677	6.7%	19,470	6.4%
Females Age 60-64	1,573	5.7%	7,440	5.7%	16,728	5.5%
Females Age 65-69	1,224	4.4%	5,573	4.3%	12,393	4.1%
Females Age 70-74	1,146	4.1%	4,708	3.6%	10,302	3.4%
Females Age 75-79	1,037	3.7%	3,941	3.0%	8,503	2.8%
Females Age 80-84	702	2.5%	3,094	2.4%	6,807	2.3%
Females Age 85+	684	2.5%	3,202	2.5%	7,106	2.3%
2010 Median Female Age	41.4		39.9		38.9	
<b>2010 Males</b>	<b>25,372</b>		<b>122,136</b>		<b>292,577</b>	
Males Age 45-49	1,962	7.7%	9,351	7.7%	22,356	7.6%
Males Age 50-54	1,862	7.3%	8,638	7.1%	20,389	7.0%
Males Age 55-59	1,585	6.3%	7,545	6.2%	17,642	6.0%
Males Age 60-64	1,312	5.2%	6,136	5.0%	14,156	4.8%
Males Age 65-69	869	3.4%	4,501	3.7%	10,325	3.5%
Males Age 70-74	787	3.1%	3,583	2.9%	7,943	2.7%
Males Age 75-79	671	2.6%	2,813	2.3%	6,357	2.2%
Males Age 80-84	452	1.8%	2,039	1.7%	4,455	1.5%
Males Age 85+	384	1.5%	1,661	1.4%	3,809	1.3%
2010 Median Male Age	37.5		37.3		36.7	

### 1230 E WINDSOR RD

	1 Mile	3 Miles	5 Miles
2021 Average Household Income	\$76,976	\$100,865	\$104,655
2026 Average Household Income	\$87,443	\$114,691	\$119,298
2021 Median Household Income	\$54,700	\$72,625	\$71,796
2026 Median Household Income	\$62,527	\$82,183	\$82,473
2021 Per Capita Income	\$28,906	\$36,875	\$38,965
2026 Per Capita Income	\$32,783	\$41,815	\$44,289
2021-2026 Annual Median Household Income Growth Rate	2.71%	2.50%	2.81%
2021-2026 Annual Per Capita Income Growth Rate	2.55%	2.55%	2.59%
<b>2021 Households</b>	<b>20,078</b>	<b>96,311</b>	<b>227,667</b>
Under \$15,000	2,923 14.6%	10,042 10.4%	23,487 10.3%
\$15,000-\$24,999	2,550 12.7%	8,583 8.9%	19,919 8.8%
\$25,000-\$34,999	1,731 8.6%	6,567 6.8%	16,321 7.2%
\$35,000-\$49,999	2,009 10.0%	9,320 9.7%	22,163 9.7%
\$50,000-\$74,999	3,261 16.2%	14,668 15.2%	35,291 15.5%
\$75,000-\$99,999	2,362 11.8%	11,604 12.1%	27,136 11.9%
\$100,000-\$149,999	2,734 13.6%	16,884 17.5%	37,865 16.6%
\$150,000-\$199,999	1,358 6.8%	8,214 8.5%	18,318 8.1%
\$200,000 and Over	1,150 5.7%	10,429 10.8%	27,168 11.9%
<b>2026 Households</b>	<b>20,053</b>	<b>97,045</b>	<b>229,670</b>
Under \$15,000	2,512 12.5%	8,373 8.6%	19,676 8.6%
\$15,000-\$24,999	2,116 10.6%	6,913 7.1%	16,271 7.1%
\$25,000-\$34,999	1,561 7.8%	5,835 6.0%	14,323 6.2%
\$35,000-\$49,999	1,813 9.0%	8,474 8.7%	19,980 8.7%
\$50,000-\$74,999	3,417 17.0%	14,706 15.2%	34,356 15.0%
\$75,000-\$99,999	2,664 13.3%	12,172 12.5%	28,474 12.4%
\$100,000-\$149,999	3,098 15.5%	18,642 19.2%	42,886 18.7%
\$150,000-\$199,999	1,528 7.6%	9,656 10.0%	21,942 9.6%
\$200,000 and Over	1,343 6.7%	12,273 12.7%	31,754 13.8%

# CBRE

## SENIOR HOUSING

1230 E WINDSOR RD

	1 MILE		3 MILES		5 MILES	
<b>2021 Householder Age 45-54</b>	<b>3,659</b>		<b>18,254</b>		<b>42,300</b>	
Age 45-54 Under \$15,000	306	8.4%	1,130	6.2%	2,903	6.9%
Age 45-54 \$15,000-\$24,999	219	6.0%	955	5.2%	2,125	5.0%
Age 45-54 \$25,000-\$34,999	216	5.9%	795	4.4%	2,065	4.9%
Age 45-54 \$35,000-\$49,999	287	7.8%	1,199	6.6%	2,952	7.0%
Age 45-54 \$50,000-\$74,999	672	18.4%	2,670	14.6%	6,482	15.3%
Age 45-54 \$75,000-\$99,999	552	15.1%	2,381	13.0%	5,111	12.1%
Age 45-54 \$100,000-\$149,999	637	17.4%	3,847	21.1%	8,447	20.0%
Age 45-54 \$150,000-\$199,999	444	12.1%	2,309	12.7%	4,691	11.1%
Age 45-54 \$200,000 and Over	325	8.9%	2,969	16.3%	7,525	17.8%
2021 Median Household Income: HHr 45-54	\$79,574		\$99,966		\$97,010	
2021 Average Household Income: HHr 45-54	\$101,435		\$128,278		\$131,905	
<b>2021 Householder Age 55-64</b>	<b>3,719</b>		<b>17,500</b>		<b>40,258</b>	
Age 55-64 Under \$15,000	530	14.3%	1,813	10.4%	4,228	10.5%
Age 55-64 \$15,000-\$24,999	420	11.3%	1,476	8.4%	3,211	8.0%
Age 55-64 \$25,000-\$34,999	291	7.8%	999	5.7%	2,358	5.9%
Age 55-64 \$35,000-\$49,999	377	10.1%	1,460	8.3%	3,356	8.3%
Age 55-64 \$50,000-\$74,999	604	16.2%	2,623	15.0%	5,936	14.7%
Age 55-64 \$75,000-\$99,999	468	12.6%	2,212	12.6%	4,708	11.7%
Age 55-64 \$100,000-\$149,999	567	15.3%	3,179	18.2%	6,754	16.8%
Age 55-64 \$150,000-\$199,999	231	6.2%	1,453	8.3%	3,217	8.0%
Age 55-64 \$200,000 and Over	230	6.2%	2,285	13.1%	6,490	16.1%
2021 Median Household Income: HHr 55-64	\$57,845		\$78,371		\$79,448	
2021 Average Household Income: HHr 55-64	\$79,639		\$109,319		\$119,462	
<b>2021 Householder Age 65-74</b>	<b>2,990</b>		<b>14,130</b>		<b>31,758</b>	
Age 65-74 Under \$15,000	517	17.3%	1,859	13.2%	4,120	13.0%
Age 65-74 \$15,000-\$24,999	489	16.4%	1,506	10.7%	3,298	10.4%
Age 65-74 \$25,000-\$34,999	275	9.2%	1,064	7.5%	2,566	8.1%
Age 65-74 \$35,000-\$49,999	317	10.6%	1,654	11.7%	3,746	11.8%
Age 65-74 \$50,000-\$74,999	577	19.3%	2,684	19.0%	5,439	17.1%
Age 65-74 \$75,000-\$99,999	298	10.0%	1,606	11.4%	3,559	11.2%
Age 65-74 \$100,000-\$149,999	284	9.5%	1,941	13.7%	4,257	13.4%
Age 65-74 \$150,000-\$199,999	94	3.1%	762	5.4%	1,949	6.1%
Age 65-74 \$200,000 and Over	139	4.7%	1,055	7.5%	2,823	8.9%
2021 Median Household Income: HHr 65-74	\$44,165		\$56,948		\$57,703	
2021 Average Household Income: HHr 65-74	\$64,398		\$82,920		\$89,410	

# CBRE

## SENIOR HOUSING

1230 E WINDSOR RD

	1 MILE		3 MILES		5 MILES	
<b>2021 Householder Age 75+</b>	<b>2,562</b>		<b>11,426</b>		<b>25,566</b>	
Age 75+ Under \$15,000	844	32.9%	2,530	22.1%	5,215	20.4%
Age 75+ \$15,000-\$24,999	583	22.8%	1,857	16.3%	4,117	16.1%
Age 75+ \$25,000-\$34,999	267	10.4%	1,138	10.0%	2,526	9.9%
Age 75+ \$35,000-\$49,999	276	10.8%	1,681	14.7%	3,329	13.0%
Age 75+ \$50,000-\$74,999	245	9.6%	1,668	14.6%	3,799	14.9%
Age 75+ \$75,000-\$99,999	126	4.9%	778	6.8%	2,060	8.1%
Age 75+ \$100,000-\$149,999	97	3.8%	880	7.7%	2,151	8.4%
Age 75+ \$150,000-\$199,999	63	2.5%	413	3.6%	1,082	4.2%
Age 75+ \$200,000 and Over	62	2.4%	483	4.2%	1,287	5.0%
2021 Median Household Income: HHr 75+	\$21,547		\$36,233		\$38,280	
2021 Average Household Income: HHr 75+	\$42,032		\$59,164		\$65,269	
<b>2026 Householder Age 45-54</b>	<b>3,521</b>		<b>18,076</b>		<b>41,653</b>	
Age 45-54 Under \$15,000	239	6.8%	853	4.7%	2,205	5.3%
Age 45-54 \$15,000-\$24,999	162	4.6%	707	3.9%	1,597	3.8%
Age 45-54 \$25,000-\$34,999	170	4.8%	638	3.5%	1,642	3.9%
Age 45-54 \$35,000-\$49,999	238	6.8%	1,015	5.6%	2,473	5.9%
Age 45-54 \$50,000-\$74,999	624	17.7%	2,414	13.4%	5,721	13.7%
Age 45-54 \$75,000-\$99,999	578	16.4%	2,391	13.2%	5,127	12.3%
Age 45-54 \$100,000-\$149,999	677	19.2%	4,085	22.6%	9,163	22.0%
Age 45-54 \$150,000-\$199,999	466	13.2%	2,561	14.2%	5,264	12.6%
Age 45-54 \$200,000 and Over	367	10.4%	3,412	18.9%	8,462	20.3%
2026 Median Household Income: HHr 45-54	\$87,263		\$108,676		\$107,773	
2026 Average Household Income: HHr 45-54	\$114,028		\$145,012		\$149,083	
<b>2026 Householder Age 55-64</b>	<b>3,625</b>		<b>17,132</b>		<b>39,266</b>	
Age 55-64 Under \$15,000	401	11.1%	1,351	7.9%	3,186	8.1%
Age 55-64 \$15,000-\$24,999	313	8.6%	1,094	6.4%	2,418	6.2%
Age 55-64 \$25,000-\$34,999	246	6.8%	847	4.9%	1,992	5.1%
Age 55-64 \$35,000-\$49,999	321	8.9%	1,255	7.3%	2,871	7.3%
Age 55-64 \$50,000-\$74,999	622	17.2%	2,552	14.9%	5,682	14.5%
Age 55-64 \$75,000-\$99,999	518	14.3%	2,287	13.4%	4,856	12.4%
Age 55-64 \$100,000-\$149,999	652	18.0%	3,449	20.1%	7,428	18.9%
Age 55-64 \$150,000-\$199,999	281	7.8%	1,734	10.1%	3,779	9.6%
Age 55-64 \$200,000 and Over	271	7.5%	2,564	15.0%	7,054	18.0%
2026 Median Household Income: HHr 55-64	\$70,115		\$89,420		\$91,541	
2026 Average Household Income: HHr 55-64	\$93,438		\$124,613		\$134,640	

1230 E WINDSOR RD

	1 MILE	3 MILES	5 MILES
2026 Householder Age 65-74	3,113	14,585	33,000
Age 65-74 Under \$15,000	460 14.8%	1,582 10.9%	3,572 10.8%
Age 65-74 \$15,000-\$24,999	432 13.9%	1,273 8.7%	2,840 8.6%
Age 65-74 \$25,000-\$34,999	268 8.6%	992 6.8%	2,350 7.1%
Age 65-74 \$35,000-\$49,999	294 9.4%	1,493 10.2%	3,444 10.4%
Age 65-74 \$50,000-\$74,999	656 21.1%	2,878 19.7%	5,760 17.5%
Age 65-74 \$75,000-\$99,999	366 11.8%	1,799 12.3%	3,972 12.0%
Age 65-74 \$100,000-\$149,999	352 11.3%	2,269 15.6%	5,046 15.3%
Age 65-74 \$150,000-\$199,999	108 3.5%	940 6.4%	2,429 7.4%
Age 65-74 \$200,000 and Over	178 5.7%	1,358 9.3%	3,587 10.9%
2026 Median Household Income: HHr 65-74	\$52,651	\$64,707	\$66,765
2026 Average Household Income: HHr 65-74	\$74,395	\$96,376	\$103,863
2026 Householder Age 75+	2,856	12,921	29,230
Age 75+ Under \$15,000	848 29.7%	2,519 19.5%	5,317 18.2%
Age 75+ \$15,000-\$24,999	581 20.3%	1,794 13.9%	4,066 13.9%
Age 75+ \$25,000-\$34,999	290 10.2%	1,182 9.2%	2,602 8.9%
Age 75+ \$35,000-\$49,999	302 10.6%	1,775 13.7%	3,525 12.1%
Age 75+ \$50,000-\$74,999	321 11.2%	1,948 15.1%	4,301 14.7%
Age 75+ \$75,000-\$99,999	181 6.3%	1,029 8.0%	2,630 9.0%
Age 75+ \$100,000-\$149,999	145 5.1%	1,258 9.7%	3,093 10.6%
Age 75+ \$150,000-\$199,999	95 3.3%	667 5.2%	1,709 5.9%
Age 75+ \$200,000 and Over	95 3.3%	750 5.8%	1,987 6.8%
2026 Median Household Income: HHr 75+	\$25,000	\$41,985	\$45,307
2026 Average Household Income: HHr 75+	\$51,301	\$72,074	\$79,209



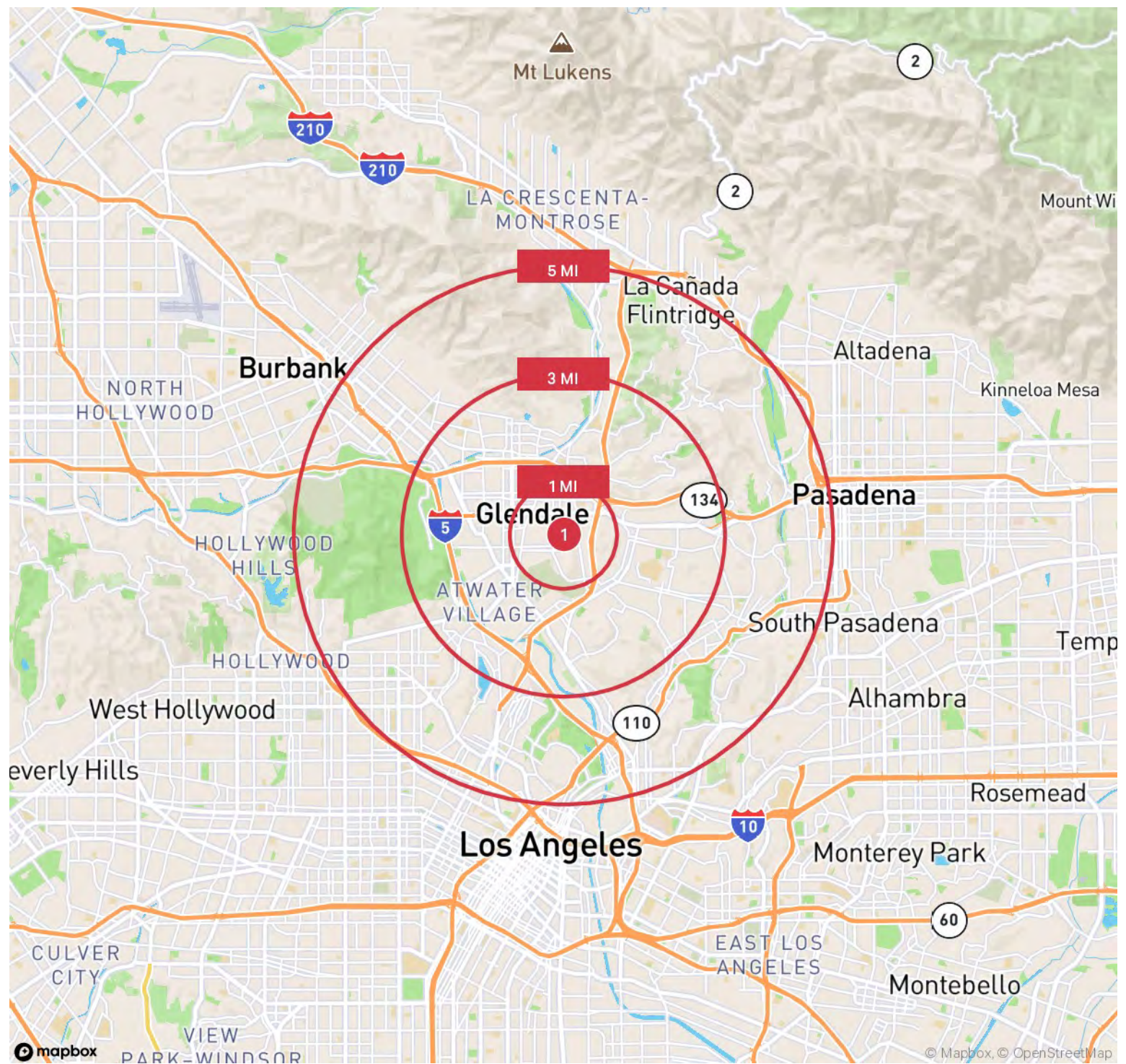
# CBRE

## SENIOR HOUSING

1230 E WINDSOR RD

	1 MILE	3 MILES	5 MILES
<b>2021 Owner Occupied Housing Units</b>	<b>4,255</b>	<b>34,037</b>	<b>77,836</b>
Under \$50,000	16 0.4%	66 0.2%	123 0.2%
\$50,000-\$99,999	17 0.4%	42 0.1%	70 0.1%
\$100,000-\$149,999	2 0.0%	7 0.0%	12 0.0%
\$150,000-\$199,999	0 0.0%	0 0.0%	9 0.0%
\$200,000-\$249,999	10 0.2%	39 0.1%	82 0.1%
\$250,000-\$299,999	8 0.2%	57 0.2%	150 0.2%
\$300,000-\$399,999	156 3.7%	630 1.9%	1,297 1.7%
\$400,000-\$499,999	518 12.2%	1,944 5.7%	3,932 5.1%
\$500,000-\$749,999	1,266 29.8%	9,286 27.3%	18,605 23.9%
\$750,000-\$999,999	1,491 35.0%	11,607 34.1%	22,195 28.5%
\$1,000,000-\$1,499,999	660 15.5%	7,811 22.9%	20,028 25.7%
\$1,500,000-\$1,999,999	9 0.2%	1,401 4.1%	5,703 7.3%
\$2,000,000 and Over	104 2.4%	1,146 3.4%	5,629 7.2%
2021 Median Value of Owner Occ. Housing Units	\$772,720	\$856,552	\$914,874
2021 Average Value of Owner Occ. Housing Units	\$813,883	\$936,635	\$1,040,967
<b>2026 Owner Occupied Housing Units</b>	<b>4,291 21.4%</b>	<b>34,314 35.4%</b>	<b>78,363 34.1%</b>
Under \$50,000	0 0.0%	0 0.0%	0 0.0%
\$50,000-\$99,999	14 0.3%	14 0.0%	14 0.0%
\$100,000-\$149,999	0 0.0%	0 0.0%	0 0.0%
\$150,000-\$199,999	0 0.0%	0 0.0%	0 0.0%
\$200,000-\$249,999	0 0.0%	0 0.0%	0 0.0%
\$250,000-\$299,999	0 0.0%	2 0.0%	9 0.0%
\$300,000-\$399,999	45 1.1%	146 0.4%	285 0.4%
\$400,000-\$499,999	303 7.1%	807 2.4%	1,598 2.0%
\$500,000-\$749,999	869 20.3%	5,803 16.9%	11,612 14.8%
\$750,000-\$999,999	1,565 36.5%	11,143 32.5%	20,099 25.7%
\$1,000,000-\$1,499,999	1,307 30.5%	12,822 37.4%	30,043 38.4%
\$1,500,000-\$1,999,999	13 0.3%	2,006 5.9%	7,338 9.4%
\$2,000,000 and Over	167 3.9%	1,562 4.6%	7,320 9.4%
2026 Median Value of Owner Occ. Housing Units	\$895,447	\$982,893	\$1,092,234
2026 Average Value of Owner Occ. Housing Units	\$956,783	\$1,074,052	\$1,181,488
<b>2021 Group Quarters Population</b>	<b>312</b>	<b>3,674</b>	<b>9,293</b>
2026 Group Quarters Population	312	3,674	9,293
<b>2010 Group Quarters Population</b>	<b>298</b>	<b>3,516</b>	<b>8,894</b>
Institutional Group Quarters	212 71.1%	1,362 38.7%	3,505 39.4%
Adult Correctional	0 0.0%	0 0.0%	122 1.4%
Juvenile Facilities	0 0.0%	105 3.0%	194 2.2%
Nursing Facilities	212 71.1%	1,249 35.5%	3,135 35.3%
Other Institutional	0 0.0%	8 0.2%	54 0.6%
Non-Institutional Group Quarters	85 28.5%	2,154 61.3%	5,389 60.6%
College Student Housing	0 0.0%	1,505 42.8%	1,607 18.1%
Military Quarters	0 0.0%	0 0.0%	0 0.0%
Other Non-Institutional	85 28.5%	649 18.5%	3,782 42.5%

1230 E WINDSOR RD



NAME	LATITUDE	LONGITUDE
1 1230 E WINDSOR Rd	34.136745009635	-118.238459005132

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**ADDENDUM E**

**Client Contract Information**



# Proposal and Contract for Services

January 31, 2022

Bethany Ghassemi  
General Counsel

**HumanGood**

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Duarte, CA 91010

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[www.cbre.us/valuation](http://www.cbre.us/valuation)

**Michael Thiel, MAI**  
Director

RE: Assignment Agreement  
Seniors Housing & Care  
Windsor,  
1230 E Windsor Rd  
Glendale, CA 91205

Dear Ms. Ghassemi:

We are pleased to submit this proposal and our Terms and Conditions for this assignment.

## PROPOSAL SPECIFICATIONS

<b>Purpose:</b>	To estimate the Market Value of the referenced real estate
<b>Premise:</b>	As Is
<b>Rights Appraised:</b>	Fee Simple
<b>Intended Use:</b>	Acquisition/Disposition/Exchange Due Diligence
<b>Intended User:</b>	The intended user is <b>HumanGood</b> ("Client"), and such other parties and entities (if any) expressly recognized by CBRE as "Intended Users" (as further defined herein).
<b>Reliance:</b>	Reliance on any reports produced by CBRE under this Agreement is extended solely to parties and entities expressly acknowledged in a signed writing by CBRE as Intended Users of the respective reports, provided that any conditions to such acknowledgement required by CBRE or hereunder have been satisfied. Parties or entities other than Intended Users who obtain a copy of the report or any portion thereof (including Client if it is not named as an Intended User), whether as a result of its direct dissemination or by any other means, may not rely upon any opinions or conclusions contained in the report or such portions thereof, and CBRE will not be responsible for any unpermitted use of the report, its conclusions or contents or have any liability in connection therewith.

Scope of Inspection:	<p>A full interior and exterior inspection of the property will be conducted and arranged with the property contact and performed by CBRE Valuations.</p> <p>If this expected property inspection is not possible due to unforeseen issues (such as lack of on-site personnel cooperation, physical obstructions, or appraiser/property contact health and safety concerns), the client will be promptly advised. The client may continue this assignment based on other inspection options agreed upon by CBRE and client or provide CBRE with a written notice to cancel. If CBRE determines that a credible appraisal result cannot be achieved due to inspection limitations, it will promptly provide the client with a written cancellation of this assignment.</p>
Valuation Approaches:	All three traditional approaches to value will be considered.
Report Type:	Standard Appraisal Report
Appraisal Standards:	USPAP/FIRREA
Appraisal Fee:	\$5,600.00. If cancelled by either party before a completion, the fee will be based on CBRE's hourly rates for the time expended; plus actual expenses.
Expenses:	Fee includes all associated expenses
Retainer:	A retainer is not required for this assignment.
Payment Terms:	Final payment is due upon delivery of the final report or within thirty (30) days of your receipt of the draft report, whichever is sooner. The full appraisal fee is considered earned upon delivery of the draft report. We will invoice you for the assignment in its entirety at the completion of the assignment.
Delivery Instructions:	<p>CBRE encourages our clients to join in our environmental sustainability efforts by accepting an electronic copy of the report.</p> <p>An Adobe PDF file via email will be delivered to orestd@beacondevgroup.com. The client has requested 0 bound final copy (ies).</p>
Delivery Schedule:	
Preliminary Value:	N/A
Draft Report:	15 business days after the Start Date
Final Report:	5 business days subsequent to the receipt of final review comments
Start Date:	The appraisal process will start upon receipt of your signed agreement and the property specific data. <b><i>The report will be completed or supervised by James Graber, MAI.</i></b>
Acceptance Date:	These specifications are subject to modification if this proposal is not accepted within 5 business days from the date of this letter.

When executed and delivered by all parties, this letter, together with the Terms and Conditions and the Specific Property Data Request attached hereto and incorporated herein, will serve as the

Agreement for appraisal services by and between CBRE and Client. Each person signing below represents that it is authorized to enter into this Agreement and to bind the respective parties, including all intended users, hereto.

We appreciate this opportunity to be of service to you on this assignment. If you have additional questions, please contact us.

Sincerely,

**CBRE, Inc.**  
**Valuation & Advisory Services**



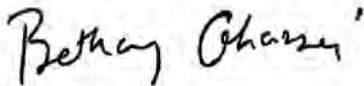
Michael Thiel, MAI  
Director  
As Agent for CBRE, Inc.  
T +1 213 6133355  
Michael.Thiel2@cbre.com

PROPERTY NAME	PROPERTY LOCATION	REPORT TYPE	APPRAISAL FEES
Windsor	1230 E Windsor Rd, Glendale, CA 91205	Standard Appraisal	\$5,600.00
Assignment Total:			\$5,600.00



## AGREED AND ACCEPTED

### FOR HUMANGOOD ("CLIENT"):



Signature

February 1, 2022

Date

Bethany Ghassemi

Name

General Counsel

Title

925-924-7239

Phone Number

Bethany.ghassemi@humangood.org

E-Mail Address

### ADDITIONAL OPTIONAL SERVICE

Assessment & Consulting Services: CBRE's Assessment & Consulting Services group has the capability of providing a wide array of solution-oriented due diligence services in the form of property condition and environmental site assessment reports and other necessary due diligence service (seismic risk analysis, zoning compliance service, construction risk management, annual inspections, etc.).

Initial below if you desire CBRE to contact you to discuss a proposal for any part or the full complement of consulting services, or you may reach out to us at [ACSProposals@cbre.com](mailto:ACSProposals@cbre.com). We will route your request to the appropriate manager. For more information, please visit [www.cbre.com/assessment](http://www.cbre.com/assessment).



## TERMS AND CONDITIONS

1. The Terms and Conditions herein are part of an agreement for appraisal services (the "Agreement") between CBRE, Inc. (the "Appraiser") and the client signing this Agreement, and for whom the appraisal services will be performed (the "Client"), and shall be deemed a part of such Agreement as though set forth in full therein. The Agreement shall be governed by the laws of the state where the appraisal office is located for the Appraiser executing this Agreement.
2. Client shall be responsible for the payment of all fees stipulated in the Agreement. Payment of the appraisal fee and preparation of an appraisal report (the "Appraisal Report, or the "report") are not contingent upon any predetermined value or on an action or event resulting from the analyses, opinions, conclusions, or use of the Appraisal Report. Final payment is due as provided in the Proposal Specifications Section of this Agreement. If a draft report is requested, the fee is considered earned upon delivery of the draft report. It is understood that the Client may cancel this assignment in writing at any time prior to delivery of the completed report. In such event, the Client is obligated only for the hourly rate of the time and expenses incurred (including travel expenses to and from the job site), with a minimum charge of \$500. Additional copies of the Appraisal Reports are available at a cost of \$250 per original color copy and \$100 per photocopy (black and white), plus shipping fees of \$30 per report.
3. If Appraiser is subpoenaed or ordered to give testimony, produce documents or information, or otherwise required or requested by Client or a third party to participate in meetings, phone calls, conferences, litigation or other legal proceedings (including preparation for such proceedings) because of, connected with or in any way pertaining to this engagement, the Appraisal Report, the Appraiser's expertise, or the Property, Client shall pay Appraiser's additional costs and expenses, including but not limited to Appraiser's attorneys' fees, and additional time incurred by Appraiser based on Appraiser's then-prevailing hourly rates and related fees. Such charges include and pertain to, but are not limited to, time spent in preparing for and providing court room testimony, depositions, travel time, mileage and related travel expenses, waiting time, document review and production, and preparation time (excluding preparation of the Appraisal Report), meeting participation, and Appraiser's other related commitment of time and expertise. Hourly charges and other fees for such participation will be provided upon request. In the event Client requests additional appraisal services beyond the scope and purpose stated in the Agreement, Client agrees to pay additional fees for such services and to reimburse related expenses, whether or not the completed report has been delivered to Client at the time of such request.
4. Appraiser shall have the right to terminate this Agreement at any time for cause effective immediately upon written notice to Client on the occurrence of fraud or the willful misconduct of Client, its employees or agents, or without cause upon 5 days written notice.
5. In the event Client fails to make payments when due then, from the date due until paid, the amount due and payable shall bear interest at the maximum rate permitted in the state where the office is located for the Appraiser executing the Agreement. In the event either party institutes legal action against the other to enforce its rights under this Agreement, the prevailing party shall be entitled to recover its reasonable attorney's fees and expenses. Each party waives the right to a trial by jury in any action arising under this Agreement.
6. Appraiser assumes there are no major or significant items or issues affecting the Property that would require the expertise of a professional building contractor, engineer, or environmental consultant for Appraiser to prepare a valid report. Client acknowledges that such additional expertise is not covered in the Appraisal fee and agrees that, if such additional expertise is required, it shall be provided by others at the discretion and direction of the Client, and solely at Client's additional cost and expense.
7. In the event of any dispute between Client and Appraiser relating to this Agreement, or Appraiser's or Client's performance hereunder, Appraiser and Client agree that such dispute shall be resolved by means of binding arbitration in accordance with the commercial arbitration rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any court of competent jurisdiction. Depositions may be taken and other discovery obtained during such arbitration proceedings to the same extent as authorized in civil judicial proceedings in the state where the office of the Appraiser executing this Agreement is located. The arbitrator shall be limited to awarding compensatory damages and shall have no authority to award punitive, exemplary or similar damages. The prevailing party in the arbitration proceeding shall be entitled to recover its expenses from the losing party, including costs of the arbitration proceeding, and reasonable attorney's fees. Client acknowledges that Appraiser is being retained hereunder as an independent contractor to perform the services described herein and nothing in this Agreement shall be deemed to create any other relationship between

Client and Appraiser. This engagement shall be deemed concluded and the services hereunder completed upon delivery to Client of the Appraisal Report discussed herein.

8. All statements of fact in the report which are used as the basis of the Appraiser's analyses, opinions, and conclusions will be true and correct to Appraiser's actual knowledge and belief. Appraiser does not make any representation or warranty, express or implied, as to the accuracy or completeness of the information or the condition of the Property furnished to Appraiser by Client or others. TO THE FULLEST EXTENT PERMITTED BY LAW, APPRAISER DISCLAIMS ANY GUARANTEE OR WARRANTY AS TO THE OPINIONS AND CONCLUSIONS PRESENTED ORALLY OR IN ANY APPRAISAL REPORT, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF FITNESS FOR ANY PARTICULAR PURPOSE EVEN IF KNOWN TO APPRAISER. Furthermore, the conclusions and any permitted reliance on and use of the Appraisal Report shall be subject to the assumptions, limitations, and qualifying statements contained in the report.
9. Appraiser shall have no responsibility for legal matters, including zoning, or questions of survey or title, soil or subsoil conditions, engineering, or other similar technical matters. The report will not constitute a survey of the Property analyzed.
10. Client shall provide Appraiser with such materials with respect to the assignment as are requested by Appraiser and in the possession or under the control of Client. Client shall provide Appraiser with sufficient access to the Property to be analyzed, and hereby grants permission for entry unless discussed in advance to the contrary.
11. The data gathered in the course of the assignment (except data furnished by Client) and the report prepared pursuant to the Agreement are, and will remain, the property of Appraiser. With respect to data provided by Client, Appraiser shall not violate the confidential nature of the Appraiser-Client relationship by improperly disclosing any proprietary information furnished to Appraiser. Notwithstanding the foregoing, Appraiser is authorized by Client to disclose all or any portion of the report and related data as may be required by statute, government regulation, legal process, or judicial decree, including to appropriate representatives of the Appraisal Institute if such disclosure is required to enable Appraiser to comply with the Bylaws and Regulations of such Institute as now or hereafter in effect.
12. Unless specifically noted, in preparing the Appraisal Report the Appraiser will not be considering the possible existence of asbestos, PCB transformers, or other toxic, hazardous, or contaminated substances and/or underground storage tanks (collectively, "Hazardous Material") on or affecting the Property, or the cost of encapsulation or removal thereof. Further, Client represents that there is no major or significant deferred maintenance of the Property that would require the expertise of a professional cost estimator or contractor. If such repairs are needed, the estimates are to be prepared by others, at Client's discretion and direction, and are not covered as part of the Appraisal fee.
13. In the event Client intends to use the Appraisal Report in connection with a tax matter, Client acknowledges that Appraiser provides no warranty, representation or prediction as to the outcome of such tax matter. Client understands and acknowledges that any relevant taxing authority (whether the Internal Revenue Service or any other federal, state or local taxing authority) may disagree with or reject the Appraisal Report or otherwise disagree with Client's tax position, and further understands and acknowledges that the taxing authority may seek to collect additional taxes, interest, penalties or fees from Client beyond what may be suggested by the Appraisal Report. Client agrees that Appraiser shall have no responsibility or liability to Client or any other party for any such taxes, interest, penalties or fees and that Client will not seek damages or other compensation from Appraiser relating to any such taxes, interest, penalties or fees imposed on Client, or for any attorneys' fees, costs or other expenses relating to Client's tax matters.
14. Appraiser shall have no liability with respect to any loss, damage, claim or expense incurred by or asserted against Client arising out of, based upon or resulting from Client's failure to provide accurate or complete information or documentation pertaining to an assignment ordered under or in connection with this Agreement, including Client's failure, or the failure of any of Client's agents, to provide a complete copy of the Appraisal Report to any third party.
15. LIMITATION OF LIABILITY. EXCEPT TO THE EXTENT ARISING FROM SECTION 16 BELOW, OR SECTION 17 IF APPLICABLE, IN NO EVENT SHALL EITHER PARTY OR ANY OF ITS AFFILIATE, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, OR CONTRACTORS BE LIABLE TO THE OTHER, WHETHER BASED IN CONTRACT, WARRANTY, INDEMNITY, NEGLIGENCE, STRICT LIABILITY OR OTHER TORT OR OTHERWISE, FOR ANY SPECIAL, CONSEQUENTIAL, PUNITIVE, INCIDENTAL OR INDIRECT DAMAGES, AND AGGREGATE DAMAGES IN CONNECTION WITH THIS AGREEMENT FOR EITHER PARTY (EXCLUDING THE OBLIGATION TO PAY THE FEES REQUIRED HEREUNDER) SHALL NOT EXCEED THE GREATER OF THE TOTAL FEES PAYABLE TO APPRAISER UNDER THIS AGREEMENT OR TEN THOUSAND DOLLARS (\$10,000). THIS LIABILITY LIMITATION SHALL NOT APPLY IN THE EVENT OF A FINAL FINDING BY AN ARBITRATOR OR A COURT OF COMPETENT JURISDICTION THAT SUCH LIABILITY IS THE RESULT OF A PARTY'S FRAUD OR WILLFUL MISCONDUCT.

16. Client shall not disseminate, distribute, make available or otherwise provide any Appraisal Report prepared hereunder to any third party (including without limitation, incorporating or referencing the Appraisal Report, in whole or in part, in any offering or other material intended for review by other parties) except to (i) any third party expressly acknowledged in a signed writing by Appraiser as an "Intended User" of the Appraisal Report provided that either Appraiser has received an acceptable release from such third party with respect to such Appraisal Report or Client provides acceptable indemnity protections to Appraiser against any claims resulting from the distribution of the Appraisal Report to such third party, (ii) any third party service provider (including rating agencies and auditors) using the Appraisal Report in the course of providing services for the sole benefit of an Intended User, or (iii) as required by statute, government regulation, legal process, or judicial decree. In the event Appraiser consents, in writing, to Client incorporating or referencing the Appraisal Report in any offering or other materials intended for review by other parties, Client shall not distribute, file, or otherwise make such materials available to any such parties unless and until Client has provided Appraiser with complete copies of such materials and Appraiser has approved all such materials in writing. Client shall not modify any such materials once approved by Appraiser. In the absence of satisfying the conditions of this paragraph with respect to a party who is not designated as an Intended User, in no event shall the receipt of an Appraisal Report by such party extend any right to the party to use and rely on such report, and Appraiser shall have no liability for such unauthorized use and reliance on any Appraisal Report. In the event Client breaches the provisions of this paragraph, Client shall indemnify, defend and hold Appraiser, and its affiliates and their officers, directors, employees, contractors, agents and other representatives (Appraiser and each of the foregoing an "Indemnified Party" and collectively the "Indemnified Parties"), fully harmless from and against all losses, liabilities, damages and expenses (collectively, "Damages") claimed against, sustained or incurred by any Indemnified Party arising out of or in connection with such breach, regardless of any negligence on the part of any Indemnified Party in preparing the Appraisal Report.
17. Furthermore, Client shall indemnify, defend and hold each of the Indemnified Parties harmless from and against any Damages in connection with (i) any transaction contemplated by this Agreement or in connection with the appraisal or the engagement of or performance of services by any Indemnified Party hereunder, (ii) any Damages claimed by any user or recipient of the Appraisal Report, whether or not an Intended User, (iii) any actual or alleged untrue statement of a material fact, or the actual or alleged failure to state a material fact necessary to make a statement not misleading in light of the circumstances under which it was made with respect to all information furnished to any Indemnified Party or made available to a prospective party to a transaction, or (iv) an actual or alleged violation of applicable law by an Intended User (including, without limitation, securities laws) or the negligent or intentional acts or omissions of an Intended User (including the failure to perform any duty imposed by law); and will reimburse each Indemnified Party for all reasonable fees and expenses (including fees and expenses of counsel) (collectively, "Expenses") as incurred in connection with investigating, preparing, pursuing or defending any threatened or pending claim, action, proceeding or investigation (collectively, "Proceedings") arising therefrom, and regardless of whether such Indemnified Party is a formal party to such Proceeding. Client agrees not to enter into any waiver, release or settlement of any Proceeding (whether or not any Indemnified Party is a formal party to such Proceeding) without the prior written consent of Appraiser (which consent will not be unreasonably withheld or delayed) unless such waiver, release or settlement includes an unconditional release of each Indemnified Party from all liability arising out of such Proceeding.
18. Time Period for Legal Action. Unless the time period is shorter under applicable law, except in connection with paragraphs 16 and 17 above, Appraiser and Client agree that any legal action or lawsuit by one party against the other party or its affiliates, officers, directors, employees, contractors, agents, or other representatives, whether based in contract, warranty, indemnity, negligence, strict liability or other tort or otherwise, relating to (a) this Agreement or the Appraisal Report, (b) any services or appraisals under this Agreement or (c) any acts or conduct relating to such services or appraisals, shall be filed within two (2) years from the date of delivery to Client of the Appraisal Report to which the claims or causes of action in the legal action or lawsuit relate. The time period stated in this section shall not be extended by any incapacity of a party or any delay in the discovery or accrual of the underlying claims, causes of action or damages.



## SPECIFIC PROPERTY DATA REQUEST

In order to complete this assignment under the terms outlined, CBRE, Inc., Valuation & Advisory Services, will require the following specific information for the property:

1. PLEASE NOTIFY US IMMEDIATELY IF ANY OTHER CBRE SERVICE LINE (INCLUDING CAPSTONE) IS INVOLVED IN THE BROKERAGE, FINANCING, INVESTMENT OR MANAGEMENT OF THIS ASSET.
2. Current title report and title holder name
3. Legal description
4. Survey and/or plat map
5. Site plan for the existing development
6. Building plans and specifications, including square footage for all buildings and units
7. Current county property tax assessment or tax bill
8. Details on any sale, contract, or listing of the property within the past three years
9. Engineering studies, soil tests or environmental assessments
10. Ground lease, if applicable
11. Details regarding the development costs, including land cost, if developed within the past three years
12. Three-year and YTD property income and expenses
13. Current year property income and expense budget
14. Detailed occupancy report for the past three years and current YTD
15. Detailed current rent roll indicating any vacant units
16. Details regarding any pending changes to the rent roll, including deposits for future occupancies
17. Details regarding any concessions currently being offered or provided for all leases pending or signed over the prior 12 months
18. Details regarding all personal property, including furniture, fixtures, and equipment
19. Analysis of prospective payment system (Medicaid, Medicare, and private pay)
20. Details regarding the historical and future replacement schedule (i.e., carpets, appliances, cabinetry, laundry facilities, HVAC, etc.)
21. Details regarding capital expenditures made within the last 12 months, or scheduled for the next 12 months
22. Marketing plan and/or local competitive study, if available
23. Any previous market/demand studies or appraisals
24. Name and telephone number of property contact for physical inspection and additional information needed during the appraisal process
25. Any other information that might be helpful in valuing this property

If any of the requested data and information is not available, CBRE, Inc., reserves the right to extend the delivery date by the amount of time it takes to receive the requested information or make other arrangements. Please have the requested information delivered to the following:

Michael Thiel, MAI  
Director  
Michael.Thiel2@cbre.com  
CBRE, Inc.  
Valuation & Advisory Services

400 S. Hope Street, Ste 2500  
Los Angeles, CA 90071

**ADDENDUM F**

**Appraiser Qualifications**

# James Graber, MAI

Seniors Housing & Healthcare | National Practice Leader



Managing Director  
Seniors Housing & Healthcare  
National Practice Leader

+01 347 722 0225 - D  
[james.graber@cbre.com](mailto:james.graber@cbre.com)

2100 McKinney Ave., Suite 700  
Dallas, TX 75201

## Sample of Clients Represented

- Capital One
- Wells Fargo
- Truist Bank
- TD Bank
- Ocean Bank
- Hancock & Whitney Bank
- BB&T
- Bank of the West
- PGIM
- Key Bank
- MountainSeed
- Invesco
- Altus
- BMO Harris
- Frost Bank
- Ally Bank
- BOK Financial
- Fannie Mae
- Bank of America
- ORIX Real Estate Capital
- Huntington National Bank
- United Community Bank
- AEW
- CIBC Bank

## Professional Background

James Graber, MAI, as a Managing Director within Valuation & Advisory Services, is the National Practice Leader of Seniors Housing & Healthcare at CBRE, the largest real estate firm in the world. As the national head of the Seniors Housing & Healthcare practice, James leads a geographically-diverse team that focuses solely on valuation and advisory services for seniors housing assets, including active adult, independent living, assisted living, memory care, skilled nursing, and life plan communities (LPC/CCRC). The National Seniors Housing & Healthcare practice group is an industry thought leader, with James regularly publishing market-leading research, contributing on industry panels, as well as interviewed and quoted in various industry media outlets.

For over 15 years, James has been active in the real estate valuation industry, completing assignments throughout the United States and abroad, with a primary specialization on Seniors Housing & Healthcare assets. Provided valuation and advisory services include third-party appraisals, Fair Market Value and Fair Market Rent analyses, purchase price allocations, IPA-NAV valuations, market studies, portfolio valuations, development support as an expert witness, arbiter in value disputes, market/need studies, and feasibility analyses. Clients served include lenders, operators, health systems, local and national investment firms, development and operating companies, commercial and investment banks, insurance companies, private equity firms, pension funds, and REITs.

Prior to joining CBRE, Mr. Graber was a Managing Director at Salus Valuation Group, which has since been acquired by Newmark Knight Frank. While at Salus, he developed and directed a dynamic team within the healthcare and seniors housing valuation and advisory industry. Preceding Salus Valuation Group, James was an was a Senior Appraiser with a commercial real estate valuation firm situated within the South Florida market.

While spending a majority of his career in the Florida and New York markets, James resides in Dallas, Texas, and is a proud husband of 13 years and father to two boys.

## Industry Involvement

- Member of the Appraisal Institute
- Appraisal Institute Chapter University Relations Committee Member
- Interviewed & quoted in published articles as a Seniors Housing and Healthcare Industry expert
- National Investment Center for the Seniors Housing & Care Industry
- Expert Witness in Development Need Studies
- Third-party Arbiter in Valuation Disputes

## Education

- Kansas State University, B.S.
- Major: Business Administration

### Appraisal Institute Coursework During the Past Several Years

- The Uniform Standards of Professional Appraisal Practice (USPAP), 2020
- Law for Real Estate Appraisers, 2020
- National Appraising for the Supervisor and Trainee, 2020
- Evaluations, Desktops, & Limited Scope Appraisals, 2020
- Essential Elements of Disclosures and Disclaimers, 2020
- Complex Properties, 2018
- Review Theory – General, 2016
- Advanced Income Capitalization, 2013
- Advanced Concepts and Case Studies, 2013



Business, Consumer Services & Housing Agency  
**BUREAU OF REAL ESTATE APPRAISERS**  
**REAL ESTATE APPRAISER LICENSE**

**James A. Graber**

has successfully met the requirements for a license as a residential and commercial real estate appraiser in the State of California and is, therefore, entitled to use the title:

"Certified General Real Estate Appraiser"

This license has been issued in accordance with the provisions of the Real Estate Appraisers' Licensing and Certification Law.

BREA APPRAISER IDENTIFICATION NUMBER: 3007478

Effective Date: May 13, 2020

Date Expires: May 12, 2022

  
Jim Martin, Bureau Chief, BREA

3052552

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO SEE. CHAIRMAN



# Stephanie F. Velde

Senior Appraiser, Chicago

CBRE



T + 312 233 8659  
M +773.706-7372  
Stephanie.Velde@cbre.com  
321 N. Clark Street  
Suite 3400  
Chicago, IL 60654

## Experience

Stephanie Velde is part of CBRE's National Senior Housing & Healthcare Group. Ms. Velde has completed valuation and consulting services for over 15 years on behalf of local and national investment firms, financial institutions, development and operating companies, REITs, corporations, individual investors and legal firms for the acquisition, disposition, and financing of investment grade real estate.

Ms. Velde has experience in third-party valuations, operational due diligence, asset management, market studies, and feasibility analyses of single-asset to large portfolio transactions.

The CBRE Seniors Housing & Healthcare group provides valuation and advisory services; asset care levels include active adult, independent living, assisted living, memory care, skilled nursing, and continuing care retirement communities (CCRC). CBRE has a national footprint and our team takes pride in the depth and breadth of our industry knowledge and network, within the seniors housing space. Our philosophy centers the client's needs at the forefront of our production results. This approach to providing world class service has led to the strengthening of our existing client base as well as the addition of new clientele.

## Professional Affiliations / Accreditations

- Candidate for Designation of the Appraisal Institute
- Illinois Certified General Appraiser License No. 553.001626
- Indiana Certified General Appraiser License No. CG41400031
- Wisconsin Certified General Appraiser License No. 2039-10
- Michigan Certified General Appraiser License No. 1201076412
- Minnesota Certified General Appraiser License No. 40637371
- Iowa Certified General Appraiser License No. CG03734
- Ohio Certified General Appraiser License No. 2019007453
- Missouri Certified General Appraiser License No. 2020013225
- Kansas Certified General Appraiser License No. 3408
- Nebraska Certified General Appraiser License No. CG2020019R
- California Certified General Appraiser License No. 3009805

## Education

- Loyola University Chicago
  - Bachelor of Arts – *magna cum laude*





Business, Consumer Services & Housing Agency  
**BUREAU OF REAL ESTATE APPRAISERS**  
**REAL ESTATE APPRAISER LICENSE**

**Stephanie Velde**

has successfully met the requirements for a license as a residential and commercial real estate appraiser in the State of California and is, therefore, entitled to use the title:

“Certified General Real Estate Appraiser”

This license has been issued in accordance with the provisions of the Real Estate Appraisers' Licensing and Certification Law.

BREA APPRAISER IDENTIFICATION NUMBER: 3009085

Effective Date: September 17, 2021  
Date Expires: September 16, 2023

Loretta Dillon, Deputy Bureau Chief, BREA

3060363

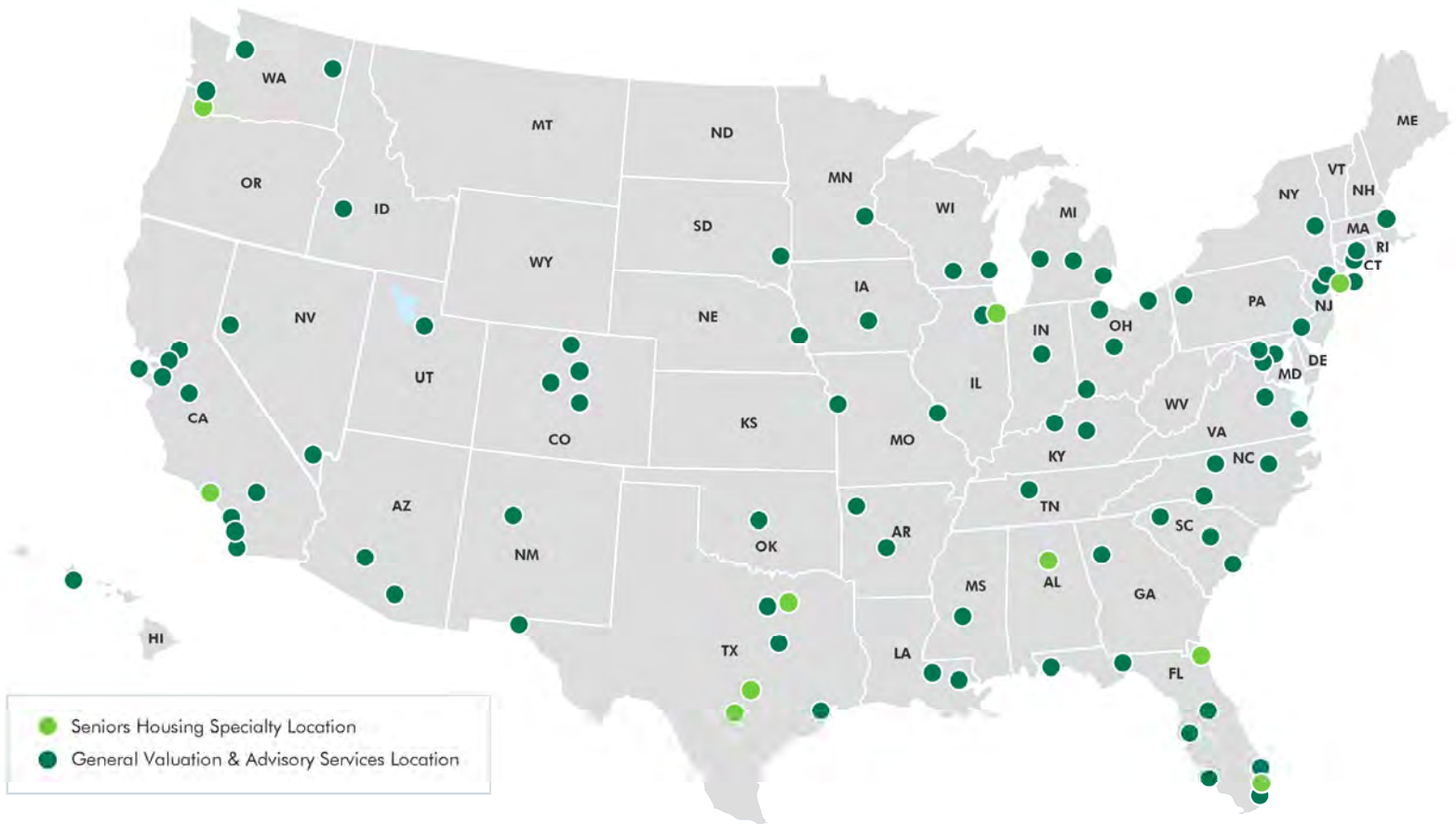


**ADDENDUM G**

**CBRE Seniors Housing & Healthcare Practice**

## CBRE VALUATION & ADVISORY SERVICES

# U.S. SENIORS HOUSING & HEALTHCARE PRACTICE



## SENIORS HOUSING & HEALTHCARE ADVANTAGE

- 20+ Seniors Housing Specialists
- 6 MAI Appraisers
- 10-Year Average Valuation Tenure
- \$30BN+ Seniors Housing Annual Valuations
- 30+ Seniors Housing Annual Portfolio Valuations
- 2,100+ Seniors Housing Valuations Annually

**James Graber, MAI**  
Managing Director | National Practice Leader  
Seniors Housing & Healthcare Practice  
+1 347 722 0225  
[james.graber@cbre.com](mailto:james.graber@cbre.com)

**Daniel Lincoln, MAI**  
Director | Practice Leader  
Seniors Housing & Healthcare Practice  
+1 205 515 5985  
[daniel.lincoln@cbre.com](mailto:daniel.lincoln@cbre.com)

**Section 999.5(d)(2)(C)**

**4) NDA from Solheim dated October 13, 2021**

## **CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

This Confidentiality and Non-Disclosure Agreement is made and entered into effective the 13th day of October, 2021, by and between HumanGood, a California nonprofit public benefit corporation, on behalf of itself and its affiliates (collectively, "HumanGood"), and Sam Oden, for himself and on behalf of Solheim Lutheran Home dba Solheim Senior Community and its affiliates ("Solheim" and together with HumanGood, the "parties"), with reference to the following:

WHEREAS, HumanGood and Solheim are contemplating a potential business transaction between the parties (the "Business Purpose"). In connection therewith, the parties wish to exchange certain Confidential Information (as hereinafter defined). The parties require, as a condition precedent to such exchange, the parties' agreement to maintain the confidentiality of Confidential Information pursuant to this Agreement.

NOW, THEREFORE, in consideration of the above and the mutual promises herein contained, the parties hereto agree as follows:

1. Confidential Information. "Confidential Information" means any oral, electronic, digital or written information of a non-public nature which is sensitive and/or valuable from a business perspective, and which is made available to a party hereto or any of its affiliates or their officers, directors, employees, agents, accountants or attorneys (herein, "Recipient") by the other party hereto or any of its corporate affiliates or its or their officers, directors, employees, agents, accountants or attorneys (herein, "Disclosing Party") after the operative date of this agreement—regardless of the manner in which this information is furnished to the Recipient by the Disclosing Party. Confidential Information includes, by way of illustration only and without limitation: (i) compilations and analyses prepared by Recipient, (ii) names of current and potential manufacturers, suppliers, customers and/or marketing relationships of any Disclosing Party, and (iii) the nature, terms, conditions or other facts respecting any discussions between Disclosing Party and Recipient (including their existence and status). Confidential Information does not include information which, at the time of disclosure, was publicly available (other than as a result of a disclosure made to third parties by Recipient) or was available to Recipient on a nonconfidential basis from a source other than a Disclosing Party not under a duty of confidentiality to a Disclosing Party.

2. Confidentiality; Disclosure. Confidential Information will be kept confidential by each Recipient, and will not be used for any purpose by its Recipient other than for the Business Purpose. The Recipient of any Confidential Information hereby agrees to undertake no exploitation or utilization (commercial or otherwise) of any portion of the Confidential Information, and not to disclose, utilize, exploit, or distribute the Confidential Information, or cause or allow the Confidential Information to be disclosed, utilized, exploited, or distributed to others. The Recipient agrees to take reasonable steps necessary to prevent any unauthorized disclosure of any of the Confidential Information to any unauthorized recipient. Recipient will be responsible for any breach of this Agreement by any of its officers, directors, employees, agents, accountants and attorneys. Recipient shall restrict the dissemination of the Confidential



Information to its employees who have a valid business reason need to see it, and shall cause any agent, accountant, or other non-employee to whom it wishes to show the Confidential Information to first sign an agreement in the form hereof in advance thereof. Recipient will keep confidential any Confidential Information contained in any analyses, compilations, studies or other documents prepared by Recipient that contain or reflect any Confidential Information. Upon request from Disclosing Party, Recipient promptly will return or destroy all copies of the Confidential Information in its possession.

3. Termination. Upon the termination of the relationship between the Parties, each Party shall either return to the other Party or destroy any copies of the Confidential Information that are in its possession.

4. Protective Order. If Recipient becomes legally compelled to disclose any Confidential Information, it shall provide Disclosing Party with prompt prior written notice so that Disclosing Party may seek a protective order or other appropriate remedy, if it deems it necessary or appropriate to do so. If such protective order or other remedy is not obtained, Recipient shall (i) furnish only that portion of the Confidential Information which, in accordance with the advice of its own counsel, it is legally required to be furnished, and (ii) exercise reasonable efforts to obtain assurances that confidential treatment will be accorded the Confidential Information so furnished.

5. No Representation or Warranty. Recipient acknowledges that no Disclosing Party is making any representation or warranty concerning either the accuracy or completeness of any information furnished (except specifically to the extent and only to such extent as shall be expressly set forth in an executed and delivered definitive agreement). No Disclosing Party or any of its officers, directors, employees, agents, or controlling persons (including, without limitation, parent and subsidiary companies) shall have any liability to a Recipient or any other person relating to or arising from the use of the Confidential Information provided by a Disclosing Party.

6. Conduct of Process. Except for any confidentiality agreements, Disclosing Party is not under any obligation to Recipient, and both parties are free to elect not to consummate an contemplated agreement or to furnish or requested information. Nothing contained in this Agreement shall prevent any party from negotiating with or entering into a definitive agreement with any other person or entity without prior notice to the other party. Until the parties enter into a definitive and legally binding final written and executed agreement, no contract or agreement or other investment or relationship (other than the obligations incurred in this document regarding Confidential Information) shall be deemed to exist between any Disclosing Party or any Recipient as a result of (by way of illustration only and without limitation) this Agreement; the issuance of a term sheet, the issuance, receipt, review or analysis of information; or the negotiation of definitive documentation; and none of the foregoing shall be relied upon by either party as the basis for arguing in favor of the existence of any implied contract or any contract by estoppel.

7. Intellectual Property Rights. Nothing contained herein grants any rights respecting any intellectual property (whether or not trademarked, copyrighted, or patented) or uses thereof.

8. Costs and Expenses. Except as otherwise provided in any other signed written agreement that may be executed between the parties, the parties shall bear their own costs and expenses, including, without limitation, fees of counsel, accountants, and other consultants and advisors.

9. Remedies. Each party shall be entitled to equitable relief, including injunction and specific performance, in the event of any breach hereof—in addition to and without prejudice against any and all other remedies that may be available at law or in equity. No failure or delay by either party in exercising any right, power or privilege hereunder will operate as a waiver, nor will any single or partial exercise or waiver of a right, power or privilege preclude any other or further exercise thereof. In the event of litigation to enforce any provision of this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees and costs.

10. Venue and Choice of Law. The terms of this Agreement—which the parties (both of whom are domiciled and operating in California) contemplate fully performing within the State of California—shall be governed by the laws of the State of California. Any suit, action, or proceeding arising out of the subject matter hereof, or the interpretation, performance or breach hereof, shall be instituted in any State or Federal court in Alameda County, California (the “Acceptable Forums”). Each party agrees that the Acceptable Forums are convenient to it, and each party irrevocably submits to the jurisdiction of the Acceptable Forums, and waives any and all objections to jurisdiction or venue that it may have any such suit, action or proceeding.

11. Notices. Any notices or requests made under or pursuant to this Agreement shall be made in writing and addressed as follows:

If to HumanGood:

HumanGood  
1900 Huntington Drive  
Duarte, California 91010  
Attn: Dan Ogus

If to Solheim:

Solheim Senior Community  
2236 Merton Ave  
Los Angeles, CA 90041  
Attn: Sam Oden

12. Survival. This Agreement shall be binding on and inure to the benefit of all successors-in-interest of each party. The restrictions and obligations contained herein shall survive any expiration, termination, or cancellation of this Agreement or the business relationship between the parties and shall continue to bind the parties hereto, their successors and assigns.

13. HIPAA. Each of the parties warrant that it is aware of the requirements of the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA). Each of the parties



further agrees not to share any information that constitutes Protected Health Information ("PHI"), as defined under the HIPAA Privacy Rule, until such time as the parties have entered into a definitive legal agreement that contemplates the exchange of PHI in accordance with HIPAA.

14. Miscellaneous. This Agreement constitutes the entire agreement of the parties relating to its subject matter, and supersedes all prior communications, representations, or agreements, verbal or written. This Agreement may only be waived or amended in writing. Notices hereunder shall be in writing and be effective when actually delivered. This Agreement may be executed in counterparts, each of which, when taken together, shall constitute one and the same original instrument. Neither party may assign or otherwise transfer its rights or delegate its duties hereunder without prior written consent, and any attempt to do so is void. This Agreement is in addition to, and not in replacement of, any previously executed non-disclosure agreement or other written agreement to maintain confidentiality between the parties (including any affiliates thereof).

Except as provided below, Recipient agrees that the Recipient will not, without the prior written permission of the Disclosing Party: (i) contact any of the Disclosing Party's personnel; (ii) visit properties owned or operated by the Disclosing Party; or (iii) request Confidential Information in any manner directly from the Disclosing Party.

IN WITNESS WHEREOF, the undersigned have executed and delivered as of the day and year first above written.

**HUMANGOOD**


By  \_\_\_\_\_

Name: Dan Ogus

Title: COO

Date: 10/22/21

**SOLHEIM**

By  \_\_\_\_\_

Name: Sam Oden

Title: CEO

Date: 10/13/21

**5) Email Communications Between Solheim and HumanGood Confirming Waiver of NDA dated August 18, 2022.**

**From:** Adam Yarian <AYarian@solheimsenior.org>

**Sent:** Thursday, August 18, 2022 12:56 PM

**To:** Bethany Ghassemi <Bethany.Ghassemi@HumanGood.org>; Samuel Oden <SOden@solheimsenior.org>; Dan Ogus <Dan.Ogus@HumanGood.org>

**Subject:** RE: NDA

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Received, thanks!

\*\*\*

**Adam Yarian** | Director of Operations and General Counsel

Solheim Senior Community | 2236 Merton Avenue, Los Angeles, CA 90041 | (323) 257-7518 x235

[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org) | [www.SolheimSenior.org](http://www.SolheimSenior.org)

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**From:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Sent:** Thursday, August 18, 2022 12:55 PM  
**To:** Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>; Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Subject:** RE: NDA

[EXTERNAL EMAIL]

Thank you very much, Adam. HumanGood confirms its agreement to mutually waive the NDA between Solheim and HumanGood.

Best regards,  
Bethany

**Bethany Ghassemi** (she/her/hers) | General Counsel  
**HumanGood** | 1900 Huntington Drive, Duarte, CA 91010 | 925-924-7239  
[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org) | [HumanGood.org](http://HumanGood.org)

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**From:** Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>  
**Sent:** Thursday, August 18, 2022 12:51 PM  
**To:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>; Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Subject:** RE: NDA

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Bethany,

Following up on our conversation yesterday, this email confirms that Solheim is fine with a full mutual waiver of the NDA provision that is currently in effect between Solheim and HumanGood – subject to and effective immediately upon HumanGood also confirming, in writing, that it also agrees to fully mutually waive that NDA provision.

Happy to discuss via telephone if there's anything else that you think we should address regarding this or any other issues.

Thanks,  
Adam

\*\*\*

**Adam Yarian** | Director of Operations and General Counsel  
Solheim Senior Community | 2236 Merton Avenue, Los Angeles, CA 90041 | (323) 257-7518 x235

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**From:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Sent:** Thursday, August 11, 2022 3:13 PM  
**To:** Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>; Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Subject:** RE: NDA

[EXTERNAL EMAIL]

Hi Adam, just so I can give you some context, would you have some time to discuss this afternoon?  
Best,  
Bethany

**Bethany Ghassemi** (she/her/hers) | General Counsel  
**HumanGood** | 1900 Huntington Drive, Duarte, CA 91010 | 925-924-7239  
[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org) | [HumanGood.org](http://HumanGood.org)

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**From:** Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>  
**Sent:** Tuesday, August 9, 2022 7:48 PM  
**To:** Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>; Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Subject:** Fwd: NDA

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Received.

Thanks Dan. I will follow up with you shortly once Adam has returned from PTO.

Thanks,

**Sam Oden** | Chief Executive Officer

Solheim Senior Community | 2236 Merton Avenue, Los Angeles, CA 90041 | [\(323\) 257-7518](tel:(323)257-7518)  
[soden@solheimsenior.org](mailto:soden@solheimsenior.org) | [www.SolheimSenior.org](http://www.SolheimSenior.org)

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**From:** Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Sent:** Tuesday, August 9, 2022 7:41:43 PM  
**To:** Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>  
**Cc:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Subject:** NDA

[EXTERNAL EMAIL]

Hello Sam,

It was nice to catch up. Pursuant to our conversation yesterday, HumanGood agrees to terminate the attached NDA between Solheim and HumanGood and to the release by each party of the other party from any obligation imposed by the NDA, including any obligation to keep confidential communications between the parties relating to Solheim's offer to purchase the Windsor community. Please confirm Solheim's agreement to these terms. HumanGood will consider this confirmation sufficient to terminate the NDA.

Thank you,  
Dan

**Dan Ogus** (he/him/his) | Executive VP & COO  
**HumanGood** | 1900 Huntington Drive, Duarte, CA 91010 | 818-247-0420  
[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org) | [HumanGood.org](http://HumanGood.org)

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**SECTION 999.5(d)(2)(D)**

**(D) Reports, analysis, Requests for Proposal, and any other documents that refer or relate to the valuation of any asset involved in the agreement or transaction.**

1. Sims Report outlining projected revenue for Windsor from 2019 to 2025.
2. Sims Report Summary dated January 2022. (See Section 999.5(d)(2)(C) above.)
3. Windsor Valuation from Ziegler dated June 2021. (See Section 999.5(d)(2)(C) above.)
4. CBRE Appraisal for Windsor dated March 10, 2022. (See Section 999.5(d)(2)(C) above.)
5. Windsor Manor Site Assessment dated April 7, 2009.



**SECTION 999.5(d)(2)(D)**

**1) Sims Report outlining projected revenue for Windsor from 2019 to 2025**

HumanGood CA  
Windsor

Fiscal Year  
Month #

2021	2021	2021	2021	2021	2021	2021	2021	2021	2022	2022
1	2	3	4	5	6	7	8	9	10	

Revenue Projections

Date	Beginning	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Revenues											
Average Occupancy											
Independent Living	52.0	53.0	54.0	57.0	60.0	62.0	64.0	66.0	66.0	66.0	66.0
Assisted Living	31.5	31.5	32.0	32.0	33.0	33.0	34.0	34.0	34.0	34.0	34.0
Memory Support		—	—	—	—	—	—	—	—	—	—
Skilled Nursing	22.8	23.8	25.0	25.0	24.0	24.0	24.0	24.0	24.0	20.0	18.0
Total	106.3	108.3	111.0	114.0	117.0	119.0	122.0	124.0	124.0	120.0	118.0
Inflationary Assumptions											
Independent Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Assisted Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Skilled Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	102.0%	100.0%
Average Monthly Fee											
Independent Living	4,473	4,473	4,473	4,473	4,473	4,473	4,473	4,473	4,473	4,652	4,652
Assisted Living	6,874	6,874	6,874	6,874	6,874	6,874	6,874	6,874	6,874	7,149	7,149
Memory Support	7,905	7,905	7,905	7,905	7,905	7,905	7,905	7,905	7,905	8,221	8,221
Skilled Nursing	12,775	12,775	12,775	12,775	12,775	12,775	12,775	12,775	12,775	13,031	13,031
SNF Payer Mix											
Private Pay											
Managed Care											
Medicare											
Medicaid											
Lifecare											
Revenue											
Residential Living		237,069	241,542	254,961	268,380	277,326	286,272	295,218	295,218	307,027	307,027
Assisted Living		216,531	219,968	219,968	226,842	226,842	233,716	233,716	233,716	243,065	243,065
Memory Support		—	—	—	—	—	—	—	—	—	—
Skilled Nursing		304,045	319,375	319,375	306,600	306,600	306,600	306,600	306,600	260,610	234,549
Other Revenue		11,250	11,595	11,794	11,905	12,038	12,273	12,406	12,406	12,037	11,650
Total Revenue		768,895	792,480	806,098	813,727	822,806	838,861	847,940	847,940	822,739	796,291

HumanGood CA  
Windsor

Fiscal Year  
Month #

2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2023	2023
11	12	13	14	15	16	17	18	19	20	21	22	

Revenue Projections

Date	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Revenues												
Average Occupancy												
Independent Living	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0
Assisted Living	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0
Memory Support	–	–	–	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0
Skilled Nursing	16.0	10.0	6.0	–	–	–	–	–	–	–	–	–
Total	116.0	110.0	106.0	101.0	102.0	103.0	104.0	105.0	106.0	107.0	108.0	109.0
Inflationary Assumptions												
Independent Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Assisted Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Skilled Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%
Average Monthly Fee												
Independent Living	4,652	4,652	4,652	4,652	4,652	4,652	4,652	4,652	4,652	4,652	4,838	4,838
Assisted Living	7,149	7,149	7,149	7,149	7,149	7,149	7,149	7,149	7,149	7,149	7,435	7,435
Memory Support	8,221	8,221	8,221	8,221	8,221	8,221	8,221	8,221	8,221	8,221	8,550	8,550
Skilled Nursing	13,031	13,031	13,031	13,031	13,031	13,031	13,031	13,031	13,031	13,031	13,421	13,421
SNF Payer Mix												
Private Pay												
Managed Care												
Medicare												
Medicaid												
Lifecare												
Revenue												
Residential Living	307,027	307,027	307,027	307,027	307,027	307,027	307,027	307,027	307,027	307,027	319,308	319,308
Assisted Living	243,065	243,065	243,065	243,065	243,065	243,065	243,065	243,065	243,065	243,065	252,787	252,787
Memory Support	–	–	–	8,221	16,443	24,664	32,885	41,107	49,328	57,549	68,401	76,951
Skilled Nursing	208,488	130,305	78,183	–	–	–	–	–	–	–	–	–
Other Revenue	11,263	10,103	9,329	8,290	8,412	8,534	8,656	8,778	8,900	9,022	9,510	9,637
Total Revenue	769,843	690,499	637,603	566,603	574,946	583,289	591,633	599,976	608,319	616,663	650,006	658,683

HumanGood CA  
Windsor

Fiscal Year  
Month #

2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2024	2024
23	24	25	26	27	28	29	30	31	32	33	34	34

Revenue Projections

Date	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Revenues												
Average Occupancy												
Independent Living	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0
Assisted Living	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0
Memory Support	10.0	11.0	12.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Skilled Nursing	—	—	—	—	—	—	—	—	—	—	—	—
Total	110.0	111.0	112.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0
Inflationary Assumptions												
Independent Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Assisted Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Skilled Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%
Average Monthly Fee												
Independent Living	4,838	4,838	4,838	4,838	4,838	4,838	4,838	4,838	4,838	4,838	5,032	5,032
Assisted Living	7,435	7,435	7,435	7,435	7,435	7,435	7,435	7,435	7,435	7,435	7,732	7,732
Memory Support	8,550	8,550	8,550	8,550	8,550	8,550	8,550	8,550	8,550	8,550	8,892	8,892
Skilled Nursing	13,421	13,421	13,421	13,421	13,421	13,421	13,421	13,421	13,421	13,421	13,824	13,824
SNF Payer Mix												
Private Pay												
Managed Care												
Medicare												
Medicaid												
Lifecare												
Revenue												
Residential Living	319,308	319,308	319,308	319,308	319,308	319,308	319,308	319,308	319,308	319,308	332,080	332,080
Assisted Living	252,787	252,787	252,787	252,787	252,787	252,787	252,787	252,787	252,787	252,787	262,899	262,899
Memory Support	85,502	94,052	102,602	111,152	111,152	111,152	111,152	111,152	111,152	111,152	115,598	115,598
Skilled Nursing	—	—	—	—	—	—	—	—	—	—	—	—
Other Revenue	9,764	9,891	10,018	10,145	10,145	10,145	10,145	10,145	10,145	10,145	10,551	10,551
Total Revenue	667,361	676,038	684,715	693,392	693,392	693,392	693,392	693,392	693,392	693,392	721,128	721,128

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2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025
35	36	37	38	39	40	41	42	43	44	45	46	47

Revenue Projections

Date	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Revenues													
Average Occupancy													
Independent Living	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0
Assisted Living	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0
Memory Support	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Skilled Nursing	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0
Inflationary Assumptions													
Independent Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%	100.0%
Assisted Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%	100.0%
Skilled Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%	100.0%
Average Monthly Fee													
Independent Living	5,032	5,032	5,032	5,032	5,032	5,032	5,032	5,032	5,032	5,032	5,233	5,233	5,233
Assisted Living	7,732	7,732	7,732	7,732	7,732	7,732	7,732	7,732	7,732	7,732	8,042	8,042	8,042
Memory Support	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	8,892	9,248	9,248	9,248
Skilled Nursing	13,824	13,824	13,824	13,824	13,824	13,824	13,824	13,824	13,824	13,824	14,239	14,239	14,239
SNF Payer Mix													
Private Pay													
Managed Care													
Medicare													
Medicaid													
Lifecare													
Revenue													
Residential Living	332,080	332,080	332,080	332,080	332,080	332,080	332,080	332,080	332,080	332,080	345,363	345,363	345,363
Assisted Living	262,899	262,899	262,899	262,899	262,899	262,899	262,899	262,899	262,899	262,899	273,415	273,415	273,415
Memory Support	115,598	115,598	115,598	115,598	115,598	115,598	115,598	115,598	115,598	115,598	120,222	120,222	120,222
Skilled Nursing	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Revenue	10,551	10,551	10,551	10,551	10,551	10,551	10,551	10,551	10,551	10,551	10,973	10,973	10,973
Total Revenue	721,128	721,128	721,128	721,128	721,128	721,128	721,128	721,128	721,128	721,128	749,973	749,973	749,973

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2025	2025	2025	2025	2025	2025	2025	2025	2025	2025
48	49	50	51	52	53	54	55	56	

Revenue Projections

Date	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Revenues									
Average Occupancy									
Independent Living	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0	66.0
Assisted Living	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0	34.0
Memory Support	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Skilled Nursing	–	–	–	–	–	–	–	–	–
Total	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0	113.0
Inflationary Assumptions									
Independent Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Assisted Living	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Skilled Nursing	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average Monthly Fee									
Independent Living	5,233	5,233	5,233	5,233	5,233	5,233	5,233	5,233	5,233
Assisted Living	8,042	8,042	8,042	8,042	8,042	8,042	8,042	8,042	8,042
Memory Support	9,248	9,248	9,248	9,248	9,248	9,248	9,248	9,248	9,248
Skilled Nursing	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239
SNF Payer Mix									
Private Pay									
Managed Care									
Medicare									
Medicaid									
Lifecare									
Revenue									
Residential Living	345,363	345,363	345,363	345,363	345,363	345,363	345,363	345,363	345,363
Assisted Living	273,415	273,415	273,415	273,415	273,415	273,415	273,415	273,415	273,415
Memory Support	120,222	120,222	120,222	120,222	120,222	120,222	120,222	120,222	120,222
Skilled Nursing	–	–	–	–	–	–	–	–	–
Other Revenue	10,973	10,973	10,973	10,973	10,973	10,973	10,973	10,973	10,973
Total Revenue	749,973	749,973	749,973	749,973	749,973	749,973	749,973	749,973	749,973

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2021	2021	2021	2021	2021	2021	2021	2021	2021	2022	2022
1	2	3	4	5	6	7	8	9	10	

Revenue Projections

Date	Beginning	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
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Expenses

<b>Inflationary Assumptions</b>											
Salaries and Wages		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Non-Wage Expenses		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%
<b>Opex</b>											
Salaries and Wages	430,493	430,493	430,493	430,493	430,493	430,493	430,493	430,493	430,493	447,713	447,713
Fringe Benefits	124,078	124,078	124,078	124,078	124,078	124,078	124,078	124,078	124,078	129,041	129,041
Total Employee Cost	554,571	554,571	554,571	554,571	554,571	554,571	554,571	554,571	554,571	576,754	576,754
Supplies	109,649	109,649	109,649	109,649	109,649	109,649	109,649	109,649	109,649	112,939	112,939
Ancillary Services Expense	27,132	27,132	27,132	27,132	27,132	27,132	27,132	27,132	27,132	27,946	27,946
Repair and Maintenance	22,790	22,790	22,790	22,790	22,790	22,790	22,790	22,790	22,790	23,474	23,474
Marketing	18,772	18,772	18,772	18,772	18,772	18,772	18,772	18,772	18,772	19,336	19,336
Purchased Services	44,390	44,390	44,390	44,390	44,390	44,390	44,390	44,390	44,390	45,721	45,721
Group Management Fees	61,204	61,204	61,204	61,204	61,204	61,204	61,204	61,204	61,204	63,040	63,040
Rentals and Leases	2,161	2,161	2,161	2,161	2,161	2,161	2,161	2,161	2,161	2,226	2,226
Utilities	42,497	42,497	42,497	42,497	42,497	42,497	42,497	42,497	42,497	43,771	43,771
Travel and Related	4,307	4,307	4,307	4,307	4,307	4,307	4,307	4,307	4,307	4,437	4,437
Other Operating Expense	19,476	19,476	19,476	19,476	19,476	19,476	19,476	19,476	19,476	20,060	20,060
Insurance	15,246	15,246	15,246	15,246	15,246	15,246	15,246	15,246	15,246	15,703	15,703
<b>Total</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$922,195</b>	<b>\$955,406</b>	<b>\$955,406</b>

Adjustment to Opex:

Remove: SNF Expenses										216,363	216,363
Add Back: Group Management Fees										63,040	63,040
Subtract: 3rd Party Management Fee (5%)										(41,137)	(39,815)
Add Back: Portion Of COVID-related Expenses										10,429	10,429
Reduce Overtime Paid to Budgeted Levels										7,036	7,036
Reduce Agency Staffing to Budgeted Levels										4,566	4,566
Reduce SNF Hours PPD										—	—
Reduce AL Staffing										18,478	18,478
Director Position Efficiencies										34,834	34,834
Non-Wage Expenses										47,147	47,147
Additional Operating Improvements										—	—
Memory Care Direct Expenses										—	—
Benefits Adjustment										11,659	11,659

Total - Opex Adjustments										372,414	373,736
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2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2023	2023
11	12	13	14	15	16	17	18	19	20	21	22	

Revenue Projections

Date	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Expenses												
Inflationary Assumptions												
Salaries and Wages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Non-Wage Expenses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%
Opex												
Salaries and Wages	447,713	447,713	447,713	447,713	447,713	447,713	447,713	447,713	447,713	447,713	465,622	465,622
Fringe Benefits	129,041	129,041	129,041	129,041	129,041	129,041	129,041	129,041	129,041	129,041	134,203	134,203
Total Employee Cost	576,754	576,754	576,754	576,754	576,754	576,754	576,754	576,754	576,754	576,754	599,824	599,824
Supplies	112,939	112,939	112,939	112,939	112,939	112,939	112,939	112,939	112,939	112,939	116,327	116,327
Ancillary Services Expense	27,946	27,946	27,946	27,946	27,946	27,946	27,946	27,946	27,946	27,946	28,784	28,784
Repair and Maintenance	23,474	23,474	23,474	23,474	23,474	23,474	23,474	23,474	23,474	23,474	24,178	24,178
Marketing	19,336	19,336	19,336	19,336	19,336	19,336	19,336	19,336	19,336	19,336	19,916	19,916
Purchased Services	45,721	45,721	45,721	45,721	45,721	45,721	45,721	45,721	45,721	45,721	47,093	47,093
Group Management Fees	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	64,931	64,931
Rentals and Leases	2,226	2,226	2,226	2,226	2,226	2,226	2,226	2,226	2,226	2,226	2,292	2,292
Utilities	43,771	43,771	43,771	43,771	43,771	43,771	43,771	43,771	43,771	43,771	45,085	45,085
Travel and Related	4,437	4,437	4,437	4,437	4,437	4,437	4,437	4,437	4,437	4,437	4,570	4,570
Other Operating Expense	20,060	20,060	20,060	20,060	20,060	20,060	20,060	20,060	20,060	20,060	20,662	20,662
Insurance	15,703	15,703	15,703	15,703	15,703	15,703	15,703	15,703	15,703	15,703	16,174	16,174
Total	\$955,406	\$955,406	\$955,406	\$955,406	\$955,406	\$955,406	\$955,406	\$955,406	\$955,406	\$955,406	\$989,836	\$989,836
Adjustment to Opex:												
Remove: SNF Expenses	216,363	216,363	216,363	216,363	216,363	216,363	216,363	216,363	216,363	216,363	225,017	225,017
Add Back: Group Management Fees	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	63,040	64,931	64,931
Subtract: 3rd Party Management Fee (5%)	(38,492)	(34,525)	(31,880)	(28,330)	(28,747)	(29,164)	(29,582)	(29,999)	(30,416)	(30,833)	(32,500)	(32,934)
Add Back: Portion Of COVID-related Expenses	10,429	10,429	10,429	10,429	10,429	10,429	10,429	10,429	10,429	10,429	10,742	10,742
Reduce Overtime Paid to Budgeted Levels	7,036	7,036	7,036	7,036	7,036	7,036	7,036	7,036	7,036	7,036	7,247	7,247
Reduce Agency Staffing to Budgeted Levels	4,566	4,566	4,566	4,566	4,566	4,566	4,566	4,566	4,566	4,566	4,703	4,703
Reduce SNF Hours PPD	—	—	—	—	—	—	—	—	—	—	—	—
Reduce AL Staffing	18,478	18,478	18,478	18,478	18,478	18,478	18,478	18,478	18,478	18,478	19,217	19,217
Director Position Efficiencies	34,834	34,834	34,834	34,834	34,834	34,834	34,834	34,834	34,834	34,834	36,227	36,227
Non-Wage Expenses	47,147	47,147	47,147	47,147	47,147	47,147	47,147	47,147	47,147	47,147	48,561	48,561
Additional Operating Improvements	—	—	—	—	—	—	—	—	—	—	—	—
Memory Care Direct Expenses	—	—	—	(4,933)	(9,866)	(14,798)	(19,731)	(24,664)	(29,597)	(34,529)	(41,041)	(46,171)
Benefits Adjustment	11,659	11,659	11,659	11,659	11,659	11,659	11,659	11,659	11,659	11,659	13,619	13,619
Total - Opex Adjustments	375,059	379,026	381,671	380,288	374,938	369,588	364,238	358,888	353,538	348,188	356,723	351,159



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2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2024	2024
23	24	25	26	27	28	29	30	31	32	33	34	

Revenue Projections

Date	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Expenses												
Inflationary Assumptions												
Salaries and Wages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%
Non-Wage Expenses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%
Opex												
Salaries and Wages	465,622	465,622	465,622	465,622	465,622	465,622	465,622	465,622	465,622	465,622	484,247	484,247
Fringe Benefits	134,203	134,203	134,203	134,203	134,203	134,203	134,203	134,203	134,203	134,203	139,571	139,571
Total Employee Cost	599,824	599,824	599,824	599,824	599,824	599,824	599,824	599,824	599,824	599,824	623,817	623,817
Supplies	116,327	116,327	116,327	116,327	116,327	116,327	116,327	116,327	116,327	116,327	119,817	119,817
Ancillary Services Expense	28,784	28,784	28,784	28,784	28,784	28,784	28,784	28,784	28,784	28,784	29,648	29,648
Repair and Maintenance	24,178	24,178	24,178	24,178	24,178	24,178	24,178	24,178	24,178	24,178	24,903	24,903
Marketing	19,916	19,916	19,916	19,916	19,916	19,916	19,916	19,916	19,916	19,916	20,513	20,513
Purchased Services	47,093	47,093	47,093	47,093	47,093	47,093	47,093	47,093	47,093	47,093	48,506	48,506
Group Management Fees	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	66,879	66,879
Rentals and Leases	2,292	2,292	2,292	2,292	2,292	2,292	2,292	2,292	2,292	2,292	2,361	2,361
Utilities	45,085	45,085	45,085	45,085	45,085	45,085	45,085	45,085	45,085	45,085	46,437	46,437
Travel and Related	4,570	4,570	4,570	4,570	4,570	4,570	4,570	4,570	4,570	4,570	4,707	4,707
Other Operating Expense	20,662	20,662	20,662	20,662	20,662	20,662	20,662	20,662	20,662	20,662	21,282	21,282
Insurance	16,174	16,174	16,174	16,174	16,174	16,174	16,174	16,174	16,174	16,174	16,660	16,660
Total	\$989,836	\$989,836	\$989,836	\$989,836	\$989,836	\$989,836	\$989,836	\$989,836	\$989,836	\$989,836	\$1,025,529	\$1,025,529
Adjustment to Opex:												
Remove: SNF Expenses	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	225,017	234,018	234,018
Add Back: Group Management Fees	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	64,931	66,879	66,879
Subtract: 3rd Party Management Fee (5%)	(33,368)	(33,802)	(34,236)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(34,670)	(36,056)	(36,056)
Add Back: Portion Of COVID-related Expenses	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	10,742	11,064	11,064
Reduce Overtime Paid to Budgeted Levels	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,247	7,464	7,464
Reduce Agency Staffing to Budgeted Levels	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,703	4,844	4,844
Reduce SNF Hours PPD	—	—	—	—	—	—	—	—	—	—	—	—
Reduce AL Staffing	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,217	19,985	19,985
Director Position Efficiencies	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	36,227	37,676	37,676
Non-Wage Expenses	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	48,561	50,018	50,018
Additional Operating Improvements	—	—	—	—	—	—	—	—	—	—	—	—
Memory Care Direct Expenses	(51,301)	(56,431)	(61,561)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(66,691)	(69,359)	(69,359)
Benefits Adjustment	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	13,619	14,370	14,370
Total - Opex Adjustments	345,595	340,031	334,467	328,903	328,903	328,903	328,903	328,903	328,903	328,903	340,904	340,904

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2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025
35	36	37	38	39	40	41	42	43	44	45	46	47	

Revenue Projections

Date	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Expenses													
Inflationary Assumptions													
Salaries and Wages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	104.0%	100.0%	100.0%
Non-Wage Expenses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	103.0%	100.0%	100.0%
Opex													
Salaries and Wages	484,247	484,247	484,247	484,247	484,247	484,247	484,247	484,247	484,247	484,247	503,616	503,616	503,616
Fringe Benefits	139,571	139,571	139,571	139,571	139,571	139,571	139,571	139,571	139,571	139,571	145,153	145,153	145,153
Total Employee Cost	623,817	623,817	623,817	623,817	623,817	623,817	623,817	623,817	623,817	623,817	648,770	648,770	648,770
Supplies	119,817	119,817	119,817	119,817	119,817	119,817	119,817	119,817	119,817	119,817	123,411	123,411	123,411
Ancillary Services Expense	29,648	29,648	29,648	29,648	29,648	29,648	29,648	29,648	29,648	29,648	30,537	30,537	30,537
Repair and Maintenance	24,903	24,903	24,903	24,903	24,903	24,903	24,903	24,903	24,903	24,903	25,650	25,650	25,650
Marketing	20,513	20,513	20,513	20,513	20,513	20,513	20,513	20,513	20,513	20,513	21,128	21,128	21,128
Purchased Services	48,506	48,506	48,506	48,506	48,506	48,506	48,506	48,506	48,506	48,506	49,961	49,961	49,961
Group Management Fees	66,879	66,879	66,879	66,879	66,879	66,879	66,879	66,879	66,879	66,879	68,886	68,886	68,886
Rentals and Leases	2,361	2,361	2,361	2,361	2,361	2,361	2,361	2,361	2,361	2,361	2,432	2,432	2,432
Utilities	46,437	46,437	46,437	46,437	46,437	46,437	46,437	46,437	46,437	46,437	47,830	47,830	47,830
Travel and Related	4,707	4,707	4,707	4,707	4,707	4,707	4,707	4,707	4,707	4,707	4,848	4,848	4,848
Other Operating Expense	21,282	21,282	21,282	21,282	21,282	21,282	21,282	21,282	21,282	21,282	21,920	21,920	21,920
Insurance	16,660	16,660	16,660	16,660	16,660	16,660	16,660	16,660	16,660	16,660	17,159	17,159	17,159
Total	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,025,529	\$1,062,533	\$1,062,533	\$1,062,533
Adjustment to Opex:													
Remove: SNF Expenses	234,018	234,018	234,018	234,018	234,018	234,018	234,018	234,018	234,018	234,018	243,379	243,379	243,379
Add Back: Group Management Fees	66,879	66,879	66,879	66,879	66,879	66,879	66,879	66,879	66,879	66,879	68,886	68,886	68,886
Subtract: 3rd Party Management Fee (5%)	(36,056)	(36,056)	(36,056)	(36,056)	(36,056)	(36,056)	(36,056)	(36,056)	(36,056)	(36,056)	(37,499)	(37,499)	(37,499)
Add Back: Portion Of COVID-related Expenses	11,064	11,064	11,064	11,064	11,064	11,064	11,064	11,064	11,064	11,064	11,396	11,396	11,396
Reduce Overtime Paid to Budgeted Levels	7,464	7,464	7,464	7,464	7,464	7,464	7,464	7,464	7,464	7,464	7,688	7,688	7,688
Reduce Agency Staffing to Budgeted Levels	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,844	4,990	4,990	4,990
Reduce SNF Hours PPD	—	—	—	—	—	—	—	—	—	—	—	—	—
Reduce AL Staffing	19,985	19,985	19,985	19,985	19,985	19,985	19,985	19,985	19,985	19,985	20,785	20,785	20,785
Director Position Efficiencies	37,676	37,676	37,676	37,676	37,676	37,676	37,676	37,676	37,676	37,676	39,183	39,183	39,183
Non-Wage Expenses	50,018	50,018	50,018	50,018	50,018	50,018	50,018	50,018	50,018	50,018	51,519	51,519	51,519
Additional Operating Improvements	—	—	—	—	—	—	—	—	—	—	—	—	—
Memory Care Direct Expenses	(69,359)	(69,359)	(69,359)	(69,359)	(69,359)	(69,359)	(69,359)	(69,359)	(69,359)	(69,359)	(72,133)	(72,133)	(72,133)
Benefits Adjustment	14,370	14,370	14,370	14,370	14,370	14,370	14,370	14,370	14,370	14,370	14,945	14,945	14,945
Total - Opex Adjustments	340,904	340,904	340,904	340,904	340,904	340,904	340,904	340,904	340,904	340,904	353,137	353,137	353,137

HumanGood CA  
Windsor

Fiscal Year  
Month #

2025	2025	2025	2025	2025	2025	2025	2025	2025	2025
48	49	50	51	52	53	54	55	56	

Revenue Projections

Date	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Expenses									
Inflationary Assumptions									
Salaries and Wages	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Non-Wage Expenses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Opex									
Salaries and Wages	503,616	503,616	503,616	503,616	503,616	503,616	503,616	503,616	503,616
Fringe Benefits	145,153	145,153	145,153	145,153	145,153	145,153	145,153	145,153	145,153
Total Employee Cost	648,770	648,770	648,770	648,770	648,770	648,770	648,770	648,770	648,770
Supplies	123,411	123,411	123,411	123,411	123,411	123,411	123,411	123,411	123,411
Ancillary Services Expense	30,537	30,537	30,537	30,537	30,537	30,537	30,537	30,537	30,537
Repair and Maintenance	25,650	25,650	25,650	25,650	25,650	25,650	25,650	25,650	25,650
Marketing	21,128	21,128	21,128	21,128	21,128	21,128	21,128	21,128	21,128
Purchased Services	49,961	49,961	49,961	49,961	49,961	49,961	49,961	49,961	49,961
Group Management Fees	68,886	68,886	68,886	68,886	68,886	68,886	68,886	68,886	68,886
Rentals and Leases	2,432	2,432	2,432	2,432	2,432	2,432	2,432	2,432	2,432
Utilities	47,830	47,830	47,830	47,830	47,830	47,830	47,830	47,830	47,830
Travel and Related	4,848	4,848	4,848	4,848	4,848	4,848	4,848	4,848	4,848
Other Operating Expense	21,920	21,920	21,920	21,920	21,920	21,920	21,920	21,920	21,920
Insurance	17,159	17,159	17,159	17,159	17,159	17,159	17,159	17,159	17,159
Total	\$1,062,533	\$1,062,533	\$1,062,533	\$1,062,533	\$1,062,533	\$1,062,533	\$1,062,533	\$1,062,533	\$1,062,533
Adjustment to Opex:									
Remove: SNF Expenses	243,379	243,379	243,379	243,379	243,379	243,379	243,379	243,379	243,379
Add Back: Group Management Fees	68,886	68,886	68,886	68,886	68,886	68,886	68,886	68,886	68,886
Subtract: 3rd Party Management Fee (5%)	(37,499)	(37,499)	(37,499)	(37,499)	(37,499)	(37,499)	(37,499)	(37,499)	(37,499)
Add Back: Portion Of COVID-related Expenses	11,396	11,396	11,396	11,396	11,396	11,396	11,396	11,396	11,396
Reduce Overtime Paid to Budgeted Levels	7,688	7,688	7,688	7,688	7,688	7,688	7,688	7,688	7,688
Reduce Agency Staffing to Budgeted Levels	4,990	4,990	4,990	4,990	4,990	4,990	4,990	4,990	4,990
Reduce SNF Hours PPD	—	—	—	—	—	—	—	—	—
Reduce AL Staffing	20,785	20,785	20,785	20,785	20,785	20,785	20,785	20,785	20,785
Director Position Efficiencies	39,183	39,183	39,183	39,183	39,183	39,183	39,183	39,183	39,183
Non-Wage Expenses	51,519	51,519	51,519	51,519	51,519	51,519	51,519	51,519	51,519
Additional Operating Improvements	—	—	—	—	—	—	—	—	—
Memory Care Direct Expenses	(72,133)	(72,133)	(72,133)	(72,133)	(72,133)	(72,133)	(72,133)	(72,133)	(72,133)
Benefits Adjustment	14,945	14,945	14,945	14,945	14,945	14,945	14,945	14,945	14,945
Total - Opex Adjustments	353,137	353,137	353,137	353,137	353,137	353,137	353,137	353,137	353,137

**SECTION 999.5(d)(2)(D)**

**2) Sims Report Summary dated January 2022.**

**(See Section 999.5(d)(2)(C) above.)**

**SECTION 999.5(d)(2)(D)**

**3) Windsor Valuation from Ziegler dated June 2021.**

(See Section 999.5(d)(2)(C) above.)

**SECTION 999.5(d)(2)(D)**

**4) CBRE Appraisal for Windsor dated March 10, 2022**

(See Section 999.5(d)(2)(C) above.)

**SECTION 999.5(d)(2)(D)**

**5) Windsor Manor Site Assessment dated April 7, 2009**

**PHASE I  
SITE ASSESSMENT**

**Project Location:**

**Windsor Manor  
1230 East Windsor Road  
Glendale, CA**

**Prepared For:**

Ms. Kimberly Heintzelman  
**SCPH**  
516 Burchett Street  
Glendale, CA 91203

**Prepared By:**

**Pacific Southwest Group, Inc.**  
1215 N. Grove Street  
Anaheim, CA 92806

April 7, 2009  
Job No. 9026



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1230 East Windsor Road  
Glendale, CA

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## APPENDICES

### Appendix A - Figures -

Figure 1 - Topographic Map

Figure 2 - Site Location Map-Windsor Manor East Addition

Figure 3 - Aerial Photograph

Figure 4 - Assessor's Map

Appendix B - Photographs

Appendix C- Environmental Records Search

Appendix D- Historical Tenant Report

Appendix E- Owner Questionnaire

April 7, 2009

Ms. Kimberly Heintzelman  
Southern California Presbyterian Homes  
516 Burchett Street  
Glendale, CA 91203

Reference: Phase I Site Assessment  
Windsor manor  
1230 East Windsor Road, Glendale, CA

Dear Ms. Heintzelman:

**1.00 ABSTRACT**

- 1.01 Pacific Southwest Group completed a Phase I Site Assessment of the above referenced property. The objective of the study was to assess, to the extent feasible, the subject site with respect to environmental issues associated with past and/or present operations at the site, or neighboring properties which might pose liability for the owners or lenders.
- 1.02 The following report has been formulated upon the information collected from the visual site inspection, interviews with people knowledgeable about the site and surrounding area, a review of available "Site History" documentation, and available records of known environmental concerns on, or within the standard ASTM search radius of the property.

I declare that to the best of my professional knowledge and belief, I meet the definition of *Environmental professional* as defined in #312.10 of 40 CFR 312.

I have the specific qualifications based on education, training, and experience to assess a *property* of the nature, history, and setting of the subject *property*. I have developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR Part 312.

We have performed this Phase I Environmental Site Assessment in conformance with the scope and limitations of ASTM Practice: E 1527-05. Any exceptions to, or deletions from, this practice are designated in Section 2.04 of this report. This assessment has revealed no evidence of recognized environmental conditions in connection with the property.



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## 2.00 EXECUTIVE SUMMARY

2.01 Mr. Robert Vanderstraeten of Pacific Southwest Group visited the site and adjacent properties on March 18, 2009. The site visit included an inspection of the subject facility and adjacent properties, and a general reconnaissance of local environmental concerns within one mile of the site.

### 2.02 Conclusions

The site and adjacent property inspection, review of available historical and regulatory records, interviews with persons knowledgeable about the site, and examination of available historical aerial photographs indicate that:

- Current usage/site conditions noted during the site investigation are not a concern to recognized environmental concerns and do not require further investigation at this time.
- There have been no activities on this site which may have contributed to recognized environmental concerns in the area.
- None of the properties adjacent to this site pose a recognized environmental concern to the subject site.
- None of the sites listed on the enclosed Environmental Records Search pose a recognized environmental concern to the subject site.

Based upon these investigations, this site does not appear to have any historical or current recognized environmental concerns.

### 2.03 Recommendations

Based upon these investigations, it is Pacific Southwest Group's professional opinion that further environmental investigations do not appear to be necessary for this site at this time.

However, Pacific Southwest Group recommends that the fluorescent light fixture ballasts should be examined for leakage by a trained, competent person.

Leaking ballasts which are not labeled must be removed by a person trained in the industrial hygiene, removal, and disposal of PCB-containing materials. Any leaking ballasts should be removed, contained, manifested, and disposed in a Class 1 landfill or incinerated in a RCRA certified incinerator.

#### 2.04 Limitations and Exceptions of Assessment

This assessment has been performed in a professional manner by a competent environmental professional using the degree of skill and care exercised in similar projects under similar conditions.

The following report is based upon information provided by others with no independent verification of such information. Pacific Southwest Group shall not be responsible for conditions or consequences arising from relevant facts that were concealed, withheld or not fully disclosed at the time this survey was performed.

Exceptions and Deletions from the Standard Practice and All Appropriate Inquiries requirements in the report are as follows: None.

This Phase I Site Assessment is not intended to identify all unsafe conditions or imply that others do not exist.

This assessment was performed for the benefit of SCPH. Pacific Southwest Group consents to the release of this report to third parties at the client's discretion. However, any use of the information contained within, or reliance upon it by someone other than the client, shall be solely at the risk of such third party with no recourse against Pacific Southwest Group, its affiliates or employees. This report shall not be used by any party which does not agree to be bound by these conditions.

We declare that to the best of our knowledge and belief, we meet the definition of Environmental Professional as defined in #312.10 of this part.

We have the specific qualifications based on education, training, and experience to assess a property of the nature, history, and setting of the subject property. We have developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR Part 312.

Should you have any questions regarding this report, please do not hesitate to contact me at your convenience.

Sincerely,  
**PACIFIC SOUTHWEST GROUP, INC.**



J. Michael Jones, A.I.A.  
Certified Asbestos Consultant  
No. 93-1207  
Dh



Robert G. Vanderstraeten  
REA #05364, Geologist



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**3.00 SITE DESCRIPTION****3.01 Site Summary**

Site Designation: & Address:	Windsor Manor 1230 E. Windsor Road
(Fig. 1, Site Loc. Map)	Glendale, California
Legal Description:	APN's: 5679-032-001, 5679-032-004, 5679-032-005, 5679-032-008, and 5679-032-016
Size of Site:	Land: 125,450 Sq. Ft. (2.88 Acres) Buildings: 120,463 Sq. Ft.
Current Use:	Continuing Care Retirement Community
Zoning:	R-4, Multi-Family Residential

**3.02 Site and Vicinity Characteristics**

The subject site (Figure 2, Aerial Plot Plan, Photographs 1 - 7) is an irregular shaped parcel that covers most of the block surrounded by Windsor Road on the north, Porter Street on the east, Garfield Avenue on the south, and Chevy Chase Drive on the west. The only portion of the block that is not included in the subject site is the property occupied by the Chevy Chase Baptist Church which located at the southwest corner of the block. The subject site is occupied by several interconnected buildings on the main portion of the site and three small residential structures along the Chevy Chase Drive portion of the site. The main portion of the site is accessible from Windsor Road and Garfield Avenue with access to the dwelling units along Chevy Chase Drive accessible from that street.

The surrounding area (Figure 2, Photographs 8 - 14) is in residential and commercial use. North of the site the area is in residential use with single family dwellings. East of the site is a small community park with single family dwellings farther to the east. South of the subject site is the John Muir Elementary School and the Baptist Church. West of the site is a medical complex, and northwest of the site there are apartment buildings.

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### 3.03 Description of Structures, Roads, Other Improvements on Site

The buildings on the subject site are occupied by a continuing care residential community. The complex consists of 82 independent living units, 35 assisted living units, and 28 skilled nursing units. The building at the east end of the site is a four story building with a basement. All of the rest of the buildings are single story structures. The main kitchen and dining area is south of the lobby near the center of the site. The laundry facilities and medical center are south of the kitchen and dining room. There is a small dining area for the assisted living portion of the facility near the west end of the site.

The four story building is of reinforced concrete block construction with a painted stucco exterior. The single story buildings are all frame and stucco construction. The roofs of the buildings were not accessed for this assessment. Visible portions of the roofs were asphalt shingle roofing systems. Interior finishes in the buildings included ceilings of painted gypsum board and 2' x 4' ceiling panels. Walls in the buildings were gypsum board that was either painted or covered with wall paper. Floors in the buildings were covered with carpet, ceramic tile, and sheet vinyl flooring. The HVAC systems for the buildings are supplied by furnaces and boilers in the equipment rooms and by wall air conditioning units in some of the buildings. The buildings are equipped with a fire alarm system and there are sprinklers in the basement area of the four story building and in the public areas. Fire extinguishers on wall mounted brackets within the complex were last serviced by Sheldon Extinguisher Company, (626) 444 8575, on 2/27/09.

The parking area for the site is behind the four story building at the southeast corner of the site. There is a small parking area near the west side of the site and the dwelling units along Chevy Chase Drive have their own parking areas. The parking areas are paved with asphalt and concrete which is in good condition. The loading dock for the site is next to the kitchen and laundry rooms at the rear of the complex.

The site is about 85% capped with structures covering 70% and paving covering 15%.

There is no indication or historical record of underground tanks on this site.

There are no active, inactive, or destroyed wells on this site<sup>1</sup>.

Fencing: There are block wall and metal fences between the buildings and along the west side of the main portion of the site.



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Soils and Vegetation: Observable soils were not stained and did not show evidence of contamination. On-site vegetation does not show any evidence of contamination. Soil type is sand mixed with silt.

Utilities: Power: Glendale Department of Public Works  
Water: City of Glendale  
Sewer: City of Glendale  
Storm  
Drains: City of Glendale

#### 3.04 Information Regarding Environmental Liens

No underground tanks were observed on the property. We found no information indicating there were environmental liens or citations against the property.

#### 3.05 Hydrology and Geology

Topography<sup>2</sup>: Elevation: 520 Feet  
Slope: 2.0%  
Drainage to the South

Hydrology<sup>3</sup>: Depth to groundwater: 110 Feet

Nominal direction of flow: Southerly

Surface waters: None local. The Los Angeles River is about 2.0 miles southwest of the subject site.

The subject site lies within an area of alluvial deposits of Recent age near the southeastern end of the San Fernando Valley<sup>1</sup>. The San Fernando Valley is a large area of alluvial deposits several miles northwest of the downtown area of the city of Los Angeles. It lies between the Santa Monica Mountains to the south, the Simi Hills to the west, the Santa Susana Mountains on the northwest, and the San Gabriel Mountains and the Verdugo Hills on the north and northeast. The area is drained by the Los Angeles River system. The river runs along the southern side of the valley about 2.0 miles southwest of the subject site.



Groundwater in the San Fernando Valley generally flows to the east southeast following the river and the slope of the valley. In the area of the subject site the river has turned toward the south and the groundwater flow direction has also turn toward the south. The depth to groundwater in the site area is reported to be 110 feet, but that depth fluctuates based upon the amount of pumping and the amount of recharge from rainfall.

The closest earthquake faults to the subject site are the Santa Monica Fault which extends into the site area from the southwest and several small faults and fractures in the Santa Monica Mountains two miles west of the site and the Repetto Hills southeast of the site.

### 3.06 Section Summary

Based upon these observations, current usage/site conditions are not an environmental concern.

## 4.00 **SITE HISTORY AND RECORDS REVIEW**

### 4.01 Past Uses of the Property

A review of Sanborn maps<sup>5</sup>, building permits<sup>6</sup> and aerial photographs<sup>7</sup> the subject site has been at least partially developed since 1937. No Sanborn Maps were found for the subject site. Building permits supplies by the Glendale Department of Building and Safety indicate that there was a room addition and a bath added to a dwelling unit on the site in 1937, and there was a permit to repair termite damage to a building on the site in 1942. A 19 room building was added to the site in 1945 and another new building was added to the site in 1950. The records in the Los Angeles County Assessor's office show that a 35,764 square foot building was built on the site in 1950, and two more buildings totaling more than 75,000 square feet were added in 1972. Aerial photographs reviewed from 1945 through the present showed the site as developed property throughout the entire period. The photo from 1948 was not clear, but the property appeared to be residential. There may have been an undeveloped parcel at the northwest corner at that time. In 1952 the property was developed with residential dwellings and there appeared to be an apartment building at the east end of the site. The lot along Garfield Avenue that is now vacant had a residential dwelling on it in 1952. By 1973 the subject site had been developed as it is at the present time based upon the aerial photograph from that year. Photographs from 1980, 1985, 2002, and the present all showed the property as it is at the present time.

#### 4.02 Past Uses of Adjoining Properties

Based upon the aerial photographs, the area around the subject site was partially developed in 1948. The areas north, east and west of the subject site were all developed with single family dwellings at that time. The church was in place southwest of the site and the school property south of the subject site was vacant in 1948. There was very little change in the site area from 1948 to 1952. By 1973 the area west of the site had begun to change to commercial, but the medical building complex directly west of the site had not been developed. The area northwest of the site had begun to be converted to apartments in by 1973, but the school property south of the site was still undeveloped. By 1980 the area around the subject site had been developed much as it is now except that the school property was still vacant. The school had been developed on that site by 1985.

#### 4.03 Records Review

##### A. Standard Environmental Records Search:

The Environmental Records Search (**Appendix c**) of available Federal and State agency lists identifies 60 sites within the ASTM standard search radius of the subject site. Several sites may appear on more than one list.

##### B. NPL - National Priority List:

In 1980 contamination was discovered in the groundwater in the San Fernando Valley. The contaminants were industrial solvents including TCE and PCE. After several investigations into the groundwater contamination, four areas within the Valley were identified and placed in the NPL. The areas were the North Hollywood Wellfield Area, the Crystal Springs Wellfield Area, the Verdugo Wellfield Area, and the Pollock Wellfield Area. Extensive searches have been made to identify potential responsible parties (PRP's) for the contamination in the groundwater. None of the historic occupants of the subject site have been identified as PRP's. Remediation of the groundwater has been ongoing for several years primarily through extraction wells with solids being stripped from the water and vapor extraction used to remove VOC's. Groundwater monitoring is also ongoing with numerous monitoring wells installed in the affected wellfield areas.



The subject site is located at the southeastern end of the Crystal Springs Wellfield Area. The eastern boundary of the Pollock Wellfield Area is approximately 1.0 mile southwest of the subject site, and the Glorietta/Verdugo Wellfield Area is several miles north of the subject site. None of the identified contamination plumes is beneath the subject site.

Based upon the information available, the contamination in the groundwater is not a concern to recognized environmental concerns on the subject site.

C. CERCLIS - Comprehensive Environmental Response, Compensation, and Liability Information System:

No listings within the specified range.

D. FEDFAC - Federal Facilities:

No listings within the specified range.

E. ERNS - Emergency Response Notification System:

Neither of the sites listed is on or adjacent to the subject site and neither is considered to be a concern to recognized environmental concerns on the site..

F. HMIRS - Hazardous Material Incident Report System:

The site listed is not on or adjacent to the subject site and it is not considered to be a concern to recognized environmental concerns on the site.

G. SETS - Site Enforcement Tracking System:

The site listed is not on or adjacent to the subject site and it is not considered to be a concern to recognized environmental concerns on the site.

H. DO - Enforcement Docket System/Consent Decree Tracking System:

No listings within the specified range.

- 
- I. CD – Criminal Docket System:  
No listings within the specified range.
- J. ICIS – Integrated Compliance Information System:  
# 47 Chevron Station 9 2885, 2960 W. Broadway, Status not defined, 0.8 miles up and cross slope and gradient.
- K. RCRA - RCRA Violators List:  
No listings within the specified range.
- L. RCRA –D – Resource Conservation and Recovery Information System – Treatment, Storage & Disposal:  
No listings within the specified range.
- M. FD - Federal Enforcement Dockets:  
No listings within the specified range.
- N. FL – State Response Sites – Federal Lead:  
Please refer to comments under NPL above.
- O. SR – State Response Sites:  
No listings within the specified range.
- P. VCP – Voluntary Cleanup Program:  
No listings within the specified range.
- Q. FE – Sites Needing Further Evaluation:  
No listings within the specified range.
- R. ME – Military Evaluation Sites:  
No listings within the specified range.

- 
- S. EP – Expedited Remedial Action Program:  
No listings within the specified range.
- T. BZ – Border Zone Properties:  
No listings within the specified range.
- U. SCH – School Property Evaluation Program Properties:  
No listings within the specified range.
- V. LUR – Brownfields Reuse Program Facility Sites with Land Use Restrictions:  
No listings within the specified range.
- W. DR – Hazardous Waste Management Program Facility Sites with Deed/Land Use Restrictions:  
No listings within the specified range.
- X. CA – Hazardous Waste Sites – Permitted & Corrective Action:  
No listings within the specified range.
- Y. HIS – Historical Site:  
# 54 Pacific Airmotive, 926 S. Brand Blvd., Status not identified,  
0.95 miles cross slope and gradient.
- Z. AW - Annual Work Plan (State):  
No listings within the specified range.
- J. CALS - CALSITES:  
No listings within the specified range.
- AA. CORTESE - State of California:  
No listings within the specified range.



---

BB. Leaking Underground Storage Tanks (State & Regional):

- # 32 Mobil #11-816, 301 S. Verdugo Rd., Leak confirmed 8/30/91, only soil impacted, managed by a local agency, 0.45 miles up slope and gradient.

The other seven (7) active sites are all more than 0.5 miles from the subject site and none are considered to be a concern to recognized environmental concerns on the site.

CC. SWIS - Solid Waste Information System:

- # 45 City of Glendale Corporate Yard, 541 E. Chevy Chase Dr., active, limited volume transfer station, 0.6 miles cross slope and gradient.

DD. NT - Toxic Releases:

No listings within the specified range.

EE. TPC - Toxic Pits:

No listings within the specified range.

FF. SWAT - Solid Waste Assessment Test (State & Regional):

No listings within the specified range.

GG. WIP - Well Investigation Program:

No listings within the specified range.

HH. WQ - Drinking Water Program:

No listings within the specified range.

## II. Operating Permits:

Operating permits are listed for information purposes only. There are 16 RCRA-G hazardous waste generator sites, 48 sites listed on the HWIS Hazardous Waste Information System and 14 permitted underground storage tank sites within the ASTM standard search radius of the subject site.

Two of the listed operating permits are on adjacent properties. They are:

# 2 HCMG Glendale Burbank Medical Group, west of the subject site

# 3 Glendale USD/Muir Elementary School, south of the subject site.

### 4.04 Historical Environmental Concerns or Liabilities

None known or discovered.

### 4.05 Previous Environmental Investigations: None Known

### 4.06 Section Summary

Based upon the available sources of information presented above, it is our opinion that:

- Past uses of the property have not contributed to recognized environmental concerns in the area.
- Past uses of adjoining properties do not pose a recognized environmental concern to the subject site.
- None of the sites listed on the Environmental Records Search pose a recognized environmental concern to the subject site either because of remoteness or because of relative slope and gradient.

---

**5.00 INFORMATION FROM SITE RECONNAISSANCE AND INTERVIEWS****5.01 Hazardous Substances in Connection with Identified Uses**

Asbestos-containing materials: Asbestos survey to be supplied under separate cover.

Based upon the construction date of the buildings, painted surfaces are suspect of containing lead based paint. No flaking or peeling areas of paint were observed on the subject site during the site investigation.

No areas of visible mold were observed on the subject site during the site investigation.

**5.02 PCB's**

Fluorescent light fixture ballasts could not be examined for "No PCB's" labeling.

Ballasts which are not labeled are assumed by law to contain PCB's. Leaking ballasts must be removed by a person trained in the industrial hygiene, removal and disposal of PCB-containing materials. Any leaking ballasts should be removed, contained, manifested, and disposed in a Class 1 landfill or incinerated in a RCRA certified incinerator.

The following transformers were observed on the subject site:

There is a transformer on a pole behind the subject site and there is a transformer in a vault adjacent to the east side of the site. There is also electrical equipment which may include a transformer in a locked room in the basement of the building on the east side of the site. There is a sign on the door of that room saying that there are no PCB's in the equipment in that room. The other transformers were not identified as to possible PCB content. The transformers are the property of the Glendale Public Works Department and they would be responsible for any maintenance on their transformers.

Serial numbers: None visible.

The transformers may contain PCB's.



### 5.03 Radon Evaluation

Site specific sampling/analysis for radon gas was not included in this project.

The initial phase of the California Statewide Radon Survey conducted in 1990 indicates that 0.5% of the homes in U.S. EPA Region 9 (Los Angeles, Orange, San Bernardino, Riverside, Imperial and San Diego Counties) are predicted to have radon gas at levels above the EPA recommended level of 4.0 pCi/l<sup>8</sup>.

Based upon this data, it does not appear that elevated levels of radon gas are a significant problem in the buildings in the vicinity of this site.

### 5.04 Wastewater and Wastewater Management

- Drainage Lines and Ditches: None, the property drains to the street.
- Catch Basins: None
- Septic Tanks/Leach Fields: None
- Sanitary Sewers: City of Glendale
- Process Water Disposal: N/A
- Sumps: In the basement area of the four story building
- Wells/Cisterns: None
- Pits, Ponds, Lagoons: None
- Floor Drains: In the kitchen area and in the public restrooms.

### 5.05 Solid Waste Management Observations

Process Area: N/A

Storage Area: Dumpsters located in an enclosure in the parking area at the rear of the subject site serviced by Crown Disposal Co., (818) 767 0675.

Battery Storage Area: N/A

### 5.06 Liquid Waste

The only liquid wastes observed on the subject site during the site investigation kitchen grease and minor amounts of medical wastes. The kitchen grease is stored in a 55 gallon DOT drum in the loading dock area behind the kitchen and it is picked up for disposal on a regular basis. The medical waste is stored in red hazmat containers in the medical center area. It is picked up for disposal by a licensed disposal company on an as needed basis.

---

5.07     Hazardous Materials

No hazardous materials other than the medical wastes were observed on the subject site during the site investigation.

Storage Tanks: None

5.08     Physical Setting Analysis

As discussed earlier, the site is located in an area of alluvial deposits in the southeastern end of the San Fernando Valley. The site and immediate site area are fairly flat with a gentle slope toward the south

5.09     Sensitive Receptors/Areas Within 1,000 Feet of the Site

There are no day schools, habitats, wetlands, marshes, etc. within a 1,000 foot radius of the subject site.

John Muir Elementary School is across Garfield Avenue south of the subject site.

5.10     Section Summary

Based upon our site reconnaissance and interviews, no conditions were discovered that pose a recognized environmental concern for the subject site.

**6.00     REFERENCES, BIBLIOGRAPHY AND PERSONS INTERVIEWED**

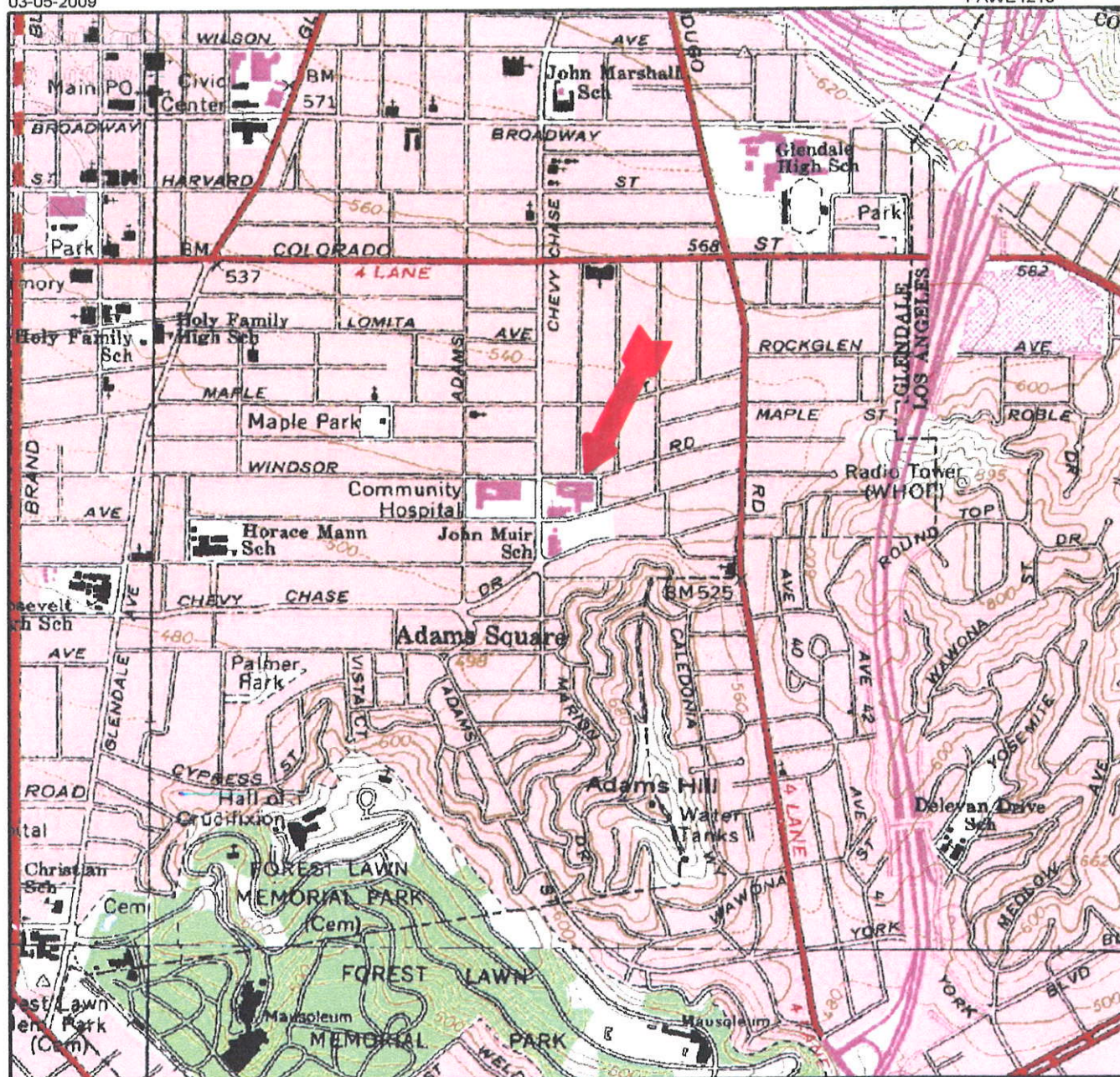
1.     California Department of Conservation, Division of Oil and Gas (DOG), Sacramento, California.
2.     U.S.G.S. 7-1/2 minute Topographic Series, Pasadena Quadrangle, 1966, Photorevised 1988.
3.     California Department of Water Resources WEB site, Water Data Section.
4.     California Department of Conservation, Division of Mines and Geology, Sacramento, California, Los Angeles Sheet, 1969, Sixth printing, 1991.
5.     Sanborn Map Collection, BBL Environmental Records Search, Solana Beach, California.

6. Building Permits/Records provided by Glendale Department of Building and Safety, 613 E. Broadway, Glendale, California.
7. Aerial Photographs supplied by BBL Environmental Services, Solana Beach, California.
8. California Statewide Radon Survey, Interim Results, P.O. Box 942732, Sacramento, California.


# APPENDIX A

## FIGURES





Scale: 1.6 inches to 1/2 mile


 UTM North is straight up

Longitude: -118° 14' 18.7"  
 Latitude: 34° 8' 13.5"  
 UTM Easting: 385801 meters  
 UTM Northing: 3777856 meters  
 UTM Zone: NAD 11

County: LOS ANGELES

## AREA RADON ESTIMATES

LOS ANGELES County (69 sites tested)

<2 pCi/L	92.8%
2-4 pCi/L	5.8%
4-8 pCi/L	1.4%
8-20 pCi/L	0.0%
20 > pCi/L	0.0%

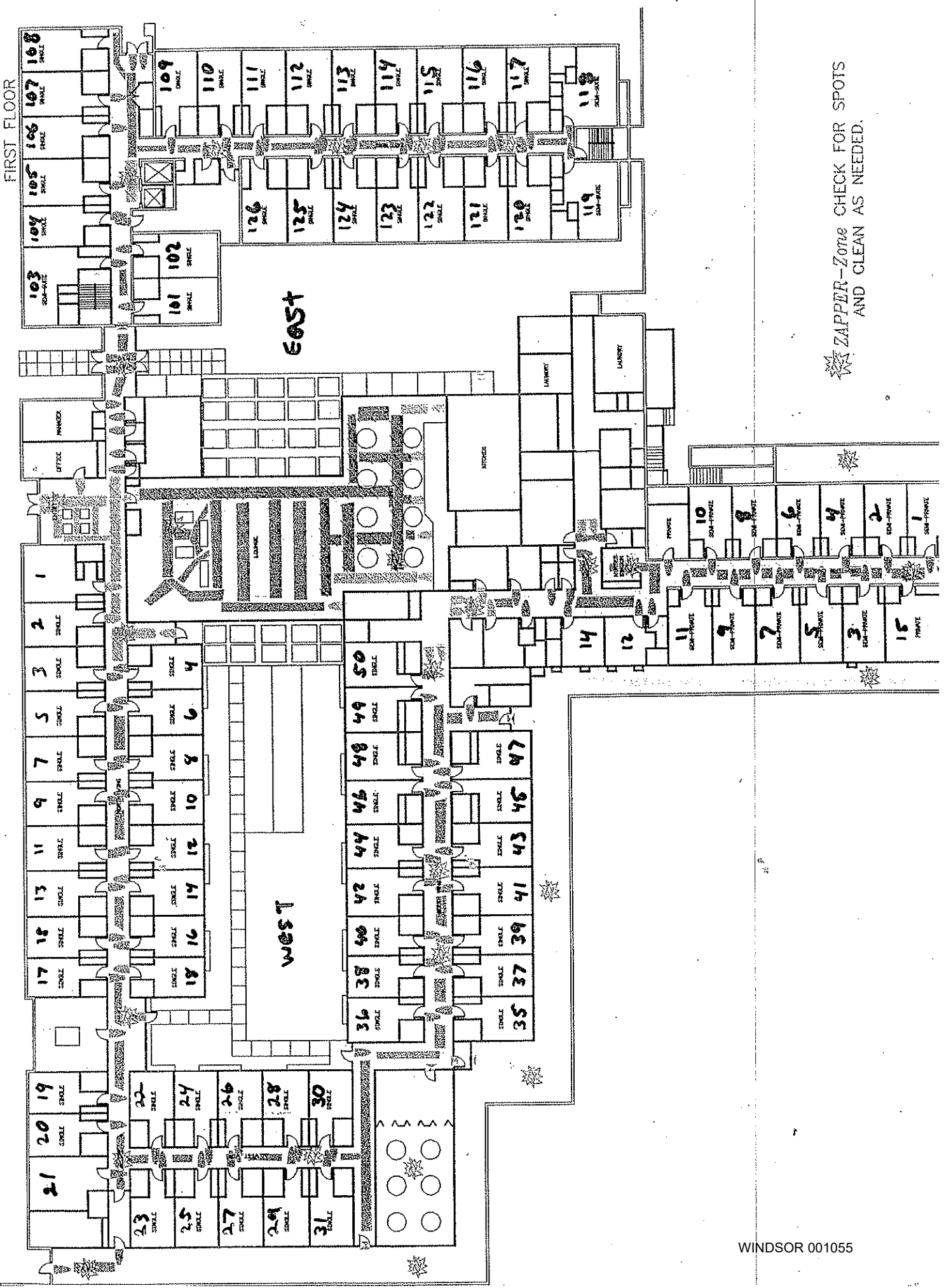
Source: U.S. Dept of Interior, Geological Survey

TOPOGRAPHIC MAP OF THE VICINITY OF THE SUBJECT SITE LOCATED AT  
 1230 E WINDSOR RD, GLENDALE

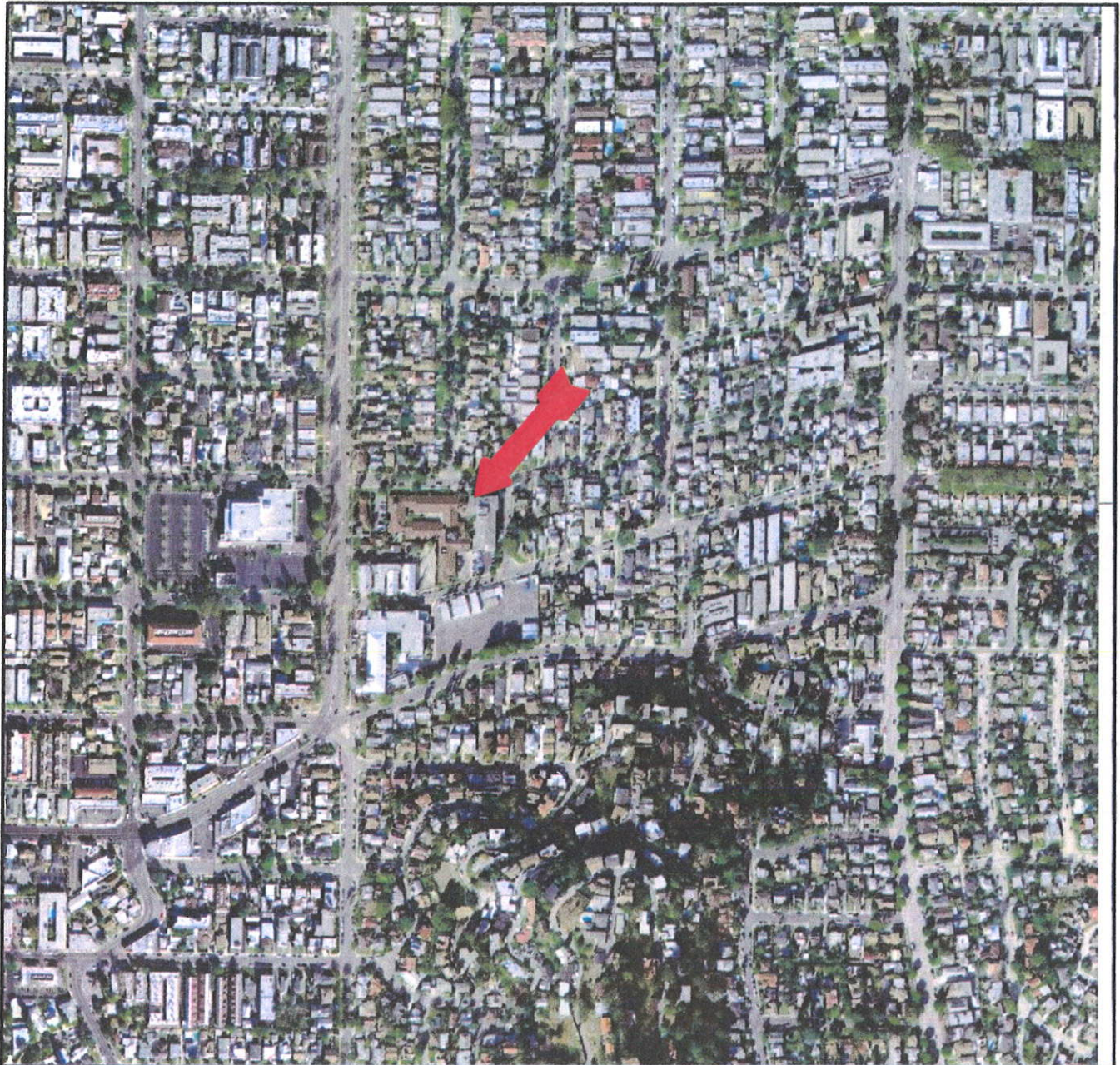


# WINDSOR MANOR EAST ADDITION

FIRST FLOOR



WINDSOR MANOR  
EAST ADDITION  
ZAPPER-Zone CHECK FOR SPOTS  
AND CLEAN AS NEEDED.



Scale: 1 inch to 528 feet



UTM North is straight up

Longitude: -118° 14' 18.7"  
Latitude: 34° 8' 13.5"  
UTM Easting: 385801 meters  
UTM Northing: 3777856 meters  
UTM Zone: NAD 11

County: LOS ANGELES

Project: URBAN  
Quadrangle:  
Date: 3/29/2004  
Film Type: Color

Source: U.S. Dept of Interior, Geological Survey

AERIAL PHOTOGRAPH OF THE VICINITY OF THE SUBJECT SITE LOCATED AT  
1230 E WINDSOR RD, GLENDALE



5679 32  
SCALE 1" = 60'

12-28-65 REVISED  
3-16-68  
701022515  
720910411

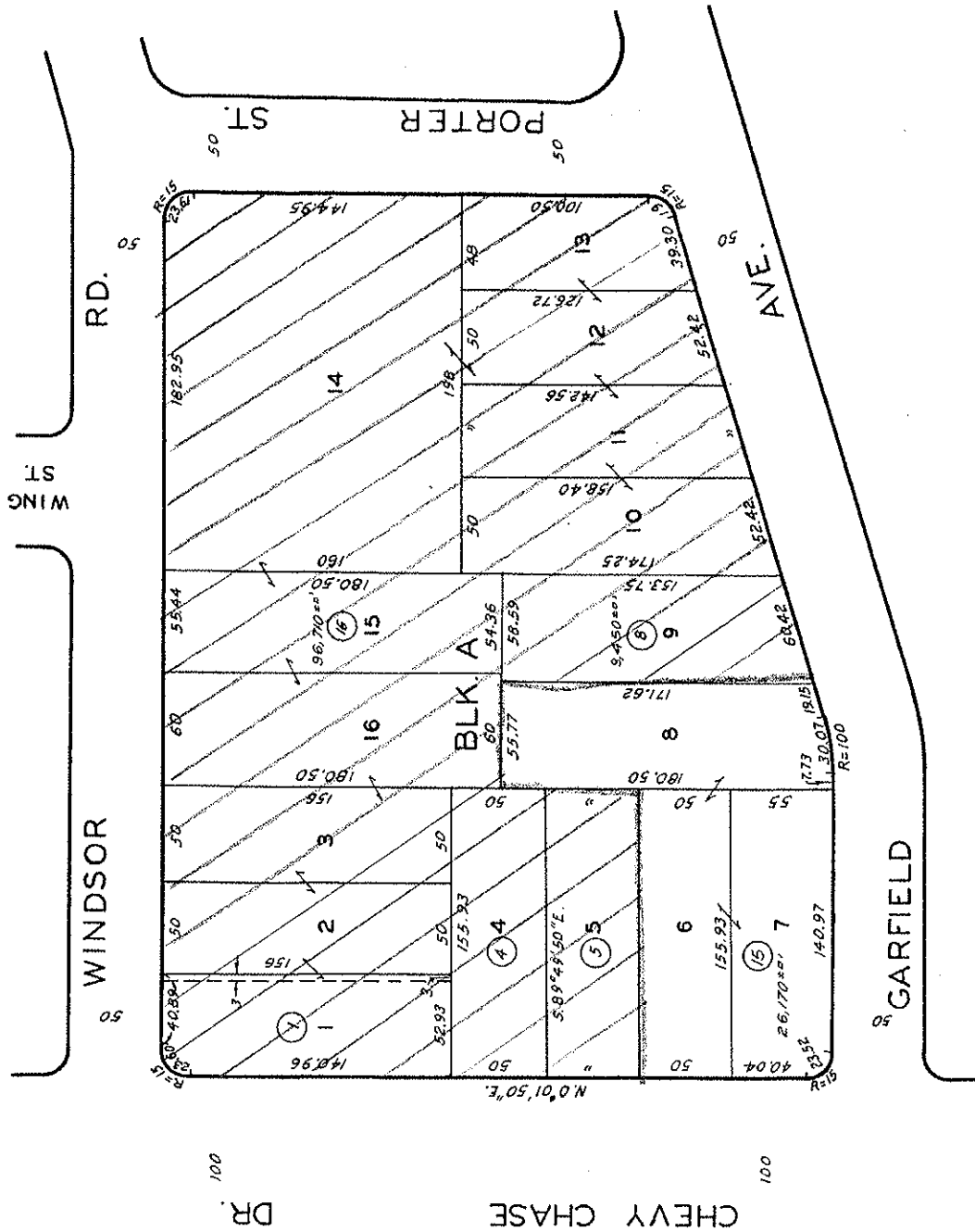
CODE  
4045

WINDSOR 001057

FOR PREV. ASSMT. SEE: 76 - 25

TRACT NO. 5271  
M.B. 86-99-100

ASSESSOR'S MAP  
COUNTY OF LOS ANGELES, CALIF.





# **APPENDIX B**

## **PHOTOGRAPHS**

4/7/09  
Windsor Manor  
1230 East Windsor Road  
Glendale, CA  
PSG Job No. 9026



**Photograph # 1**  
Sign for Subject Site  
Looking Southeast



**Photograph #2**  
Entrance to Site  
Looking South





**Photograph #3**  
 Subject Site  
 Along Windsor Rd  
 Looking West



**Photograph #4**  
 Multi Story Building  
 On Site Looking South





**Photograph #5**  
Rear of Multi Story Building  
On Site Looking North



**Photograph #6**  
Loading Dock Area  
On Site Looking North





**Photograph #7**  
 Portion of Subject Site  
 Along Chevy Chase Dr  
 Looking South



**Photograph #8**  
 Wing Street across from  
 Entrance to Site  
 Looking North





**Photograph #9**  
Windsor Road  
Looking East



**Photograph #10**  
Windsor Road  
Looking West





**Photograph #11**  
Chevy Chase Drive  
Looking North



**Photograph #12**  
Chevy Chase Drive  
Looking South





**Photograph #13**  
Garfield Avenue  
Looking East



**Photograph #14**  
Garfield Avenue  
Looking West



# **APPENDIX C**

## **ENVIRONMENTAL RECORDS SEARCH**

## INTRODUCTION

This document, prepared in accordance with ASTM Standard E-1527-05 and 40 CFR 312.26; Reviews of Federal, State, Tribal, and local government records on 03-05-2009 at the request of PACIFIC SOUTHWEST GROUP, reports the findings of BBL's investigation of environmental concerns in the vicinity of 1230 E Windsor Rd, Glendale CA.

A total of 96 records were identified, representing 63 separate sites. None of these records relates to the subject site itself. In addition, 2 large area sites were found in the vicinity.

A total of 3 records with incomplete location information were found that could be close by the subject site.

The identified sites are grouped into two separate categories - sites with known environmental concerns (25) and sites which have just operating permits (38).

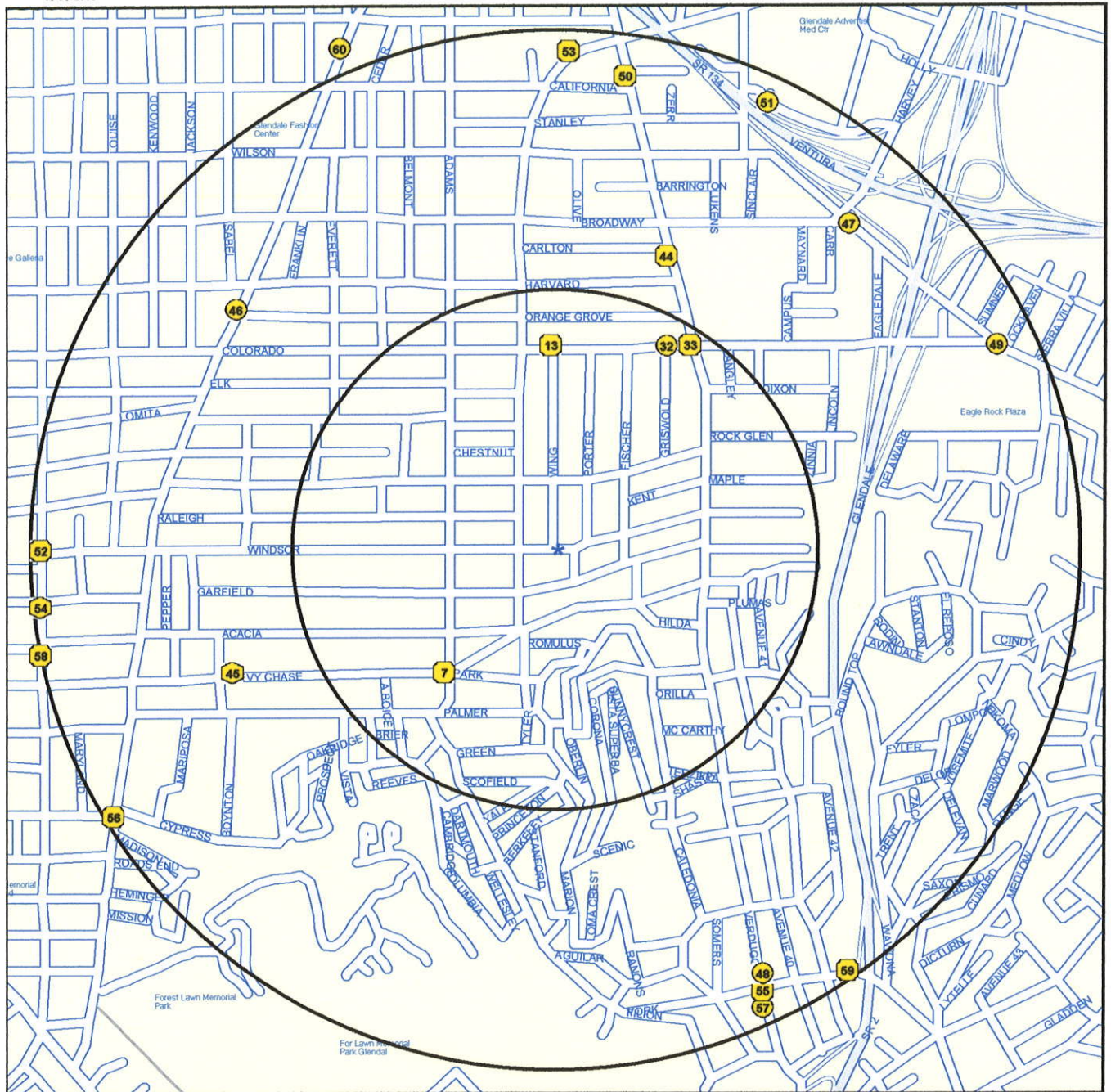
The report is divided into the following segments:

- ◆ Overview Table - An overview of all the identified records of concern summarized by distance and source.
- ◆ Topographic Map - of the surrounding area of the subject site.
- ◆ Contour Map - of the surrounding area of the subject site.
- ◆ Present Aerial Photograph - of the surrounding area of the subject site.
- ◆ Summary - listing of the identified records grouped by site and in order of distance to the subject property grouped into the categories of sites with Known Environmental Concerns and Operating Permits Only.
- ◆ Detailed Report - describing the sources investigated and the resulting findings.
- ◆ Fire Insurance Map review - describing the area of the subject site.






SUBJECT SITE INFORMATION			
Address City	1230 E WINDSOR RD GLENDALE CA 91205	County	Los Angeles
Present Tenant	WINDSOR MANOR/ 15+ yrs in business	Latitude Longitude	34° 8' 14" 118° 14' 19"
		Easting Northing Zone	385801m 3777856m 11

Environmental Concerns	Page	Search Dist	Site	< 1/8	1/8-1/4	1/4-1/2	1/2-1/1	area	un kwn	total
National Priority List	1	1 mile						1		1
CERCLIS	5	1 mile								
NFRAP	6	1 mile					1			1
Federal Facilities	6	1 mile								
Emergency Response Notification System	6	1/2 mile							2	2
Hazardous Material Incident Report System	7	subject							1	1
Targeted Brownfields Assessments	8	1 mile								
Site Enforcement Tracking Sytem	8	1 mile					1			1
Enforcement Docket (DOCKET/CDETS)	8	1/2 mile								
C-Docket	8	1/2 mile								
Integrated Compliance Information System	9	1 mile					1			1
CORRACTS	9	1 mile								
RCRA - TSD Facilities	9	1 mile								
Federal Enforcement Dockets	10	1 mile								
Federal Lead	10	1 mile						1		1
State Response	13	1 mile								
Voluntary Cleanup Program	13	1/2 mile								
Properties Needing Further Evaluation	13	1/2 mile								
Military Evaluation Sites	13	1 mile								
Expedited Remedial Action	14	1/2 mile								
Border Zone	14	1/2 mile								
School Property Evaluation Program	14	1/2 mile								
SMBRPD Land Use Restrictions	14	1/2 mile								
HWMP Deed/Land Use Restrictions	14	1/2 mile								
Corrective Action	15	1 mile								
Historical Sites	15	1 mile					1			1
CALSITES - No Further Action	15	1/2 mile				1				1
Cortese	16	1 mile								
Leaking Underground Storage Tanks	16	1 mile				3	15			18
Solid Waste Information System	25	1 mile					1			1
Well Investigation Program	25	1 mile								
Drinking Water Program	25	1 mile								
Toxic Releases	26	1 mile								
Toxic Pits	26	1 mile								
Solid Waste Assessment Test	26	1 mile								
Environmental Concern References						4	20	2	3	29
Environmental Concern Sites						4	18	1	2	25
<b>Operating Permits</b>										
RCRA Generators	27	1/2 mile		1		13	1			15
SARA Title III, section 313 (TRIS)	30	1/2 mile								
Nuclear Regulatory Commission Licensees	30	1/2 mile								
PCB Waste Handlers Database	30	1/2 mile								
Permit Compliance System (PCS)	30	1/2 mile		1						1
AIRS Facility System (AFS)	30	1/2 mile								
Section Seven Tracking System	31	1/2 mile								
FIFRA/TSCA tracking system	31	1/2 mile								
Federal Facilities Information System (FFIS)	31	1/2 mile								
Chemicals in Commerce Information System	31	1/2 mile								
FINDS EPA Facility Index System	31	1/2 mile								
Hazardous Waste Information System	32	1/2 mile		2	3	30	4			39
Underground Storage Tanks	39	1/2 mile			1	11				12
Operating Permits References				4	4	54	5			67
Operating Permits Sites				2	3	29	4			38
<b>Total References</b>				<b>4</b>	<b>4</b>	<b>58</b>	<b>25</b>	<b>2</b>	<b>3</b>	<b>96</b>
<b>Total Sites</b>				<b>2</b>	<b>3</b>	<b>33</b>	<b>22</b>	<b>1</b>	<b>2</b>	<b>63</b>

\* The classification by distance takes into consideration physical property sizes by assuming a standard size.

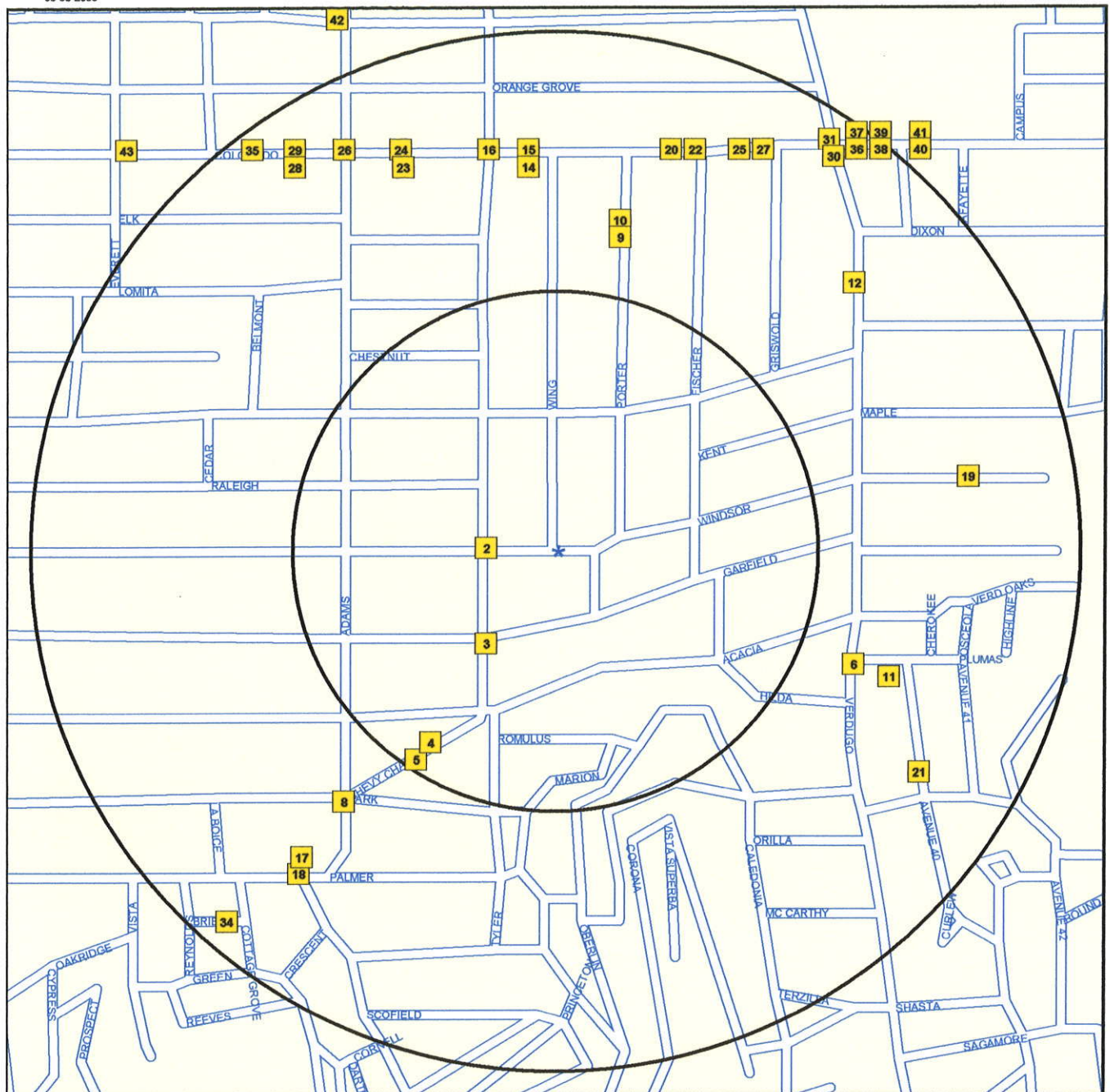


odd street numbers to the NW  
1.8 inch to 1/2 mile (the circles do not include any buffer zone)

-  **ENVIRONMENTAL CONCERNS - HIGH PRIORITY**
-  **ENVIRONMENTAL CONCERNS**
-  **ENVIRONMENTAL CONCERNS - WITH A 'NO FURTHER ACTION' STATUS'**
-  **OPERATING PERMITS ONLY**
-  **WATER WELLS**

APPROXIMATE LOCATION OF IDENTIFIED SITES WITH KNOWN ENVIRONMENTAL CONCERNS IN THE VICINITY  
AT 1230 E WINDSOR RD, GLENDALE





odd street numbers to the NW  
3.6 inch to 1/2 mile (the circles do not include any buffer zone)



- ENVIRONMENTAL CONCERNS - HIGH PRIORITY
- ENVIRONMENTAL CONCERNS
- ENVIRONMENTAL CONCERNS - WITH A 'NO FURTHER ACTION' STATUS'
- OPERATING PERMITS ONLY
- WATER WELLS

APPROXIMATE LOCATION OF IDENTIFIED SITES WITH OPERATING PERMITS ONLY WITHIN HALF A MILE  
AT 1230 E WINDSOR RD, GLENDALE

2.	HCMG GLENDALE BURBANK MED GRP	801 S CHEVY CHASE DR	
3.	GLENDALE U S D/MUIR ELEM	912 S CHEVY CHASE DR	
4.	MALOU ANDRES JAVIER DDS	1140 CHEVY CHASE DR	
5.	VILOT WALTERS	1122 E CHEVY CHASE DR	
6.	ANDY'S TEXACO & AUTO CENTER	925 S VERDUGO RD	
7.	HOVIK'S AUTO REPAIR	1020 E CHEVY CHASE DR	
8.	CRYSTI CLEANERS	1124 S ADAMS ST	
9.	LIU, TONY	421 PORTER ST	
10.	HOME SAVINGS OF AMERICA	408 PORTER ST	
11.	EMPIRE PROPERTIES	1717 VERDUGO WAY	
12.	SERJ MOTORS	516 S VERDUGO RD	
13.	ELGENCO, INC.	1231 E COLORADO ST	
14.	FELDMAN'S APPLIANCE	1222 E COLORADO ST	
15.	COMMUNITY AUTO REPAIR	1219 E COLORADO ST	
16.	HARRY & JOHN'S SERVICE	1201 E COLORADO ST	
17.	STONES SERVICE & AUTO SALES	1020 E PALMER AVE	
18.	MARTINES NISSAN	1001 E PALMER AVE, UNIT A	
19.	BOWKER & ROTH PROPERTY SERVICE	1523 EWINDSOR RD, C BUILDING	
20.	MCDONALD CORPORATION	1326 E COLORADO ST	
21.	DR BOBS AUTO REPAIR	4617 W	AVENUE 40
22.	HONDA OF GLENDALE	1331 E COLORADO ST	
23.	COLORADO FAMILY HEALTH CENTER	1141 E COLORADO ST	
24.	TEXACO SERVICE STATION	1140 E COLORADO ST, CHEVY CHASE	
25.	CONTINENTAL CULTURE SPECIALIST	1358 E COLORADO ST	
26.	AL SAL OIL #18	1101 E COLORADO ST	
27.	KENNETH A SOMMER DC	1369 E COLORADO ST	
28.	ROLANDO AUTOMOTIVE	1019 E COLORADO ST	
29.	AVANESSIAN, VALOD/PARSKHIAN, R	1001 E COLORADO ST	
30.	VIDEOASIS ONE HOUR PHOTO	317 S VERDUGO	
31.	VIDEOASIS ONE HOUR	317 S VERDUGO RD	
32.	MOBIL #11-816	301 S VERDUGO RD	
33.	SHELL	1401 E COLORADO ST	
34.	ARARAT S NAZARIAN TOPS SELF SE	1682 YORK BLVD	
35.	99 CLEANERS	916 E COLORADO ST	
36.	RAINBOW CLEANERS	1415 E COLORADO ST	
37.	RALPHS GROCERY CO #29	1416 E COLORADO ST	
38.	GLENDALE CHIROPRACTIC CLINIC	1425 E COLORADO ST	
39.	NAKAGAWA CHIROPRACTIC OFFICE	1428 E COLORADO ST, #B	
40.	AAMCO TRANSMISSION	1444 E COLORADO ST	
41.	PACIFIC RADIATOR	1450 E COLORADO ST	
42.	P M B	1092 E HARVARD ST	
43.	H&H DENTAL CENTER	815 E COLORADO ST	
44.	ARCO #3070	144 S VERDUGO RD	
45.	CITY OF GLENDALE CORPORATION Y	541 E CHEVY CHASE DR	
46.	MOBIL #11-GHW	250 S GLENDALE AVE	
47.	CHEVRON STATION 9 2885	2960 W	BROADWAY
48.	MOBIL #11-M3K (FORMER)	4110 VERDUGO RD	
49.	GLEN-ROCK CAR WASH	2711 COLORADO BLVD	
50.	G.A.M.C. REHAB	311 N VERDUGO RD	
51.	GLENDALE ADVENTIST MED. CTR	1509 WILSON TER	
52.	PACIFIC BMW	732 S BRAND BLVD	
53.	UNOCAL #0521	367 N CHEVY CHASE DR	
54.	PACIFIC AIRMOTIVE	926 S BRAND BLVD	
55.	TEXACO STATION	4072 VERDUGO RD	
56.	A & J AUTO SERVICE	1305 S GLENDALE AVE	
57.	JASS AUTOMOTIVE	4067 VERDUGO RD	
58.	MOBIL #11-K2H	1028 S BRAND BLVD	
59.	MOBIL #/KEY CENTERS	4110 YORK BLVD	
60.	SHELL	350 N GLENDALE AVE	
61.	PACIFIC BELL	208 W HARVARD ST, #108	

## UNKNOWN LOCATIONS

MILEPOST 7.51  
DORAN ST

BROADWAY ST  
DORAN ST

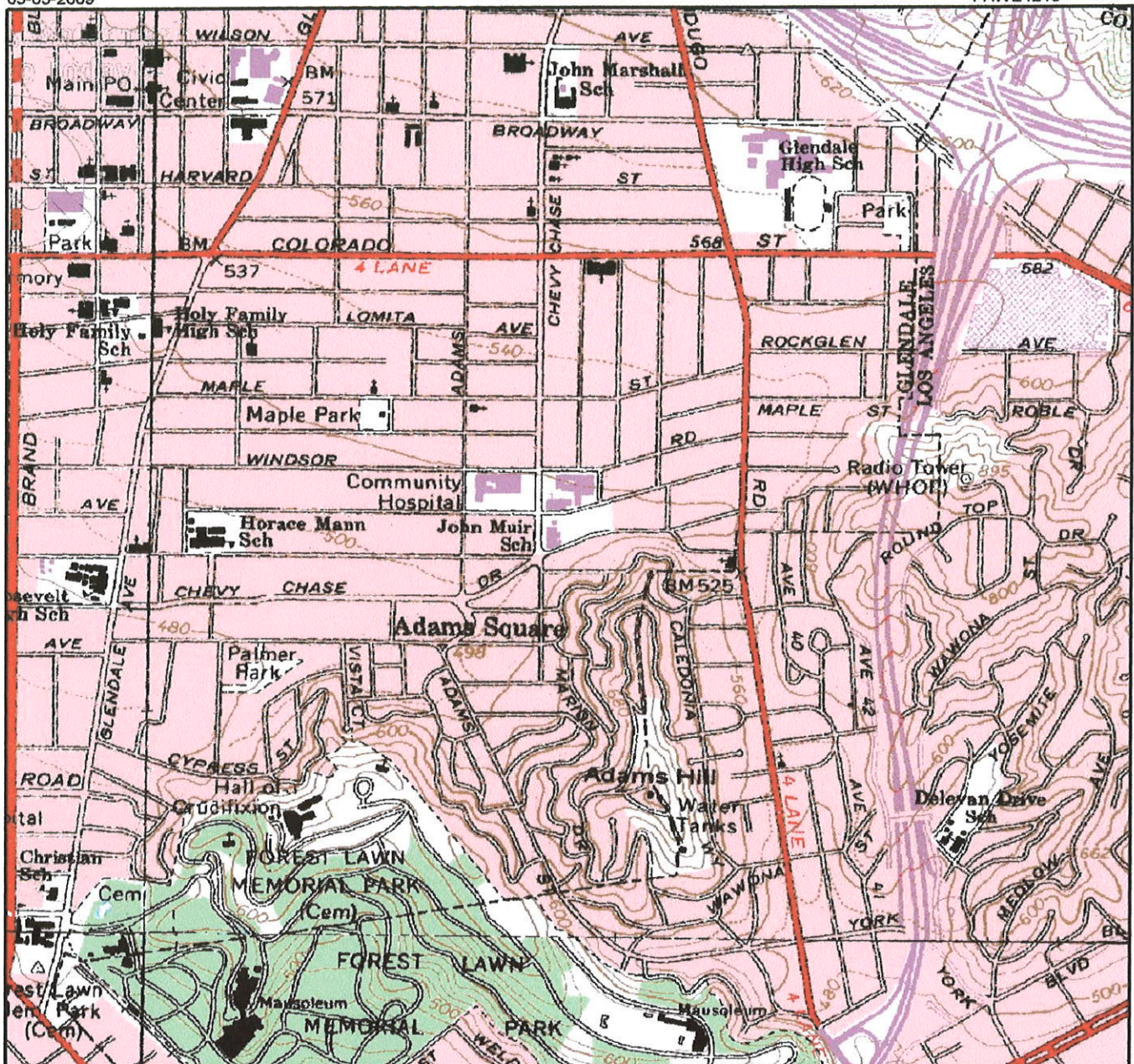
## AREA LOCATIONS

SAN FERNANDO VALLEY GROUNDWATER

POLLOCK WELLFIELD

## INDEX OF SITES LISTED BY MAP NUMBERS





Scale: 1.6 inches to 1/2 mile

UTM North is straight up

Longitude: -118° 14' 18.7"  
 Latitude: 34° 8' 13.5"  
 UTM Easting: 385801 meters  
 UTM Northing: 3777856 meters  
 UTM Zone: NAD 11

County: LOS ANGELES

## AREA RADON ESTIMATES

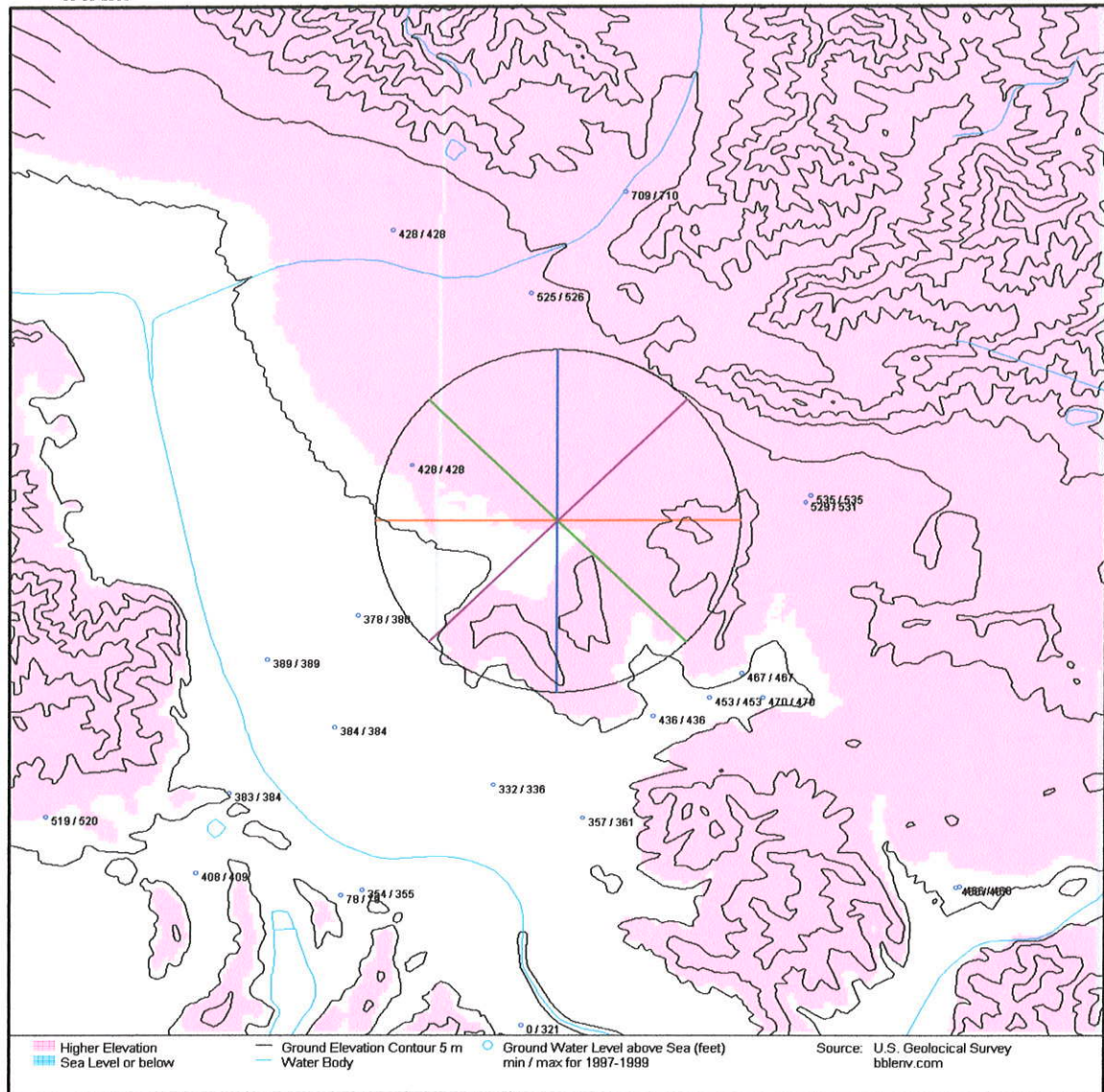
LOS ANGELES County (69 sites tested)

<2 pCi/L	92.8%
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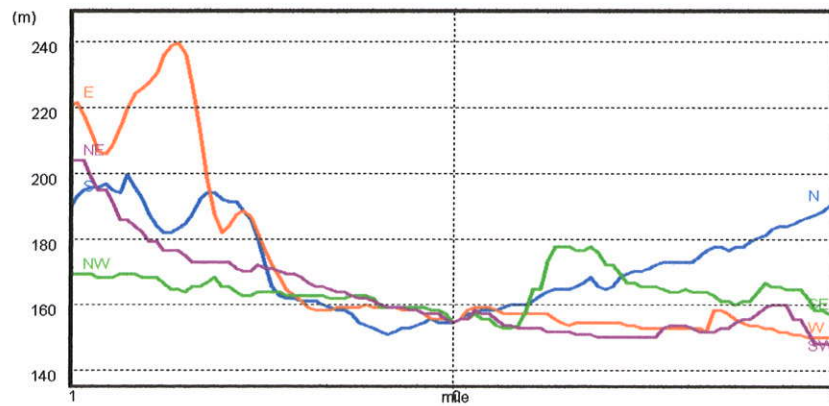
Source: U.S. Dept of Interior, Geological Survey

TOPOGRAPHIC MAP OF THE VICINITY OF THE SUBJECT SITE LOCATED AT  
 1230 E WINDSOR RD, GLENDALE





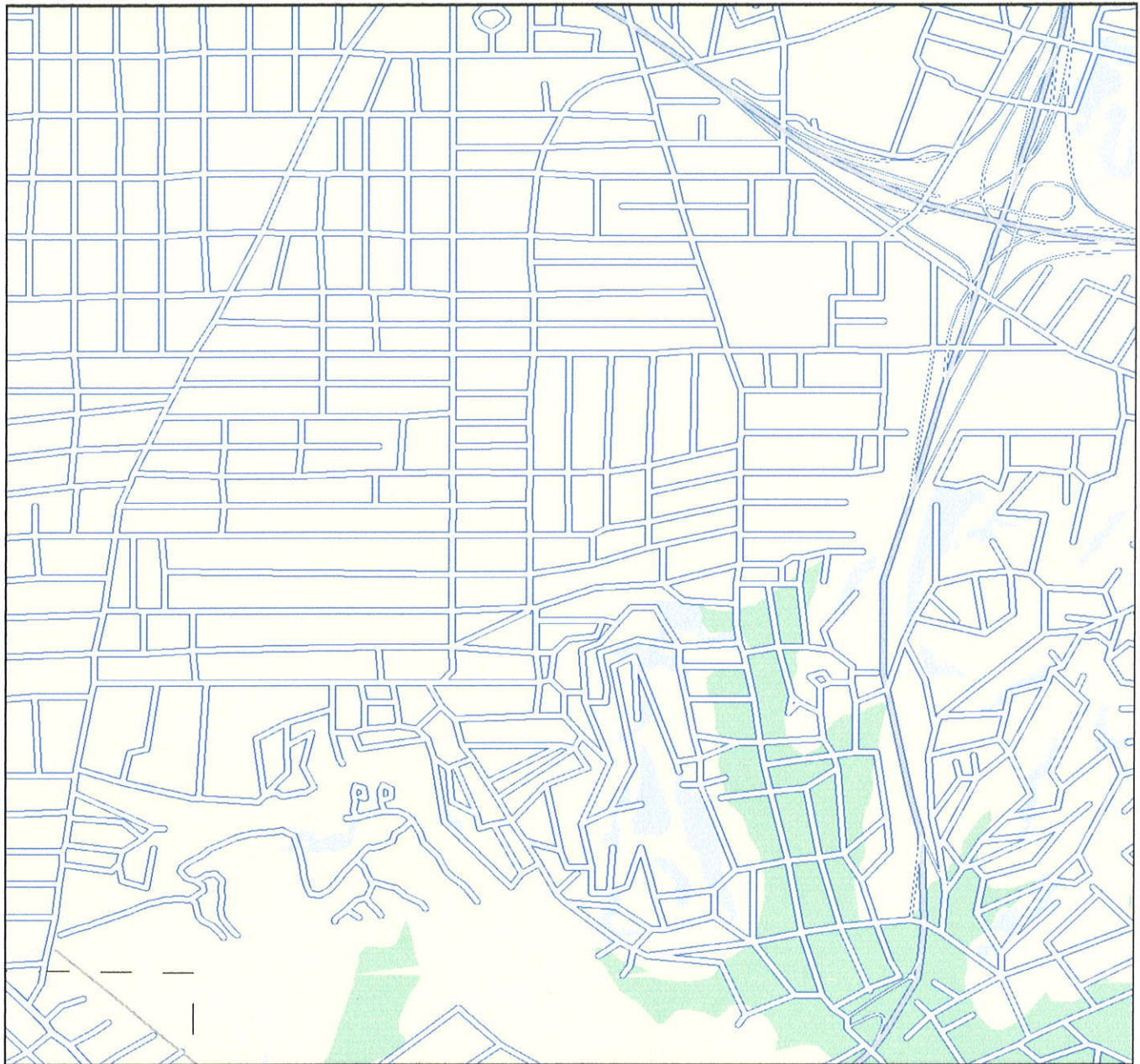
Elevation Contour overview map (6\*6 mile)



Elevation Profiles (±1 mile)

CONTOUR DATA IN THE VICINITY OF THE SUBJECT SITE LOCATED AT  
1230 E WINDSOR RD, GLENDALE





- LIQUEFACTION**  
Areas where historic occurrence of liquefaction, or geological, geotechnical and groundwater conditions indicate a potential for permanent ground displacements such that mitigation as defined in Public Resources Code Section 2693(c) would be required.
- EARTHQUAKE-INDUCED LANDSLIDES**  
Areas where previous occurrence of landslide movement, or topographic, geological, geotechnical and subsurface water conditions indicate a potential for permanent ground displacements such that mitigation as defined in Public Resources Code Section 2693(c) would be required.
- LIQUEFACTION and EARTHQUAKE-INDUCED LANDSLIDES**
- AREAS COVERED BY INVESTIGATION**
- AREAS NOT COVERED BY INVESTIGATION**

- EARTHQUAKE FAULT ZONES**  
As defined by the Alquist-Priolo Earthquake Fault Zoning Act described in Public Resource Code Chap 7.5 Div 2

Faults considered to have been active during Holocene time and to have a relatively high potential for surface rupture. Evidence of historical offset indicated by year of event or C for displacement caused by creep or possible creep

- Accurately located  
- - - Approximately located  
- - - Inferred location  
- - - concealed location

**SOURCE:** State of California, Dept of Conservation, Div of Mines & Geology  
Official Maps of Seismic Hazard Zones (s)  
Earthquake Fault Zones (f)  
HOLLYWOOD MARCH 1999 (s) JULY 1986 (f)  
BURBANK MARCH 1999 (s) JAN 1979 (f)  
LOS ANGELES MARCH 1999 (s) JAN 1977 (f)  
PASADENA MARCH 1999 (s)

**Seismic Hazards in the vicinity of the subject site located at  
1230 E WINDSOR RD, GLENDALE**



Scale: 1 inch to 528 feet



UTM North is straight up

Longitude: -118° 14' 18.7"  
Latitude: 34° 8' 13.5"  
UTM Easting: 385801 meters  
UTM Northing: 3777856 meters  
UTM Zone: NAD 11

County: LOS ANGELES

Project: URBAN  
Quadrangle:  
Date: 3/29/2004  
Film Type: Color

Source: U.S. Dept of Interior, Geological Survey

AERIAL PHOTOGRAPH OF THE VICINITY OF THE SUBJECT SITE LOCATED AT  
1230 E WINDSOR RD, GLENDALE

ENVIRONMENTAL RECORD SEARCH  
SUMMARY

KNOWN ENVIRONMENTAL CONCERNS  
WINDSOR MANOR  
1230 E WINDSOR RD, GLENDALE CA

Page: 1  
Job : PAWE4213  
Date: 03-05-2009

ADDRESS	CITY	LOCATION	SOURCE	STATUS	PAGE	MAP LOC	DIR
KNOWN ENVIRONMENTAL CONCERNS, WITHIN 1/4 - 1/2 MILE OF THE SUBJECT SITE							
1020 E CHEVY CHASE DR	GLENDALE	HOVIK'S AUTO REPAIR	LUST	9	18	<b>7</b>	SW
		ST. GEORGE MINI MART	UST	87	43		
		EXPERT OIL COMPANY INC	HWIS		36		
		HOVIK'S AUTO REPAIR	HWIS		36		
		HOVIK'S	UST	87	44		
		EXPERT OIL COMPANY INC	RCRA	N	30		
1231 E COLORADO ST	GLENDALE	ELGENCO,INC.	CS-nfa	NFA	17	<b>13</b>	N
301 S VERDUGO RD	GLENDALE	MOBIL #11-816	LUST	1	19	<b>32</b>	NE
		MEKHAIL, IBRAHIM S. (00816)	UST	2005	45		
		MOBIL OIL CORP SS 11816	UST	87&A9	45		
		MOBIL OIL CO	HWIS		40		
		EXXONMOBIL OIL CORPORATION	HWIS		40		
		EXXONMOBIL OIL CORP 12969	RCRA	L	32		
1401 E COLORADO ST	GLENDALE	SHELL	LUST	9	19	<b>33</b>	NE
		SHELL SERVICE STATION	HWIS		41		
		SHELL OIL	HWIS		41		
		SHELL	HWIS		41		
		MAC'S SHELL SERVICE STATION	UST	2005	45		
		SHELL SERV STA	UST	87&A9	45		
		SHELL SERVICE STATION	RCRA	S	32		

#### KNOWN ENVIRONMENTAL CONCERNS, WITHIN 1/2 - 3/4 MILE OF THE SUBJECT SITE

144 S VERDUGO RD	GLENDALE	ARCO #3070	LUST	9	19	<b>44</b>	NE
541 E CHEVY CHASE DR	GLENDALE	CITY OF GLENDALE CORPORATION Y	SWIS	ACTV	27	<b>45</b>	W

#### KNOWN ENVIRONMENTAL CONCERNS, WITHIN 3/4 - 1 MILE OF THE SUBJECT SITE

250 S GLENDALE AVE	GLENDALE	MOBIL #11-GHW	LUST	5C	19	<b>46</b>	NW
2860 W BROADWAY	LOS ANGELES	CHEVRON STATION 9 2885	IS	s	10	<b>47</b>	NE
4110 VERDUGO RD	LOS ANGELES	MOBIL #11-M3K (FORMER)	LUST	5C	19	<b>48</b>	SE
2711 COLORADO BLVD	LOS ANGELES	GLEN ROCK CAR WASH	SETS		9	<b>49</b>	E
		GLEN-ROCK CAR WASH	LUST	5R	20		
311 N VERDUGO RD	GLENDALE	G.A.M.C. REHAB	LUST	9	24	<b>50</b>	N
1509 WILSON TER	GLENDALE	GLENDALE ADVENTIST MED. CTR	LUST	5C	24	<b>51</b>	NE
732 S BRAND BLVD	GLENDALE	PACIFIC BMW	LUST	9	24	<b>52</b>	W
367 N CHEVY CHASE DR	GLENDALE	UNOCAL #0521	LUST	9	25	<b>53</b>	N
926 S BRAND BLVD	GLENDALE	PACIFIC AIRMOTIVE	HI		17	<b>54</b>	W
		PACIFIC AIRMOTIVE	NFRAP	NFA	7		
4072 VERDUGO RD	LOS ANGELES	TEXACO STATION	LUST	9	25	<b>55</b>	SE
1305 S GLENDALE AVE	GLENDALE	A & J AUTO SERVICE	LUST	9	25	<b>56</b>	SW
4067 VERDUGO RD	LOS ANGELES	JASS AUTOMOTIVE	LUST	3B	25	<b>57</b>	SE
1028 S BRAND BLVD	GLENDALE	MOBIL #11-K2H	LUST	9	26	<b>58</b>	W
4110 YORK BLVD	LOS ANGELES	MOBIL #/KEY CENTERS	LUST	9	27	<b>59</b>	SE
350 N GLENDALE AVE	GLENDALE	SHELL	LUST	1	27	<b>60</b>	NW
208 W HARVARD ST, #108	GLENDALE	PACIFIC BELL	LUST	1	27	<b>61</b>	W

#### SITES WITH UNKNOWN OR NON-SPECIFIC LOCATION

BROADWAY ST	GLENDALE	MILEPOST 7.51	ERNS		8		
DORAN ST	GLENDALE		ERNS		8		
		BRENNTAG WEST INC	HM		8		
POLLOCK WELLFIELD	LOS ANGELES	SAN FERNANDO VALLEY GROUNDWATE	FL		11		W
CRYSTAL SPRINGS WELLFIELD AREA	GLENDALE	SAN FERNANDO VALLEY (AREA 2)	FL		13		NW
		SAN FERNANDO VALLEY	NPL	F	1		

KNOWN ENVIRONMENTAL CONCERNS  
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ADDRESS	CITY	LOCATION	SOU- RCE	STA- TUS	PAGE	MAP LOC	DIR
POLLOCK WELLFIELD	LOS ANGELES	SAN FERNANDO VALLEY	NPL	F	4		W
GLORIETTA WELLFIELD AREA	GLENDALE	SAN FERNANDO VALLEY	NPL	D	5		N



OPERATING PERMITS ONLY  
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ADDRESS		CITY	LOCATION	SOU- RCE	STA- TUS	PAGE	MAP LOC	DIR	
OPERATING PERMITS ONLY, WITHIN 1/4 MILE OF THE SUBJECT SITE									
801	S	CHEVY CHASE DR	GLENDALE	HCMG GLENDALE BURBANK MED GRP	HWIS		35	2	W
				GLENDALE ADVENTIST MEDICAL CTR	PCS		33		
				HCMG GLENDALE BURBANK MED GRP	RCRA	S	30		
912	S	CHEVY CHASE DR	GLENDALE	GLENDALE U S D/MUIR ELEM	HWIS		35	3	SW
1140		CHEVY CHASE DR	GLENDALE	MALOU ANDRES JAVIER DDS	HWIS		36		
1122	E	CHEVY CHASE DR	GLENDALE	VILOT WALTERS	HWIS		36	5	SW
925	S	VERDUGO RD	GLENDALE	ANDY'S TEXACO	HWIS		36		
				ANDYS TEXACO & AUTO CENTER	UST	87&A9	43	6	E
				ANDY'S TEXACO & AUTO CENTER	UST	2005	43		
OPERATING PERMITS ONLY, WITHIN 1/4 - 1/2 MILE OF THE SUBJECT SITE									
1124	S	ADAMS ST	GLENDALE	CRYSTI CLEANERS	RCRA	L	31	8	SW
				CRYSTI CLEANERS	HWIS		36		
421		PORTER ST	GLENDALE	LIU, TONY	HWIS		37	9	N
408		PORTER ST	GLENDALE	HOME SAVINGS OF AMERICA	HWIS		37		
1717		VERDUGO WAY	GLENDALE	EMPIRE PROPERTIES	HWIS		37	11	E
516	S	VERDUGO RD	GLENDALE	SERJ MOTORS	HWIS		37		
				SERJ MOTORS	UST	87	44	12	NE
1222	E	COLORADO ST	GLENDALE	FELDMAN'S APPLIANCE	HWIS		37		
1219	E	COLORADO ST	GLENDALE	COMMUNITY AUTO REPAIR	HWIS		37	15	N
				RAINER MOTORS	HWIS		37		
				DEUTSCH FAMILY TRUST	HWIS		37	31	
				COMMUNITY AUTO REPAIR	RCRA	S	31		
				RAINER PETTERS	UST	87&93	44	16	N
1201	E	COLORADO ST	GLENDALE	HARRY & JOHN'S SERVICE	UST	87	44		
				HARRY/JOHN SERVICES	HWIS		38	17	SW
1020	E	PALMER AVE	GLENDALE	STONES SERVICE & AUTO SALES	UST	87&93	44		
				STONE AUTO SERVICE	HWIS		38	18	SW
1001	E	PALMER AVE, UNIT A	GLENDALE	MARTINES NISSAN	RCRA	S	31		
1001	E	PALMER AVE	GLENDALE	GLENDALE MOTOR CTR	RCRA	S	31	18	SW
1001	E	PALMER AVE, UNIT A	GLENDALE	MARTINES NISSAN	HWIS		38		
1001	E	PALMER AVE	GLENDALE	TEDS TRANSMISSIONS	HWIS		38	18	SW
1523	E	WINDSOR RD, C BUILDING	GLENDALE	BOWKER & ROTH PROPERTY SERVICE	HWIS		38		
1326	E	COLORADO ST	GLENDALE	MCDONALD CORPORATION	HWIS		38	20	N
4617	W	AVENUE 40	LOS ANGELES	DR BOBS AUTO REPAIR	HWIS		38		
1331	E	COLORADO ST	GLENDALE	HONDA OF GLENDALE	HWIS		39	22	N
				HONDA OF GLENDALE	RCRA		31		
1141	E	COLORADO ST	GLENDALE	COLORADO FAMILY HEALTH CENTER	HWIS		39	23	NW
1140	E	COLORADO ST, CHEVY CHASE	GLENDALE	TEXACO SERVICE STATION	RCRA		31		
1140	E	COLORADO ST	GLENDALE	MARKS TEXACO SERVICE	HWIS		39	24	NW
1140	E	COLORADO ST, CHEVY CHASE	GLENDALE	TEXACO SERVICE STATION	HWIS		39		
1140	E	COLORADO ST, /CHEVY CHASE	GLENDALE	TEXACO REFINING AND MARKETING	HWIS		39	24	NW
1140	E	COLORADO ST	GLENDALE	MARKS TEXACO	UST	8798A	44		
1358	E	COLORADO ST	GLENDALE	CONTINENTAL CULTURE SPECIALIST	HWIS		39	25	NE
1101	E	COLORADO ST	GLENDALE	AL SAL OIL #18	HWIS		39		
				KWIK GAS #18	HWIS		40	26	NW
				KWIK GAS #18	RCRA		31		
				ALSAL OIL CO., INC. NO. 18	UST	2005	45	27	NE
				AL SAL OIL CO, INC # 18	UST	87&A9	45		
				AL SAL OIL CO, INC # 18	UST	A2&A9	45	28	NW
1369	E	COLORADO ST	GLENDALE	KENNETH A SOMMER DC	HWIS		40		
1019	E	COLORADO ST	GLENDALE	ROLANDO AUTOMOTIVE	HWIS		40		

OPERATING PERMITS ONLY  
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ADDRESS	CITY	LOCATION	SOU- RCE	STA- TUS	PAGE	MAP LOC	DIR
		OWEN SHARWALTER	HWIS		40		
		ROLANDO'S AUTO REPAIR	UST	87	45		
1001 E COLORADO ST	GLENDALE	AVANESSION, VALOD/PARSKHIAN, R	HWIS		40	<b>29</b>	NW
317 S VERDUGO	GLENDALE	VIDEOASIS ONE HOUR PHOTO	RCRA	L	32	<b>30</b>	NE
317 S VERDUGO RD	GLENDALE	VIDEOASIS ONE HOUR	HWIS		40	<b>31</b>	NE
1682 YORK BLVD	LOS ANGELES	ARARAT S NAZARIAN TOPS SELF SE	UST	87	46	<b>34</b>	SW
916 E COLORADO ST	GLENDALE	99 CLEANERS	HWIS		41	<b>35</b>	NW
		99 CLEANERS	RCRA	S	32		
1415 E COLORADO ST	GLENDALE	RAINBOW CLEANERS	HWIS		41	<b>36</b>	NE
		SUN PHOTO	HWIS		41		
		RAINBOW CLEANERS	RCRA	S	32		
1416 E COLORADO ST	GLENDALE	RALPHS GROCERY CO #29	HWIS		42	<b>37</b>	NE
		RALPHS GROCERY CO #29	RCRA		32		
1425 E COLORADO ST	GLENDALE	GLENDALE CHIROPRACTIC CLINIC	HWIS		42	<b>38</b>	NE
1428 E COLORADO ST, #B	GLENDALE	NAKAGAWA CHIROPRACTIC OFFICE	HWIS		42	<b>39</b>	NE

OPERATING PERMITS ONLY, WITHIN 1/2 - 3/4 MILE OF THE SUBJECT SITE

1444 E COLORADO ST	GLENDALE	AAMCO TRANSMISSION	HWIS		42	<b>40</b>	NE
		AAMCO TRANSMISSIONS	HWIS		42		
		AAMCO TRANSMISSION	RCRA		32		
1450 E COLORADO ST	GLENDALE	PACIFIC RADIATOR	HWIS		42	<b>41</b>	NE
1092 E HARVARD ST	GLENDALE	P M B	HWIS		42	<b>42</b>	NW
815 E COLORADO ST	GLENDALE	H&H DENTAL CENTER	HWIS		43	<b>43</b>	NW

## REFERENCED SOURCES

Job : PAWE4213  
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### FEDERAL SOURCES

NPL NATIONAL PRIORITY LIST (12/11/08)  
CERCLA CERCLIS (12/11/08)  
NFRAP NFRAP (12/11/08)  
FedFac FEDERAL FACILITIES (12/11/08)  
ERNS EMERGENCY RESPONSE NOTIFICATION SYSTEM  
HM HAZARDOUS MATERIAL INCIDENT REPORT SYSTEM (2008)  
TB TARGETED BROWNFIELDS ASSESSMENTS  
SETS SITE ENFORCEMENT TRACKING SYTEM (2008)  
CDETS ENFORCEMENT DOCKET (DOCKET/CDETS) (12/11/08)  
CD C-DOCKET (12/11/08)  
IS INTEGRATED COMPLIANCE INFORMATION SYSTEM (12/11/08)  
RV CORRACTS (12/15/08)  
TSD RCRA - TSD FACILITIES (12/08)  
I Incinerator D Land Disposal T Storage/Treatment  
FD FEDERAL ENFORCEMENT DOCKETS

### CALIFORNIA STATE SOURCES

FL FEDERAL LEAD (01/01/08)  
SR STATE RESPONSE (01/22/08)  
VC VOLUNTARY CLEANUP PROGRAM (01/22/08)  
FE PROPERTIES NEEDING FURTHER EVALUATION (01/22/08)  
ME MILITARY EVALUATION SITES (01/22/08)  
EP EXPEDITED REMEDIAL ACTION (01/22/08)  
BZ BORDER ZONE

Border Zone  
01/22/08

SC SCHOOL PROPERTY EVALUATION PROGRAM (01/22/08)  
LU SMBRPD LAND USE RESTRICTIONS (1/22/08)  
DR HWMP DEED/LAND USE RESTRICTIONS

HWMP Deed/Land Use Restrictions

HWMP Deed/Land Use Restrictions  
01/22/08

CA CORRECTIVE ACTION (01/22/08)  
HI HISTORICAL SITES (01/22/08)  
CS-nfa CALSITES - NO FURTHER ACTION (01/22/08)  
CS CORTESE (1/08)  
LUST LEAKING UNDERGROUND STORAGE TANKS (01/08)  
0 No action 3B Prel site assmnt underway 7 Remedial action underway  
1 Leak being confirmed 5C Pollution characterization 8 Post remedial action monitoring  
3A Site workplan submitted 5R Remediation plan 9 Case closed  
SWIS SOLID WASTE INFORMATION SYSTEM (01/08)  
WIP WELL INVESTIGATION PROGRAM  
WQ DRINKING WATER PROGRAM

### REGIONAL SOURCES

NT TOXIC RELEASES (01/08)  
TP TOXIC PITS (01/08)  
SW SOLID WASTE ASSESSMENT TEST

### OPERATING PERMITS

RCRA RCRA GENERATORS (03/08)  
L Large Generator T Transporter S Small Generator  
SARA SARA TITLE III,SECTION 313 (TRIS)  
Nucl NUCLEAR REGULATORY COMMISSION LICENSEES (03/08)  
PCB PCB WASTE HANDLERS DATABASE (03/08)  
PCS PERMIT COMPLIANCE SYSTEM (PCS) (03/08)  
AFS AIRS FACILITY SYSTEM (AFS) (03/08)  
PE SECTION SEVEN TRACKING SYSTEM (03/08)  
FIFRA FIFRA/TSCA TRACKING SYSTEM (03/08)  
FIS FEDERAL FACILITIES INFORMATION SYSTEM (FFIS) (03/08)  
CICIS CHEMICALS IN COMMERCE INFORMATION SYSTEM (03/08)  
FN FINDS EPA FACILITY INDEX SYSTEM (03/08)  
HWIS HAZARDOUS WASTE INFORMATION SYSTEM  
UST UNDERGROUND STORAGE TANKS





ENVIRONMENTAL RECORD SEARCH  
LISTED BY SOURCE

## INTRODUCTION

BBL has used its best effort but makes no claims as to the completeness or accuracy of the referenced government sources or the completeness of the search. Our records are frequently updated but only as current as their publishing date and may not represent the entire field of known or potential hazardous waste or contaminated sites. To ensure complete coverage of the subject property and surrounding area, sites may be included in the list if there is any doubt as to the location because of discrepancies in map location, zip code, address, or other information in our sources. For additional information call 858 793-0641.

In accordance with ASTM E-1527-05, the following government sources have been searched for sites at the street address, within the distances of the subject location listed below.

## FEDERAL SOURCES

### NPL National Priority List

EPA has prioritized sites with significant risk to human health and the environment. These sites receive remedial funding under the Comprehensive Environmental Response Conservation and Liability Act (CERCLA).

*This list has been researched within 1 mile radius of the subject site.*

Site: SAN FERNANDO VALLEY  
Address: CRYSTAL SPRINGS WELLFIELD AREA  
City: GLENDALE  
Status: F - Currently on the Final NPL  
EPA ID#: CAD980894901

Discovery of this Hazardous Waste site was brought to EPA's attention on 12/01/83. A numeric estimate of the relative severity of a hazardous substance release and its potential, computed using the Hazard Ranking System, was established on 04/01/84. The Preliminary Assessment, consisting of collecting and documenting existing information about the source and nature of the site hazard was completed on 04/01/84. On 04/01/84, a screening Site Inspection was completed, collecting site data and samples to characterize the severity of the hazard to support the ranking and enforcement of the clean-up required.

As published in the Federal Register on 10/15/84, this site was proposed to be placed on the National Priority List (NPL), based on the site's Hazard Ranking Score. A search of PRPS was initiated on 09/30/84. The action was completed on 08/15/85. On 06/10/86, the proposed NPL status was converted to Final Status. A Removal Investigation was started on 06/17/91, collecting field data on the actual hazardous substance at the site for the purpose of characterizing the magnitude and severity of the hazard. The action was completed on 06/17/91. A search of PRPS was initiated on 10/01/89. The action was completed on 06/30/93. A voluntary and enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS on 03/30/94, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment. Discussions and information exchange were started on 09/30/93 between PRPS and EPA over the PRPS's liability, willingness and ability to conduct the remedial design and action as identified in the ROD. The action was completed on 03/30/94. Discussions and information exchange were started on 10/12/95 between PRPS and EPA over the PRPS's liability, willingness and ability to conduct the remedial design and action as identified in the ROD. The action was completed on 11/26/96. An Administrative Order was issued on 11/26/96 by the EPA unilaterally (under section 106 of SARA). An Administrative Order was issued on 09/30/97 by the EPA unilaterally (under section 106 of SARA). An enforcement

instrument (e.g. Consent Decree) is lodged by DOJ with the court. A judicial Consent Decree was entered between the Federal government and the PRPS settling a claim under CERCLA. A Judicial referral under section 107 for recovery from PRPS was made on 03/04/97. A package was prepared in support of cost recovery actions containing site-specific cost documentation information for direct expenditures and indirect costs. A voluntary and enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment.

#### ACTIONS AT OVERALL SITE/AREAWIDE

Data was collected on 08/16/85 for analyses of the site problem, identification of preliminary remedial alternatives, and recommendations of a cost-effective remedy (RI/FS). Participation in the conduct of fund-financed Remedial Investigation/Feasibility Study (RI/FS). A baseline risk assessment was performed on 12/15/92 assessing the the hazard posed by the site which determines of whether an imminent and substantial endangerment of public health or the environment exists. The action was completed on 12/15/92. Assessment was started on 12/15/92 of the baseline risks posed by the site to ecological receptors.

#### ACTIONS AT GLENDALE NORTH TO RD ONLY

Data was collected on 06/18/93 for analyses of the site problem, identification of preliminary remedial alternatives, and recommendations of a cost-effective remedy (RI/FS). An additional final Record of Decision (ROD) was approved on 06/18/93 indicating that the agency has chosen the remedy for the site. Oversight was provided on 11/11/96 of Potentially Responsible Party (PRP) response action for Remedial Design (RD), including all activities for monitoring and supervising the performance of the responsible parties to determine whether such performance is consistent with the requirements of the administrative orders on consent, unilateral administrative orders, consent decrees, judicial decrees, information agreements, and compliance schedules.

#### ACTIONS AT GLENDALE SOUTH(TO ROD)&COMBINE

Data was collected on 06/18/93 for analyses of the site problem, identification of preliminary remedial alternatives, and recommendations of a cost-effective remedy (RI/FS). An additional final Record of Decision (ROD) was approved on 06/18/93 indicating that the agency has chosen the remedy for the site. Oversight was provided on 11/11/96 of Potentially Responsible Party (PRP) response action for Remedial Design (RD), including all activities for monitoring and supervising the performance of the responsible parties to determine whether such performance is consistent with the requirements of the administrative orders on consent, unilateral administrative orders, consent decrees, judicial decrees, information agreements, and compliance schedules. EPA reviews on 12/02/99 a formal request for a Prospective Purchaser Agreement (PPA), resulting in a decision to grant or deny the request. An additional voluntary and enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment. EPA reviews a formal request for a Prospective Purchaser Agreement (PPA), resulting in a decision to grant or deny the request. An additional voluntary and enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment. Oversight was provided on 10/17/97 of Potentially Responsible Party (PRP) response action for Remedial Action (RA), including all activities for monitoring and supervising the performance of the responsible parties to determine whether such performance is consistent with the requirements of the administrative orders on consent, unilateral administrative orders, consent decrees, judicial decrees, information agreements, and compliance schedules. Oversight was provided of responsible party response action for Long Term Response (LR), including all activities for monitoring and supervising the performance of the responsible parties to determine whether such performance is consistent with the requirements of the administrative orders on consent, unilateral administrative orders, consent decrees, judicial decrees, information agreements, and compliance schedules. The Long Term Response includes all site requirements associated with a remedy that must be performed after completion of a remedial action.

#### ACTIONS AT SITEWIDE CHROMIUM

An additional Administrative Order was issued by the EPA unilaterally (under section 106 of SARA). Oversight was provided of Potentially Responsible Party (PRP) response action for Remedial Investigation/Feasibility Study (RI/FS), including all activities for monitoring and supervising the performance of the responsible parties to determine whether such performance is consistent with the requirements of the administrative orders on consent, unilateral administrative orders, consent decrees, judicial decrees, information agreements, and compliance schedules. An additional voluntary and

enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment. An additional voluntary and enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment.

271793SAN FERNANDO #2 IS AN AREA OF CONTAM GRD WTR IN VICINITY OF CRYSTAL SPRINGS WELL FLD AREA IN L.A., CO. PART OF THE SAN FERNANDO VLY BASIN, A NATURAL UNDRD RESERVOIR, SOURCE OF DRK WTR FOR 3 MIL. CONTAMINATED WITH TCE & PCE.

RECORD OF DECISION (EPA/ROD/R09-93/093) was issued on 06/18/93 (Copy of complete text of the ROD is available from BBL).

Contaminants: VOCs, Other Organics, Metals, Inorganics

#### SITE HISTORY/DESCRIPTION:

The San Fernando Valley Area 2 (Operable Unit 3) site is part of the Crystal Springs NPL site, which is one of four San Fernando Valley Superfund sites in Los Angeles County, California. Land use in the area is mixed industrial, commercial, and residential. The 122,800-acre Glendale Study Area is located within the San Fernando Basin, is adjacent to the Los Angeles River, and consists of the North Plume and the South Plume, which are two main portions of the aquifer in the San Fernando Basin where high concentrations of contaminants have been identified. An estimated 800,000 residents use the ground water of the San Fernando Basin as a significant source of their drinking water supply. In 1980, after finding organic chemical contamination in the ground water of the San Gabriel Valley, the State ordered all major water purveyors in the San Fernando Valley using ground water to conduct tests for the presence of certain industrial chemicals. Initial and subsequent testing revealed the presence of VOCs in the San Fernando Valley ground water. As a result, several municipal supply wells were taken out of service in Los Angeles, Burbank, and Glendale. By 1986, four sites within the San Fernando Valley had been added to the NPL; the North Hollywood, Crystal Springs, Verdugo, and Pollock sites, also referred to as San Fernando Valley Areas 1, 2, 3, and 4, respectively. EPA has preliminarily identified twelve facilities that are located in the vicinity of the Glendale Study Area (South Plume) and that are potentially responsible for the ground water contamination. 1987 and 1989 RODs addressed interim remedies for contaminated ground water at the North Hollywood site and the Burbank site, respectively. This ROD addresses an interim remedy for the Glendale South Study Area, which includes the South Plume of VOC contamination and adjacent areas where contamination is known or believed to have migrated, as OU3. Another 1993 ROD addresses the Glendale North Study Area, as OU2. Future RODs will address additional OUs and a final remedy for the San Fernando Valley Areas 1, 2, 3, and 4. The primary contaminants of concern affecting the ground water are VOCs, including PCE and TCE; other organics, including PAHs; metals, including chromium; and other inorganics, including nitrates.

#### SELECTED REMEDIAL ACTION:

The selected interim remedial action for this site includes installing new extraction wells in locations to most effectively inhibit the migration of the contaminant plume and maximize extraction of the most contaminated ground water; extracting approximately 2,000 gpm of contaminated ground water; filtering the extracted ground water to remove suspended solids, if necessary, followed by onsite treatment to remove VOCs using single-stage or dual-stage air stripping or liquid phase GAC; using vapor-phase GAC adsorption for emissions control, if air stripping is used; implementing a chromium reduction and filtration unit to meet drinking water standards, if necessary; blending the VOC-treated water offsite with water that does not contain nitrate in excess of the nitrate MCL to reduce nitrate levels, followed by delivering water to the Glendale public drinking water supply system or another municipal system; providing for a contingency remedy with no nitrate treatment/blending and with recharge of the treated water into the aquifer at the Headworks Spreading Ground for the treated ground water, if the City of Glendale or another municipality does not accept any or all of the treated water; and installing ground water monitoring wells to evaluate the effectiveness of the remedy. In order to decrease cost, treatment, and delivery of treated water for the Glendale North and Glendale South operable units will be combined. The estimated present worth cost for this interim remedial action is \$25,020,000, which includes an estimated annual O&M cost of \$1,852,000 for 12 years. Additional costs for chromium treatment, if necessary, include an estimated present worth cost of \$6,750,000, which includes an estimated annual O&M cost of \$611,000 for 12 years. If the treatment plants for the Glendale North and South Plumes are combined as planned, the estimated present worth cost for both would be \$47,532,000.

#### PERFORMANCE STANDARDS OR GOALS:

Chemical-specific cleanup goals for the treatment plant effluent from the Glendale South OU are based on Federal MCLs for VOCs and any more stringent State MCLs for VOCs, and include bis(2-ethylhexyl) phthalate 4 ug/l; carbon tetrachloride 0.5 ug/l; 1,1-DCA 5 ug/l; 1,2-DCA 0.5 ug/l; 1,1-DCE 6 ug/l; 1,2-DCE 6 ug/l; 1,1,2,2-PCE 1 ug/l; PCE 5 ug/l, and TCE 5 ug/l.

INSTITUTIONAL CONTROLS:

Not provided.

Remedy:

Site: SAN FERNANDO VALLEY  
Address: POLLOCK WELLFIELD  
City: LOS ANGELES  
Status: F - Currently on the Final NPL  
EPA ID#: CAD980894976

Discovery of this Hazardous Waste site was brought to EPA's attention on 12/01/83. A numeric estimate of the relative severity of a hazardous substance release and its potential, computed using the Hazard Ranking System, was established on 04/01/84. The Preliminary Assessment, consisting of collecting and documenting existing information about the source and nature of the site hazard was completed on 04/01/84. On 04/01/84, a screening Site Inspection was completed, collecting site data and samples to characterize the severity of the hazard to support the ranking and enforcement of the clean-up required.

As published in the Federal Register on 10/15/84, this site was proposed to be placed on the National Priority List (NPL), based on the site's Hazard Ranking Score. A search of PRPS was initiated on 09/30/84. The action was completed on 08/15/85. On 06/10/86, the proposed NPL status was converted to Final Status. A Removal Investigation was started on 06/17/91, collecting field data on the actual hazardous substance at the site for the purpose of characterizing the magnitude and severity of the hazard. The action was completed on 06/17/91. A search of PRPS was initiated on 10/01/89. The action was completed on 06/30/93. A voluntary and enforceable agreement, Administrative Order of Consent, pursuant to CERCLA was signed by EPA and PRPS, whereby the PRPS agree to perform and/or pay for the response costs involved in site cleanup. The order describes the PRP response to be taken at the site, stipulated penalties, indemnification, effective date, and may be subject to public comment.

ACTIONS AT OVERALL SITE/AREAWIDE

Data was collected on 08/16/85 for analyses of the site problem, identification of preliminary remedial alternatives, and recommendations of a cost-effective remedy (RI/FS). A baseline risk assessment was performed on 12/15/92 assessing the the hazard posed by the site which determines of whether an imminent and substantial endangerment of public health or the environment exists. The action was completed on 12/15/92. Assessment was started on 12/15/92 of the baseline risks posed by the site to ecological receptors.

ACTIONS AT POLLOCK

Data was collected on 09/28/92 for analyses of the site problem, identification of preliminary remedial alternatives, and recommendations of a cost-effective remedy (RI/FS).  
270600SAN FERNANDO #4 IS AN AREA OF CONTAM GRD WTR IN POLLOCK WELLFLD AEA IN LOS ANGELES,CA.PART OF SAN FERNANDO VLY BASIN,A NATURAL UNDGRD RESERVOIR THAT IS SOURCE OF DRK WTR FOR 3 MILGRD WTR CONTAM WITH TCE & PCE.

Site: SAN FERNANDO VALLEY  
Address: GLORIETTA WELLFIELD AREA  
City: GLENDALE  
Status: D - Deleted from the NPL  
EPA ID#: CAD980894984

Discovery of this Hazardous Waste site was brought to EPA's attention on 12/01/83. A numeric estimate of the relative severity of a hazardous substance release and its potential, computed using the Hazard Ranking System, was established on 04/01/84. The Preliminary Assessment, consisting of collecting and documenting existing information about the source and nature of the site hazard was completed on 04/01/84. On 04/01/84, a screening Site Inspection was completed, collecting site data and samples to characterize the severity of the hazard to support the ranking and enforcement of the clean-up required.

As published in the Federal Register on 10/15/84, this site was proposed to be placed on the National Priority List (NPL), based on the site's Hazard Ranking Score. A search of PRPS was initiated on 09/30/84. The action was completed on 08/15/85. On 06/10/86, the proposed NPL status was converted to Final Status. A Removal Investigation was started on 06/17/91, collecting field data on the actual hazardous substance at the site for the purpose of characterizing the magnitude and severity of the hazard. The action was completed on 06/17/91. The site was deleted from the NPL.

#### ACTIONS AT VERDUGO

An additional Remedial Investigation was started on 09/30/85 to gather the data to determine the nature and extent of problems at the site; establish cleanup criteria; identify preliminary alternative remedial actions; and support technical cost analyses of the alternatives. The action was completed on 12/31/92. Data was collected on 08/16/85 for analyses of the site problem, identification of preliminary remedial alternatives, and recommendations of a cost-effective remedy (RI/FS). An additional final Record of Decision (ROD) was approved indicating that the agency has chosen the remedy for the site.

273220The Verdugo Study Area covers an area of approximately 2,000 acres of the 4,400 acre Verdugo Basin, which is situated in the eastern portion of the San Fernando Valley Basin (SFVB). The Verdugo Basin is bounded on the northeast by the San Gabriel Mountains, on the west by the Verdugo Mountains, and on the southeast by the San Rafael Hills. The Verdugo Study Area is generally considered a small tributary of the larger SFVB ground water basin. Land use in the Verdugo Study Area is primarily residential along the floor of the valley, and undeveloped open space in surrounding mountains. A northwest-oriented strip of commercial development is present along Foothill Boulevard, and a commercial sector is present in the southern portion of the basin. The Verdugo Study Area is not an industrial area and does not contain a point source that is a primary source of groundwater contamination. Rather, it is an area of historical and current residential, commercial, and limited agricultural use with contamination likely due to non-point sources. In 1981, the Los Angeles Department of Water and Power (LADWP) began a 2-year study designed to assess groundwater contamination in the SFVB, including wells located in the Glorieta, Glenwood, and Mills Well Fields in the Verdugo Basin. More than 600 water supply wells were sampled as part of this program. Additional work included a review of existing hydrogeologic data and industrial site surveys. Results of this work are presented in the Groundwater Quality Management Plan for the San Fernando Valley Basin, and indicated that 45 percent of LADWP supply wells in the eastern SFVB contained trichloroethene (TCE) in excess of maximum contaminant levels (MCLs) and/or perchloroethene (PCE) in excess of 1983 state action levels. Pursuant to California Assembly Bill 1803 (AB 1803), wells within the SFVB were sampled in 1983 for volatile organic compounds (VOCs), semivolatile organic compounds (SVOCs), and pesticides/herbicides. The current

273221t EPA and California Department of Health Services (DHS) MCL for both TCE and PCE is 5.0 parts per billion (ppb). Results of the 1983 sampling revealed concentrations of VOCs above MCLs in several SFVB well fields. TCE and PCE were the two most common VOCs detected. PCE was the main contaminant detected in the Verdugo Study Area, and was detected in excess of its MCL (52 ppb during 1982) in several water supply production wells in this basin. In 1986, at the request of the State of California, EPA placed four areas within the SFVB on the National Priorities List (NPL) as individual Superfund sites, due to the presence of VOCs (TCE and PCE) in groundwater that had been detected in concentrations that exceeded state and federal drinking water standards. The four areas are: North Hollywood (Area 1) containing the North Hollywood Operable Unit (OU) and the Burbank OU; Crystal Springs (Area 2) containing the Glendale North and South OUs; Verdugo (Area 3); and Pollock (Area 4). The Verdugo Basin is generally considered a small tributary of the larger SFV groundwater basin. EPA subsequently entered into a cooperative agreement with the LADWP to conduct a Remedial Investigation (RI) of the SFVB. The RI included a baseline risk assessment for the eastern portion of the SFVB. In 1989, LADWP completed a soil gas sampling and analysis program within the SFVB designed to better define limits of shallow groundwater contamination. In the Verdugo Study Area, 73 soil gas samples were obtained and analyzed. Based upon results of soil gas sampling and available data from existing wells, seven vertical profile borings (VPBs) in the Verdugo Study Area were converted into shallow monitoring wells in 1990. A baseline risk assessment was conducted in conjunction with the San

Fernando Valley RI in 1991. This baseline risk assessment was completed on a regional scale, addressing compounds that exceeded MCLs in the groundwater of the entire eastern portion of the SFVB, which incl

273222udes the Verdugo Study Area. The primary contributors to risks were evaluated based on a reasonable maximum exposure (RME) calculated from observed VOC concentrations. These RMEs were calculated based on regional data rather than specific areas within the SFVB. In the Verdugo Study Area, the levels of contaminants observed were significantly lower than the concentration levels used to calculate risk for the entire SFVB; no VOCs were observed at concentrations exceeding their respective MCLs. EPA completed a hydrogeologic site assessment of the Verdugo Study Area in 1993. This document assisted in evaluating the nature and extent of groundwater contamination in the basin and provided recommendations for ongoing monitoring of groundwater contamination. A further evaluation of the geological setting, groundwater recharge, discharge and flow conditions, and a summary of water quality was conducted. Since the completion of the RI in 1992 through 2002, EPA has continued to monitor groundwater quality by sampling groundwater in wells in the Verdugo Study Area four times a year as part of the SFVB basinwide monitoring program. The right to use groundwater in the Verdugo Study Area is strictly controlled by a 1979 adjudicated judicial agreement (Judgment) concerning water rights in the SFVB. Under the Judgment, only the City of Glendale and the Crescenta Valley Water District (CVWD), formerly the Crescenta Valley County Water District (CVCWD), can use surface and groundwater in the Verdugo Study Area. Groundwater within the Verdugo Study Area is used as a source of potable water supply by the City of Glendale and the CVWD. Land use in the Verdugo Study Area is primarily residential along the floor of the valley, and undeveloped open space in surrounding mountains. A northwest-oriented strip of commercial development is present along Foothill Boulevard, and a commercial sector is present in the southern portion of the basin. The basin contains four scattered ag

273223ricultural areas, and no industrial development. The CVWD produces approximately 65% of its customers' annual water demand from the operation of groundwater wells, all located in the lower, southerly portion of the Crescenta Valley. The remainder of the District's water supply is treated surface water purchased from the Foothill Municipal Water District (FMWD). The District and the City of Glendale are the only two water-rights holders in the Verdugo Basin by the order of a court adjudication of the entire San Fernando Basin decreed in 1979. Overall groundwater supply management of both basins is performed by a court-appointed Watermaster and his staff working in the office of the Los Angeles Department of Water & Power. A Record of Decision addressing OU2 at the Verdugo Study Area (SFVB Area 3) was completed in February 2004.

#### CERCLIS Comprehensive Environmental Response, Compensation, and Liability Information System

CERCLIS is a database used by the EPA to track activities conducted under the Comprehensive Environmental Response and Liability Act CERCLA (1980) and the amendment the Superfund Amendments and Reauthorization Act SARA (1986).

Sites to be included are identified primarily by the reporting requirements of hazardous substances Treatment, Storage and Disposal (TSD) facilities and releases larger than specific Reportable Quantities (RQ), established by EPA.

Using the National Oil and hazardous Substance Pollution Contingency Plan (National Contingency Plan) the EPA set priorities for cleanup.

The EPA rates National Contingency Plan sites according to a quantitative Hazard Ranking System (HRS) based on the potential health risk via any one or more pathways: groundwater, surface water, air, direct contact, and fire/explosion.

The EPA and state agencies seek to identify potentially responsible parties (PRP) and ultimately Responsible Parties (RP) who can be required to finance cleanup activities, either directly or through reimbursement of federal Superfund expenditures.



Any Institutional/Engineering controls issued under CERCLA are described in the status detail for each site. Sites delisted from the NPL list are included here.

*No listings within 1 mile radius of the subject site.*

NFRAP No Further Remedial Action Planned sites (CERCLIS)

As of February 1995, CERCLIS sites designated 'No Further Remedial Action Planned' NFRAP have been removed from CERCLIS. NFRAP sites may be sites where, following an initial investigation, no contamination was found, contamination was removed quickly without the site being placed on the NPL, or the contamination was not serious enough to require Federal Superfund action or NPL consideration.

EPA has removed these NFRAP sites from CERCLIS to lift unintended barriers to the redevelopment of these properties. This policy change is part of EPA's Brownfields Redevelopment Program to help cities, states, private investors and affected citizens promote economic redevelopment of unproductive urban sites.

*This list has been researched within 1 mile radius of the subject site.*

Site: PACIFIC AIRMOTIVE  
Address: 926 S BRAND BLVD  
City: GLENDALE  
Map Loc: 54 - about .95 mile W of the subject  
Status: NFA - No Further Action by EPA  
EPA ID#: CAD980636575

Discovery of this Hazardous Waste site was brought to EPA's attention on 06/01/81. The Preliminary Assessment, consisting of collecting and documenting existing information about the source and nature of the site hazard was completed on 11/01/84.

FEDFAC Federal Facilities

As part of the CERCLA program, federal facilities with known or suspected environmental problems, the Federal Facilities Hazardous Waste Compliance Docket is tracked separately to comply with a Federal Court order.

*No listings within 1 mile radius of the subject site.*

ERNS Emergency Response Notification System

The ERNS is a national computer database used to store information on unauthorized releases of oil and hazardous substances. The program is a cooperative effort of the Environmental Protection Agency, the Department of Transportation Research and Special Program Administration's John Volpe National Transportation System Center and the National Response Center.

There are primarily five Federal statutes that require release reporting the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) section 103; the Superfund Amendments and Reauthorization Act (SARA) Title III Section 304; the Clean Water Act of 1972(CWA) section 311(b)(3); and the Hazardous Material Transportation Act of 1974(HMTA section 1808(b).

*This list has been researched within half of a mile radius of the subject site.*

Site: MILEPOST 7.51  
Address: BROADWAY ST  
City: GLENDALE  
Status: 0600822273

On 12/28/06 an incident, caused by transport accident, occurred.  
CALLER IS REPORTING A GRADE CROSSING ACCIDENT INVOLVING A PASSENGER TRAIN AND AUTOMOBILE. CALLER STATES THE AUTOMOBILE WAS STOPPED BETWEEN THE CROSSING GATES THAT WERE IN THE DOWN POSITION. THERE WAS NO TRAFFIC IN FRONT OR BEHIND THE AUTOMOBILE. CALLER DOES NOT KNOW IF THE INCIDENT WAS SUICIDE RELATED AT THIS TIME. CALLER DESCRIBED THE AUTOMOBILE AS A CADILLAC (UNKNOWN LICENSE PLATE). A SERVICE DELAY IS STILL ONGOING. 64 PASSENGERS ONBOARD THE TRAIN WERE PUT ONTO BUSES AT 1930. THE EQUIPMENT IS STILL STUCK AT THE SCENE. TIME OF INCIDENT: 1755 PST..  
LOCAL AUTHORITIES ARRIVED ON SCENE.  
DRIVER OF THE AUTOMOBILE WAS SENT TO THE HOSPITAL. CALLER DOES NOT KNOW THE EXTENT OF THE INJURY. THE TRACK & ROAD CLOSURE MAY STILL BE ONGOING. UNKNOWN DAMAGE AMOUNT.

Site:  
Address: DORAN ST  
City: GLENDALE  
Status: 0400729802

On 07/27/04 an incident occurred.  
A UNION PACIFIC TRAIN HIT A TRESPASSER ON THE TRACK..

CLEANED TRAIN AND TRACKS.  
NO ADDITIONAL INFORMATION..

#### HMIRS Hazardous Material Incident Report System

The Hazardous Material Report Incident Report Subsystem HMIRS of the Research and Special Programs Administration (RSPA) Hazardous Material Information System was established in 1971 to fulfill the requirements of the Federal hazardous material transportation law. Part 171 of Title 49, Code of Federal Regulations (49 CFR) contains the incident reporting requirements of carriers of hazardous materials. An unintentional release of hazardous materials meeting the criteria set forth in Section 171.16, 49 CFR, must be reported on DOT Form 5800.1. The data from the reports received are subsequently entered in the HAZMAT database.

*This list has been researched within the street address of the subject site.*

Site: BRENNTAG WEST INC  
Address: DORAN ST  
City: LOS ANGELES

Status: id: 2001080543

On 07/30/2001, an incident involving a van occurred. 70% HYDROFLUORIC ACI was released.

TBA Targeted Brownfields Assessments

EPA's Targeted Brownfields Assessment (TBA) program is designed to help states, tribes, and municipalities especially those without EPA Brownfields Assessment Pilots/Grants minimize the uncertainties of contamination often associated with brownfields. Targeted Brownfields Assessments supplement and work with other efforts under EPA's Brownfields Program to promote the cleanup and redevelopment of brownfields. EPA's TBA assistance is available through two sources: directly from EPA through EPA Regional Brownfields offices under Subtitle A of the law, and from state or tribal voluntary response program offices receiving funding under Subtitle C of the law

*No listings within 1 mile radius of the subject site.*

SETS Site Enforcement Tracking System (SETS)

When expanding Superfund monies at a CERCLA (Comprehensive Environmental Response, Compensation and Liability Act) Site, EPA must conduct a search to identify parties with potential financial responsibility for remediation of uncontrolled hazardous waste sites. EPA regional Superfund Waste Management Staff issue a notice letter to the potentially responsible party (PRP). The status field contains the EPA ID number and name of the site where the actual pollution occurred.

*This list has been researched within 1 mile radius of the subject site.*

Site: GLEN ROCK CAR WASH

Address: 2711 COLORADO BLVD

City: LOS ANGELES

Map Loc: 49 - about .9 mile E of the subject

Status: id: 13090

CAT080012024 OPERATING INDUSTRIES INC LANDFILL notice date 5/26/93

CAT080012024 OPERATING INDUSTRIES INC LANDFILL notice date 10/20/92

DO Enforcement Docket System (DOCKET)/Consent Decree Tracking System (CDETS)

DOCKET tracks civil judicial cases against environmental polluters, while CDETS processes court settlements, called consent decrees.

*No listings within half of a mile radius of the subject site.*

CD Criminal Docket System (C-DOCKET)

The Criminal Docket System is a comprehensive automated system for tracking criminal enforcement actions. C-Docket handles data for all environmental statutes and tracks enforcement actions from the initial stages of investigations through conclusion.

*No listings within half of a mile radius of the subject site.*

ICIS Integrated Compliance Information System (ICIS)

ICIS is the Integrated Compliance Information System and provides a database that, when complete, will contain integrated Enforcement and Compliance information across most of EPA's programs. The vision for ICIS is to replace EPA's independent databases that contain Enforcement data with a single repository for that information. Currently, ICIS contains all Federal Administrative and Judicial enforcement actions. This information is maintained in ICIS by EPA in the Regional offices and its Headquarters. A future release of ICIS will replace the Permit Compliance System (PCS) which supports the NPDES and will integrate that information with Federal actions already in the system. ICIS also has the capability to track other activities occurring in the Region that support Compliance and Enforcement programs. These include; Incident Tracking, Compliance Assistance, and Compliance Monitoring.

*This list has been researched within 1 mile radius of the subject site.*

Site: CHEVRON STATION 9 2885  
Address: 2960 W BROADWAY  
City: LOS ANGELES  
Map Loc: 47 - about .82 mile NE of the subject  
Status: s  
Permit id#: CAD983659004

RCRA RCRA Violators List (CORRACTS)

The Resource Conservation and Recovery Act of 1976 provides for "cradle to grave" regulation of hazardous wastes. RCRA requires regulation of hazardous waste generators, transporters, and storage/treatment/disposal sites. Evaluation to potential violations, ranging from manifest requirements to hazardous waste discharges, is typically conducted by the US EPA. This database is also known as Corrective Action Report (CORRACTS)

If enforcement is required, it is typically delegated to a state agency.

Any Institutional/Engineering controls issued under CORRACTS are described in the status detail for each site

*No listings within 1 mile radius of the subject site.*

RCRA-D Resource Conservation and Recovery Information System - Treatment, Storage & Disposal

The Environmental Protection Agency regulates the treatment, storage and disposal of hazardous material through the Resource Conservation and Recovery Act (RCRA). All hazardous waste TSD facilities are required to notify EPA of their existence by submitting the Federal Notification of Regulated Waste Activity Form (EPA Form 8700-12) or a state equivalent form as well as part A (EPA form 8700-23) and Part B of their Hazardous Waste Permit Application.

Status Codes: I	Incinerator
T	Storage/Treatment facility other than Incinerator
D	Land Disposal Facility

*No listings within 1 mile radius of the subject site.*

FD Federal Enforcement Dockets

The US EPA, Office of Enforcement, maintains a list of sites under enforcement by the US EPA.

*No listings within 1 mile radius of the subject site.*

## CALIFORNIA STATE SOURCES

FL State Response Sites - Federal Lead

The Site Mitigation and Brownfields Reuse Database (SMBRD) identifies certain high priority hazardous waste sites where the U.S. EPA is the lead agency. These sites are typically proposed, on or delisted from the National Priority List.

*This list has been researched within 1 mile radius of the subject site.*

Site: SAN FERNANDO VALLEY GROUNDWATER  
Address: POLLOCK WELLFIELD  
City: LOS ANGELES  
Status: id: 19990009 010184 NONCLASSIFIABLE ESTABLISHMENTS  
Program: MULTI-SITE COOPERATIVE AGREEMENT

The San Fernando Valley Ground Water Basin (SFVGB) is located within the Upper Los Angeles River Area and consists of the eastern portion of the San Fernando Valley and the entire Verdugo Basin. The SFVGB encompasses approximately 112,000 acres of alluvial valley fill deposits and provides enough water to serve approximately 600,000 residents. The Basin is bounded on the north and the northwest by the Santa Susana Mountains, on the northeast by the San Gabriel Mountains, on the west by the Simi Hills and on the south by the Santa Monica Mountains. The San Fernando Valley Study area includes four National Priorities List (NPL) sites. They are: Area #1 - North Hollywood NPL Site covers 9336 acres in the eastern part of the San Fernando Valley. The site has been divided into the North Hollywood Operable Unit (OU) and the Burbank OU Area #2 - Crystal Springs NPL Site covers 3975 acres southeast of the North

Hollywood NPL Site and is located in the cities of Glendale and Los Angeles. Area #3 - Verdugo NPL Site covers 2673 acres in the eastern part of the San Fernando Valley and is located in and adjacent to La Crescenta in the Verdugo Mountains. Area #4 - the Pollock NPL Site covers 1635 acres in the southeastern part of the San Fernando Valley and is located in and adjacent to the cities of Los Angeles and Glendale. Groundwater contamination in the SFVGWB is linked to prewar, postwar, and current industrialization in the San Fernando Valley. The contaminants of concern are volatile organic compounds (VOCs), trichloroethylene (TCE) and tetrachloroethylene (PCE) which have been and/or are being used in many San Fernando Valley industries, such as aeronautical, automotive, dry cleaning, and metal plating. These solvents have found their way to the groundwater basin as a result of both past and improper use, storage and disposal practices. The SFVGWB Superfund sites, added to the NPL in 1986, are areas where groundwater from wells have been found to contain VOCs above the state and federal drinking water standards. Groundwater contamination at numerous wells have been so severe with TCE and PCE that these wells have been shut out of commission. Exposure of receptors to contaminants can possibly occur through ingestion of contaminated drinking water, inhalation of VOCs released from the contaminated water as in taking showers, and dermal exposure as in washing or bathing. However, with the strict regulatory control over water quality by the State's Department of Health, Office of Drinking Water (ODW), the RWQCB, and other agencies, residents are assured that the water they consume is safe and that no one is drinking water which contains concentrations of contaminants above regulatory standards. Federal, state, and local agencies have been conducting investigation and cleanup of contaminated groundwater in the SFVGWB since contamination was discovered in 1979. These activities involve measuring the extent of contamination, developing & implementing cleanup remedies, and identifying responsible parties. EPA provided oversight of the basinwide Remedial investigation (RI) of groundwater contamination conducted by the Los Angeles Department of Water and Power (LADWP). The RI objectives were to collect lithological and water quality data and information regarding basin operations for the eastern SF and Verdugo basins; develop a regional characterization of geology, hydrology, and the nature and extent of groundwater contamination within the eastern and Verdugo basins; study fate and transport of compounds in the environment; identify ARARs; and evaluate the potential risk to human health and the environment. The Remedial investigations of the SFVGWB were divided into two phases: Phase I activities have included vertical profile borings and installation of monitoring wells to obtain preliminary contaminant information. Monitoring wells have been installed as follows: 34 in North Hollywood (Area #1); 29 in Crystal Springs (Area #2); 7 in Verdugo (Area #3); and 17 in Pollock (Area #4). Information obtained from Phase I investigation activities identified the need for several operable units. Operable Unit is a federal term which is similar to the State's definition of a removal action. Phase II activities consist of a basinwide remedial investigation conducted by LADWP. Remedial Actions (RAs): North Hollywood (Area #1) -- Two RAs were identified for Area #1, the North Hollywood OU and the Burbank OU. A Record of Decision (ROD) for the North Hollywood RA was signed in September 1987, selecting groundwater extraction and treatment (air stripping) of 2,000 gallons per minute (gpm) of contaminated water as an interim remedy. This RA was constructed with funding from EPA and the State and has been treating contaminated groundwater since March 1989. This facility is located at 11845 Vose Street in the N. Hollywood section of Los Angeles. A ROD for the Burbank OU was signed in June 1989, again selecting groundwater extraction and treatment of about 12,000 gpm of contaminated water. Negotiations are continuing with PRPs for the design and construction of this RA. Crystal Springs (Area #2) -- LADWP has completed a focused RI/FS for this proposed RA. The Glendale OU was separated into a North OU and a South OU based on the amount of contamination and the facilities contributing to the GW contamination. A ROD for each OU was signed on June 18, 1993 designating groundwater extraction and treatment as the interim remedy. The PRPs formed a group and combined the RA efforts for each OU into one document. The selected alternative is GW extraction and treatment. Verdugo and Pollock (Areas #3 and #4) -- Currently no RAs have been identified for Area #3 or for Area #4. In October 2003, US EPA proposed No Remedial Action for Verdugo Basin (Area #3). EPA and the RWQCB are identifying potential sources of contamination and pursuing PRPs that may be responsible for contaminating groundwater. As these PRPs are identified, individual site investigations and mitigation activities will be pursued. Enforceable agreements and orders have been implemented at numerous specific potential source sites within the Basin by RWQCB and the Department.

(01/01/84) This is the date the site was first listed AWP pursuant to Section 25356.

(01/01/95) The U.S. EPA will not pursue a Remedial Investigation in the Pollock OU. U.S. EPA has determined that the groundwater extraction system that will be implemented by the LADWP constitutes treatment and will be an adequate interim remedial measure to contain the groundwater plume. U.S. EPA is funding the LARWQCB to investigate and cleanup soil contamination.

(07/25/91) Area 4 covers 5,829 acres in the Pollock Area and is located in and adjacent to the cities of Los Angeles and Glendale. Groundwater is contaminated with TCE and PCE.

(09/20/01) The Pollock Wells treatment plant returned to operation on 7/24/2001. After replacement of spent GAC from the previous years operation. With the exception of the one week the plant was shutdown for the carbon replacement, the plant has been operating continuously with Pollock wells #4 and #6 pumping. In the months of July and August approximately 130 million gallons of water was treated.

Site: SAN FERNANDO VALLEY (AREA 2)  
Address: CRYSTAL SPRINGS WELLFIELD AREA  
City: GLENDALE  
Status: id: 19990012 010184 NONCLASSIFIABLE ESTABLISHMENTS  
Program: MULTI-SITE COOPERATIVE AGREEMENT

Actions:

PUBLIC PARTICIPATION PLAN - completed on 04/30/90.  
REMEDIAL INVESTIGATION / FEASIBILITY STUDY (GLNOU) - completed on 01/30/92.  
REMEDIAL INVESTIGATION / FEASIBILITY STUDY - completed on 04/30/92.  
REMEDIAL INVESTIGATION / FEASIBILITY STUDY (SOUTH) - completed on 08/30/92.  
REMEDIAL ACTION PLAN / RECORD OF DECISION (GLNOU) - completed on 06/18/93.  
REMEDIAL ACTION PLAN / RECORD OF DECISION (GLSOU) - completed on 06/18/93.  
I/SE, IORSE, FFA, FFSRA, VCA, EA (AOC) - completed on 03/30/94.  
DESIGN (GLOU) - completed on 11/11/96.  
REMEDIAL ACTION (RAP REQUIRED) (GLOU) - completed on 04/23/01.  
OPERATION & MAINTENANCE (GLOU) - is scheduled to be completed on 09/30/20.

The San Fernando Valley Ground Water Basin (SFVGB) is located within the Upper Los Angeles River Area and consists of the eastern portion of the San Fernando Valley and the entire Verdugo Basin. The SFVGB encompasses approximately 112,000 acres of alluvial valley fill deposits and provides enough water to serve approximately 600,000 residents. The Basin is bounded on the north and the northwest by the Santa Susana Mountains, on the northeast by the San Gabriel Mountains, on the west by the Simi Hills and on the south by the Santa Monica Mountains. The San Fernando Valley Study area includes four National Priorities List (NPL) sites. They are: Area #1 - North Hollywood NPL site covers 9336 acres in the eastern part of the San Fernando Valley. The site has been divided into the North Hollywood Operable Unit (OU) and the Burbank OU. Area #2 - Crystal Springs NPL Site covers 3975 acres south- east of the North Hollywood NPL site and is located in the cities of Glendale and Los Angeles. Area #3 - Verdugo NPL Site covers 2673 acres in the eastern part of the San Fernando Valley and is located in and adjacent to La Crescenta in the Verdugo Mountains. Area #4 - Pollock NPL Site covers 1653 acres in the southeastern part of the San Fernando Valley and is located in and adjacent to the cities of Los Angeles and Glendale. Groundwater contamination in the SFVGB is linked to prewar, postwar, and current industrialization in the San Fernando Valley. The primary contaminants of concern are volatile organic compounds (VOCs), trichloroethylene (TCE), and tetrachloroethylene (PCE), which have been and/or are being used in many San Fernando Valley industries, such as aeronautical, automotive, dry cleaning, and metal plating. These solvents have found their way to the groundwater basin as a result of both past and improper use, storage, and disposal practices. The SFVGB Superfund sites, added to the NPL in 1986, are areas where groundwater from wells have been found to contain VOCs above the state and federal drinking water standards. Groundwater contamination at numerous wells have been so severe with TCE and PCE that these wells have essentially been put out of commission. Exposure of receptors to contaminants can possibly occur through ingestion of contaminated drinking water, inhalation of vapors released from the contaminated water as in taking showers, and dermal exposure as in washing or bathing. However, with the strict regulatory control over water quality by the State's Department of Health, Office of Drinking Water (ODW), the RWQCB, and other agencies, residents are assured that the water they consume is safe and that no one is drinking water which contains concentrations of contaminants above regulatory standards. Federal, state, and local agencies have been conducting investigations and cleanup of contaminated groundwater in the SFVGB since contamination was discovered in 1979. These activities involve measuring the extent of contamination, developing and implementing cleanup remedies, and identifying responsible parties. EPA provided oversight of the basinwide Remedial Investigation (RI) of groundwater contamination conducted by the Los Angeles Department of Water and Power (LADWP). The RI objectives were to collect lithological and water quality data and information regarding basin operations for the eastern SF and Verdugo basins; develop a regional characterization of geology, hydrology, hydrogeology and the nature and extent of groundwater contamination within the eastern & Verdugo basins; study fate and transport of compounds in the environment; identify Applicable or Relevant and Appropriate Requirements (ARAR's); and evaluate the potential risk to human health and the environment. The Remedial Investigation of the SFVGB was divided into two phases: Phase I activities have included vertical profile borings and installation of monitoring wells to obtain preliminary contamination information.

Monitoring wells have been installed as follows: 34 in North Hollywood (Area #1); 29 in Crystal Springs (Area #2); 7 in Verdugo (Area #3); and 17 in Pollock (Area #4). Information obtained from Phase I investigation activities identified the need for several operable units. Operable Unit is a federal term which is similar to the State's definition of a removal action. Phase II activities consist of basinwide remedial investigation conducted by the LADWP. Remedial Actions (RAs): North Hollywood (Area #1) -- Two RAs were identified for Area #1, the North Hollywood OU and the Burbank OU. A Record of Decision (ROD) for the North Hollywood RA was signed in September 1987, selecting groundwater extraction and treatment (air stripping) of 2,000 gallons per minute (gpm) of contaminated water as an interim remedy. This RA was constructed with funding from EPA and the State and has been treating contaminated groundwater since March 1989. This facility is located at 11845 Vose Street in the N. Hollywood section of Los Angeles. A ROD for the Burbank OU was signed in June 1989, again selecting groundwater extraction and treatment

of about 12,000 gpm of contaminated water. Phase I of the Burbank OU began operations in January 1996 treating groundwater at a rate of 6,000 gpm. Phase II began operations in May 1998 adding an additional 3,000 gpm to the Burbank OU's treatment capacity. Crystal Springs (Area #2) -- LADWP has completed a focused RI/FS for this proposed RA. The Glendale OU was separated into a North OU and a South OU based on the amount of contamination and the facilities contributing to the GW contamination. A ROD for each OU was signed on June 18, 1993 designating groundwater extraction and treatment as the interim remedy. The PRPs formed a group and combined the RA efforts for each OU into one document. The selected alternative is GW extraction and treatment. The Glendale OU began operations in September 2000. Verdugo and Pollock (Areas #3 and #4) -- Currently no RAs have been identified for Area #3 or for Area #4. In October 2003, US EPA proposed No Remedial Action Verdugo Basin (Area #3). Another contaminant of concern, hexavalent chromium, has been identified in the San Fernando Valley Groundwater Basin. EPA and the RWQCB are currently identifying potential sources of contamination and pursuing PRPs that may be responsible for contaminating groundwater. As these PRPs are identified, individual site investigations and mitigation activities will be pursued. Enforceable agreements and orders will be implemented at numerous specific potential source sites within the Basin by RWQCB and DTSC.

(01/01/84) Groundwater contaminated with TCE and PCE. The site covers 7229 acres in the Crystal Springs area.

(01/02/01) City of Glendale notifies US EPA that they will not accept the treated water from the Glendale Water Treatment Plant. They are requesting additional time to evaluate treatment options for hexavalent chromium. In addition, the City will submit a proposal to US EPA discussing the options available.

(03/29/01) City of Glendale submits proposal for operation of the Glendale Water Treatment Plant. Under the City's proposal, the two chromium-impacted wells will run at a reduced rate. The treated water will still contain detectable amounts of hexavalent chromium and will continue to be discharged into the Los Angeles River. The City of Glendale is still pursuing treatment options to treat the water down to non-detect levels of hexavalent chromium.

(03/30/94) An Administrative Order on Consent is signed by U.S. EPA and PRPs to conduct the Remedial Design of the groundwater extraction, treatment, disinfection, blending, and distribution facilities necessary to implement the Glendale North and South RODs.

(04/02/01) US EPA accepts the City of Glendale's proposal to operate the treatment plant.

(04/04/97) The Final Remedial Design consists of a proposed Water Treatment Plant (WTP) located in the North OU that is designed to treat VOCs (primarily TCE and PCE). The groundwater will be pumped at a combined extraction flow rate of 5,000 gpm from 7 shallow wells and one deep well located in both the Glendale North and South OUs. At the proposed WTP, the affected groundwater will be pumped directly into two single-stage Packed Tower Aerators (PTAs) that are followed by liquid phase granular activated carbon (LPGAC) vessels, then disinfected. The water will then be ammoniated, mixed with low nitrate MWD blending water and discharged into the City of Glendale's potable water system. The off gasses from the PTAs will be treated through a vapor phase GAC system.

(04/20/95) The PRP group is preparing remedial design documents for review by the agencies. Glendale North OU and Glendale South OU PRPs submitting one document for the design of the remedy for both OUs

(04/23/01) City of Glendale assumes operation of the Glendale Water Treatment Plant.

(08/03/00) City of Glendale receives the 97-005 permit from Department of Health Services.

(09/20/01) The treatment plant continues to operate with the City of Glendale taking all of the treated water.

(09/25/00) City of Glendale is scheduled to receive treated water from the Glendale Water Treatment Plant. The City notifies the US EPA that it will not accept the treated water due to the levels of hexavalent chromium present in the treated water. The City also requests for a 90-day extension from US EPA to accept the treated water.

(09/27/00) City of Glendale meets with US EPA to discuss their requests for delay and outlines what they intend on accomplishing during the 90-day extension. Their primary objective is to determine a treatment option to treat hexavalent chromium down to non-detect levels.

(10/12/00) US EPA grants extension to City of Glendale until 1/2/2001. During this time the Glendale Water Treatment Plant will operate with the treated water being discharged directly into the Los Angeles River.



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(10/19/99) Construction completed for both Glendale North and South Operable Units. The City is working on obtaining a permit from the Department of Health Services to operate the treatment facilities

SR State Response Sites

The Site Mitigation and Brownfields Reuse Database (SMBRD) identifies certain potential hazardous waste sites. These are confirmed release sites where DTSC is involved in remediation, either in a lead or oversight capacity and deemed generally high-priority and high potential risk.

The information has been compiled into this database by the California Environmental Protection Agency, Department of Toxic Substance Control (DTSC) in accordance with Section 25359.6 of the California Health and Safety Code.

*No listings within 1 mile radius of the subject site.*

VCP Voluntary Cleanup Program

This category contains low threat level properties with either confirmed or unconfirmed releases and the project proponents have requested that DTSC oversee investigation and/or cleanup activities and have agreed to provide coverage for DTSC's costs.

*No listings within half of a mile radius of the subject site.*

FE Properties Needing Further Evaluation

This category of Envirostor, formerly The Site Mitigation and Brownfields Reuse Program Database SMBRPD, contains properties that are suspected, but unconfirmed, contaminated sites that need or have gone through an investigation and assessment process. If a site is found to have confirmed contamination, it will change from Evaluation to either a State Response or Voluntary Cleanup site type. Sites found to have no contamination at the completion of the investigation and assessment process result in a No Action Required (for Phase 1 assessments) or No Further Action (for Phase 2 assessments) determination.

*No listings within half of a mile radius of the subject site.*

ME Military Evaluation Sites

This category the Site Mitigation and Brownfields Reuse Program Database SMBRPD, contains Formerly Used Defense Sites (FUDS) and Open or Closed military facilities with confirmed or unconfirmed releases and where DTSC is involved in investigation and/or remediation, either in a lead or support capacity. Sites with confirmed releases are generally considered high-priority and high potential risk.

*No listings within 1 mile radius of the subject site.*

EP Expedited Remedial Action Program

The Expedited Remedial Action Program is a pilot program limited to 30 sites. These are confirmed release sites worked on by Responsible Parties with oversight of the cleanup by DTSC. These confirmed sites are generally high-priority and high potential risk.

*No listings within half of a mile radius of the subject site.*

BZ Border Zone Properties

These sites went through the Hazardous Waste Property or Border Zone Property evaluation and formal determination process. (Chapter 6.5, Health and Safety Code section 25221.)

*No listings within half of a mile radius of the subject site.*

SCH School Property Evaluation Program Properties

This category the Site Mitigation and Brownfields Reuse Program Database (SMBRPD), contains proposed and existing school sites that are being evaluated by DTSC for possible hazardous materials contamination. School sites are further defined as Cleanup (remedial actions occurred) or Evaluation (no remedial action occurred) based on completed activities. All proposed school sites that will receive State funding for acquisition or construction are required to go through a rigorous environmental review and cleanup process under DTSC's oversight.

*No listings within half of a mile radius of the subject site.*

LUR Brownfields Reuse Program Facility Sites with Land Use Restrictions

The DTSC Site Mitigation and Brownfields Reuse Program (SMBRP) list includes sites cleaned up under the program's oversight and generally does not include current or former hazardous waste facilities that required a hazardous waste facility permit. The list represents land use restrictions that are active. Some sites have multiple land use restrictions.

*No listings within half of a mile radius of the subject site.*

DR Hazardous Waste Management Program Facility Sites with Deed / Land Use Restriction

The DTSC Hazardous Waste Management Program (HWMP) has developed a list of current or former hazardous waste facilities that have a recorded land use restriction at the local county recorder's office. The land use restrictions on this list were required by the DTSC HWMP as a result of the presence of hazardous substances that remain on site after the facility (or part of the facility) has been closed or cleaned up. The types of land use restriction include deed notice, deed restriction, or a land use restriction that binds current and future owners.

*No listings within half of a mile radius of the subject site.*

CA Hazardous Waste sites - Permitted and Corrective Action

Permitted and Corrective Action sites are RCRA-permitted facilities undergoing cleanup activities or permitted to handle Hazardous Waste.

*No listings within 1 mile radius of the subject site.*

HIS Historical Site

This category of The Site Mitigation and Brownfields Reuse Program Database (SMBRPD), contains sites from an older database where no site type was identified. Most of these sites have a status of Referred or No Further Action. DTSC is working to clean up this data by identifying an appropriate site type for each Historic site.

*This list has been researched within 1 mile radius of the subject site.*

Site: PACIFIC AIRMOTIVE  
Address: 926 S BRAND BLVD  
City: GLENDALE  
Map Loc: 54 - about .95 mile W of the subject  
Status: 19760014 110894 MISCELLANEOUS REPAIR SERVICES

CALS CALSITES - No Further Action

This section includes the sites on the Calsite list, which have been flagged for no further action by the California Environmental Protection Agency, Department of Toxic Substance Control (DTSC) in accordance with Section 25359.6 of the California Health and Safety Code.

*This list has been researched within half of a mile radius of the subject site.*

Site: ELGENCO, INC.  
Address: 1231 E COLORADO ST  
City: GLENDALE  
Map Loc: 13 - about .38 mile N of the subject  
Status: id: 1936040304081983 36 000 00  
FACILITY DRIVE-BY SITE INACTIVE, AREA REDEVELOPED, PART OF EAGLE FACILITY IDENTIFIED ID FROM LOS ANGELES CHAM COMM DIR 63-64. ELECTROHAINES 83 DAVIS, J.N.CO. SECURITY . (12/15/82)  
ELECTRONICS. NO WASTE VIS. RATIONALE FOR NFA NO PROBLEM BASED ON NIC EQUIPMENT. (11/04/82)  
DRIVEBY. (04/08/83)

CORTESE State of California Office of Planning and Research

This database is a consolidation of information from various sources. It is maintained by the State Office of Planning and Research and lists potential and confirmed hazardous waste or substances sites.

Facilities that have been reported elsewhere in this report will not be included in the listing below.

Status Codes:	WRCBT	Tank leaks. Compiled by Water Resource Control Board
	DHS1	Abandoned hazardous waste site. Compiled by Toxic Substance Control Div. of DHS
	DHS2	Contaminated public water drinking wells serving less than 200 connections. Compiled by Env. Health Div. of DHS
	DHS3	Contaminated public water drinking wells serving more than 200 connections
	DHS5	Sites pursuant to section 25356 of the Health and Safety Code (see BEP)
	CWMB	Solid waste disposal sites with known migration of hazardous waste

*No listings within 1 mile radius of the subject site.*

LUST Leaking Underground Storage Tanks - California State

The Leaking Underground Storage Tanks Information System is maintained by the State Water Resource Board pursuant to Section 25295 of the Health and Safety Code.

Status Codes:	0	No action
	1	Leak being confirmed
	3A	Prel site assessment workplan submitted
	3B	Prel site assessment underway
	5C	Pollution characterization
	5R	Remediation plan
	7	Remedial action underway
	8	Post remedial action monitoring
	9	Case closed
	P	Case purged from agency list

*This list has been researched within 1 mile radius of the subject site.*

Site: HOVIK'S AUTO REPAIR  
Address: 1020 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 7 - about .31 mile SW of the subject  
Status: 9 - Case Closed.

A release of Gasoline was reported on 10/16/97. It was discovered during tank closure. The case, 03702052, is managed by the Regional Water Quality Board.

- Preliminary Site Assessment workplan was submitted on 04/06/98, and started on 06/11/98.

7/27/99 2ND QTR GW MON RPT 1999; 9/22/99 3RD QTR GW MON RPT 1999; 1/5/00 4TH QTR GW MON RPT 1999; 7/7/00 2ND QTR GW MON RPT 2000; 10/23/00 3RD QTR GW MON RPT 2000

Site: MOBIL #11-816  
Address: 301 S VERDUGO RD  
City: GLENDALE  
Map Loc: 32 - about .46 mile NE of the subject

Status: 1 - Leak being confirmed.

A release of Gasoline was reported on 08/26/91. It was discovered during tank testing. Only the soil is impacted. The case, 03702053, is managed by a Local agency, and was last reviewed on 09/03/91.

- The leak was confirmed on 08/30/91.

Site: SHELL  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject

Status: 9 - Case Closed.

A release of Gasoline was reported on 09/05/89. It was discovered during tank closure. Only the soil is impacted. The case, 03700117, is managed by a Local agency, and was last reviewed on 10/20/89.

- The leak was confirmed on 10/01/89.

- The case was closed 01/03/92.

Site: ARCO #3070  
Address: 144 S VERDUGO RD  
City: GLENDALE  
Map Loc: 44 - about .59 mile NE of the subject

Status: 9 - Case Closed.

Only the soil is impacted. The case, 03702058, is managed by a Local agency, and was last reviewed on 06/3

0/98.

- Pollution characterization was started on 08/13/91.

- The case was closed 06/30/98.

CASE CLOSED BY CITY OF GLENDALE 6/30/98 PER VASKEN DEMIRJIAN

Site: MOBIL #11-GHW  
Address: 250 S GLENDALE AVE  
City: GLENDALE  
Map Loc: 46 - about .73 mile NW of the subject

Status: 5C - Pollution characterization.

A release of Gasoline was reported on 04/30/91. Only the soil is impacted. The site is remediated by vacuum extracting by means of pump or blowers. The case, 03705028, is managed by a Local agency, and was last reviewed on 08/16/93.

- The leak was confirmed on 04/30/91.

- Pollution characterization was started on 08/16/93.

OLD CASE #061391-14

Site: MOBIL #11-M3K (FORMER)  
Address: 4110 VERDUGO RD  
City: LOS ANGELES  
Map Loc: 48 - about .9 mile SE of the subject

Status: 5C - Pollution characterization.

A release of Gasoline was reported on 09/29/89. It was discovered by subsurface monitoring. The incident is minor, requiring no remedial action. The case, 03701190, is managed by a Local agency, and was last reviewed on 05/01/86.

- Preliminary Site Assessment workplan was submitted on 11/01/88, and started on 09/29/89.
- Pollution characterization was started on 11/01/89.

ACROSS THE STREET (YORK), NORTH OF SITE 900650134. TRACE BENZENE (BTEX) SO TPH(G)  
PROBABLE DUE TO SENSITIVITY ANALYSIS.

Site: GLEN-ROCK CAR WASH  
Address: 2711 COLORADO BLVD  
City: LOS ANGELES  
Map Loc: 49 - about .9 mile E of the subject  
Status: 5R - Remediation Plan submitted.

Only the soil is impacted. The case, 03793034, is managed by the Regional Water Quality Board.

- The leak was confirmed on 12/28/99.

WAITING FOR URF FROM LA CITY FD (PERCY JONES); NO URF SUBMITTED BY RP; 10/26/00 WP ADDL  
SUBSURFACE INVESTIGATION

Monitoring well: ASW-1 active

lat/long: 33.9130878/-118.0730569

depth to gw: 83 - 83

sample data:	BZ	94 MG/KG (max 35.1 MG/KG )
	BZME	99 UG/L (max 35.1 UG/L )
	CH4	94 MG/L (max 35.1 MG/L )
	CLBZ	55.37 UG/L (max 35.1 UG/L )
	CTCL	59.33 UG/L (max 35.1 UG/L )
	DCBZ12	55.13 UG/L (max 35.1 UG/L )
	DCE11	68.28 UG/L (max 35.1 UG/L )
	DIESEL2	40000 UG/L (max 35.1 UG/L )
	DIPE	64.17 UG/L (max 35.1 UG/L )
	DO	4 MG/L (max 35.1 MG/L )
	DRO	99 UG/L (max 35.1 UG/L )
	ETBE	61.2 UG/L (max 35.1 UG/L )
	ETHANOL	720 UG/L (max 35.1 UG/L )
	FE2	1 MG/L (max 35.1 MG/L )
	GRO	99 UG/L (max 35.1 UG/L )
	MTBE	99 UG/L (max 35.1 UG/L )
	NO3NO2N	1.2 MG/L (max 35.1 MG/L )
	PH	7.16 PH UNITS (max 35.1 PH UNITS )
	PHCG	3900 UG/L (max 35.1 UG/L )
	REDOX	25 MILLIVOLTS (max 35.1 MILLIVOLTS )
	SO4	560 MG/L (max 35.1 MG/L )
	TAME	57.39 UG/L (max 35.1 UG/L )
	TBA	430 UG/L (max 35.1 UG/L )
	TCE	57.68 UG/L (max 35.1 UG/L )
	VC	59.74 UG/L (max 35.1 UG/L )
	XYLENES	99 UG/L (max 35.1 UG/L )

Monitoring well: ASW-1 active

lat/long: 33.9130878/-118.0730569

depth to gw: 76.75 - 83.85

sample data:	BZ	13800 UG/L 2005-10-28
	BZME	1580 UG/L 2005-10-28
	DRO	.86 MG/L 2005-10-28 (max 1580 MG/L 2005-10-28)
	EBZ	3070 UG/L 2005-10-28
	GRO	100000 UG/L 2005-10-28
	MTBE	438 UG/L 2005-10-28
	TBA	328 UG/L 2005-10-28
	XYLENES	8000 UG/L 2005-10-28

Monitoring well: ASW1 active  
lat/long: 33.9130878/-118.0730569  
depth to gw: 77.11 - 77.11  
sample data: BZ 5000 UG/L 2007-07-02 (max 8500 UG/L 2006-02-03)  
BZME 2400 UG/L 2007-07-02 (max 2800 UG/L 2007-04-10)  
DIESEL2 13000 UG/L 2007-07-02 (max 24000 UG/L 2006-02-03)  
DRO 2000 UG/L 2006-05-16 (max 3500 UG/L 2005-04-28)  
EBZ 2000 UG/L 2007-07-02  
GRO 12000 UG/L 2006-05-16 (max 21000 UG/L 2005-04-28)  
MTBE 3400 UG/L 2007-07-02 (max 3500 UG/L 2007-04-10)  
PHCG 34000 UG/L 2007-07-02  
TBA 1300 UG/L 2007-07-02  
XYLENES 2700 UG/L 2006-05-16 (max 5200 UG/L 2005-04-28)  
XYLENES1314 4500 UG/L 2007-07-02  
XYLO 2800 UG/L 2007-07-02

Monitoring well: MW1 active  
lat/long: 33.9130878/-118.0730569  
depth to gw: 89.71 - 89.71

Monitoring well: MW1 active  
lat/long: 33.9130878/-118.0730569  
depth to gw: 91.37 - 91.37

Monitoring well: MW1 active  
lat/long: 33.9130878/-118.0730569  
depth to gw: 77.01 - 96.08

Monitoring well: MW10 active  
lat/long: 34.1434771/-118.2244759  
depth to gw: 76.21 - 93.83  
sample data: BZ .99 UG/L 2004-08-03 (max 1.2 UG/L 2003-12-08)  
BZME 3.5 UG/L 2004-08-03  
EBZ 2 UG/L 2004-08-03  
PHCG 370 UG/L 2004-08-03  
XYLENES 1.9 UG/L 2003-12-08  
XYLENES1314 5.1 UG/L 2004-08-03  
XYLO 3.3 UG/L 2004-08-03

Monitoring well: MW11 active  
lat/long: 34.1434497/-118.2246644  
depth to gw: 76.25 - 93.52  
sample data: BZ 2.8 UG/L 2006-02-03  
BZME 9.2 UG/L 2006-02-03 (max 2 UG/L 2003-12-08)  
EBZ 2.2 UG/L 2006-02-03  
XYLENES 3.5 UG/L 2003-12-08  
XYLENES1314 8.3 UG/L 2006-02-03  
XYLO 3.8 UG/L 2006-02-03

Monitoring well: MW12 active  
lat/long: 34.1432567/-118.2247735  
depth to gw: 76.15 - 91.4  
sample data: BZ .59 UG/L 2007-02-07 (max 1.6 UG/L 2006-02-03)  
BZME 1.2 UG/L 2007-02-07 (max 6 UG/L 2006-02-03)  
EBZ 1.4 UG/L 2006-02-03  
XYLENES 4.2 UG/L 2003-12-08  
XYLENES1314 6.1 UG/L 2006-02-03  
XYLO 2.5 UG/L 2006-02-03

Monitoring well: MW2 active  
lat/long: 34.1432284/-118.2242897  
depth to gw: 76.25 - 96.33  
sample data: BZ 100 UG/L 2007-04-10 (max 740 UG/L 2001-11-14)  
BZME 30 UG/L 2007-04-10  
CH4 .008 MG/L 2001-11-14 (max 30 MG/L 2001-11-14)  
DIESEL2 1000 UG/L 2007-04-10 (max 3000 UG/L 2006-02-03)  
DO 5.91 MG/L 2001-11-14  
DRO 110 UG/L 2006-05-16 (max 660 UG/L 2003-05-23)

	EBZ	110 UG/L 2007-04-10 (max 410 UG/L 2003-05-23)
	FE2	3.3 MG/L 2001-11-14
	GRO	1100 UG/L 2006-05-16 (max 3900 UG/L 2005-04-28)
	MTBE	190 UG/L 2007-07-02 (max 1100 UG/L 2007-04-10)
	PH	6.97 PH UNITS 2001-11-14
	PHCG	290 UG/L 2007-07-02 (max 5600 UG/L 2001-11-14)
	REDOX	24 MILLIVOLTS 2001-11-14
	SO4	11 MG/L 2001-11-14
	TBA	250 UG/L 2007-07-02 (max 570 UG/L 2007-04-10)
	XYLENES	51 UG/L 2006-05-16 (max 340 UG/L 2005-04-28)
	XYLENES1314	110 UG/L 2007-04-10 (max 220 UG/L 2006-02-03)
	XYLO	18 UG/L 2007-04-10 (max 46 UG/L 2006-02-03)
Monitoring well:	MW3 active	
lat/long:	34.1433201/-118.2241497	
depth to gw:	76.51 - 96.69	
sample data:	BZ	.6 UG/L 2007-04-10 (max 20 UG/L 2002-12-09)
	BZME	3.7 UG/L 2007-04-10 (max 43 UG/L 2002-12-09)
	CH4	.004 MG/L 2001-11-14 (max 3.7 MG/L 2001-11-14)
	DIESEL2	2700 UG/L 2001-11-14
	DO	5.77 MG/L 2001-11-14
	EBZ	1.9 UG/L 2007-04-10 (max 34 UG/L 2002-12-09)
	GRO	1500 UG/L 2006-05-16
	MTBE	1 UG/L 2007-07-02 (max 1500 UG/L 2001-11-14)
	NO3NO2N	1 MG/L 2001-11-14
	PH	7.22 PH UNITS 2001-11-14
	PHCG	140 UG/L 2007-02-07 (max 820 UG/L 2006-02-03)
	REDOX	340 MILLIVOLTS 2001-11-14
	SO4	170 MG/L 2001-11-14
	TBA	56 UG/L 2007-04-10 (max 350 UG/L 2006-02-03)
	XYLENES	94 UG/L 2002-12-09 (max 56 UG/L 2002-09-17)
	XYLENES1314	5.4 UG/L 2007-04-10 (max 24 UG/L 2006-02-03)
	XYLO	2.5 UG/L 2007-04-10 (max 11 UG/L 2006-02-03)
Monitoring well:	MW4 active	
lat/long:	34.1432819/-118.2244399	
depth to gw:	76.5 - 93.99	
sample data:	BZ	8900 UG/L 2007-07-02 (max 13000 UG/L 2007-04-10)
	BZME	12000 UG/L 2007-07-02 (max 14000 UG/L 2007-04-10)
	DIESEL2	13000 UG/L 2007-07-02 (max 58000 UG/L 2007-04-10)
	DRO	7400 UG/L 2006-05-16
	EBZ	3300 UG/L 2007-07-02 (max 4400 UG/L 2007-04-10)
	GRO	37000 UG/L 2006-05-16 (max 58000 UG/L 2002-09-17)
	MTBE	2800 UG/L 2007-07-02 (max 8400 UG/L 2007-02-07)
	PHCG	66000 UG/L 2007-07-02 (max 72000 UG/L 2007-04-10)
	TBA	4800 UG/L 2007-02-07 (max 26000 UG/L 2006-02-03)
	XYLENES	5500 UG/L 2006-05-16 (max 18000 UG/L 2002-12-09)
	XYLENES1314	7700 UG/L 2007-07-02
	XYLO	5600 UG/L 2007-07-02 (max 7100 UG/L 2004-08-03)
Monitoring well:	MW5 active	
lat/long:	34.1432819/-118.2244399	
depth to gw:	93.95 - 93.95	
Monitoring well:	MW5 active	
lat/long:	34.1432819/-118.2244399	
depth to gw:	74.6 - 96.21	
Monitoring well:	MW6 active	
lat/long:	34.1429147/-118.2242506	
depth to gw:	77.15 - 94.99	
sample data:	BZ	.54 UG/L 2007-02-07 (max 4.7 UG/L 2006-02-03)
	BZME	1 UG/L 2007-02-07 (max 18 UG/L 2003-08-04)
	EBZ	1 UG/L 2006-05-16 (max 6 UG/L 2003-08-04)
	GRO	66 UG/L 2003-08-04
	XYLENES	4.3 UG/L 2006-05-16 (max 29 UG/L 2003-08-04)
	XYLENES1314	12 UG/L 2006-02-03
	XYLO	5.7 UG/L 2006-02-03



Monitoring well: MW7 active  
lat/long: 34.1430261/-118.2244288  
depth to gw: 78.48 - 95.55  
sample data: BZ 2.1 UG/L 2007-07-02 (max 3.9 UG/L 2006-02-03)  
BZME 3.8 UG/L 2007-07-02 (max 15 UG/L 2006-02-03)  
EBZ 1.7 UG/L 2007-02-07 (max 3.4 UG/L 2006-02-03)  
MTBE 5.4 UG/L 2002-12-09  
XYLENES 6.7 UG/L 2006-05-16  
XYLENES1314 2.1 UG/L 2007-07-02 (max 12 UG/L 2006-02-03)  
XYLO 1.6 UG/L 2007-07-02 (max 6 UG/L 2006-02-03)

Monitoring well: MW8 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 67.78 - 88.09  
sample data: BZ .92 UG/L 2007-02-07 (max 4 UG/L 2002-12-09)  
BZME 1.4 UG/L 2007-02-07 (max 5.1 UG/L 2006-02-03)  
EBZ 1.1 UG/L 2006-02-03  
XYLENES 2.9 UG/L 2006-05-16  
XYLENES1314 4.6 UG/L 2006-02-03  
XYLO 2.1 UG/L 2006-02-03

Monitoring well: MW9 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 94.4 - 94.4

Monitoring well: MW9 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 95 - 95

Monitoring well: MW9 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 71.95 - 97.55

Monitoring well: VEW-1 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 70.23 - 73.31  
sample data: BZ 832 UG/L 2005-10-28  
BZME 12300 UG/L 2005-10-28  
DRO .96 MG/L 2005-10-28 (max 12300 MG/L 2005-10-28)  
EBZ 2010 UG/L 2005-10-28  
GRO 72200 UG/L 2005-10-28  
MTBE 1530 UG/L 2005-10-28  
TBA 138 UG/L 2005-10-28  
XYLENES 12300 UG/L 2005-10-28

Monitoring well: VEW-2 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 75.79 - 83.41  
sample data: BZ 1.6 UG/L 2005-10-28  
BZME 1.4 UG/L 2005-10-28  
DIPE 2.1 UG/L 2005-10-28  
DRO .77 MG/L 2005-10-28 (max 2.1 MG/L 2005-10-28)  
EBZ 11 UG/L 2005-10-28  
GRO 3330 UG/L 2005-10-28  
MTBE 1200 UG/L 2005-10-28  
TBA 146 UG/L 2005-10-28  
XYLENES 10 UG/L 2005-10-28

Monitoring well: VEW1 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 71.39 - 71.39  
sample data: BZ 290 UG/L 2006-05-16 (max 580 UG/L 2006-02-03)  
BZME 1600 UG/L 2006-05-16 (max 10000 UG/L 2006-02-03)  
DIESEL2 55000 UG/L 2006-02-03  
DRO 1600 UG/L 2006-05-16  
EBZ 1000 UG/L 2006-05-16 (max 2200 UG/L 2006-02-03)  
GRO 11000 UG/L 2006-05-16  
MTBE 460 UG/L 2006-05-16 (max 1300 UG/L 2006-02-03)  
PHCG 45000 UG/L 2006-02-03

XYLENES	3900 UG/L 2006-05-16
XYLENES1314	7900 UG/L 2006-02-03
XYLO	3200 UG/L 2006-02-03

Monitoring well: VEW2 active  
lat/long: 34.1433832/-118.2241188  
depth to gw: 76.21 - 76.21  
sample data:

BZ	740 UG/L 2007-02-07 (max 1700 UG/L 2006-02-03)
BZME	2700 UG/L 2007-02-07 (max 4100 UG/L 2006-02-03)
DIESEL2	3200 UG/L 2007-07-02 (max 22000 UG/L 2006-02-03)
DRO	1400 UG/L 2006-05-16
EBZ	530 UG/L 2007-02-07
GRO	10000 UG/L 2006-05-16
MTBE	4200 UG/L 2007-07-02 (max 6900 UG/L 2007-02-07)
PHCG	4300 UG/L 2007-07-02 (max 23000 UG/L 2006-02-03)
TBA	3600 UG/L 2007-07-02 (max 5100 UG/L 2006-05-16)
XYLENES	41 UG/L 2006-05-16 (max 120 UG/L 2005-04-28)
XYLENES1314	1400 UG/L 2007-02-07 (max 2100 UG/L 2006-02-03)
XYLO	730 UG/L 2007-02-07 (max 1200 UG/L 2006-02-03)

Site: G.A.M.C. REHAB  
Address: 311 N VERDUGO RD  
City: GLENDALE  
Map Loc: 50 - about .9 mile N of the subject

Status: 9 - Case Closed.

A release of Diesel was reported on 02/11/92. It was discovered during tank testing. Only the soil is impacted. The case, 03700074, is managed by a Local agency, and was last reviewed on 03/12/92.

- The case was closed 11/08/90.

CASE CLOSED 11/8/90 BY CITY OF GLENDALE PER VASKEN DEMIRJIAN

Site: GLENDALE ADVENTIST MED. CTR  
Address: 1509 WILSON TER  
City: GLENDALE  
Map Loc: 51 - about .93 mile NE of the subject

Status: 5C - Pollution characterization.

A release of Diesel was reported on 03/12/90. It was discovered during tank testing. Only the soil is impacted. The case, 03702059, is managed by a Local agency, and was last reviewed on 06/26/90.

- Pollution characterization was started on 03/12/90.

Site: PACIFIC BMW  
Address: 732 S BRAND BLVD  
City: GLENDALE  
Map Loc: 52 - about .9399999999999999 mile W of the subject

Status: 9 - Case Closed.

A release of Freon was reported on 03/07/95. It was discovered during tank closure. Only the soil is impacted. The contaminated soil has been excavated and disposed in an approved site. The case, 03702047, is managed by a Local agency, and was last reviewed on 10/03/95.

- Remediation was started on 03/07/95.

- The case was closed 05/05/95.

TO WIP/REBECCA NEVAREZ

OLD CASE #951016-01

Site: UNOCAL #0521  
Address: 367 N CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 53 - about .9399999999999999 mile N of the subject

Status: 9 - Case Closed.

A release of Gasoline was reported on 04/11/94. It was discovered during tank closure. Only the soil is impacted. The case, 03704989, is managed by a Local agency, and was last reviewed on 11/03/99.

- Preliminary Site Assessment was started on 04/12/94.
- Post Remedial Action monitoring was started on 11/03/99.

Site: TEXACO STATION  
Address: 4072 VERDUGO RD  
City: LOS ANGELES  
Map Loc: 55 - about .95 mile SE of the subject

Status: 9 - Case Closed.

The contaminated soil has been excavated and disposed in an approved site. The case, 03701186, is managed by the Regional Water Quality Board, and was last reviewed on 03/19/98.

- The leak was confirmed on 06/06/91.
- Preliminary Site Assessment was started on 10/31/91.
- Pollution characterization was started on 05/09/97.
- The case was closed 01/07/98.

OPERATING STATION TANKS REPLACED 1991

3/19/98 RPT OF GW WELL ABANDONMENT

Site: A & J AUTO SERVICE  
Address: 1305 S GLENDALE AVE  
City: GLENDALE  
Map Loc: 56 - about .95 mile SW of the subject

Status: 9 - Case Closed.

A release of Gasoline was reported on 10/16/98. It was discovered during tank closure. The case, 03702054, is managed by the Regional Water Quality Board, and was last reviewed on 05/07/99.

- The leak was confirmed on 03/18/96.
- Preliminary Site Assessment was started on 02/19/98.
- Pollution characterization was started on 04/10/98.
- The case was closed 03/30/99.

PROPERTY BUYER/OPERATOR: SONA BANJARIAN, 612 E. RALEIGH ST. ST. #1, GLENDALE 91205.  
BANKER: MICHAEL ORTEGA, NATIONAL BANK OF CALIF., 145 S. FAIRFAX AVE., 4TH FL. LA 90036;  
3/30/99 SITE INVESTIGATION; 5/7/99 MONITORING WELL

Site: JASS AUTOMOTIVE  
Address: 4067 VERDUGO RD  
City: LOS ANGELES  
Map Loc: 57 - about .96 mile SE of the subject

Status: 3B - Prelim Site Assessment underway.

A release from a tank, of Gasoline was reported. It was, and stopped by closing the tank. The case, 03771868, is managed by the Regional Water Quality Board.

Monitoring well: MW10 active  
lat/long: 33.93572111/-118.0121462  
depth to gw: 3.94 - 3.94  
sample data: BZ 50.9 UG/L (max 20 UG/L )

BZME	52.6 UG/L (max 20 UG/L )
CLBZ	55.1 UG/L (max 20 UG/L )
DCE11	48.6 PPB (max 20 PPB )
DRO	58700 UG/L (max 20 UG/L )
GRO	995 UG/L (max 20 UG/L )
TCE	56.8 UG/L (max 20 UG/L )

Monitoring well: MW10 active  
lat/long: 33.93572111/-118.0121462  
depth to gw: 4.26 - 4.26

Monitoring well: MW10 active  
lat/long: 33.93572111/-118.0121462  
depth to gw: 4.73 - 4.73

Monitoring well: MW10 active  
lat/long: 34.1247709/-118.2320908  
depth to gw: 5.66 - 5.66

Monitoring well: MW3 active  
lat/long: 34.124852/-118.2320514  
depth to gw: 4.28 - 5.99

Monitoring well: MW6 active  
lat/long: 34.124814/-118.231904  
depth to gw: 3.83 - 5.4  
sample data:

BZ	1.3 UG/L 2007-03-21 (max 16.3 UG/L 2006-06-08)
EBZ	1.2 UG/L 2006-12-07 (max 5.7 UG/L 2006-06-08)
GRO	90.9 UG/L 2007-03-21 (max 519 UG/L 2006-09-11)
IPBZ	1.1 UG/L 2007-03-21
MTBE	19.9 UG/L 2007-03-21 (max 55.8 UG/L 2006-09-11)
TBA	46.1 UG/L 2007-03-21 (max 77.5 UG/L 2006-09-11)
XYLENES	2.6 UG/L 2006-06-08

Monitoring well: MW7 active  
lat/long: 34.1247493/-118.2319085  
depth to gw: 3.8 - 5.3  
sample data: MTBE 1 UG/L 2006-12-07 (max 4 UG/L 2006-09-11)

Monitoring well: MW8 active  
lat/long: 34.1247493/-118.2319085  
depth to gw: 3.39 - 3.39

Monitoring well: MW8 active  
lat/long: 34.1247641/-118.2318138  
depth to gw: 3.56 - 4.79

Monitoring well: MW9 active  
lat/long: 34.1246904/-118.231793  
depth to gw: 3.41 - 4.85

Site: MOBIL #11-K2H  
Address: 1028 S BRAND BLVD  
City: GLENDALE  
Map Loc: 58 - about .96 mile W of the subject  
Status: 9 - Case Closed.

The case, 03702051, is managed by a Local agency, and was last reviewed on 12/10/96.

- The leak was confirmed on 04/04/94.
- The case was closed 12/10/96.

SEE UST LEAK REPORT UPDATE REVISED 6/5/98

Site: MOBIL #/KEY CENTERS  
Address: 4110 YORK BLVD  
City: LOS ANGELES  
Map Loc: 59 - about .97 mile SE of the subject  
Status: 9 - Case Closed.

The case, 03701180, is managed by the Regional Water Quality Board, and was last reviewed on 07/28/92.

- Pollution characterization was started on 07/08/88.
- Post Remedial Action monitoring was started on 01/17/92.
- The case was closed 05/13/93.

MOBIL ASKED TO INSTALL ONLY ONE MONITORING WELL FOR LACK OF SPACE. CURRENT SAP UNDER REVIEW.

Site: SHELL  
Address: 350 N GLENDALE AVE  
City: GLENDALE  
Map Loc: 60 - about 1.02 mile NW of the subject  
Status: 1 - Leak being confirmed.

A release of Unlead gasoline was reported on 09/18/89. It was discovered during tank closure. Only the soil is impacted. The case, 03704942, is managed by a Local agency, and was last reviewed on 12/14/89.

- The leak was confirmed on 11/10/89.

SOIL MITIGATION TO BE ATTEMPTED DURING TANK REMOVAL/ REPLACEMENT PROJECT.  
OLD CASE #121489-06

Site: PACIFIC BELL  
Address: 208 W HARVARD ST, #108  
City: GLENDALE  
Map Loc: 61 - about 1.14 mile W of the subject  
Status: 1 - Leak being confirmed.

The aquifer is potentially impacted. The case, 03799126, is managed by the Regional Water Quality Board.

- The leak was confirmed on 03/27/87.

## SWIS Solid Waste Information System

As legislated under the Solid Waste Management and Resource Recovery Act of 1972, the California Waste Management Board maintains lists of certain facilities, i.e. Active solid waste disposal sites, Inactive or Closed solid waste disposal sites and Transfer facilities.

*This list has been researched within 1 mile radius of the subject site.*

Site: CITY OF GLENDALE CORPORATION Y  
Address: 541 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 45 - about .63 mile W of the subject  
Status: ACTV - Active

id: 19-AA-1059  
Unit: 01  
Activity: LIMITED VOLUME TRANSFER OPERATION  
Status: ACTIVE (Operational)  
NOTIFICATION (Regulatory)  
Inspection: QUARTERLY  
Waste: GREEN MATERIALS,INERT,MIXED MUNICIPAL  
Permit Date: PERMITDATE  
Capacity: 1500 TONS/YEAR  
Operator: CITY OF GLENDALE, PUBLIC WORKS  
541 CHEVY CHASE BLVD.  
GLENDALE CA  
818-5483950  
Owner: CITY OF GLENDALE, PUBLIC WORKS  
633 EAST BROADWAY BLVD.  
GLENDALE CA  
818-5483900

WIP Well Investigation Program

The Well Investigation Program (AB1803) identifies groundwater that is already contaminated and empowers the California Department of Health Services and local health officers to order ongoing monitoring programs. The focus of this program is to monitor and protect drinking water.

*No listings within 1 mile radius of the subject site.*

WQ Drinking Water Program

The California Health and Safety Code section 116275-116300 stipulates that it is the intent of the Legislature to improve laws governing drinking water quality to improve upon the minimum requirements of the federal Safe Drinking Water Act Amendments of 1986, to establish primary drinking water standards that are at least as stringent as those established under the federal Safe Drinking Water Act, and to establish a program under this chapter that is more protective of public health than the minimum federal requirements.

In order to provide for the orderly and efficient delivery of safe drinking water the State Department of Health Services collect information on the quality of public drinking water wells under the California Drinking Program.

Below, the latest and maximum analysis of contaminants are reported (only positive reading are included). MCL is the Maximum Contaminant Level or enforceable drinking water standard. RPHL is the Recommended Public Health Level. Additional information is available upon request.

*No listings within 1 mile radius of the subject site.*

## REGIONAL SOURCES

NT Toxic Releases

The California Regional Water Quality Control Boards or local Department of Health Services keeps track of toxic releases to the environment. These lists are known as Unauthorized Releases, Spill, Leaks, Investigations and Cleanups (SLIC), Non-Tank Releases, Toxics List or similar, depending on the local agency.

*No listings within 1 mile radius of the subject site.*

TPC Toxic Pits

The Toxic Pits Clean-Up Act (Katz Bill) places strict limitations on the discharge of liquid hazardous wastes into surface impoundment, toxic ponds, pits and lagoons. Regional Water Quality Control Boards are required to inspect all surface impoundment annually, in addition, every facility was required to file a Hydrogeological Assessment Report. Recent legislation allows the Department of Health Services to exempt facilities that closed on or before December 31, 1985, if a showing is made that no significant environmental risk remains (AB1046).

Special exemption provisions have been created for surface impoundment that receive mining wastes.

*No listings within 1 mile radius of the subject site.*

SWAT Solid Waste Assessment Test - Regional

This program, provided for under the Calderon legislation (Section 13273 of the Water Code), requires that disposal sites with more than 50,000 cubic yards of waste provide sufficient information to the regional water quality control board to determine whether or not the site has discharged hazardous substances which will impact the environment.

Site operators are required to file Solid Waste Assessment Test reports on a staggered basis. Operators of the 150 highest ranking (Rank 1) sites were required to submit Solid Waste Assessment Tests by July 1, 1987, Rank 2 in 1988 and so on.

Operators submit water quality tests to the Regional Water Quality Control Board, describing surface and groundwater quality and supply; and the geology within 1 mile of the site. Air quality tests are submitted to the local Air Quality Management District or Air Pollution Control District.

This program is currently not funded and thus not updated.

Status Codes: Facilities or sites are ranked within each region on a scale 1-15 according to priority.

*No listings within 1 mile radius of the subject site.*

## OPERATING PERMITS

Various agencies issue operating permits or regulate the handling, movements, storage and disposal of hazardous materials and require mandatory reporting. The inclusion in this section does not imply that an environmental problem exists presently or has in the past.

### RCRA-G Resource Conservation and Recovery Information System - Generators

The Environmental Protection Agency regulates generators of hazardous material through the Resource Conservation and Recovery Act (RCRA). All hazardous waste generators are required to notify EPA of their existence by submitting the Federal Notification of Regulated Waste Activity Form (EPA Form 8700-12) or a state equivalent form. The notification form provides basic identification information and specific waste activities.

Status Codes: L - Generators who generate at least 1000 kg/mo of non-acutely hazardous waste (or 1 kg/mo of acutely hazardous waste).  
S - Generators who generate 100 kg/mo but less than 1000 kg/mo of non-acutely haz waste.  
T - Transporter.

*This list has been researched within half of a mile radius of the subject site.*

Site: HCMG GLENDALE BURBANK MED GRP  
Address: 801 S CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 2 - about 7.000000000000001D-02 mile W of the subject  
Status: S - Small Generator  
Permit id#: CAD983618935  
Activities at this facility include:  
General Medical and Surgical Hospitals

Site: EXPERT OIL COMPANY INC  
Address: 1020 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 7 - about .31 mile SW of the subject  
Status: N - Non Notifier

Permit id#: CAR000050872  
This facility is a transporter.  
On 11/21/2000 a compliance evaluation inspection on-site was performed by the state, a violation was discovered of Transporters - General (compliance by 11/20/2001), a violation was discovered of Transporters - Manifest and Recordkeeping (compliance by 11/20/2001).  
On 11/22/2000 a written informal was issued.  
On 12/12/2002 a non-financial record review was performed by the state, a violation was discovered of Transporters - General (compliance by 02/14/2003).  
On 12/12/2002 an undefined to hq on v3 deployment was issued.



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Site: CRYSTI CLEANERS  
Address: 1124 S ADAMS ST  
City: GLENDALE  
Map Loc: 8 - about .31 mile SW of the subject  
Status: L - Large Generator  
Permit id#: CAD982006512  
Activities at this facility include:  
Drycleaning and Laundry Services (except Coin-Operated)  
On 07/07/1994 a compliance evaluation inspection on-site was performed by a state contractor.

Site: COMMUNITY AUTO REPAIR  
Address: 1219 E COLORADO ST  
City: GLENDALE  
Map Loc: 15 - about .38 mile N of the subject  
Status: S - Small Generator  
Permit id#: CAD983646381

Site: MARTINES NISSAN  
Address: 1001 E PALMER AVE, UNIT A  
City: GLENDALE  
Map Loc: 18 - about .39 mile SW of the subject  
Status: S - Small Generator  
Permit id#: CAD983650748

Site: GLENDALE MOTOR CTR  
Address: 1001 E PALMER AVE  
City: GLENDALE  
Map Loc: 18 - about .39 mile SW of the subject  
Status: S - Small Generator  
Permit id#: CAD981445216

Site: HONDA OF GLENDALE  
Address: 1331 E COLORADO ST  
City: GLENDALE  
Map Loc: 22 - about .4 mile N of the subject  
Status: Permit id#: CAD050090745

Site: TEXACO SERVICE STATION  
Address: 1140 E COLORADO ST, CHEVY CHASE  
City: GLENDALE  
Map Loc: 24 - about .4 mile NW of the subject  
Status: Permit id#: CAD981427917

Site: KWIK GAS #18  
Address: 1101 E COLORADO ST  
City: GLENDALE  
Map Loc: 26 - about .42 mile NW of the subject  
Status: Permit id#: CAD981661861

Site: VIDEOASIS ONE HOUR PHOTO  
Address: 317 S VERDUGO  
City: GLENDALE  
Map Loc: 30 - about .45 mile NE of the subject  
Status: L - Large Generator  
Permit id#: CAD982029175

Site: EXXONMOBIL OIL CORP 12989  
Address: 301 S VERDUGO RD  
City: GLENDALE  
Map Loc: 32 - about .46 mile NE of the subject  
Status: L - Large Generator  
Permit id#: CAR000194399  
Activities at this facility include:  
Gasoline Stations with Convenience Stores

Site: SHELL SERVICE STATION  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject  
Status: S - Small Generator  
Permit id#: CAR000110650

Site: 99 CLEANERS  
Address: 916 E COLORADO ST  
City: GLENDALE  
Map Loc: 35 - about .47 mile NW of the subject  
Status: S - Small Generator  
Permit id#: CAD983632993

Site: RAINBOW CLEANERS  
Address: 1415 E COLORADO ST  
City: GLENDALE  
Map Loc: 36 - about .48 mile NE of the subject  
Status: S - Small Generator  
Permit id#: CAD983588732

Site: RALPHS GROCERY CO #29  
Address: 1416 E COLORADO ST  
City: GLENDALE  
Map Loc: 37 - about .48 mile NE of the subject  
Status: Permit id#: CAD981580715

Site: AAMCO TRANSMISSION  
Address: 1444 E COLORADO ST  
City: GLENDALE  
Map Loc: 40 - about .51 mile NE of the subject  
Status: Permit id#: CAD982003329

SARA SARA Title III, section 313 (TRIS)

Title III of the Superfund Amendments and Reauthorization Act, Section 313, also known as Emergency Planning and Community Right-to-Know Act of 1986 requires owners or operators of facilities with more than 10 employees and are listed under Standard Industrial Classification (SIC) Codes 20 through 39 to report the manufacturing, processing or use of more than a threshold of certain chemical or chemical categories listed under section 313. This data base is also known as Toxic Release Information System (TRIS).

Below summary information for the last five year period is reported grouping the releases into air, water, underground injection, land, public offsite treatment (potw) and transportation offsite.

*No listings within half of a mile radius of the subject site.*

NC Nuclear Regulatory Commission Licensees

The Nuclear Regulatory Commission, Office of Nuclear Material Safety and Safeguards has been mandated (10 CFR Ch 1.42) to protect the public health and safety, the common defense and security, and the environment by licensing, inspection, and environmental impact assessment for all nuclear facilities and activities, and for the import and export of special nuclear material.

*No listings within half of a mile radius of the subject site.*

PCB PCB Waste Handlers Database

The U.S. Environmental Protection Agency tracks generators, transporters, commercial stores and/or brokers and disposers of PCB's in accordance with the Toxic Substance Control Act.

*No listings within half of a mile radius of the subject site.*

PCS Permit Compliance System

PCS is a database which contains data on National Pollutant Discharge Elimination System (NPDES) permit holding facilities. PCS was developed by The U.S. Environmental Protection Agency to meet the information needs of the NPDES program under the Clean Water Act. PCS tracks permit, compliance, and enforcement states of NPDES facilities.

*This list has been researched within half of a mile radius of the subject site.*

Site: GLENDALE ADVENTIST MEDICAL CTR  
Address: 801 S CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 2 - about 7.000000000000001D-02 mile W of the subject  
Status: Permit id#: CA0058246

AFS        AIRS Facility System

AFS contains emissions and compliance data on air pollution point sources tracked by the U.S. EPA and state and local environmental regulatory agencies. There are seven "criteria pollutants" for which data must be reported to EPA and stored in AIRS: PM10 (particulate matters less than 10 microns in size), carbon monoxide, sulfur dioxide, nitrogen dioxide, lead, reactive volatile organic compounds (VOC), and ozone.

AFS replaces the former Compliance Data System (CDS), the National Emission Data System (NEDS), and the Storage and Retrieval of Aeromatic Data (SAROAD).

*No listings within half of a mile radius of the subject site.*

PE        Section Seven Tracking System (SSTS)

SSTS evolved from the FIFRA and TSCA Enforcement System (FATES). SSTS tracks the registration of all pesticide producing establishments and tracks annually the types and amounts of pesticides, active ingredients, and devices that are produced, sold or distributed each year.

*No listings within half of a mile radius of the subject site.*

FIFRA    FIFRA/TSCA Tracking System/ National Compliance Database (FTTS/NCDB)

NCDB supports implementation of the Federal Insecticide, Fungicide and Rodenticide Control Act (FIFRA) and the Toxic Substance Control Act (TSCA).

*No listings within half of a mile radius of the subject site.*

FFIS    Federal Facilities Information System (FFIS)

Federal Facilities Information System (FFIS) contains a list of all Treatment Storage and Disposal Facilities (TSDs) owned and operated by federal agencies.

*No listings within half of a mile radius of the subject site.*

CICIS    Chemicals in Commerce Information System (CICIS)

Chemicals in Commerce Information System contains an inventory of chemicals manufactured in commerce or imported for Toxic Substances Control Act regulated commercial purposes. CICIS allows EPA to maintain a comprehensive listing of over 70,000 chemical substances that are manufactured or imported and are regulated under TSCA.

*No listings within half of a mile radius of the subject site.*

FINDS FINDS EPA Facility Index System

The U.S. Environmental Protection Agency maintains an index system of all facilities which are regulated or have been assigned an identification number for other purposes.

Facilities that have been reported elsewhere in this report will not be listed under this category.

*No listings within half of a mile radius of the subject site.*

HWIS Hazardous Waste Information System

The Department of Toxic Substance Control, California Environmental Protection Agency, maintains a data base keeping track of the movement and disposal of hazardous waste. The data is used to support the Tanner legislation, AB 2948.

Status Codes: EPA Facility Permit Number

CAL - State permanent number  
CAC - State provisional or emergency number  
CAH - State prov or perm number for household hazardous waste collections  
CAI - State permanent number for exotic pest detection  
CAS - State permanent number issued by county for emergency response  
CAE - State prov number for hazardous waste removal caused by natural disasters  
CAX - State permanent or provisional number issued prior to 1987. No longer used.  
CLU - State permanent number issued by county for clandestine lab cleanup  
CAR - Federal permanent number  
CA - Federal permanent number  
CAD - Federal permanent or provisional number. State provisional before 1988.  
CAT - Federal permanent number  
CAP - Federal provisional or emergency number

*This list has been researched within half of a mile radius of the subject site.*

Site: HCMG GLENDALE BURBANK MED GRP  
Address: 801 S CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 2 - about 7.000000000000001D-02 mile W of the subject  
Status: EPA ID#: CAD983618935

		88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Restricted Metal Sludge	ton				.31					
Inorganic solid waste	ton				.01					
Photochemical waste	ton			.04						

Site: GLENDALE U S D/MUIR ELEM  
Address: 912 S CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 3 - about .11 mile SW of the subject  
Status: EPA ID#: CAC000100589

Site: MALOU ANDRES JAVIER DDS  
Address: 1140 CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 4 - about .22 mile SW of the subject  
Status: EPA ID#: CAL000211569

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Unspecified aqueous solution									
Inorganic solid waste									

Site: VILOT WALTERS  
Address: 1122 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 5 - about .23 mile SW of the subject  
Status: EPA ID#: CAC000835536

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Tank Bottom waste									

Site: ANDY'S TEXACO  
Address: 925 S VERDUGO RD  
City: GLENDALE  
Map Loc: 6 - about .29 mile E of the subject  
Status: EPA ID#: CAL000014372

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10%									

Site: EXPERT OIL COMPANY INC  
Address: 1020 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 7 - about .31 mile SW of the subject  
Status: EPA ID#: CAR000050872

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10%									
Unspecified aqueous solution									
Waste oil and mixed oil									
Oil/water sludge									
Unspec oil cont waste									
Adhesives									

Site: HOVIKS AUTO REPAIR  
Address: 1020 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 7 - about .31 mile SW of the subject  
Status: EPA ID#: CAL000074557

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10%									

Site: CRYSTI CLEANERS  
Address: 1124 S ADAMS ST  
City: GLENDALE  
Map Loc: 8 - about .31 mile SW of the subject  
Status: EPA ID#: CAD982006512

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10%									
Halogenated solvents									
Hydrocarbon solvents									
Unspec organic liquid mixture									

Site: LIU, TONY  
Address: 421 PORTER ST  
City: GLENDALE  
Map Loc: 9 - about .31 mile N of the subject  
Status: EPA ID#: CAC000570896

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Unspec oil cont waste									
ton		4.08							

Site: HOME SAVINGS OF AMERICA  
Address: 408 PORTER ST  
City: GLENDALE  
Map Loc: 10 - about .32 mile N of the subject  
Status: EPA ID#: CAP601252828

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Other organic solids									
ton					.05				

Site: EMPIRE PROPERTIES  
Address: 1717 VERDUGO WAY  
City: GLENDALE  
Map Loc: 11 - about .33 mile E of the subject  
Status: EPA ID#: CAC002353367

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Asbestos containing waste									
ton							4.96		

Site: SERJ MOTORS  
Address: 516 S VERDUGO RD  
City: GLENDALE  
Map Loc: 12 - about .37 mile NE of the subject  
Status: EPA ID#: CAC001350376

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Waste oil and mixed oil									
ton						1.25			

Site: FELDMAN'S APPLIANCE  
Address: 1222 E COLORADO ST  
City: GLENDALE  
Map Loc: 14 - about .38 mile N of the subject  
Status: EPA ID#: CAC000805824

Site: COMMUNITY AUTO REPAIR  
Address: 1219 E COLORADO ST  
City: GLENDALE  
Map Loc: 15 - about .38 mile N of the subject  
Status: EPA ID#: CAD983646381

Site: RAINER MOTORS  
Address: 1219 E COLORADO ST  
City: GLENDALE  
Map Loc: 15 - about .38 mile N of the subject  
Status: EPA ID#: CAL000025338

Site: DEUTSCH FAMILY TRUST  
Address: 1219 E COLORADO ST  
City: GLENDALE  
Map Loc: 15 - about .38 mile N of the subject  
Status: EPA ID#: CAC000693392

		88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Unspec oil cont waste	ton			.4						
Site:	HARRY/JOHN SERVICES									
Address:	1201 E COLORADO ST									
City:	GLENDALE									
Map Loc:	16 - about .38 mile N of the subject									
Status:	EPA ID#: CAL000048735									
Waste oil and mixed oil	ton									
									1.62	
Site:	STONE AUTO SERVICE									
Address:	1020 E PALMER AVE									
City:	GLENDALE									
Map Loc:	17 - about .38 mile SW of the subject									
Status:	EPA ID#: CAL000059689									
Site:	MARTINES NISSAN									
Address:	1001 E PALMER AVE, UNIT A									
City:	GLENDALE									
Map Loc:	18 - about .39 mile SW of the subject									
Status:	EPA ID#: CAD983650748									
Aq sol with org residues < 10%	ton									
									.2	
Site:	TEDS TRANSMISSIONS									
Address:	1001 E PALMER AVE									
City:	GLENDALE									
Map Loc:	18 - about .39 mile SW of the subject									
Status:	EPA ID#: CAD981445216									
Aq sol with org residues < 10%	ton									
Oil/water sludge	ton			.32			.79	.37	35.86	.06
Unspec oil cont waste	ton							1.37		
Org liquids with restr metals	ton			.21						
							.05			
Site:	BOWKER & ROTH PROPERTY SERVICE									
Address:	1523 E WINDSOR RD, C BUILDING									
City:	GLENDALE									
Map Loc:	19 - about .39 mile E of the subject									
Status:	EPA ID#: CAC002565238									
Oil/water sludge	ton									
									.52	
Site:	MCDONALD CORPORATION									
Address:	1326 E COLORADO ST									
City:	GLENDALE									
Map Loc:	20 - about .39 mile N of the subject									
Status:	EPA ID#: CAC000618304									
Oil/water sludge	ton									
				.08						
Site:	DR BOBS AUTO REPAIR									
Address:	4617 W AVENUE 40									
City:	LOS ANGELES									
Map Loc:	21 - about .4 mile SE of the subject									
Status:	EPA ID#: CAL922113912									



Site: HONDA OF GLENDALE  
Address: 1331 E COLORADO ST  
City: GLENDALE  
Map Loc: 22 - about .4 mile N of the subject  
Status: EPA ID#: CAD050090745

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10%						.51	.36		
Waste oil and mixed oil					.84				
Liq with hal org > 1g/l							.04		

Site: COLORADO FAMILY HEALTH CENTER  
Address: 1141 E COLORADO ST  
City: GLENDALE  
Map Loc: 23 - about .4 mile NW of the subject  
Status: EPA ID#: CAL000066662

Site: MARKS TEXACO SERVICE  
Address: 1140 E COLORADO ST  
City: GLENDALE  
Map Loc: 24 - about .4 mile NW of the subject  
Status: EPA ID#: CAL000049081

Site: TEXACO SERVICE STATION  
Address: 1140 E COLORADO ST, CHEVY CHASE  
City: GLENDALE  
Map Loc: 24 - about .4 mile NW of the subject  
Status: EPA ID#: CAL000047567

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues > 10%					.75	.3			
Aq sol with org residues < 10%			.83		.08	.36			
Waste oil and mixed oil						1.04			

Site: TEXACO REFINING AND MARKETING  
Address: 1140 E COLORADO ST, /CHEVY CHASE  
City: GLENDALE  
Map Loc: 24 - about .4 mile NW of the subject  
Status: EPA ID#: CAD981427917

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Halogenated solvents					.05				
Waste oil and mixed oil					.63				

Site: CONTINENTAL CULTURE SPECIALIST  
Address: 1358 E COLORADO ST  
City: GLENDALE  
Map Loc: 25 - about .42 mile NE of the subject  
Status: EPA ID#: CAC000242545

Site: AL SAL OIL #18  
Address: 1101 E COLORADO ST  
City: GLENDALE  
Map Loc: 26 - about .42 mile NW of the subject  
Status: EPA ID#: CAC000686768

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Empty non-pesticide cont > 30 gallon			30						

Site: KWIK GAS #18  
Address: 1101 E COLORADO ST  
City: GLENDALE  
Map Loc: 26 - about .42 mile NW of the subject  
Status: EPA ID#: CAD981661861

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Unspec organic liquid mixture	ton	.32						56.76	
Other organic solids	ton							.02	.03
Empty non-pesticide cont > 30 galton								3	

Site: KENNETH A SOMMER DC  
Address: 1369 E COLORADO ST  
City: GLENDALE  
Map Loc: 27 - about .43 mile NE of the subject  
Status: EPA ID#: CAL000059796

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Waste oil and mixed oil	ton				1.67				

Site: ROLANDO AUTOMOTIVE  
Address: 1019 E COLORADO ST  
City: GLENDALE  
Map Loc: 28 - about .44 mile NW of the subject  
Status: EPA ID#: CAL000063653

Site: OWEN SHARWALTER  
Address: 1019 E COLORADO ST  
City: GLENDALE  
Map Loc: 28 - about .44 mile NW of the subject  
Status: EPA ID#: CAC000816296

Site: AVANESSION, VALOD/PARSKHIAN, R  
Address: 1001 E COLORADO ST  
City: GLENDALE  
Map Loc: 29 - about .45 mile NW of the subject  
Status: EPA ID#: CAC000685504

Site: VIDEOASIS ONE HOUR  
Address: 317 S VERDUGO RD  
City: GLENDALE  
Map Loc: 31 - about .45 mile NE of the subject  
Status: EPA ID#: CAL000017876

Site: MOBIL OIL CO  
Address: 301 S VERDUGO RD  
City: GLENDALE  
Map Loc: 32 - about .46 mile NE of the subject  
Status: EPA ID#: CAC000208548

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Empty non-pesticide cont > 30 galton					.02				

Site: EXXONMOBIL OIL CORPORATION  
Address: 301 S VERDUGO RD  
City: GLENDALE  
Map Loc: 32 - about .46 mile NE of the subject  
Status: EPA ID#: CAL000056298

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues > 10% ton				.08					.44
Aq sol with org residues < 10% ton								.44	
Unspec oil cont waste ton						.01		.06	
Other organic solids ton									
Empty non-pesticide cont>30 gal ton	.32							2.56	
Empty containers<30 gal ton					.08				

Site: SHELL SERVICE STATION  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject  
Status: EPA ID#: CAR000110650

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10% ton								.32	
Tank Bottom waste ton								1.36	

Site: SHELL OIL  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject  
Status: EPA ID#: CAC000270361

Site: SHELL  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject  
Status: EPA ID#: CAL000195192

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Empty containers<30 gal ton						1			

Site: 99 CLEANERS  
Address: 916 E COLORADO ST  
City: GLENDALE  
Map Loc: 35 - about .47 mile NW of the subject  
Status: EPA ID#: CAD983632993

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Halogenated solvents ton				.34	.31	.27			

Site: RAINBOW CLEANERS  
Address: 1415 E COLORADO ST  
City: GLENDALE  
Map Loc: 36 - about .48 mile NE of the subject  
Status: EPA ID#: CAD983588732

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Aq sol with org residues < 10% ton									
Halogenated solvents ton									.22

Site: SUN PHOTO  
Address: 1415 E COLORADO ST  
City: GLENDALE  
Map Loc: 36 - about .48 mile NE of the subject  
Status: EPA ID#: CAL000113375

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Photochemical waste ton				.44	.13				

Site: RALPHS GROCERY CO #29  
Address: 1416 E COLORADO ST  
City: GLENDALE  
Map Loc: 37 - about .48 mile NE of the subject  
Status: EPA ID#: CAD981580715

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Asbestos containing waste			28.66	1.5					
Polychlorinated biphenyls			1.8						

Site: GLENDALE CHIROPRACTIC CLINIC  
Address: 1425 E COLORADO ST  
City: GLENDALE  
Map Loc: 38 - about .49 mile NE of the subject  
Status: EPA ID#: CAL000068714

Site: NAKAGAWA CHIROPRACTIC OFFICE  
Address: 1428 E COLORADO ST, #B  
City: GLENDALE  
Map Loc: 39 - about .49 mile NE of the subject  
Status: EPA ID#: CAL000076086

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Photochemical waste			.12	.22	.39	.07			

Site: AAMCO TRANSMISSION  
Address: 1444 E COLORADO ST  
City: GLENDALE  
Map Loc: 40 - about .51 mile NE of the subject  
Status: EPA ID#: CAL000200444

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Oil/water sludge							10.42	4.17	13.85
Unspec oil cont waste						1.42	5.78	5.07	.52

Site: AAMCO TRANSMISSIONS  
Address: 1444 E COLORADO ST  
City: GLENDALE  
Map Loc: 40 - about .51 mile NE of the subject  
Status: EPA ID#: CAD982003329

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Hydrocarbon solvents					.21				
Waste oil and mixed oil					2.38				
Unspec oil cont waste					5				

Site: PACIFIC RADIATOR  
Address: 1450 E COLORADO ST  
City: GLENDALE  
Map Loc: 41 - about .52 mile NE of the subject  
Status: EPA ID#: CAX000078999

Site: P M B  
Address: 1092 E HARVARD ST  
City: GLENDALE  
Map Loc: 42 - about .54 mile NW of the subject  
Status: EPA ID#: CAC000893480

	88/89	90/91	92/93	94/95	96/97	98/99	00/01	02/03	04/05
Paint sludge			.23						

Site: H&H DENTAL CENTER  
Address: 815 E COLORADO ST  
City: GLENDALE  
Map Loc: 43 - about .54 mile NW of the subject  
Status: EPA ID#: CAL000179070

Inorganic solid waste  
Liq with mercury > 20 mg/l

ton  
ton

88/89 90/91 92/93 94/95 96/97 98/99 00/01 02/03 04/05

UST Permitted Underground Storage Tanks - State Water Quality Control Board

The Corteses Bill (AB2013), enacted in 1983, required registration of all underground storage tanks (UST) with the State Water Quality Control Board by July 1, 1984. About 176,000 tanks and surface impounds were registered between 1984 and 1987. An amendment (AB 1413) was passed in 1987, effectively removing the State Board from the registration process starting January 1, 1988. The data reflects the information collected by the state between 1984 and 1987 as well as recent time and includes all tanks and surface impounds in use or closed after 1974.

Home and farm heating fuel tanks with capacities of 1,100 gallons or less and "structures such as sumps, separators, storm drains, catch basins, oil field gathering lines, refinery pipelines, lagoons, evaporation ponds, well cellars, separation sumps, lined and unlined pits, sumps and lagoons" except those defined as UST under HSWA or may be regulated to protect water quality under the Porter-Cologne Water Quality Control Act are excluded.

*This list has been researched within half of a mile radius of the subject site.*

Site: ANDY'S TEXACO & AUTO CENTER  
Address: 925 S VERDUGO RD  
City: GLENDALE  
Map Loc: 6 - about .29 mile E of the subject  
Status: 19-070-0009 (192005)

Site: ANDYS TEXACO & AUTO CENTER  
Address: 925 S VERDUGO RD  
City: GLENDALE  
Map Loc: 6 - about .29 mile E of the subject  
Status: 00000055953 (1987&A9)  
Activity: GAS STATION  
Tanks: tank (unleaded)  
tank (unleaded)  
tank (unleaded)  
tank (regular)

Site: ST. GEORGE MINI MART  
Address: 1020 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 7 - about .31 mile SW of the subject  
Status: 00000064762 (1987)  
Activity: MINI MART  
Tanks: 4000 gallon tank , installed in 1978  
tank  
tank  
tank  
tank

Site: HOVIK'S  
Address: 1020 E CHEVY CHASE DR  
City: GLENDALE  
Map Loc: 7 - about .31 mile SW of the subject  
Status: 00000064510 (1987)  
Activity: GAS STATION  
Tanks: tank  
tank

Site: SERJ MOTORS  
Address: 516 S VERDUGO RD  
City: GLENDALE  
Map Loc: 12 - about .37 mile NE of the subject  
Status: 00000064475 (1987)  
Activity: GENERAL AUTO REPAIR  
Tanks: tank (waste oil)

Site: RAINER PETTERS  
Address: 1219 E COLORADO ST  
City: GLENDALE  
Map Loc: 15 - about .38 mile N of the subject  
Status: 00000064464 (1987&93)  
Activity: AUTO REPAIR SHOP  
Tanks: 400 gallon tank (waste oil), installed in 1981

Site: HARRY & JOHN'S SERVICE  
Address: 1201 E COLORADO ST  
City: GLENDALE  
Map Loc: 16 - about .38 mile N of the subject  
Status: 00000051008 (1987)  
Tanks: tank (waste oil), installed in 1957  
4000 gallon, carbon steel tank (unleaded), installed in 1957  
4000 gallon, carbon steel tank (regular), installed in 1957  
6000 gallon, carbon steel tank (unleaded), installed in 1957

Site: STONES SERVICE & AUTO SALES  
Address: 1020 E PALMER AVE  
City: GLENDALE  
Map Loc: 17 - about .38 mile SW of the subject  
Status: 00000064521 (1987&93)  
Activity: GAS STATION  
Tanks: 50 gallon tank (waste oil)  
2000 gallon tank (regular)  
1000 gallon tank (unleaded)  
3000 gallon tank (premium)

Site: MARKS TEXACO  
Address: 1140 E COLORADO ST  
City: GLENDALE  
Map Loc: 24 - about .4 mile NW of the subject  
Status: 00000017412 (198798A)  
Activity: GAS STATION  
Tanks: 550 gallon, single-walled, unlined, carbon steel tank (waste oil), installed in 1962  
4000 gallon, single-walled, unlined, carbon steel tank (premium), installed in 1962  
4000 gallon, single-walled, unlined, carbon steel tank (premium), installed in 1962  
4000 gallon, single-walled, unlined, carbon steel tank (regular), installed in 1962  
4000 gallon, single-walled, unlined, carbon steel tank (regular), installed in 1962  
6000 gallon, single-walled, unlined, carbon steel tank (unleaded), installed in 1970

Site: ALSAL OIL CO., INC. NO. 18  
Address: 1101 E COLORADO ST  
City: GLENDALE  
Map Loc: 26 - about .42 mile NW of the subject  
Status: 19-070-0011 (192005)

Site: AL SAL OIL CO, INC # 18  
Address: 1101 E COLORADO ST  
City: GLENDALE  
Map Loc: 26 - about .42 mile NW of the subject  
Status: 00000005510 (1987&A9)  
Activity: GAS STATION  
Tanks: 20000 gallon, single-walled, unlined, carbon steel tank (unleaded), installed in 1978  
20000 gallon, single-walled, unlined, carbon steel tank (unleaded), installed in 1978  
20000 gallon, single-walled, unlined, carbon steel tank (premium), installed in 1978

Site: AL SAL OIL CO, INC # 18  
Address: 1101 E COLORADO ST  
City: GLENDALE  
Map Loc: 26 - about .42 mile NW of the subject  
Status: (19A2&A9)

Site: ROLANDO'S AUTO REPAIR  
Address: 1019 E COLORADO ST  
City: GLENDALE  
Map Loc: 28 - about .44 mile NW of the subject  
Status: 00000064499 (1987)  
Activity: MECHANIC  
Tanks: tank

Site: MEKHAIL, IBRAHIM S. (00816)  
Address: 301 S VERDUGO RD  
City: GLENDALE  
Map Loc: 32 - about .46 mile NE of the subject  
Status: 19-070-0003 (192005)

Site: MOBIL OIL CORP SS 11816  
Address: 301 S VERDUGO RD  
City: GLENDALE  
Map Loc: 32 - about .46 mile NE of the subject  
Status: 00000039721 (1987&A9)  
Activity: GAS STATION  
Tanks: 8000 gallon, single-walled, fiberglass tank (regular), installed in 1984  
10000 gallon, single-walled, fiberglass tank (premium), installed in 1984  
12000 gallon, single-walled, fiberglass tank (unleaded), installed in 1984

Site: MAC'S SHELL SERVICE STATION  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject  
Status: 19-070-0014 (192005)

Site: SHELL SERV STA  
Address: 1401 E COLORADO ST  
City: GLENDALE  
Map Loc: 33 - about .46 mile NE of the subject

WINDSOR MANOR  
1230 E WINDSOR RD, GLENDALE

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Job: PAWE4213

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Status: 00000003771 (1987&A9)  
Activity: GAS STATION  
Tanks: 87 gallon, single-walled, unlined, carbon steel tank (unleaded), installed in 1971  
87 gallon, single-walled, unlined, carbon steel tank (regular), installed in 1973  
87 gallon, single-walled, unlined, carbon steel tank (premium), installed in 1973  
  
Site: ARARAT S NAZARIAN TOPS SELF SE  
Address: 1682 YORK BLVD  
City: LOS ANGELES  
Map Loc: 34 - about .46 mile SW of the subject  
Status: 00000029559 (1987)  
Activity: GAS STATION  
Tanks: 10000 gallon, carbon steel tank (regular)  
8000 gallon, carbon steel tank (unleaded)  
8000 gallon, carbon steel tank (premium)



## FIRE INSURANCE MAP REVIEW

### APPENDIX

## FIRE INSURANCE MAP REVIEW

Fire insurance maps are large-scale maps that depict the commercial, industrial and residential sections of some twelve thousand cities and towns in the United States. These specialized maps were first prepared for the exclusive use of fire insurance companies and underwriters to provide accurate, current and detailed information about the buildings they were insuring. Information relied upon in place of personal examinations of property. Fire insurance maps show the size, shape and construction of dwellings, commercial buildings and factories, as well as indicate widths and names of streets, property boundaries, and house and block numbers. The primary benefit of reviewing fire insurance maps is to analyze historical land use of a subject property and its immediate area. In this review, special emphasis is given to the existence and location of fuel storage tanks, flammable or other potentially hazardous substances, as well as the nature of businesses located on site.

No Fire Insurance Maps are available for the area surrounding the subject site. Lack of coverage of the site indicates an area of little commercial development prior to 1950.

APPENDIX  
AERIAL PHOTOGRAPH SEARCH

## AERIAL PHOTOGRAPH SEARCH

Aerial photos first emerged in the 1840's when the first pictures of the earth's surface were taken from balloons. By the first World War, cameras mounted on airplanes provided aerial photos used for reconnaissance. From then until today, aerial photographs have been used in the making of maps, land surveys and for a wide variety of other purposes.

Aerial photos can provide different information depending on the type and class of the photo. The major classes of photos are black and white, color, and color infared photos. Generally, color photos provide the most information, however are expensive to produce. For that reason, black and white photos are the most common. Color infared photos can detect vegetation other photos miss. These photos are generally taken in more rural areas for agricultural purposes.

The type of photo refers to the camera angle at the time of the flyover. There are 2 major types -vertical and oblique. Vertical photos are taken while directly overhead, and give the effect of looking straight down on the area. Oblique photos are taken at a 30 to 60 degree angle. The camera angle creates a 3-D effect so height and depth of structures are more easily discernible.

Vertical photos are taken by either 1 or 2 cameras. One camera flyovers produce vertical recon photos. Vertical carto photos are taken with 2 cameras offset horizontally. When the photos are viewed side by side through stereophonic lenses the photos create a 3-D effect.

Photo collections are compiled by both private and government agencies. Many collections date back to the 1940's and sometimes even earlier. BBL has searched over 600 collections for coverage of the USGS quadrangle of the subject site. The percentage of the quadrangle that the photo covers is noted as a % under quadcov. The list that follows includes all known photos with a resolution greater than 1:12,000. Photos with lower resolution have been excluded from the listing as they provide less detail than generally required.

If additional site investigation is necessary, historical photos can be helpful in determining prior land use. These photos can help track the development of the area as well as provide you with details of long gone buildings, tanks, waste storage areas, marshlands and vegetation.

<i>year</i>	<i>project</i>	<i>scale</i>	<i>type</i>	<i>class</i>	<i>quadcov</i>	<i>comments</i>
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### Aerial Eye, Inc. 17931A Sky Park Circle Irvine, CA 92714 714-250-4136

1970	AIREYE	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
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### Aerial Fotobank, Inc. 6181 Cornerstone Ct. East, #10 San Diego, CA 92121 619-455-0780

1991	FOTO91	36000	Vertical Recon	Color	80	LOS ANGELES CO.
1989	FOTO89	36000	Vertical Recon	Color	10	SW-CA/T BROS IDX
1989	FOTO89	36000	Vertical Recon	Color	80	LOS ANGELES CO.
1988	SAN-88	36000	Vertical Recon	B-W	60	SAN DIEGO AREA
1988	SAN-88	36000	Vertical Recon	Color	60	SAN DIEGO AREA
1986	LA86	43200	Vertical Recon	B-W	10	LOS ANGELES CO

### Aerial Map Industries 16661B Millikan Ave. Irvine, CA 92714 714-250-7374

1994	AMI-94	36000	Vertical Recon	Color	10	LOS ANGELES CO.
1991	LA91	36000	Vertical Recon	Color	10	LOS ANGELES CO.

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1990	LA90	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1989	LA89	36000	Vertical Recon	Color	10	LOS ANGELES CO.
1988	LA88	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1987	LA87	36000	Vertical Recon	Color	10	LOS ANGELES CO.
1986	LA86	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1985	LA85	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1984	LA84	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1983	LA83	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1982	LA82	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1981	LA81	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1980	LA80	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1979	LA79	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1978	LA78	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1977	LA77	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1976	LA76	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1975	LA75	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1974	LA74	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1973	LA73	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1972	LA72	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1971	LA71	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1970	LA70	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1969	LA69	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1968	LA68	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1967	LA67	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1966	LA66	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1965	LA65	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1964	LA64	36000	Vertical Recon	B-W	10	LOS ANGELES CO.
1963	LA63	36000	Vertical Recon	B-W	10	LOS ANGELES CO.

Aerial Viewpoint 10200 Richmond Ave., Suite 140 Houston, TX 77042 713-784-5801

1977		24000	Vertical Carto	B-W	40	LOS ANGELES AREA
1977		24000	Vertical Carto	B-W	40	LOS ANGELES AREA
1965		24000	Vertical Carto	B-W	40	LOS ANGELES AREA
1965		24000	Vertical Carto	B-W	40	LOS ANGELES AREA

Agricultural Stabilization and Aerial Photography Field Office P.O. Box 30010 Salt Lake City, UT 841 801-975-3503

1954	AXJ	20000	Vertical Carto	B-W	10	18
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Brewster Pacific Corp. 131 North San Gabriel Blvd. Pasadena, CA 91107 818-449-8162

1993	BPC93	36000	Vertical Recon	Color	90	LA BASIN
1990	BPC-LA	33600	Vertical Recon	Color	90	LOS ANGELES CO.
1986	LA CO.	24000	Vertical Recon	B-W	10	LA BASIN
1983	LA CO.	24000	Vertical Recon	B-W	10	LA BASIN
1981	LA CO.	24000	Vertical Recon	B-W	50	LA BASIN
1981	LA CO.	24000	Vertical Recon	B-W	60	LA BASIN
1981	M81	24000	Vertical Recon	B-W	10	WILL FLY EVERY2Y
1979	M79	24000	Vertical Recon	B-W	10	
1978	LA.CO.	24000	Vertical Recon	B-W	10	URBAN AREAS
1976	LA.CO.	24000	Vertical Recon	B-W	10	URBAN AREAS
1974	LA.CO.	24000	Vertical Recon	B-W	10	URBAN AREAS
1972	LA.CO.	24000	Vertical Recon	B-W	10	URBAN AREAS
1970	LA.CO.	24000	Vertical Recon	B-W	10	URBAN AREAS

California Dept. of Transporta Division of Highways Geometronics Branch Sacramento, CA 95814 916-654-4614

1977	771163	2400	Vertical Recon	B-W	10	PENN-HAMPTON 210
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California State Univ., Northr Map Library, Geography Dept. 18111 Nordhoff St. Northridge, CA 91324 818-885-3465

1957	C24238	22240	Oblique	B-W	80	PASADENA
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City of Glendale, California Engineers Office 633 Broadway, Rm. 205 Glendale, CA 91206-438 818-956-3945

1977	AERO77	24000	Vertical Carto	B-W	20	CITY OF GLENDALE
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City of Los Angeles, Californi Bureau of Engineering Survey Div. Los Angeles, CA 90012 213-485-3077

1984	LA-QTR	24000	Vertical Recon	B-W	20	LOS ANGELES CITY
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1984 LA-QTR 24000 Vertical Recon Color 20 LOS ANGELES CITY

Continental Aerial Photo, Inc. 10571 Calle Lee, Suite 163 Los Alamitos, CA 90720 714-236-9084

1993	CAP93	24000	Vertical Carto	B-W	10	SO. CA COVERAGE
1987	LAX-87	36000	Vertical Carto	Color	90	LOS ANGELES CO.
1985	85077	7200	Vertical Carto	B-W	20	AAS-SAN GABRIEL
1980	80165	24000	Vertical Carto	B-W	10	AAS-LOS ANGELES
1971	71	24000	Vertical Carto	B-W	20	AAS-SAN GABRIEL

County of Los Angeles, Califor Dept. of Public Works Survey Div. Alhambra, CA 91803-133 818-458-5143

1980	187198	18000	Vertical Carto	B-W	30	N LOS ANGELES CO
1980	187198	18000	Vertical Carto	B-W	30	N LOS ANGELES CO
1980	187198	18000	Vertical Carto	B-W	30	N LOS ANGELES CO

Denri Photography 6208 North Calera Ave. Azusa, CA 91702 818-335-7819

1985	85-12	2500	Oblique	Color	40	PASADENA
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Eagle Aerial Photography 3198K Airport Loop Dr. Costa Mesa, CA 92626 714-754-7670

1989	LA-OBL	12000	Oblique	Color	10	LOS ANGELES CO.
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Fairchild National, Inc. 413 Azalea Way Birmingham, AL 35215 205-853-3641

1979	LA79	36000	Vertical Recon	B-W	80	LOS ANGELES CO
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I.K. Curtis Services, Inc. 2907 Empire Ave. Burbank, CA 91504 818-842-5127

1993	BURN93	14400	Vertical Carto	Color	20	ALTADENA FIRE
1992	IKCS	40000	Vertical Carto	Color	90	LOS ANGELES CO.
1987	IKC-87	36000	Vertical Carto	Color	60	LOS ANGELES CO
1985	IKC-85	36000	Vertical Carto	Color	90	LOS ANGELES CO.
1983		36000	Vertical Carto	Color	10	LOS ANGELES CO.

Mitchell Specialized Photograp 7625 Havenhurst Ave., #48 Van Nuys, CA 91406 818-786-9805

1990	MITCHL	36000	Vertical Carto	Color	10	LOS ANGELES CO.
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National Aeronautics and Space Ames Research Center Contact U.S. Geological Survey 800-USA-MAPS

1994	04684	31000	Vertical Recon	Color	20	594004684 0066 0069 0473 0095
1994	04684	31000	Vertical Recon	Color	60	594004684 0020 0023 0473 0049
1991	04351	27000	Vertical Recon	Color	20	591004351 0116 0116 44 4103
1991	04351	27500	Vertical Recon	Color	40	591004351 0086 0087 44 4100
1991	04351	31500	Vertical Recon	Color	70	591004351 0117 0118 44 4103
1991	04351	32000	Vertical Recon	Color	20	591004351 0119 0119 44 4103
1991	04351	32000	Vertical Recon	Color	20	591004351 0127 0127 44 4104
1991	04351	32000	Vertical Recon	Color	40	591004351 0128 0128 44 4104
1991	04351	32500	Vertical Recon	Color	30	591004351 0129 0130 44 4104
1991	04352	16000	Vertical Recon	Color	30	591004352 0066 0068 44 5006
1991	04352	16500	Vertical Recon	Color	20	591004352 0069 0070 44 5007
1986	03599	33110	Vertical Recon	Color	20	586003599 0039 0047 37 1054
1973	01304	32500	Oblique	Color	20	573001304 0366 0366 0195 0366
1973	01304	32500	Oblique	Color	30	573001304 0283 0283 0195 0283
1973	01304	32500	Oblique	Color	30	573001304 0369 0369 0195 0369
1973	01304	32500	Oblique	Color	30	573001304 0381 0381 0195 0381
1973	01304	32500	Oblique	Color	50	573001304 0268 0268 0195 0268
1973	01304	32500	Oblique	Color	50	573001304 0277 0277 0195 0277
1973	01304	32500	Oblique	Color	50	573001304 0280 0280 0195 0280
1973	01304	32500	Oblique	Color	60	573001304 0271 0271 0195 0271
1973	01304	32500	Oblique	Color	60	573001304 0372 0372 0195 0372
1973	01304	32500	Oblique	Color	60	573001304 0375 0375 0195 0375
1973	01304	32500	Oblique	Color	70	573001304 0378 0378 0195 0378
1973	01304	32500	Oblique	Color	80	573001304 0274 0274 0195 0274
1973	00997	31000	Vertical Recon	Color	10	573000997 0129 0134 0192 0129
1973	00997	31000	Vertical Recon	Color	30	573000997 0286 0289 0192 0286
1973	00997	32000	Vertical Recon	Color	20	573000997 0313 0320 0192 0313
1973	00997	32000	Vertical Recon	Color	20	573000997 0321 0325 0192 0321
1973	00998	31000	Vertical Recon	B-W	10	573000998 0129 0134 0182 0129

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1973	00998	31000	Vertical Recon	B-W	30	573000998 0286 0289 0182 0286
1973	00998	32000	Vertical Recon	B-W	20	573000998 0313 0320 0182 0313
1973	00998	32000	Vertical Recon	B-W	20	573000998 0321 0325 0182 0321
1973	00999	31000	Vertical Recon	Color	10	573000999 0129 0134 0192 0500
1973	00999	31000	Vertical Recon	Color	30	573000999 0286 0289 0192 0657
1973	00999	32000	Vertical Recon	Color	20	573000999 0313 0320 0192 0684
1973	00999	32000	Vertical Recon	Color	20	573000999 0321 0325 0192 0692
1973	2580	21040	Vertical Recon	Color	40	625800100 0147 0152 1218 0680
1973	2580	21810	Vertical Recon	Color	40	625800110 0148 0159 1218 0946
1973	2580	23110	Vertical Recon	Color	30	625800100 0114 0142 1218 0647
1973	2580	23190	Vertical Recon	Color	40	625800110 0113 0143 1218 0911

National Ocean Service NOAA/Coast and Geodetic Survey Support Sec. N/CG236 Silver Spring, MD 2091 410-713

1971	71E-3	30000	Vertical Carto	B-W	70	69-GH 3725-3735
1971	71L-1	10000	Vertical Carto	Color	20	65-G 2030-2051
1971	71L-2	10000	Vertical Carto	Color	20	65-G 2546-2569
1966	66L-1	30000	Vertical Carto	B-W	40	65-H3 3915-3929
1966	66L-2	30000	Vertical Carto	B-W	20	65-H3 3931-3943
1960	60S-1	36000	Vertical Carto	B-W	40	65-H2 6321-6324
1960	60S-13	37000	Vertical Carto	B-W	20	65-H2 6305-6308
1960	60S-14	37000	Vertical Carto	B-W	70	65-H2 6309-6314
1960	60S-5	36000	Vertical Carto	B-W	30	65-H2 6338-6341
1960	60S-1	37000	Vertical Carto	B-W	30	65-H2 0857-0885
1960	60S-2	37000	Vertical Carto	B-W	80	65-H2 1134-1135
1960	60S-3	37000	Vertical Carto	B-W	30	65-H2 1136-1139
1950	50O-10	24000	Vertical Carto	B-W	20	65-H 2435-2436
1950	50O-9	24000	Vertical Carto	B-W	20	65-H 2433-2434

Pacific Aerial Surveys 8407 Edgewater Dr. Oakland, CA 94621 510-632-2020

1990	AV3960	14400	Vertical Carto	B-W	10	LOS ANGELES CO.
1988	LA-CO	40000	Vertical Carto	B-W	10	LOS ANGELES CO.

Pacific Aerographics 425 East Columbine Ave. Santa Ana, CA 92707 714-546-3823

1985	PA-85	36000	Vertical Recon	B-W	80	LOS ANGELES CO.
1984	PA-84	36000	Vertical Recon	B-W	80	LOS ANGELES CO.
1983	PA-83	36000	Vertical Recon	B-W	80	LOS ANGELES CO.

Skyview Aerial Photo, Inc. 2056 Palomar Airport Rd., #G Carlsbad, CA 92008 714-498-9757

1989	SVAP89	3000	Vertical Recon	B-W	30	PASADENA
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U.S. Army Corps of Engineers, Attn: CENPA-EN-G SY Pouch 898 Anchorage, AK 99506-08 907-552-2207

1954	54	4800	Vertical Carto	B-W	80	SAN GABRIEL MTNS
1954	54	12000	Vertical Carto	B-W	80	SAN GABRIEL MTNS
1941	41	24000	Vertical Carto	B-W	20	BURBANK-GLENDALE
1940	40	4800	Vertical Carto	B-W	20	LA CRESCENTA-CA

U.S. Forest Service, ASCS, APF Aerial Photography Field Office P.O. Box 30010 Salt Lake City, UT 841 801-975-3503

1989	615010	15840	Vertical Carto	Color	30	FS ANGELES NF
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U.S. Forest Service, Region 5 Aerial Photography Field Office P.O. Box 30010 Salt Lake City, UT 841 801-975-3503

1982	615310	40000	Vertical Carto	Color	10	FIRESCOPE 39
1978	615010	24000	Vertical Carto	Color	10	ANGELES NF

U.S. Geological Survey Anchorage ESIC 4230 University Dr., Rm. 101 Anchorage, AK 99508-4 907-786-7011

1994	NP9402	40000	Vertical Carto	B-W	10	NAPP2-LEAF ON
1989	NP8961	40000	Vertical Carto	Color	10	NAPP-LEAF ON
1982	VEZS	24000	Vertical Carto	B-W	10	0068 0692
1980	VEZS-5	24000	Vertical Carto	B-W	10	
1979	VEHB	40000	Vertical Carto	B-W	10	0065 0843
1972	VCYY	30030	Vertical Carto	B-W	10	0045 0699
1964	VAWW	30000	Vertical Carto	B-W	10	0018 0300
1964	VAWW	24020	Vertical Carto	B-W	10	0018 0294
1952	VP	23600	Vertical Carto	B-W	10	0037 0403

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Univ. of California, Los Angel Dept. of Geography Bunch Hall, Rm. 1255 Los Angeles, CA 90024 310-206-8188

1971	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1970	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1969	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1968	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1967	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1966	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1965	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1964	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1963	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1962	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1961	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1960	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1959	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1958	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1957	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1956	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1955	SPENCE	2000	Oblique	B-W	80	LOS ANGELES AREA
1954	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1953	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1952	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1951	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1950	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1949	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1948	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1947	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1946	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1945	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1944	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1943	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1942	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1941	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1940	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1939	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1938	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1937	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1936	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1935	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1934	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1933	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1932	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1931	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1930	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1929	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1928	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1927	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1926	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1925	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1924	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1923	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1922	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA
1921	SPENCE	12000	Oblique	B-W	80	LOS ANGELES AREA

Univ. of California, Santa Bar Map and Imagery Laboratory Lib Santa Barbara, CA 9310 805-893-4049

1981	3800-3	24000	Vertical Carto	B-W	10	LONG BCH HARBOR
1976	7600	24000	Vertical Carto	B-W	90	
1973	7300	24000	Vertical Carto	B-W	90	
1971	TG2775	10440	Vertical Carto	B-W	80	
1968	TG2400	28800	Vertical Carto	B-W	10	
1967	L717V	19200	Vertical Carto	B-W	30	
1965	193301	36000	Vertical Carto	B-W	90	
1965	C25019	24000	Vertical Carto	B-W	90	
1962	PAI	18000	Vertical Carto	B-W	50	151V TO 176V
1960	C23950	42000	Vertical Carto	B-W	60	



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1960	C23870	14400	Vertical Carto	B-W	80	
1958	C23023	36000	Vertical Carto	B-W	10	AREA 1
1956	C22555	14400	Vertical Carto	B-W	10	
1945	C9220	2000	Vertical Carto	B-W	10	
1934	C2878	18000	Vertical Carto	B-W	80	
1928	C300	18000	Vertical Carto	B-W	10	PARTIAL HOLDINGS

WAC Corp. 520 Conger St. Eugene, OR 97402-2795 503-342-5169

1985	WAC-85	31680	Vertical Carto	B-W	10	LOS ANGELES CO.
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Whittier College Dept. of Geology Attn: Dallas Rhodes/Air Photo- Whittier, CA 90608 310-907-4220

1968	2400	28800	Vertical Carto	B-W	90	
1964	C24733	14400	Vertical Carto	B-W	50	
1960	C23870	14400	Vertical Carto	B-W	90	
1960	C23870	14400	Vertical Carto	B-W	10	LOS ANGELES CO.
1958	C23023	36000	Vertical Carto	B-W	90	
1958	C22867	40000	Vertical Carto	B-W	60	
1958	C23023	36000	Vertical Carto	B-W	10	LOS ANGELES CO.
1956	22325	12000	Vertical Carto	B-W	30	FAIRCHILD DATA
1956	C22555	14400	Vertical Carto	B-W	90	
1954	C20645	9600	Vertical Carto	B-W	20	
1954	C20500	39990	Vertical Carto	B-W	10	FAIRCHILDAS,INDX
1952	C17979	24000	Vertical Carto	B-W	10	FL UNKNOWN
1952	C18540	7200	Vertical Carto	B-W	50	
1949	C13775	24000	Vertical Carto	B-W	10	
1947	C11730	7200	Vertical Carto	B-W	60	CALE 14400 ALSO
1946	C10145	9600	Vertical Carto	B-W	20	
1945	C09220	10000	Vertical Carto	B-W	10	
1941	C7070	10000	Vertical Carto	B-W	70	
1928	C00196	7200	Vertical Carto	B-W	20	
1928	C300	18000	Vertical Carto	B-W	10	
1928	C300	18000	Vertical Carto	B-W	10	LOS ANGELES
1927	C113	18000	Vertical Carto	B-W	90	

# **APPENDIX D**

## **HISTORICAL TENANT REPORT**

## HISTORICAL TENANT REPORT

### INTRODUCTION

The purpose of this Historical Tenant Report is to identify the tenants (be it the owner or lessee) of 1230 E WINDSOR RD, GLENDALE over the last 50 years.

Sources for the research includes various city directories, street address directories and criss-cross directories published from 1920 forward. The actual site address as well as neighboring addresses on the same block are also investigated for informational purposes, and to cover a potential address change of the subject site.

BBL has used its best effort but makes no claims as to the completeness of the referenced sources or completeness of the search. For additional information call (619) 793-0641.

### DIRECTORY INFORMATION

The three general types of directories researched for the Historical Tenant Report are the 1) city directory, 2) street address directory, and 3) criss-cross directory. All three either are devoted to or have sections that list the Tenant and telephone number of given street addresses by their street name and address. These telephone directories, not as readily available to the public as white pages or yellow pages, are excellent for uncovering names, business names and the nature of businesses as listed by street address.

In addition to the actual site address the following neighboring addresses have been researched for commercial listings as well:

1015 E WINDSOR RD  
1200 E WINDSOR RD  
1224 E WINDSOR RD  
1227 E WINDSOR RD  
1312 E WINDSOR RD  
1351 E WINDSOR RD  
1377 E WINDSOR RD

The actual site address, as it is known presently, is marked by an asterisk in the findings of the search as reported on the following pages.

## 2008

1015 E WINDSOR RD	RUZZ PHOTOGRAPHY ALFRED SAVARANI PHOTOGRAPHER
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	HEAVENLY MAID
1230 E WINDSOR RD *	WINDSOR MANOR
1312 E WINDSOR RD	No Commercial Listings
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS RONY TRUCKING WINDSOR REAL APARTMENT

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 2006

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	WINDSOR REAL APARTMENT ACME OPTICS RONY TRUCKING

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 2004

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 2000

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 1998

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 1994

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 1990

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 1984

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

## 1979

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

---

Source: DIGITAL DIRECTORY ASSISTANCE

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**1974**

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

---

Source: DIGITAL DIRECTORY ASSISTANCE

---

**1969**

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

---

Source: DIGITAL DIRECTORY ASSISTANCE

---

**1961**

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

**1949**

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

**1937**

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS

Source: DIGITAL DIRECTORY ASSISTANCE

---

**1925**

1015 E WINDSOR RD	No Commercial Listings
1200 E WINDSOR RD	No Commercial Listings
1224 E WINDSOR RD	No Commercial Listings
1227 E WINDSOR RD	No Commercial Listings
1230 E WINDSOR RD *	OLIVIA HAIRSTYLING WINDSOR MANOR
1312 E WINDSOR RD	SCLS TRANSPORTATION
1351 E WINDSOR RD	NICK'S APPLIANCE REPAIR
1377 E WINDSOR RD	ENGINEERING CALCULATIONS WINDSOR REAL APARTMENT ACME OPTICS



# **APPENDIX E**

## **OWNER QUESTIONNAIRE**

**SITE ADDRESS:** Windsor Manor, 1230 E. Windsor Road, Glendale, CA 91205

**DATE OF RESPONSE:** March 6, 2009

**RESPONDENT NAME**

**& TITLE:** Kimberly Heintzelman, Project Coordinator

### **CURRENT OWNER PHASE I QUESTIONS:**

- WHO IS THE LEGAL OWNER/ENTITY OF THE PROPERTY? – Southern California Presbyterian Homes
- HOW LONG HAVE YOU OWNED THE PROPERTY? IF LESS THAN 5 YEARS, WHO WAS THE PREVIOUS OWNER? - 1959
- WHAT IS THE PROPERTY APN(S)? – 5979-032-001, 5679-032-004, 579-032-00, 5679-032-008, 5679-032-016
- ARE YOU AWARE OF ANY PREVIOUS ENVIRONMENTAL INVESTIGATIONS PERFORMED AT THE PROPERTY? IF SO, PLEASE PROVIDE A COPY OF THE REPORT(S). - No
- DO ANY WELLS, UNDERGROUND STORAGE TANKS, CLARIFIERS, OR HYDRAULIC LIFTS EXIST AT THE PROPERTY? ANY CHEMICAL USE? ANY HAZARDOUS DUMPING? – Grease Traps, Residential Cleaning Supplies, Lawn Care Equipment Supplies, Fertilizer, Paint.
- ARE YOU AWARE OF ANY EXISTING OR HISTORICAL ENVIRONMENTAL HAZARDS AT THE PROPERTY? – No

Please e-mail, fax or phone your response to me just as soon as possible to (760) 438-0246 or [denise@pswgroup.com](mailto:denise@pswgroup.com)

Thank you.

**PACIFIC SOUTHWEST GROUP**  
**a California corporation by:**

R. G. Vanderstraeten  
Registered Environmental Assessor #05364

**SECTION 999.5(d)(2)(E)**

- (E) For joint venture transactions, all asset contribution agreements and related valuations, all limited liability corporation or limited liability partnership operating agreements, management contracts, and put option agreements.**

(Not Applicable)

**SECTION 999.5(d)(3)**

**INUREMENT AND SELF-DEALING**

**(d)(3)(A)**

- (A) Copies of any documents or writings of any kind that relate or refer to any personal financial benefit that a proposed affiliation between applicant and the transferee would confer on any officer, director, employee, doctor, medical group or other entity affiliated with applicant or any family member of any such person as identified in Corporations Code section 5227(b)(2).**

HumanGood SoCal represents that no officer, director, employee, doctor, medical group, or other entity affiliated with HumanGood SoCal, or any family member of any such person as identified in Corporations Code section 5227(b)(2), will derive a personal financial benefit from the proposed sale of Windsor to Ararat. No documents or writings exist pertaining to any such purported benefits.

**SECTION 999.5(d)(3)(B)**

- (B) The identity of each and every officer, trustee or director of applicant (or any family member of such persons as identified in Corporations Code section 5227(b)(2)) or any affiliate of applicant who or which has any personal financial interest in any company, firm, partnership, or business entity (other than salary and directors/trustees' fees) currently doing business with applicant, any affiliate of applicant, or the transferee or any affiliate of the transferee.**

HumanGood SoCal represents that no officer, director, or other affiliate of HumanGood SoCal, or any family member of any such person as identified in Corporations Code section 5227(b)(2), has any personal financial interest in any company, firm, partnership, or business entity (other than salary and any directors/trustees' fees) currently doing business with Ararat, or any affiliate of Ararat.

## **SECTION 999.5(d)(3)(C)**

**(C) A statement describing how the board of directors of the nonprofit corporations involved in the transaction are complying with the provisions of Health and Safety Code sections 1260 and 1260.1.**

No member of the board of directors of HumanGood SoCal who negotiated the terms and conditions of the sale of Windsor or transfer of its assets, has received or will receive, directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat following the close of the sale or other transfer of assets.

Each person who is a member of management of HumanGood SoCal and who has presented information or opinions to the HumanGood SoCal board regarding the sale of Windsor or other transfer of its assets that are relied upon, or considered by, any of the board members in making decisions regarding the sale or transfer, has made a written affirmative declaration that he or she will not work for, or receive any form of remuneration from, Ararat in the future.

The following declarations have been executed and attached to this section:

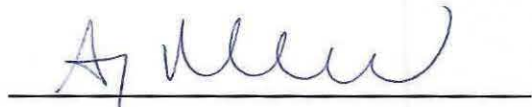
1. Declaration of Andrew McDonald, Chief Financial Officer of HumanGood SoCal
2. Declaration of John Cochrane, Chief Executive Officer of HumanGood SoCal
3. Declaration of Bethany Ghassemi, General Counsel of HumanGood SoCal
4. Declaration of Dan Ogus, Chief Operating Officer of HumanGood SoCal
5. Declaration of James Park, Senior Vice President of Corporate Communications for HumanGood SoCal
6. Declaration of Marc Herrera, Vice President of Healthcare & Quality for HumanGood SoCal
7. Declaration of Suzanne Nagel, Vice President of Marketing for HumanGood SoCal
8. Declaration of Tara McGuinness, Vice President of Operations for HumanGood SoCal
9. Declaration of Greg Bearce, Vice President and Executive Director of Windsor Manor

## DECLARATION

I, Andrew McDonald, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in blue ink, appearing to read 'A. McDonald', is written over a horizontal line.

Andrew McDonald, CFO

## DECLARATION

I, John Cochrane, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in blue ink, appearing to read "John Cochrane", is written over a horizontal line.

John Cochrane, CEO



## DECLARATION

I, Bethany Ghassemi, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in black ink, reading "Bethany Ghassemi", is written over a horizontal line.

Bethany Ghassemi, General Counsel

## DECLARATION

I, Dan Ogus, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in blue ink, appearing to read 'Dan Ogus', is written over a horizontal line.

Dan Ogus, COO

## DECLARATION

I, James Park, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in black ink, appearing to be 'James Park', written in a cursive style.

James Park, Sr. Vice President, Corporate Communications

## DECLARATION

I, Marc Herrera, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in black ink, appearing to read "Marc Herrera", is written over a horizontal line.

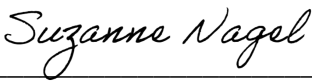
Marc Herrera, Vice President, Healthcare & Quality

## DECLARATION

I, Suzanne Nagel, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

  
\_\_\_\_\_

Suzanne Nagel, Vice President of Marketing

## DECLARATION

I, Tara McGuinness, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in cursive script, appearing to read "Tara McGuinness", is written over a horizontal line. To the right of the signature, the date "8/1/22" is handwritten.

Tara McGuinness, Vice President, Operations

## DECLARATION

I, Gregory Bearce, as a member of management of HumanGood SoCal, presented information or opinions concerning the sale of Windsor Manor or the transfer of its assets to members of the HumanGood SoCal board.

In connection with my role in presenting this information, I certify that I have not, nor will I receive, either directly or indirectly, any salary, compensation, payment, or other form of remuneration from Ararat Home of Los Angeles, Inc. in connection with the close of the sale or the transfer of assets of HumanGood's Windsor Manor facility.

Signed,

A handwritten signature in black ink, appearing to read 'GB', is written over a horizontal line.

Gregory Bearce, Vice President and Executive Director

**SECTION 999.5(d)(4)**

**CHARITABLE USE OF ASSETS**

**(d)(4)(A)**

- (A) The applicant's articles of incorporation and all amendments thereto and current bylaws, any charitable trust restrictions, and any other information necessary to define the charitable trust purpose of the applicant's assets.**

Attached to this section, please find:

1. Articles of Incorporation for HumanGood SoCal, including all restatements; and
2. Current Bylaws for HumanGood SoCal.

HumanGood SoCal does not maintain any endowment funds. It does not maintain any donor-restricted funds.



**SECTION 999.5(d)(4)**

**1) Articles of Incorporation for HumanGood SoCal, including all restatements**

FILED

in the office of the Secretary of State  
of the State of California

ARTICLES OF INCORPORATION

Best Copy Available

OF

MAR 23 1955

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

FRANK M. LINDAN, Secretary of State

300159

By W. H. H. H. H. We the undersigned do hereby voluntarily associate

ourselves for the purpose of forming a private nonprofit corporation under the General Nonprofit Corporation Law as contained in the Corporations Code of the State of California, and we hereby certify:

1. That the name of this corporation is  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES.

2. The primary business in which the corporation intends to initially engage is to establish, build, equip, maintain, conduct and operate one or more establishment or establishments, institution or institutions, home or homes and other place or places for the reception and care of aged persons, including, but not limited to, those who are members of the Presbyterian Church in the United States of America within The Presbyteries of Los Angeles, Riverside, and Santa Barbara.

The purposes for which this corporation is formed are:

(a) To provide a home or homes, including such establishments, institutions, commissaries, dining rooms, recreational equipment, infirmaries, dispensaries, and such other places and facilities as may be desirable or required for the reception and care of aged persons.

(b) To supply, for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable or essential by those believing in and accepting the teachings of Christ and the principles and doctrines of The Presbyterian Church in the United States of America.

Restriction of right  
to amend articles

Yes

Yes

(c) To acquire, receive, hold, buy, sell, exchange, mortgage, deed in trust, maintain, operate and generally deal in any and all property, real or personal, of any and every kind, and wheresoever situate, and to receive, acquire, hold and dispose of such property by gift, endowment, purchase, grant, benefit, allowance, appropriation, devise, legacy, bequest, in trust or otherwise, and to perform any and all acts to realize said gifts, endowments, purchases, grants, benefits, allowances, appropriations, devises, legacies or bequests and to make the same available to the corporation.

(d) To act as trustee under any trust or endowment incidental to the principal objects of the corporation, and in connection therewith to receive, hold, administer and expend funds and real and personal property of every kind and character whatsoever, subject to any such trust or endowment.

(e) To enter into, make, perform and carry out contracts of every kind, for any lawful purpose, without limit as to amount, with any person, firm, association or corporation, municipality, county, church, parish, state, territory, government or other municipal or governmental subdivision.

(f) From time to time to apply for, purchase, acquire by assignment, transfer or otherwise exercise, carry out and enjoy any benefit, right, privilege, prerogative or power conferred by, acquired under, or granted by, any statute, ordinance, order, license, power, authority, franchise, commission or privilege which any government or authority or governmental agency or corporation or other public body may be empowered to enact, make or grant; to pay for, aid in, and contribute toward carrying the same into effect, and to appropriate any of this corporation's assets to defray the costs, charges and expenses thereof.

(g) To subscribe or cause to be subscribed for and to take, purchase and otherwise acquire, own, hold, use, sell, assign, transfer, exchange, distribute and otherwise dispose of the whole or any part of the shares of the capital stock, bonds, coupons, mortgages, deeds of trust, debentures, securities, obligations, evidences of indebtedness, notes, good will, rights and assets and property of any kind or any part thereof of any other corporation or corporations, association or associations, firm or firms or person or persons, together with the shares, rights, units, or interest in or in respect of any trust estate now or hereafter

existing, and whether created by or under the laws of the State of California or of any other state, territory or country, and, while the owner of any such shares of capital stock or other assets, to exercise all of the rights, powers and privileges of ownership of every kind and description, including the right to vote thereon, with power to designate some person or persons for that purpose from time to time and to the same extent as natural persons might or could do.

(h) To promote or to aid in any manner, financially or otherwise, any person, firm, corporation or association and for this purpose to guarantee the contracts and other obligations of such other person, firm, corporation or association.

(i) To borrow and lend money, but nothing herein contained shall be construed as authorizing the business of banking or as including the principal purposes of a commercial bank, savings bank or trust company.

(j) To issue promissory notes, evidences of indebtedness, bonds, debentures or other obligations of this corporation from time to time for any of the objects or purposes of this corporation and to secure the same by mortgage, deed of trust, pledge or otherwise, or to issue the same unsecured; to purchase or otherwise acquire any of such promissory notes, evidences of indebtedness, bonds, debentures or other obligations of this corporation or any subsidiary thereof.

(k) In general to carry on any other business in connection with the foregoing and to have and exercise all of the powers conferred by the laws of the State of California upon nonprofit corporations formed under the laws of said State as such laws are now in effect or may at any time hereafter be amended, and to do any acts incident to the transaction of its business or conducive to the attainment of the purposes of the corporation.

The foregoing statement of purposes shall be construed as a statement of both purposes and powers, and the purposes and powers stated in each clause shall, except where otherwise expressed, be in nowise limited or restricted by reference to or inference from the terms or provisions

from any other clause, but shall be regarded as independent purposes and powers.

This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California and does not contemplate the distribution of gains, profits or dividends to the members thereof. No part of the net earnings of this corporation shall inure to the benefit of any individual or member thereof, and no substantial part of the activities of this corporation shall be devoted to carrying on propaganda for or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office. The property of this corporation is irrevocably dedicated to charitable and religious purposes, and upon any liquidation or dissolution of this corporation or abandonment of its assets and property, no part of its property or assets shall be distributed to or inure to the benefit of any private member or individual but shall, after payment or provisions for the corporation's debts and obligations, be distributed to a fund, foundation or corporation organized and operated for charitable and religious purposes.

3. The principal office for the transaction of the business of the corporation shall be located in the County of Los Angeles, State of California.

4. The governing body of this corporation shall be known as the Board of Trustees which shall be subject to the laws of the State of California relating to directors generally, except as may be otherwise provided by the General Nonprofit Corporation Law. The Board of Trustees shall be

at least three (3) in number. The following are the names and addresses of those persons who are to act in the capacity of Trustees until the selection of their successors:

<u>Name</u>	<u>Address</u>
Hugh Abernethy	5757 Wilshire Boulevard Los Angeles 54, California
Myron M. Wasson	900 Wilshire Boulevard Los Angeles 17, California
Rev. Clarence W. Kerr	314 Cumberland Road Glendale 2, California
Max Eddy Utt	1706 North Highland Avenue Glendale 2, California

Authority is hereby granted to change the member of Trustees from time to time by the adoption of a By-law or Amendment thereof.

5. The authorized number and the qualifications of membership, the different classes of membership, the property, voting, and other rights and privileges of each class of membership, and the liability of each or all classes for the payment of dues or assessments and the method of collection thereof, shall all be set forth in the By-Laws.

IN WITNESS WHEREOF, we, the undersigned, who are all of the persons named herein as Trustees have hereunto set our hands this 21<sup>st</sup> day of March, 1955.

Hugh Abernethy  
Myron M. Wasson  
Rev. Clarence W. Kerr  
Max Eddy Utt

STATE OF CALIFORNIA        )  
                                  ) ss.  
COUNTY OF LOS ANGELES    )

On this 21<sup>st</sup> day of March, 1955, before me,  
the undersigned, a Notary Public in and for said County and  
State, residing therein, duly commissioned and sworn, per-  
sonally appeared HUGH ABERNETHY, MYRON M. WASSON, REV.  
CLARENCE W. KERR and MAX EDDY UTT, known to me to be the  
persons whose names are subscribed to the within instrument,  
and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed my official seal the day and year in this certi-  
ficate first above written.

Harry R. Allen  
Notary Public in and for said  
County and State.

My Commission Expires Oct. 28, 1955

W. C. KIRKWOOD, CHAIRMAN  
STATE CONTROLLER  
JOHN M. PEIRCE, VICE-CHAIRMAN  
DIRECTOR OF FINANCE  
GEORGE R. REILLY  
CHAIRMAN BOARD OF EQUALIZATION

JOHN J. CAMPBELL  
EXECUTIVE OFFICER

MAR 28 1955



STATE OF CALIFORNIA  
OFFICE OF  
**Franchise Tax Board**

SACRAMENTO 14

March 23, 1955

Southern California Presbyterian Homes  
c/o Gibson, Dunn & Crutcher, Lawyers  
634 South Spring Street  
Los Angeles 14, California

Gentlemen:

RE: Exemption From Franchise Tax

It is the opinion of this office, based upon the evidence presented, that you are exempt from State franchise tax under the provisions of Section 2370d of the Revenue and Taxation Code, as it is shown that you are organized and operated exclusively as a charitable organization.

Accordingly, you will not be required to file franchise tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. Any such changes should be reported immediately to this office in order that their effect upon your exempt status may be determined.

You will be required, however, to file annually, beginning with your current accounting period, an information return on Form 199 by the 15th day of the fifth month following the close of your fiscal year with this office as long as this exemption remains in effect. However, if you have income that is taxable under the provisions of Section 23771 of the Revenue and Taxation Code, a return on Form 109 must be filed by the 15th day of the third month following the close of your fiscal year. These forms may be obtained from this office or any of its branches.

Contributions made to you are deductible by the donors in arriving at their taxable net income in the manner and to the extent provided by Sections 17315, 17316, 17317, and 24121k of the Revenue and Taxation Code.

If the organization is not yet incorporated or has not yet qualified to do business in California, this approval will expire within thirty days unless incorporation or qualification is completed within such period.

Very truly yours

FRANCHISE TAX BOARD  
John J. Campbell  
Executive Officer

By   
Milton A. Huot  
Associate Tax Counsel

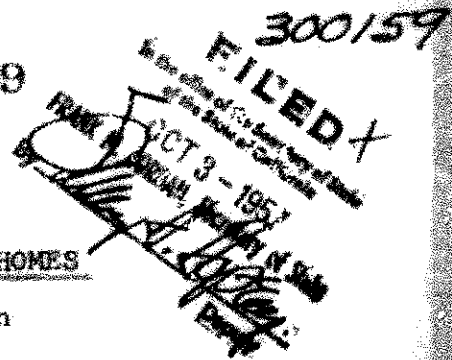
MAH:aem  
cc - Secretary of State

WINDSOR 001169



A 8199

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF SOUTHERN CALIFORNIA PRESBYTERIAN HOMES  
a California nonprofit corporation



The undersigned, Myron M. Wasson and Max Eddy  
Utt, do hereby certify that they are now and have been at all  
times herein mentioned, respectively, the duly elected and  
acting President and Secretary of Southern California Presbyterian  
Homes, a California nonprofit corporation, and further that:

1. At a regular meeting of the Board of Trustees  
of said corporation duly held at the principal office of the  
corporation, 1501 Wilshire Boulevard, Los Angeles, California,  
at 7:30 o'clock p.m. on the 23rd day of September, 1957, at  
which meeting there was at all times present and acting a quorum  
of the members of said Board, the following resolutions were  
duly adopted:

"BE IT RESOLVED, that the Articles of  
Incorporation of Southern California Presbyterian  
Homes, a California nonprofit corporation, are  
hereby amended as follows:

"1. Section 2 is hereby amended so  
that subparagraph (a) of the second paragraph  
thereof containing the purposes for which the  
corporation is formed shall read as follows:

"(a) To provide a home or homes, includ-  
ing such establishments, institutions, commissaries,  
dining rooms, recreational equipment, infirmaries,  
dispensaries, and such other places and facilities  
as may be desirable or required for the reception  
and care of aged persons, which said home or  
homes shall be organized and operated exclusively  
for charitable and religious purposes, no part  
of the net earnings of which inures to the bene-  
fit of any private individual, no substantial  
part of the activity of which is carrying on  
propaganda, or otherwise attempting to influence  
legislation, and which does not participate in,  
or intervene in (including the publishing or  
distributing of statements), any political  
campaign on behalf of any candidate for public  
office.

"2. Section 2 is hereby further amended so that the final unnumbered paragraph thereof which now reads as follows:

'This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California and does not contemplate the distribution of gains, profits or dividends to the members thereof. No part of the net earnings of this corporation shall inure to the benefit of any individual or member thereof, and no substantial part of the activities of this corporation shall be devoted to carrying on propaganda for or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office. The property of this corporation is irrevocably dedicated to charitable and religious purposes, and upon any liquidation or dissolution of this corporation or abandonment of its assets and property, no part of its property or assets shall be distributed to or inure to the benefit of any private member or individual but shall, after payment or provisions for the corporation's debts and obligations, be distributed to a fund, foundation or corporation organized and operated for charitable and religious purposes.'

is amended to read as follows:

"This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California and does not contemplate the distribution of gains, profits or dividends to the members thereof. The property of this corporation is irrevocably dedicated to charitable and religious purposes, and upon any liquidation or dissolution of this corporation or abandonment of its assets and property, no part of its property or assets shall be distributed to or inure to the benefit of any private member or individual but shall, after payment or provisions for the corporation's debts and obligations, be distributed to a fund, foundation or corporation organized and operated for charitable and religious purposes.

"RESOLVED FURTHER, that the President or the Vice President and the Secretary or the Assistant Secretary of this corporation be and they hereby are authorized and directed to procure the adoption and approval of the foregoing amendment by the Board or written consent of the members of this corporation constituting at least two-thirds of a quorum thereof, and thereafter to sign and verify by their oaths and to file a certificate in the form and manner required by Section 3672 of the Corporations Code of the State of California, and in general to do

any and all things necessary to effect said amendment in accordance with law."

2. After the adoption of the resolutions by the Board of Trustees of Southern California Presbyterian Homes as set forth in 1 above, the amendments to said Articles of Incorporation set forth in said resolutions were adopted by the written consent of members holding at least a majority of the voting power of said corporation and by members constituting at least two-thirds of a quorum of the members of said corporation. Said corporation is a nonstock corporation.

3. A copy of the form of written consent signed by the members of said corporation is as follows:

**"WRITTEN CONSENT OF  
MEMBERS TO AMENDMENT OF  
ARTICLES OF INCORPORATION  
OF**

**SOUTHERN CALIFORNIA PRESBYTERIAN HOMES**

"WHEREAS, at a Regular Meeting of the Board of Trustees of Southern California Presbyterian Homes, a California nonprofit corporation, duly held at the principal office of the corporation, 1501 Wilshire Boulevard, Los Angeles, California, at 7:30 o'clock p.m. on the 23rd day of September, 1957, at which meeting there was at all times present and acting a quorum of the members of said Board, the following resolutions were adopted:

(Here was set forth the resolutions consented to in the same form as those adopted by the Board of Trustees as stated in 1 above.)

"NOW, THEREFORE, each of the undersigned members of said corporation does hereby adopt, affirm, and approve of the foregoing amendment to said Articles of Incorporation and does hereby consent that said Articles of Incorporation be amended to read as hereinabove set forth in full.

"IN WITNESS WHEREOF, each of the undersigned has hereunto signed his name and following his name the date of signing.

"Name

Date

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

"

4. The total number of members entitled to vote or or consent to the adoption of such an amendment is twenty and pursuant to the Bylaws five members constitute a quorum. The total number of members signing said written consent was twelve.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment this 25th day of September, 1957.



Myron M. Wasson  
President  
Southern California Presbyterian Homes



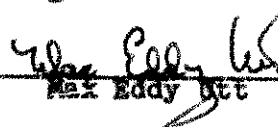
Max Eddy Utz  
Secretary  
Southern California Presbyterian Homes

STATE OF CALIFORNIA }  
COUNTY OF LOS ANGELES } ss

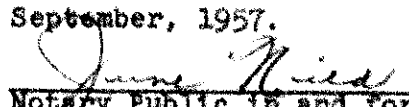
Myron M. Wasson and Max Eddy Utt, being first duly sworn, each for himself, deposes and says:

That Myron M. Wasson is and was at all of the times mentioned in the foregoing Certificate of Amendment, the President of Southern California Presbyterian Homes, the California nonprofit corporation herein mentioned, and Max Eddy Utt is, and was at all of said times, the Secretary of said corporation; that each of them has read said Certificate and that the statements therein made are true of his own knowledge, and that the signatures purporting to be the signatures of said President and Secretary thereto are the genuine signatures of said President and Secretary, respectively.

  
Myron M. Wasson

  
Max Eddy Utt

Subscribed and sworn to  
before me this 25 day of  
September, 1957.

  
Notary Public in and for the  
County of Los Angeles,  
State of California

My Commission expires: June 3, 1958  
(Seal)

300159

A10393 FILED  
In the office of the Secretary of State  
of the State of California

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

a California nonprofit corporation

MAR 13 1958  
FRANK M. KENDALL, Secretary of State  
*[Signature]*

The undersigned, Max Eddy Utt and Gladys  
Barricklow, do hereby certify that they are now and have  
been at all times herein mentioned, respectively the duly  
elected and acting President and Assistant Secretary of  
Southern California Presbyterian Homes, a California non-  
profit corporation, and further that:

1. At the Annual Meeting of the Board of  
Trustees of said corporation duly held at the principal office  
of the corporation, 1501 Wilshire Boulevard, Los Angeles,  
California, at 6:30 o'clock p.m. on the 24th day of February,  
1958, at which meeting there was at all times present and  
acting a quorum of the members of said Board, the following  
resolutions were duly adopted:

"BE IT RESOLVED, that the Articles  
of Incorporation of Southern California  
Presbyterian Homes, a California nonprofit  
corporation, are hereby amended as follows:

"Section 2 is hereby amended so that  
there is added in the second unnumbered  
paragraph thereof to the purposes for which  
this corporation is formed a new subparagraph  
(1) which will follow present subparagraph (k)  
which said new subparagraph (1) is as follows:

"(1) Notwithstanding any other  
provision contained herein the cor-  
poration formed hereby is authorized  
to enter into a contract (Regulatory  
Agreement) with the Federal Housing  
Commissioner and shall be bound by  
the terms thereof to enable the  
Commissioner to carry out the pro-  
visions of Title II, Section 207 (b)  
(2) of the National Housing Act,  
as amended. Upon execution the  
contract (Regulatory Agreement) shall  
be binding upon the corporation, its  
successors and assigns, so long as a  
mortgage is outstanding, unpaid, and  
insured or held by the Federal Housing  
Commissioner.

"BE IT FURTHER RESOLVED, that the President or the Vice President and the Secretary or the Assistant Secretary of this corporation be and they hereby are authorized and directed to procure the adoption and approval of the foregoing amendment by the Board by the vote or written consent of the members of this corporation constituting at least two-thirds of a quorum thereof, and thereafter to sign and verify by their oaths, and to file, a certificate in the form and manner required by Section 3672 of the Corporations Code of the State of California, and in general, to do any and all things necessary to effect said amendment in accordance with law."

2. After the adoption of the resolutions by the Board of Trustees of Southern California Presbyterian Homes as set forth in 1 above, the amendments to said Articles of Incorporation set forth in said resolutions were adopted by the written consent of members holding at least a majority of the voting power of said corporation and by members constituting at least two-thirds of a quorum of the members of said corporation. Said corporation is a nonstock corporation.

3. A copy of the form of written consent signed by the members of said corporation is as follows:

"WRITTEN CONSENT OF  
MEMBERS TO AMENDMENT OF  
ARTICLES OF INCORPORATION  
OF  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

"WHEREAS, at the Annual Meeting of the Board of Trustees of Southern California Presbyterian Homes, a California nonprofit corporation, duly held at the principal office of the corporation, 1501 Wilshire Boulevard, Los Angeles, California, at 6:30 o'clock p.m. on the 24th day of February, 1958, at which meeting there was at all times present and acting a quorum of the members of said Board, the following resolutions were adopted:

(Here was set forth the resolutions consented to in the same form as those adopted by the Board of Trustees as stated in 1 above.)

"NOW, THEREFORE, each of the undersigned members of said corporation does hereby adopt, affirm, and approve of the foregoing amendment

to said Articles of Incorporation and does hereby consent that said Articles of Incorporation be amended to read as hereinabove set forth in full.

"IN WITNESS WHEREOF, each of the undersigned has hereunto signed his name and following his name the date of signing.

<u>"Name</u>	<u>Date</u>
_____	_____
_____	_____

4. The total number of members entitled to vote on or consent to the adoption of such an amendment is nineteen and pursuant to the Bylaws five members constitute a quorum. The total number of members signing said written consent was thirteen.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment this 24 day of February, 1958.

  
Max Eddy Utt  
President  
Southern California Presbyterian Homes

  
Gladys Barricklow  
Assistant Secretary  
Southern California Presbyterian Homes



STATE OF CALIFORNIA }  
COUNTY OF LOS ANGELES } ss

Max Eddy Utt and Gladys Barricklow, being ~~competent~~  
first duly sworn, each for himself, deposes and says:

That Max Eddy Utt is and was at all of the  
times mentioned in the foregoing Certificate of Amendment,  
the President of Southern California Presbyterian Homes, the  
California nonprofit corporation herein mentioned, and Gladys  
Barricklow is, and was at all of said times, the Assistant  
Secretary of said corporation; that each of them has read said  
Certificate and that the statements therein made are true of  
his and her own knowledge, and that the signatures purporting  
to be the signatures of said President and Assistant Secretary  
thereto are the genuine signatures of said President and  
Assistant Secretary, respectively.

Max Eddy Utt  
Max Eddy Utt

Gladys Barricklow  
Gladys Barricklow

Subscribed and sworn to  
before me this 24 day of  
February, 1958.

Ellen S. Austin  
Notary Public in and for  
the County of Los Angeles,  
State of California

My Commission expires: 2-19-60

(Seal).

300159

FILED  
JAN 28 1959  
Ralph D. Martin  
Secretary of State

A14980

AGREEMENT OF MERGER

This Agreement of Merger dated as of the 1st day of January, 1959, made by and between UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, a California non-profit corporation, and SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, said corporations collectively being hereinafter sometimes referred to as the "Constituent Corporations";

*Survivor*

W I T N E S S E T H :

WHEREAS UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, a California non-profit corporation, has heretofore operated in Glendale, County of Los Angeles, California, a home for aged persons as a part of the program of and supported by THE UNITED PRESBYTERIAN CHURCH OF NORTH AMERICA, a religious organization; and

WHEREAS SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, has heretofore operated in La Jolla, County of San Diego, California, a home for aged persons and is presently constructing a similar home in Duarte, County of Los Angeles, California, as part of a program of and supported by THE PRESBYTERIAN CHURCH IN THE UNITED STATES OF AMERICA, a religious organization; and

WHEREAS, said UNITED PRESBYTERIAN CHURCH OF NORTH AMERICA and said THE PRESBYTERIAN CHURCH IN THE UNITED STATES

OF AMERICA have merged and become unified into one new religious organization entitled "The United Presbyterian Church in the United States of America"; and

WHEREAS, in consideration of the premises, the parties to this Agreement deem it to be to the best interests of their respective organizations and the members thereof that UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST and SOUTHERN CALIFORNIA PRESBYTERIAN HOMES be merged and that SOUTHERN CALIFORNIA PRESBYTERIAN HOMES be the surviving corporation;

NOW, THEREFORE, the Constituent Corporations agree as follows:

1. The Constituent Corporations shall be and are hereby merged into a single corporation by merging into Southern California Presbyterian Homes (hereinafter sometimes referred to as "The Surviving Corporation") pursuant to the provisions of the Corporations Code of the State of California.

2. The terms and conditions of the Merger and the mode of carrying the same into effect, and the manner and basis of converting said Constituent Corporations and their respective memberships into The Surviving Corporation and its memberships are as follows:

Upon the merger of UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST and SOUTHERN CALIFORNIA PRESBY-

TERIAN HOMES, the separate existence of UNITED PRESBY-  
TERIAN WOMEN'S ASSOCIATION OF THE WEST shall cease and  
The Surviving Corporation, SOUTHERN CALIFORNIA PRESBY-  
TERIAN HOMES, a California non-profit corporation, shall  
succeed to and shall become the owner, without other  
transfer, of all of the rights and properties of each of  
the Constituent Corporations, and The Surviving Corpora-  
tion shall be subject to all the debts and liabilities of  
each of the Constituent Corporations, in the same manner  
as if The Surviving Corporation had itself incurred them.  
Members heretofore existing in UNITED PRESBYTERIAN  
WOMEN'S ASSOCIATION OF THE WEST shall thereupon cease and  
the members of The Surviving Corporation shall be as pro-  
vided in and by the Articles of Incorporation and By-Laws  
of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES.

The first unnumbered paragraph of Article 2 of  
the Articles of Incorporation of SOUTHERN CALIFORNIA PRES-  
BYTERIAN HOMES at Southern California which presently  
reads:

"The primary business in which the corporation  
intends to initially engage is to establish, build,  
equip, maintain, conduct and operate one or more  
establishment or establishments, institution or insti-  
tutions, home or homes and other place or places for  
the reception and care of aged persons, including,  
but not limited to, those who are members of the

Presbyterian Church in the United States of  
America within The Presbyteries of Los Angeles,  
Riverside, and Santa Barbara."

shall be and the same hereby is amended to read as follows:

"The primary business in which the corporation intends to initially engage is to establish, build, equip, maintain, conduct and operate one or more establishment or establishments, institution or institutions, home or homes and other place or places for the reception and care of aged persons, including, but not limited to, those who are members of The United Presbyterian Church in the United States of America within The Presbyteries of Los Angeles, Riverside, and Santa Barbara."

Subparagraph (b) of the second unnumbered paragraph of Article 2 of the Articles of Incorporation of The Surviving Corporation which presently reads as follows:

"To supply for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable or essential by those believing in and accepting the teachings of Christ and the principles and doctrines of The Presbyterian Church in the United States of America."

shall be and the same hereby is amended to read as follows:

"To supply for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable or essential by those believing in and accepting the teachings of Christ and the principles and doctrines of The United Presbyterian Church in the United States of America."

3. UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST will from time to time, as and when requested by The Surviving Corporation, execute such documents and do such other acts and things and take or cause to be taken such action as The Surviving Corporation may deem reasonably necessary or desirable in order to vest in and confirm to The Surviving Corporation title to and possession of the rights, properties, assets and business of UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, and otherwise to carry out the full intent and purposes of this Agreement of Merger

IN WITNESS WHEREOF the parties hereto have caused this Agreement of Merger to be executed by their respective officers thereunto duly authorized and to

have caused their respective corporate seals to be impressed thereon as of the day and year first above written.

UNITED PRESBYTERIAN WOMEN'S  
ASSOCIATION OF THE WEST

By Vivian Stacy  
President

By Helen M. Dannenbring  
Secretary

SOUTHERN CALIFORNIA PRESBYTERIAN  
HOMES

By Walter E. Lee  
President

By William B. Smith  
Secretary

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

} ss.

On January 13th, 1957, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Vivian Stacy, known to me to be the President, and Helen M. Dannenbring, known to me to be the Secretary of United Presbyterian Women's Association of the West, the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument, on behalf of the Corporation herein named, and acknowledged to me

that such Corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

Witness my hand and official seal.

*Amund B. Bahr*  
Notary Public in and for  
said County and State.

My Commission Expires Dec. 3, 1962

STATE OF CALIFORNIA    }  
COUNTY OF LOS ANGELES } ss.

On January 5, 1959, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Max Eddy Utt known to me to be the President, and H. Eugene Breitenbach, known to me to be the Secretary of Southern California Presbyterian Homes, the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument, on behalf of the Corporation herein named, and acknowledged to me that such Corporation executed the within Instrument pursuant to its by-laws or a resolution of its board of directors.

Witness my hand and official seal.

*J. L. Courtie*  
Notary Public in and for  
said County and State.

My Commission expires Sept. 27, 1959



BEFORE THE  
DEPARTMENT OF INVESTMENT  
DIVISION OF CORPORATIONS  
OF THE  
STATE OF CALIFORNIA

In the matter of the application of  
SOUTHERN CALIFORNIA PRESBYTERIAN  
HOMES  
for a certificate.

CERTIFICATION OF LACK OF  
NECESSITY OF PERMIT FROM  
THE  
COMMISSIONER OF CORPORATIONS

File No. ALPHA

Receipt No. LA209162

I, JOHN C. SOBIESKI, Commissioner of Corporations  
of the State of California, do hereby certify that in my opinion  
a permit from the Commissioner of Corporations is not required  
under the provisions of the Corporate Securities Law in the  
matter of the proposed merger agreement dated January 1, 1959,  
by and between UNITED PRESBYTERIAN WOMAN'S ASSOCIATION OF THE WEST, a  
California corporation, and SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a  
California corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and  
affixed my official seal this 20th day of January, 1959, at  
Los Angeles, California.

JOHN C. SOBIESKI  
Commissioner of Corporations

By   
H. A. SMITH  
Assistant Commissioner

HAS:VR

300159

A14981

FILED

In the Office of the Secretary of State  
of the State of California

JAN 25 1959

RAMON F. ADAMS, Secretary of State  
*Ralph L. Murray*  
Dep.

**CERTIFICATE OF SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, A NON-PROFIT CALIFORNIA CORPORATION, AS TO MERGER WITH UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, A NON-PROFIT CALIFORNIA CORPORATION**

The undersigned, MAX EDDY UTT and H. EUGENE BREITENBACH, and each of them, hereby certify that they are and at all times herein mentioned were respectively the President and Assistant Secretary of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, which has executed an Agreement of Merger, dated as of January 1, 1959, made by and between said SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, and UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, a California non-profit corporation, and that prior to the date hereof and prior to the execution of said Agreement of Merger, the same was approved by said SOUTHERN CALIFORNIA PRESBYTERIAN HOMES and its members, as follows:

*Sumner*

(a) A meeting of the Board of Trustees of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES at which approval was given to said Agreement of Merger was held on December 1, 1958, at the office of the corporation, 1501 Wilshire Boulevard, Los Angeles, California, the same being a regular meeting of the Board of Trustees called and noticed under and pursuant to the provisions therefor of the By-Laws of said corporation.

(b) Attached hereto and incorporated herein is a copy of the Resolution adopted at said meeting of the said Board of Trustees, showing approval of the terms and conditions of said Agreement of Merger.

(c) Pursuant to said By-Laws, said Board of Trustees consists of twenty-one members, and at the time of the holding of said meeting there were duly elected and acting eighteen members of said Board. In the said By-Laws it is provided that the presence of five members of said Board of Trustees shall constitute a quorum at any meeting. At said meeting on December 1, 1958, there was present a quorum consisting of 12 members. The Resolution approving of said Agreement of Merger was adopted by a vote of 11 "Ayes" to 0 "Nays."

(d) Following the said action of the Board of Trustees the Agreement of Merger was submitted for

approval to a meeting of all members of said corporation entitled to vote, duly called upon notice of the time and place and purpose thereof given to each member at least twenty days prior to the date of said meeting, which notice of the meeting contained a statement of the general terms of the proposed Agreement of Merger. Such meeting of the members was held at the office of the corporation at 1501 Wilshire Boulevard, Los Angeles, California, on January 5, 1959, at the hour of 6:15 P.M. At said time and pursuant to the By-Laws of said corporation there existed eighteen members entitled to vote. In attendance or represented by proxy at said meeting were 17 members constituting a quorum thereof. There is but one class of members. There was presented to the meeting a Resolution approving of the said Agreement of Merger, and the Resolution of the Board of Trustees adopted December 1, 1958, which is referred to in subparagraph (b) above. Whereupon the said members by the affirmative vote of not less than two-thirds of those entitled to vote at a meeting approved the said Agreement of Merger and the terms and conditions thereof, those voting in favor of the approval of the Agreement of Merger were 17 members, and those voting against were 0 members.

(e) The corporation being a non-profit corporation it has no shares of stock outstanding and but one class of members, all of whom are entitled to vote.

(f) The notice of the time, place and purpose of the meeting was mailed to such members as set forth in subparagraph (d) above on December 8, 1958.

(g) The surviving corporation as provided in said Agreement of Merger is SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation.

(h) The Agreement of Merger, dated as of January 1, 1959, made by and between UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, a California non-profit corporation, and SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, filed with the Secretary of State concurrently with this Certificate pursuant to Section 4113 of the Corporations Code of the State of California is the Agreement of Merger above referred to and approved as hereinabove set forth by the said Board of Trustees and the members of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, and sets forth the terms and conditions

approved by said Resolution of the Trustees and the vote of the members.

DATED this 5th day of January, 1959.

SOUTHERN CALIFORNIA  
PRESBYTERIAN HOMES,

By Max Eddy Utt  
Max Eddy Utt, President

By H. Eugene Breitenbach  
H. Eugene Breitenbach,  
Assistant Secretary

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

)  
:  
) SS.

MAX EDDY UTT and H. EUGENE BREITENBACH, being first duly sworn, depose and say that they are the President and Assistant Secretary respectively of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES; that they have read the above and foregoing CERTIFICATE OF SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, A NON-PROFIT CALIFORNIA CORPORATION, AS TO MERGER WITH UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, A NON-PROFIT CALIFORNIA CORPORATION and know the contents thereof, and that the same is true of their own knowledge.

Max Eddy Utt  
Max Eddy Utt

H. Eugene Breitenbach  
H. Eugene Breitenbach

SUBSCRIBED AND SWORN to before me this 5th day of JANUARY, 1959.

S. L. Martin  
Notary Public in and for said  
County and State

My Commission expires: SEPT 27 1964

RESOLUTION OF BOARD OF TRUSTEES  
OF  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

RESOLVED, that the Agreement of Merger between United Presbyterian Women's Association of the West, a California non-profit corporation, and Southern California Presbyterian Homes, a California non-profit corporation, dated as of January 1, 1959, a copy or counterpart of which is attached hereto, is hereby approved and the terms and conditions of said Agreement of Merger and the mode of carrying them into effect as well as the manner and basis of converting the membership of the constituent corporations into the membership of the surviving corporation, as set forth in said Agreement of Merger, are, and each of them is, hereby approved; and be it

FURTHER RESOLVED, that said Agreement of Merger shall be submitted for approval to the members of this corporation entitled to vote as provided in Section 4107 of the Corporations Code of the State of California, and upon approval as therein provided, the President or a Vice President and the Secretary or an Assistant Secretary of this corporation shall execute a certificate as to the approval of such Agreement of Merger by this Board of Trustees and by such members in the form and manner as required by Sections 4110 and 4113 of said Corporations Code, and there shall be filed the said Agreement of Merger and said certificate with the Secretary of State as so provided, and upon such filing said Agreement of Merger shall become effective in accordance with its terms.

(Agreement of Merger attached)

## AGREEMENT OF MERGER

This Agreement of Merger dated as of the 1st day of January, 1959, made by and between UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, a California non-profit corporation, and SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, said corporations collectively being hereinafter sometimes referred to as the "Constituent Corporations";

### W I T N E S S E T H :

WHEREAS UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, a California non-profit corporation, has heretofore operated in Glendale, County of Los Angeles, California, a home for aged persons as a part of the program of and supported by THE UNITED PRESBYTERIAN CHURCH OF NORTH AMERICA, a religious organization; and

WHEREAS SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California non-profit corporation, has heretofore operated in La Jolla, County of San Diego, California, a home for aged persons and is presently constructing a similar home in Duarte, County of Los Angeles, California, as part of a program of and supported by THE PRESBYTERIAN CHURCH IN THE UNITED STATES OF AMERICA, a religious organization; and

WHEREAS, said UNITED PRESBYTERIAN CHURCH OF NORTH AMERICA and said THE PRESBYTERIAN CHURCH IN THE UNITED STATES

OF AMERICA have merged and become unified into one new religious organization entitled "The United Presbyterian Church in the United States of America"; and

WHEREAS, in consideration of the premises, the parties to this Agreement deem it to be to the best interests of their respective organizations and the members thereof that UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST and SOUTHERN CALIFORNIA PRESBYTERIAN HOMES be merged and that SOUTHERN CALIFORNIA PRESBYTERIAN HOMES be the surviving corporation;

NOW, THEREFORE, the Constituent Corporations agree as follows:

1. The Constituent Corporations shall be and are hereby merged into a single corporation by merging into Southern California Presbyterian Homes (hereinafter sometimes referred to as "The Surviving Corporation") pursuant to the provisions of the Corporations Code of the State of California.

2. The terms and conditions of the Merger and the mode of carrying the same into effect, and the manner and basis of converting said Constituent Corporations and their respective memberships into The Surviving Corporation and its memberships are as follows:

Upon the merger of UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST and SOUTHERN CALIFORNIA PRESBY-

TERIAN HOMES, the separate existence of UNITED PRESBY-  
TERIAN WOMEN'S ASSOCIATION OF THE WEST shall cease and  
The Surviving Corporation, SOUTHERN CALIFORNIA PRESBY-  
TERIAN HOMES, a California non-profit corporation, shall  
succeed to and shall become the owner, without other  
transfer, of all of the rights and properties of each of  
the Constituent Corporations, and The Surviving Corpora-  
tion shall be subject to all the debts and liabilities of  
each of the Constituent Corporations, in the same manner  
as if The Surviving Corporation had itself incurred them.  
Members heretofore existing in UNITED PRESBYTERIAN  
WOMEN'S ASSOCIATION OF THE WEST shall thereupon cease and  
the members of The Surviving Corporation shall be as pro-  
vided in and by the Articles of Incorporation and By-Laws  
of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES.

The first unnumbered paragraph of Article 2 of  
the Articles of Incorporation of SOUTHERN CALIFORNIA PRES-  
BYTERIAN HOMES at Southern California which presently  
reads:

"The primary business in which the corporation  
intends to initially engage is to establish, build,  
equip, maintain, conduct and operate one or more  
establishment or establishments, institution or insti-  
tutions, home or homes and other place or places for  
the reception and care of aged persons, including,  
but not limited to, those who are members of the



Presbyterian Church in the United States of  
America within The Presbyteries of Los Angeles,  
Riverside, and Santa Barbara."

shall be and the same hereby is amended to read as follows:

"The primary business in which the corporation intends to initially engage is to establish, build, equip, maintain, conduct and operate one or more establishment or establishments, institution or institutions, home or homes and other place or places for the reception and care of aged persons, including, but not limited to, those who are members of The United Presbyterian Church in the United States of America within The Presbyteries of Los Angeles, Riverside, and Santa Barbara."

Subparagraph (b) of the second unnumbered paragraph of Article 2 of the Articles of Incorporation of The Surviving Corporation which presently reads as follows:

"To supply for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable or essential by those believing in and accepting the teachings of Christ and the principles and doctrines of The Presbyterian Church in the United States of America."

shall be and the same hereby is amended to read as follows:

"To supply for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable or essential by those believing in and accepting the teachings of Christ and the principles and doctrines of The United Presbyterian Church in the United States of America."

3. UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST will from time to time, as and when requested by The Surviving Corporation, execute such documents and do such other acts and things and take or cause to be taken such action as The Surviving Corporation may deem reasonably necessary or desirable in order to vest in and confirm to The Surviving Corporation title to and possession of the rights, properties, assets and business of UNITED PRESBYTERIAN WOMEN'S ASSOCIATION OF THE WEST, and otherwise to carry out the full intent and purposes of this Agreement of Merger

IN WITNESS WHEREOF the parties hereto have caused this Agreement of Merger to be executed by their respective officers thereunto duly authorized and to

have caused their respective corporate seals to be  
impressed thereon as of the day and year first above  
written.

UNITED PRESBYTERIAN WOMEN'S  
ASSOCIATION OF THE WEST

By \_\_\_\_\_  
President

By \_\_\_\_\_  
Secretary

SOUTHERN CALIFORNIA PRESBYTERIAN  
HOMES

By \_\_\_\_\_  
President

By \_\_\_\_\_  
Secretary

STATE OF CALIFORNIA     }  
COUNTY OF LOS ANGELES } ss.

On \_\_\_\_\_, 19\_\_\_\_, before me, the  
undersigned, a Notary Public in and for said County and  
State, personally appeared \_\_\_\_\_,  
known to me to be the President, and \_\_\_\_\_,  
known to me to be the Secretary of United  
Presbyterian Women's Association of the West, the Corpora-  
tion that executed the within Instrument, known to me to be  
the persons who executed the within Instrument, on behalf  
of the Corporation herein named, and acknowledged to me

that such Corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public in and for  
said County and State.

STATE OF CALIFORNIA     )  
                                  ) ss.  
COUNTY OF LOS ANGELES    )

On \_\_\_\_\_, 19\_\_\_\_, before me,  
the undersigned, a Notary Public in and for said County  
and State, personally appeared \_\_\_\_\_  
known to me to be the President, and \_\_\_\_\_  
\_\_\_\_\_, known to me to be the Secretary of Southern  
California Presbyterian Homes, the Corporation that  
executed the within Instrument, known to me to be the  
persons who executed the within Instrument, on behalf of  
the Corporation herein named, and acknowledged to me  
that such Corporation executed the within Instrument  
pursuant to its by-laws or a resolution of its board  
of directors.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public in and for  
said County and State.

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION OF  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES  
a California nonprofit corporation

A16198

**X FILED**  
In the Office of the Secretary of State  
of the State of California  
**APR 15 1959**  
JAMES McKEON, Secretary of State  
By *Ralph R. Marting*  
Deputy

The undersigned, MAX EDDY UTT and FRED E.

RHODES, do hereby certify that they are now and have been at all times herein mentioned, respectively, the duly elected and acting President and Secretary of Southern California Presbyterian Homes, a California nonprofit corporation, and further that:

1. At a regular meeting of the Board of Trustees of said corporation, duly and regularly held at 1230 East Windsor Road, Glendale, California, on Monday, April 6, 1959, at 6:30 P.M., at which meeting there was at all times present and acting a quorum of the members of said Board, the following resolutions were duly adopted:

"BE IT RESOLVED, that for the purpose of clarification only, and without intent to enlarge upon or diminish the meaning of prior provisions, the Articles of Incorporation of Southern California Presbyterian Homes, a California nonprofit corporation, are hereby amended as follows:

"Section 2 in its entirety is amended to read:

"2. The primary business in which the corporation intends to initially engage is as a charitable corporation to establish, build, equip, maintain, conduct and operate one or more establishment or establishments, institution or institutions, home or homes and other place or places for the reception and care of aged persons, including, but not limited to, those who are members of the United Presbyterian Church in the United States of America within the Presbyteries of

Los Angeles, Riverside, and  
Santa Barbara.

"The purposes for which this corporation is formed are and shall continue to be solely, irrevocably and exclusively charitable. In furtherance of such purposes and only when consistent therewith, the corporation shall:

"(a) Provide relief for the distress and hardship of aged persons.

"(b) Provide for the rehabilitation, recreation or education of aged persons who lack financial means to provide for themselves without financial distress.

"(c) Administer to the needs of the aged.

"(d) Maintain residence for aged persons, including such establishments, institutions, commissaries, dining rooms, recreational equipment, infirmaries, dispensaries and such other places and facilities as may be convenient or necessary.

"(e) Supply for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable by those believing in and accepting the teachings of Christ and the principles and doctrines of The United Presbyterian Church in the United States of America.

"(f) Exercise those powers given to nonprofit corporations by the Corporations Code of the State of California.

"(g) Do all other acts necessary or expedient for the administration of the affairs and the attainment of the purposes of the corporation.

"The foregoing statement of purposes shall be construed as a statement of both purposes and powers, and the purposes and powers stated in each clause shall, except where otherwise expressed, be in nowise limited or restricted by reference to or inference from the terms or provisions from any other clause, but shall be regarded as independent purposes and powers.

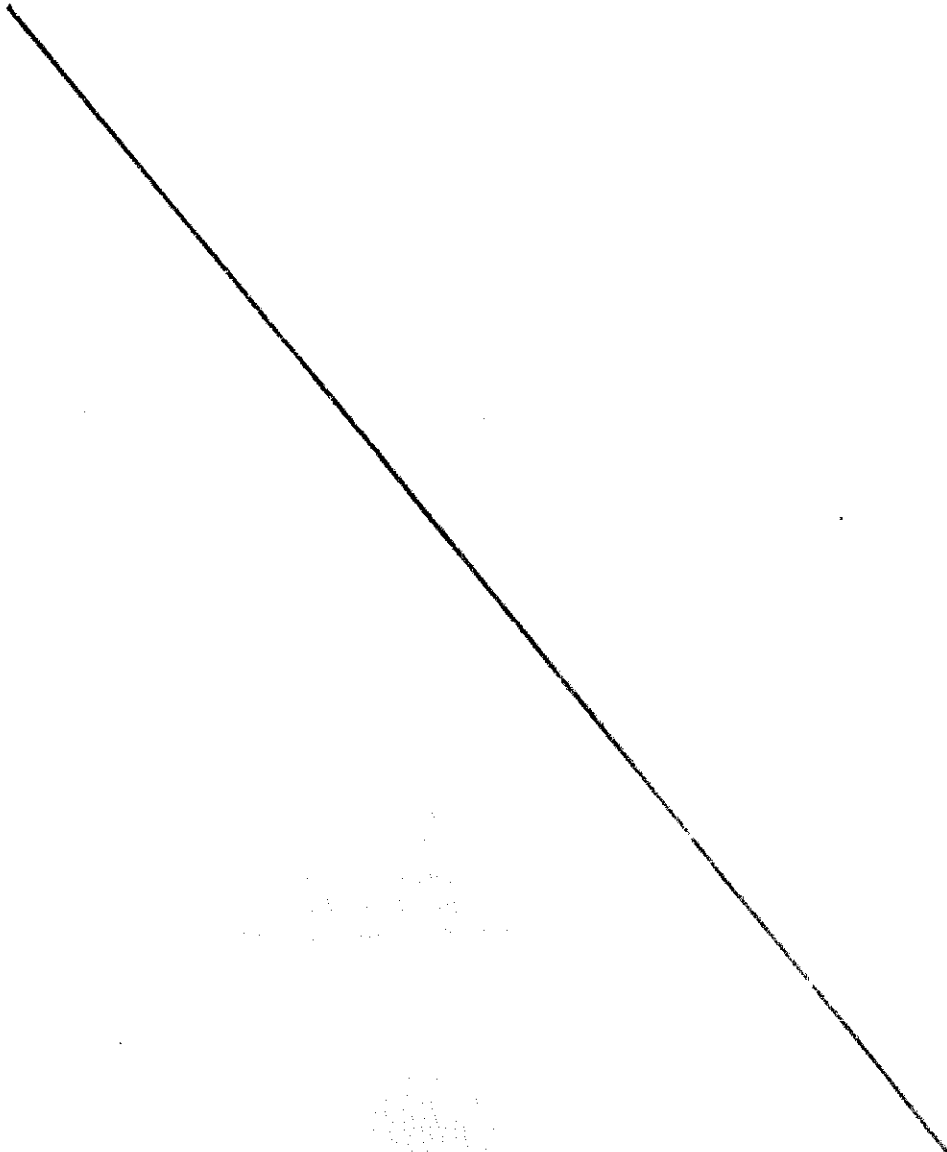
"This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California and does not contemplate the distribution of gains, profits or dividends to the members thereof. The property of this corporation, and all parts thereof, is hereby dedicated solely, irrevocably and exclusively to charitable and religious purposes. No substantial part of the activity of this corporation shall be devoted to carrying on propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Upon any liquidation or dissolution of this corporation or any abandonment of its assets or property, no part of any such property or assets shall be distributed to or inure to the benefit of any private member or individual, but said property and assets and all parts thereof shall, after payment or provision for the payment of the corporation's debts and obligations, be distributed to a fund, foundation or corporation organized and operated solely, exclusively and irrevocably for charitable and religious purposes.

"Notwithstanding any other provision contained herein, the corporation formed hereby is authorized to enter into a contract (Regulatory Agreement) with the Federal Housing Commissioner and shall be bound by the terms thereof to enable the Commissioner to carry out the provisions of Title II, Section 207 (b) (2) of the National Housing Act, as amended. Upon execution the contract (Regulatory Agreement) shall be binding upon the corporation, its successors and assigns, so long as a mortgage is outstanding, unpaid and insured or held by the Federal Housing Commissioner.

"BE IT FURTHER RESOLVED, that the President or Vice President and the Secretary or the Assistant Secretary of this corporation be and they hereby are authorized and directed to procure the adoption and approval of the foregoing amendment by the Board by the vote or written consent of the members of this corporation constituting at least two-thirds of a quorum thereof, and thereafter to sign and verify by their oaths, and to file, a certificate in the form and manner required by Section 3672 of the Corporations Code of the State of California, and in general, to do any and all things necessary to effect said amendment in accordance with law."

2. After the adoption of the resolutions by the Board of Trustees, as set forth in 1 above, the amendments to said Articles of Incorporation set forth in said resolutions were adopted by the written consent of members holding at least a majority of the voting power of said corporation and by members constituting at least two-thirds of a quorum of the members of said corporation. Said corporation is a nonstock corporation.

3. A copy of the form of written consent signed by the members of said corporation is as follows:





" WRITTEN CONSENT OF MEMBERS TO  
AMENDMENT OF ARTICLES OF INCORPORATION OF  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

---

WHEREAS, at a Regular Meeting of the Board of Trustees of Southern California Presbyterian Homes, a California nonprofit corporation, duly and regularly held at 1230 East Windsor Road, Glendale, California, on Monday, April 6, 1959, at 6:30 P.M., at which meeting there was at all times present and acting a quorum of the members of said Board, the following resolutions were adopted:

"BE IT RESOLVED that for the purpose of clarification only, and without intent to enlarge upon or diminish the meaning of prior provisions, the Articles of Incorporation of Southern California Presbyterian Homes, a California nonprofit corporation, are hereby amended as follows:

"Section 2 in its entirety is amended to read:

"2. The primary business in which the corporation intends to initially engage is as a charitable corporation to establish, build, equip, maintain, conduct and operate one or more establishment or establishments, institution or institutions, home or homes and other place or places for the reception and care of aged persons, including, but not limited to, those who are members of the United Presbyterian Church in the United States of America within the Presbyteries of Los Angeles, Riverside and Santa Barbara.

"The purposes for which this corporation is formed are and shall continue to be solely, irrevocably and exclusively charitable. In furtherance of such purposes and only when consistent therewith, the corporation shall:

"(a) Provide relief for the distress and hardship of aged persons.

"(b) Provide for the rehabilitation, recreation or education of aged persons who lack financial means to provide for themselves without financial distress.

"(c) Administer to the needs of the aged.

"(d) Maintain residence for aged persons, including such establishments, institutions, commissaries, dining rooms, recreational equipment, infirmaries, dispensaries and such other places and facilities as may be convenient or necessary.

"(e) Supply for aged persons, shelter, care, protection, love, understanding, companionship and those essentials of a full and devoted life believed to be desirable by those believing in and accepting the teachings of Christ and the principles and doctrines of The United Presbyterian Church in the United States of America.

"(f) Exercise those powers given to nonprofit corporations by the Corporations Code of the State of California.

"(g) Do all other acts necessary or expedient for the administration of the affairs and the attainment of the purposes of the corporation.

"The foregoing statement of purposes shall be construed as a statement of both purposes and powers, and the purposes and powers stated in each clause shall, except where otherwise expressed, be in nowise limited or restricted by reference to or inference from the terms or provisions from any other clause, but shall be regarded as independent purposes and powers.

"This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California and does not contemplate the distribution of gains, profits or dividends to the members thereof. The property of this corporation, and all parts thereof, is hereby dedicated solely, irrevocably and exclusively to

charitable and religious purposes. No substantial part of the activity of this corporation shall be devoted to carrying on propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Upon any liquidation or dissolution of this corporation or any abandonment of its assets or property, no part of any such property or assets shall be distributed to or inure to the benefit of any private member or individual, but said property and assets and all parts thereof shall, after payment or provision for the payment of the corporation's debts and obligations, be distributed to a fund, foundation or corporation organized and operated solely, exclusively and irrevocably for charitable and religious purposes.

"Notwithstanding any other provision contained herein, the corporation formed hereby is authorized to enter into a contract (Regulatory Agreement) with the Federal Housing Commissioner and shall be bound by the terms thereof to enable the Commissioner to carry out the provisions of Title II, Section 207 (b) (2) of the National Housing Act, as amended. Upon execution the contract (Regulatory Agreement) shall be binding upon the corporation, its successors and assigns, so long as a mortgage is outstanding, unpaid and insured or held by the Federal Housing Commissioner.


"BE IT FURTHER RESOLVED, that the President or Vice President and the Secretary or the Assistant Secretary of this corporation be and they hereby are authorized and directed to procure the adoption and approval of the foregoing amendment by the Board by the vote or written consent of the members of this corporation constituting at least two-thirds of a quorum thereof, and thereafter to sign and verify by their oaths, and to file, a certificate in the form and manner required by Section 3672 of the Corporations Code of the State of California, and in general, to do any and all things necessary to effect said amendment in accordance with law."

IN WITNESS WHEREOF, each of the undersigned has hereunto signed his name and following his name, the date of signing.

[illegible]

4. The total number of members entitled to vote on or consent to the adoption of such amendment is twenty, and pursuant to the By-Laws five members constitute a quorum. The total number of members signing said written consent was eighteen.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment this 6th day of April, 1959.



  
\_\_\_\_\_  
Max Eddy Utt  
President, Southern California  
Presbyterian Homes

  
\_\_\_\_\_  
Fred E. Rhodes  
Secretary, Southern California  
Presbyterian Homes

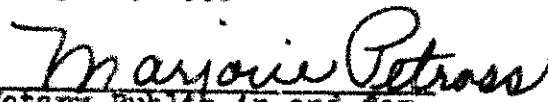
STATE OF CALIFORNIA }  
COUNTY OF LOS ANGELES } ss

Max Eddy Utt and Fred E. Rhodes, being first duly sworn, each for himself, deposes and says:

That Max Eddy Utt is and was at all of the times mentioned in the foregoing Certificate of Amendment the President of Southern California Presbyterian Homes, the California nonprofit corporation herein mentioned, and Fred E. Rhodes is, and was at all of said times, the Secretary of said corporation; that each of them has read said Certificate and that the statements therein made are true of his own knowledge, and that the signatures purporting to be the signatures of said President and Secretary thereto are the genuine signatures of said President and Secretary, respectively.

  
Max Eddy Utt  
  
Fred E. Rhodes

Subscribed and sworn to  
before me this 9<sup>th</sup> day  
of April, 1959.

  
Notary Public in and for  
the County of Los Angeles,  
State of California

My Commission expires: May 8, 1961

(Seal)

300159

A466285

FILED  
the office of the Secretary of State  
of the State of California

SEP 27 1995

Will Jones  
Will JONES, Secretary of State

RESTATED  
ARTICLES OF INCORPORATION  
OF  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

Gerald W. Dingivan and Frank H. Tranzow certify that:

1. They are the President and the Secretary, respectively, of SOUTHERN CALIFORNIA PRESBYTERIAN HOMES, a California nonprofit corporation.

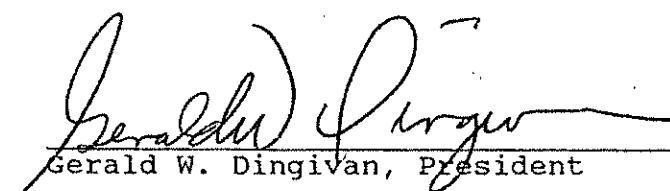
2. The Articles of Incorporation of this corporation are amended and restated to read as set forth in full in the document entitled "RESTATED ARTICLES OF INCORPORATION OF SOUTHERN CALIFORNIA PRESBYTERIAN HOMES" which is attached hereto and by this reference is incorporated herein.

3. The foregoing amendment and restatement of the Articles of Incorporation has been duly approved by the Board of Trustees.

4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: September 21, 1995

  
Gerald W. Dingivan, President

  
Frank H. Tranzow, Secretary

RESTATED  
ARTICLES OF INCORPORATION  
OF  
SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

ARTICLE I

The name of this corporation is SOUTHERN CALIFORNIA PRESBYTERIAN HOMES.

ARTICLE II

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. This corporation elects to be governed by all of the provisions of the Nonprofit Public Benefit Corporation Law of 1980 not otherwise applicable to it under Part 5. A further description of the corporation's purposes is as follows: to establish, build, equip, maintain and operate one or more institutions, homes or other places for the reception and care of individuals.

ARTICLE III

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue Law).

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except as provided in Section 501(h) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue Law), and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of (or in opposition to) any candidate for public office.

ARTICLE IV

Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the



Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law).

#### ARTICLE V

The property of this corporation is irrevocably dedicated to charitable purposes, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof, or to the benefit of any private person. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law).

A0733952

**FILED** *MLC*  
in the office of the Secretary of State  
of the State of California  
OCT 28 2012 *lc*

C0300159

**RESTATED  
ARTICLES OF INCORPORATION  
OF**

**SOUTHERN CALIFORNIA PRESBYTERIAN HOMES,  
a California Nonprofit Public Benefit Corporation**

The undersigned certify that:

1. They are the Chair of the Board and the Secretary, respectively, of Southern California Presbyterian Homes, a California nonprofit public benefit corporation.
2. The Articles of Incorporation of this corporation are amended and restated to read as follows:

**ARTICLE I**

The name of this corporation is SOUTHERN CALIFORNIA PRESBYTERIAN HOMES.

**ARTICLE II**

A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. This corporation elects to be governed by all of the provisions of the Nonprofit Public Benefit Corporation Law of 1980 not otherwise applicable to it under Part 5.

B. The purposes of this corporation are (1) to develop and operate housing specially designed for older adults, with arrangements for residents' health care and financial security, and otherwise to promote the interests and serve the needs of older adults, provided that such activities are consistent with this corporation's exempt purposes; (2) to promote the health and well-being of older adults by providing home care, home health care, palliative care, hospice care, and other forms of care and services; (3) to provide affordable housing; and (4) to engage in any other charitable activities.

**ARTICLE III**

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and Sections 214 and 23701d of the California Revenue and Taxation Code, as amended.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except as provided in Section 501(h) of the Code. This corporation shall not participate or intervene in any political

campaign (including the publication or distribution of statements) on behalf of or in opposition to any candidate for public office.

#### ARTICLE IV

Notwithstanding any other provision of these articles, this corporation shall not conduct or carry on any activities not permitted to be conducted or carried on (a) by an organization exempt under Section 501(c)(3) of the Code; or (b) an organization, contributions to which are deductible under Section 170 of the Code.

#### ARTICLE V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person. Upon the liquidation, dissolution, or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a fund, foundation, or corporation that is organized and operated exclusively for charitable purposes and that has established its tax-exempt status under Section 501(c)(3) of the Code.

#### ARTICLE VI

The liability of the directors of this corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

3. The foregoing restatement of Articles of Incorporation has been duly approved by the board of directors.
4. This corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certification are true and correct of our own knowledge.

Date: 10/25/12

Albert W. Kelley  
Albert W. Kelley, Chair of the Board

Date: 10/25/12

David Decker  
David Decker, Secretary

0300159

## CERTIFICATE OF AMENDMENT AND RESTATEMENT OF

## ARTICLES OF INCORPORATION

OF

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES,

a California Nonprofit Public Benefit Corporation

FILED *CU*  
Secretary of State  
State of California *VM*

APR 29 2016

*IPC*

The undersigned, John H. Cochrane III and David R. Decker, hereby certify that:

1. They are the duly elected and acting President/CEO and Secretary, respectively, of Southern California Presbyterian Homes, a California nonprofit public benefit corporation (the "Corporation").
2. The Articles of Incorporation of the Corporation are amended and restated to read in their entirety as follows:

**I**

The name of this Corporation shall be SOUTHERN CALIFORNIA PRESBYTERIAN HOMES.

**II**

A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

B. The specific and primary purposes for which this Corporation is formed are to: (1) provide healthcare services, supportive services and/or housing, including affordable housing, as well as related facilities and services to low income households, elderly persons and others with special needs, on a nonprofit charitable basis; (2) own, operate, conduct, and maintain nonprofit charitable continuing care retirement communities, skilled nursing facilities, personal care units, and such other facilities that may advance the general purposes for which this Corporation is formed; (3) receive donations, gifts, and other funds for use in the advancement of the purposes of this Corporation; and (4) engage in any other charitable activities.

**III**

A. This Corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code").

B. Notwithstanding any other provision of these articles or the bylaws, this Corporation shall not carry on any activities not permitted to be carried on by: (i) a corporation

exempt from federal income tax under Section 501(c)(3) of the Code, or (ii) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

C. No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

D. The property of this Corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this Corporation shall inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

E. Upon the dissolution or winding up of the Corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this Corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Code.

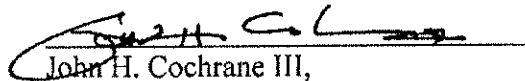
#### IV

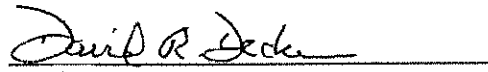
The liability of the directors of this Corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

3. The foregoing Amended and Restated Articles of Incorporation of the Corporation have been duly approved by the board of directors of the Corporation.
4. The Corporation has no members.

Each of the undersigned declares under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate of Amendment and Restatement are true and correct of his or her own knowledge.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment and Restatement on 28 April, 2016.

  
John H. Cochrane III,  
President/CEO

  
David R. Decker,  
Secretary

16-644023



**Secretary of State**  
**Statement of Information**  
 (California Nonprofit, Credit Union and  
 General Cooperative Corporations)

SI-100

**FILED**  
**Secretary of State**  
**State of California**

DEC 15 2016

**IMPORTANT** — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00 plus copy fees

1. **Corporation Name** (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State)

SOUTHERN CALIFORNIA PRESBYTERIAN HOMES

21/20/PC  
 This Space For Office Use Only

2. **7-Digit Secretary of State File Number**

C0300159

**3. Business Addresses**

a. Street Address of California Principal Office, if any - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
6120 Stoneridge Mall Road, #300,	Pleasanton	CA	94588
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

**4. Officers**

The Corporation is required to list all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix
	John		Ochrane	
Address	City (no abbreviations)		State	Zip Code
6120 Stoneridge Mall Road, #300,	Pleasanton		CA	94588
b. Secretary Assistant	First Name	Middle Name	Last Name	Suffix
	S.	Louise	Rankin	
Address	City (no abbreviations)		State	Zip Code
6120 Stoneridge Mall Road, #300,	Pleasanton		CA	94588
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
	Pamela	S	Clackson	
Address	City (no abbreviations)		State	Zip Code
6120 Stoneridge Mall Road, #300,	Pleasanton		CA	94588

**5. Agent for Service of Process**

Item 5a and 5b: If the agent is an individual, the agent must reside in California and Item 5a and 5b must be completed with the agent's name and California address. Item 5c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 5c must be completed (leave Item 5a-5b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 5a or 5b			
National Corporate Research, Ltd.			

C2003899

**6. Common Interest Developments**

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See instructions.

**7. The Information contained herein, including in any attachments, is true and correct.**

12/8/16  
 Date

S. Louise Rankin  
 Type or Print Name of Person Completing the Form

General Counsel  
 Title

S. Louise Rankin  
 Signature

SI-100 (REV 11/2016)

2016 California Secretary of State  
 www.sos.ca.gov/business/be

WINDSOR 001215

**CERTIFICATE OF AMENDMENT AND RESTATEMENT OF**

**ARTICLES OF INCORPORATION**

**OF**

**SOUTHERN CALIFORNIA PRESBYTERIAN HOMES,  
a California Nonprofit Public Benefit Corporation**

**FILED** *gmm*  
Secretary of State  
State of California

**MAR 29 2018**

*lcc*

The undersigned, John Cochrane and S. Louise Rankin, hereby certify that:

1. They are the duly elected and acting President/CEO and Assistant Secretary, respectively, of Southern California Presbyterian Homes, a California nonprofit public benefit corporation (the "Corporation").
2. The Articles of Incorporation of the Corporation are amended and restated to read in their entirety as follows:

**I**

The name of this Corporation shall be HumanGood SoCal.

**II**

A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

B. The specific and primary purposes for which this Corporation is formed are to: (1) provide healthcare services, supportive services and/or housing, including affordable housing, as well as related facilities and services to low income households, elderly persons and others with special needs, on a nonprofit charitable basis; (2) own, operate, conduct, and maintain nonprofit charitable continuing care retirement communities, skilled nursing facilities, personal care units, and such other facilities that may advance the general purposes for which this Corporation is formed; (3) receive donations, gifts, and other funds for use in the advancement of the purposes of this Corporation; and (4) engage in any other charitable activities.

**III**

A. This Corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code").

B. Notwithstanding any other provision of these articles or the bylaws, this Corporation shall not carry on any activities not permitted to be carried on by: (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (ii) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

C. No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

D. The property of this Corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this Corporation shall inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

E. Upon the dissolution or winding up of the Corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this Corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Code.


#### IV

The liability of the directors of this Corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

3. The foregoing Amended and Restated Articles of Incorporation of the Corporation have been duly approved by the board of directors of the Corporation.
4. The foregoing Amended and Restated Articles of Incorporation have been duly approved by the member of the Corporation.

Each of the undersigned declares under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate of Amendment and Restatement are true and correct of his or her own knowledge.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment and Restatement on March 29, 2018.

  
John Cochrane, President/CEO

  
S. Louise Rankin, Secretary



A0810876

human good

Life. It's personal.

March 29, 2018

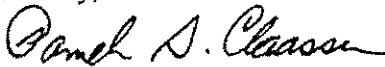
CA Secretary of State  
1500 11th Street, 3rd Floor  
Sacramento, CA 95814

Re: Consent to use name HUMANGOOD SOCAL

To Whom It May Concern:

I am the Chief Financial Officer of HUMANGOOD, a California nonprofit public benefit corporation. HUMANGOOD hereby consents to the use of the name HUMANGOOD SOCAL amending a nonprofit public benefit corporation.

Sincerely,



Pamela S. Claassen  
CFO



# State of California Secretary of State

**N**

## Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.  
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**G466619****FILED**

In the office of the Secretary of State  
of the State of California

**MAR-07 2019****1. CORPORATE NAME**

HUMANGOOD SOCAL

**2. CALIFORNIA CORPORATE NUMBER**

C0300159

This Space for Filing Use Only

**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588			

4. MAILING ADDRESS OF THE CORPORATION	CITY	STATE	ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
JOHN COCHRANE	6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588			

6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
DECLAN BROWN	6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588			

7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
PAMELA CLAASSEN	6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588			

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS (Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.)  
COGENCY GLOBAL INC.

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE

**Common Interest Developments**

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

03/07/2019

LOUISE RANKIN

GENERAL COUNSEL

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

SI-100 (REV 01/2016)

APPROVED BY SECRETARY OF STATE

WINDSOR 001219



# State of California Secretary of State

**N**

## Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**G466619****FILED**

In the office of the Secretary of State  
of the State of California

**MAR-07 2019****1. CORPORATE NAME**

HUMANGOOD SOCIAL

**2. CALIFORNIA CORPORATE NUMBER**

C0300159

This Space for Filing Use Only

**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
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6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588

4. MAILING ADDRESS OF THE CORPORATION	CITY	STATE	ZIP CODE
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**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
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JOHN COCHRANE 6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588

6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
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DECLAN BROWN 6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588

7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
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PAMELA CLAASSEN 6120 STONERIDGE MALL ROAD #100, PLEASANTON, CA 94588

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS (Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.)
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COGENCY GLOBAL INC.

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
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**Common Interest Developments**

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

03/07/2019

LOUISE RANKIN

GENERAL COUNSEL

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

SI-100 (REV 01/2016)

APPROVED BY SECRETARY OF STATE

WINDSOR 001220

Office of the  
Attorney General

Page 1

Page 1



I hereby certify that the foregoing transcript of 51 page(s) is a full, true and correct copy of the complete record in the custody of the California Secretary of State's office as of this date.

APR 06 2019

Date: \_\_\_\_\_ *CFG*

*Alex Padilla*

ALEX PADILLA, Secretary of State

**SECTION 999.5(d)(4)**

**2) Current Bylaws for HumanGood SoCal**

**Amended and Restated Bylaws of  
HumanGood SoCal  
a California Nonprofit Public Benefit Corporation**

***ARTICLE 1 NAME***

The name of this Corporation is “HumanGood SoCal” (formerly known as Southern California Presbyterian Homes, dba be.group).

***ARTICLE 2 OFFICES***

**2.1     *PRINCIPAL OFFICE***

The Corporation shall have a principal office at which it shall maintain its official records and transact other business. The principal office shall be located at a place as determined by the Board of Directors within or outside the State of California.

**2.2     *OTHER OFFICES***

The Corporation may also have other offices within and outside of California as the Board of Directors may determine.

***ARTICLE 3 PURPOSES***

The primary purpose of this Corporation is as set forth in the Corporation’s Articles of Incorporation. The Corporation’s purposes may be amended exclusively by an amendment to the Articles of Incorporation as set forth in Section 12.3.

***ARTICLE 4 MEMBER***

**4.1     *MEMBER***

The sole member of the Corporation is HumanGood, a California nonprofit public benefit corporation (the “Member”).

The Member shall continue to serve as the sole Member until such time as the Corporation is dissolved or these bylaws are amended by the Member to provide otherwise, or the Member is dissolved or ceases to be recognized by the Internal Revenue Service as an organization described by section 501(c)(3) of the Internal Revenue Code.

#### **4.2     *RIGHTS OF THE MEMBER***

The Member shall have the right to vote, as set forth in these bylaws, on the election and removal of directors, the disposition of all or substantially all of the assets of the Corporation, any merger and its principal terms and any amendment of those terms, and any election to dissolve the Corporation. In addition, the Member shall have all rights afforded members under Section 5230 and following of the California Nonprofit Public Benefit Corporation Law (the "Nonprofit Law").

#### **4.3     *TRANSFER TO DIRECTORS IF MEMBER FAILS***

If at any time during the term of this Corporation, the Member dissolves or ceases to be recognized by the Internal Revenue Service as an organization described by section 501(c)(3) of the Internal Revenue Code, then the directors in office at that time shall become members of the corporation without the need for further action.

#### **4.4     *MEETINGS OF MEMBER***

The annual meeting of the Member as a member of this Corporation shall take place concurrently with or immediately after the annual board meeting of the Member as specified in the Member's bylaws.

A special meeting of the Member may be called in accordance with the bylaws of the Member.

#### **4.5     *ACTIONS BY WRITTEN CONSENT***

Any action required or permitted to be taken by the Member may be taken without a meeting if the Member consents in writing to the action. The written consent or consents shall be filed with the minutes of the Corporation. The action by written consent shall have the same force and effect as a vote of the Member.

### ***ARTICLE 5 DIRECTORS, ELECTION AND REMOVAL***

#### **5.1     *POWERS OF BOARD OF DIRECTORS***

The Corporation shall have a Board of Directors (referred to, in these bylaws, as the "Board"). The activities and affairs of the Corporation shall be conducted and all corporate powers shall be exercised by or under the direction of the Board, acting as a body. The Board may delegate the management of the activities and affairs of the Corporation to any person or persons, management company, or committee however composed, provided that the activities and affairs of the Corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board.

## **5.2 NUMBER**

The Board shall have no less than seven and no more than eleven directors. Upon the effective date of these Restated and Amended Bylaws (the "Adoption Date"), the authorized number of directors shall be nine. The authorized number of directors may be set within these limits from time-to-time by vote of a majority of the directors then in office.

## **5.3 ELECTION OF DIRECTORS, TERMS OF OFFICE**

At all times, the Board shall consist of:

(a) One "At-Large Director," who may be a person who concurrently serves on the governing board of HumanGood NorCal, a California public benefit corporation; the At-Large Director is nominated by the Board and elected by the Member;

(b) One "Resident Director," who shall be a resident of a continuing care retirement community in California operated by the Corporation who is nominated by the residents of such communities and who is elected by the Member; and

(c) "Ex Officio Directors," who shall be the seven (7) individuals who serve as board members of the Member, who shall also serve as voting directors of this Corporation *ex officio*.

Notwithstanding the preceding paragraph, upon the Adoption Date, and subject to the resignation of all then-current directors of the Corporation, the directors shall be the persons listed in Appendix A (the "Initial Directors"), who shall serve in the offices set forth therein.

All Initial Directors shall serve an initial term of four years (the "Initial Term"), concluding at the 2020 annual meeting of the Corporation.

## **5.4 SUCCESSOR DIRECTORS**

As of the fiscal year commencing in 2020, the terms of the Ex Officio Directors shall be the same as the terms of those individuals serving as board members of the Member. At the annual meeting of the Corporation held in 2020, the Board shall assign the At-Large Director and the Resident Director to 1, 2 or 3 year terms.

Commencing in 2020, prior to the Member's annual meeting, the Corporation shall forward to the Member nominees for the At-Large Director and the Resident Director each year that the At-Large Director's or the Resident Director's position will expire at the Corporation's annual meeting in that year. At each annual meeting, the Member shall elect the At-Large Director and the Resident Director from the nominees presented by the Board to fill directorships that expire that fiscal year. The Member may, in its sole discretion, reject any individual nominated. In that



event, the Board may continue to nominate individuals until the open directorships are filled by election by the Member.

Including the Initial Term, no person shall serve as a director of this Corporation for more than three consecutive terms. A director who has served three consecutive terms may be eligible to serve as a director again after one year has passed since that person was last a director, and may serve for a maximum of an additional three consecutive terms.

#### **5.5 REMOVAL OF DIRECTORS**

An Initial Director may be removed only for cause during his or her Initial Term. A director other than an Initial Director during the Initial Term may be removed without cause by the vote of a majority of the directors then in office.

#### **5.6 VACANCIES**

Vacancies on the Board shall exist (i) on the death or resignation of a director, or (ii) removal of any director by the Board in accordance with Section 5.5, or (iii) whenever the number of authorized directors is increased, or (iv) on the declaration by Board resolution of a vacancy in the office of a director who has been declared of unsound mind by a final order of court, or convicted of a felony, or been found by a final order or judgment of any court to have breached any duty under the Nonprofit Law.

Any director may resign effective upon giving written notice to the President, the Secretary, or the Board. Any such resignation shall take effect at the date of receipt of such notice or at any later date specified therein. Unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. No director may resign if such resignation will leave the Corporation without at least one duly elected director in charge of its affairs except upon notice to the Attorney General of the State of California.

A reduction of the number of authorized directors shall be effective only upon the expiration of the then-current directors' terms of office or upon the occurrence of any other vacancy in the Board, unless the reduction or the amendment also provides for the removal of one or more specified directors.

In the case of the vacancy of the At-Large Director, the then-current directors shall nominate a person who meets the requirements of Section 5.3(a), who shall be considered for election by the Member pursuant to the procedure set forth in Section 5.4 at the Member's annual meeting or at any special meeting of the Member.

In the case of the vacancy of the Resident Director, the Board shall consider residents' selections and nominate a resident in the manner set forth in Section 5.3(b), who shall be considered for election by the Member pursuant to the procedure set forth in Section 5.4 at the Member's annual meeting or at any special meeting of the Member.

The office of any Ex Officio Director who ceases to be a director of the Member for any reason shall be deemed vacant until that vacant Member directorship is filled.

## ***ARTICLE 6 DIRECTOR DUTY OF CARE AND CONDUCT***

### ***6.1 DUTY OF CARE AND LOYALTY***

It is the obligation of each director of the Corporation to perform his or her duties in good faith, in a manner such director believes to be in the best interests of the Corporation, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. This obligation extends to all activities a director performs in that capacity including, without limitation, duties as a member of any committee of the Board on which a director may serve.

In the administration of the powers to make and retain investments and to delegate investment management of corporate funds, the Board shall consider among other relevant considerations the long and short term needs of the Corporation in carrying out its purposes, its present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions.

### ***6.2 GENERAL DUTIES***

It is the duty of each director to:

(a) Perform any and all duties imposed on him or her individually, or collectively upon the Board, by law, by the Articles of Incorporation of this Corporation, or by these bylaws; and

(b) Register his or her addresses, phone and facsimile numbers, and primary email address with the Secretary of the Corporation. Notices of meetings delivered or telephoned to a director at such address shall be valid notices. Notices of meetings delivered by phone (including a voice messaging system), facsimile, email or by other electronic means shall be valid notices thereof if, prior to delivery of the notice, the director has given his or her consent to receive notice by such means.

It is the duty of the Board to:

(a) Appoint and remove the President and appointed officers.

(b) Meet at such times and places as required by these bylaws.

### **6.3     RESTRICTION REGARDING INTERESTED DIRECTORS**

Notwithstanding any other provision of these bylaws, not more than 49% of the persons serving on the Board may be interested persons. An "interested person" is:

(a) Any person currently being compensated by the Corporation for services rendered it in the previous 12 months excluding any reasonable compensation paid to a director as director. For purposes of this definition, compensation means any payment as a full or part-time employee, an officer, a contractor, a vendor or otherwise.

(b) Any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person.

### **6.4     SELF-DEALING**

The Corporation shall not enter into any contract or transaction, directly or indirectly, with any: (i) director of the Corporation; (ii) officer of the Corporation; (iii) any person who during the 5-year period ending on the date of the such transaction was in a position to exercise substantial influence over the affairs of the Corporation; or (iv) any person who is a relative by blood or marriage of such a person or who along with such a person owns more than 35% of the voting power, profit interest or beneficial interest in an entity, unless:

(a) The material facts regarding that person's financial interest in such contract or transaction, or regarding such common directorship, officership, or financial interest, are fully disclosed in good faith and noted in the minutes, or are known to all directors, prior to consideration by the Board of such contract or transaction;

(b) Such contract or transaction is authorized in good faith by a vote of the majority of the directors then in office, without counting the votes of any director who has a financial interest in the transaction;

(c) Before authorizing or approving the transaction, the Board considers and in good faith determines, after reasonable investigation, that the Corporation could not obtain a more advantageous arrangement with reasonable effort under the circumstances; and

(d) At the time the transaction is entered into:

(i) The transaction is fair and reasonable to the Corporation; and

(ii) The Corporation entered into it for its own benefit.

## **6.5     *MUTUAL DIRECTORS***

The Corporation shall not enter into a contract or transaction with any other entity of which one or more of the Corporation's directors are directors (or the equivalent) unless:

(a)     The material facts as to the transaction and as to such director's other directorship are fully disclosed or known to the Board, and the Board or committee authorizes, approves or ratifies the contract or transaction in good faith, or

(b)     The contract or transaction is just and reasonable to the Corporation at the time it is authorized, approved or ratified.

## **6.6     *COMPENSATION***

Directors shall serve without compensation. Directors and other disqualified persons may be allowed reasonable advancement or reimbursement of expenses incurred in the performance of their regular duties as specified in Section 6.2. Directors may be compensated for rendering services to the Corporation in any capacity other than director only if such other compensation is reasonable, allowable, and has been authorized under the provisions of Sections 6.3 and 6.4.

## **6.7     *LOANS TO OFFICERS OR DIRECTORS***

The Corporation shall not make any loan of money or property to or guarantee the obligation of any director or officer, unless approved by the Attorney General; provided, however, that the Corporation may advance money to a director or officer of the Corporation or of its parent or any subsidiary for expenses reasonably anticipated to be incurred in the performance of the duties of such officer or director, provided that in the absence of such advance, such director or officer would be entitled to be reimbursed for such expenses by such Corporation, its parent, or any subsidiary.

The provisions of this Section do not apply to:

(a)     The payment of premiums in whole or in part by the Corporation on a life insurance policy on the life of a director or officer so long as repayment to the Corporation of the amount paid by it is secured by the proceeds of the policy and its cash surrender value; or

(b)     A loan of money to or for the benefit of an officer in circumstances where the loan is necessary, in the judgment of the Board, to provide financing for the purchase of the principal residence of the officer in order to secure the services or continued services of the officer and the loan is secured by real property located in California.

## **6.8 NON-LIABILITY OF DIRECTORS**

The directors shall not be personally liable for the debts, liabilities, or other obligations of the Corporation.

## **6.9 INSURANCE FOR CORPORATE AGENTS**

This Corporation shall have the right to purchase and maintain insurance to the full extent permitted by law on behalf of its officers, directors, employees, and other agents to cover any liability asserted against or incurred by any officer, director, employee, or agent in such capacity or arising from the officer's, director's, employee's, or agent's status as such.

## **6.10 INDEMNIFICATION BY CORPORATION OF DIRECTORS, OFFICERS, EMPLOYEES AND OTHER AGENTS**

(a) For purposes of this Section, the following terms shall have the meanings ascribed:

(i) "Agent" means any person who is or was a director, officer, employee, or other agent of this Corporation;

(ii) "Proceeding" means any threatened, pending, or completed action or proceeding, whether civil, criminal, administrative, or investigative; and

(iii) "Expenses" includes, without limitation, all attorney fees, costs, and any other expenses incurred in the defense of any claims or proceedings against an agent by reason of his position or relationship as agent and all attorneys' fees, costs, and other expenses incurred in establishing a right to indemnification under this Article.

(b) Subject to the required findings to be made pursuant to Subsection 6.10(f), this Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding for all expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with the proceeding, other than an action brought by, or on behalf of, this Corporation, or by an officer, director or person granted related status by the Attorney General, or by the Attorney General on the ground that the defendant director was or is engaging in self-dealing within the meaning of section 5233 of the Nonprofit Law or by the Attorney General or a person granted related status by the Attorney General for any breach of duty relating to assets held in charitable trust, by reason of the fact that such person is or was an agent of this Corporation.

(c) This Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action brought by or on behalf of this Corporation by reason of the fact that the person is or was an agent of this

Corporation, for all expenses actually and reasonably incurred in connection with the defense of that action, provided that both of the following are met:

(i) The determination of good faith conduct required by Subsection 6.10(f) must be made in the manner provided for in that Subsection; and

(ii) Upon application, the court in which the action was brought must determine that, in view of all of the circumstances of the case, the agent should be entitled to indemnity for the expenses incurred. If the agent is found to be so entitled, the court shall determine the appropriate amount of expenses to be reimbursed.

(d) To the extent that an agent of this Corporation has been successful on the merits in the defense of any proceeding referred to in this Article, or in the defense of any claim, issue, or matter therein, the agent shall be indemnified against expenses actually and reasonably incurred by the agent in connection with the claim. If an agent either settles any such claim or sustains a judgment rendered against him, then the provisions of Subsections 6.10(c) and 6.10(f) shall determine whether the agent is entitled to indemnification.

(e) If any agent settles or otherwise disposes of a threatened or pending action brought by or on behalf of this Corporation, with or without court approval, the agent shall receive no indemnification for either amounts paid pursuant to the terms of the settlement or other disposition or for any expenses incurred in defending against the proceeding.

(f) The indemnification granted to an agent in Subsections 6.10(b) through 6.10(d) is conditioned on the following:

(i) The agent seeking reimbursement must be found, in the manner provided below, to have acted in good faith, in a manner he believed to be in the best interest of this Corporation, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use in similar circumstances. The termination of any proceeding by judgment, order, settlement, conviction, or on a plea of nolo contendere, or its equivalent shall not, of itself, create a presumption that the person did not act in good faith or in a manner which he reasonably believed to be in the best interest of this Corporation or that he had reasonable cause to believe that his conduct was unlawful. In the case of a criminal proceeding, the person must have had no reasonable cause to believe that his conduct was unlawful; and

(ii) The determination that the agent did act in a manner complying with Subsection (i) above, shall be made by:

(A) The Board by a majority vote of a quorum consisting of directors who are not parties to the proceeding; or

(B) The court in which the proceeding is or was pending. Such determination may be made on application brought by this Corporation or the

agent or the attorney or other person rendering a defense to the agent, whether or not this Corporation opposes the application by the agent, attorney, or other person.

(g) Expenses incurred in defending any proceeding may be advanced by this Corporation before the final disposition of the proceeding on receipt of an undertaking by or on behalf of the agent to repay the amount of the advance unless it is determined ultimately that the agent is entitled to be indemnified as authorized in this Article. However, no indemnification or advance shall be made under this Section, in any circumstance when it appears:

(i) That the indemnification or advance would be inconsistent with a provision of the Articles, or an agreement in effect at the time of the accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

(ii) That the indemnification would be inconsistent with any condition expressly imposed by a court in approving a settlement.

(h) Nothing contained in this Section shall affect any right to indemnification to which persons other than directors and officers of this Corporation, or any subsidiary hereof, may be entitled by contract or otherwise. This Section does not apply to any proceeding against any trustee, investment manager, or other fiduciary of a pension, deferred compensation, savings, thrift, or other retirement, incentive, or benefit plan, trust, or provision for any or all of the Corporation's directors, officers, employees, and persons providing services to the Corporation or any of its subsidiary or related or affiliated corporations, in that person's capacity as such, even though that person may also be an agent of the Corporation as defined in bylaws. Nothing contained in this Section shall limit any right to indemnification to which such a trustee, investment manager, or other fiduciary may be entitled by contract or otherwise, which shall be enforceable to the extent permitted by applicable law.

#### **6.11 EMERGENCY POWERS**

The emergency bylaw provisions of this section are adopted in accordance with Section 5151(g) of the Nonprofit Law. Notwithstanding anything to the contrary herein, this section applies solely during an Emergency, which is the limited period of time during which a quorum cannot be readily convened for action as a result of the following events or circumstances until the event or circumstance has subsided or ended and a quorum can be readily convened in accordance with the notice and quorum requirements in Sections 7.5 and 7.8 of these bylaws:

(a) A natural catastrophe, including, but not limited to, a hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought, or regardless of cause, any fire, flood, or explosion;

(b) An attack on this state or nation by an enemy of the United States of America, or on receipt by this state of a warning from the federal government indicating that an enemy attack is probable or imminent;

(c) An act of terrorism or other manmade disaster that results in extraordinary levels of casualties or damage or disruption severely affecting the infrastructure, environment, economy, government function, or population, including, but not limited to, mass evacuations; or

(d) A state of emergency proclaimed by the governor of the state in which one or more Directors are resident, or by the President of the United States.

During an emergency, the board may:

(a) Modify lines of succession to accommodate the incapacity of any director, officer, employee, or agent resulting from the emergency;

(b) Relocate the principal office or authorize the officers to do so;

(c) Give notice to a director or directors in any practicable manner under the circumstances, including, but not limited to, by publication and radio, when notice of a meeting of the board cannot be given to that director or directors in the manner prescribed by Section 7.5 of these bylaws; and

(d) Deem that one or more officers present at a board meeting is a director, in order of rank and within the same rank in order of seniority, as necessary to achieve a quorum.

## ***ARTICLE 7 MEETINGS OF THE BOARD***

### ***7.1 REGULAR AND ANNUAL MEETINGS***

Regular meetings of the Board shall be held at least three times per fiscal year at a place and time to be determined by the Board. The regular meeting held during the second quarter of each fiscal year shall be the annual meeting.

At the annual meeting the Board shall undertake the election of officers and the transaction of other business.

### ***7.2 SPECIAL MEETINGS***

Special meetings of the Board may be called by the Chair, a Vice Chair, the Secretary, the President, or by any two directors, and such meetings shall be held at the place, within or



outside the State of California, designated by the person or persons calling the meeting, or in the absence of such designation, at the principal office of the Corporation.

### **7.3 MINUTES**

The Board shall be responsible for recording, approving and maintaining minutes of the proceedings of the meeting of the Board and of committees of the Board. The Secretary shall take the minutes of Board meetings. In the event the Secretary is not in attendance at a meeting, and at all committee meetings, the chair of such meeting shall designate a person to record the minutes of the meeting.

### **7.4 PLACE OF MEETINGS**

Meetings of the Board may be held at any place within or outside California that has been designated by resolution of the Board or in the notice of the meeting, or if not so designated, at the principal office of the Corporation.

Any director may participate in a meeting, and any meeting of the Board may be held by, conference telephone, video screen or other transmission, provided the requirements specified below are met. A director who participates in a meeting by such means shall be considered present in person for that meeting.

(a) In the case of a meeting held by conference telephone or video screen, all directors participating in the meeting are able to hear one another.

(b) In the case of other electronic transmission,

(i) Each director participating in the meeting can communicate with all other directors concurrently, and

(ii) Each director is provided the means of participating in all matters before the Board, including, without limitation, the capacity to propose or to interpose an objection to a specific action to be taken by the Corporation.

### **7.5 NOTICE OF MEETINGS**

Notices of Board meetings are valid if made by:

- (i) First-class mail, postage prepaid;
- (ii) Personal delivery of a written notice;
- (iii) Delivery by overnight courier or private delivery service that can be and is confirmed;
- (iv) Telephone, including a voice messaging system or other technology designed to record and communicate messages, either directly to the director or to a

person at the director's office or home who would reasonably be expected to communicate that notice promptly to the director;

- (v) Facsimile;
- (vi) Email; or
- (vii) Other electronic means;

provided, however, that notice may only be provided by facsimile, email or other electronic means to a director who has given his or her consent to receive notice by such means and if a record capable of retention, retrieval and review of such notice is recorded.

Notice of regular meetings need not be given if fixed by a resolution of the Board that is noted in minutes distributed to all directors. Otherwise, notice of regular meetings will be valid if made no less than seven days prior to the date of the meeting. Notice of special meetings shall be valid if made at least three days prior to the date and time of the meeting.

Notice of the time and place of holding an adjourned meeting need not be given to absent directors if the time and place of the adjourned meeting are fixed at the meeting adjourned and if such adjourned meeting is held no more than 24 hours from the time of the original meeting. Notice shall be given of any adjourned regular or special meeting to directors absent from the original meeting if the adjourned meeting is held more than 24 hours from the time of the original meeting.

#### **7.6 CONTENTS OF NOTICE**

Notice of meetings not herein dispensed with shall specify the place (if other than the Corporation's principal office), day and hour of the meeting. The purpose of any meeting of the Board need not be specified in the notice.

#### **7.7 WAIVER OF NOTICE AND CONSENT TO HOLDING MEETINGS**

Notice of a meeting of the Board need not be given to any director who:

- (a) Either before or after the meeting:
  - (i) Signs a waiver of notice;
  - (ii) Signs a written consent to the holding of the meeting;
  - (iii) Approves of the minutes of the meeting; or

(b) Attends the meeting and who, before or at the beginning of the meeting, does not protest the lack of proper notice to him or her.

The waiver of notice or consent need not specify the purpose of the meeting. All such waivers, consents, and approvals shall be filed with the corporate records or made a part of the minutes of the meetings.

## **7.8 QUORUM FOR MEETINGS**

A majority of the directors then in office shall constitute a quorum for the transaction of any business except adjournment.

If during a meeting at which a quorum was initially present some directors leave rendering the meeting without a quorum, the Board or committee may continue to transact business so long as any action taken or decision made is approved by at least the number of directors required to take action if a quorum were present.

Except as otherwise provided in these bylaws (including without limitation the preceding paragraph), in the Corporation's Articles of Incorporation, or by law, no business shall be considered by the Board at any meeting at which a quorum, as defined above, is not present. The only motion which is permitted at a meeting at which a quorum is not initially present is a motion to adjourn. A majority of the directors present at such meeting may adjourn from time to time until the time fixed for the next regular meeting of the Board.

Regardless of any other provision of these bylaws, a quorum must consist of no less than five directors.

## **7.9 MAJORITY ACTION AS BOARD ACTION; PROHIBITED ACTIONS**

Subject to the restrictions set forth in the following paragraph, the Board may act by approving a resolution properly set before the Board by the affirmative vote of a majority of the directors present at a duly held meeting at which a quorum is present (subject to the more stringent provisions of these bylaws or the Nonprofit Law including, without limitation, provisions relating to (i) approval of contracts or transactions in which a director has a direct or indirect material financial interest, (ii) approval of certain transactions between corporations having common directorships, (iii) creation of, and appointment to, committees of the Board, and (iv) indemnification of directors).

For the first five years after the Adoption Date, the affirmative vote of at least five Initial Ex Officio Directors (as identified on Appendix A), which five must include no less than three of the HumanGood NorCal Initial Ex Officio Directors and two of the HumanGood SoCal Initial Ex Officio Directors, shall be required to approve any of the following actions:

- (a) Amendment of the articles or bylaws of the Corporation;
- (b) The acquisition or disposition of substantial assets by the Corporation;
- (c) The Corporation entering into any future affiliation with another entity; and

(d) Removal of John Cochrane as the President and the selection of any successor President.

#### **7.10 CONDUCT OF MEETINGS**

The Chair of the Board shall preside at meetings of the Board or, in his or her absence, the Vice Chair of the Board or, in the absence of each of these persons, a person chosen by a majority of the directors present at the meeting. The Secretary of the Corporation shall act as Secretary of all meetings of the Board, provided that, in his or her absence, the presiding officer shall appoint another person to act as Secretary of the meeting.

#### **7.11 ACTION BY UNANIMOUS WRITTEN CONSENT WITHOUT MEETING**

(a) Any action required or permitted to be taken by the Board may be taken without a meeting if all directors individually or collectively (i.e., in one or more identically worded documents) consent in writing or electronic transmission (pursuant to Subsection 7.11(c) below) to such action. Such action by written consent shall have the same force and effect as any other validly approved action of the Board. All such consents shall be filed with the minutes of the proceedings of the Board.

(b) Notwithstanding the above, the consent of any director who has a material financial interest in a transaction to which the Corporation is a party and who is an “interested person” as defined in Section 6.3 of these bylaws shall not be required for approval of that transaction.

(c) Written consent may be made by the means set forth below in this Subsection only if the Corporation:

(i) Has placed in effect reasonable measures to verify that the sender is the director purporting to send the transmission;

(ii) The transmission creates a record that is capable of retention, retrieval, and review that may thereafter be rendered into clearly legible tangible form; and

(iii) All such transmissions are made pursuant to such measures and means:

(A) Facsimile telecommunication or email, when such transmission is directed to the facsimile number or email address, respectively, that the Corporation has provided from time-to-time to directors for sending communications to the Corporation;

(B) Posting on an electronic message Board or network that the Corporation has designated for those communications, and which transmission shall be validly delivered upon the posting; or

(C) Other means of electronic communication.

## **ARTICLE 8 OFFICERS**

### **8.1 ELECTED OFFICERS**

The elected officers of the Corporation shall be a Chair, a Vice Chair, and a Secretary. Each such officer shall be a director and shall have such power and duties as are set forth in these bylaws. The Corporation may also have, as determined by the Board, one or more Assistant Secretaries, which Assistant Secretaries need not be directors. Any two offices may be held concurrently by the same person except that Chair may not concurrently serve as Secretary or Treasurer.

### **8.2 APPOINTED OFFICERS**

The appointed officers of the Corporation shall be a President/Chief Executive Officer (the "President") and a Treasurer/Chief Financial Officer ("Treasurer"). The Board may also appoint one or more Vice Presidents, based on the selection by the President.

### **8.3 ELECTION AND TERM OF OFFICE**

The elected officers shall be elected by the Board at the annual meeting, and shall serve at the pleasure of the Board, subject to the rights of any officer under any employment contract. Each elected officer shall hold office for a term of one year. The appointed officers of the Corporation, except the President, shall be selected by the President, and their terms will be set by the President. The President shall be appointed by, and shall serve at the will of, the Board.

### **8.4 REMOVAL AND RESIGNATION**

Subject to the rights, if any, of an officer under any contract of employment, any elected officer and the President may be removed, either with or without cause, by the Board at any regular or special meeting of the Board, provided that, during the first five years after the Adoption Date, John Cochrane may only be removed as President by the vote of at least five Initial Ex Officio Directors, which five must include no less than three of the HumanGood NorCal Initial Ex Officio Directors and two of the HumanGood SoCal Initial Ex Officio Directors. Any officer appointed by the President may be removed, either with or without cause, by the President.

Any officer may resign at any time by giving written notice to the Board or to the Chair. Any such resignation shall take effect at the date of receipt of such notice or at any later date specified therein. Unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. The above provisions of this Section shall be superseded by any conflicting terms of a contract which has been approved or ratified by the Board relating to the employment of any officer of the Corporation.

## **8.5 VACANCIES**

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any elected officer or the President shall be filled by the Board. In the event of a vacancy in any office other than that of Chair, such vacancy may be filled temporarily by appointment by the Chair until such time as the Board shall fill the vacancy. A person so appointed to a vacant office (whether appointed by the Chair or elected by the Board) shall hold that office until the next annual meeting of the Member or until his or her death, resignation or removal from office. Vacancies occurring in offices of officers appointed at the discretion of the Board may or may not be filled as the Board shall determine.

## **8.6 DUTIES OF CHAIR**

The Chair is to:

- (a) Preside at all meetings of the Board;
- (b) In the absence, inability to act or vacancy in the office of President, the Chair shall have and exercise the power of the President until a President is appointed; and
- (c) Perform all other duties incident to his or her office and such other duties as may be required by the Nonprofit Law, by the Articles of Incorporation of this Corporation, or by these bylaws, or which may be prescribed from time to time by the Board.

## **8.7 DUTIES OF VICE CHAIR**

In the absence or disability of the Chair, the Vice Chair shall perform all powers of, and be subject to all the restrictions upon, the Chair. The Vice Chair shall have such other powers and perform such other duties as from time to time may be prescribed by the Board or the Chair.

## **8.8 DUTIES OF SECRETARY**

The Secretary is to:

- (a) Certify and keep, or cause to be kept, at the principal office of the Corporation the original, or a copy, of the Articles of Incorporation and of these bylaws, as amended or otherwise altered to date;
- (b) Keep, or cause to be kept, at the principal office of the Corporation or at such other place as the Board may direct, a book of minutes of all meetings, proceedings and actions of the Board and of committees of the Board;
- (c) See that all notices are duly given in accordance with the provisions of these bylaws or as required by law;

(d) Exhibit or cause to be exhibited at all reasonable times to any director of the Corporation, or to his or her agent or attorney, on request therefor, these bylaws as amended to date, the Articles of Incorporation as amended to date, the minutes of the proceedings of the Board and committees of the board, and the Corporation's applications for tax exemption; and

(e) In general, perform all duties incident to the office of Secretary and such other duties as may be required by the Nonprofit Law, by the Articles of Incorporation of this Corporation, or by these bylaws, or which may be assigned to him or her from time to time by the Board.

#### **8.9 PRESIDENT/CHIEF EXECUTIVE OFFICER**

Subject to the control of the Board, the President shall be the chief executive officer of the Corporation and shall generally supervise, direct and control the Corporation's activities and affairs. The President shall:

(a) Except as otherwise expressly provided by law, by the Articles of Incorporation, or by these bylaws, in the name of the Corporation, execute such deeds, mortgages, bonds, contracts, checks, or other instruments which may from time to time be authorized by the Board;

(b) Authorize the employment of and determine the tenure of all appointive officers and employed staff of this Corporation and shall supervise their duties;

(c) Formulate the Annual Report of this Corporation and shall submit said report to the annual meeting of this Corporation. A copy of the Annual Report shall be sent to each director of this Corporation at least fifteen days prior to the annual meeting of this Corporation;

(d) Prepare a proposed budget for the ensuing fiscal year, that is responsive to the corporate financial goals established by the Board, and present it to the Board of Directors at least ten days prior to the meeting of the Board of Directors at which the budget is scheduled to be adopted; and

(e) Perform such other duties as may be prescribed from time to time by the Board.

#### **8.10 DUTIES OF TREASURER/CHIEF FINANCIAL OFFICER**

The Treasurer shall be the chief financial officer of the Corporation. The duties of the Treasurer are to:

(a) Keep and maintain, or cause to be kept and maintained, adequate and correct books and accounts of the Corporation's properties and business transactions, including

accounts of its assets, liabilities, receipts, disbursements, gains and losses. Books of account shall be maintained in accordance with applicable Generally Accepted Accounting Principles;

(b) Send, or cause to be given, to the directors and the President such financial statements and reports as are required to be given by law, by these bylaws, or by the Board;

(c) Exhibit at all reasonable times to any director of the Corporation, or to his or her agent or attorney, on request therefor, the books of account of the Corporation;

(d) Have charge and custody of, and be responsible for, all funds and securities of the Corporation, and (i) deposit, or cause to be deposited, all money and other valuables in the name and to the credit of the Corporation with such depositories as the Board may designate, and (ii) disburse, or cause to be disbursed, the Corporation's funds as the Board may order;

(e) Develop budgetary procedures for the Corporation and monitor compliance therewith;

(f) Render to the Chair, the President and directors, whenever requested, an account of any or all of his or her transactions as Treasurer, and of the financial condition of the Corporation;

(g) Prepare, or cause to be prepared, and certify, or cause to be certified, the financial statements to be included in any required reports;

(h) In general, perform all duties incident to the office of Treasurer and such other duties as may be required by the Nonprofit Law, by the Articles of Incorporation of the Corporation, or by these bylaws, or which may be assigned to him or her from time to time by the Board; and

(i) Provide, or cause to be provided, to the public, all filings required to be disclosed and made generally available to the public in the form or forms required by the Internal Revenue Service and all other tax regulation and charitable solicitation regulation authorities, or by statute.

## ***ARTICLE 9 COMMITTEES***

### ***9.1 COMMITTEES***

The Board may, by resolution adopted by a majority of the number of directors then in office, provided that a quorum is present, create committees of the Board that exercise some authority of the Board, each consisting of two or more directors, to serve at the pleasure of the Board and have such authority as is delegated by the Board. The Board shall create such committees as may be required by the Nonprofit Law. Committees of the board may include



directors and persons who are not directors, but shall not include managers of the Corporation. Committees of the board may include non-voting members who are managers of the Corporation.

By a majority vote of the directors then in office, the Board may at any time revoke or modify any or all of the authority delegated to any committee of the Board, increase or decrease (but not fewer than two) the number of members of any committee of the Board, and fill vacancies in any committees of the Board.

Each committee of the Board shall prepare a charter describing its duties and responsibilities, consistent with these bylaws. The committee shall compare its activities with its charter at least annually, and record its findings in the committee minutes.

All committees of the Board shall keep regular minutes of their proceedings, cause them to be filed with the corporate records, and report the same to the Board from time to time as the Board may require.

Directors who serve on committees shall receive no additional compensation.

## **9.2 MEETINGS AND ACTIONS OF COMMITTEES**

Meetings and actions of all committees shall be governed by, noticed, held and taken in accordance with the provisions of Article 7, substituting the word “committee” for “Board,” and “committee member” for “director,” as context requires. Notwithstanding, the time for regular meetings of committees may be fixed by resolution of the Board or by the committee. The Board may also adopt rules and regulations pertaining to the conduct of meetings of committees to the extent that such rules and regulations are not inconsistent with the provisions of these bylaws.

## **9.3 RESTRICTIONS ON COMMITTEE AUTHORITY**

The following powers are reserved to the Board of Directors as a whole and may not be delegated to any committees thereof:

- (a) The filling of vacancies on the Board or on any committee that has the authority of the Board;
- (b) The appointment of committees of the Board or the members thereof;
- (c) The fixing of compensation of the directors for serving on the Board or on any committee;
- (d) The amendment or repeal of bylaws or Articles of Incorporation, or the adoption of new bylaws or Articles of Incorporation;

(e) The amendment or repeal of any resolution of the Board which by its express terms is not so amendable or repealable;

(f) The expenditure of corporate funds to support a nominee for director after there are more people nominated for director than can be elected;

(g) The approval of any action for which the law requires approval of members or approval of a majority of all members regardless whether the Corporation has members; and

(h) The approval of any transaction to which this Corporation is a party and in which one or more of the directors has a material financial interest, except as expressly provided in section 5233(d)(3) of the Nonprofit Law.

#### **9.4 ADVISORY COMMITTEES**

The Corporation may have such other committees as may from time to time be designated by resolution of the Board. Such other committees may consist of persons who are not also members of the Board. These additional committees shall act in an advisory capacity only and shall be clearly titled as “advisory” committees.

### **ARTICLE 10 EXECUTION OF INSTRUMENTS, DEPOSITS AND FUNDS**

#### **10.1 EXECUTION OF INSTRUMENTS**

Except as otherwise provided in these bylaws, the Board may by resolution authorize any officer or agent of the Corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances. Unless so authorized, no officer, agent, or employee shall have any power or authority to bind the Corporation by any contract or engagement or to pledge its credit or to render it liable monetarily for any purpose or in any amount.

#### **10.2 CHECKS AND NOTES**

The Board shall determine who shall be authorized from time to time on the Corporation's behalf to sign checks, drafts and other orders for payment of money. Such authority may be general or confined to specific instances.

#### **10.3 DEPOSITS**

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as the Board may select.

#### **10.4 GIFTS**

The Board may accept on behalf of the Corporation, any contribution, gift, bequest, or devise for the charitable or public purposes of this Corporation.

#### **10.5 REPRESENTATION OF SHARES OF OTHER CORPORATIONS**

The Chair or any other officer or officers authorized by the Board are each authorized to vote, represent, and exercise on behalf of the Corporation all rights incident to any and all shares of any other corporation. The authority herein granted may be exercised either by any such officer in person or by any other person authorized to do so by proxy or power of attorney duly executed by said officer. Notwithstanding the above, the Board shall vote or direct the President with respect to matters involving this Corporation's membership in other nonprofit corporations.

### **ARTICLE 11 CORPORATE RECORDS, REPORTS**

#### **11.1 MAINTENANCE OF CORPORATE RECORDS**

The Corporation shall keep at its principal office:

(a) Minutes of all meetings of directors and committees of the Board, indicating the time and place of holding such meetings, whether regular or special, how called, the notice given, and the names of those present and the proceedings thereof;

(b) Adequate and correct books and records of account, including accounts of its properties and business transactions and accounts of its assets, liabilities, receipts, disbursements, gains and losses;

(c) A copy of the Corporation's Articles of Incorporation and these bylaws as amended to date; and

(d) Copies of all filings made to the Internal Revenue Service, the California Franchise Tax Board, California Secretary of State, and California Attorney General that the Corporation is required, by statute or regulation, to make generally available to the public.

#### **11.2 CORPORATE SEAL**

The Board may adopt, use, and at will alter, a corporate seal, but no seal is required, and failure to affix the seal to corporate instruments shall not affect the validity of such instrument. The seal, if any, shall be kept at the principal office of the Corporation.

### **11.3 INSPECTION RIGHTS**

Every director and the Member shall have the absolute right at any reasonable time to inspect and copy all books, records and documents of every kind and to inspect the physical property of the Corporation. Any inspection under the provisions of this Article may be made in person or by an agent or attorney. The right to inspection includes the right to copy and make extracts.

### **11.4 ANNUAL REPORT**

The Board shall cause an annual report to be furnished not later than 120 days after the close of the Corporation's fiscal year to all directors and the Member, which report shall contain the following information in appropriate detail:

- (a) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year;
- (b) The principal changes in assets and liabilities, including trust funds, during the fiscal year;
- (c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year; and
- (d) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year.

The annual report shall be accompanied by any report thereon of independent accountants, or, if there is no such report, the certificate of an authorized officer of the Corporation that such statements were prepared without an audit from the books and records of the Corporation.

This requirement of an annual report shall not apply if the Corporation receives less than \$25,000 in gross receipts during the fiscal year, provided, however, that the information specified above for inclusion in an annual report must be furnished annually to all directors.

### **11.5 ANNUAL STATEMENT OF INDEMNIFICATIONS**

As part of the annual report to all directors and the Member, or as a separate document if no annual report is issued, the Corporation shall, within 120 days after the end of the Corporation's fiscal year, annually prepare and furnish to each director a statement of any transactions or indemnifications of any indemnification or advances aggregating more than \$10,000 paid during the fiscal year to any officer or director of the Corporation pursuant to section 5238 of the Nonprofit Law.

## **ARTICLE 12 MISCELLANEOUS PROVISIONS**

### **12.1 FISCAL YEAR OF THE CORPORATION**

The fiscal year of the Corporation shall begin on the first day of January in each calendar year and end on the last day of December of that year.

### **12.2 AMENDMENT OF BYLAWS**

Subject to the approval of the Member and any provision of law applicable to the amendment of bylaws of a California nonprofit corporation under the Nonprofit Law, these bylaws, or any of them, may be altered, amended or repealed, and new bylaws adopted by approval of the Board of directors; provided that, during the Initial Term, these bylaws may be amended only by the vote of at least five Initial Ex Officio Directors, which five must include no less than three of the HumanGood NorCal Initial Ex Officio Directors and two of the HumanGood SoCal Initial Ex Officio Directors.

No amendments to these bylaws will become effective until the Member has approved such amendments.

### **12.3 AMENDMENT OF ARTICLES OF INCORPORATION**

Any amendment of the Articles of Incorporation may be adopted by the affirmative vote of a majority of the directors then in office and the vote of the Member; provided that, during the Initial Term, the Articles may be amended only by the vote of at least five Initial Ex Officio Directors, which five must include no less than three of the HumanGood NorCal Initial Ex Officio Directors and two of the HumanGood SoCal Initial Ex Officio Directors.

No amendments to the Corporation's Articles will become effective until the Member has approved such amendments.

Notwithstanding the first paragraph of this section 12.3, this Corporation shall not amend its Articles of Incorporation to add or to alter any statement which appears in the original Articles of Incorporation regarding the Corporation's initial street address or mailing address, the names and addresses of the first directors of the Corporation, or the name and address of its initial agent, except to correct an error in such statement or to delete the information after the Corporation has filed the Statement required by section 6210 of the Nonprofit Law.

### **12.4 CONSTRUCTION AND DEFINITIONS**

Unless the context requires otherwise, the general provisions, rules of construction, and definitions in the Nonprofit Law shall govern the construction of these bylaws. Without limiting the generality of the above, the masculine gender includes the feminine and neuter, the singular number includes the plural, the plural number includes the singular, the term "person"

includes both the Corporation and a natural person, and vice versa. All references to statutes, regulations and laws shall include any future statutes, regulations and laws that replace those referenced.

**APPENDIX A  
TO  
AMENDED AND RESTATED BYLAWS OF  
HUMANGOOD SOCAL**

**Initial Directors of the Corporation**

Initial At-Large Director

Lloyd Howard

Initial Resident Director

Richard Hettish

Initial Ex Officio Directors

Randall Stamper, Chair  
Albert Kelley, Vice Chair  
Declan Brown, Secretary  
Judith Baker  
William Battison  
Michelle Holmes  
Gloria Marshall

HumanGood NorCal Initial Ex Officio Director  
HumanGood SoCal Initial Ex Officio Director  
HumanGood NorCal Initial Ex Officio Director  
HumanGood SoCal Initial Ex Officio Director  
HumanGood SoCal Initial Ex Officio Director  
HumanGood NorCal Initial Ex Officio Director  
HumanGood NorCal Initial Ex Officio Director

**SECTION 999.5(d)(4)(B)**

- (B) Applicant's plan for use of the net proceeds after the close of the proposed transaction together with a statement explaining how the proposed plan is as consistent as possible with existing charitable purposes and complies with all applicable charitable trusts that govern use of applicant's assets. The plan must include any proposed amendments to the articles of incorporation or bylaws of the applicant or any entity related to the applicant that will control any of the proceeds from the proposed transfer.**

The net sale proceeds will be for the unrestricted use of HumanGood SoCal, whose activities include providing housing, health care, and activities to seniors in HumanGood SoCal's existing California facilities. These facilities have subsidized the operation of Windsor prior to the sale.

HumanGood SoCal does not anticipate that this plan will require any amendments to its Articles of Incorporation or Bylaws.



**SECTION 999.5(d)(5)**

**IMPACTS ON HEALTH CARE SERVICES**

**(d)(5)(A)**

- (A) A copy of the two most recent “community needs assessments” prepared by applicant for any health facility or facility that provides similar health care services that is the subject of the agreement or transaction.**

HumanGood SoCal owns and operates continuing care retirement communities (“CCRCs”) under the regulatory jurisdiction of the California Department of Social Services, the California Department of Public Health, the California Department of Health Care Services, and the United States Department of Health and Human Services. As a result, HumanGood SoCal is currently governed by the Continuing Care Contract Statutes, the statutes and regulations applicable to RCFEs and SNFs, and the Medicare and Medi-Cal laws. None of these laws require a CCRC, RCFE, or SNF to complete a community needs assessment and HumanGood SoCal has not done so.

## SECTION 999.5(d)(5)(B)

- (B) A description of all charity care provided in the last five years by each health facility or facility that provides similar health care services that is the subject of the agreement or transaction. This description shall include annual total charity care spending; inpatient, outpatient and emergency room charity care spending; a description of how the amount of charity care spending was calculated; annual charity care inpatient discharges, outpatient visits, and emergency visits; a description of the types of charity care services provided annually; and a description of the policies, procedures, and eligibility requirements for the provision of charity care.**

Windsor is a CCRC with an on-site SNF, not a hospital. Questions regarding inpatient, outpatient, and emergency room charity care are not applicable in the SNF context. Further, HumanGood SoCal understands this question to pertain to charity care provided to residents of the Windsor SNF, but not to charity care that is provided in non-health-facility settings, such as independent living and assisted living.

Windsor participates in the Medi-Cal program. In the event that a resident at the Windsor SNF becomes unable to pay his or her monthly fee, the resident enrolls in Medi-Cal, and HumanGood SoCal accepts the Medi-Cal negotiated rate for the resident's care. HumanGood SoCal does not apply benevolence funds to supplement any shortfall between the Medi-Cal rate and HumanGood SoCal's rates for skilled nursing services. Rather, any such shortfall is accounted for as a reduction to HumanGood SoCal's net income.

HumanGood SoCal subsidizes the care and residence of continuing care residents in the event that they become unable to pay their monthly fees. These subsidies are typically reserved for residential living and assisted living residents, and are rarely applied in the SNF context. The reason for this is that Medi-Cal covers skilled nursing services for residents who become unable to cover the cost of their care, whereas independent or assisted living services are not covered by Medi-Cal.

Residents become eligible to receive benevolence subsidies after spending down their assets to meet the requirements for Medi-Cal eligibility. Residents must apply for other public assistance benefits, if eligible and will be allowed a monthly spending allowance of up to \$500 per month (or \$750 per couple.) HumanGood SoCal reviews and approves a resident's application for benevolence funds on a case-by-case basis. Once approved, the resident is allowed to pay what he or she can toward the contracted monthly fee, and HumanGood SoCal subsidizes the remainder of the monthly fee. (See attached Benevolence Policy for HumanGood SoCal). Under the PSA with Ararat, HumanGood SoCal has agreed to continue to pay the benevolence subsidies for the two Windsor residents who currently receive them. HumanGood SoCal with subsidize the care of these two residents for the remainder of their stay at Windsor.

Below is a table of HumanGood SoCal's total expenditure in benevolence funds for Windsor residents for the past five years:

<b>Facility Type</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022 (through June)</b>
<b>Residential Living</b>	\$19,236.00	\$64,554.60	\$4,900.00	\$5,600.00	\$2,984.00
<b>Assisted Living</b>	\$0	\$0	\$0	\$62,652.59	\$44,721.19

As of the date of the PSA, two Windsor residents received benevolence from HumanGood SoCal. As provided in Section 10.10 of the PSA, HumanGood SoCal will continue to subsidize the care and residence of those two residents (to the extent not covered by Medi-Cal) following the sale of Windsor and for so long as those residents continue to reside at Windsor. The obligation to consider all other residents' application for benevolence subsidies shall be assumed by Ararat with its assumption of resident contracts following the sale.



<b>BENEVOLENCE POLICY Resident Alternative Payment Arrangements</b>	Effective Date	1/30/2019
	Revision Dates	1/30/2019
	Departments Approving	Legal, Operations, Finance
	Departments Affected	Operations of Life Plan Communities

## Summary of Policy and Procedure

The purpose of this policy is to outline the eligibility requirements and scope of benevolent discounts available to CCRC contract residents.

## Policy

Resident alternative payment arrangements are available to eligible residents only at HumanGood's discretion. If, through no fault of their own, the resident runs out of funds and is unable to pay their monthly fees or other charges promptly, HumanGood may, in its sole discretion, agree to grant "benevolence," an alternative payment arrangement between the resident and HumanGood involving either subsidization by the Community of amounts owed to it or an extension of time to make any payments that are due.

## Terms and Conditions

### A. Conditions to qualify for benevolence

- 1) Compliance with Agreement. Resident must be in compliance with all terms of his or her Care and Residence Agreement in order to qualify for benevolence.
- 2) Submission of updated financial materials. As part of the application for benevolence (see attached "Application for Resident Financial Assistance"), the resident must submit to the Executive Director all requested documentation certifying to the use of residents income and other assets during their stay at the Community. Incomplete applications will not be considered.
- 3) Conservation of Assets. In order to qualify for benevolence, the resident must show that over the course of their residency at the Community they have conserved their assets to the extent possible in order to pay their basic healthcare and residence expenses. As a precondition to receiving benevolence, they may be required to agree to take reasonable steps to minimize HumanGood expenses, including (without limitation) moving to a less expensive apartment at the Community or, if they are in the Village, another Community owned or operated by HumanGood or one of its affiliates.

- 4) Spend-Down of Assets. The resident will be required to spend down their assets to meet the requirements for Medicaid eligibility in order to be eligible for benevolence. Any rebate payment owed to resident under their Care and Residence Agreement is such an asset. Therefore, in order to be eligible for benevolence, the resident will be required to sign an addendum to their Care and Residence Agreement agreeing to apply their rebate payment to the payment of their monthly fees and any other charges they incur at the Community. The rebate payment (if any) must be applied in full to pay such costs before they receive any benevolence.

In addition, the resident is required to spend all assets and income declared in their application forms on their care before they may apply for Medicaid, and the resident's failure to do so will be considered a breach of their Care and Residence Agreement, entitling HumanGood to terminate their residency.

- 5) Application for Public Benefits. Before the resident may qualify for benevolence, they must apply for, and seek the benefits of, any public assistance program for which they might qualify, including but not limited to, Supplemental Security Income/State Supplemental Program (SSI/SSP), Veteran's Pension, Medicaid, and Old Age Assistance.
- 6) Automatic Disqualification. The resident will not receive benevolence if any of the following are true:
- (a) their residency application or any other personal financial information they provided to the Community contains any misrepresentations, whether intentional or otherwise, or
  - (b) at any time after they submit their initial application for residency at the Community,
    - (i) they transfer their assets or income to a third party, including family members, for less than their fair market value (e.g. by gift, tithing, philanthropic donation, or bargain sale); or
    - (ii) they transfer or unnecessarily deplete their assets or reduce the size of their estate in order to receive benevolence.

**B. Maintaining Benevolence.**

The resident must do all of the following to maintain their benevolence arrangement with HumanGood:

- 1) report promptly to HumanGood any material increase in their assets or the value, whether the increase occurs by way of gift, inheritance, appreciation in value, or otherwise;
- 2) refrain from transferring material portions of their assets or income for less than the fair market value;
- 3) refrain from transferring assets or reducing the size of their estate in order to retain such benevolence;
- 4) make arrangements at HumanGood's request for the preservation and management of their property by others, including conservators and trustees;
- 5) execute any instruments (including but not limited to addenda, promissory notes, assignments, security agreements, and deeds of trust) that HumanGood deems necessary

to evidence or secure its claim for repayment of any sums due as a result of granting benevolence; and

- 6) upon request or as periodically required by the Community, provide documentation necessary to recertify their income and assets including a financial statement and the most current income tax return (Form 1040).

c. **Personal Spending Allowance**

The resident will be allowed a personal spending allowance up to \$500 (\$750 for a couple). Expenses related to transportation (including auto insurance and parking space rental) will not be allowed as a separate line of expense, but will need to be covered by the personal spending allowance. Gifts to benevolences, employee appreciation fund, or other donations must be made from within the resident's personal spending allowance. See Attachment A for a detailed listing of covered and non-covered expenses.

d. **Repayment to HumanGood.**

The resident must agree that any benevolence HumanGood extends to them, including deferral or subsidization of their monthly fees or other charges, shall be deemed a loan to the resident by HumanGood, shall be a first lien against the resident's estate, and shall be deducted, along with simple interest, which shall accrue at the fixed rate equal to the 2-year U.S. Treasury rate in effect on the first date of subsidization or deferral, from any funds returned to the resident pursuant to their Care and Residence Agreement. Resident must agree to execute such documents as HumanGood requests to evidence and secure such lien. If the resident's financial situation improves while they are a resident, HumanGood's subsidy may be decreased or eliminated, as determined by the Community in its sole discretion. If the resident's financial situation improves to the extent that they are able to repay all or part of the Community's assistance, the resident will be required to make such repayment at a rate and on terms as established by the Community in its sole discretion. Upon repayment of all of the Community's assistance to you, HumanGood will execute appropriate documents to release its lien

*HumanGood*  
**APPLICATION FOR RESIDENT FINANCIAL ASSISTANCE**

\_\_\_\_\_  
**Name of Resident(s)**

<b>ASSETS OTHER THAN INCOME</b>	<b>VALUE AT MOVE IN</b>	<b>CURRENT VALUE</b>
Cash Assets (Savings/Checking/CD's. etc.) _____	\$ _____	\$ _____
Securities/Stocks/Bonds: _____	\$ _____	\$ _____
Automobiles (List): _____	\$ _____	\$ _____
Real Estate: _____	\$ _____	\$ _____
Other: (Valuable Collections, original art, etc.) _____	\$ _____	\$ _____

<b>SOURCES OF INCOME:</b>	<b>PER MONTH</b>	<b>VALUE AT MOVE IN</b>	<b>FOR ADMIN CALCULATIONS</b>
Social Security:	\$ _____	\$ _____	\$ _____
Pensions:	\$ _____	\$ _____	\$ _____
Annuities:	\$ _____	\$ _____	\$ _____
Interest Income: (Saving, CD's, etc.)	\$ _____	\$ _____	\$ _____
Income from Rental Properties	\$ _____	\$ _____	\$ _____
Income from Investments:	\$ _____	\$ _____	\$ _____
Income from Trusts:	\$ _____	\$ _____	\$ _____
Other (Describe):	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME</b>		\$ _____	\$ _____

<b>MONTHLY EXPENSES:</b>		
Monthly Service Fees:	\$ _____	\$ _____
Income & Other Taxes:	\$ _____	\$ _____
Long Term Care Premiums:	\$ _____	\$ _____
Credit Card Payments:	\$ _____	\$ _____
Medical/Dental Co-Pays:	\$ _____	\$ _____
Supplement Insurance:	\$ _____	\$ _____
Prescriptions:	\$ _____	\$ _____

<b>PERSONAL EXPENSE ALLOWANCE:</b>		
Groceries/Meals:	\$ _____	\$ _____
Newspaper/Magazines:	\$ _____	\$ _____
Hair Services:	\$ _____	\$ _____
Manicure/Pedicure:	\$ _____	\$ _____
Clothing:	\$ _____	\$ _____
Personal Phone:	\$ _____	\$ _____
Misc:	\$ _____	\$ _____
<b>TOTAL ALLOWANCE</b>		\$ _____

**TOTAL EXPENSES & ALLOWANCE:** \$ \_\_\_\_\_

**TOTAL INCOME LESS EXPENSES/ALLOWANCE:** \$ \_\_\_\_\_

**MONTHLY BENEVOLENCE ASSISTANCE NEEDED:** \$ \_\_\_\_\_

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Application for appropriate State Assistance has been/is being processed.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Resident Financial Assets (not including clothing, personal items, furnishings, etc.) that are needed for residency at the Community are at or below \$2,000 for an individual and \$4,000 for a couple.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Authorization has been granted by the resident(s) to the Community to verify financial information provided as part of this application for financial assistance.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we agree to the Terms and Conditions of the resident assistance program as a condition of receiving financial assistance from the Community.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we understand that I am obligated to inform the Director of Resident Services of any changes in my financial circumstances.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we understand that changes in my financial circumstances may result in a change in the alternative payment arrangements offered by the Community.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we understand that a new request for financial assistance will be required at least once every year, on a date to be determined by the Community.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you divested or given away assets (real estate, cash, etc.) to others that would otherwise have been available to provide for your care?

_____	_____
Resident	Date
_____	_____
Resident	Date

### DOCUMENTATION REQUIREMENTS

**Cash Assets and Income:** Documentation requirements will include federal and state tax returns for the past year, (3 years for initial requests), bank statements for the past 12 months (all accounts) and reports of income from all sources (social security, tax return, investments, CD's, property sales, etc.) for the past reporting period (i.e. monthly, quarterly, etc.).

**Non Cash Assets:** Documentation requirements may include verification of ownership and clear title of automobiles, real estate, etc. It may also include appraisal reports (for real estate, valuable collections, etc.) and copies of trust agreements and any other similar information/documents that provide an accurate description of the resident's financial condition.

### REVIEWED AND APPROVED BY:

_____	_____
Name	Date



## *Attachment A*

### **List of covered and non-covered expenses for Benevolence**

1. Covered Expense:
  - a. Monthly service fee
  - b. Renters insurance
2. Not Covered:
  - a. Tithing
  - b. Credit card payments and fees (must file bankruptcy)
3. Personal Allowance (\$500 individual or \$750 for a couple) to be used for:
  - a. Groceries
  - b. Restaurants
  - c. Newspaper & Magazines
  - d. Haircut – 1 haircut per month based on community fee
  - e. Manicure/Pedicure
  - f. Clothing
  - g. Postage/bank fees
  - h. Carport or garage
  - i. Personal auto expense (gas, insurance, registration etc)
  - j. Personal phone
  - k. Pets
    - Grooming, medical, shots, tags etc
    - If already had the pet prior to financial assistance
    - Community will assist with reasonable care if resident cannot afford out of his/her personal expense funds.
4. Case-by-case basis:
  - a. Medical and dental insurance – Must apply for Medicaid, if eligible
  - b. Prescriptions – Must apply for Medicaid, if eligible
  - c. Medical and dental bills – Must apply for Medicaid, if eligible
  - d. Dentures, hearing aids, glasses and prosthetics – Medicaid may reimburse
  - e. Personal Care – As needed, and not for companionship
  - f. Incontinence Supplies – As needed, if not covered by monthly fee
  - g. LTC insurance – Must apply for Medicaid, if eligible and/or ED must review policy to determine if keeping policy is cost effective

### **SECTION 999.5(d)(5)(C)**

- (C) A description of all services provided by each health facility or facility that provides similar health care services that is the subject of the agreement or transaction in the past five years to Medi-Cal patients, county indigent patients, and any other class of patients. This description shall include but not be limited to the type and volume of services provided, the payors for the services provided, the demographic characteristics of and zip code data for the patients served by the health facility or facility that provides similar health care services, and the costs and revenues for the services provided.**

The following are attached to this Section:

1. Annual Medi-Cal and Medicare resident census for Windsor;
2. Medi-Cal resident demographics for Windsor; and
3. Summary of cost report data detailing revenues, expenses, and balance sheet information for Windsor.

**SECTION 999.5(d)(5)(C)**

**1) Annual Medi-Cal resident census for Windsor**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
2	300309	D	2017-01-08	2017-01-13	M	W	WH	White	UNK	Unknown	Duarte	CA	91010		SNC	Skilled Nursing Community	ADVA
3	300139	D	2017-01-29	2017-02-12	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	ADVA
4	300139	D	2017-06-20	2017-08-10	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	ADVA
5	300362	D	2019-03-20	2019-03-21	M	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
6	300279	D	2019-03-23	2019-04-19	F	S	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
7	300362	D	2019-04-03	2019-04-27	M	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
8	300341	D	2019-04-11	2019-05-03	M	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
9	300394	D	2019-09-17	2019-10-02		W	WH	White	UNK	Unknown	Burbank	CA	90505		SN	Skilled Nursing	ADVA
10	300414	D	2020-01-03	2020-02-16	F	S	WH	White	AUS	Austrian	Los Angeles	CA	900489470		SNC	Skilled Nursing Community	ADVA
11	300410	D	2020-01-14	2020-04-02	F	W	WH	White	AMR	American	Van Nuys	CA	91406		SNC	Skilled Nursing Community	ADVA
12	300050	D	2020-05-15	2020-06-14	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	ADVA
13	300405	D	2020-08-09	2020-08-30		M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	ADVA
14	300462	D	2020-11-01	2020-11-19	M	M	WH	White	UNK	Unknown					SNC	Skilled Nursing Community	ADVA
15	300459	D	2020-11-05	2020-11-09	F	S	WH	White	UNK	Unknown	Glendale	CA	91207		SNC	Skilled Nursing Community	ADVA
16	300465	D	2020-11-15	2020-12-18	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
17	300455	D	2021-01-09	2021-01-23	M	U	UNK	Unknown	ARM	Armenian	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
18	300484	D	2021-04-27	2021-05-10	M	M	WH	White	AMR	American	La Canada Flintridge	CA	91011		SNC	Skilled Nursing Community	ADVA
19	300465	D	2021-05-04	2021-06-05	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
20	300484	D	2021-05-15	2021-06-05	M	M	WH	White	AMR	American	La Canada Flintridge	CA	91011		SNC	Skilled Nursing Community	ADVA
21	300494	D	2021-06-09	2021-06-26	F	S	WH	White	AMR	American	Glendale	CA	91202		SNC	Skilled Nursing Community	ADVA
22	300495	D	2021-06-10	2021-06-12	F	S	WH	White	ARM	Armenian	Beverly Ridge	CA	90210		SNC	Skilled Nursing Community	ADVA
23	300484	D	2021-06-11	2021-06-22	M	M	WH	White	AMR	American	La Canada Flintridge	CA	91011		SNC	Skilled Nursing Community	ADVA
24	300494	D	2021-07-21	2021-08-06	F	S	WH	White	AMR	American	Glendale	CA	91202		SNC	Skilled Nursing Community	ADVA
25	300508	D	2021-08-06	2021-09-18	F	W	WH	White	AMR	American	Pasadena	CA	91106		SN	Skilled Nursing	ADVA
26	300513	D	2021-09-01	2021-09-16	M	M	WH	White	UNK	Unknown	Los Angeles	CA	90026		SN	Skilled Nursing	ADVA
27	300465	D	2021-09-18	2021-10-23	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
28	300525	D	2021-10-28	2021-11-27	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
29	300525	D	2021-12-12	2022-01-06	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
30	300525	D	2022-01-15	2022-02-01	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
31	300525	D	2022-02-02	2022-02-16	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
32	300530	D	2022-02-04	2022-02-10	M	M	WH	White	UNK	Unknown	Glendale	CA	91206		SN	Skilled Nursing	ADVA
33	300525	D	2022-02-23	2022-02-23	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
34	300019	D	2022-02-24	2022-03-12	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	ADVA
35	300465	D	2022-03-13	2022-04-29	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
36	300104	D	2022-05-26	2022-06-03	F	S	WH	White	IRI	Irish	Glendale	CA	91205		SN	Skilled Nursing	ADVA
37	300538	D	2022-05-28	2022-07-06	F	W	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	ADVA
38	300554	D	2022-05-28	2022-06-25	F	M	WH	White	UNK	Unknown	La Canada Flintridge	CA	91011		SN	Skilled Nursing	ADVA
39	300555	E	2022-05-29	2022-06-24	M	W	WH	White	AMR	American	Glendale	CA	91204		SN	Skilled Nursing	ADVA
40	300558	D	2022-06-16	2022-07-15	F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	91206		SN	Skilled Nursing	ADVA
41	300566	D	2022-06-25	2022-07-23	F	S	AS	Asian	ASI	Asian	Rosemead	CA	91770		SN	Skilled Nursing	ADVA
42	300570	A	2022-07-01		F	M	WH	White	UNK	Unknown	Glendale	CA	91201		SN	Skilled Nursing	ADVA
43	300580	D	2022-07-22	2022-07-30	F	M	WH	White	UNK	Unknown	Glendale	CA	91010		SN	Skilled Nursing	ADVA
44	300583	A	2022-08-09		M	W	WH	White	UNK	Unknown	Burbank	CA	915042951		SNC	Skilled Nursing Community	ADVA
45	300482	D	2021-04-15	2021-05-18	M	D	WH	White	AMR	American	Glendale	CA	91205		KF3C		KFH

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
46	300311	D	2021-08-29	2021-08-31	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		KF3C		KFH
47	300311	D	2021-09-02	2021-09-16	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		KF3C		KFH
48	300381	D	2021-11-20	2021-12-13	F	W	WH	White	AMR	American	Glendale	CA	912052656		KF3C		KFH
49	300575	D	2022-07-16	2022-07-29	F	D	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	KFH
50	300575	A	2022-08-02		F	D	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	KFH
51	300302	D	2017-02-08	2017-03-25	F	S	AS	Asian	ASI	Asian	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
52	300036	D	2017-02-17	2017-03-02	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
53	300073	D	2017-03-28	2017-05-06	F	S	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
54	300322	D	2017-06-03	2017-07-02	M	W	WH	White	UNK	Unknown	Glendale	CA	91206		SNC	Skilled Nursing Community	MCA
55	300306	E	2017-06-28	2017-09-01	M	W		Unknown		Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
56	300285	D	2017-07-28	2017-09-01	F	U	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
57	300213	D	2017-08-09	2017-09-01	F	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
58	300114	D	2017-12-19	2017-12-21	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
59	300334	D	2018-03-29	2018-03-30	F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
60	300204	D	2018-04-20	2018-05-20	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
61	300350	D	2018-04-28	2018-05-27	F	M	WH	White	AMR	American	Burbank	CA	91506		SNC	Skilled Nursing Community	MCA
62	300254	E	2018-05-18	2018-06-13	F	W		Unknown		Unknown	Glendale	CA	912052656	#10	SNC	Skilled Nursing Community	MCA
63	300052	D	2018-05-19	2018-06-02	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
64	300126	D	2018-06-06	2018-06-20	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SNC	Skilled Nursing Community	MCA
65	300350	D	2018-07-20	2018-09-01	F	M	WH	White	AMR	American	Burbank	CA	91506		SNC	Skilled Nursing Community	MCA
66	300360	D	2018-08-03	2018-08-30	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
67	300360	D	2018-09-04	2018-10-07	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
68	300021	D	2018-09-19	2018-10-14	F	W	WH	White	ITA	Italian	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
69	300204	D	2018-10-10	2018-11-03	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
70	300319	D	2018-11-27	2018-11-28	F	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
71	300319	D	2018-12-12	2018-12-13	F	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
72	300371	D	2019-01-08	2019-02-03	F	S	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
73	300372	D	2019-02-13	2019-03-09	F	S	HI	Hispanic	UNK	Unknown	Los Angeles	CA	90006	Los Angeles	SNC	Skilled Nursing Community	MCA
74	300264	D	2019-02-15	2019-03-02	F	M	AS	Asian	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
75	300302	D	2019-03-30	2019-05-10	F	S	AS	Asian	ASI	Asian	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
76	300376	D	2019-04-18	2019-05-19	F	S	AS	Asian	ASI	Asian	Los Angeles	CA	900393045		SNC	Skilled Nursing Community	MCA
77	300347	D	2019-05-16	2019-05-31	F	M	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
78	300387	D	2019-07-17	2019-07-26				Unknown		Unknown					SNC	Skilled Nursing Community	MCA
79	300389	D	2019-07-25	2019-08-14	F	W	WH	White	UNK	Unknown	Malibu	CA	90265		SNC	Skilled Nursing Community	MCA
80	300387	D	2019-07-31	2019-08-18				Unknown		Unknown					SNC	Skilled Nursing Community	MCA
81	300129	D	2019-08-08	2019-08-30	F	W	WH	White	FRE	French	Glendale	CA	91205		SN	Skilled Nursing	MCA
82	300390	D	2019-08-10	2019-08-25	F	M	UNK	Unknown	UNK	Unknown	Glendale	CA	91206		SNC	Skilled Nursing Community	MCA
83	300393	D	2019-09-07	2019-09-28	F	W	WH	White	UNK	Unknown	Glendale	CA	912071154		SN	Skilled Nursing	MCA
84	300402	D	2019-11-07	2019-11-11	M	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91202		SN	Skilled Nursing	MCA
85	300406	D	2019-11-22	2019-12-18	F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
86	300411	D	2019-12-21	2019-12-25	F	W	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
87	300150	D	2019-12-25	2020-03-01	F	W	WH	White	TUR	Turkish	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
88	300067	D	2019-12-26	2020-02-23	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
89	300412	D	2019-12-27	2020-02-13	M	M	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
90	300413	D	2020-01-01	2020-01-08	F	U	WH	White	UNK	Unknown	Pasadena	CA	91105		SNC	Skilled Nursing Community	MCA
91	300415	D	2020-01-04	2020-01-24	M	R	WH	White	UNK	Unknown	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
92	300064	D	2020-01-08	2020-01-29	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
93	300400	D	2020-01-14	2020-01-23		M	WH	White	ARM	Armenian	Glendale	CA	912052656		SN	Skilled Nursing	MCA
94	300420	D	2020-01-25	2020-03-14	F	S	WH	White	ARM	Armenian	South Pasadena	CA	911053536		SNC	Skilled Nursing Community	MCA
95	300321	D	2020-02-01	2020-02-04	F	W	WH	White	DUT	Dutch	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
96	300421	D	2020-02-02	2020-03-07	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
97	300406	D	2020-02-05	2020-03-08	F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
98	300430	D	2020-02-15	2020-03-18	F	D	HI	Hispanic	MEX	Mexcan	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
99	300431	D	2020-02-19	2020-03-17	M	M	BL	Black	AFA	African	Los Angeles	CA	900421526		SNC	Skilled Nursing Community	MCA
100	300150	D	2020-03-04	2020-03-05	F	W	WH	White	TUR	Turkish	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
101	300436	D	2020-04-27	2020-05-18	F	W	WH	White	ARM	Armenian	Burbank	CA	91504		SNC	Skilled Nursing Community	MCA
102	300441	D	2020-05-10	2020-07-08	M	S	WH	White	UNK	Unknown	Los Angeles	CA	900263854		SNC	Skilled Nursing Community	MCA
103	300053	D	2020-05-27	2020-06-13	F	S	BL	Black	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
104	300443	D	2020-06-19	2020-07-04	F	M	WH	White	UNK	Unknown	Burbank	CA	91505		SNC	Skilled Nursing Community	MCA
105	300445	D	2020-06-26	2020-06-26	F	S	WH	White	OTH	Other	Palm Springs	CA	92263		SNC	Skilled Nursing Community	MCA
106	300319	D	2020-07-22	2020-08-15	F	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
107	300053	D	2020-08-28	2020-10-04	F	S	BL	Black	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
108	300453	D	2020-09-13	2020-09-20		M	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
109	300454	D	2020-09-20	2020-11-14	F	W	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
110	300456	D	2020-10-05	2020-10-24	M	S	HI	Hispanic	HIS	Hispanic	Los Angeles	CA	900262514		SNC	Skilled Nursing Community	MCA
111	300457	D	2020-10-10	2020-10-25	M	M	WH	White	UNK	Unknown	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
112	300458	D	2020-10-23	2020-11-14	M	S	HI	Hispanic	MEX	Mexcan	Los Angeles	CA	90042		SNC	Skilled Nursing Community	MCA
113	300460	D	2020-11-01	2020-12-05	M	M	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
114	300464	D	2020-11-11	2021-01-16	F	S	WH	White	UNK	Unknown	Glendale	CA	91205	2656	SNC	Skilled Nursing Community	MCA
115	300468	D	2020-12-06	2020-12-14	M	M	WH	White	AMR	American	Pasadena	CA	911063016		SNC	Skilled Nursing Community	MCA
116	300393	D	2020-12-19	2021-02-12	F	W	WH	White	UNK	Unknown	Glendale	CA	912071154		SNC	Skilled Nursing Community	MCA
117	300391	D	2021-01-02	2021-01-27	F	S	WH	White	IRI	Irish	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
118	300342	D	2021-01-07	2021-02-12	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
119	300408	D	2021-01-09	2021-03-11	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
120	300469	D	2021-02-03	2021-02-04	M	S	HI	Hispanic	HIS	Hispanic	Alhambra	CA	91803		SNC	Skilled Nursing Community	MCA
121	300469	D	2021-02-07	2021-03-01	M	S	HI	Hispanic	HIS	Hispanic	Alhambra	CA	91803		SNC	Skilled Nursing Community	MCA
122	300440	E	2021-02-17	2021-02-18	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
123	300470	D	2021-02-28	2021-03-02	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
124	300469	D	2021-03-05	2021-05-09	M	S	HI	Hispanic	HIS	Hispanic	Alhambra	CA	91803		SNC	Skilled Nursing Community	MCA
125	300470	D	2021-03-10	2021-03-13	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
126	300471	E	2021-03-11	2021-04-11	M	M	WH	White	AMR	American	Glendale	CA	91206		SNC	Skilled Nursing Community	MCA
127	300472	D	2021-03-13	2021-05-07	F	D	HI	Hispanic	MEX	Mexcan	Lompoc	CA	93436		SNC	Skilled Nursing Community	MCA
128	300470	D	2021-03-17	2021-04-13	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
129	300474	D	2021-03-21	2021-04-03	F	W	WH	White	AMR	American	Glendale	CA	912082447		SNC	Skilled Nursing Community	MCA
130	300052	D	2021-03-24	2021-04-06	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
131	300475	D	2021-03-27	2021-04-21	F	M	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
132	300470	D	2021-04-17	2021-04-28	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
133	300483	D	2021-04-24	2021-04-29	F	P	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
134	300280	D	2021-05-26	2021-06-11	F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
135	300493	D	2021-05-29	2021-06-15	F	M	WH	White	ARM	Armenian	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
136	300371	D	2021-06-05	2021-06-25	F	S	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
137	300496	D	2021-06-18	2021-07-31	F	D	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
138	300067	D	2021-06-24	2021-07-01	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
139	300493	D	2021-06-24	2021-06-24	F	M	WH	White	ARM	Armenian	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
140	300493	D	2021-06-25	2021-07-15	F	M	WH	White	ARM	Armenian	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
141	300501	D	2021-06-27	2021-06-27	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
142	300501	D	2021-06-28	2021-07-06	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
143	300502	D	2021-07-01	2021-07-28	M	S	WH	White	AMR	American	Santa Rosa	CA	95409		SNC	Skilled Nursing Community	MCA
144	300501	D	2021-07-10	2021-07-20	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
145	300505	D	2021-07-26	2021-08-01	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
146	300505	D	2021-08-02	2021-08-10	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
147	300507	D	2021-08-04	2021-08-26	F	D	WH	White	AMR	American	Burbank	CA	91501		SN	Skilled Nursing	MCA
148	300477	D	2021-09-07	2021-10-12	M	S	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
149	300131	D	2021-09-11	2021-09-21	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
150	300514	D	2021-09-15	2021-10-19	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
151	300516	D	2021-09-22	2021-10-07	M	S	BL	Black	AFA	African	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
152	300503	D	2021-09-25	2021-11-12	F	D	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
153	300064	D	2021-10-02	2021-11-30	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
154	300521	D	2021-10-09	2021-12-22	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
155	300520	D	2021-10-10	2021-10-10				Unknown		Unknown					SN	Skilled Nursing	MCA
156	300474	D	2021-10-15	2021-12-19	F	W	WH	White	AMR	American	Glendale	CA	912082447		SNC	Skilled Nursing Community	MCA
157	300514	D	2021-10-22	2021-11-03	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
158	300047	D	2021-10-23	2021-11-19	F	S	WH	White	ENG	English	Glendale	CA	91205		SN	Skilled Nursing	MCA
159	300523	D	2021-10-27	2021-12-15	F	S	HI	Hispanic	AMR	American	North Hollywood	CA	91601	Los Angeles	SNC	Skilled Nursing Community	MCA
160	300292	E	2021-10-28	2021-12-17	M	W	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
161	300408	D	2021-11-13	2022-02-19	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
162	300526	D	2021-12-07	2022-01-07	M	M	WH	White	IRA	Iranian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
163	300527	D	2021-12-16	2022-02-13	F	W	WH	White	UNK	Unknown	Glendale	CA	91202		SN	Skilled Nursing	MCA
164	300346	D	2021-12-24	2021-12-27	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
165	300487	D	2022-01-05	2022-01-14	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
166	300499	D	2022-01-07	2022-03-05	M	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
167	300528	D	2022-01-13	2022-02-10	F	W	AS	Asian	KOR	Korean	Pasadena	CA	911051779		SN	Skilled Nursing	MCA
168	300529	D	2022-02-01	2022-03-09	F	S	UNK	Unknown	UNK	Unknown	Los Angeles	CA	900655053		SN	Skilled Nursing	MCA
169	300466	D	2022-02-11	2022-03-01	F	S	AS	Asian	ASI	Asian	Los Angeles	CA	90066		SNC	Skilled Nursing Community	MCA
170	300531	D	2022-02-11	2022-02-22	F	W	WH	White	ITA	Italian	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
171	300526	D	2022-02-13	2022-03-09	M	M	WH	White	IRA	Iranian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
172	300488	E	2022-03-05	2022-03-06	M	M	HI	Hispanic	ARM	Armenian	Glendale	CA	912052656		SN	Skilled Nursing	MCA
173	300283	D	2022-03-08	2022-03-23	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
174	300535	D	2022-03-16	2022-03-20	F	W	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
175	300536	D	2022-03-17	2022-03-29	M	M	WH	White	ARM	Armenian	Glendale	CA	91201		SNC	Skilled Nursing Community	MCA
176	300496	D	2022-03-19	2022-04-22	F	D	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
177	300131	D	2022-03-27	2022-04-01	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
<a href="#">178</a>	300539	D	2022-03-30	2022-04-27	M	U	WH	White	UNK	Unknown	Los Angeles	CA	90039		SN	Skilled Nursing	MCA
<a href="#">179</a>	300543	D	2022-04-09	2022-05-19	M	M	WH	White	ARM	Armenian	Glendale	CA	91206		SN	Skilled Nursing	MCA
<a href="#">180</a>	300544	D	2022-04-10	2022-05-19	F	M	WH	White	UNK	Unknown	Glendale	CA	91201		SN	Skilled Nursing	MCA
<a href="#">181</a>	300545	D	2022-04-15	2022-04-19	M	M	HI	Hispanic	UNK	Unknown	Burbank	CA	91504		SN	Skilled Nursing	MCA
<a href="#">182</a>	300547	D	2022-04-22	2022-06-18	F	W	UNK	Unknown	UNK	Unknown	Los Angeles	CA	90041		SN	Skilled Nursing	MCA
<a href="#">183</a>	300545	D	2022-04-25	2022-04-30	M	M	HI	Hispanic	UNK	Unknown	Burbank	CA	91504		SN	Skilled Nursing	MCA
<a href="#">184</a>	300545	D	2022-05-06	2022-05-27	M	M	HI	Hispanic	UNK	Unknown	Burbank	CA	91504		SN	Skilled Nursing	MCA
<a href="#">185</a>	300548	D	2022-05-07	2022-05-11	F	M	AS	Asian	UNK	Unknown	Los Angeles	CA	90042		SN	Skilled Nursing	MCA
<a href="#">186</a>	300556	D	2022-06-08	2022-06-14	M	M	WH	White	ARM	Armenian	Glendale	CA	91203		SN	Skilled Nursing	MCA
<a href="#">187</a>	300557	D	2022-06-14	2022-06-21	F	W	WH	White	AMR	American	Glendale	CA	91208		SN	Skilled Nursing	MCA
<a href="#">188</a>	300559	D	2022-06-17	2022-07-30	F	W	WH	White	AMR	American	Burbank	CA	91502		SN	Skilled Nursing	MCA
<a href="#">189</a>	300567	D	2022-06-25	2022-07-16	F	S	UNK	Unknown	UNK	Unknown	Los Angeles	CA	90065		SN	Skilled Nursing	MCA
<a href="#">190</a>	300568	D	2022-06-25	2022-08-05	F	W	WH	White	UNK	Unknown	Los Angeles	CA	90044		SNC	Skilled Nursing Community	MCA
<a href="#">191</a>	300572	D	2022-07-13	2022-07-14	F	U	UNK	Unknown	UNK	Unknown					SN	Skilled Nursing	MCA
<a href="#">192</a>	300573	A	2022-07-13		F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
<a href="#">193</a>	300574	E	2022-07-15	2022-08-07	M	W	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
<a href="#">194</a>	300577	D	2022-07-20	2022-08-05				Unknown		Unknown					SNC	Skilled Nursing Community	MCA
<a href="#">195</a>	300578	A	2022-07-20		M	W	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
<a href="#">196</a>	300219	A	2022-07-25		F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
<a href="#">197</a>	300054	D	2017-11-08	2019-07-04	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
<a href="#">198</a>	300080	D	2018-01-13	2020-07-08	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
<a href="#">199</a>	300037	D	2019-04-04	2019-04-10	M	M	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	MCD
<a href="#">200</a>	300036	E	2019-06-20	2022-06-17	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
<a href="#">201</a>	300054	D	2019-07-09	2019-08-21	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
<a href="#">202</a>	300073	D	2019-07-16	2021-08-05	F	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	MCD
<a href="#">203</a>	300054	D	2019-08-21	2021-08-18	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
<a href="#">204</a>	300398	D	2019-11-08	2020-01-29	F	W	WH	White	AMR	American	Glendale	CA	92025		NSC	Non-Skilled Nursing Community	MCD
<a href="#">205</a>	300080	D	2020-07-08	2021-05-19	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
<a href="#">206</a>	300080	E	2021-05-28	2021-05-28	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
<a href="#">207</a>	300073	A	2021-08-07		F	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	MCD
<a href="#">208</a>	300054	D	2021-08-23	2021-09-22	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
<a href="#">209</a>	300054	E	2021-09-25	2022-02-13	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
<a href="#">210</a>	300526	A	2022-04-16		M	M	WH	White	IRA	Iranian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCD
<a href="#">211</a>	300310	D	2017-02-18	2017-03-26	M	M	WH	White	AMR	American					NSC	Non-Skilled Nursing Community	MHOS
<a href="#">212</a>	300310	E	2017-03-28	2017-04-05	M	M	WH	White	AMR	American					NSC	Non-Skilled Nursing Community	MHOS
<a href="#">213</a>	300116	E	2017-06-23	2017-07-04	F	W	WH	White	RUS	Russian	Glendale	CA	91205		NS	Non-Skilled Nursing	MHOS
<a href="#">214</a>	300139	E	2017-10-10	2019-05-12	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	MHOS
<a href="#">215</a>	300085	D	2018-03-27	2021-05-16	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	MHOS
<a href="#">216</a>	300128	E	2018-07-24	2018-11-17	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	MHOS
<a href="#">217</a>	300021	E	2018-10-30	2018-11-13	F	W	WH	White	ITA	Italian	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	MHOS
<a href="#">218</a>	300081	D	2019-06-14	2019-06-20	F	M	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MHOS
<a href="#">219</a>	300307	E	2019-10-26	2019-11-14	F	M	WH	White	ARM	Armenian					NS	Non-Skilled Nursing	MHOS
<a href="#">220</a>	300489	D	2021-06-17	2021-06-24		M	HI	Hispanic	ARM	Armenian	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	MHOS
<a href="#">221</a>	300144	E	2017-06-07	2017-07-29	F	S	BL	Black	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	MMCD



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
<a href="#">222</a>	300080	D	2017-09-21	2018-01-13	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">223</a>	300128	D	2017-10-24	2018-07-24	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	MMCD
<a href="#">224</a>	300088	D	2017-11-14	2017-12-19	F	W	WH	White	ENG	English	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">225</a>	300012	E	2018-02-06	2021-09-09	F	W	HI	Hispanic	MEX	Mexcan	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">226</a>	300345	D	2018-03-01	2018-03-14				Unknown		Unknown					NSC	Non-Skilled Nursing Community	MMCD
<a href="#">227</a>	300081	D	2018-06-20	2019-06-14	F	M	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">228</a>	300047	D	2018-07-04	2018-09-06	F	S	WH	White	ENG	English	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">229</a>	300307	D	2019-09-24	2019-10-26	F	M	WH	White	ARM	Armenian					NS	Non-Skilled Nursing	MMCD
<a href="#">230</a>	300397	A	2019-10-10		F	W	WH	White	ARM	Armenian	Glendale	CA	912052656		NS	Non-Skilled Nursing	MMCD
<a href="#">231</a>	300398	E	2020-01-29	2022-04-03	F	W	WH	White	AMR	American	Glendale	CA	92025		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">232</a>	300433	D	2020-03-15	2020-10-11	F	W	AS	Asian	PILI	Filipino	Glendale	CA	912052656		SNC	Skilled Nursing Community	MMCD
<a href="#">233</a>	300448	D	2020-07-21	2020-10-03	M	M	WH	White	ARM	Armenian	North Hollywood	CA	91605		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">234</a>	300433	D	2020-10-11	2021-05-27	F	W	AS	Asian	PILI	Filipino	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">235</a>	300467	A	2020-12-05		F	M	WH	White	POR	Polish	Montrose	CA	91020		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">236</a>	300433	A	2021-06-02		F	W	AS	Asian	PILI	Filipino	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	MMCD
<a href="#">237</a>	300442	D	2020-06-08	2020-06-29	F	M	WH	White	UNK	Unknown	Pasadena	CA	91107		BS2C		PINS

**SECTION 999.5(d)(5)(C)**

**2) Medi-Cal resident demographics for Windsor**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
2	300309	D	2017-01-08	2017-01-13	M	W	WH	White	UNK	Unknown	Duarte	CA	91010		SNC	Skilled Nursing Community	ADVA
3	300139	D	2017-01-29	2017-02-12	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	ADVA
4	300302	D	2017-02-08	2017-03-25	F	S	AS	Asian	ASI	Asian	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
5	300226	D	2017-02-10	2017-06-26	M	M	WH	White	IRA	Iranian	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
6	300128	D	2017-02-12	2017-03-09	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	PVT
7	300036	D	2017-02-17	2017-03-02	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
8	300126	D	2017-02-17	2017-03-08	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	PVT
9	300310	D	2017-02-18	2017-03-26	M	M	WH	White	AMR	American					NSC	Non-Skilled Nursing Community	MHOS
10	300254	D	2017-02-22	2017-04-29	F	W		Unknown		Unknown	Glendale	CA	912052656	#10	NSC	Non-Skilled Nursing Community	PVT
11	300120	E	2017-02-25	2017-10-12	F	S	WH	White	AMR	American	Glendale	CA	91208		NSC	Non-Skilled Nursing Community	PVT
12	300193	D	2017-03-03	2017-06-01	F	W	WH	White	ENG	English	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
13	300105	D	2017-03-08	2017-03-18	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	PVT
14	300139	D	2017-03-09	2017-04-07	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
15	300036	D	2017-03-18	2017-04-04	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
16	300073	D	2017-03-28	2017-05-06	F	S	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
17	300310	E	2017-03-28	2017-04-05	M	M	WH	White	AMR	American					NSC	Non-Skilled Nursing Community	MHOS
18	300036	D	2017-04-04	2017-08-09	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
19	300316	D	2017-04-13	2017-05-07	F	U	WH	White	UNK	Unknown	Glendale	CA	91203		NSC	Non-Skilled Nursing Community	PVT
20	300315	E	2017-04-22	2019-09-29	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
21	300322	D	2017-05-19	2017-06-03	M	W	WH	White	UNK	Unknown	Glendale	CA	91206		NSC	Non-Skilled Nursing Community	PVT
22	300323	D	2017-05-27	2017-06-16	F	M	UNK	Unknown	UNK	Unknown					NSC	Non-Skilled Nursing Community	PVT
23	300073	D	2017-05-31	2017-06-16	F	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
24	300193	D	2017-06-01	2017-06-14	F	W	WH	White	ENG	English	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
25	300322	D	2017-06-03	2017-07-02	M	W	WH	White	UNK	Unknown	Glendale	CA	91206		SNC	Skilled Nursing Community	MCA
26	300144	E	2017-06-07	2017-07-29	F	S	BL	Black	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	MMCD
27	300139	D	2017-06-20	2017-08-10	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	ADVA
28	300116	E	2017-06-23	2017-07-04	F	W	WH	White	RUS	Russian	Glendale	CA	91205		NS	Non-Skilled Nursing	MHOS
29	300306	E	2017-06-28	2017-09-01	M	W		Unknown		Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
30	300198	E	2017-07-12	2018-04-27	F		WH	White	CZC	Czechoslovakian	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	PVT
31	300285	D	2017-07-28	2017-09-01	F	U	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
32	300104	D	2017-08-01	2017-08-18	F	S	WH	White	IRI	Irish	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
33	300322	E	2017-08-03	2017-08-27	M	W	WH	White	UNK	Unknown	Glendale	CA	91206		NSC	Non-Skilled Nursing Community	PVT
34	300036	D	2017-08-09	2017-09-13	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
35	300213	D	2017-08-09	2017-09-01	F	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
36	300036	D	2017-09-13	2019-04-24	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
37	300080	D	2017-09-21	2018-01-13	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
38	300285	D	2017-09-22	2017-11-09	F	U	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
39	300046	D	2017-10-03	2017-11-11	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	PVT
40	300139	E	2017-10-10	2019-05-12	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	MHOS
41	300168	D	2017-10-17	2017-11-05	F	S	WH	White	UNK	Unknown	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
42	300128	D	2017-10-24	2018-07-24	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	MMCD
43	300054	D	2017-11-08	2019-07-04	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
44	300285	D	2017-11-09	2018-03-14	F	U	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
45	300088	D	2017-11-14	2017-12-19	F	W	WH	White	ENG	English	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
46	300337	E	2017-11-15	2018-06-24	M	M	AS	Asian	ASI	Asian	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
47	300319	D	2017-12-07	2018-01-05	F	S	WH	White	AMR	American	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
48	300114	D	2017-12-19	2017-12-21	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
49	300114	D	2017-12-26	2018-01-08	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
50	300114	E	2018-01-08	2018-01-10	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
51	300080	D	2018-01-13	2020-07-08	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
52	300321	D	2018-01-16	2018-02-18	F	W	WH	White	DUT	Dutch	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
53	300340	D	2018-01-18	2018-03-21		M	WH	White	AMR	American	Glendale	CA	91206		NSC	Non-Skilled Nursing Community	PVT
54	300012	E	2018-02-06	2021-09-09	F	W	HI	Hispanic	MEX	Mexcan	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
55	300284	D	2018-02-17	2018-03-21	M	M	WH	White	AMR	American					NSC	Non-Skilled Nursing Community	PVT
56	300321	D	2018-02-21	2018-05-15	F	W	WH	White	DUT	Dutch	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
57	300027	D	2018-02-27	2018-03-14	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
58	300344	D	2018-02-28	2018-04-22		W	WH	White	AMR	American					NSC	Non-Skilled Nursing Community	PVT
59	300345	D	2018-03-01	2018-03-14				Unknown		Unknown					NSC	Non-Skilled Nursing Community	MMCD
60	300285	D	2018-03-14	2018-04-21	F	U	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
61	300085	D	2018-03-27	2021-05-16	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	MHOS
62	300282	E	2018-03-28	2018-11-02	M	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
63	300334	D	2018-03-29	2018-03-30	F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
64	300001	D	2018-04-12	2018-04-19	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
65	300204	D	2018-04-20	2018-05-20	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
66	300285	D	2018-04-21	2018-09-06	F	U	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
67	300350	D	2018-04-28	2018-05-27	F	M	WH	White	AMR	American	Burbank	CA	91506		SNC	Skilled Nursing Community	MCA
68	300254	E	2018-05-18	2018-06-13	F	W		Unknown		Unknown	Glendale	CA	912052656	#10	SNC	Skilled Nursing Community	MCA
69	300052	D	2018-05-19	2018-06-02	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
70	300126	D	2018-06-06	2018-06-20	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SNC	Skilled Nursing Community	MCA
71	300354	E	2018-06-14	2018-10-05	F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
72	300213	E	2018-06-16	2018-07-23	F	W	WH	White	AMR	American	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
73	300081	D	2018-06-20	2019-06-14	F	M	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
74	300180	D	2018-06-21	2018-07-28	F	S	AS	Asian	JAP	Japanese	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
75	300047	D	2018-07-04	2018-09-06	F	S	WH	White	ENG	English	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MMCD
76	300026	D	2018-07-11	2018-07-26	F	W	HI	Hispanic	MEX	Mexcan	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
77	300350	D	2018-07-20	2018-09-01	F	M	WH	White	AMR	American	Burbank	CA	91506		SNC	Skilled Nursing Community	MCA
78	300128	E	2018-07-24	2018-11-17	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	MHOS
79	300360	D	2018-08-03	2018-08-30	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
80	300030	D	2018-08-08	2018-08-08	F	S	WH	White	CAN	Canadian	Glendale	CA	91205	Los Agneles	NSC	Non-Skilled Nursing Community	PVT
81	300030	D	2018-08-10	2018-11-30	F	S	WH	White	CAN	Canadian	Glendale	CA	91205	Los Agneles	NS	Non-Skilled Nursing	PVT
82	300360	D	2018-09-04	2018-10-07	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
83	300285	D	2018-09-06	2020-12-29	F	U	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
84	300021	D	2018-09-19	2018-10-14	F	W	WH	White	ITA	Italian	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
85	300293	D	2018-09-21	2018-09-28	F	W	WH	White	UNK	Unknown	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
86	300293	D	2018-09-28	2020-11-28	F	W	WH	White	UNK	Unknown	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
87	300313	D	2018-10-09	2018-10-20	F	W	WH	White	RUS	Russian	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
88	300204	D	2018-10-10	2018-11-03	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
89	300047	D	2018-10-23	2018-11-14	F	S	WH	White	ENG	English	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
90	300021	E	2018-10-30	2018-11-13	F	W	WH	White	ITA	Italian	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	MHOS
91	300073	D	2018-11-15	2019-07-12	F	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
92	300076	D	2018-11-22	2018-12-15	M	M	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
93	300319	D	2018-11-27	2018-11-28	F	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
94	300356	D	2018-11-29	2018-12-23	F	W	WH	White	AMR	American	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
95	300030	D	2018-12-04	2019-03-20	F	S	WH	White	CAN	Canadian	Glendale	CA	91205	Los Agneles	NS	Non-Skilled Nursing	PVT
96	300349	D	2018-12-11	2018-12-23	F	M	WH	White	UNK	Unknown	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
97	300319	D	2018-12-12	2018-12-13	F	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
98	300292	D	2019-01-05	2021-10-19	M	W	WH	White	AMR	American	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
99	300370	D	2019-01-08	2019-03-29		S	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
100	300371	D	2019-01-08	2019-02-03	F	S	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
101	300352	D	2019-02-08	2019-03-03	F	W	HI	Hispanic	MEX	Mexcan	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
102	300372	D	2019-02-13	2019-03-09	F	S	HI	Hispanic	UNK	Unknown	Los Angeles	CA	90006	Los Angeles	SNC	Skilled Nursing Community	MCA
103	300264	D	2019-02-15	2019-03-02	F	M	AS	Asian	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
104	300362	D	2019-03-20	2019-03-21	M	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
105	300279	D	2019-03-23	2019-04-19	F	S	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
106	300347	D	2019-03-29	2019-05-01	F	M	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
107	300302	D	2019-03-30	2019-05-10	F	S	AS	Asian	ASI	Asian	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
108	300362	D	2019-04-03	2019-04-27	M	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
109	300037	D	2019-04-04	2019-04-10	M	M	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	MCD
110	300341	D	2019-04-11	2019-05-03	M	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
111	300376	D	2019-04-18	2019-05-19	F	S	AS	Asian	ASI	Asian	Los Angeles	CA	900393045		SNC	Skilled Nursing Community	MCA
112	300036	D	2019-04-24	2019-06-19	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
113	300370	D	2019-04-25	2019-05-25		S	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
114	300076	D	2019-05-08	2019-10-20	M	M	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
115	300347	D	2019-05-16	2019-05-31	F	M	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
116	300075	E	2019-05-24	2020-10-15	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
117	300370	D	2019-05-25	2019-07-18		S	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
118	300383	D	2019-05-25	2019-06-12	M	M	WH	White	UNK	Unknown	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
119	300056	E	2019-06-05	2020-05-10	F	S	WH	White	IRI	Irish	Glendale	CA	91205	Los Angeles	NSC	Non-Skilled Nursing Community	PVT
120	300347	D	2019-06-07	2019-10-29	F	M	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
121	300081	D	2019-06-14	2019-06-20	F	M	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MHOS
122	300036	E	2019-06-20	2022-06-17	F	W	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
123	300054	D	2019-07-09	2019-08-21	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
124	300073	D	2019-07-16	2021-08-05	F	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	MCD
125	300387	D	2019-07-17	2019-07-26				Unknown		Unknown					SNC	Skilled Nursing Community	MCA
126	300068	E	2019-07-19	2020-04-19	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
127	300388	D	2019-07-24	2019-09-29	M	M	WH	White	UNK	Unknown	Los Angeles	CA	90039		NSC	Non-Skilled Nursing Community	PVT
128	300389	D	2019-07-25	2019-08-14	F	W	WH	White	UNK	Unknown	Malibu	CA	90265		SNC	Skilled Nursing Community	MCA
129	300387	D	2019-07-31	2019-08-18				Unknown		Unknown					SNC	Skilled Nursing Community	MCA
130	300129	D	2019-08-08	2019-08-30	F	W	WH	White	FRE	French	Glendale	CA	91205		SN	Skilled Nursing	MCA
131	300390	D	2019-08-10	2019-08-25	F	M	UNK	Unknown	UNK	Unknown	Glendale	CA	91206		SNC	Skilled Nursing Community	MCA
132	300392	D	2019-08-16	2019-09-10	F	S	WH	White	UNK	Unknown	Culver City	CA	90230		NS	Non-Skilled Nursing	PVT
133	300054	D	2019-08-21	2021-08-18	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Admission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
134	300393	D	2019-09-07	2019-09-28	F	W	WH	White	UNK	Unknown	Glendale	CA	912071154		SN	Skilled Nursing	MCA
135	300394	D	2019-09-17	2019-10-02		W	WH	White	UNK	Unknown	Burbank	CA	90505		SN	Skilled Nursing	ADVA
136	300370	D	2019-09-19	2019-11-16		S	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
137	300307	D	2019-09-24	2019-10-26	F	M	WH	White	ARM	Armenian					NS	Non-Skilled Nursing	MMCD
138	300397	A	2019-10-10		F	W	WH	White	ARM	Armenian	Glendale	CA	912052656		NS	Non-Skilled Nursing	MMCD
139	300097	D	2019-10-17	2021-09-04	F	D	WH	White	AMR	American	Glendale	CA	91205	LOS ANGELES	NS	Non-Skilled Nursing	PVT
140	300076	E	2019-10-20	2019-11-02	M	M	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
141	300307	E	2019-10-26	2019-11-14	F	M	WH	White	ARM	Armenian					NS	Non-Skilled Nursing	MHOS
142	300398	D	2019-10-29	2019-11-03	F	W	WH	White	AMR	American	Glendale	CA	92025		NS	Non-Skilled Nursing	PVT
143	300399	D	2019-10-29	2019-12-14	F	W	WH	White	UNK	Unknown	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
144	300026	D	2019-11-06	2019-12-10	F	W	HI	Hispanic	MEX	Mexcan	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	PVT
145	300402	D	2019-11-07	2019-11-11	M	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91202		SN	Skilled Nursing	MCA
146	300398	D	2019-11-08	2020-01-29	F	W	WH	White	AMR	American	Glendale	CA	92025		NSC	Non-Skilled Nursing Community	MCD
147	300403	D	2019-11-09	2019-11-13	F	M	AS	Asian	PILI	Filipino	Glendale	CA	91203		NSC	Non-Skilled Nursing Community	PVT
148	300370	D	2019-11-16	2020-01-08		S	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
149	300406	D	2019-11-22	2019-12-18	F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
150	300064	D	2019-12-05	2020-01-08	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
151	300026	E	2019-12-10	2021-09-02	F	W	HI	Hispanic	MEX	Mexcan	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
152	300409	D	2019-12-10	2020-01-07	M	U	HI	Hispanic	UNK	Unknown	Los Angeles	CA	90039		NSC	Non-Skilled Nursing Community	PVT
153	300410	D	2019-12-21	2020-01-10	F	W	WH	White	AMR	American	Van Nuys	CA	91406		NSC	Non-Skilled Nursing Community	PVT
154	300411	D	2019-12-21	2019-12-25	F	W	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
155	300150	D	2019-12-25	2020-03-01	F	W	WH	White	TUR	Turkish	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
156	300067	D	2019-12-26	2020-02-23	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
157	300412	D	2019-12-27	2020-02-13	M	M	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
158	300413	D	2020-01-01	2020-01-08	F	U	WH	White	UNK	Unknown	Pasadena	CA	91105		SNC	Skilled Nursing Community	MCA
159	300414	D	2020-01-03	2020-02-16	F	S	WH	White	AUS	Austrian	Los Angeles	CA	900489470		SNC	Skilled Nursing Community	ADVA
160	300415	D	2020-01-04	2020-01-24	M	R	WH	White	UNK	Unknown	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
161	300064	D	2020-01-08	2020-01-29	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
162	300400	D	2020-01-14	2020-01-23		M	WH	White	ARM	Armenian	Glendale	CA	912052656		SN	Skilled Nursing	MCA
163	300410	D	2020-01-14	2020-04-02	F	W	WH	White	AMR	American	Van Nuys	CA	91406		SNC	Skilled Nursing Community	ADVA
164	300420	D	2020-01-25	2020-03-14	F	S	WH	White	ARM	Armenian	South Pasadena	CA	911053536		SNC	Skilled Nursing Community	MCA
165	300398	E	2020-01-29	2022-04-03	F	W	WH	White	AMR	American	Glendale	CA	92025		NSC	Non-Skilled Nursing Community	MMCD
166	300321	D	2020-02-01	2020-02-04	F	W	WH	White	DUT	Dutch	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
167	300421	D	2020-02-02	2020-03-07	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
168	300406	D	2020-02-05	2020-03-08	F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
169	300428	D	2020-02-14	2020-02-27	M	D	WH	White	UNK	Unknown	San Marino	CA	91108		SNC	Skilled Nursing Community	PVT
170	300430	D	2020-02-15	2020-03-18	F	D	HI	Hispanic	MEX	Mexcan	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
171	300431	D	2020-02-19	2020-03-17	M	M	BL	Black	AFA	African	Los Angeles	CA	900421526		SNC	Skilled Nursing Community	MCA
172	300150	D	2020-03-04	2020-03-05	F	W	WH	White	TUR	Turkish	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
173	300040	E	2020-03-05	2020-05-14	F	W	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
174	300150	E	2020-03-07	2021-08-16	F	W	WH	White	TUR	Turkish	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
175	300433	D	2020-03-15	2020-10-11	F	W	AS	Asian	PILI	Filipino	Glendale	CA	912052656		SNC	Skilled Nursing Community	MMCD
176	300410	D	2020-04-03	2020-04-18	F	W	WH	White	AMR	American	Van Nuys	CA	91406		NSC	Non-Skilled Nursing Community	PVT
177	300436	D	2020-04-27	2020-05-18	F	W	WH	White	ARM	Armenian	Burbank	CA	91504		SNC	Skilled Nursing Community	MCA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
178	300440	D	2020-05-03	2020-05-19	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
179	300441	D	2020-05-10	2020-07-08	M	S	WH	White	UNK	Unknown	Los Angeles	CA	900263854		SNC	Skilled Nursing Community	MCA
180	300412	D	2020-05-13	2020-08-24	M	M	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
181	300050	D	2020-05-15	2020-06-14	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	ADVA
182	300440	D	2020-05-19	2021-02-17	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
183	300053	D	2020-05-27	2020-06-13	F	S	BL	Black	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
184	300180	E	2020-05-30	2021-12-26	F	S	AS	Asian	JAP	Japanese	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
185	300442	D	2020-06-08	2020-06-29	F	M	WH	White	UNK	Unknown	Pasadena	CA	91107		BS2C		PINS
186	300443	D	2020-06-19	2020-07-04	F	M	WH	White	UNK	Unknown	Burbank	CA	91505		SNC	Skilled Nursing Community	MCA
187	300445	D	2020-06-26	2020-06-26	F	S	WH	White	OTH	Other	Palm Springs	CA	92263		SNC	Skilled Nursing Community	MCA
188	300080	D	2020-07-08	2021-05-19	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
189	300448	D	2020-07-09	2020-07-21	M	M	WH	White	ARM	Armenian	North Hollywood	CA	91605		NSC	Non-Skilled Nursing Community	PVT
190	300448	D	2020-07-21	2020-10-03	M	M	WH	White	ARM	Armenian	North Hollywood	CA	91605		NSC	Non-Skilled Nursing Community	MMCD
191	300319	D	2020-07-22	2020-08-15	F	S	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
192	300405	D	2020-08-09	2020-08-30		M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	ADVA
193	300412	E	2020-08-24	2020-08-26	M	M	WH	White	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	PVT
194	300053	D	2020-08-28	2020-10-04	F	S	BL	Black	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
195	300453	D	2020-09-13	2020-09-20		M	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
196	300454	D	2020-09-20	2020-11-14	F	W	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
197	300456	D	2020-10-05	2020-10-24	M	S	HI	Hispanic	HIS	Hispanic	Los Angeles	CA	900262514		SNC	Skilled Nursing Community	MCA
198	300457	D	2020-10-10	2020-10-25	M	M	WH	White	UNK	Unknown	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
199	300433	D	2020-10-11	2021-05-27	F	W	AS	Asian	PILI	Filipino	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	MMCD
200	300458	D	2020-10-23	2020-11-14	M	S	HI	Hispanic	MEX	Mexcan	Los Angeles	CA	90042		SNC	Skilled Nursing Community	MCA
201	300459	D	2020-10-30	2020-11-05	F	S	WH	White	UNK	Unknown	Glendale	CA	91207		NSC	Non-Skilled Nursing Community	PVT
202	300460	D	2020-11-01	2020-12-05	M	M	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
203	300462	D	2020-11-01	2020-11-19	M	M	WH	White	UNK	Unknown					SNC	Skilled Nursing Community	ADVA
204	300459	D	2020-11-05	2020-11-09	F	S	WH	White	UNK	Unknown	Glendale	CA	91207		SNC	Skilled Nursing Community	ADVA
205	300464	D	2020-11-11	2021-01-16	F	S	WH	White	UNK	Unknown	Glendale	CA	91205	2656	SNC	Skilled Nursing Community	MCA
206	300465	D	2020-11-15	2020-12-18	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
207	300466	D	2020-11-20	2022-02-08	F	S	AS	Asian	ASI	Asian	Los Angeles	CA	90066		NSC	Non-Skilled Nursing Community	PVT
208	300038	D	2020-11-28	2021-01-02	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	NS	Non-Skilled Nursing	PVT
209	300467	A	2020-12-05		F	M	WH	White	POR	Polish	Montrose	CA	91020		NSC	Non-Skilled Nursing Community	MMCD
210	300468	D	2020-12-06	2020-12-14	M	M	WH	White	AMR	American	Pasadena	CA	911063016		SNC	Skilled Nursing Community	MCA
211	300266	D	2020-12-13	2021-01-06	F	S	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
212	300393	D	2020-12-19	2021-02-12	F	W	WH	White	UNK	Unknown	Glendale	CA	912071154		SNC	Skilled Nursing Community	MCA
213	300285	E	2020-12-29	2021-01-18	F	U	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	PVT
214	300391	D	2021-01-02	2021-01-27	F	S	WH	White	IRI	Irish	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
215	300342	D	2021-01-07	2021-02-12	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
216	300408	D	2021-01-09	2021-03-11	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
217	300455	D	2021-01-09	2021-01-23	M	U	UNK	Unknown	ARM	Armenian	Glendale	CA	912052656		SN	Skilled Nursing	ADVA
218	300469	D	2021-02-03	2021-02-04	M	S	HI	Hispanic	HIS	Hispanic	Alhambra	CA	91803		SNC	Skilled Nursing Community	MCA
219	300418	D	2021-02-06	2021-03-11		M	WH	White	ARM	Armenian	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
220	300469	D	2021-02-07	2021-03-01	M	S	HI	Hispanic	HIS	Hispanic	Alhambra	CA	91803		SNC	Skilled Nursing Community	MCA
221	300440	E	2021-02-17	2021-02-18	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
222	300140	D	2021-02-19	2021-12-23	M	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	PVT
223	300470	D	2021-02-28	2021-03-02	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
224	300469	D	2021-03-05	2021-05-09	M	S	HI	Hispanic	HIS	Hispanic	Alhambra	CA	91803		SNC	Skilled Nursing Community	MCA
225	300470	D	2021-03-10	2021-03-13	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
226	300471	E	2021-03-11	2021-04-11	M	M	WH	White	AMR	American	Glendale	CA	91206		SNC	Skilled Nursing Community	MCA
227	300472	D	2021-03-13	2021-05-07	F	D	HI	Hispanic	MEX	Mexcan	Lompoc	CA	93436		SNC	Skilled Nursing Community	MCA
228	300470	D	2021-03-17	2021-04-13	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
229	300474	D	2021-03-21	2021-04-03	F	W	WH	White	AMR	American	Glendale	CA	912082447		SNC	Skilled Nursing Community	MCA
230	300052	D	2021-03-24	2021-04-06	F	W	WH	White	AMR	American	Glendale	CA	91205		SN	Skilled Nursing	MCA
231	300475	D	2021-03-27	2021-04-21	F	M	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
232	300482	D	2021-04-15	2021-05-18	M	D	WH	White	AMR	American	Glendale	CA	91205		KF3C		KFH
233	300470	D	2021-04-17	2021-04-28	F	S	WH	White	UNK	Unknown	Cerritos	CA	90703		SNC	Skilled Nursing Community	MCA
234	300483	D	2021-04-24	2021-04-29	F	P	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
235	300484	D	2021-04-27	2021-05-10	M	M	WH	White	AMR	American	La Canada Flintridge	CA	91011		SNC	Skilled Nursing Community	ADVA
236	300465	D	2021-05-04	2021-06-05	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
237	300484	D	2021-05-15	2021-06-05	M	M	WH	White	AMR	American	La Canada Flintridge	CA	91011		SNC	Skilled Nursing Community	ADVA
238	300280	D	2021-05-26	2021-06-11	F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
239	300080	E	2021-05-28	2021-05-28	M	W	BL	Black	AMR	American	Glendale	CA	91205		NSC	Non-Skilled Nursing Community	MCD
240	300492	D	2021-05-28	2021-07-15	F	D	WH	White	ITA	Italian	Glendale	CA	91202		SNC	Skilled Nursing Community	PVT
241	300493	D	2021-05-29	2021-06-15	F	M	WH	White	ARM	Armenian	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
242	300433	A	2021-06-02		F	W	AS	Asian	PILI	Filipino	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	MMCD
243	300371	D	2021-06-05	2021-06-25	F	S	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
244	300494	D	2021-06-09	2021-06-26	F	S	WH	White	AMR	American	Glendale	CA	91202		SNC	Skilled Nursing Community	ADVA
245	300495	D	2021-06-10	2021-06-12	F	S	WH	White	ARM	Armenian	Beverly Ridge	CA	90210		SNC	Skilled Nursing Community	ADVA
246	300484	D	2021-06-11	2021-06-22	M	M	WH	White	AMR	American	La Canada Flintridge	CA	91011		SNC	Skilled Nursing Community	ADVA
247	300489	D	2021-06-17	2021-06-24		M	HI	Hispanic	ARM	Armenian	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	MHOS
248	300496	D	2021-06-18	2021-07-31	F	D	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
249	300067	D	2021-06-24	2021-07-01	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
250	300493	D	2021-06-24	2021-06-24	F	M	WH	White	ARM	Armenian	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
251	300493	D	2021-06-25	2021-07-15	F	M	WH	White	ARM	Armenian	Glendale	CA	91202		SNC	Skilled Nursing Community	MCA
252	300501	D	2021-06-27	2021-06-27	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
253	300501	D	2021-06-28	2021-07-06	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
254	300502	D	2021-07-01	2021-07-28	M	S	WH	White	AMR	American	Santa Rosa	CA	95409		SNC	Skilled Nursing Community	MCA
255	300501	D	2021-07-10	2021-07-20	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
256	300067	E	2021-07-14	2021-10-29	F	W	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	PVT
257	300051	D	2021-07-21	2021-08-26	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SNC	Skilled Nursing Community	PVT
258	300494	D	2021-07-21	2021-08-06	F	S	WH	White	AMR	American	Glendale	CA	91202		SNC	Skilled Nursing Community	ADVA
259	300505	D	2021-07-26	2021-08-01	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
260	300492	D	2021-07-28	2021-09-15	F	D	WH	White	ITA	Italian	Glendale	CA	91202		SNC	Skilled Nursing Community	PVT
261	300319	D	2021-07-31	2021-10-06	F	S	WH	White	AMR	American	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
262	300505	D	2021-08-02	2021-08-10	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
263	300507	D	2021-08-04	2021-08-26	F	D	WH	White	AMR	American	Burbank	CA	91501		SN	Skilled Nursing	MCA
264	300508	D	2021-08-06	2021-09-18	F	W	WH	White	AMR	American	Pasadena	CA	91106		SN	Skilled Nursing	ADVA
265	300073	A	2021-08-07		F	S	WH	White	AMR	American	Glendale	CA	91205		NS	Non-Skilled Nursing	MCD



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
266	300509	D	2021-08-12	2021-10-20	M	S	HI	Hispanic	MEX	Mexcan	Los Angeles	CA	90042		SNC	Skilled Nursing Community	PVT
267	300054	D	2021-08-23	2021-09-22	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
268	300311	D	2021-08-29	2021-08-31	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		KF3C		KFH
269	300513	D	2021-09-01	2021-09-16	M	M	WH	White	UNK	Unknown	Los Angeles	CA	90026		SN	Skilled Nursing	ADVA
270	300311	D	2021-09-02	2021-09-16	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		KF3C		KFH
271	300477	D	2021-09-07	2021-10-12	M	S	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
272	300097	A	2021-09-08		F	D	WH	White	AMR	American	Glendale	CA	91205	LOS ANGELES	SNC	Skilled Nursing Community	PVT
273	300131	D	2021-09-11	2021-09-21	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
274	300514	D	2021-09-15	2021-10-19	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
275	300465	D	2021-09-18	2021-10-23	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
276	300516	D	2021-09-22	2021-10-07	M	S	BL	Black	AFA	African	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
277	300054	E	2021-09-25	2022-02-13	F	W	WH	White	ARM	Armenian	Glendale	CA	91205	LOS ANGELES	NSC	Non-Skilled Nursing Community	MCD
278	300503	D	2021-09-25	2021-11-12	F	D	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
279	300064	D	2021-10-02	2021-11-30	F	D	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	MCA
280	300521	D	2021-10-09	2021-12-22	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
281	300520	D	2021-10-10	2021-10-10				Unknown		Unknown					SN	Skilled Nursing	MCA
282	300319	A	2021-10-12		F	S	WH	White	AMR	American	Glendale	CA	912052656		NSC	Non-Skilled Nursing Community	PVT
283	300474	D	2021-10-15	2021-12-19	F	W	WH	White	AMR	American	Glendale	CA	912082447		SNC	Skilled Nursing Community	MCA
284	300514	D	2021-10-22	2021-11-03	M	M	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
285	300047	D	2021-10-23	2021-11-19	F	S	WH	White	ENG	English	Glendale	CA	91205		SN	Skilled Nursing	MCA
286	300523	D	2021-10-27	2021-12-15	F	S	HI	Hispanic	AMR	American	North Hollywood	CA	91601	Los Angeles	SNC	Skilled Nursing Community	MCA
287	300292	E	2021-10-28	2021-12-17	M	W	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
288	300525	D	2021-10-28	2021-11-27	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
289	300408	D	2021-11-13	2022-02-19	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
290	300381	D	2021-11-20	2021-12-13	F	W	WH	White	AMR	American	Glendale	CA	912052656		KF3C		KFH
291	300526	D	2021-12-07	2022-01-07	M	M	WH	White	IRA	Iranian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
292	300525	D	2021-12-12	2022-01-06	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
293	300527	D	2021-12-16	2022-02-13	F	W	WH	White	UNK	Unknown	Glendale	CA	91202		SN	Skilled Nursing	MCA
294	300374	D	2021-12-21	2022-01-25	F	W	WH	White	UNK	Unknown	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
295	300346	D	2021-12-24	2021-12-27	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
296	300487	D	2022-01-05	2022-01-14	M	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
297	300499	D	2022-01-07	2022-03-05	M	W	WH	White	AMR	American	Glendale	CA	912052656		SN	Skilled Nursing	MCA
298	300351	D	2022-01-09	2022-03-20	M	S	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
299	300528	D	2022-01-13	2022-02-10	F	W	AS	Asian	KOR	Korean	Pasadena	CA	911051779		SN	Skilled Nursing	MCA
300	300525	D	2022-01-15	2022-02-01	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
301	300529	D	2022-02-01	2022-03-09	F	S	UNK	Unknown	UNK	Unknown	Los Angeles	CA	900655053		SN	Skilled Nursing	MCA
302	300525	D	2022-02-02	2022-02-16	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
303	300530	D	2022-02-04	2022-02-10	M	M	WH	White	UNK	Unknown	Glendale	CA	91206		SN	Skilled Nursing	ADVA
304	300466	D	2022-02-11	2022-03-01	F	S	AS	Asian	ASI	Asian	Los Angeles	CA	90066		SNC	Skilled Nursing Community	MCA
305	300531	D	2022-02-11	2022-02-22	F	W	WH	White	ITA	Italian	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
306	300526	D	2022-02-13	2022-03-09	M	M	WH	White	IRA	Iranian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
307	300525	D	2022-02-23	2022-02-23	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SN	Skilled Nursing	ADVA
308	300019	D	2022-02-24	2022-03-12	F	S	WH	White	AMR	American	Glendale	CA	91205	Los Angeles	SN	Skilled Nursing	ADVA
309	300525	D	2022-02-24	2022-06-05	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SNC	Skilled Nursing Community	PVT

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
310	300466	E	2022-03-04	2022-05-18	F	S	AS	Asian	ASI	Asian	Los Angeles	CA	90066		SNC	Skilled Nursing Community	PVT
311	300488	E	2022-03-05	2022-03-06	M	M	HI	Hispanic	ARM	Armenian	Glendale	CA	912052656		SN	Skilled Nursing	MCA
312	300283	D	2022-03-08	2022-03-23	F	M	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	MCA
313	300531	A	2022-03-08		F	W	WH	White	ITA	Italian	Glendale	CA	912052656		SNC	Skilled Nursing Community	PVT
314	300534	D	2022-03-09	2022-04-15	F	U	WH	White	ITA	Italian	Beverly Hills	CA	90209		SN	Skilled Nursing	PVT
315	300465	D	2022-03-13	2022-04-29	M	M	WH	White	AMR	American	North Hollywood	CA	91601		SNC	Skilled Nursing Community	ADVA
316	300535	D	2022-03-16	2022-03-20	F	W	WH	White	ARM	Armenian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
317	300536	D	2022-03-17	2022-03-29	M	M	WH	White	ARM	Armenian	Glendale	CA	91201		SNC	Skilled Nursing Community	MCA
318	300496	D	2022-03-19	2022-04-22	F	D	WH	White	UNK	Unknown	Glendale	CA	91203		SNC	Skilled Nursing Community	MCA
319	300131	D	2022-03-27	2022-04-01	F	W	WH	White	AMR	American	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
320	300539	D	2022-03-30	2022-04-27	M	U	WH	White	UNK	Unknown	Los Angeles	CA	90039		SN	Skilled Nursing	MCA
321	300536	D	2022-03-31	2022-05-21	M	M	WH	White	ARM	Armenian	Glendale	CA	91201		SNC	Skilled Nursing Community	PVT
322	300543	D	2022-04-09	2022-05-19	M	M	WH	White	ARM	Armenian	Glendale	CA	91206		SN	Skilled Nursing	MCA
323	300544	D	2022-04-10	2022-05-19	F	M	WH	White	UNK	Unknown	Glendale	CA	91201		SN	Skilled Nursing	MCA
324	300545	D	2022-04-15	2022-04-19	M	M	HI	Hispanic	UNK	Unknown	Burbank	CA	91504		SN	Skilled Nursing	MCA
325	300526	A	2022-04-16		M	M	WH	White	IRA	Iranian	Glendale	CA	91205		SNC	Skilled Nursing Community	MCD
326	300547	D	2022-04-22	2022-06-18	F	W	UNK	Unknown	UNK	Unknown	Los Angeles	CA	90041		SN	Skilled Nursing	MCA
327	300545	D	2022-04-25	2022-04-30	M	M	HI	Hispanic	UNK	Unknown	Burbank	CA	91504		SN	Skilled Nursing	MCA
328	300545	D	2022-05-06	2022-05-27	M	M	HI	Hispanic	UNK	Unknown	Burbank	CA	91504		SN	Skilled Nursing	MCA
329	300548	D	2022-05-07	2022-05-11	F	M	AS	Asian	UNK	Unknown	Los Angeles	CA	90042		SN	Skilled Nursing	MCA
330	300349	D	2022-05-15	2022-06-02	F	M	WH	White	UNK	Unknown	Glendale	CA	912052656		NS	Non-Skilled Nursing	PVT
331	300104	D	2022-05-26	2022-06-03	F	S	WH	White	IRI	Irish	Glendale	CA	91205		SN	Skilled Nursing	ADVA
332	300538	D	2022-05-28	2022-07-06	F	W	WH	White	AMR	American	Glendale	CA	912052656		SNC	Skilled Nursing Community	ADVA
333	300554	D	2022-05-28	2022-06-25	F	M	WH	White	UNK	Unknown	La Canada Flintridge	CA	91011		SN	Skilled Nursing	ADVA
334	300555	E	2022-05-29	2022-06-24	M	W	WH	White	AMR	American	Glendale	CA	91204		SN	Skilled Nursing	ADVA
335	300525	D	2022-06-08	2022-07-07	F	M	WH	White	UNK	Unknown	La Crescenta	CA	91214		SNC	Skilled Nursing Community	PVT
336	300556	D	2022-06-08	2022-06-14	M	M	WH	White	ARM	Armenian	Glendale	CA	91203		SN	Skilled Nursing	MCA
337	300557	D	2022-06-14	2022-06-21	F	W	WH	White	AMR	American	Glendale	CA	91208		SN	Skilled Nursing	MCA
338	300558	D	2022-06-16	2022-07-15	F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	91206		SN	Skilled Nursing	ADVA
339	300559	D	2022-06-17	2022-07-30	F	W	WH	White	AMR	American	Burbank	CA	91502		SN	Skilled Nursing	MCA
340	300561	A	2022-06-17		M	D	UNK	Unknown	UNK	Unknown	Glendale	CA	91204		SNC	Skilled Nursing Community	PVT
341	300562	D	2022-06-21	2022-07-19	M	M	UNK	Unknown	UNK	Unknown	Los Angeles	CA	90065		NSC	Non-Skilled Nursing Community	PVT
342	300566	D	2022-06-25	2022-07-23	F	S	AS	Asian	ASI	Asian	Rosemead	CA	91770		SN	Skilled Nursing	ADVA
343	300567	D	2022-06-25	2022-07-16	F	S	UNK	Unknown	UNK	Unknown	Los ANgeles	CA	90065		SN	Skilled Nursing	MCA
344	300568	D	2022-06-25	2022-08-05	F	W	WH	White	UNK	Unknown	Los Angeles	CA	90044		SNC	Skilled Nursing Community	MCA
345	300569	A	2022-06-26		F	W	WH	White	AMR	American	Sherman Oaks	CA	91411		SNC	Skilled Nursing Community	PVT
346	300570	A	2022-07-01		F	M	WH	White	UNK	Unknown	Glendale	CA	91201		SN	Skilled Nursing	ADVA
347	300572	D	2022-07-13	2022-07-14	F	U	UNK	Unknown	UNK	Unknown					SN	Skilled Nursing	MCA
348	300573	A	2022-07-13		F	U	UNK	Unknown	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
349	300574	E	2022-07-15	2022-08-07	M	W	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	MCA
350	300575	D	2022-07-16	2022-07-29	F	D	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	KFH
351	300577	D	2022-07-20	2022-08-05				Unknown		Unknown					SNC	Skilled Nursing Community	MCA
352	300578	A	2022-07-20		M	W	WH	White	UNK	Unknown	Glendale	CA	91205		SN	Skilled Nursing	MCA
353	300580	D	2022-07-22	2022-07-30	F	M	WH	White	UNK	Unknown	Glendale	CA	91010		SN	Skilled Nursing	ADVA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Resident ID	Admission Status	Addmission Date	Discharged Date	Gender	Marital Status	Race	Race Description	Ethnic Origin	Ethnicity	City	State	Zipcode	County	Level of Care	Level of Care Desc	Payor Type
354	300219	A	2022-07-25		F	W	UNK	Unknown	UNK	Unknown	Glendale	CA	912052656		SN	Skilled Nursing	MCA
355	300575	A	2022-08-02		F	D	WH	White	UNK	Unknown	Glendale	CA	91205		SNC	Skilled Nursing Community	KFH
356	300583	A	2022-08-09		M	W	WH	White	UNK	Unknown	Burbank	CA	915042951		SNC	Skilled Nursing Community	ADVA

**SECTION 999.5(d)(5)(C)**

**3) Summary of cost report data detailing revenues, expenses, and balance sheet information for Windsor**

**Health Center Analysis - Annual Trend**  
**Windsor**

	<b>Actual 2018</b>	<b>Actual 2019</b>	<b>Actual 2020</b>	<b>Actual 2021</b>	<b>Actual YTD 2022</b>
<b>Revenue</b>					
Private (Contract)	521,382	539,885	554,997	460,888	6,963
Private (noncontract)	930,365	648,507	457,445	430,757	300,624
Medicare (Part A)	473,027	517,683	830,803	1,266,567	626,623
Medicare (Part B)	21,182	4,890	23,041	22,070	17,370
Medicaid	672,154	740,747	837,477	1,043,714	415,378
Managed care	35,673	135,837	240,366	284,588	179,401
<b>Total Revenue</b>	<b>2,653,783</b>	<b>2,587,550</b>	<b>2,944,128</b>	<b>3,508,585</b>	<b>1,546,359</b>
<b>Patient Days</b>					
HC Available Patient Days	10,220	10,220	10,248	10,220	5,068
Private Pay (Contract) Patient Da	1,699	1,864	2,039	1,521	50
HC Patient Days PP	2,644	2,191	1,421	1,181	733
HC Patient Days MCA	775	778	1,207	1,571	802
HC Patient Days MCD	3,172	2,722	3,165	2,939	1,134
HC Patient Days MC	77	222	324	521	328
<b>Total Patient Days</b>	<b>8,367</b>	<b>7,777</b>	<b>8,156</b>	<b>7,733</b>	<b>3,047</b>
<b>Ancillary Expense</b>					
Physical Therapy Expense	61,651	66,367	105,818	129,758	37,928
Occupational Therapy Expense	53,922	57,182	86,992	103,381	31,018
Speech Therapy Expense	2,048	5,159	13,545	21,657	3,737
Respiratory Therapy Expense	1,919	3,839	4,211	5,708	2,583
IV Therapy Expense					
Chargeable Supplies Expense	3,584	3,872	4,930	2,147	1,825
Pharmacy Drugs Expense	34,480	49,653	82,089	77,300	45,756
Oxygen Supplies Expense	4,590	219			
Laboratory Expense	5,806	5,847	0	349	11,279
Radiology Expense	5,486	4,618	17,687	26,454	2,649
Other Chargeable Ancil. Services	349	2,940	257		
Outside Medical Charges			330		
Rental Equip Hlth Fac				821	
Ambulatory Services					
<b>Ancillary Services Expense</b>	<b>173,835</b>	<b>199,696</b>	<b>315,859</b>	<b>367,575</b>	<b>136,774</b>
<b>Other Non-Wage Costs</b>	<b>110,651</b>	<b>162,567</b>	<b>197,517</b>	<b>235,234</b>	<b>132,668</b>
<b>Salaries and Wages</b>	<b>1,055,337</b>	<b>1,190,356</b>	<b>1,535,861</b>	<b>1,495,091</b>	<b>872,639</b>
<b>Fringe Benefits</b>	<b>250,111</b>	<b>307,322</b>	<b>436,529</b>	<b>403,319</b>	<b>210,862</b>
<b>Total Health Center Costs:</b>	<b>1,589,934</b>	<b>1,859,941</b>	<b>2,485,766</b>	<b>2,501,219</b>	<b>1,352,943</b>
<b>Health Center Margin:</b>	<b>1,063,849</b>	<b>727,609</b>	<b>458,361</b>	<b>1,007,366</b>	<b>193,416</b>

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

1

## General Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	Value
1	Legal Name of Facility	WINDSOR MANOR
2	State License Number	970000052 970000052
3	Medi-Cal Provider Number	ZZT05312F ZZT05312F
4	D. B. A. (Doing Business As)	WINDSOR MANOR
5	Facility Business Phone	(818) 244-7219
6	Facility Street Address	1230 E. WINDSOR ROAD
7	City	GLENDALE E. WINDSOR ROAD
8	ZIP Code	91205-0000 GLENDALE
9	Mailing Address (if different) - Street or P. O. Box	912050000
10	City	
11	ZIP Code	0000
12	Administrator	LEIF CAMERON
13	Report Contact Person	BETH BURKE 0000
14	Phone Number	8186384502 kurtmorden
15	Mailing Address - Street or P. O. Box	516 BURCHETT STREET
16	City	GLENDALE
17	State	CA 8186384502
18	ZIP Code	91203-0000 516BURCHETTSTREET
19	Previous Name of Facility if Changed Since Previous Report	
20	Date of Change	
21	Previous State License Number	
22	Date of Change	
23	Previous Medi-Cal Provider Number	
24	Date of Change	
25	Reporting Period Began	01/01/2017
26	Reporting Period Ended	12/31/2017

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WINDSOR 001279

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

2.1

## Facility Description and Other General Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	License Category (Check only one)	(1)	Third Party Payor Programs (Complete all that apply)	(2) Date Certified	(3)
1	Skilled Nursing Facility		Medicare	11/21/1994	X
2	Intermediate Care Facility		Medi-Cal/SNF	11/01/1980	X
3	SNF/Residential	X	Medi-Cal/ICF		
4	ICF/Residential		Medi-Cal/MD		
5	Congregate Living Health Facility		Medi-Cal/DD		
6			Short-Doyle		
7			VA		
8			Champus		
9			Other (Describe):		
	Type of Control (Check only one)		Legal Organization (Check only one)		
10	Church Related		Corporation		
11	Not-for-Profit	X	Division of a Corporation		X
12	Investor Owned		Partnership		
13	Government:		Proprietorship		
14	State		Other (Describe):		
15	County				
16	City/County				
17	City				
18	District				

	Describe any items which management believes may have a significant effect on the data in this report:
25	
26	
27	
28	
29	
30	

CHFC 7040 h-2 &amp; MC530

WINDSOR 001280

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

2.2

## Services Inventory

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Health Services	(1) Code *
1	Pharmacy	3
2	Patient supplies	2
3	Laboratory	3
4	Radiology	3
5	Physical therapy	3
6	Inhalation therapy	5
7	Speech therapy	3
8	Occupational therapy	3
9	Audiology	4
10	Prosthetic devices	4
11	Social services	1
12	Physician care	5
13	Dental care	4
14	Podiatric care	4
15	Chiropractic care	5
16	Optometric care	4
17	Psychiatric care	5
18	Recreation/Activity	1
19	Alcoholism/Substance abuse treatment and recovery	5
20	Home health	5
21	Hospice	4
22	Long-term rehabilitation	5
23	Patient education	5
24	Adult day health care	5
25	Other (Describe):	
26	Other (Describe):	
27	Other (Describe):	

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\* CODE EXPLANATION Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2 and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract management whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

WINDSOR 001281



## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

3.1

Related Persons and Organizations and Other Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

The purpose of this schedule is to identify the facility's transactions during the current reporting period with related persons or organizations related by common ownership or control as defined in Title 42, Code of Federal Regulations (CFR), Section 413.17. For an explanation of related party control see the instructions for this form.

**A) Are there any costs or revenues included in the Statement of Income for the current period which are a result of transactions with related persons or organizations as defined in the instructions? (Exclude compensation of owners and their relatives reported in Item G).**

5 ☒ Yes ☐ No (If "Yes", complete item A1)

**A1) Related Party Transactions - Statement of Income. List below those transactions referred to in A.**

Line No.	(1) Account Title	(2) Related Party	(3) Service or Supply	(4) Transaction Amount DR/(CR)
10	ADMINISTRATION	BE.GROUP	CENTRALIZED MGMT & ACCTG	\$ 602,200
11				
12				
13				
14				

**B) Are there any assets or liabilities which are included in the Balance Sheet for the current period which are a result of transactions with related persons or organizations as defined in the instructions for this form?**

35 ☒ Yes ☐ No (If "Yes", complete item B1)

**B1) Related Party Transactions - Balance Sheet. List below those transactions referred to in B.**

Line No.	(1) Account Title	(2) Related Party	(3) Transaction Amount DR/(CR)
			\$
42	PAYABLE FROM RELATED PARTY	HOME OFFICE	(1,734,931)
43	PAYABLE TO RELATED PARTY	HOME CARE	(559,107)
44	RECEIVABLE TO RELATED PARTY	RT, WEST GAR, RO PT B, KO	45,285

**C) Is this facility part of an organization with two or more health facilities under common ownership or control, as defined in the instructions for this form?**

60 ☒ Yes ☐ No (If "Yes", complete items D and F, if "No" proceed to item G)

**D) Is this facility a:**

65 DIVISION (Parent, Subsidiary, Division, or Other) (If Subsidiary or Division, complete item E)

**E) Name and Address of Parent Organization**

70	Name:	BE.GROUP
75	Address:	516 BURCHETT STREET
76	City:	GLENDALE
77	State:	CA
78	ZIP Code:	91203

**F) Name, Address, and Percent of Ownership of Health Facilities Under Common Ownership or Control**

Line No.	(1) Name	(2) Address	(3) Percent of Ownership
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			

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WINDSOR 001282

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

3.2 (1)

## Related Persons and Organizations and Other Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

## G) Statement of Compensation for Owners and Their Relatives \*

Line No.	(1) Name	(2) Title and Function	(3) Percent of Ownership	(4) Avg Hrs/Work Week Devoted to Business	(5) Compensation Included in Costs This Period **
100					\$
101					
102					
103					

\*Owner means any individual having a 5% or more equity interest, direct or indirect, in the entity licensed as a health facility as defined in 42 CFR 455.101 and 455.102. An owner's relatives are defined as: spouse, son, daughter, grandchild, great-grandchild, stepchild, brother, sister, half-brother, half-sister, stepbrother, stepsister, parent, grandparent, great-grandparent, stepmother, stepfather, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.

\*\* Compensation as used in this schedule has the same definition as in 42 CFR 413.102 and refers to cash, personal benefits, cost of assets or services used, deferred compensation, or other consideration, including non-monetary, given in exchange for services provided to the organization.

## H) Names of Owners Having a 5% or More Equity Interest

140	
141	
142	
143	
144	
145	
146	
147	
148	
149	

## I) Governing Board Officers and Members

Line No.	(1) Name	(2) Occupation	(3) Compensation *
160	JUDITH D. BAKER	RN	\$
161	WILLIAM J. BATTISON III	EXECUTIVE	
162	DECLAN BROWN	SECRETARY	
163	ALBERT W. KELLEY	VICE CHAIR	
164	RANDALL L. STAMPER	BOARD CHAIR	
165	OTHER	MEMBERS	

\* Amount received from all sources for services rendered as a board member.

## J) Statement of Compensation Paid to Administrators and/or Assistant Administrators (Other than Owners)

Line No.	(1) Name	(2) Title and Duties Performed	(3) Avg Hrs/Work Week Devoted to Business	(4) Compensation This Period	(5) Compensation Prior Period
180	LEIF CAMERON	ADMINISTRATOR	40	\$ 118,000	\$
181					
182					

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## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

3.2 (2)

## Related Persons and Organizations and Other Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

K) Does the facility use a Management Company?

185 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to M)

195	Name of Management Company:	
200	Address:	
205	City:	
215	State:	
220	ZIP Code:	0
221	Telephone Number:	

L) Names of Management Company Owners Having More Than a 5% Equity Interest

222	
223	
224	
225	
226	
227	
228	
229	

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WINDSOR 001284

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

3.3

Related Persons and Organizations and Other Information  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

M) Are Financial Statements available for the reporting period?

325 ☒ Yes ☐ No (If "Yes", please enclose a copy) (If "No", enclose a copy of your working trial balance)

N) Is this report being filed as a result of a change in ownership?

335 ☐ Yes ☒ No (If "Yes", attach a copy of the sales agreement showing the allocation of the sales price to the assets)

O) Statement of Home Office (Parent) Costs

Line No.	(1) Account Description	(2) Account Number	(3) Amount	(4) Explanation of Allocations
	Interim Period Home Office Cost Allocations			
340			\$	
341				
342				
343	SUBTOTAL INTER M PERIOD (Sum of Lns 340 thru 342)		\$	
	Year End Home Office Cost Allocations			
344	MANAGEMENT FEE	6903	\$ 602,200	CENTRALIZED MGMT & ACCOUNTING
345				
346				
347	SUBTOTAL YEAR END (Sum of Lns 344 thru 346)		\$ 602,200	
348	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of Lns 343 and 347)		\$ 602,200	
	Home Office Equity Allocations			
	Asset			
349			\$	
350				
	Liability			
351			\$	
352				
353	TOTAL EQUITY ALLOCATIONS (Sum of Lns 349 thru 352)		\$	

P) Were any assets disposed of during the reporting period?

355 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q) Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360 ☐ Yes ☒ No

If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.

If "Yes" and through a standard trust system, complete lines 370 through 375.

365	Name:	
366	Address:	
367	City:	
368	State:	
369	ZIP Code:	0
	Patient Trust Account Activity	
370	Balance of Trust Account at beginning of the reporting period	\$
371	Total Deposits to the Trust Account during the reporting period, not including interest	
372	Interest Added / Earned	
373	TOTAL DEPOSITS AND INTEREST (Sum of Lns 371 and 372)	\$
374	Total Trust Account Expenditures	
375	BALANCE OF TRUST ACCOUNT AT THE END OF THE REPORTING PERIOD (Ln 370 + Ln 373 - Ln 374)	\$

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WINDSOR 001285

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.1

Facility Patient Days by Payer

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Patient (Census) Days	(1) Medicare	(2) Medi-Cal	(3) Self-Pay	(4) Managed Care	(5) Other Payors	(6) Total (Cols 1 thru 5)
	Routine Services						
5	Skilled Nursing Care	1,015	3,081	4,375	99	176	8,746
10	Intermediate Care						
15	Mentally Disordered Care						
20	Developmentally Disabled Care						
25	Sub-Acute Care						
30	Sub-Acute Care - Pediatric						
35	Transitional Inpatient Care						
40	Hospice Inpatient Care						
45	Other Routine Services						
70	SUBTOTAL (Sum of Lns 5 thru 45)	1,015	3,081	4,375	99	176	8,746

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WINDSOR 001286

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.2 (1)

## Facility Revenue Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Gross Revenue	Acct No.	Medicare		Medi-Cal		Self-Pay	
			(1) Inpatient .04	(2) Outpatient .44	(3) Inpatient .05	(4) Outpatient .45	(5) Inpatient .00	(6) Outpatient .40
	Routine Services							
5	Skilled Nursing Care	3100	\$ 287,837		\$ 925,098		\$ 1,340,850	
10	Intermediate Care	3200						
15	Mentally Disordered Care	3300						
20	Developmentally Disabled Care	3400						
25	Sub-Acute Care	3500						
30	Sub-Acute Care - Pediatric	3600						
35	Transitional Inpatient Care	3700						
40	Hospice Inpatient Care	3800						
45	Other Routine Services	3900						
70	SUBTOTAL (Sum of Lns 5 thru 45)		\$ 287,837		\$ 925,098		\$ 1,340,850	
	Ancillary Services							
105	Patient Supplies	4100	\$ 374	\$	\$	\$	\$	\$
110	Specialized Support Surfaces	4150						
115	Physical Therapy	4200	105,809					
120	Respiratory Therapy	4220						
125	Occupational Therapy	4250	105,659					
130	Speech Pathology	4280	4,872				286	
135	Pharmacy	4300	36,245				2,454	
140	Laboratory	4400	1,379					
145	Home Health Services	4800						
155	Other Ancillary Services	4900	2,880					
170	SUBTOTAL (Sum of Lns 105 thru 155)		\$ 257,218	\$	\$	\$	\$ 2,740	\$
175	TOTAL (Lns 70 and 170)		\$ 545,055	\$	\$ 925,098	\$	\$ 1,343,590	\$

Line No.	Gross Revenue	Acct No.	Managed Care		Other Payors		Total	
			(7) Inpatient .01	(8) Outpatient .41	(9) Inpatient .09	(10) Outpatient .49	(11) Inpatient (Cols 1, 3, 5, 7 and 9)	(12) Outpatient (Cols 2, 4, 6, 8 and 10)
	Routine Services							
5	Skilled Nursing Care	3100	\$ 25,587		\$ 47,734		\$ 2,627,106	
10	Intermediate Care	3200						
15	Mentally Disordered Care	3300						
20	Developmentally Disabled Care	3400						
25	Sub-Acute Care	3500						
30	Sub-Acute Care - Pediatric	3600						
35	Transitional Inpatient Care	3700						
40	Hospice Inpatient Care	3800						
45	Other Routine Services	3900						
70	SUBTOTAL (Sum of Lns 5 thru 45)		\$ 25,587		\$ 47,734		\$ 2,627,106	
	Ancillary Services							
105	Patient Supplies	4100	\$ 452	\$	\$	\$	\$ 826	\$
110	Specialized Support Surfaces	4150						
115	Physical Therapy	4200	8,628				114,437	
120	Respiratory Therapy	4220						
125	Occupational Therapy	4250	8,523				114,182	
130	Speech Pathology	4280	96				5,254	
135	Pharmacy	4300	3,672				42,371	
140	Laboratory	4400	307				1,686	
145	Home Health Services	4800						
155	Other Ancillary Services	4900					2,880	
170	SUBTOTAL (Sum of Lns 105 thru 155)		\$ 21,678	\$	\$	\$	\$ 281,636	\$
175	TOTAL (Lns 70 and 170)		\$ 47,265	\$	\$ 47,734	\$	\$ 2,908,742	\$

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WINDSOR 001287

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.2 (2)

## Facility Revenue Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Deductions from Revenue	Acct No.	(1) Amount
205	Charity Adjustments	5100	\$
210	Administrative Adjustments	5200	
215	Contractual Adjustments - Medicare	5310	(66,377)
220	Contractual Adjustments - Medi-Cal	5320	226,163
222	Contractual Adjustments - Managed Care	5330	9,136
225	Contractual Adjustments - Other	5340	9,931
230	Other Deductions from Revenue	5400	
240	TOTAL (Sum of Lns 205 thru 230)		\$ 178,853

CHFC 7041 f-1 &amp; MC530

WINDSOR 001288

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

4.3

## Other Census and Revenue Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Other Census Information	(1) Number
5	Licensed Beds: End of Period	28
10	Licensed Beds: Average (Monthly Average)	28
20	Available Beds: End of Period	28
25	Available Beds: Average (Monthly Average)	28
40	Admissions (Excluding Transfers)	48
45	Discharges (Excluding Transfers)	48
60	Occupancy Rate (Pg 4.1 Ln 70 Col 6 / (Pg 4.3 Ln 10 X days in reporting period) X 100)	85.58%

Line No.	Patient (Census) Days Detail for Special Care Programs	(1) Total	(2) Medi-Cal
100	Sub-Acute Care (Ventilator-Dependent)		
115	Other Sub-Acute Care		
120	TOTAL SUB-ACUTE CARE PAT ENT (CENSUS) DAYS (Sum of Lns 100 and 115) (Must agree with Pg 4.1 Col 1 Ln 110)		
130	Sub-Acute Care - Pediatric (Ventilator-Dependent)		
145	Other Sub-Acute Care - Pediatric		
150	TOTAL SUB-ACUTE CARE - PEDIATRIC PATIENT (CENSUS) DAYS (Sum of Lns 130 and 145) (Must agree with Pg 4.1 Col 1 Ln 135)		
165	Transitional Inpatient Care - Medical		
170	Transitional Inpatient Care - Rehabilitation		
175	TOTAL TRANSITIONAL INPATIENT CARE PATIENT (CENSUS) DAYS (Sum of Lns 165 and 170)		

Line No.	For Medi-Cal Providers, Only Recap of Medi-Cal Benefits Received from Fiscal Intermediary	(1) Amount
200	Total Billed Charges - Medi-Cal (Net of contractual adjustments)	\$ 698,935
205	Less: Patient Liability	
210	Less: Third Party and Other Liability	
215	Less: Noncovered Charges	
240	Less: Other	
250	NET MEDI-CAL RECEIVED / RECEIVABLE FROM FISCAL INTERMEDIARY (Combine Lns 200 thru 240)	\$ 698,935

CHFC 7041 f-1 &amp; MC530

WINDSOR 001289



## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.1 (1)

## Balance Sheet - General Fund

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Assets	Acct No.	(1) Current Reporting Period	(2) Prior Reporting Period
	Current Assets			
5	Cash	1000	\$ 2,000	\$ 2,000
10	Marketable securities - at cost	1010	2,580,589	2,118,513
15	Assets whose use is limited - required for current liabilities (must agree with Ln 85)			
20	Accounts and notes receivable	1020	536,804	462,262
25	Less estimated allowances for uncollectibles and contractual adjustments	1040	(83,620)	(24,577)
30	Receivables from third party payors for contract settlement	1050		
35	Pledges and other receivables	1060	11,747	265,952
40	Due from restricted funds	1070		
45	Inventories - at lower of cost or market	1080	23,293	28,310
50	Receivables from related parties, current	1090		
55	Prepaid expenses and other current assets	1100	96,003	69,040
60	TOTAL CURRENT ASSETS (Sum of Lns 5 thru 55)		\$ 3,166,816	\$ 2,921,500
	Assets Whose Use is Limited			
65	Cash	1160	\$	\$
70	Marketable securities	1170		
75	Other assets	1180	143,826	143,186
80	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of Lns 65 thru 75)		\$ 143,826	\$ 143,186
85	Less assets whose use is limited and that are required for current liabilities			
90	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Ln 80 - Ln 85)		\$ 143,826	\$ 143,186
	Property, Plant, and Equipment			
95	Land	1200	\$ 581,991	\$ 581,991
100	Land improvements	1210	214,123	212,273
105	Buildings and Improvements	1220	10,838,786	10,202,016
110	Less accumulated depreciation - buildings and improvements, land improvements	1270	(7,311,592)	(6,994,115)
115	Leasehold improvements	1230		
120	Less accumulated depreciation - leasehold improvements	1280		
125	Equipment	1240	1,825,751	2,023,277
130	Less accumulated depreciation - equipment	1290	(1,116,858)	(1,327,179)
135	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of Lns 95 thru 130)		\$ 5,032,201	\$ 4,698,263
140	Construction-in-progress	1250	\$ 188,633	\$ 123,674
	Investments and Other Assets			
145	Investments in property, plant, and equipment	1310	\$	\$
150	Less accumulated depreciation - investments in property, plant, and equipment	1320		
155	Other investments - at cost	1330		
160	Receivables from related parties, noncurrent	1340	153,772	4,175,118
165	Deposits and other assets	1350	44,007	44,007
170	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of Lns 145 thru 165)		\$ 197,779	\$ 4,219,125
	Intangible Assets			
175	Goodwill	1360	\$	\$
180	Unamortized loan costs	1370		
185	Organizational costs	1380		
190	Other intangible assets	1390		
195	TOTAL INTANGIBLE ASSETS (Sum of Lns 175 thru 190)		\$	\$
200	TOTAL ASSETS (Sum of Lns 60, 90, 135, 140, 170 and 195) (Must agree with Pg 5.2 Ln 185)		\$ 8,729,255	\$ 12,105,748
	Other Information		(1) Current Reporting Period	(2) Prior Reporting Period
205	Current market value - current asset marketable securities (Ln 10)		\$ 2,580,589	\$ 2,118,513
210	Current market value - other investments (Ln 155)			
215	Cost to complete construction in progress (Ln 140)		188,633	123,674

CHFC 7041 a-1 &amp; MC530

WINDSOR 001290

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.1 (2)

**Balance Sheet - General Fund**  
**Medi-Cal Adjustments and Reclassifications Worksheet**  
**(Medi-Cal Proprietary Facilities, Only)**

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Assets	(3) Adjustments and Reclassifications (From Pg 5.4)	(4) Adjusted Balance Current Period (Combine Cols 1 & 3)	(5) Adjusted Balance Prior Period
	Current Assets			
5	Cash	\$	\$ 2,000	\$ 2,000
10	Marketable securities - at cost		2,580,589	2,118,513
15	Assets whose use is limited - required for current liabilities (must agree with Ln 85)			
20	Accounts and notes receivable		536,804	462,262
25	Less estimated allowances for uncollectibles and contractual adjustments		(83,620)	(24,577)
30	Receivables from third party payors for contract settlement			
35	Pledges and other receivables		11,747	265,952
40	Due from restricted funds			
45	Inventories - at lower of cost or market		23,293	28,310
50	Receivables from related parties, current			
55	Prepaid expenses and other current assets		96,003	69,040
60	TOTAL CURRENT ASSETS (Sum of Lns 5 thru 55)	\$	\$ 3,166,816	\$ 2,921,500
	Assets Whose Use is Limited			
65	Cash	\$	\$	\$
70	Marketable securities			
75	Other assets		143,826	143,186
80	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of Lns 65 thru 75)	\$	\$ 143,826	\$ 143,186
85	Less assets whose use is limited and that are required for current liabilities			
90	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Ln 80 - Ln 85)	\$	\$ 143,826	\$ 143,186
	Property, Plant, and Equipment			
95	Land	\$	\$ 581,991	\$ 581,991
100	Land improvements		214,123	212,273
105	Buildings and Improvements		10,838,786	10,202,016
110	Less accumulated depreciation - buildings and improvements, land improvements		(7,311,592)	(6,994,115)
115	Leasehold improvements			
120	Less accumulated depreciation - leasehold improvements			
125	Equipment		1,825,751	2,023,277
130	Less accumulated depreciation - equipment		(1,116,858)	(1,327,179)
135	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of Lns 95 thru 130)	\$	\$ 5,032,201	\$ 4,698,263
140	Construction-in-progress	\$	\$ 188,633	\$ 123,674
	Investments and Other Assets			
145	Investments in property, plant, and equipment	\$	\$	\$
150	Less accumulated depreciation - investments in property, plant, and equipment			
155	Other investments - at cost			
160	Receivables from related parties, noncurrent		153,772	4,175,118
165	Deposits and other assets		44,007	44,007
170	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of Lns 145 thru 165)	\$	\$ 197,779	\$ 4,219,125
	Intangible Assets			
175	Goodwill	\$	\$	\$
180	Unamortized loan costs			
185	Organizational costs			
190	Other intangible assets			
195	TOTAL INTANGIBLE ASSETS (Sum of Lns 175 thru 190)	\$	\$	\$
200	TOTAL ASSETS (Sum of Lns 60, 90, 135, 140, 170 and 195) (Must agree with Pg 5.2 Ln 185)	\$	\$ 8,729,255	\$ 12,105,748

CHFC 7041 a-1 &amp; MC530

WINDSOR 001291

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.2 (1)

## Balance Sheet - General Fund

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Liabilities and Equity	Acct No.	(1) Current Reporting Period	(2) Prior Reporting Period
	Current Liabilities			
5	Notes and loans payable	2000	\$	\$
10	Accounts payable	2010	271,516	293,301
15	Accrued compensation and related liabilities	2020	230,223	5,170,978
20	Other accrued liabilities	2030		
25	Advances from third party payors	2040		
30	Payable to third party payors for contract settlement	2050		
35	Due to restricted funds	2060		
40	Income taxes payable	2070		
45	Payables to related parties, current	2080		
50	Current maturities of long term debt (Must agree with Ln 125)			
55	Other current liabilities	2090	1,504,756	1,282,905
60	TOTAL CURRENT LIABILITIES (Sum of Lns 5 thru 55)		\$ 2,006,495	\$ 6,747,184
	Deferred Credits			
65	Deferred income taxes	2110	\$	\$
70	Deferred third-party income	2120		
75	Other deferred credits	2130	1,158,168	1,152,938
80	TOTAL DEFERRED CREDITS (Sum of Lns 65 thru 75)		\$ 1,158,168	\$ 1,152,938
	Long-Term Debt			
85	Mortgages payable	2210	\$	\$
90	Construction loans	2220		
95	Notes under revolving credit	2230		
100	Capitalized lease obligations	2240		
105	Bonds payable	2250	1,534,533	1,562,931
110	Payable to related parties, noncurrent	2260	3,687,749	1,537,453
115	Other noncurrent liabilities	2270		
120	TOTAL LONG-TERM DEBT (Sum of Lns 85 thru 115) (Must include current maturities)		\$ 5,222,282	\$ 3,100,384
125	Less amount shown as current maturities (Must agree with Ln 50)			
130	NET LONG-TERM DEBT (Ln 120 - Ln 125)		\$ 5,222,282	\$ 3,100,384
135	TOTAL LIABILITIES (Sum of Lns 60, 80 and 130)		\$ 8,386,945	\$ 11,000,506
	Fund Equity (not-for-profit)			
140	General fund balance	2410 & 2430	\$	\$
145	Divisional fund balance	2460	342,310	1,105,242
	Equity (investor-owned)			
150	Preferred stock	2410		
155	Common stock	2420		
160	Additional paid-in capital	2430		
165	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410		
170	Less treasury stock	2450		
175	Divisional equity	2460		
180	TOTAL EQUITY (Sum of Lns 140 thru 175) (Col 1 must agree with Pg 7 Col 1 Ln 32)		\$ 342,310	\$ 1,105,242
185	TOTAL LIABILITIES AND EQUITY (Sum of Lns 135 and 180) (Must agree with Pg 5.1 Ln 200)		\$ 8,729,255	\$ 12,105,748

CHFC 7041 a-1

WINDSOR 001292

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

5.2 (2)

**Balance Sheet - General Fund**  
**Medi-Cal Adjustments and Reclassifications Worksheet**  
**(Medi-Cal Proprietary Facilities, Only)**

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Liabilities and Equity	(3) Adjustments and Reclassifications (From Pg 5.4)	(4) Adjusted Balance Current Period (Combine Cols 1 & 3)	(5) Adjusted Balance Prior Period
	Current Liabilities			
5	Notes and loans payable	\$	\$	\$
10	Accounts payable		271,516	293,301
15	Accrued compensation and related liabilities		230,223	5,170,978
20	Other accrued liabilities			
25	Advances from third party payors			
30	Payable to third party payors for contract settlement			
35	Due to restricted funds			
40	Income taxes payable			
45	Payables to related parties, current			
50	Current maturities of long term debt (Must agree with Ln 125)			
55	Other current liabilities		1,504,756	1,282,905
60	TOTAL CURRENT LIABILITIES (Sum of Lns 5 thru 55)	\$	\$ 2,006,495	\$ 6,747,184
	Deferred Credits			
65	Deferred income taxes	\$	\$	\$
70	Deferred third-party income			
75	Other deferred credits		1,158,168	1,152,938
80	TOTAL DEFERRED CREDITS (Sum of Lns 65 thru 75)	\$	\$ 1,158,168	\$ 1,152,938
	Long-Term Debt			
85	Mortgages payable	\$	\$	\$
90	Construction loans			
95	Notes under revolving credit			
100	Capitalized lease obligations			
105	Bonds payable		1,534,533	1,562,931
110	Payable to related parties, noncurrent		3,687,749	1,537,453
115	Other noncurrent liabilities			
120	TOTAL LONG-TERM DEBT (Sum of Lns 85 thru 115) (Must include current maturities)	\$	\$ 5,222,282	\$ 3,100,384
125	Less amount shown as current maturities (Must agree with Ln 50)			
130	NET LONG-TERM DEBT (Ln 120 - Ln 125)	\$	\$ 5,222,282	\$ 3,100,384
135	TOTAL LIABILITIES (Sum of Lns 60, 80 and 130)	\$	\$ 8,386,945	\$ 11,000,506
	Fund Equity (not-for-profit)			
140	General fund balance	\$	\$	\$
145	Divisional fund balance		342,310	1,105,242
	Equity (investor-owned)			
150	Preferred stock			
155	Common stock			
160	Additional paid-in capital			
165	Retained earnings / Capital account for partnership or sole proprietorship			
170	Less treasury stock			
175	Divisional equity			
180	TOTAL EQUITY (Sum of Lns 140 thru 175) (Col 1 must agree with Pg 7 Col 1 Ln 32)	\$	\$ 342,310	\$ 1,105,242
185	TOTAL LIABILITIES AND EQUITY (Sum of Lns 135 and 180) (Must agree with Pg 5.1 Ln 200)	\$	\$ 8,729,255	\$ 12,105,748

CHFC 7041 a-1

WINDSOR 001293

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

5.3

## Supplemental Long-Term Debt Information

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	(1) Detail for Pg 5.2 Col 1 Line No.	(2) Date Obligation Incurred (Year Only)	(3) Principal Amount at Date of Obligation	(4) Due Date (Year Only) *	(5) Interest Rate *	(6) Unpaid Principal **
1	105	2009	\$ 1,721,499	2040	5.25	\$ 1,534,533
2	110					3,687,749
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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\* If more than one due date or interest rate, list each with unpaid principal amount. Report interest rates to two decimal places.

\*\* Sum of all lines must agree with page 5 2, column 1, line 120.

**LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT****5.4****Adjustments and Reclassifications to Balance Sheet for Computation of Return on Equity Capital  
(Medi-Cal Providers, Only)**

(In-Progress Data)

**Facility D.B.A. Name WINDSOR MANOR****OSHPD ID 206190888****Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205****Report Period End 12/31/2017**

Line No.	(1) Description	(2) Pg 5.1 and 5.2 Line No.	(3) Amount Increase (Decrease)	(4) Explanation of Adjustment
1			\$	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
50	TOTAL (Combine Lns 1 thru 30)		\$	

MC530

WINDSOR 001295

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

6

## Balance Sheet - Restricted Funds

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Assets	Acct No.	(1) Current Period	(2) Prior Period
	Plant Replacement and Expansion Funds			
5	Cash (Including CD's)	1710	\$	\$
10	Investments, at Cost: Marketable securities * \$	1720		
15	Investments, at Cost: Other * \$	1720		
20	Pledges and receivables	1730		
25	Due from other funds	1740		
30	Other assets	1750		
50	TOTAL ASSETS (Sum of Lns 5 thru 30)		\$	\$
	Specific Purpose Funds			
105	Cash (Including CD's)	1810	\$	\$
110	Marketable securities at cost * \$	1820		
115	Pledges and receivables	1830		
120	Due from other funds	1840		
125	Other assets	1850		
150	TOTAL ASSETS (Sum of Lns 105 thru 125)		\$	\$
	Endowment Funds			
205	Cash (Including CD's)	1910	\$	\$
210	Investments, at cost: Marketable securities * \$	1920		
215	Investments, at cost: Other * \$	1920		
220	Pledges and receivables	1930		
225	Due from other funds	1940		
230	Other assets	1950		
250	TOTAL ASSETS (Sum of Lns 205 thru 230)		\$	\$

\* Include Market Value at Current Year Balance Sheet Date.

Line No.	Liabilities and Fund Balances	Acct No.	(3) Current Period	(4) Prior Period
	Plant Replacement and Expansion Funds			
5	Due to other funds	2710-2730	\$	\$
45	Fund balance (Col 3 must agree with Pg 7 Col 2 Ln 32)	2770		
50	TOTAL LIABILITIES AND FUND BALANCE (Sum of Lns 5 and 45)		\$	\$
	Specific Purpose Funds			
105	Due to other funds	2810-2830	\$	\$
145	Fund balance (Col 3 must agree with Pg 7 Col 3 Ln 32)	2870		
150	TOTAL LIABILITIES AND FUND BALANCE (Sum of Lns 105 and 145)		\$	\$
	Endowment Funds			
205	Mortgages	2910	\$	\$
210	Other liabilities (Specify):	2920		
215	Due to other funds	2930-2950		
245	Fund balance (Col 3 must agree with Pg 7 Col 4 Ln 32)	2970		
250	TOTAL LIABILITIES AND FUND BALANCE (Sum of Lns 205 thru 245)		\$	\$

CHFC 7041 b-1 &amp; MC530

WINDSOR 001296

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

7

## Statement of Changes in Equity

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	General Fund		Externally Restricted Funds		
		(1) Total Equity	(2) Plant Replacement and Expansion	(3) Specific Purpose (A)	(4) Endowment
1	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	\$ 1,105,242	\$	\$	\$
2	Prior period audit adjustments				
3	Restatements (Describe):				
4					
5					
6					
7	RESTATED BEGINNING BALANCE * (Combine Lns 1 thru 6)	\$ 1,105,242	\$	\$	\$
	Additions (Deductions)				
8	Net Income (Loss)	\$ (762,932)			
9	Capital contributions				
10	Proceeds from sale of stock				
11	Owners' draw				
12	Restricted contributions and grants		\$	\$	\$
13	Restricted investment income				
14	Expenditures for specific purposes				
15	Dividends declared				
16	Donated property, plant, and equipment				
17	Acquisitions of pooled companies				
18	Stock options exercised				
19	Related party transfers				
20	Unrealized losses on Marketable Equity Securities				
21	Other (Describe):				
22					
23	TOTAL ADDITIONS (DEDUCTIONS) (Combine Lns 8 thru 22)	\$ (762,932)	\$	\$	\$
	Transfers				
25	Property and equipment additions	\$	\$	\$	\$
26	Principal payments on long-term debt				
27	Other (Describe):				
28					
29					
30					
31	TOTAL TRANSFERS (Combine Lns 25 thru 30)	\$	\$	\$	\$
32	BALANCE AT END OF YEAR ** (Combine Lns 7, 23 and 31)	\$ 342,310	\$	\$	\$

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\* Column 1, line 7 must agree with Page 5.2, column 2, line 180.

Column 2, line 7 must be equal to Page 6, column 4, line 45.

Column 3, line 7 must agree with Page 6, column 4, line 145.

Column 4, line 7 must agree with Page 6, column 4, line 245.

\*\* Column 1, line 32 must agree with Page 5.2, column 1, line 180.

Column 2, line 32 must agree with Page 6, column 3, line 45.

Column 3, line 32 must agree with Page 6, column 3, line 145.

Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities Include Bond Interest and Redemption.

WINDSOR 001297



## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

8 (1)

Statement of Income - General Fund

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	Acct No.	(1) Current Period	(2) Prior Period
	Health Care Revenues			
5	Gross Routine Services Revenue	Pg 4.2 Col 11 Ln 70	\$ 2,627,106	\$ 2,558,825
7	Gross Ancillary Services Revenue	Pg 4.2 Cols 11 + 12 Ln 170	281,636	300,106
10	Less: Deductions from Revenue	Pg 4.2 Col 1 Ln 240	178,853	228,421
15	NET PATIENT SERVICE REVENUE	Ln 5 + Ln 7 - Ln 10	\$ 2,729,889	\$ 2,630,510
20	Other Operating Revenue from Health Care Operations	Pg 10.2 Ln 100	\$ 478	\$ 876
25	NET OPERATING REVENUE FROM HEALTH CARE OPERATIONS	Ln 15 + Ln 20	\$ 2,730,367	\$ 2,631,386
	Health Care Expenses			
	Routine Services			
30	Skilled Nursing Care	6110	\$ 1,479,712	\$ 1,348,744
35	Intermediate Care	6120		
40	Mentally Disordered Care	6130		
45	Developmentally Disabled Care	6140		
50	Sub-Acute Care	6150		
51	Sub-Acute Care - Pediatric	6160		
53	Transitional Inpatient Care	6170		
55	Hospice Inpatient Care	6180		
60	Other Routine Services	6190		
65	TOTAL ROUTINE SERVICES	Lns 30 thru 60	\$ 1,479,712	\$ 1,348,744
	Ancillary Services			
70	Patient Supplies	8100	\$ 3,127	\$ 7,464
72	Specialized Support Surfaces	8150		
75	Physical Therapy	8200	68,087	68,005
76	Respiratory Therapy	8220		
77	Occupational Therapy	8250	62,340	59,066
78	Speech Pathology	8280	4,048	3,175
80	Pharmacy	8300	41,390	45,648
85	Laboratory	8400	3,396	12,440
90	Home Health Services	8800		
95	Other Ancillary Services	8900	20,551	19,214
100	TOTAL ANCILLARY SERVICES	Lns 70 thru 95	\$ 202,939	\$ 215,012
	Support Services			
105	Plant Operations and Maintenance	6200	\$ 67,297	\$ 63,270
110	Housekeeping	6300	18,278	42,910
115	Laundry and Linen	6400	62,561	73,452
120	Dietary	6500	415,632	414,635
125	Social Services	6600	22,706	47,179
130	Activities	6700	150,983	139,026
135	Inservice Education - Nursing	6800	57,049	45,764
140	Administration	6900	982,141	810,352
145	TOTAL SUPPORT SERVICES	Lns 105 thru 140	\$ 1,776,647	\$ 1,636,588
	Property Expenses			
155	Depreciation and Amortization	7110 thru 7160	\$ 39,332	\$ 34,710
160	Leases and Rentals	7200	1,097	1,099
165	Property Taxes	7300	746	677
170	Property Insurance	7400	1,341	1,874
175	Interest - Property, Plant, and Equipment	7500		
180	TOTAL PROPERTY EXPENSES	Lns 155 thru 175	\$ 42,516	\$ 38,360

CHFC 7041 d-1 &amp; MC530

WINDSOR 001298

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

8 (2)

## Statement of Income - General Fund

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	Acct No.	(1) Current Period	(2) Prior Period	
	Other Expenses				
185	Interest - Other	7600	\$ 8,087	\$ 8,214	
190	Provision for Bad Debts	7700	342,401	46,384	
195	TOTAL OTHER EXPENSES	Ln 185 + Ln 190	\$ 350,488	\$ 54,598	
200	TOTAL HEALTH CARE EXPENSES	Sum of Lns 65, 100, 145, 180 and 195	\$ 3,852,302	\$ 3,293,302	
205	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Ln 25 - Ln 200	\$ (1,121,935)	\$ (661,916)	
210	NONHEALTH CARE REVENUE AND EXPENSE + NET	9100	\$ 359,003	\$ 243,258	Includes Res Rev & Exp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
215	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY ITEMS	Ln 205 + Ln 210	\$ (762,932)	\$ (418,658)	
	Provision for Income Taxes				
220	Current	9200	\$	\$	
225	Deferred	9200			
230	TOTAL INCOME TAXES	Ln 220 + Ln 225	\$	\$	
235	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Ln 215 - Ln 230	\$ (762,932)	\$ (418,658)	
	Extraordinary Items: (describe)				
240		9300	\$	\$	
245		9300			
250	TOTAL EXTRAORDINARY ITEMS	Ln 240 + Ln 245	\$	\$	
255	NET INCOME (LOSS)	Ln 235 - Ln 250	\$ (762,932)	\$ (418,658)	
	Charity Care Footnote				
260	Forgone charges at Established Rates		\$	\$	
265	Total Number of Charity Days				

CHFC 7041 d-1 &amp; MC530

WINDSOR 001299

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

9

## Statement of Cash Flows - General Fund

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.		(1) Current Period	(2) Prior Period
	Cash Flows from Operating Activities and Nonoperating Revenue		
5	Net Income (Loss) (Must agree with Pg 8 Ln 255)	\$ (762,932)	\$ (418,658)
	Adjustments to reconcile net income to net cash provided by (used for) operating activities and non operating revenue		
10	Depreciation and amortization	\$ 581,376	\$ 513,055
15	Change in marketable securities	(462,076)	(199,952)
20	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	(15,499)	321,572
25	Change in receivables from third-party payors		
30	Change in other receivables	254,205	141,077
35	Change in due from restricted funds		
40	Change in inventory, prepaid expenses and other current assets	(21,946)	2,465
45	Change in accounts payable	(21,785)	14,935
50	Change in accrued compensation and related liabilities	(4,940,755)	217,120
55	Change in other accrued liabilities		
60	Change in advances from third-party payors		
65	Change in payables to third-party payors		
70	Change in due to restricted funds		
75	Change in income taxes payable and other current liabilities	221,851	(202,868)
80	Change in deferred credits	5,230	9,526
85	Change in related party receivables/payables (Related to operating activities)		
90	Other (Describe):		
95	TOTAL ADJUSTMENTS (Sum of Lns 10 thru 90)	(4,399,399)	816,930
100	NET CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES (Sum of Lns 5 and 95)	\$ (5,162,331)	\$ 398,272
	Cash Flows from Investing Activities		
105	Change in assets whose use is limited	\$ (640)	\$ (1,542)
110	Purchase of property, plant, and equipment and increase in construction in progress	(980,273)	(611,243)
115	Other (Describe):		
120	Other (Describe): INVESTMENTS AND OTHER ASSETS	4,021,345	159,030
125	Other (Describe): INTANGIBLE ASSETS		(2,574)
130	Other (Describe): ROUNDING	1	
135	Other (Describe):		
140	NET CASH PROVIDED BY (USED FOR) INVESTING ACTIVITIES (Sum of Lns 105 thru 135)	\$ 3,040,433	\$ (456,329)
	Cash Flows from Financing Activities		
145	Proceeds from issuance of long-term debt	\$ 2,121,898	\$ 57,749
150	Principal payments on long-term debt		
155	Proceeds from issuance of notes and loans		
160	Principal payments on notes and loans		
165	Dividends paid		
170	Proceeds from issuance of common stock		
175	Other (Describe):		
180	Other (Describe):		
185	Other (Describe):		
190	Other (Describe):		
195	Other (Describe):		
200	NET CASH PROVIDED BY (USED FOR) FINANCING ACTIVITIES (Sum of Lns 145 thru 195)	\$ 2,121,898	\$ 57,749
205	NET INCREASE (DECREASE) IN CASH (Lns 100 + 140 + 200)	\$	\$ (308)
210	Cash at Beginning of Period (Col 1 must agree with Col 2 Ln 215 and Pg 5.1 Col 2 Ln 5)	\$ 2,000	\$ 2,308
215	CASH AT END OF PERIOD (Ln 205 + 210) (Col 1 must agree with Pg 5.1 Col 1 Ln 5)	\$ 2,000	\$ 2,000

CHFC 7041 c-1 &amp; MC530

WINDSOR 001300

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.1 (1)

## Expense Trial Balance Worksheet

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Account Title	Acct No.	All Facilities			
			(1) Salaries and Wages *	(2) Employee Benefits	(3) Other Expenses	(4) Total Expenses (Sum of Cols 1, 2 and 3)
5	Plant Operations and Maintenance	6200	\$ 196,363	\$ 91,508	\$ 706,856	\$ 994,727
10	Housekeeping	6300	151,911	118,256		270,167
15	Depreciation - Buildings and Improvements	7110-7120			415,014	415,014
20	Depreciation - Leasehold Improvements	7130				
25	Depreciation - Equipment	7140			163,832	163,832
30	Depreciation and Amortization - Other	7150-7160			2,530	2,530
35	Leases and Rentals	7200			16,209	16,209
40	Property Taxes	7300			11,025	11,025
45	Property Insurance	7400			19,820	19,820
50	Interest - Property, Plant, and Equipment	7500				
55	Interest - Other	7600			119,532	119,532
60	Laundry and Linen	6400	21,749	9,611	92,190	123,550
65	Dietary	6500	676,078	337,076	768,427	1,781,581
70	Provision for Bad Debts	7700			342,401	342,401
	Ancillary Services					
75	Patient Supplies	8100			3,127	3,127
77	Specialized Support Surfaces	8150				
80	Physical Therapy	8200			68,087	68,087
81	Respiratory Therapy	8220				
82	Occupational Therapy	8250			62,340	62,340
83	Speech Pathology	8280			4,048	4,048
85	Pharmacy	8300			41,390	41,390
90	Laboratory	8400			3,396	3,396
95	Home Health Services	8800				
100	Other Ancillary Services	8900			20,551	20,551
	Routine Services					
105	Skilled Nursing Care	6110	825,217	355,615	298,880	1,479,712
110	Intermediate Care	6120				
115	Mentally Disordered Care	6130				
120	Developmentally Disabled Care	6140				
125	Sub-Acute Care	6150				
126	Sub-Acute Care - Pediatric	6160				
128	Transitional Inpatient Care	6170				
130	Hospice Inpatient Care	6180				
135	Other Routine Services	6190				
140	Beauty and Barber **					
145	Other Non-reimbursable ***					
150	SUBTOTAL (Sum of Lns 5 thru 135)					\$ 5,943,039
155	Social Services	6600	29,045	14,632	3,975	47,652
160	Activities	6700	171,943	73,908	215,304	461,155
165	Administration	6900	554,045	244,502	1,385,084	2,183,631
170	Inservice Education - Nursing	6800	43,672	13,377		57,049
175	TOTAL (See instructions)		\$ 2,670,023	\$ 1,258,485	\$ 4,764,018	\$ 8,692,526

CHFC 7041 d-2 &amp; MC530

Line No.	Supplemental Expense Information	(2) Employee Benefits	(3) Other Expenses
180	Raw Food Costs (Included in Col 3 Ln 65)		\$ 535,559
185	Worker's Compensation Insurance (Included in Col 2 Ln 175)	\$ 152,350	
190	State Unemployment Insurance (Included in Col 2 Ln 175)	\$ (243)	

CHFC 7041 d-2 &amp; MC530

\* Column 1, lines 5 through 175 include only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

\*\* Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

\*\*\* All Other nonreimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

WINDSOR 001301

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

10.1 (2)

Expense Trial Balance Worksheet

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Account Title	Acct No.	Residential Care Facilities, Only				
			(5) Amts Directly Assignable Residential Care	(6) Amts Directly Assignable Health Care	(7) Balance to be Apportioned [Col 4 - (Col 5 + Col 6)]	(8) Apportionment Factor for Residential Care Portion *	(9) Amounts Apportioned to Residential Care (Col 7 x Col 8)
5	Plant Operations and Maintenance	6200	\$	\$	\$ 994,727	0.932346	\$ 927,430
10	Housekeeping	6300			270,167	0.932346	251,889
15	Depreciation - Buildings and Improvements	7110-7120			415,014	0.932346	386,937
20	Depreciation - Leasehold Improvements	7130					
25	Depreciation - Equipment	7140			163,832	0.932346	152,748
30	Depreciation and Amortization - Other	7150-7160			2,530	0.932346	2,359
35	Leases and Rentals	7200			16,209	0.932346	15,112
40	Property Taxes	7300			11,025	0.932346	10,279
45	Property Insurance	7400			19,820	0.932346	18,479
50	Interest - Property, Plant, and Equipment	7500					
55	Interest - Other	7600			119,532	0.932346	111,445
60	Laundry and Linen	6400			123,550	0.493639	60,989
65	Dietary	6500			1,781,581	0.766706	1,365,949
70	Provision for Bad Debts	7700		342,401			
	Ancillary Services						
75	Patient Supplies	8100		3,127			
77	Specialized Support Surfaces	8150					
80	Physical Therapy	8200		68,087			
81	Respiratory Therapy	8220					
82	Occupational Therapy	8250		62,340			
83	Speech Pathology	8280		4,048			
85	Pharmacy	8300		41,390			
90	Laboratory	8400		3,396			
95	Home Health Services	8800					
100	Other Ancillary Services	8900		20,551			
	Routine Services						
105	Skilled Nursing Care	6110		1,479,712			
110	Intermediate Care	6120					
115	Mentally Disordered Care	6130					
120	Developmentally Disabled Care	6140					
125	Sub-Acute Care	6150					
126	Sub-Acute Care - Pediatric	6160					
128	Transitional Inpatient Care	6170					
130	Hospice Inpatient Care	6180					
135	Other Routine Services	6190					
140	Beauty and Barber **						
145	Other Non-reimbursable ***						
150	SUBTOTAL (Sum of Lns 5 thru 135)		\$				\$ 3,303,616
155	Social Services	6600		2,775	44,877	0.555880	24,946
160	Activities	6700	199,306	62,407	199,442	0.555880	110,866
165	Administration	6900		22,211	2,161,420	0.555880	1,201,490
170	Inservice Education - Nursing	6800		57,049			
175	TOTAL (See instructions)		\$ 199,306	\$ 2,169,494	\$ 6,323,726		\$ 4,640,918

CHFC 7041 d-2 &amp; MC530

\* Apportionment factors are specified in section 4020.4 of the Second Edition, "Accounting and Reporting Manual for California Long-Term Care Facilities". Apportionment factors must be reported to six decimal places.

Lns 5 thru 55 based on Square Feet

Ln 60 based on Lbs. of Linen

Ln 65 based on Meals Served

Ln 70 Based on Revenue

Lns 155 thru 170 based on Accumulated Costs

\*\* Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

\*\*\* All Other nonreimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

WINDSOR 001302

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.1 (3)

## Expense Trial Balance Worksheet

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Account Title	Acct No.	All Facilities			Medi-Cal Providers, Only	
			(10) Total Health Care Portion [Col 4 - (Col 5 + Col 9)]	(11) Adjs for Other Operating Revenue (From Pg 10.2)	(12) Adjusted Direct Expenses (Col 10 - Col 11)	(13) Adjs to Expenses for Medi-Cal (From Pg 10.3)	(14) Adjusted Trial Balance for Medi- Cal (Col 10 + Col 13)
5	Plant Operations and Maintenance	6200	\$ 67,297	\$	\$ 67,297	\$ (231)	\$ 67,066
10	Housekeeping	6300	18,278		18,278		18,278
15	Depreciation - Buildings and Improvements	7110-7120	28,077		28,077	(152)	27,925
20	Depreciation - Leasehold Improvements	7130					
25	Depreciation - Equipment	7140	11,084		11,084		11,084
30	Depreciation and Amortization - Other	7150-7160	171		171		171
35	Leases and Rentals	7200	1,097		1,097		1,097
40	Property Taxes	7300	746		746		746
45	Property Insurance	7400	1,341		1,341		1,341
50	Interest - Property, Plant, and Equipment	7500					
55	Interest - Other	7600	8,087		8,087	(6,431)	1,656
60	Laundry and Linen	6400	62,561		62,561	(15,650)	46,911
65	Dietary	6500	415,632	478	415,154	(2,456)	413,176
70	Provision for Bad Debts	7700	342,401		342,401	(342,401)	
	Ancillary Services						
75	Patient Supplies	8100	3,127		3,127		3,127
77	Specialized Support Surfaces	8150					
80	Physical Therapy	8200	68,087		68,087		68,087
81	Respiratory Therapy	8220					
82	Occupational Therapy	8250	62,340		62,340		62,340
83	Speech Pathology	8280	4,048		4,048		4,048
85	Pharmacy	8300	41,390		41,390		41,390
90	Laboratory	8400	3,396		3,396		3,396
95	Home Health Services	8800					
100	Other Ancillary Services	8900	20,551		20,551	(14,721)	5,830
	Routine Services						
105	Skilled Nursing Care	6110	1,479,712		1,479,712		1,479,712
110	Intermediate Care	6120					
115	Mentally Disordered Care	6130					
120	Developmentally Disabled Care	6140					
125	Sub-Acute Care	6150					
126	Sub-Acute Care - Pediatric	6160					
128	Transitional Inpatient Care	6170					
130	Hospice Inpatient Care	6180					
135	Other Routine Services	6190					
140	Beauty and Barber **					14,721	14,721
145	Other Non-reimbursable ***						
150	SUBTOTAL (Sum of Lns 5 thru 135)						
155	Social Services	6600	22,706		22,706		22,706
160	Activities	6700	150,983		150,983		150,983
165	Administration	6900	982,141		982,141	(213,454)	768,687
170	Inservice Education - Nursing	6800	57,049		57,049		57,049
175	TOTAL (See instructions)		\$ 3,852,302	\$ 478	\$ 3,851,824	\$ (580,775)	\$ 3,271,527

CHFC 7041 d-2 &amp; MC530

\*\* Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

\*\*\* All Other nonreimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

WINDSOR 001303

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.2

Adjustments to Trial Balance Expenses for Other Operating Revenue Offset

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	Acct No.	(1) Amount *	Pg 10.1 Trial Balance Line No.
5	Vending Machine Commissions	5710	\$	5
10	Laundry and Linen Revenue	5720		60
15	Social Services Fees	5730		155
20	Donated Supplies	5740		Various
25	Telephone Revenue	5750		165
30	Transfers from Restricted Funds for Operating Expenses	5760		Various
35	Nonpatient Food Sales	5770	478	65
40	Television / Radio Charges	5780		5
45	Parking Revenue	5790		5
50	Rebates and Refunds on Expenses	5800		Various
55	Nonpatient Room Rentals	5810		15, 20, 35
60	Nonpatient Drug Sales	5820		85
65	Nonpatient Supplies Sales	5830		75
70	Medical Records and Abstract Sales	5840		165
75	Cash Discounts on Purchases	5850		Various
80	Sale of Scrap and Waste	5860		Various
85	Other Operating Revenue (Describe): OTHER REVENUE	5990		
90				
95	000 00000000			
100	TOTAL (Sum of Lns 5 thru 95) (Must agree with Pg 8 Ln 20)		\$ 478	

CHFC 7041 d-2 &amp; MC530

\* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2.

WINDSOR 001304

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.3

Adjustments to Trial Balance Expenses  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	(1) Description	(2) Pg 10.1 Trial Balance Line No.	(3) Basis *	(4) Amount Increase (Decrease)	(5) Health Care Portion	(6) Explanation of Adjustment
5	Depreciation (Excess of Straight Line)			\$	\$	
10	Education (Nursing, etc.)					
15	Employee and Guest Meals	65	B - AMT RCVD	(10,527)	(2,456)	OFFSET MEAL RECOVERY
20	Gift, Flower and Coffee Shops					
25	Grants, Gifts, and Donations	165	B - AMT RCVD	(135,672)	(60,255)	GIFTS RECEIVED OFFSET
30	Inpatient Utilization Review					
35	Interest Earned on Unrestricted Funds	55	B - AMT RCVD	(56,889)	(3,849)	OFFSET INTEREST INCOME
40	Laundry and Linen Service (Non-Patient)	60	B - AMT RCVD	(24)	(12)	OFFSET LAUNDRY REVENUE
45	Nonallowable Costs Related to Certain Capital Expenditures	1				
50	Parking Lot					
55	Payments Received from Specialists					
60	Radio and Television Service					
65	Rebates and Refunds of Expenses	165	B - AMT RCVD	(15,919)	(7,070)	OFFSET REBATES
70	Recovery and Insured Loss					
75	Bad Debts	70	A - COST	(342,401)	(342,401)	NON ALLOWABLE COST
80	Rental of Space	15	B - AMT RCVD	(2,240)	(152)	B & B RENTAL SPACE
85	Rental of Quarters to Employees and Others					
90	Sale of Drugs to other than Patients					
95	Sale of Medical Records and Abstracts					
100	Sale of Medical and Surgical Supplies to other than Patients					
105	Sale of Scrap, Waste, etc.					
110	Telephone Service					
115	Trade, Quantity, Time and Other Discounts on Purchases					
120	Vending Machine Commissions					
125	Owner Compensation Adjustment					
130	Travel and Entertainment (Nonallowable)					
135	Revaluation Depreciation and Interest **					
140	Other (Specify): CAHSA DUES	165	A - COST	(342)	(152)	OFFSET LOBBYING EXPENSE
145	From Pg 10.4 Ln 37			(742,722)	(321,341)	
	Related Organization Costs					
150	Interest					
155	Depreciation					
160	Rent/Lease					
165	Related Taxes					
170	Related Insurance					
175	Other (Specify):					
180						
185	From Pg 10.4 Ln 47			353,312	156,913	
	Non-Reimbursable Cost Centers					
190	Fund Raising	5				
195	Research					
200	Beauty and Barber					
205	From Pg 10.4 Ln 57					
210	TOTAL (Combine Lns 5 thru 205)			\$ (953,424)	\$ (580,775)	

MC530

\* Basis: A - Cost; B - Amount Received

\*\* Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after July 18, 1984.

Medi-Cal providers should complete this entire form.

WINDSOR 001305



## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.4 (1)

Adjustments to Trial Balance Expenses - Supplemental  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	(1) Description	(2) Pg 10.1 Trial Balance Line No.	(3) Basis *	(4) Amount Increase (Decrease)	(5) Health Care Portion	(6) Explanation of Adjustment
	Other Adjustments (Specify)					
1	BEAUTY & BARBER	100	A - COST	\$ (14,721)	\$ (14,721)	NON ALLOWABLE EXPENSE
2	BEAUTY & BARBER	140	A - COST	14,721	14,721	NON ALLOWABLE EXPENSE
3	MARKETING	165	A - COST	(658,968)	(292,661)	NON ALLOWABLE EXPENSE
4	ROM-LAUNDRY	60	A - COST	(30,883)	(15,638)	RELATED PARTY ADJUSTMENT
5	GAIN ON SALE OF SECURITIES	55	B - AMT RCVD	(24,310)	(1,645)	OFFSET REALIZED GA NS
6	MAINTENANCE RECOVERY	5	B - AMT RCVD	(3,420)	(231)	OFFSET MAINTENANCE RECOVERY
7	QUALITY & ACCOUNTAB LITY	165	B - AMT RCVD	(25,141)	(11,166)	OFFSET QUAL & ACCT RECOVERY
8			A - COST			
9						
10						
11			A - COST			
12			A - COST			
13			A - COST			
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37	TOTAL (Combine Lns 1 thru 36)			\$ (742,722)	\$ (321,341)	To Pg 10 3 Ln 145

MC530

\* Basis: A - Cost; B - Amount Received

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.4 (2)

Adjustments to Trial Balance Expenses - Supplemental  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	(1) Description	(2) Pg 10.1 Trial Balance Line No.	(3) Basis *	(4) Amount Increase (Decrease)	(5) Health Care Portion	(6) Explanation of Adjustment
	Related Organization Costs - Other (Specify)					
38	MANAGEMENT FEE	165	A - COST	\$ (602,200)	\$ (267,449)	SCPH ALLOCATION
39	HOCS NON CAPITAL	165	A - COST	957,622	425,299	HOCS NON CAPITAL
40	HOCS CAPITAL	55	A - COST	(2,110)	(937)	HOCS CAPITAL
41						
42						
43						
44			A - COST			
45			A - COST			
46			A - COST			
47	TOTAL (Combine Lns 38 thru 46)			\$ 353,312	\$ 156,913	To Pg 10.3 Ln 185
	Non-Reimbursable Costs - Other (Specify)					
48				\$	\$	
49						
50						
51						
52						
53						
54						
55						
56						
57	TOTAL (Combine Lns 48 thru 56)			\$	\$	To Pg 10.3 Ln 205

MC530

\* Basis: A - Cost; B - Amount Received

WINDSOR 001307

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.5

Expense Trial Balance Worksheet  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Account Title	Acct No.	Based on Adjusted Trial Balance for Medi-Cal				
			(1) Salaries and Wages	(2) Employee Benefits	(3) Staffing Agency Cost	(4) Other Non-Labor Expenses	(5) Total Expenses (Sum of Cols 1 thru 4)
5	Plant Operations and Maintenance	6200	\$ 13,285	\$ 6,191	\$	\$ 47,590	\$ 67,066
10	Housekeeping	6300	10,277	4,434		3,567	18,278
15	Depreciation - Buildings and Improvements	7110-7120				27,925	27,925
20	Depreciation - Leasehold Improvements	7130					
25	Depreciation - Equipment	7140				11,084	11,084
30	Depreciation and Amortization - Other	7150-7160				171	171
35	Leases and Rentals	7200				1,097	1,097
40	Property Taxes	7300				746	746
45	Property Insurance	7400				1,341	1,341
50	Interest - Property, Plant, and Equipment	7500					
55	Interest - Other	7600				1,656	1,656
60	Laundry and Linen	6400	11,013	4,867		31,031	46,911
65	Dietary	6500	157,725	78,638		176,813	413,176
70	Provision for Bad Debts	7700					
75	Patient Supplies	8100				3,127	3,127
77	Specialized Support Surfaces	8150					
80	Physical Therapy	8200				68,087	68,087
81	Respiratory Therapy	8220					
82	Occupational Therapy	8250				62,340	62,340
83	Speech Pathology	8280				4,048	4,048
85	Pharmacy	8300				41,390	41,390
90	Laboratory	8400				3,396	3,396
95	Home Health Services	8800					
100	Other Ancillary Services	8900				5,830	5,830
101	Sub-Acute Ancillary Services *	8100-8900					
102	Sub-Acute - Pediatric Ancillary Services *	8100-8900					
105	Skilled Nursing Care	6110	825,217	355,615	141,988	156,892	1,479,712
110	Intermediate Care	6120					
115	Mentally Disordered Care	6130					
120	Developmentally Disabled Care	6140					
125	Sub-Acute Care	6150					
126	Sub-Acute Care - Pediatric	6160					
128	Transitional Inpatient Care	6170					
130	Hospice Inpatient Care	6180					
135	Other Routine Services	6190					
139	Residential Care **	9100					
140	Beauty and Barber					14,721	14,721
145	Other Non-reimbursable						
155	Social Services	6600	12,900	6,498		3,308	22,706
160	Activities	6700	45,106	17,680		88,197	150,983
165	Administration (Exc reclassified amounts below)	6900	158,486	60,572		469,208	688,266
166	Medical Records - Salaries and Wages ***	6900	15,018	4,600		2,592	22,210
167	DPH Licensing Fees ***	6900				14,954	14,954
168	Liability Insurance ***	6900				43,257	43,257
169	Quality Assurance Fees ***	6900					
170	Inservice Education - Nursing	6800	43,672	13,377			57,049
174	Caregiver Training ***	6900					
175	TOTAL (Sum of Lns 5 thru 174) ****		\$ 1,292,699	\$ 552,472	\$ 141,988	\$ 1,284,368	\$ 3,271,527

MC530

\* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

\*\* Complete with Direct Residential Care Costs

\*\*\* Amounts reclassified from Administration (line 165)

\*\*\*\* Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

WINDSOR 001308

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.6 (1)

Capital Additions, Improvements, and Replacements (1)  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.		(1)	(2) Capital Threshold
5	Total Licensed Beds Prior to Modification(s)		
10	Total Licensed Beds End of Period		\$
15	Total Unlicensed Beds End of Period (e.g. residential care)		

Section I. Capital Additions and Improvements (Excluding Replacements)				
Part A. SNF Bed Additions During the Report Period				
Line No.		(1) Project 1	(2) Project 2	(3) Project 3
25	Number of New Licensed Beds			
30	Date Placed Into Service			
35	Total Costs	\$	\$	\$

Part B. Other Additions or Improvements Completed During the Report Period (note: Additions or improvements must be grouped by related project; unrelated line items will be disallowed)				
Line No.	Project 1	(1)		
50	Project 1 Description (e.g. "HVAC System Installation", itemizing detail below)			
55	Date Placed in Service (e.g. when was project completed and available for resident use?)			

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
56						\$	\$	\$
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76	TOTAL PROJECT 1 COSTS					\$		

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

WINDSOR 001309

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.6 (2)

Capital Additions, Improvements, and Replacements (1)  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Project 2	(1)
90	Project 2 Description (e.g. "HVAC System Installation", itemizing detail below)	
95	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
96						\$	\$	\$
97								
98								
99								
100								
101								
102								
103								
104								
105								
106								
107								
108	TOTAL PROJECT 2 COSTS					\$		

Line No.	Project 3	(1)
120	Project 3 Description (e.g. "HVAC System Installation", itemizing detail below)	
125	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
126						\$	\$	\$
127								
128								
129								
130								
131								
132								
133								
134								
135								
136								
137								
138	TOTAL PROJECT 3 COSTS					\$		

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

WINDSOR 001310

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.6 (3)

Capital Additions, Improvements, and Replacements (1)  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Project 4	(1)
150	Project 4 Description (e.g. "HVAC System Installation", itemizing detail below)	
155	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
156						\$	\$	\$
157								
158								
159								
160								
161								
162								
163								
164								
165								
166								
167								
168	TOTAL PROJECT 4 COSTS					\$		

Line No.	Project 5	(1)
180	Project 5 Description (e.g. "HVAC System Installation", itemizing detail below)	
185	Date Placed in Service (e.g. when was project completed and available for resident use?)	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes/No)?	(4) Invoice Date	(5) Useful Life (Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
186						\$	\$	\$
187								
188								
189								
190								
191								
192								
193								
194								
195								
196								
197								
198	TOTAL PROJECT 5 COSTS					\$		

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

WINDSOR 001311

**LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT**

10.6 (4)

**Capital Additions, Improvements, and Replacements (1)**  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name **WINDSOR MANOR**OSHPD ID **206190888**Address **1230 EAST WINDSOR ROAD, GLENDALE, CA 91205**Report Period End **12/31/2017**

Section II. Capital Replacements Completed During the Report Period								
Part A. Acquisition Costs and Depreciation for Replacement Asset								
Line No.	(1) Detailed Description	(2) Related Party Transaction (Yes/No)?	(3) Date Placed in Service	(4) Useful Life (Months) (2)	(5) Total Cost	(6) Depreciation Expense	(7) Basis	(8) Adjusted Basis
200					\$	\$		
201								
202								
203								
204								
205								
206								
207								
208								
209								
210	TOTAL SECTION II, PART A ONLY				\$	\$		

Part B. Acquisition Costs and Depreciation of Retired Asset					
Line No.	(1) Detailed Description	(2) Section II Part A Line No. Ref.	(3) Useful Life (Months) (2)	(4) Total Cost	(5) Depreciation Expense
230				\$	\$
231					
232					
233					
234					
235					
236					
237					
238					
239					
240	TOTAL SECTION II, PART B ONLY			\$	\$

Line No.	(6) Date Acquired	(7) Date of Disposal	(8) Basis	(9) Adjusted Basis (3)	(10) Manner of Disposition (4)
230					
231					
232					
233					
234					
235					
236					
237					
238					
239					
240					

MC530

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- Capital Replacement - land, building, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded, or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

WINDSOR 001312

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.7 (1)

Alternate Allocation Statistics (Optional)  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Account Title	(1) Capital	(2) Plant Operations	(3) Housekeeping	(4) Laundry and Linen	(5) Dietary
5	Plant Operations and Maintenance					
10	Housekeeping					
60	Laundry and Linen					
65	Dietary					
75	Patient Supplies					
77	Specialized Support Surfaces					
80	Physical Therapy					
81	Respiratory Therapy					
82	Occupational Therapy					
83	Speech Pathology					
85	Pharmacy					
90	Laboratory					
95	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care					
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber					
145	Other Non-reimbursable					
155	Social Services					
160	Activities					
165	Administration					
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL (Combine Lns 5 thru 174)					

MC530

WINDSOR 001313



## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

10.7 (2)

Alternate Allocation Statistics (Optional)  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Account Title	(6) Social Services	(7) Activities	(8) Inservice Education	(9) Administration	(10) Medical Records
5	Plant Operations and Maintenance					
10	Housekeeping					
60	Laundry and Linen					
65	Dietary					
75	Patient Supplies					
77	Specialized Support Surfaces					
80	Physical Therapy					
81	Respiratory Therapy					
82	Occupational Therapy					
83	Speech Pathology					
85	Pharmacy					
90	Laboratory					
95	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care					
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber					
145	Other Non-reimbursable					
155	Social Services					
160	Activities					
165	Administration					
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL (Combine Lns 5 thru 174)					

MC530

WINDSOR 001314

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

11 (1)

## Allocation of Indirect Costs to Direct Cost Centers - Health Care Only

(In-Progress Data)

All facilities must complete Columns 2, 4, and 6. Medi-Cal providers must complete the entire page.

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	(1) Expenses from Pg 10.1 Col 14	Plant Operations and Maintenance thru Interest - Other		Laundry and Linen		Dietary	
			(2) Basis * Sq Ft	(3) Amount	(4) Basis * Clean Dry Lbs	(5) Amount	(6) Basis * Nbr of Patient Meals	(7) Amount
5	General Service Costs	\$ 1,588,876		\$ 129,364		\$ 46,911		\$ 413,176
	Ancillary Service Cost Centers							
10	Patient Supplies	3,127	76	2,389				
12	Specialized Support Surfaces							
15	Physical Therapy	68,087	65	2,043				
16	Respiratory Therapy							
17	Occupational Therapy	62,340						
18	Speech Pathology	4,048						
20	Pharmacy	41,390	65	2,043				
25	Laboratory	3,396						
30	Home Health Services							
35	Other Ancillary Services	5,830						
	Routine Service Cost Centers							
40	Skilled Nursing Care	1,479,712	3,795	119,305	95,720	46,911	24,658	413,176
45	Intermediate Care							
50	Mentally Disordered Care							
55	Developmentally Disabled Care							
60	Sub-Acute Care							
61	Sub-Acute Care - Pediatric							
63	Transitional Inpatient Care							
65	Hospice Inpatient Care							
70	Other Routine Services							
	Nonreimbursable Costs							
75	Beauty and Barber	14,721	114	3,584				
80	Other Nonreimbursable							
85	TOTAL UNITS (Sum of Lns 10 thru 80)		4,115		95,720		24,658	
90	Unit Cost Multiplier **		31.437181		0.490086		16.756266	
95	TOTAL COSTS (See instructions)	\$ 1,682,651		\$ 129,364		\$ 46,911		\$ 413,176

CHFC 7041 f-1 &amp; MC530

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

WINDSOR 001315

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

11 (2)

Allocation of Indirect Costs to Direct Cost Centers - Health Care Only  
(Medi-Cal Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services
		(8) Basis * Direct Expenses	(9) Amount	(10) Basis * Accum Costs (Cols 1, 3, 5, 7 and 9)	(11) Amount	(12) Sum of Cols 10 and 11
5	General Service Costs		\$ 230,738		\$ 768,687	
	Ancillary Service Cost Centers					
10	Patient Supplies			\$ 5,516	1,694	\$ 7,210
12	Specialized Support Surfaces					
15	Physical Therapy			70,130	21,539	91,669
16	Respiratory Therapy					
17	Occupational Therapy			62,340	19,146	81,486
18	Speech Pathology			4,048	1,243	5,291
20	Pharmacy			43,433	13,339	56,772
25	Laboratory			3,396	1,043	4,439
30	Home Health Services	\$				
35	Other Ancillary Services			5,830	1,791	7,621
	Routine Service Cost Centers					
40	Skilled Nursing Care	1,479,712	230,738	2,289,842	703,270	2,993,112
45	Intermediate Care					
50	Mentally Disordered Care					
55	Developmentally Disabled Care					
60	Sub-Acute Care					
61	Sub-Acute Care - Pediatric					
63	Transitional Inpatient Care					
65	Hospice Inpatient Care					
70	Other Routine Services					
	Nonreimbursable Costs					
75	Beauty and Barber			18,305	5,622	23,927
80	Other Nonreimbursable					
85	TOTAL UNITS (Sum of Lns 10 thru 80)	\$ 1,479,712		\$ 2,502,840		
90	Unit Cost Multiplier **	0.155934		0.307126		
95	TOTAL COSTS (See instructions)		\$ 230,738		\$ 768,687	\$ 3,271,527

Line No.	Computation of Avg Cost per Day	(1) Skilled Nursing	(2) Intermediate Care	(3) Mentally Disordered	(4) Developmentally Disabled	(5) Sub-Acute Care
100	Cost of Routine Services (Col 12 above Lns 40 thru 70)	\$ 2,993,112	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)	8,746				
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$ 342.23	\$	\$	\$	\$

Line No.	Computation of Avg Cost per Day	(6) Sub-Acute Care - Pediatric	(7) Transitional Inpatient Care	(8) Hospice Inpatient Care	(9) Other Routine Services
100	Cost of Routine Services (Col 12 above Lns 40 thru 70)	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)				
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$	\$	\$	\$

CHFC 7041 f-1 &amp; MC530

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

11.1 (1)

Cost Allocation  
(OSHPD)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	(1) Expenses from Pg 10.1 Col 12	Plant Operations and Maintenance thru Interest - Other		Laundry and Linen		Dietary	
			(2) Basis * Sq Ft	(3) Amount	(4) Basis * Clean Dry Lbs	(5) Amount	(6) Basis * Nbr of Patient Meals	(7) Amount
5	General Service Costs	\$		\$		\$		\$
	Ancillary Service Cost Centers							
10	Patient Supplies							
12	Specialized Support Surfaces							
15	Physical Therapy							
16	Respiratory Therapy							
17	Occupational Therapy							
18	Speech Pathology							
20	Pharmacy							
25	Laboratory							
30	Home Health Services							
35	Other Ancillary Services							
	Routine Service Cost Centers							
40	Skilled Nursing Care							
45	Intermediate Care							
50	Mentally Disordered Care							
55	Developmentally Disabled Care							
60	Sub-Acute Care							
61	Sub-Acute Care - Pediatric							
63	Transitional Inpatient Care							
65	Hospice Inpatient Care							
70	Other Routine Services							
85	TOTAL UNITS (Sum of Lns 10 thru 70)							
90	Unit Cost Multiplier **							
95	TOTAL COSTS (See instructions)	\$		\$		\$		\$

CHFC 7041 f-1 &amp; MC530

\* Basis for columns 2, 4 and 6 from Page 11.1. Basis for column 8 from Pages 4.1 and 4.2. Basis for column 10 from Page 8.

\*\* Unit Cost Multiplier is calculated by dividing expenses to be allocated (line 5) by appropriate statistical basis (line 85).

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

11.1 (2)

Cost Allocation  
(OSHDP)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Description	Provision for Bad Debts		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services
		(8) Basis * Self Pay Revenue	(9) Amount	(10) Basis * Direct Expenses	(11) Amount	(12) Basis * Accum Costs (Cols 1, 3, 5, 7, 9 and 11)	(13) Amount	(14) Sum of Cols 12 and 13
5	General Service Costs		\$		\$		\$	
	Ancillary Service Cost Centers							
10	Patient Supplies	\$				\$		\$
12	Specialized Support Surfaces							
15	Physical Therapy							
16	Respiratory Therapy							
17	Occupational Therapy							
18	Speech Pathology							
20	Pharmacy							
25	Laboratory							
30	Home Health Services			\$				
35	Other Ancillary Services							
	Routine Service Cost Centers							
40	Skilled Nursing Care							
45	Intermediate Care							
50	Mentally Disordered Care							
55	Developmentally Disabled Care							
60	Sub-Acute Care							
61	Sub-Acute Care - Pediatric							
63	Transitional Inpatient Care							
65	Hospice Inpatient Care							
70	Other Routine Services							
85	TOTAL UNITS (Sum of Lns 10 thru 70)	\$		\$		\$		
90	Unit Cost Multiplier **							
95	TOTAL COSTS (See instructions)		\$		\$		\$	

\* Basis for columns 2, 4 and 6 from Page 11.1. Basis for column 8 from Pages 4.1 and 4.2. Basis for column 10 from Page 8.

\*\* Unit Cost Multiplier is calculated by dividing expenses to be allocated (line 5) by appropriate statistical basis (line 85).

Line No.	Computation of Avg Cost per Day	(1) Skilled Nursing	(2) Intermediate Care	(3) Mentally Disordered	(4) Developmentally Disabled	(5) Sub-Acute Care
100	Cost of Routine Services (Col 14 above Lns 40 thru 70)	\$	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)					
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$	\$	\$	\$	\$

Line No.	Computation of Avg Cost per Day	(6) Sub-Acute Care - Pediatric	(7) Transitional Inpatient Care	(8) Hospice Inpatient Care	(9) Other Routine Services
100	Cost of Routine Services (Col 14 above Lns 40 thru 70)	\$	\$	\$	\$
105	Total Patient (Census) Days of Services (Pg 4.1 Col 6)				
110	AVERAGE COST PER DAY (Ln 100 / Ln 105)	\$	\$	\$	\$

CHFC 7041 f-1 &amp; MC530

WINDSOR 001318

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.1 (1)

## Labor Report

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Salaries and Wages	(1) Productive Hours *	(2) Productive Salaries and Wages **	(3) Hourly Average (Col 2 / Col 1)
	Nursing Services (Exclude Sub-Acute Care, Sub-Acute Care - Pediatric, and Transitional Inpatient Care)			
5	Supervisors and Management	1,923	\$ 106,331	\$ 55 29
10	Geriatric Nurse Practitioners			
25	Registered Nurses	1,743	55,519	31 85
30	Licensed Vocational Nurses	12,122	309,976	25 57
35	Nurse Assistants (Aides and Orderlies)	26,629	353,391	13 27
40	Technicians and Specialists			
45	Psychiatric Technicians			
60	Other Salaries and Wages			
65	SUBTOTAL (Sum of Lns 5 thru 60)	42,417	\$ 825,217	\$ 19.45
	Sub-Acute Care Nursing Services - Only			
70	Supervisors and Management		\$	\$
75	Geriatric Nurse Practitioners			
90	Registered Nurses			
95	Licensed Vocational Nurses			
100	Nurse Assistants (Aides and Orderlies)			
105	Technicians and Specialists			
110	Psychiatric Technicians			
125	Other Salaries and Wages			
130	SUBTOTAL (Sum of Lns 70 thru 125)		\$	\$
	Sub-Acute Care - Pediatric Nursing Services - Only			
140	Supervisors and Management		\$	\$
145	Geriatric Nurse Practitioners			
150	Registered Nurses			
155	Licensed Vocational Nurses			
160	Nurse Assistants (Aides and Orderlies)			
165	Technicians and Specialists			
170	Psychiatric Technicians			
175	Other Salaries and Wages			
180	SUBTOTAL (Sum of Lns 140 thru 175)		\$	\$
	Transitional Inpatient Care - Only			
190	Supervisors and Management		\$	\$
191	Geriatric Nurse Practitioners			
192	Registered Nurses			
193	Licensed Vocational Nurses			
194	Nurse Assistants (Aides and Orderlies)			
195	Technicians and Specialists			
196	Psychiatric Technicians			
198	Other Salaries and Wages			
199	SUBTOTAL (Sum of Lns 190 thru 198)		\$	\$

CHFC 7041 h-6 &amp; MC530

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to the nearest whole hour.

\*\* For all facilities:

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1 column 1, line 125. Line 180 must agree with Page 10.1 column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1 column 1, lines 75 through 100.

Report to the nearest whole dollar.

**For nonresidential care facilities**

Lines 250 through 290 must agree with appropriate lines on Page 10.1 column 1.

**For residential care facilities**

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages to health care for this page.

WINDSOR 001319

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.1 (2)

## Labor Report

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Salaries and Wages	(1) Productive Hours *	(2) Productive Salaries and Wages **	(3) Hourly Average (Col 2 / Col 1)
	Ancillary Services			
200	Supervisors and Management		\$	\$
205	Registered Nurses			
210	Licensed Vocational Nurses			
215	Nurse Assistants (Aides and Orderlies)			
220	Technicians and Specialists			
225	Other Salaries and Wages			
230	SUBTOTAL (Sum of Lns 200 thru 225)		\$	\$
	Support Services			
250	Plant Operations and Maintenance	799	\$ 13,285	\$ 16 63
255	Housekeeping	881	10,277	11 67
260	Laundry and Linen	986	11,013	11.17
265	Dietary	12,570	157,725	12 55
270	Social Services	531	12,900	24 29
275	Activities	3,734	45,106	12 08
280	Inservice Education - Nursing	1,474	43,672	29 63
285	Administration	7,510	173,504	23.10
290	SUBTOTAL (Sum of Lns 250 thru 285)	28,485	\$ 467,482	\$ 16.41
300	TOTAL (Sum of Lns 65, 130, 180, 199, 230 and 290)	70,902	\$ 1,292,699	\$ 18 23

CHFC 7041 h-6 &amp; MC530

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to the nearest whole hour.

\*\* For all facilities:

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1 column 1, line 125. Line 180 must agree with Page 10.1 column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1 column 1, lines 75 through 100.

Report to the nearest whole dollar.

**For nonresidential care facilities**

Lines 250 through 290 must agree with appropriate lines on Page 10.1 column 1.

**For residential care facilities**

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages to health care for this page.

WINDSOR 001320

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.2 (1)

## Labor Report

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Supplemental Labor Information	(1) Productive Hours *	(2) Productive Salaries and Wages **	(3) Hourly Average (Col 2 / Col 1)
310	Social Workers (Report here and include on Ln 270)	531	\$ 12,900	\$ 24 29
315	Activity Program Leaders (Report here and include on Ln 275)		\$	\$

Line No.	Temporary Staffing Agency Services	(1) Hours	(2) Amount Paid	(3) Hourly Average (Col 2 / Col 1)
	Nursing Services (Exclude Sub-Acute Care, Sub-Acute Care - Pediatric, and Transitional Inpatient Care)			
405	Geriatric Nurse Practitioners		\$	\$
410	Registered Nurses	261	14,151	54 22
415	Licensed Vocational Nurses	484	18,564	38 36
420	Nurse Assistants (Aides and Orderlies)	4,319	101,869	23 59
425	Psychiatric Technicians			
430	Other Agency Personnel	364	7,404	20 34
435	TOTAL (Sum of Lns 405 thru 430)	5,428	\$ 141,988	\$ 26.16
	Sub-Acute Care Nursing Services - Only			
440	Geriatric Nurse Practitioners		\$	\$
445	Registered Nurses			
450	Licensed Vocational Nurses			
455	Nurse Assistants (Aides and Orderlies)			
460	Psychiatric Technicians			
465	Other Agency Personnel			
470	TOTAL (Sum of Lns 440 thru 465)		\$	\$
	Sub-Acute Care - Pediatric Nursing Services - Only			
475	Geriatric Nurse Practitioners		\$	\$
480	Registered Nurses			
485	Licensed Vocational Nurses			
490	Nurse Assistants (Aides and Orderlies)			
495	Psychiatric Technicians			
500	Other Agency Personnel			
505	TOTAL (Sum of Lns 475 thru 500)		\$	\$
	Transitional Inpatient Care Nursing Services - Only			
510	Geriatric Nurse Practitioners		\$	\$
515	Registered Nurses			
520	Licensed Vocational Nurses			
525	Nurse Assistants (Aides and Orderlies)			
530	Psychiatric Technicians			
535	Other Agency Personnel			
540	TOTAL (Sum of Lns 510 thru 535)		\$	\$

Line No.	Supplemental Labor Info - Temporary Staffing	(1) Hours	(2) Amount Paid	(3) Hourly Average (Col 2 / Col 1)
555	Social Workers (Do not include on Lns 430, 465, 500 or 535)		\$	\$
560	Activity Program Leaders (Do not include in Lns 430, 465, 500 or 535)		\$	\$

CHFC 7041 h-6 &amp; MC530

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to the nearest whole hour.

\*\* For all facilities:

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1 column 1, line 125. Line 180 must agree with Page 10.1 column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1 column 1, lines 75 through 100.

Report to the nearest whole dollar.

**For nonresidential care facilities**

Lines 250 through 290 must agree with appropriate lines on Page 10.1 column 1.

**For residential care facilities**

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages to health care for this page.

WINDSOR 001321



## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

12.2 (2)

## Labor Report

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHDP ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Labor Turnover	(1) All Employees	(2) Direct Nursing Employees *	(3) Nurse Assistants
605	Number of employees at beginning of period	120	45	29
610	Number of employees at end of period	118	44	26
615	Average number of employees	117	43	26
620	Total number of people employed during the period **	149	62	36
625	TURNOVER PERCENTAGE [(Ln 620 / Ln 615) X 100] - 100	27.35	44.19	38.46
630	Number of employees with continuous service for entire reporting period	101	34	21

CHFC 7041 h-6 &amp; MC530

\* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

\*\* Total number of people cannot be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period.

It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

WINDSOR 001322

## LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDICAL COST REPORT

13

Computation of Ancillary Services Cost per Patient Day  
(Special Care Program Contract Providers, Only)

(In-Progress Data)

Facility D.B.A. Name WINDSOR MANOR

OSHPD ID 206190888

Address 1230 EAST WINDSOR ROAD, GLENDALE, CA 91205

Report Period End 12/31/2017

Line No.	Ancillary Services	Total Facility			Sub-Acute Care		
		(1) Allowable Cost (Pg 11 Col 12)	(2) Gross Revenue (Pg 4.2 Cols 11+12)	(3) Ratio of Cost to Gross Revenue (Col 1 / Col 2)	(4) Gross Ancillary Revenue for Sub-Acute Care	(5) Allowable Cost for Sub-Acute Care (Col 3 X Col 4)	(6) Allowable Cost per Sub-Acute Care Day (Col 5 / Col 6 Ln 105)
10	Patient Supplies	\$	\$		\$	\$	\$
12	Specialized Support Surfaces						
15	Physical Therapy						
16	Respiratory Therapy						
17	Occupational Therapy						
18	Speech Pathology						
20	Pharmacy						
25	Laboratory						
30	Home Health Services						
35	Other Ancillary Services						
95	TOTAL	\$	\$		\$	\$	\$
105	Program Patient Days (Pg 4.1 Col 6 Lns 25, 30 and 35)						

Line No.	Ancillary Services	Sub-Acute Care - Pediatric			Transitional Inpatient Care		
		(7) Gross Ancillary Revenue for Sub-Acute Care - Ped.	(8) Allowable Cost for Sub-Acute Care - Ped. (Col 3 X Col 7)	(9) Allowable Cost per Sub-Acute Care - Ped. Day (Col 8 / Col 9 Ln 105)	(10) Gross Ancillary Revenue for Transitional Inpatient Care	(11) Allowable Cost for Transitional Inpatient Care (Col 3 X Col 10)	(12) Allowable Cost per Transitional Inpat. Care Day (Col 11 / Col 12 Ln 105)
10	Patient Supplies	\$	\$	\$	\$	\$	\$
12	Specialized Support Surfaces						
15	Physical Therapy						
16	Respiratory Therapy						
17	Occupational Therapy						
18	Speech Pathology						
20	Pharmacy						
25	Laboratory						
30	Home Health Services						
35	Other Ancillary Services						
95	TOTAL	\$	\$	\$	\$	\$	\$
105	Program Patient Days (Pg 4.1 Col 6 Lns 25, 30 and 35)						

MC530

WINDSOR 001323

FINAL SETTLEMENT

FOR

**WINDSOR MANOR**

**GLENDAL CA**

PROVIDER NUMBER(S):  
55-5616

FISCAL PERIOD ENDING: December 31, 2017

Date Issued: July 3, 2018



PO Box 6782  
Fargo, ND 58108-6782

July 3, 2018

JOHN COCHRANE VP OF FINANCE  
WINDSOR MANOR  
6120 STONERIDGE MALL RD SUITE 300  
ATTN LEGAL DEPARTMENT  
PLEASANTON CA 94588 3298

NOTICE OF AMOUNT OF PROGRAM REIMBURSEMENT

RE: Provider: Windsor Manor  
Provider Number: 55-5616  
Fiscal Year End: December 31, 2017

Dear Mr. Cochrane:

Our final determination, made in accordance with 42 CFR 405.1803, resulted in no adjustment to the submitted cost report. The amount due to you was determined as follows:

Net Amount Due to Provider (Program)

\$ 0

Any amount due to you will be included in a Remittance Advice within 15 days from the date of this letter.

CMS regulations require that interest be recalculated whenever a cost report settlement determination is revised. If your facility was previously assessed interest on a settlement for this cost reporting period, the amount of interest due to the Medicare Program will be recalculated. If we determine that there has been an overpayment of interest, the amount overpaid will be refunded on a future Remittance

If your facility has an approved Extended Repayment Plan prior to determination of this underpayment, you will have fifteen (15) calendar days from the date of this letter to submit a written statement explaining why we should not apply this underpayment to the Extended Repayment Plan per 42 CFR 405.374(a).

*A CMS Medicare Administrative Contractor*

Noridian Healthcare Solutions LLC



2031/044 (3203) 4-13

WINDSOR 001325

Windsor Manor  
July 3, 2018  
Page 2

Your response must be received in our office on or before July 17, 2018, for it to be considered timely. In the event your response is not received timely, we will offset the funds to reduce the outstanding balance of the Extended Repayment Plan. If the response is received timely, we will not offset the funds until we complete our review of the submitted documentation. Should we determine that the offset is appropriate, in whole or in part, we will notify you in writing of our specific findings of the conditions on which the offset was based.

To avoid delay due to mailing, you may fax your statement to (701) 277-6572. Questions may be directed to JE-Reimb@noridian.com.

Your rebuttal must be submitted, in writing, to the address listed below:

Noridian Healthcare Solutions  
Attention: Provider Audit Reimbursement  
900 42nd Street South  
PO Box 6782  
Fargo, ND 58108-6709

If you disagree with the cost report settlement, you have the right to appeal this settlement. If you disagree with a settlement amount aggregating at least \$10,000 (\$50,000 for a group of providers appealing a common issue) in program reimbursement, your appeal is to the Provider Reimbursement Review Board PRRB. Direct your appeal to:

Chairperson  
Provider Reimbursement Review Board  
1508 Woodlawn Drive, Suite 100  
Baltimore, MD 21207  
(410) 786-2671

A copy of the appeal request should be sent to the following:

Provider Audit Appeals Coordinator  
Noridian Healthcare Solutions, LLC  
PO Box 6782  
Fargo, ND 58108-6782

An electronic version of the appeal request and subsequent correspondence should be sent to Federal Specialized Services, LLC (FSS) via email to "prrb@fssappeals.com." In the Subject line, reference the case number first, followed by the case name, followed by the nature of the correspondence.

Windsor Manor  
July 3, 2018  
Page 3

There is no need to send a paper copy to FSS. All correspondence will be retrieved from the "prrb@fssappeals.com" mailbox and directed to the appropriate Federal Specialized Services appeals consultant.

The Federal Specialized Services is accommodating contractor and provider initiatives to reduce paper usage. This will facilitate savings in printing, mailing, and filing a significant of paper associated with PRRB appeals cases.

Reminder: In accordance with PRRB instruction 27.6 H regarding confidential information, please do not send any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII will be returned to the sender.

If you disagree with a settlement amount aggregating at least \$1,000 but less than \$10,000, your appeal should be directed to FSS via email to [intermediary@fssappeals.com](mailto:intermediary@fssappeals.com).

If filing appeals documents electronically is not an option, the following address shall be used for U.S. mail or express delivery services:

PRRB Appeals OR Intermediary Appeals  
Federal Specialized Services  
1701 S. Racine Avenue  
Chicago, IL 60608-4058

Your request for a hearing must meet the following requirements:

1. It must be filed in writing and signed by a responsible official, employee, or duly authorized representative of the provider.
2. Except where good cause can be shown, it must be filed by the 180th calendar day following the date of the Notice of Program Reimbursement.
3. It must identify each issue in dispute and identify the amount of Medicare reimbursement related to each issue.
4. It must cite any laws, regulations, and instructions upon which you base your objections and give specific reasons why you believe the settlement is incorrect. Include any documentation necessary to support your position.

Windsor Manor  
July 3, 2018  
Page 4

5. It must include a copy of the applicable Notice of Program Reimbursement and a copy of the original as-filed cost report.

Should you need more information regarding appeals, information is available in 42 CFR 405.1809, 405.1811, 405.1815, 405.1835, and 405.1843 and Chapter 29 of Provider Reimbursement Manual (PRM) 15-1.

If you have any questions, please contact Aaron Brevik at 701-277-6905.

Sincerely,

/s/

Andrew Wegman, Manager  
Provider Audit and Reimbursement Department

TAM

Enclosure

**Component Recap**  
**Windsor Manor 55-5616**  
**FYE 12/31/17 NPR 7/3/18**

**55-5616**

**Free Standing SNF**

<b>Reimbursable to SNF:</b>	<b>Provider's Report</b>	<b>Contractor's Determination</b>	<b>Difference</b>
Form 2540, W/S E, Pt 1, Ln 11 + Ln 14	517,307	517,307	0
Form 2540, W/S E, Pt 1, Ln 25 + Ln 28	0	0	0
Less: Interim Payments			
Form 2540, W/S E, Pt 1, Ln 12 + 14.99	517,307	517,307	0
Form 2540, W/S E, Pt 1, Ln 26 + Ln 28.99	0	0	0
<b>Amount Due Provider</b>	0	0	0

<b>Total Reimbursable to Provider:</b>	517,307
Less: Interim Payments	517,307
Less: Initial Tentative Settlement	0
<b>Net Amount Due Provider</b>	0





PO Box 6782  
Fargo, ND 58108-6782

PROVIDER NAME: Windsor Manor

PROVIDER NUMBER(S): 55-5616

REPORTING PERIOD ENDING: December 31, 2017

We have reviewed the provider's Medicare cost report for the cost report stated above.

Preparation of the cost report and compliance with Medicare laws, regulations, and instructions are the responsibility of the provider's management.

We have performed a review of the cost report. The attached Medicare cost report has been adjusted, where required, for items of noncompliance discovered during our review, which are listed in the attached adjustment report, if necessary.

This report is intended for the information of the provider and the Centers for Medicare and Medicaid Services (CMS). This restriction is not intended to limit distribution of this report, which is a matter of public record, unless otherwise restricted by applicable law.

/s/

Andrew Wegman, Manager

July 3, 2018

Notice of Program Reimbursement Date

*A CMS Medicare Administrative Contractor*

Noridian Healthcare Solutions LLC



2031/044 (3203) 4-13

WINDSOR 001330



PO Box 6782  
Fargo, ND 58108-6782

July 3, 2018

JOHN COCHRANE VP OF FINANCE  
WINDSOR MANOR  
6120 STONERIDGE MALL RD SUITE 300  
ATTN LEGAL DEPARTMENT  
PLEASANTON CA 94588 3298

RE: Rate Adjustment  
Provider Number: 55-5616  
FYE 12/31/2018

Dear Mr. Cochrane:

The 42 Code of Federal Regulations, Section 413.64 of the Regulations, Payments to Providers, makes a provision for interim payments to approximate the actual costs of the provider. The intent expressed is to approximate actual cost as closely as possible in order to minimize the retroactive adjustment to be made on the basis of actual costs. Accordingly, based on the cost report submitted for the period ended December 31, 2017, the following interim rate will be used until any subsequent change that may be necessary:

	<u>Current Rate</u>	<u>New Rate</u>	
Part B	71%	71%	<b>NO CHANGE</b>

This represents the level of interim reimbursement that will be paid on Medicare Claims. However, the amount to be credited to an individual patient account is the sum total of the Provider Payment and the Contract Adjustment shown on the Medicare Remittance Advice. The Contract Adjustment amount should not be billed to any patient or other third party payer.

Please contact us via email at [JE-Reimb@noridian.com](mailto:JE-Reimb@noridian.com) if you have any questions on the interim rates above. Please use a subject of 55-5616 FYE 12/31/17 TS Rates. Any other questions should be directed to the Provider Contact Center at (855) 609-9960.

Sincerely,

/s/

Provider Audit and Reimbursement Department  
Noridian Healthcare Solutions

TAM

*A CMS Medicare Administrative Contractor*

Noridian Healthcare Solutions LLC



WINDSOR 001331



PO Box 6782  
Fargo, ND 58108-6782

July 3, 2018

JOHN COCHRANE VP OF FINANCE  
WINDSOR MANOR  
6120 STONERIDGE MALL RD SUITE 300  
ATTN LEGAL DEPARTMENT  
PLEASANTON CA 94588 3298

RE: SNF PPS Bi-Weekly Payment for Bad Debts  
Provider Number: 55-5616  
Cost Reporting Period Ending December 31, 2018

Dear Mr. Cochrane:

We have reviewed your Medicare cost report for the cost reporting period ended December 31, 2017, to develop a bi-weekly payment for bad debts.

Per the sequestration order, as required by law and directed by CMS, the pass-through payments listed below have been reduced by 2 percent for payments made on or after April 1, 2013.

Based on our review, the bi-weekly payment for bad debt pass-through costs for your facility will not change as indicated below:

	Current Rate	New Rate	
Bad Debt	-	-	<b>No Change</b>

The established bi-weekly payment will continue until such time that it is adjusted based on a future Medicare cost report submission or in response to a provider's request.

Please contact us via email at [JE-Reimb@noridian.com](mailto:JE-Reimb@noridian.com) if you have any questions on the interim rates above. Please use a subject of 55-5616 FYE 12/31/17 TS Pass Throughs. Any other questions should be directed to the Provider Contact Center at (855) 609-9960.

Sincerely,

/s/

Provider Audit and Reimbursement Department  
Noridian Healthcare Solutions

TAM

*A CMS Medicare Administrative Contractor*

Noridian Healthcare Solutions LLC



WINDSOR 001332

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0463  
Expires: 6/30/2018

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S  
Parts I, II & III  
Date/Time Prepared:  
7/3/2018 1:40 pm

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	3.01 <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	4. <input type="checkbox"/> Cost Report Status	5. Date Received:	05/25/2018
	(1) As Submitted	6. Contractor No.	03001
	(2) Settled without audit	7. <input type="checkbox"/> First Cost Report for this Provider CCN	
	(3) Settled with audit	8. <input type="checkbox"/> Last Cost Report for this Provider CCN	
	(4) Reopened	9. NPR Date:	07/03/2018
	(5) Amended	10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	
		11. Contractor Vendor Code	4

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WINDSOR MANOR ( 555616 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Chief Financial Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FQHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
7.10 SNF - BASED CORF I	0		0		7.10
100.00 TOTAL	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-2  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

1.00		2.00		3.00			
<b>Skilled Nursing Facility and Skilled Nursing Facility Complex Address:</b>							
1.00	Street: 1230 EAST WINDSOR ROAD	PO Box:		Zip Code: 91205			1.00
2.00	City: GLENDALE	State: CA		Urban/Rural: U			2.00
3.00	County: LOS ANGELES	CBSA Code: 31084					3.00
3.01		CBSA Code:					3.01
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)		
					V	XVIII	XIX
		1.00	2.00	3.00	4.00	5.00	6.00
<b>SNF and SNF-Based Component Identification:</b>							
4.00	SNF	WINDSOR MANOR	555616	11/21/1994	N	P	N
5.00	Nursing Facility						4.00
6.00	ICF/IID						5.00
7.00	SNF-Based HHA						6.00
8.00	SNF-Based RHC						7.00
9.00	SNF-Based FQHC						8.00
10.00	SNF-Based CMHC						9.00
11.00	SNF-Based OLTC						10.00
12.00	SNF-Based HOSPICE						11.00
13.00	SNF-Based CORF						12.00
				From:	To:		
				1.00	2.00		
14.00	Cost Reporting Period (mm/dd/yy)			01/01/2017	12/31/2017		14.00
15.00	Type of Control (See Instructions)			2			15.00
					Y/N		
					1.00		
<b>Type of Freestanding Skilled Nursing Facility</b>							
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N	
18.00	Are there any costs included in worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete worksheet A-8-1.					Y	
<b>Miscellaneous Cost Reporting Information</b>							
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N	
<b>Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.</b>							
20.00	Straight Line					39,161	
21.00	Declining Balance					0	
22.00	Sum of the Year's Digits					0	
23.00	Sum of line 20 through 22					39,161	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N	
				Part A	Part B	Other	
				1.00	2.00	3.00	
<b>If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.</b>							
29.00	Skilled Nursing Facility			N	N		29.00
30.00	Nursing Facility					N	30.00
31.00	ICF/IID						31.00
32.00	SNF-Based HHA			N	N		32.00
33.00	SNF-Based RHC				N		33.00
34.00	SNF-Based FQHC				N		34.00
35.00	SNF-Based CMHC				N		35.00
36.00	SNF-Based OLTC						36.00
				Y/N			
				1.00	2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			N			37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N			38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						39.00
				Premiums	Paid Losses	Self Insurance	
				1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:			0	0	0	41.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-2  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB1095	44.00
	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name: BE.GROUP	Contractor's Name: NORIDIAN	Contractor's Number: 01001	45.00
46.00	Street: 516 BURCHETT STREET	PO Box:		46.00
47.00	City: GLENDALE	State: CA	Zip Code: 91203	47.00

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilities</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/26/2018
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N	
			1.00	
<b>Bad Debts</b>				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00
<b>Bed Complement</b>				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
<b>PS&amp;R Data</b>				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	04/06/2018	N
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-2  
Part II  
Date/Time Prepared:  
7/3/2018 1:40 pm

		Part B	
		Date	
		4.00	
	<b>PS&amp;R Data</b>		
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y"; were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00



## VOLUNTARY CONTACT INFORMATION

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-2  
Part V  
Date/Time Prepared:  
7/3/2018 1:40 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	STEVE	1.00
2.00	Last Name	MCGOVERN	2.00
3.00	Title	OWNER	3.00
4.00	Employer	WESTERN REIMBURSEMENT GROUP	4.00
5.00	Phone Number	8186123276	5.00
6.00	E-mail Address	S.MCGOVERN@SBCGLOBAL.NET	6.00
7.00	Department		7.00
8.00	Mailing Address 1	327 COUNTRY CLUB DR NE	8.00
9.00	Mailing Address 2		9.00
10.00	City	WARREN	10.00
11.00	State		OH 11.00
12.00	Zip	44484	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-3  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

Component		Number of Beds		Bed Days Available		Inpatient Days/Visits			
						Title V	Title XVIII	Title XIX	
						3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	28	10,220	0	1,007	0	365	1.00	
2.00	NURSING FACILITY	0	0	0	0	0	0	2.00	
3.00	ICF/IID	0	0	0	0	0	0	3.00	
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	4.00	
5.00	Other Long Term Care	0	0	0	0	0	0	5.00	
6.00	SNF-Based CMHC	0	0	0	0	0	0	6.00	
6.10	SNF-Based CORF	0	0	0	0	0	0	6.10	
7.00	HOSPICE	0	0	0	0	0	0	7.00	
8.00	Total (Sum of lines 1-7)	28	10,220	0	1,007	0	365	8.00	
Component		Other		Total		Discharges			
						Title V	Title XVIII	Title XIX	
						6.00	7.00	8.00	
1.00	SKILLED NURSING FACILITY	7,374	8,746	0	22	1	1.00		
2.00	NURSING FACILITY	0	0	0	0	0	2.00		
3.00	ICF/IID	0	0	0	0	0	3.00		
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00		
5.00	Other Long Term Care	0	0	0	0	0	5.00		
6.00	SNF-Based CMHC	0	0	0	0	0	6.00		
6.10	SNF-Based CORF	0	0	0	0	0	6.10		
7.00	HOSPICE	0	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	7,374	8,746	0	22	1	8.00		
Component		Other		Total		Average Length of Stay			
						Title V	Title XVIII	Title XIX	
						11.00	12.00	13.00	
1.00	SKILLED NURSING FACILITY	25	48	0.00	45.77	365.00	1.00		
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00		
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00		
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00		
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00		
6.00	SNF-Based CMHC	0	0	0.00	0.00	0.00	6.00		
6.10	SNF-Based CORF	0	0	0.00	0.00	0.00	6.10		
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	25	48	0.00	45.77	365.00	8.00		
Component		Average Length of Stay		Total		Admissions			
						Title V	Title XVIII	Title XIX	
						16.00	17.00	18.00	
1.00	SKILLED NURSING FACILITY	182.21	0	33	1	14	1.00		
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00		
3.00	ICF/IID	0.00	0	0	0	0	3.00		
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00		
5.00	Other Long Term Care	0.00	0	0	0	0	5.00		
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00		
6.10	SNF-Based CORF	0.00	0	0	0	0	6.10		
7.00	HOSPICE	0.00	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	182.21	0	33	1	14	8.00		
Component		Admissions		Full Time Equivalent					
						Employees on Payroll	Nonpaid workers		
						21.00	22.00	23.00	
1.00	SKILLED NURSING FACILITY	48	40.78	0.00	0.00	1.00			
2.00	NURSING FACILITY	0	0.00	0.00	0.00	2.00			
3.00	ICF/IID	0	0.00	0.00	0.00	3.00			
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00	0.00	4.00			
5.00	Other Long Term Care	0	0.00	0.00	0.00	5.00			
6.00	SNF-Based CMHC	0	0.00	0.00	0.00	6.00			
6.10	SNF-Based CORF	0	0.00	0.00	0.00	6.10			
7.00	HOSPICE	0	0.00	0.00	0.00	7.00			
8.00	Total (Sum of lines 1-7)	48	40.78	0.00	0.00	8.00			

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	1,604,416	0	1,604,416	84,820.66	18.92
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	1,604,416	0	1,604,416	84,820.66	18.92
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
9.10	CORF	0	0	0	0.00	0.00
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	103,505	103,505	1,946.24	53.18
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	103,505	103,505	1,946.24	53.18
13.00	Total Adjusted salaries (line 6 minus line 12)	1,604,416	-103,505	1,500,911	82,874.42	18.11
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	161,222	0	161,222	6,222.20	25.91
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	760,528	0	760,528	9,424.91	80.69
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	437,781	0	437,781		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	29,197	0	29,197		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	408,584	0	408,584		

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00 Employee Benefits	0	0	0	0.00	0.00	1.00
2.00 Administrative & General	281,858	-103,505	178,353	6,834.31	26.10	2.00
3.00 Plant Operation, Maintenance & Repairs	15,377	0	15,377	900.68	17.07	3.00
4.00 Laundry & Linen Service	12,396	0	12,396	1,085.79	11.42	4.00
5.00 Housekeeping	11,563	0	11,563	967.98	11.95	5.00
6.00 Dietary	233,818	0	233,818	18,298.19	12.78	6.00
7.00 Nursing Administration	0	0	0	0.00	0.00	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	15,018	0	15,018	756.23	19.86	10.00
11.00 Social Service	64,639	0	64,639	4,570.95	14.14	11.00
12.00 Nursing and Allied Health Ed. Act.	0	0	0	0.00	0.00	12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	634,669	-103,505	531,164	33,414.13	15.90	14.00

SNF WAGE RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-3  
Part IV  
Date/Time Prepared:  
7/3/2018 1:40 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	65,122	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	180,235	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	66,446	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106, Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	118,094	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	-106	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	7,990	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	437,781	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet S-3  
Part V  
Date/Time Prepared:  
7/3/2018 1:40 pm

Occupational Category	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>						
<b>Nursing Occupations</b>						
1.00 Registered Nurses (RNs)	181,491	0	181,491	4,052.88	44.78	1.00
2.00 Licensed Practical Nurses (LPNs)	380,635	0	380,635	14,794.14	25.73	2.00
3.00 Certified Nursing Assistant/Nursing Assistants/Aides	401,773	0	401,773	30,421.97	13.21	3.00
4.00 Total Nursing (sum of lines 1 through 3)	963,899	0	963,899	49,268.99	19.56	4.00
5.00 Physical Therapists	0	0	0	0.00	0.00	5.00
6.00 Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00 Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00 Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00 Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00 Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00 Speech Therapists	0	0	0	0.00	0.00	11.00
12.00 Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00 Other Medical Staff	5,848	0	5,848	386.64	15.13	13.00
<b>Contract Labor</b>						
<b>Nursing Occupations</b>						
14.00 Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00 Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00 Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00 Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00 Physical Therapists	0		0	0.00	0.00	18.00
19.00 Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00 Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00 Occupational Therapists	0		0	0.00	0.00	21.00
22.00 Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00 Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00 Speech Therapists	0		0	0.00	0.00	24.00
25.00 Respiratory Therapists	0		0	0.00	0.00	25.00
26.00 Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-7

Date/Time Prepared:  
7/3/2018 1:40 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	0	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	51	10.00
11.00		RUB	314	11.00
12.00		RUA	125	12.00
13.00		RVC	7	13.00
14.00		RVB	314	14.00
15.00		RVA	86	15.00
16.00		RHC	0	16.00
17.00		RHB	36	17.00
18.00		RHA	0	18.00
19.00		RMC	0	19.00
20.00		RMB	7	20.00
21.00		RMA	0	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	28	30.00
31.00		HC2	0	31.00
32.00		HC1	0	32.00
33.00		HB2	0	33.00
34.00		HB1	15	34.00
35.00		LE2	0	35.00
36.00		LE1	0	36.00
37.00		LD2	0	37.00
38.00		LD1	0	38.00
39.00		LC2	0	39.00
40.00		LC1	23	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	0	46.00
47.00		CC2	0	47.00
48.00		CC1	0	48.00
49.00		CB2	0	49.00
50.00		CB1	0	50.00
51.00		CA2	0	51.00
52.00		CA1	0	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	0	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	1	72.00
73.00		PB2	0	73.00
74.00		PB1	0	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-7

Date/Time Prepared:  
7/3/2018 1:40 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	0	99.00
100.00	TOTAL		1,007	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
<p>A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)</p>				
101.00	Staffing	969,747	36.91	Y
102.00	Recruitment	0	0.00	
103.00	Retention of employees	0	0.00	
104.00	Training	0	0.00	
105.00	OTHER (SPECIFY)	0	0.00	
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		2,627,106	



## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A

Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		28,077	28,077	0	28,077	1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT		22,525	22,525	0	22,525	2.00
3.00	00300 EMPLOYEE BENEFITS	0	0	0	0	0	3.00
4.00	00400 ADMINISTRATIVE & GENERAL	281,858	715,419	997,277	-304,933	692,344	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	15,377	51,920	67,297	0	67,297	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	12,396	50,165	62,561	0	62,561	6.00
7.00	00700 HOUSEKEEPING	11,563	6,715	18,278	0	18,278	7.00
8.00	00800 DIETARY	233,818	284,500	518,318	0	518,318	8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	15,018	7,192	22,210	0	22,210	12.00
13.00	01300 SOCIAL SERVICE	64,639	113,272	177,911	0	177,911	13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	969,747	567,015	1,536,762	0	1,536,762	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	5,831	5,831	0	5,831	40.00
41.00	04100 LABORATORY	0	3,396	3,396	0	3,396	41.00
42.00	04200 INTRAVENOUS THERAPY	0	1,143	1,143	0	1,143	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	68,087	68,087	0	68,087	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	62,340	62,340	0	62,340	45.00
46.00	04600 SPEECH PATHOLOGY	0	4,048	4,048	0	4,048	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,127	3,127	0	3,127	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	40,247	40,247	0	40,247	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC	0	0	0	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100 INTEREST EXPENSE		0	0	0	0	81.00
82.00	08200 UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	1,604,416	2,035,019	3,639,435	-304,933	3,334,502	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	14,721	14,721	0	14,721	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	304,933	304,933	95.00
100.00	TOTAL	1,604,416	2,049,740	3,654,156	0	3,654,156	100.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A

Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	-152	27,925	1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT	-7,603	14,922	2.00
3.00	00300 EMPLOYEE BENEFITS	0	0	3.00
4.00	00400 ADMINISTRATIVE & GENERAL	660,664	1,353,008	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	-231	67,066	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	-15,650	46,911	6.00
7.00	00700 HOUSEKEEPING	0	18,278	7.00
8.00	00800 DIETARY	-478	517,840	8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100 PHARMACY	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	22,210	12.00
13.00	01300 SOCIAL SERVICE	0	177,911	13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 SKILLED NURSING FACILITY	0	1,536,762	30.00
31.00	03100 NURSING FACILITY	0	0	31.00
32.00	03200 ICF/IID	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000 RADIOLOGY	0	5,831	40.00
41.00	04100 LABORATORY	0	3,396	41.00
42.00	04200 INTRAVENOUS THERAPY	0	1,143	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	68,087	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	62,340	45.00
46.00	04600 SPEECH PATHOLOGY	0	4,048	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,127	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	40,247	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	06000 CLINIC	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	61.00
62.00	06200 FQHC	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00	07000 HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100 AMBULANCE	0	0	71.00
72.00	07200 CORF	0	0	72.00
73.00	07300 CMHC	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100 INTEREST EXPENSE	0	0	81.00
82.00	08200 UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300 HOSPICE	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	636,550	3,971,052	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	14,721	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	304,933	95.00
100.00	TOTAL	636,550	4,290,706	100.00

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - RECLASS PUBLIC RELATIONS					
1.00		OTHER NONREIMBURSABLE COST	95.00	103,505	201,428	1.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		103,505	201,428	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
(2) Transfer to Worksheet A, col. 5, line as appropriate.

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - RECLASS PUBLIC RELATIONS					
1.00		ADMINISTRATIVE & GENERAL	4.00	103,505	201,428	1.00
	TOTALS					
100.00				103,505	201,428	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
(2) Transfer to worksheet A, col. 5, line as appropriate.

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7

Date/Time Prepared:  
7/3/2018 1:40 pm

Description		Acquisitions				Disposals and Retirements		
		Beginning Balances	Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	581,991	0	0	0	0	1.00	
2.00	Land Improvements	212,273	1,850	0	1,850	0	2.00	
3.00	Buildings and Fixtures	2,871,160	0	0	0	0	3.00	
4.00	Building Improvements	7,330,856	636,770	0	636,770	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	2,023,277	0	0	0	197,525	6.00	
7.00	Subtotal (sum of lines 1-6)	13,019,557	638,620	0	638,620	197,525	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	13,019,557	638,620	0	638,620	197,525	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	581,991	0					1.00
2.00	Land Improvements	214,123	0					2.00
3.00	Buildings and Fixtures	2,871,160	0					3.00
4.00	Building Improvements	7,967,626	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	1,825,752	0					6.00
7.00	Subtotal (sum of lines 1-6)	13,460,652	0					7.00
8.00	Reconciling Items	0	0					8.00
9.00	Total (line 7 minus line 8)	13,460,652	0					9.00

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
7/3/2018 1:40 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
			3.00	4.00	
1.00 Investment income on restricted funds (chapter 2)	B	-5,493	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)	B	-7,345	ADMINISTRATIVE & GENERAL	4.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	662,019			12.00
13.00 Laundry and linen service	B	-12	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests	B	-478	DIETARY	8.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 vending machines		0		0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00 Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment		0	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 CAHSA DUES	A	-158	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BEAUTY & BARBER SPACE	B	-152	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.01
25.02 MAINTENANCE RECOVERY	B	-231	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.02
25.03 QUALITY & ACCOUNTABILITY RECOVERY	B	-11,600	ADMINISTRATIVE & GENERAL	4.00	25.03
100.00 Total (sum of lines 1 through 99) (Transfer to worksheet A, col. 6, line 100)		636,550			100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME  
OFFICE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
7/3/2018 1:40 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
<b>PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		2.00	CAP REL COSTS - MOVEABLE EQUIPMENT	HOCS CAPITAL	1.00
2.00		4.00	ADMINISTRATIVE & GENERAL	HOCS A & G	2.00
3.00		6.00	LAUNDRY & LINEN SERVICE	ROYAL OAKS LAUNDRY	3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
<b>PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		-2,110	0	-2,110	1.00
2.00		957,622	277,855	679,767	2.00
3.00		30,308	45,946	-15,638	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.	985,820	323,801	662,019	10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME  
OFFICE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	WINDSOR MANOR	100.00	1.00
2.00			0.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	BE.GROUP	0.00	HEALTH CARE	1.00
2.00		0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			BLDGS & FIXTURES	MOVEABLE EQUIPMENT			
		0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	27,925	27,925			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	14,922		14,922		2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,353,008	590	315	0	1,353,913 4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	67,066	1,881	1,005	0	69,952 5.00
6.00	00600	LAUNDRY & LINEN SERVICE	46,911	1,162	621	0	48,694 6.00
7.00	00700	HOUSEKEEPING	18,278	0	0	0	18,278 7.00
8.00	00800	DIETARY	517,840	2,105	1,125	0	521,070 8.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 10.00
11.00	01100	PHARMACY	0	0	0	0	0 11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	22,210	330	176	0	22,716 12.00
13.00	01300	SOCIAL SERVICE	177,911	1,881	1,005	0	180,797 13.00
14.00	01400	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0 14.00
15.00	01500	OTHER GENERAL SERVICES	0	0	0	0	0 15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	1,536,762	19,398	10,366	0	1,566,526 30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00	03200	ICF/IID	0	0	0	0	0 32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	5,831	0	0	0	5,831 40.00
41.00	04100	LABORATORY	3,396	0	0	0	3,396 41.00
42.00	04200	INTRAVENOUS THERAPY	1,143	0	0	0	1,143 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0 43.00
44.00	04400	PHYSICAL THERAPY	68,087	0	0	0	68,087 44.00
45.00	04500	OCCUPATIONAL THERAPY	62,340	0	0	0	62,340 45.00
46.00	04600	SPEECH PATHOLOGY	4,048	0	0	0	4,048 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,127	0	0	0	3,127 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	40,247	65	35	0	40,347 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0 52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0 60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00	06200	FQHC	0	0	0	0	0 62.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0 63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0 70.00
71.00	07100	AMBULANCE	0	0	0	0	0 71.00
72.00	07200	CORF	0	0	0	0	0 72.00
73.00	07300	CMHC	0	0	0	0	0 73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0 74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	0 83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0 84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,971,052	27,412	14,648	0	3,970,265 89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00	09100	BARBER & BEAUTY SHOP	14,721	513	274	0	15,508 91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0 94.00
95.00	09500	OTHER NONREIMBURSABLE COST	304,933	0	0	0	304,933 95.00
98.00		Cross Foot Adjustments	0	0	0	0	0 98.00
99.00		Negative Cost Centers	0	0	0	0	0 99.00
100.00		TOTAL	4,290,706	27,925	14,922	0	4,290,706 100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,353,913					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,249	102,201				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	22,449	4,665	75,808			6.00
7.00	00700	HOUSEKEEPING	8,426	0	0	26,704		7.00
8.00	00800	DIETARY	240,223	8,454	0	2,314	772,061	8.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	10,472	1,326	0	363	0	12.00
13.00	01300	SOCIAL SERVICE	83,351	7,554	0	2,068	0	13.00
14.00	01400	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	722,195	77,882	75,808	21,324	772,061	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	2,688	0	0	0	0	40.00
41.00	04100	LABORATORY	1,566	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	527	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	31,389	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	28,740	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,866	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,442	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	18,601	260	0	71	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,206,184	100,141	75,808	26,140	772,061	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	7,149	2,060	0	564	0	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	140,580	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,353,913	102,201	75,808	26,704	772,061	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS (APPRVD PROG)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DIETARY						8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0					10.00
11.00	01100 PHARMACY	0	0				11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	34,877			12.00
13.00	01300 SOCIAL SERVICE	0	0	0	273,770		13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	0	0	31,499	273,770	0	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	0	35	0	0	40.00
41.00	04100 LABORATORY	0	0	20	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	31	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	1,372	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	1,364	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	69	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	477	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0	34,877	273,770	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0					98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	0	0	34,877	273,770	0	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		OTHER GENERAL SERVICE	Subtotal	Post Stepdown Adjustments	Total		
		S					
		15.00					16.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT				2.00	
3.00	00300	EMPLOYEE BENEFITS				3.00	
4.00	00400	ADMINISTRATIVE & GENERAL				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE				6.00	
7.00	00700	HOUSEKEEPING				7.00	
8.00	00800	DIETARY				8.00	
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00	
11.00	01100	PHARMACY				11.00	
12.00	01200	MEDICAL RECORDS & LIBRARY				12.00	
13.00	01300	SOCIAL SERVICE				13.00	
14.00	01400	INTERNS & RESIDENTS (APPRVD PROG)				14.00	
15.00	01500	OTHER GENERAL SERVICES	0			15.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	3,541,065	0	3,541,065	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	8,554	0	8,554	40.00
41.00	04100	LABORATORY	0	4,982	0	4,982	41.00
42.00	04200	INTRAVENOUS THERAPY	0	1,701	0	1,701	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	100,848	0	100,848	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	92,444	0	92,444	45.00
46.00	04600	SPEECH PATHOLOGY	0	5,983	0	5,983	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,579	0	4,579	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	59,756	0	59,756	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	3,819,912	0	3,819,912	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	25,281	0	25,281	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	445,513	0	445,513	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	0	4,290,706	0	4,290,706	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			BLDGS & FIXTURES	MOVEABLE EQUIPMENT			
		0	1.00	2.00	2A	3.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	590	315	905	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	1,881	1,005	2,886	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	1,162	621	1,783	6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	2,105	1,125	3,230	8.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	330	176	506	12.00
13.00	01300	SOCIAL SERVICE	0	1,881	1,005	2,886	13.00
14.00	01400	INTERNS & RESIDENTS' (APPRVD PROG)	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICES	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	19,398	10,366	29,764	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	65	35	100	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	27,412	14,648	42,060	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	513	274	787	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers		0	0	0	99.00
100.00		TOTAL	0	27,925	14,922	42,847	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL	905					4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	22	2,908				5.00
6.00	00600 LAUNDRY & LINEN SERVICE	15	133	1,931			6.00
7.00	00700 HOUSEKEEPING	6	0	0	6		7.00
8.00	00800 DIETARY	160	241	0	1	3,632	8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	7	38	0	0	0	12.00
13.00	01300 SOCIAL SERVICE	56	215	0	0	0	13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	483	2,215	1,931	5	3,632	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	2	0	0	0	0	40.00
41.00	04100 LABORATORY	1	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	21	0	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	19	0	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	1	0	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	12	7	0	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	806	2,849	1,931	6	3,632	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	5	59	0	0	0	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	94	0	0	0	0	95.00
98.00	Cross Foot Adjustments			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	905	2,908	1,931	6	3,632	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS (APPRVD PROG)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DIETARY						8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0					10.00
11.00	01100 PHARMACY	0	0				11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	551			12.00
13.00	01300 SOCIAL SERVICE	0	0	0	3,157		13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	0	0	498	3,157	0	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	0	1	0	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	22	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	21	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	1	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	8	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0	551	3,157	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0				98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	0	0	551	3,157	0	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet B  
Part II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total		
		S					
		15.00					16.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT				2.00	
3.00	00300	EMPLOYEE BENEFITS				3.00	
4.00	00400	ADMINISTRATIVE & GENERAL				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00	
6.00	00600	LAUNDRY & LINEN SERVICE				6.00	
7.00	00700	HOUSEKEEPING				7.00	
8.00	00800	DIETARY				8.00	
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00	
11.00	01100	PHARMACY				11.00	
12.00	01200	MEDICAL RECORDS & LIBRARY				12.00	
13.00	01300	SOCIAL SERVICE				13.00	
14.00	01400	INTERNS & RESIDENTS (APPRVD PROG)				14.00	
15.00	01500	OTHER GENERAL SERVICES	0			15.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	41,685	0	41,685	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	3	0	3	40.00
41.00	04100	LABORATORY	0	1	0	1	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	43	0	43	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	40	0	40	45.00
46.00	04600	SPEECH PATHOLOGY	0	2	0	2	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1	0	1	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	127	0	127	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	41,902	0	41,902	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	851	0	851	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	94	0	94	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	0	42,847	0	42,847	100.00



## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

worksheet B-1

Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)				
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	4,735					1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT		4,735				2.00
3.00	00300 EMPLOYEE BENEFITS	0	0	0			3.00
4.00	00400 ADMINISTRATIVE & GENERAL	100	100	0	-1,353,913	2,936,793	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	319	319	0	0	69,952	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	197	197	0	0	48,694	6.00
7.00	00700 HOUSEKEEPING	0	0	0	0	18,278	7.00
8.00	00800 DIETARY	357	357	0	0	521,070	8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	56	56	0	0	22,716	12.00
13.00	01300 SOCIAL SERVICE	319	319	0	0	180,797	13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	3,289	3,289	0	0	1,566,526	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	0	0	0	5,831	40.00
41.00	04100 LABORATORY	0	0	0	0	3,396	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	1,143	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	0	0	68,087	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	62,340	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	4,048	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,127	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	11	11	0	0	40,347	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC	0	0	0	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	4,648	4,648	0	-1,353,913	2,616,352	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	87	87	0	0	15,508	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	304,933	95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	27,925	14,922	0		1,353,913	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	5.897571	3.151426	0.000000		0.461018	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		905	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000308	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		5.00	6.00	7.00	8.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	4,316					5.00
6.00	00600 LAUNDRY & LINEN SERVICE	197	8,746				6.00
7.00	00700 HOUSEKEEPING	0	0	4,119			7.00
8.00	00800 DIETARY	357	0	357	24,658		8.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	56	0	56	0	0	12.00
13.00	01300 SOCIAL SERVICE	319	0	319	0	0	13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	3,289	8,746	3,289	24,658	0	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	0	0	0	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	11	0	11	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC	0	0	0	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	4,229	8,746	4,032	24,658	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	87	0	87	0	0	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per wkst. B, Part I)	102,201	75,808	26,704	772,061	0	102.00
103.00	Unit cost multiplier (wkst. B, Part I)	23.679564	8.667734	6.483127	31.310771	0.000000	103.00
104.00	Cost to be allocated (per wkst. B, Part II)	2,908	1,931	6	3,632	0	104.00
105.00	Unit cost multiplier (wkst. B, Part II)	0.673772	0.220787	0.001457	0.147295	0.000000	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS (APPRVD PROG) (ASSIGNED TIME)	OTHER GENERAL SERVICE S (ASSIGNED TIME)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DIETARY						8.00
10.00	01000 CENTRAL SERVICES & SUPPLY						10.00
11.00	01100 PHARMACY	0					11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	2,908,742				12.00
13.00	01300 SOCIAL SERVICE	0	0	8,746			13.00
14.00	01400 INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0		14.00
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	0	2,627,106	8,746	0	0	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	2,880	0	0	0	40.00
41.00	04100 LABORATORY	0	1,686	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	2,610	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	114,437	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	113,721	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	5,715	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	826	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	39,761	0	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC		0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,908,742	8,746	0	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS' LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per wkst. B, Part I)	0	34,877	273,770	0	0	102.00
103.00	Unit cost multiplier (wkst. B, Part I)	0.000000	0.011990	31.302310	0.000000	0.000000	103.00
104.00	Cost to be allocated (per wkst. B, Part II)	0	551	3,157	0	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000189	0.360965	0.000000	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet C

Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000 RADIOLOGY	8,554	2,880	2.970139	40.00
41.00	04100 LABORATORY	4,982	1,686	2.954923	41.00
42.00	04200 INTRAVENOUS THERAPY	1,701	2,610	0.651724	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	04400 PHYSICAL THERAPY	100,848	114,437	0.881253	44.00
45.00	04500 OCCUPATIONAL THERAPY	92,444	113,721	0.812902	45.00
46.00	04600 SPEECH PATHOLOGY	5,983	5,715	1.046894	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,579	826	5.543584	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	59,756	39,761	1.502880	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100 SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0.000000	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000 CLINIC	0	0	0.000000	60.00
61.00	06100 RURAL HEALTH CLINIC				61.00
62.00	06200 FQHC				62.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0.000000	63.00
71.00	07100 AMBULANCE	0	0	0.000000	71.00
100.00	Total	278,847	281,636		100.00

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet D  
Part I  
Date/Time Prepared:  
7/3/2018 1:40 pm

Title XVIII (1)

Skilled Nursing  
Facility

PPS

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost	
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1.00	2.00	3.00	4.00	5.00
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>						
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000 RADIOLOGY	2.970139	2,880	0	8,554	0
41.00	04100 LABORATORY	2.954923	1,379	0	4,075	0
42.00	04200 INTRAVENOUS THERAPY	0.651724	2,610	0	1,701	0
43.00	04300 OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0
44.00	04400 PHYSICAL THERAPY	0.881253	103,672	0	91,361	0
45.00	04500 OCCUPATIONAL THERAPY	0.812902	103,207	0	83,897	0
46.00	04600 SPEECH PATHOLOGY	1.046894	5,715	0	5,983	0
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	5.543584	374	0	2,073	0
49.00	04900 DRUGS CHARGED TO PATIENTS	1.502880	32,893	0	49,434	0
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0
52.00	05200 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000 CLINIC	0.000000	0	0	0	0
61.00	06100 RURAL HEALTH CLINIC					
62.00	06200 FQHC					
63.00	06300 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
71.00	07100 AMBULANCE (2)	0.000000		0		0
100.00	Total (Sum of lines 40 - 71)		252,730	0	247,078	0

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet D  
Parts II-III  
Date/Time Prepared:  
7/3/2018 1:40 pm

Title XVIII

Skilled Nursing  
Facility

PPS

Cost Center Description					1.00		
PART II - APPORTIONMENT OF VACCINE COST							
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.502880	1.00	
2.00	Program vaccine charges (From your records, or the PS&R)				0	2.00	
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to worksheet E, Part I, line 18)				0	3.00	
Cost Center Description			Total Cost (From Wkst. B, Allied Health Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Allied Health Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	8,554	0	0.000000	8,554	0	40.00
41.00	04100 LABORATORY	4,982	0	0.000000	4,075	0	41.00
42.00	04200 INTRAVENOUS THERAPY	1,701	0	0.000000	1,701	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00
44.00	04400 PHYSICAL THERAPY	100,848	0	0.000000	91,361	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	92,444	0	0.000000	83,897	0	45.00
46.00	04600 SPEECH PATHOLOGY	5,983	0	0.000000	5,983	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,579	0	0.000000	2,073	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	59,756	0	0.000000	49,434	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0.000000	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	52.00
100.00	Total (Sum of lines 40 - 52)		278,847	0	247,078	0	100.00

## COMPUTATION OF INPATIENT ROUTINE COSTS

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet D-1  
Parts I-II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Title XVIII

Skilled Nursing  
Facility

PPS

1.00

**PART I CALCULATION OF INPATIENT ROUTINE COSTS****INPATIENT DAYS**

1.00	Inpatient days including private room days	8,746	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	1,007	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	3,541,065	5.00

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

6.00	General inpatient routine service charges	2,627,106	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.347896	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	287,528	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	32.88	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	3,541,065	15.00

**PROGRAM INPATIENT ROUTINE SERVICE COSTS**

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	404.88	16.00
17.00	Program routine service cost (Line 3 times line 16)	407,714	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	407,714	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	41,685	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	4.77	21.00
22.00	Program capital related cost (Line 3 times line 21)	4,803	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	402,911	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	402,911	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX

1.00

**PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH**

1.00	Total SNF inpatient days	8,746	1.00
2.00	Program inpatient days (see instructions)	1,007	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.115138	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No.: 555616	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part I Date/Time Prepared: 7/3/2018 1:40 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See instructions)		610,908	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)		610,908	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		93,601	5.00
6.00	Allowable bad debts (From your records)		0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		0	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		517,307	11.00
12.00	Interim payments (See instructions)		506,961	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER ADJUSTMENT (SEE INSTRUCTIONS)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Sequestration amount (see instructions)		10,346	14.99
15.00	Balance due provider/program (see Instructions)		0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	28.50
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E-1

Date/Time Prepared:  
7/3/2018 1:40 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		506,961		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to wkst. E, Part I line 12 for Part A, and line 26 for Part B)		506,961		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		506,961		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor	Noridian Healthcare Solutions			03001	8.00

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G

Date/Time Prepared:  
7/3/2018 1:40 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>Assets</b>					
<b>CURRENT ASSETS</b>					
1.00 Cash on hand and in banks	2,000	0	0	0	1.00
2.00 Temporary investments	2,580,589	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	453,184	0	0	0	4.00
5.00 Other receivables	11,747	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	23,293	0	0	0	7.00
8.00 Prepaid expenses	96,003	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	3,166,816	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	581,991	0	0	0	12.00
13.00 Land improvements	214,123	0	0	0	13.00
14.00 Less: Accumulated depreciation	-181,647	0	0	0	14.00
15.00 Buildings	2,871,160	0	0	0	15.00
16.00 Less Accumulated depreciation	-2,812,958	0	0	0	16.00
17.00 Leasehold improvements	7,967,626	0	0	0	17.00
18.00 Less: Accumulated Amortization	-4,316,987	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	1,825,751	0	0	0	23.00
24.00 Less: Accumulated depreciation	-1,116,858	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	188,633	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	5,220,834	0	0	0	28.00
<b>OTHER ASSETS</b>					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	187,833	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	187,833	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	8,575,483	0	0	0	34.00
<b>Liabilities and Fund Balances</b>					
<b>CURRENT LIABILITIES</b>					
35.00 Accounts payable	271,516	0	0	0	35.00
36.00 Salaries, wages, and fees payable	231,062	0	0	0	36.00
37.00 Payroll taxes payable	0	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	26,689	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	529,267	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	7,703,906	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	7,703,906	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	8,233,173	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	342,310	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	342,310	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	8,575,483	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-1

Date/Time Prepared:  
7/3/2018 1:40 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,105,242		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 31)		-1,122,619				2.00
3.00	Total (sum of line 1 and line 2)		-17,377		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00	RESIDENTIAL NET INCOME	359,687		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		359,687		0		10.00
11.00	Subtotal (line 3 plus line 10)		342,310		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		342,310		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00	RESIDENTIAL NET INCOME		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
7/3/2018 1:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	2,627,106		2,627,106	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	2,627,106		2,627,106	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	281,636	0	281,636	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to worksheet G-3, Line 1)	2,908,742	0	2,908,742	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per worksheet A, Col. 3, Line 100)			3,654,156	1.00
2.00	BAD DEBT		342,401		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			342,401	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			3,996,557	15.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 555616

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-3

Date/Time Prepared:  
7/3/2018 1:40 pm

		1.00	
1.00	Total patient revenues (From wkst. G-2, Part I, col. 3, line 14)	2,908,742	1.00
2.00	Less: contractual allowances and discounts on patients accounts	178,853	2.00
3.00	Net patient revenues (Line 1 minus line 2)	2,729,889	3.00
4.00	Less: total operating expenses (From worksheet G-2, Part II, line 15)	3,996,557	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-1,266,668	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,493	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	7,345	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	12	13.00
14.00	Revenue from meals sold to employees and guests	478	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	152	22.00
23.00	Governmental appropriations	0	23.00
24.00	BEAUTY & BARBER	14,527	24.00
24.01	QUALITY & ACCOUNTABILITY PROGRAM REC	11,600	24.01
24.02	MAINTENANCE RECOVERY	231	24.02
24.03	ENTRANCE FEES	104,211	24.03
25.00	Total other income (Sum of lines 6 - 24)	144,049	25.00
26.00	Total (Line 5 plus line 25)	-1,122,619	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,122,619	31.00

Audit Adjustment Report  
Date Prepared: 7/3/2018  
Data File: C:\HFS Files for NPR\F.555616.1217.mcx  
Fiscal Year: 01/01/2017 To 12/31/2017  
Provider Name: WINDSOR MANOR  
Provider No: 555616

CMS-2540-10  
Page 1

Health Financial Systems  
MCRIF32

	Previous Value	Difference	New Value	Action
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### Adjustment No. 1 Ref: 1

WPR:

Completed cost reporting forms and pages in accordance with current regulations.  
42 CFR section 412ff and 413ff CMS PUB. 15-II Section 4000

### Adjustment No. 2 Ref: 2

WPR:

Corrected mathematical and flow through errors in cost reporting forms and pages as necessary.  
42 CFR section 412ff and 413ff CMS PUB. 15-II Section 4000

### Adjustment No. 3 Ref: 3

WPR:

To determine whether total Program reimbursement costs exceed total Program charges, and if so,  
to restrict the reimbursement to the lower of cost or charges.  
42 CFR section 412ff and 413ff

**HumanGood  
dba  
Windsor Manor**

**Long-Term Care Facility Integrated Disclosure and  
Medi-Cal Cost Report  
(A Compilation)**

**For the Year Ended December 31, 2018**



HANSEN HUNTER & CO. P.C.  
*Certified Public Accountants*

## **TABLE OF CONTENTS**

- **Independent Accountants' Compilation Report**
- **Long-Term Care Facility Integrated Disclosure  
and Medi-Cal Cost Report**





HANSEN HUNTER & CO. P.C.

*Certified Public Accountants*

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## **Independent Accountants' Compilation Report**

To Management  
HumanGood  
dba Windsor Manor  
Pleasanton, California

Management is responsible for the accompanying Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents of HumanGood, dba Windsor Manor for the year ended December 31, 2018 in accordance with the requirements of the State of California Department of Health Care Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### **Basis of Accounting**

The Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents are prepared in accordance with the requirements of the Office of Statewide Health Planning and Development, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the State of California Department of Health Care Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen, Hunter & Company, P.C.*

July 28, 2019

LONG-TERM CARE FACILITY INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT  
TRANSMITTAL AND CERTIFICATION FORM  
(FOR REPORTING ON PC DISKETTE)

A. FACILITY NAME (DBA): WINDSOR MANOR  
B. FACILITY STREET ADDRESS: 1230 W WINDSOR ROAD  
CITY: GLENDALE  
C. FACILITY ADMINISTRATOR: LEIF CAMERON  
D. OSHPD FACILITY NO.: 206190888  
E. CONTACT PERSON: ANDY MCDONALD  
F. PHONE NO.: (925) 924-7100 EXT:  
G. REPORT PERIOD: FROM: 01/01/2018 TO: 12/31/2018  
H. FILENAME: Windsor  
I. SOFTWARE VERSION: 42A  
J. TOTAL NUMBER OF RECORDS ON DISKETTE: 1,100  
K. REPORT SUMMARY TOTALS:  
1. TOTAL ASSETS 5,920,187  
2. ROUTINE SERVICES GROSS REVENUE 2,629,058  
3. TOTAL HEALTH CARE EXPENSES 2,849,658  
4. NET INCOME -251,568  
5. AVAILABLE BEDS (END OF PERIOD) 28  
6. TOTAL PATIENT DAYS 8,367  
L. NAME AND ADDRESS OF DISKETTE PREPARER OR VENDOR:

HEALTH FINANCIAL SYSTEMS (916) 686-8152  
8109 Laguna Blvd.  
Elk Grove, CA 95758

CERTIFICATION

I, PAMELS CLAASSEN, certify under penalty of perjury as follows: That I am an official of WINDSOR MANOR and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Administrative Code.

I understand that a printed facsimile report will be produced from the data submitted to the Office on diskette. The printed facsimile report will be the official report of this facility's Long-Term Care Facility Integrated Disclosure and Medi-Cal cost report for all purposes. Further, I understand that this printed report will be forwarded to the California Department of Health Services by the Office as the basis for audit of Medi-Cal costs reported by this facility. No other diskette or facsimile in the possession of the provider, its vendor or other parties can be utilized or substituted for the official diskette or facsimile for the purposes of Medi-Cal cost reporting and disclosure without the written permission of the Department of Health Services and Office.

WINDSOR MANOR  
Name of Facility (D.B.A.)

DATED: 7/29/19

BY:

TITLE:  
ADDRESS:

CFB VP Finance  
6120 STONERIDGE MALL RD 1ST FL  
PLEASANTON CA 945880000

MAIL DISKETTE/CD AND ORIGINAL OF TRANSMITTAL AND CERTIFICATION FORM TO:  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
HEALTH FACILITY DATA DIVISION  
400 R STREET, SUITE 250  
SACRAMENTO, CA 95811-6513

TELEPHONE: (916) 326-3854 FAX: (916) 323-7675

1. Legal Name of Facility HUMANGOOD SOCAL  
2. State License Number 970000052  
3. Medi-Cal Provider No. 1972588846  
4. D.B.A. (Do Business As) WINDSOR MANOR  
5. Facility Business Phone (818)244-7219  
6. Facility Street Address 1230 W WINDSOR ROAD  
7. City GLENDALE  
8. Zip Code 912050000  
9. Mailing Address 6120 STONERIDGE MALL RD 1ST FL  
10. City PLEASANTON  
11. Zip Code 945880000  
12. Administrator LEIF CAMERON  
13. Report Contact Person ANDY MCDONALD  
14. Contact Phone (925)924-7100 EXT  
15. Mailing Address 6120 STONERIDGE MALL RD 1ST FL  
16. City PLEASANTON  
17. State CA  
18. Zip Code 945880000  
19. Prev. Name of Facility  
20. Date of Change / /  
21. Prev. State License No.  
22. Date of Change / /  
23. Prev. Medi-Cal No.  
24. Date of Change / /  
25. Reporting Period Began 01/01/2018

26. Reporting Period End 12/31/2018

97. Software Vendor HFS

CERTIFICATION

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-----  
The certification and mailing instructions are NOT printed to avoid confusion.

NO COMPUTER PRINTED REPORTS MAY BE SUBMITTED TO OSHPD.

ONLY COMPUTER PREPARED DISKETTES MAY BE SUBMITTED TO OSHPD.  
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	(1)		(2)	(3)
License Category (Check Only One)	(X)	Third Party Payor Programs (Complete All That Apply)	Date Certi fied	(X)
01 Skilled Nursing Facility		Medicare	11/21/94	X
02 Intermediate Care Facility		Medi-Cal /SNF	11/01/80	X
03 SNF/Residential	X	Medi-Cal /ICF	/ /	
04 ICF/Residential		Medi-Cal /MD	/ /	
05 Congregate Living Hl th Fac		Medi-Cal /DD	/ /	
06		Short-Doyle	/ /	
07		VA		
08		Champus		
09				
Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)
10 Church Related		Corporation		
11 Not-for-Profit	X	Division of a Corporation		X
12 Investor Owned		Partnership		
13 Governmental:		Proprietorship		
14 State		Other (Speci fy)		
15 County				
16 Ci ty/County				
17 Ci ty				
18 District				

Describe any items which management believes may have a significant effect on the data in this report:

25  
 26  
 27  
 28  
 29  
 30

Health Services	Code
	(1)
01 Pharmacy	3
02 Patient supplies	2
03 Laboratory	3
04 Radiology	3
05 Physical therapy	3
06 Inhalation therapy	5
07 Speech therapy	3
08 Occupational therapy	3
09 Audiology	4
10 Prosthetic devices	4
11 Social services	1
12 Physician care	5
13 Dental care	4
14 Podiatric care	4
15 Chiropractic care	5
16 Optometric care	4
17 Psychiatric care	5
18 Recreation/Activity	1
19 Alcoholism/Substance Abuse Treatment and Recovery	5
20 Home Health	5
21 Hospice	4
22 Long-term Rehabilitation	5
23 Patient Education	5
24 Adult Day Health Care	5
25	
26	
27	

CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1. Service maintained in facility and staffed by facility personnel. Related expenses reported on page 10.1, columns 1, 2 and 3.
2. Service maintained in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on page 10.1, column 3.
3. Service not maintained in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on page 10.1, column 3.
4. Service not maintained in facility but available from an outside provider under contract arrangement whereby patient or third party payors are billed directly by the outside provider.
5. Service not maintained in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.
6. Service maintained, but not used during reporting cycle.

The purpose of this schedule is to identify the facility's transactions during the current reporting period with related persons or organization related by common ownership or control as defined in Title 42 of Federal Regulations (CFR), Section 413.17. For an explanation of related party control, see the instructions for this form.

A. Are there any costs or revenues included in the Statement of Income for the current period which are a result of transactions with related persons or organizations as defined in the instructions?(Exclude compensation of owners and their relatives reported in G).

005 ☒ Yes (If "Yes", complete Item A1) [ ] No

A1. List below those transactions referred to in A.

RELATED PARTY TRANSACTIONS - STATEMENT OF INCOME

(1) Account Title	(2) Related Party	(3) Service or Supply	(4) Transaction Amount
010 ADMINISTRATION	HUMANGOOD	MANAGEMENT SERVICES	549,901
011 LAUNDRY	ROYAL OAKS MANOR	LAUNDRY SERVICES	101,647
012			
013			
014			

B. Are there any assets or liabilities which are included in the Balance Sheet for the current period which are a result of transactions with related persons or organizations as defined in the instructions for this form.

035 ☒ Yes (If "Yes", complete Item B1) [ ] No

B1. List below those transactions referred to in B.

RELATED PARTY TRANSACTIONS - BALANCE SHEET

(1) Account Title	(2) Related Party	(3) Transaction Amount
040 PAYABLE TO REL PARTY	HUMANGOOD	-1,136,626
041		
042		
043		
044		

C. Is the facility part of an organization with two or more health facilities under common ownership or control, as defined in the instructions for this form?

060 ☒ Yes (If "Yes", complete Items D and F) [ ] No (If "no" proceed to Item H)

D. Is this facility a:

065 [ ] Parent [ ] Subsidiary ☒ Division [ ] Other (If subsidiary or division, complete item E)

E. Name and address of parent organization:

070 Name: HUMANGOOD

075 Address: 6120 STONERIDGE MALL RD 1ST FL

076 City: PLEASANTON

077 State: CA

078 Zip: 94588

F. NAME, ADDRESS, AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

(1) Name	(2) Address	(3) % of Ownership
080 11 OTHER CALIFORNIA FACILITIES	CALIFORNIA	100
081		000
082		000
083		000
084		000
085		000
086		000
087		000
088		000
089		000

G. STATEMENT OF COMPENSATION FOR OWNERS AND THEIR RELATIVES\*

(1) Name	(2) Title and Function	(3) % of Ownership Interest	(4) Average Hours per Week Devoted to Business	(5) Compensation-** Included in Costs for This Period
100				
101				
102				
103				

\* Owner means any individual having a 5% or more equity interest, direct or indirect, in the entity licensed as a health facility as defined in 42 CRF 455.101 and 455.102. An owner's relatives are defined as: spouse, son, daughter, grandchild, great-grandchild, stepchild, brother, sister, half-brother, half-sister, stepbrother, stepsister, parent, grandparent, great-grandparent, stepmother, stepfather, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law.

\*\*Compensation as used in this schedule has the same definition as in 42 CFR 413.102 and refers to cash, personal benefits, cost of assets or services used, deferred compensation, or other consideration, including non-monetary, given in exchange for services provided to the organization.

H. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

140	145
141	146
142	147
143	148
144	149

I. GOVERNING BOARD OFFICERS AND MEMBERS

(1) Name	(2) Occupation	(3) Compensation*
160 RANDAL STAMPER, J.D	CHAIR	
161 DECLAN BROWN	SECRETARY	
162 ALBERT W. KELLY	VICE CHAIR	
163 3 OTHERS	MEMBERS	
164		
165		

\*Amount received from all sources for services rendered as a board member.

J. STATEMENT OF COMPENSATION PAID TO ADMINISTRATORS AND/OR ASSISTANT ADMINISTRATORS(OTHER THAN OWNERS)

(1) Name	(2) Title and Duties Performed	(3) Average Hours per Week Devoted to Business	(4) Compensation This Period	(5) Compensation Prior Period
180 LEIF CAMERON	ADMINISTRATOR	40	107592	118000
181				
182				

K. Does the facility use a Management Company?

185 ☐ Yes (If "Yes", provide the following information) ☒ No (If "No", proceed to M)

195 Name:  
200 Address:  
205 City: 215 State: 220 Zip:  
221 Telephone No: ( ) -

NAMES OF MANAGEMENT COMPANY OWNERS HAVING MORE THAN 5% EQUITY INTEREST

222	226
223	227
224	228
225	229

M. Are Financial Statements available for the reporting period?  
325 ☒ Yes (If "Yes", please enclose a copy) ☐ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?  
335 ☐ Yes ☒ No  
(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

0. STATEMENT OF HOME OFFICE (PARENT) COSTS			
(1)	(2)	(3)	(4)
Account Description	Account Number	Amount	Explanation of Allocations
Interim Period Home Office Cost Allocations			
340 INTERIM ALLOCATION	6900	549,901	TO ALLOCATE HOME OFFICE COSTS
341			
342			
343 SUBTOTAL-INTERIM PERIOD (sum of lines 340 through 342)		549,901	
Year End Home Office Cost Allocations			
344 ADDITIONAL ALLOCATION	6900	50,502	TO ALLOCATE HOME OFFICE COSTS
345			
346			
347 SUBTOTAL-YEAR END (sum of lines 344 through 346)		50,502	
348 TOTAL HOME OFFICE COST ALLOCATIONS(line 343 plus line 347)		600,403	
Home Office Equity Allocations			
ASSET			
349			
350			
LIABILITY			
351			
352			
353 TOTAL EQUITY ALLOCATIONS (sum of lines 349 through 352)			

P. Were any assets disposed of during the reporting period?  
355 ☐ Yes ☒ No  
If "Yes", attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360 ☐ Yes ☒ No  
If "Yes" and through a savings and loan association, include the name and address on lines 365 through 369 below  
If "Yes", and through a standard trust system, complete lines 370 and 375)  
365 Name:  
366 Address:  
367 City: 368 State: 369 Zip:

PATIENT TRUST ACTIVITY ACCOUNT	
370 Balance of Trust Account at beginning of the reporting period	.....
371 Total deposits to the Trust Account during the reporting period,	.....
372 Interest Added/Earned	.....
373 Total Deposits and Interest (Sum of lines 371 and 372)	.....
374 Total Trust Account expenditures	.....
375 Balance of Trust Account at end of the reporting period (Line (370 + 373) - 374)	.....



PATIENT DAYS	Account Number	(1) Medi care	(2) Medi -Cal	(3) Sel f-Pay	(4) Managed Care	(5) Other Payers	(6) Total (Col s. 1-5)
Routine Services:							
005 Skilled Nursing Care	3100	761	640	4,204	2,750	12	8,367
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400						
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		761	640	4,204	2,750	12	8,367

GROSS REVENUE TITLE	Account Number	(1) Inpatient .04	(2) Medicare Outpatient .44	(3) Medi-Cal Inpatient .05	(4) Outpatient .45	(5) Self-Pay Inpatient .00	(6) Outpatient .40
Routine Services:							
005 Skilled Nursing Care	3100	239,121		201,101		1,320,981	
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400						
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		239,121		201,101		1,320,981	
Ancillary Services:							
105 Patient Supplies	4100	726				24	
110 Specialized Support Surfaces	4150						
115 Physical Therapy	4200	100,496				3,888	
120 Respiratory Therapy	4220						
125 Occupational Therapy	4250	92,657				2,306	
130 Speech Therapy	4280	3,763					
135 Pharmacy	4300	29,128				1,511	
140 Laboratory	4400	3,683					
145 Home Health Services	4800						
155 Other Ancillary Services	4900	3,332					
170 Subtotal (lines 105 through 155)		233,785				7,729	
175 Total (lines 70 and 170)		472,906		201,101		1,328,710	

ACCOUNT TITLE	Account Number	(1) Deductions From Revenue
205 Charity Adjustments	5100	
210 Administrative Adjustments	5200	
215 Contractual Adjustments - Medicare	5310	105,920
220 Contractual Adjustments - Medi-Cal	5320	
222 Contractual Adjustments - Managed Care	5320	135,502
225 Contractual Adjustments - Other	5340	
230 Other Deductions from Revenue	5400	
240 Total (lines 205 through 230)		241,422

ACCOUNT TITLE	Account Number	(7) Managed Care Inpatient .01	(8) Care Outpatient .41	(9) Other Inpatient .09	(10) Outpatient .49	(11) Total Inpatient (cs. 1, 3, 4, 7, 9)	(12) Outpatient (cs. 2, 4, 6, 8, 10)
Routine Services:							
005 Skilled Nursing Care	3100	864,105		3,750		2,629,058	
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400						
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		864,105		3,750		2,629,058	
Ancillary Services:							
105 Patient Supplies	4100	10				760	
110 Specialized Support Surfaces	4150						
115 Physical Therapy	4200	10,647				115,031	
120 Respiratory Therapy	4220						
125 Occupational Therapy	4250	10,507				105,470	
130 Speech Therapy	4280	192				3,955	
135 Pharmacy	4300	2,833				33,472	
140 Laboratory	4400	129				3,812	
145 Home Health Services	4800						
155 Other Ancillary Services	4900	320				3,652	
170 Subtotal (lines 105 through 155)		24,638				266,152	
175 Total (lines 70 and 170)		888,743		3,750		2,895,210	

## OTHER CENSUS INFORMATION

	Number (1)
Licensed Beds:	
005 End of Period	28
010 Average (Monthly average)	28
Available Beds:	
020 End of Period	28
025 Average (Monthly average)	28
040 Admissions (Excluding transfers)	48
045 Discharges (Excluding transfers)	51
060 Occupancy Rate(Page 4.1, line 70, column 1 / (Line 010 x days in reporting	81.87%

## PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS

	Total (1)	Medi-Cal (2)
100 Sub-Acute Care (Ventilator-Dependent)		
115 Other Sub-Acute Care		
120 Total Sub-Acute Care Patient Days (Sum of Ls. 100 & 115)		
130 Sub-Acute Care - Pediatric (Ventilator-Dependent)		
145 Other Sub-Acute Care - Pediatric		
150 Total Sub-Acute Care Pediatric Patient Days (Sum of Ls 130 and 145)		
165 Transitional Inpatient Care - Medical		
170 Transitional Inpatient Care - Rehabilitation		
175 Total Transitional Inpatient Care Patient Days (Sum of lines 165 and 170)		

## FOR MEDI-CAL PROVIDERS, ONLY

## RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY

	Amount (1)
200 Total Billed Charges-Medi-Cal (Net of contractual adjustments)	
205 Less: Patient Liability	
210 Third Party and Other Liability	
215 Noncovered Charges	
240 Other	
250 Net Medi-Cal Received/Receivable from Fiscal Intermediary (combine lines 200 through 240)	

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2018 To 12/31/2018

		(1) Current Reporting Period	(2) Prior Reporting Period	Medi-Cal (3)* Adjustments And Reclassification	Proprietary (4)** Adjusted Balance Current Period	Facilities, Only (5) Adjusted Balance Prior Period
ASSETS	Account No.					
CURRENT ASSETS						
005 Cash	1000	2,000	2,000		2,000	2,000
010 Marketable securities, at cost	1010		2,580,589			2,580,589
015 Assets whose use is limited - required for current liabilities (must agree with line 85)						
020 Accounts and notes receivable	1020	654,136	536,804		654,136	536,804
025 Less estimated allowances for uncollectables and contractual adjustments	1040	-85,352	-83,620		-85,352	-83,620
030 Receivables from third party payors for contract settlement	1050					
035 Pledges and other receivables	1060		11,747			11,747
040 Due from restricted funds	1070					
045 Inventories at lower of cost or market	1080	19,137	23,293		19,137	23,293
050 Receivables from related parties, current	1090					
055 Prepaid expenses and other current assets	1100	22,242	96,003		22,242	96,003
060 TOTAL CURRENT ASSETS (Sum of Lines 005 thru 055)		612,163	3,166,816		612,163	3,166,816
ASSETS WHOSE USE IS LIMITED						
065 Cash	1160					
070 Marketable securities	1170					
075 Other Assets	1180		143,826			143,826
080 TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 065 thru 075)			143,826			143,826
085 Less assets whose use is limited and that are required for current liabilities						
090 TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 080 less line 085)			143,826			143,826
PROPERTY, PLANT, AND EQUIPMENT						
095 Land	1200	581,991	581,991		581,991	581,991
100 Land improvements	1210	142,888	214,123		142,888	214,123
105 Buildings and improvements	1220	11,014,138	10,838,786		11,014,138	10,838,786
110 Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,705,228	-7,311,592		-7,705,228	-7,311,592
115 Leasehold improvements	1230					
120 Less accumulated depreciation - leasehold improvements	1280					
125 Equipment	1240	2,008,749	1,825,751		2,008,749	1,825,751
130 Less accumulated depreciation-equipment	1290	-1,060,655	-1,116,858		-1,060,655	-1,116,858
135 NET PROPERTY, PLANT AND EQUIPMENT (Sum Ls. 095-130)		4,981,883	5,032,201		4,981,883	5,032,201
140 Construction in progress	1250	326,141	188,633		326,141	188,633
INVESTMENTS AND OTHER ASSETS						
145 Investments in property, plant and equipment	1310					
150 Less accumulated depreciation - Investments in property, plant and equipment	1320					
155 Other investments, at cost	1330					
160 Receivables from related parties, noncurrent	1340		153,772			153,772
165 Deposits and other assets	1350		44,007			44,007
170 TOTAL INVESTMENT AND OTHER ASSETS (Sum Ls. 145-165)			197,779			197,779
INTANGIBLE ASSETS						
175 Goodwill	1360					
180 Unamortized loan costs	1370					
185 Organizational costs	1380					
190 Other intangible assets	1390					
195 TOTAL INTANGIBLE ASSETS (Sum of Lines 175-190)						
200 TOTAL ASSETS (Sum of lines 060, 090, 135, 140, 170 and 195) (Must agree with Page 5.2, Line 185)		5,920,187	8,729,255		5,920,187	8,729,255
OTHER INFORMATION					(1) Current Period	(2) Prior Period
205 Current market value-current asset marketable securities (Line 10)						2,580,589
210 Current market value-other investments (Line 155)						
215 Cost to complete construction in progress (Line 140)					326,141	188,633

\* From Page 5.4

\*\* Combine Columns 1 and 3

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2018 To 12/31/2018

		(1) Current Reporting Period	(2) Prior Reporting Period	Medi-Cal (3)* Adjustments And Reclassification	Proprietary (4)** Adjusted Balance Current Period	Facilities, Only (5) Adjusted Balance Prior Period
LIABILITIES AND EQUITY	Account No.					
CURRENT LIABILITIES						
005 Notes and loans payable	2000					
010 Accounts payable	2010	102,478	271,516		102,478	271,516
015 Accrued compensation and related liabilities	2020	179,713	230,223		179,713	230,223
020 Other accrued liabilities	2030	55,770			55,770	
025 Advance from third party payors	2040					
030 Payable to third party payors for contract settlement	2050					
035 Due to restricted funds	2060					
040 Income taxes payable	2070					
045 Payables to related parties, current	2080	1,136,626			1,136,626	
050 Current maturities of long term debt(Must agree with line 125)		4,379	14,305		4,379	14,305
055 Other current liabilities	2090	6	1,504,756		6	1,504,756
060 TOTAL CURRENT LIABILITIES(Sum Ls. 005 thru 055)		1,478,972	2,020,800		1,478,972	2,020,800
DEFERRED CREDITS						
065 Deferred income taxes	2110					
070 Deferred third party income	2120					
075 Other deferred credits	2130	2,756,248	1,158,168		2,756,248	1,158,168
080 TOTAL DEFERRED CREDITS(Sum Ls. 065 thru 075)		2,756,248	1,158,168		2,756,248	1,158,168
LONG TERM DEBT						
085 Mortgages payable	2210					
090 Construction loans	2220					
095 Notes under revolving credit	2230					
100 Capitalized lease obligations	2240					
105 Bonds payable	2250	1,598,604	1,534,533		1,598,604	1,534,533
110 Payables to related parties, noncurrent	2260		3,687,749			3,687,749
115 Other noncurrent liabilities	2270					
120 TOTAL LONG-TERM DEBT (Sum of lines 85-115)		1,598,604	5,222,282		1,598,604	5,222,282
(Must include current maturities)						
125 Less amount shown as current maturities(Must = L. 50)		-4,379	-14,305		-4,379	-14,305
130 NET LONG TERM DEBT (Line 120 minus 125)		1,594,225	5,207,977		1,594,225	5,207,977
135 TOTAL LIABILITIES (Sum Ls. 060,080 & 130)		5,829,445	8,386,945		5,829,445	8,386,945
FUND EQUITY (not-for-profit)						
140 General fund balance	2410-2430					
145 Divisional fund balance	2460	90,742	342,310		90,742	342,310
EQUITY (investor-owned)						
150 Preferred stock	2410					
155 Common stock	2420					
160 Additional paid-in capital	2430					
165 Retained earnings/capital account for partnership or sole proprietorship)	2440/2410					
170 Less treasury stock	2450					
175 Divisional equity	2460					
180 TOTAL EQUITY (Sum of lines 140 through 175)		90,742	342,310		90,742	342,310
(Column 1 must agree with Page 7, col 5, line 32)						
185 TOTAL LIABILITIES AND EQUITY(Sum Ls. 135 and 180)		5,920,187	8,729,255		5,920,187	8,729,255
(Must agree with Page 5.1, line 200)						

\* From Page 5.4

\*\* Combine Columns 1 and 3

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2018 To 12/31/2018

(1) Detail for Page 5.2 C1 Line No.	(2) Date Obligation Incurred (Year Only)	(3) Principal Amount at Date of Obligation	(4) Due Date(*) (Year Only)	(5) Interest Rate (*)	(6) Unpaid Principal (**)
01 105	2009	1,721,499	2040	5.50	1,598,604
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

(\*)If more than one due date or interest rate, list each with unpaid principal amount. Report rates to two decimal places.

(\*\*)Sum of all lines must agree with Page 5.2, Column 1, Line 120.

ADJUSTMENTS AND RECLASSIFICATIONS  
BALANCE SHEET FOR COMPUTATION OF RETURN ON  
EQUITY CAPITAL  
(Medi-Cal Providers Only)

Facility D.B.A. Name: WINDSOR MANOR  
(1)

Report Period: 01/01/2018 To 12/31/2018

	(2) Page 5.1 & Page 5.2 Line Nos.	(3) AMOUNT Increase (Decrease)	(4) EXPLANATION OF ADJUSTMENT
DESCRIPTION			
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
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14			
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17			
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19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
50	TOTAL (Combine Ls. 1 thru 30)		



GENERAL FUND

		EXTERNALLY RESTRICTED FUNDS			
		(1)	(2)	(3)	(4)
		Total	Plant	Speci fic	Endowment
		Equi ty	Repl acement	Purpose (A)	
			And		
			Expansi on		
01	BALANCE AT BEGINNING OF YEAR,				
02	-AS PREVIOUSLY REPORTED	342,310			
03	Prior period audit adjustments				
04					
05					
06					
07	RESTATED BEGINNING BALANCE (Combine Ls. 1-6)*	342,310			
08	Additions(deductions):				
09	Net income(loss)	-251,568			
10	Capital contributions				
11	Proceeds from sale of stock				
12	Owners draw				
13	Restricted contributions and grants				
14	Restricted investment income				
15	Expenditures for specific purposes				
16	Dividends paid				
17	Donated property, plant & equipment				
18	Acquisitions of Pooled companies				
19	Stock options exercised				
20	Related party transfers				
21	Unrealized losses on marketable securities				
22					
23	TOTAL ADDITIONS (DEDUCTIONS) (Combine Ls. 8-22)	-251,568			
24	Transfers:				
25	Property and equipment additions				
26	Principal payments on long-term debt				
27					
28					
29					
30					
31	TOTAL TRANSFERS (Combine Ls. 25-30)				
32	BALANCE AT END OF YEAR (Ls. 7, 23 & 31)**	90,742			

\*Column 1, Line 7 must agree with Page 5.2, Column 2, Line 180.  
Column 2, Line 7 must be equal to Page 6, Column 4, Line 45.  
Column 3, Line 7 must agree with Page 6, Column 4, Line 145.  
Column 4, Line 7 must agree with Page 6, Column 4, Line 245.  
\*\*Column 1, Line 32 must agree with Page 5.2, Column 1, Line 180.  
Column 2, Line 32 must agree with Page 6, Column 3, Line 45.  
Column 3, Line 32 must agree with Page 6, Column 3, Line 145.  
Column 4, Line 32 must agree with Page 6, Column 3, Line 245.

(A) District Facilities - Include Bone Interest and Redemption.

Description	Account No.	(1) Current Period	(2) Prior Period
HEALTH CARE REVENUES:			
005 Gross Routine Services Net Revenue	P. 4. 2 Col. 11 Ln. 70	2, 629, 058	2, 627, 106
007 Gross Ancillary Services Net Revenue	P. 4. 2 C. 10+12 L. 170	266, 152	281, 636
010 Less: Deductions from Revenue	P. 4. 2 Col. 1 Ln. 240	241, 422	178, 853
015 NET PATIENT SERVICE REVENUE	Lines 5 + 7 - 10	2, 653, 788	2, 729, 889
020 Other Operating Rev from Health Care Operations	From 10. 2, line 100	44, 932	478
025 NET OPERATING REVENUE FROM HLTH CARE OPER	Lines 15 + 20	2, 698, 720	2, 730, 367
HEALTH CARE EXPENSES:			
Routine Services:			
030 Skilled Nursing Care	6110	1, 330, 734	1, 479, 712
035 Intermediate Care	6120		
040 Mentally Disordered Care	6130		
045 Developmentally Disabled Care	6140		
050 Sub-Acute Care	6150		
051 Sub-Acute Care - Pediatric	6160		
053 Transitional Inpatient Care	6170		
055 Hospice Inpatient Care	6180		
060 Other Routine Services	6190		
065 Total Routine Services	Lines 030 thru 060	1, 330, 734	1, 479, 712
Ancillary Services:			
070 Patient Supplies	8100	3, 584	3, 127
072 Specialized Support Services	8150		
075 Physical Therapy	8200	61, 651	68, 087
076 Respiratory Therapy	8220		
077 Occupational Therapy	8250	53, 922	62, 340
078 Speech Therapy	8280	2, 048	4, 048
080 Pharmacy	8300	34, 480	41, 390
085 Laboratory	8400	5, 806	3, 396
090 Home Health Services	8800		
095 Other Ancillary Services	8900	25, 769	20, 551
100 Total Ancillary Services	Lines 070 thru 095	187, 260	202, 939
Support Services:			
105 Plant Operations and Maintenance	6200	72, 751	67, 297
110 Housekeeping	6300	19, 181	18, 278
115 Laundry and Linen	6400	52, 586	62, 561
120 Dietary	6500	435, 449	415, 632
125 Social Services	6600	63, 482	22, 706
130 Activities	6700	114, 745	150, 983
135 Inservice Education - Nursing	6800		57, 049
140 Administration	6900	493, 568	982, 141
145 Total Support Services	Lines 105 thru 140	1, 251, 762	1, 776, 647
Property expenses:			
155 Depreciation and Amortization	7110 thru 7160	47, 652	39, 332
160 Leases and Rentals	7200	3, 359	1, 097
165 Property Taxes	7300	890	746
170 Property Insurance	7400	2, 329	1, 341
175 Interest - Property, Plant and Equipment	7500	7, 733	
180 Total Property Expenses	Lines 155 thru 175	61, 963	42, 516
Other expenses:			
185 Interest - Other	7600		8, 087
190 Provision for Bad Debts	7700	17, 939	342, 401
195 Total Other Expenses	Lines 185 and 190	17, 939	350, 488
200 TOTAL HEALTH CARE EXPENSES	Sum of Lines 065,	2, 849, 658	3, 852, 302
205 INCOME(LOSS) FROM HEALTH CARE OPERATIONS	Line 025 less 200	-150, 938	-1, 121, 935
210 NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	-100, 630	359, 003
215 INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-251, 568	-762, 932
PROVISION FOR INCOME TAXES:			
220 Current	9200		
225 Deferred	9200		
230 Total Income Taxes	Lines 220 + 225		
235 INCOME(LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 less 230	-251, 568	-762, 932
EXTRAORDINARY ITEMS: (Describe)			
240	9300		
245	9300		
250 Total Extraordinary Items	Lines 240 + 245		
255 NET INCOME(LOSS)	Lines 235 less 250	-251, 568	-762, 932

CHARITY CARE FOOTNOTE

260 Forgone Charges at Established Rates  
265 Total Number of Charity Days

\*Check this block if line 210 contains Residential Revenues and Expenses. [X]

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2018 To 12/31/2018  
(1) (2)  
Current Period Prior Period

## CASH FLOWS FROM OPERATING ACTIVITIES AND NONOPERATING REVENUE:

005	Net Income(loss) (Must agree with Page 8, Line 255)	-251,568	-762,932
	Adjustments to reconcile net income to net each provided by (used for) operating activities and nonoperating revenue:		
010	Depreciation and amortization	704,340	581,376
015	Change in marketable securities	2,580,589	-462,076
020	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-115,600	-15,499
025	Change in receivables from third-party payors		
030	Change in other receivables	11,747	254,205
035	Change in due from restricted funds		
040	Change in inventory, prepaid expenses and other current assets	77,917	-21,946
045	Change in accounts payable	-169,038	-21,785
050	Change in accrued compensation and related liabilities	-50,510	-4,940,755
055	Change in other accrued liabilities	55,770	
060	Change in advances from third-party payors		
065	Change in payables to third-party payors		
070	Change in due to restricted funds		
075	Change in income taxes payable and other current liabilities	-1,504,750	221,851
080	Change in deferred credits	1,598,080	5,230
085	Change in related party receivables/payables (related to operating activities)	1,136,626	
090			
095	Total Adjustments (Sum of lines 10 thru 90)	4,325,171	-4,399,399
100	Net Cash provided by (used for) operating activities (Sum of lines 5 and 95)	4,073,603	-5,162,331
	CASH FLOWS FROM INVESTING ACTIVITIES:		
105	Change in assets whose use is limited	143,826	-640
110	Purchase of property, plant and equip and increase in const in progress	-791,530	-980,273
115	INVESTMENTS AND OTHER ASSETS	197,779	4,021,345
120	ROUNDING		1
125			
130			
135			
140	Net cash provided by (used for) investing activities (Sum of lines 105 and 135)	-449,925	3,040,433
	CASH FLOWS FROM FINANCING ACTIVITIES:		
145	Proceeds from issuance of long-term debt		2,121,898
150	Principal payments on long-term debt	-3,623,678	
155	Proceeds from issuance of notes and loans		
160	Principal payments on notes and loans		
165	Dividends paid		
170	Proceeds from issuance of common stock		
175			
180			
185			
190			
195			
200	Net cash provided by (used for) financing activities (sum of lines 145 through 195)	-3,623,678	2,121,898
205	Net Increase (decrease) in cash (lines 100 + 140 + 200)		
210	Cash at beginning of period (column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	2,000	2,000
215	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	2,000	2,000

ACCOUNT TITLE	Account Number	(1) Salaries and Wages*	(2) Employee Benefits	(3) Other Expenses	(4) Total Expenses (Sum Cs. 1, 2, 3)
005 Plant Operations and Maintenance	6200	194,968	86,130	794,245	1,075,343
010 Housekeeping	6300	161,846	69,422	52,242	283,510
015 Depreciation: Bldgs and Improvements	7110-20			497,481	497,481
020 Depreciation: Leasehold Improvements	7130				
025 Depreciation: Equipment	7140			206,859	206,859
030 Other Depreciation and Amortization	7150-60				
035 Lease and Rentals	7200			49,654	49,654
040 Property Taxes	7300			13,154	13,154
045 Property Insurance	7400			34,431	34,431
050 Interest-Prop, Plant, Equip and Mortg	7500			114,309	114,309
055 Interest-Other	7600				
060 Laundry and Linen	6400	24,228	10,330	103,755	138,313
065 Dietary	6500	728,242	300,683	738,685	1,767,610
070 Provision for Bad Debts	7700			17,939	17,939
Ancillary Services:					
075 Patient Supplies	8100			3,584	3,584
077 Specialized Support Surfaces	8150				
080 Physical Therapy	8200			61,651	61,651
081 Respiratory Therapy	8220				
082 Occupational Therapy	8250			53,922	53,922
083 Speech Therapy	8280			2,048	2,048
085 Pharmacy	8300			34,480	34,480
090 Laboratory	8400			5,806	5,806
095 Home Health Services	8800				
100 Other Ancillary Services	8900			25,769	25,769
Routine services:					
105 Skilled Nursing Care	6110	761,518	339,799	229,417	1,330,734
110 Intermediate Care	6120				
115 Mentally Disordered Care	6130				
120 Developmentally Disabled Care	6140				
125 Sub-Acute Care	6150				
126 Sub-Acute Care - Pediatric	6160				
128 Transitional Inpatient Care	6170				
130 Hospice Inpatient Care	6180				
135 Other Routine Services	6190				
140 Beauty and Barber**					
145 Other Non-reimbursable***					
150 Subtotal (Combine Lines 5 thru 145)					5,716,597
155 Social Services	6600	155,699	63,686	171,062	390,447
160 Activities	6700	123,158	47,884	8,236	179,278
165 Administration	6900	1,229,542	524,115	1,348,592	3,102,249
170 Inservice Education - Nursing	6800				
175 Total (See instructions)		3,379,201	1,442,049	4,567,321	9,388,571

\*Column 1, lines 5 thru 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2 lines 5 through 175

\*\*Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

\*\*\*All Other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

SUPPLEMENTAL EXPENSE INFORMATION	(2)	(3)
180 Raw Food Costs (included in col 3, line 65)		490,110
185 Worker's Compensation Insurance (included in col 2, line 175)	119,700	
190 State Unemployment Insurance (included in col 2, line 175)	9,576	

ACCOUNT TITLE	Account Number	(5) Amounts Directly Assignable		(7) Balance To Be Apportioned [C. 4-(5&6)]	(8) Apport. Factor For Residential Care Portion*		(9) Amount Apportioned To Residential Care (C. 7xC. 8)	
		Resid. Care	Health Care		Based on Square Feet:			
005 Plant Operations and Maintenance	6200			1,075,343	.932346		1,002,592	
010 Housekeeping	6300			283,510	.932346		264,329	
015 Depreciation: Bldgs and Improvements	7110-20			497,481	.932346		463,824	
020 Depreciation: Leasehold Improvements	7130							
025 Depreciation: Equipment	7140			206,859	.932346		192,864	
030 Other Depreciation and Amortization	7150-60							
035 Lease and Rentals	7200			49,654	.932346		46,295	
040 Property Taxes	7300			13,154	.932346		12,264	
045 Property Insurance	7400			34,431	.932346		32,102	
050 Interest-Prop, Plant, Equip and Mortg	7500			114,309	.932346		106,576	
055 Interest-Other	7600							
060 Laundry and Linen	6400			138,313		Based on Pounds of Clean, Dry Linen: .619803	85,727	
065 Dietary	6500			1,767,610		Based on Number of Meals Served: .753651	1,332,161	
070 Provision for Bad Debts	7700		17,939			Based on Gross Revenues:		
Ancillary Services:								
075 Patient Supplies	8100		3,584					
077 Specialized Support Surfaces	8150							
080 Physical Therapy	8200		61,651					
081 Respiratory Therapy	8220							
082 Occupational Therapy	8250		53,922					
083 Speech Therapy	8280		2,048					
085 Pharmacy	8300		34,480					
090 Laboratory	8400		5,806					
095 Home Health Services	8800							
100 Other Ancillary Services	8900		25,769					
Routine services:								
105 Skilled Nursing Care	6110		1,330,734					
110 Intermediate Care	6120							
115 Mentally Disordered Care	6130							
120 Developmentally Disabled Care	6140							
125 Sub-Acute Care	6150							
126 Sub-Acute Care - Pediatric	6160							
128 Transitional Inpatient Care	6170							
130 Hospice Inpatient Care	6180							
135 Other Routine Services	6190							
140 Beauty and Barber**								
145 Other Non-reimbursable***								
150 Subtotal (Combine Lines 5 thru 145)							3,538,734	
						Based on Accumulated Costs:		
155 Social Services	6600	326,965	63,482					
160 Activities	6700		75,029	104,249	.619028		64,533	
165 Administration	6900	1,857,063	30,996	1,214,190	.619028		751,618	
170 Inservice Education - Nursing	6800							
175 Total (See instructions)		2,184,028	1,705,440	5,499,103			4,354,885	

\*Apportionment factors are specified in section 4020.2 of the Second Edition, Accounting and Reporting Manual for California Long-term Care Facilities." Apportionment factors must be reported to six decimal places

\*\*Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

\*\*\*All Other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

		-----ALL FACILITIES-----					---MEDI-CAL PROVIDERS ONLY---	
		(10)	(11)	(12)	(13)	(14)		
		Total Health	Adjust for Oth	Adjust Direct	Adjust to Exp	Adjust Trial		
		Care Portion	Operating Rev	Expenses	for Medi-Cal	for Medi-Cal		
		(C. 4- (5+9)	Medi-Cal (P10. 2)	(Cs 10-11)	Medi-Cal (P10. 3)	(Cs 10+13)		
ACCOUNT TITLE	Account Number							
005 Plant Operations and Maintenance	6200	72,751		72,751	-2,213	70,538		
010 Housekeeping	6300	19,181		19,181	50,570	69,751		
015 Depreciation: Bldgs and Improvements	7110-20	33,657		33,657		33,657		
020 Depreciation: Leasehold Improvements	7130							
025 Depreciation: Equipment	7140	13,995		13,995		13,995		
030 Other Depreciation and Amortization	7150-60							
035 Lease and Rentals	7200	3,359		3,359		3,359		
040 Property Taxes	7300	890		890		890		
045 Property Insurance	7400	2,329		2,329		2,329		
050 Interest-Prop, Plant, Equip and Mortg	7500	7,733		7,733	-2,720	5,013		
055 Interest-Other	7600							
060 Laundry and Linen	6400	52,586		52,586	-34,642	17,944		
065 Dietary	6500	435,449		435,449	-5,362	430,087		
070 Provision for Bad Debts	7700	17,939		17,939	-17,939			
Ancillary Services:								
075 Patient Supplies	8100	3,584		3,584		3,584		
077 Specialized Support Surfaces	8150							
080 Physical Therapy	8200	61,651		61,651	1,358	63,009		
081 Respiratory Therapy	8220							
082 Occupational Therapy	8250	53,922		53,922		53,922		
083 Speech Therapy	8280	2,048		2,048		2,048		
085 Pharmacy	8300	34,480		34,480		34,480		
090 Laboratory	8400	5,806		5,806		5,806		
095 Home Health Services	8800							
100 Other Ancillary Services	8900	25,769		25,769	-13,774	11,995		
Routine services:								
105 Skilled Nursing Care	6110	1,330,734		1,330,734	-18,241	1,312,493		
110 Intermediate Care	6120							
115 Mentally Disordered Care	6130							
120 Developmentally Disabled Care	6140							
125 Sub-Acute Care	6150							
126 Sub-Acute Care - Pediatric	6160							
128 Transitional Inpatient Care	6170							
130 Hospice Inpatient Care	6180							
135 Other Routine Services	6190							
140 Beauty and Barber**					13,774	13,774		
145 Other Non-reimbursable***								
150 Subtotal (Combine Lines 5 thru 145)								
155 Social Services	6600	63,482		63,482		63,482		
160 Activities	6700	114,745		114,745	-9,055	105,690		
165 Administration	6900	493,568	44,932	448,636	-118,385	375,183		
170 Inservice Education - Nursing	6800							
175 Total (See instructions)		2,849,658	44,932	2,804,726	-156,629	2,693,029		

\*\*Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

\*\*\*All Other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

Facility D. B. A. Name: WINDSOR MANOR

Report Period: 01/01/2018 To 12/31/2018

Line No	Description	Account No.	(1)	(2)
			Amount*	Page 10.1 Trial Balance Line No.
005	Vending Maching Commissions	5710		5
010	Laundry and Linen Revenue	5720		60
015	Social Services Fees	5730		155
020	Donated Supplies	5740		Various
025	Telephone Revenue	5750		165
030	Transfers from Restricted Funds for Operating Expenses	5760		Various
035	Nonpatient Food Sales	5770		65
040	Television/Radio Charges	5780		5
045	Parking Revenue	5790		5
050	Rebates and Refunds on Expenses	5800		Various
055	Nonpatient Room rentals	5810		15, 20, 35
060	Nonpatient Drug Sales	5820		85
065	Nonpatient Supplies Sales	5830		75
070	Medical Records and Abstract Sales	5840		165
075	Cash Discounts on Purchases	5850		Various
080	Sale of Scrap and Waste	5860		Various
085	MISCELLANEOUS REVENUE	5990	44,932	Various
090				Various
095				Various
100	Total (Sum of lines 5 through 95)		44,932	

\*Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2.



Facility D.B.A. Name: WINDSOR MANOR  
(1)Report Period: 01/01/2018 To 12/31/2018  
(5) (6)

DESCRIPTION	(2) Page 10.1 Trial Balance Line No.	(3) BAS I S*	(4) Amount Increase (Decrease)	Health Care Portion	Explanation of Adjustment
005 Depreciation (Excess of Straight Line)					
010 Education (Nursing, etc.)					
015 Employee and Guest Meals					
020 Gift, Flower and Coffee Shops					
025 Grants, Gifts and Donations					
030 Inpatient Utilization Review					
035 Interest Earned on Unrestricted Funds	50		-40,201	-2,720	REVENUE OFFSET
040 Laundry and Linen Service (Non-patient)					
045 Nonallowable Costs related to Certain Capital Expenditures					
050 Parking Lot					
055 Payments Received from Specialists					
060 Radio and Television Service	5		-17,260	-1,168	ELIMINATE EXPENSE
065 Rebates and Refunds of Expenses					
070 Recovery of Insured Loss					
075 Bad Debts	70		-17,939	-17,939	ELIMINATE EXPENSE
080 Rental of Space					
085 Rental of Quarters to Employees and	5		-16,532	-1,118	REVENUE OFFSET
090 Sale of Drugs to Other than Patients					
095 Sale of Medical Records and Abstracts					
100 Sale of Medical and Surgical Supplies Other than Patients					
105 Sale of Scrap, Waste, etc.					
110 Telephone Service					
115 Trade, Quantity, Time and Other Discounts on Purchases					
120 Vending Machine Commissions					
125 Owner Compensation Adjustment					
130 Travel and Entertainment(non-allowable)					
135 Revaluation Depreciation and Interest**					
140 MISCELLANEOUS	165		-44,932	-44,932	REVENUE OFFSET
145 From page 10.4, line 37			-89,492	-69,116	
Related Organization Costs-					
150 Interest					
155 Depreciation					
160 Rent/Lease					
165 Related Taxes					
170 Related Insurance					
175 Other (specify)					
180					
185 From page 10.4, line 47			15,860	-19,636	
NON-REIMBURSABLE COST CENTERS					
190 Fund Raising					
195 Research					
200 Beauty and Barber	140		13,774	13,774	RECLASS PER REPORT INSTRUCTIO
205 From page 10.4, line 57			-13,774	-13,774	
210 TOTAL (Combine Lines 5 thru 205)			-210,496	-156,629	

\*BASIS: A-Cost B-Amount Received

\*\*Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after 7/18/84.

Facility D.B.A. Name: WINDSOR MANOR  
(1)Report Period: 01/01/2018 To 12/31/2018  
(5) (6)

DESCRIPTION	(2) Page 10.1 Trial Balance Line No.	(3) BAS I S*	(4) Amount Increase (Decrease)	Health Care Portion	Explanation of Adjustment
001 HOUSEKEEPING	10	B	-370	-91	
002 MAINTENANCE	5	B	-150	-10	
003 DIETARY - SALARIES	65	B	-8,968	-2,209	
004 DIETARY - BENEFITS	65	B	-3,703	-912	
005 DIETARY - AGENCY	65	B	-2,350	-579	
006 DIETARY - OTHER	65	B	-6,747	-1,662	
007 DUES - LOBBYING	165	A	-3,986	-1,184	
008 HOUSEKEEPING - WAGES	10	A	28,921	28,921	
009 HOUSEKEEPING - BENEFITS	10	A	12,405	12,405	
010 HOUSEKEEPING - OTHER	10	A	9,335	9,335	
011 ACTIVITIES	160	A	-8,738	-8,738	
012 ADMINISTRATION	165	A	-101,777	-101,777	
013 VAN	160	B	-1,066	-317	
014 GOVT TAXES, FEES & PENALTIES	165	A	-2,298	-2,298	
015 MEDICAL DIRECTOR	165	A	16,800	16,800	
016 THERAPY	80	A	1,358	1,358	
017 NURSING	105	A	-18,241	-18,241	
018 MAINTENANCE	5	A	83	83	
019					
020					
021					
022					
023					
024					
025					
026					
027					
028					
029					
030					
031					
032					
033					
034					
035					
036					
037			-89,492	-69,116	
038 HO POOLED COSTS-A&G	165	A	-549,901	-163,403	ELIMINATE INTERIM HO ALLOCATI
039 HO POOLED COSTS-ADMINISTRATION	165	A	600,403	178,409	REPORT YE HO ALLOCATION
040 LAUNDRY	60	A	-101,647	-101,647	ADJ TO RELATED PARTY COSTS
041 LAUNDRY WAGES	60	A	33,094	33,094	ADJ TO RELATED PARTY COSTS
042 LAUNDRY BENEFITS	60	A	19,190	19,190	ADJ TO RELATED PARTY COSTS
043 LAUNDRY OTHER	60	A	14,721	14,721	ADJ TO RELATED PARTY COSTS
044					
045					
046					
047			15,860	-19,636	
048 BEAUTY & BARBER	100	A	-13,774	-13,774	RECLASS PER REPORT INSTRUCTIO
049					
050					
051					
052					
053					
054					
055					
056					
057			-13,774	-13,774	

\*BASIS: A-Cost B-Amount Received

\*\*Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after 7/18/84.

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Report Period: 01/01/2018 To 12/31/2018

Based on Adjusted Trial Balance for Medi-Cal (Page 10.1 Col 14)

ACCOUNT TITLE	Account Number	(1) Salaries and Wages	(2) Employee Benefits	(3) Staffing Agency Cost	(4) Other Non-Labor Expenses	(5) Total Expenses (Sum Cs 1-4)
005 Plant Operations and Maintenance	6200	13,190	5,827		51,521	70,538
010 Housekeeping	6300	39,871	17,102		12,778	69,751
015 Depreciation: Bldgs and Improvements	7110-7120				33,657	33,657
020 Depreciation: Leasehold Improvements	7130					
025 Depreciation: Equipment	7140				13,995	13,995
030 Other Depreciation and Amortization	7150-7160					
035 Lease and Rentals	7200				3,359	3,359
040 Property Taxes	7300				890	890
045 Property Insurance	7400				2,329	2,329
050 Interest-Property, Plant and Equipment	7500				5,013	5,013
055 Interest-Other	7600					
060 Laundry and Linen	6400	9,211	3,927		4,806	17,944
065 Dietary	6500	177,193	74,073	47,011	131,810	430,087
070 Provision for Bad Debts	7700					
075 Patient Supplies	8100				3,584	3,584
077 Specialized Support Surfaces	8150					
080 Physical Therapy	8200				63,009	63,009
081 Respiratory Therapy	8220					
082 Occupational Therapy	8250				53,922	53,922
083 Speech Therapy	8280				2,048	2,048
085 Pharmacy	8300				34,480	34,480
090 Laboratory	8400				5,806	5,806
095 Home Health Services	8800					
100 Other Ancillary Services	8900				11,995	11,995
101 Sub-Acute Ancillary Services*	8100-8900					
102 Sub-Acute Pediatric Ancillary Serv*	8100-8900					
105 Skilled Nursing Care	6110	761,518	339,799	118,590	92,586	1,312,493
110 Intermediate Care	6120					
115 Mentally Disordered Care	6130					
120 Developmentally Disabled Care	6140					
125 Sub-Acute Care	6150					
126 Sub-Acute Care - Pediatric	6160					
128 Transitional Inpatient Care	6170					
130 Hospice Inpatient Care	6180					
135 Other Routine Services	6190					
139 Residential Care **	9100					
140 Beauty and Barber					13,774	13,774
145 Other Non-reimbursable						
155 Social Services	6600	48,972	14,510			63,482
160 Activities	6700	77,364	29,222		-896	105,690
165 Administration(exc reclassified amts)	6900	122,174	53,319		153,912	329,405
166 Medical Records-Salaries & Wages***	6900	10,455	3,102			13,557
167 DPH Licensing Fees ***	6900				17,439	17,439
168 Liability Insurance ***	6900				14,782	14,782
169 Quality Assurance Fees ***	6900					
170 Inservice Education - Nursing	6800					
174 Caregiver Training ***	1900					
175 TOTAL ****		1,259,948	540,881	165,601	726,599	2,693,029

\*Amounts reclassified from ancillary service type accounts (lines 75 through 100)

\*\*Complete with Direct residential Care Costs

\*\*\*Amounts reclassified from Administration (line 165)

\*\*\*\*Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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Report Period: 01/01/2018 To 12/31/2018

Line No.		(1)	(2)
005	Total Licensed Beds Prior to Modification(s):		
010	Total Licensed Beds End of Period:		CAPITAL THRESHOLD
015	Total Unlicensed Beds End of Period (e.g. residential care):		(Licensed beds end of period * \$500)

## Section 1. Capital Additions and Improvements (Excluding Replacements)

## Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project  
Completed During the Report Period

Line No.	(1)	(2)	(3)
	Project 1	Project 2	Project 3
025	Num of New Licensed Beds		
030	Date Placed into Service		
035	Total Costs		

## Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

Line No.	(1)
050	Project 1 Description:
055	Date Placed in Service: / /
	Itemized Detail for Project 1:

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
056					0			
057					0			
058					0			
059					0			
060					0			
061					0			
062					0			
063					0			
064					0			
065					0			
066					0			
067					0			
068					0			
069					0			
070					0			
071					0			
072					0			
073					0			
074					0			
075					0			

076 Total Project 1 Costs:

Line No.	(1)
090	Project 2 Description:
095	Date Placed in Service: / /
	Itemized Detail for Project 2:

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months)(2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
096					0			
097					0			
098					0			
099					0			
100					0			
101					0			
102					0			
103					0			
104					0			
105					0			
106					0			
107					0			

108 Total Project 2 Costs:

## Notes:

(1)For the purposes of this voluntary supplemental schedule, the following definitions apply:

\* Capital Addition - land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.

\* Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.

\* Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

Facility D.B.A. Name: WINDSOR MANOR

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would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

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Line No. (1)

120 Project 3 Description:

125 Date Placed in Service: / /

Line No.	(1) Detailed Description Itemized Detail for Project 3:	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
126					0			
127					0			
128					0			
129					0			
130					0			
131					0			
132					0			
133					0			
134					0			
135					0			
136					0			
137					0			

138 Total Project 3 Costs:

Line No. (1)

150 Project 4 Description:

155 Date Placed in Service: / /

Line No.	(1) Detailed Description Itemized Detail for Project 4:	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
156					0			
157					0			
158					0			
159					0			
160					0			
161					0			
162					0			
163					0			
164					0			
165					0			
166					0			
167					0			

168 Total Project 4 Costs:

Line No. (1)

180 Project 5 Description:

185 Date Placed in Service: / /

Line No.	(1) Detailed Description Itemized Detail for Project 5:	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
186					0			
187					0			
188					0			
189					0			
190					0			
191					0			
192					0			
193					0			
194					0			
195					0			
196					0			
197					0			

198 Total Project 5 Costs:

## Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- \* Capital Addition - Land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- \* Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- \* Capital Replacement - Land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

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(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

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## Section II. Capital Replacements Completed During the Report Period

## Part A. Acquisition Costs and Depreciation for REPLACEMENT Asset

## ----- Replacement Asset -----

Line No.	(1) Detailed Description	(2) Related Party Transaction (Yes or No)?	(3) Date Placed in Service	(4) Useful Life (in Months) (2)	(5) Total Cost	(6) Depreciation Expense	(7) Basis	(8) Adjusted Basis (3)
200				0				
201				0				
202				0				
203				0				
204				0				
205				0				
206				0				
207				0				
208				0				
209				0				
210	Total - Section II, Pt A Only							

## Part B. Acquisition Costs and Depreciation of RETIRED Asset

## ----- Retired Asset -----

Line No.	(1) Detailed Description	(2) Section II, Part A Line # Reference	(3) Useful Life (in Months) (2)	(4) Total Cost	(5) Depreciation Expense	(6) Date Acquired	(7) Date of Disposal
230		0	0				
231		0	0				
232		0	0				
233		0	0				
234		0	0				
235		0	0				
236		0	0				
237		0	0				
238		0	0				
239		0	0				
240	Total - Section II, Pt B Only						

## ----- Retired Asset -----

Line No.	(1) Detailed Description	(8) Basis	(9) Adjusted Basis (3)	(10) Manner of Disposition (4)
230				
231				
232				
233				
234				
235				
236				
237				
238				
239				
240	Total - Section II, Pt B Only			

## Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- \* Capital Addition - land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- \* Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- \* Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.



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Report Period: 01/01/2018 To 12/31/2018

Line No.	ACCOUNT TITLE	(1) Capital	(2) Plant Operations	(3) Housekeepi ng	(4) Laundry & Li nen	(5) Di etary
005	Plant Operations and Maintenance		22			
010	Housekeeping					
060	Laundry and Linen		13	13	13	
065	Dietary		24	24	24	
075	Patient Supplies					
077	Specialized Support Surfaces					
080	Physical Therapy					
081	Respiratory Therapy					
082	Occupational Therapy					
083	Speech Pathology					
085	Pharmacy		11	11	11	
090	Laboratory					
095	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care	3,289	3,289	3,289	16,734	25,101
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber	87	87	87		
145	Other Non-reimbursable					
155	Social Services	4	4	4		
160	Activities	22	22	22		
165	Administration	7	7	7		
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL	3,479	3,457	3,457	16,734	25,101

Line No.	ACCOUNT TITLE	(6) Social Services	(7) Acti vi ties	(8) Inservi ce Educati on	(9) Admi ni strati on	(10) Medi cal Records
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen					
065	Dietary					
075	Patient Supplies					
077	Specialized Support Surfaces					
080	Physical Therapy					
081	Respiratory Therapy					
082	Occupational Therapy					
083	Speech Pathology					
085	Pharmacy					
090	Laboratory					
095	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care	1,312,493	1,312,493	1,312,493		
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber					
145	Other Non-reimbursable					
155	Social Services					
160	Activities					
165	Administration					
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL	1,312,493	1,312,493	1,312,493		

ACCOUNT DESCRIPTION	EXPENSES	PLANT OPERATIONS, INTEREST, OTHER		LAUNDRY, LINEN	
	FROM PAGE 10.1 COLUMN 14 (1)	BASIS* Square Feet (2)	AMOUNT (3)	BASIS* Clean, Dry Pounds (4)	AMOUNT (5)
005 General Service Costs ANCILLARY SERVICE COST CENTERS	1,191,918		199,532		17,944
010 Patient Supplies	3,584				
012 Specialized Support Surf					
015 Physical Therapy	63,009				
016 Respiratory Therapy					
017 Occupational Therapy	53,922				
018 Speech Therapy	2,048				
020 Pharmacy	34,480	11	648		
025 Laboratory	5,806				
030 Home Health Services					
035 Other Ancillary Services	11,995				
ROUTINE SERVICE COST CENTERS					
040 Skilled Nursing	1,312,493	3,289	193,759	16,734	17,944
045 Intermediate Care					
050 Mentally Disordered					
055 Developmentally Disabled					
060 Sub-Acute Care					
061 Sub-Acute Care-Pediatric					
063 Transitional Inpat Care					
065 Hospice Inpatient Care					
070 Other Routine Services					
NONREIMBURSABLE COSTS					
075 Beauty and Barber	13,774	87	5,125		
080 Other Nonreimbursable					
085 TOTAL UNITS(Sum of Ls. 10 thru 80)		3,387		16,734	
090 UNIT COST MULTIPLIER		58.911131		1.072308	
095 TOTAL COSTS(See Instructions)	1,501,111		199,532		17,944
COMPUTATION OF AVERAGE COST PER DAY	SKILLED NURSING (1)	INTERMEDIATE CARE (2)	MENTALLY DISORDERED (3)	DEVELOPMENTALLY DISABLED (4)	SUB-ACUTE CARE (5)
100 Cost of Routine Services (From Column 10 above Lines 40-70)	2,467,172				
105 Total Days of Service(From Page 4.1, Column 1 Lines 25,45,65,85, 110, 135, 160 and 295)	8,367				
110 Average Cost Per Day (Line 100 / Line 105)	294.87				

\*Actual amount or count required, percentages are not acceptable.  
Allocation statistic must be provided for Ancillary Services Cost Centers in Columns 2 and 4.

\*\*Unit Cost Multiplier must be calculated to six decimal places.

ACCOUNT DESCRIPTION	DIETARY		SOCIAL SERVICES, ACTIVITIES AND INSERVICE EDUCATION- NURSING	
	BASIS* Patient Meals (6)	AMOUNT (7)	BASIS* Direct Expense (8)	AMOUNT (9)
005 General Service Costs		430,087		169,172
ANCILLARY SERVICE COST CENTERS				
010 Patient Supplies				
012 Specialized Support Surf				
015 Physical Therapy				
016 Respiratory Therapy				
017 Occupational Therapy				
018 Speech Therapy				
020 Pharmacy				
025 Laboratory				
030 Home Health Services				
035 Other Ancillary Services				
ROUTINE SERVICE COST CENTERS				
040 Skilled Nursing	25,101	430,087	1,312,493	169,172
045 Intermediate Care				
050 Mentally Disordered				
055 Developmentally Disabled				
060 Sub-Acute Care				
061 Sub-Acute Care-Pediatric				
063 Transitional Inpat Care				
065 Hospice Inpatient Care				
070 Other Routine Services				
NONREIMBURSABLE COSTS				
075 Beauty and Barber				
080 Other Nonreimbursable				
085 TOTAL UNITS(Sum of Ls. 10 thru 80)	25,101		1,312,493	
090 UNIT COST MULTIPLIER	17.134258		.128894	
095 TOTAL COSTS(See Instructions)		430,087		169,172
COMPUTATION OF AVERAGE COST PER DAY	SUBACUTE PED- IATRIC CARE (6)	TRANSITIONAL INPATIENT CARE (7)	HOSPICE INPATIENT CARE (8)	OTHER ROUTINE SERVICES (9)
100 Cost of Routine Services (From Column 10 above Lines 40-70)				
105 Total Days of Service(From Page 4.1, Column 1 Lines 25, 45, 65, 85, 11 135, 160 and 295)				
110 Average Cost Per Day (Line 100 / Line 105)				

\*Actual amount or count required, percentages are not acceptable.  
 Allocation statistic must be provided for Ancillary Services Cost Centers in Columns 2 and 4.

\*\*Unit Cost Multiplier must be calculated to six decimal places.

ACCOUNT DESCRIPTION	ADMINISTRATION		ADMINISTRATION	Total Expenses
	BASIS*	AMOUNT	All Patient	Services
	Accumulated Cost (Col. 1, 3, 5, 7, 9) (10)	(11)	Sum of Columns 8 and 9 (12)	
005 General Service Costs		375,183		
ANCILLARY SERVICE COST CENTERS				
010 Patient Supplies	3,584	580	4,164	
012 Specialized Support Surf				
015 Physical Therapy	63,009	10,199	73,208	
016 Respiratory Therapy				
017 Occupational Therapy	53,922	8,728	62,650	
018 Speech Therapy	2,048	332	2,380	
020 Pharmacy	35,128	5,686	40,814	
025 Laboratory	5,806	940	6,746	
030 Home Health Services				
035 Other Ancillary Services	11,995	1,942	13,937	
ROUTINE SERVICE COST CENTERS				
040 Skilled Nursing	2,123,455	343,717	2,467,172	
045 Intermediate Care				
050 Mentally Disordered				
055 Developmentally Disabled				
060 Sub-Acute Care				
061 Sub-Acute Care-Pediatric				
063 Transitional Inpat Care				
065 Hospice Inpatient Care				
070 Other Routine Services				
NONREIMBURSABLE COSTS				
075 Beauty and Barber	18,899	3,059	21,958	
080 Other Nonreimbursable				
085 TOTAL UNITS(Sum of Ls. 10 thru 80)	2,317,846			
090 UNIT COST MULTIPLIER	.161867			
095 TOTAL COSTS(See Instructions)		375,183	2,693,029	

	(1) Productive Hours*	(2) Productive** Salaries	(3) Hourly Average (2/1)
Salary and Wages			
NURSING SERVICES - Exclude Sub-acute Care:			
005 Supervisors and Management	1,076	89,817	83.47
010 Geriatric Nurse Practitioners			
025 Registered nurses	2,312	84,271	36.45
030 Licensed vocational nurses	9,485	249,740	26.33
035 Nurse Assistants (Aides and Orderlies)	23,784	337,690	14.20
040 Technicians and specialists			
045 Psychiatric Technicians			
060 Other salaries and wages			
065 Subtotal (Sum of lines 005 thru 060)	36,657	761,518	20.77
SUB-ACUTE CARE NURSING SERVICES-Only:			
070 Supervisors and Management			
075 Geriatric Nurse Practitioners			
090 Registered nurses			
095 Licensed vocational nurses			
100 Nurse Assistants (Aides and Orderlies)			
105 Technicians and Specialists			
110 Psychiatric Technicians			
125 Other Salaries and Wages			
130 Subtotal (Sum of lines 070 thru 125)			
SUB-ACUTE CARE PEDIATRIC NURSING SERVICES-Only:			
140 Supervisors and Management			
145 Geriatric Nurse Practitioners			
150 Registered nurses			
155 Licensed vocational nurses			
160 Nurse Assistants (Aides and Orderlies)			
165 Technicians and Specialists			
170 Psychiatric Technicians			
175 Other Salaries and Wages			
180 Subtotal (Sum of lines 140 thru 175)			
TRANSITIONAL INPATIENT CARE-Only:			
190 Supervisors and Management			
191 Geriatric Nurse Practitioners			
192 Registered nurses			
193 Licensed vocational nurses			
194 Nurse Assistants (Aides and Orderlies)			
195 Technicians and Specialists			
196 Psychiatric Technicians			
198 Other Salaries and Wages			
199 Subtotal (Sum of lines 190 thru 198)			
ANCILLARY SERVICES:			
200 Supervisors and Management			
205 Registered nurses			
210 Licensed vocational nurses			
215 Nurse Assistants (Aides and Orderlies)			
220 Technicians and specialists			
225 Other salaries and wages			
230 Subtotal (Sum of lines 200 thru 225)			
SUPPORT SERVICES:			
250 Plant operations and maintenance	741	13,190	17.80
255 Housekeeping	904	10,950	12.11
260 Laundry and Linen	788	9,211	11.69
265 Dietary	13,616	179,402	13.18
270 Social services	1,990	48,972	24.61
275 Activities	5,461	77,364	14.17
280 Inservice Education-Nursing			
285 Administration	5,124	132,629	25.88
290 Subtotal (Sum of lines 250 thru 285)	28,624	471,718	16.48
300 Total (Sum of 065, 130, 180, 230 & 290)	65,281	1,233,236	18.89

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to nearest whole hour.

\*\*For all facilities:

Column 2, line 65 must agree with the sum of page 10.1, col 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with page 10.1, col 1, line 125. Line 180 must agree with page 10.1, col 1, line 126.

Line 230 must agree with page 10.1 col. 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on page 10.1, column 1.

For residential care facilities:

Report only productive hours and salaries and wages related to health care on lines 250 through 290 of this page.

If page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours and salaries and wages related to health care for this page.

Salary and Wages

SUPPLEMENTAL LABOR INFORMATION

310 Social Workers (report here and include on 290)  
315 Activity Program Leaders (report here and include on line 270)

1,990	48,972	24.61
3,538	47,443	13.41

Temporary Staffing Agency Services

(1) Hours	(2) Amount Paid	(3) Hourly Average
--------------	--------------------	-----------------------

NURSING SERVICES - Exclude Sub-acute Care:

405 Geriatric Nurse Practitioners		
410 Registered nurses	213	18,577
415 Licensed Vocational Nurses	838	36,907
420 Nurse Assistants (Aides and Orderlies)	2,660	63,106
425 Psychiatric Technicians		
430 Other agency personnel		
435 Total (Sum of lines 405 thru 430)	3,711	118,590

SUB-ACUTE CARE NURSING SERVICES-Only:

440 Geriatric Nurse Practitioners		
445 Registered nurses		
450 Licensed vocational nurses		
455 Nurse Assistants (Aides and Orderlies)		
460 Psychiatric Technicians		
465 Other agency personnel		
470 Total (Sum of lines 440 thru 465)		

SUB-ACUTE CARE PEDIATRIC NURSING SERVICES-Only:

475 Geriatric Nurse Practitioners		
480 Registered nurses		
485 Licensed vocational nurses		
490 Nurse Assistants (Aides and Orderlies)		
495 Psychiatric Technicians		
500 Other agency personnel		
505 Total (Sum of lines 475 thru 500)		

TRANSITIONAL INPATIENT CARE-Only:

510 Geriatric Nurse Practitioners		
515 Registered nurses		
520 Licensed vocational nurses		
525 Nurse Assistants (Aides and Orderlies)		
530 Psychiatric Technicians		
535 Other agency personnel		
540 Total (Sum of lines 510 thru 535)		

555 Social Workers (do not include on lines 300 or 500)  
560 Activity Program Leaders (do not include in lines 465 or 500)

Labor Turnover

(1) All Employees	(2) Dir Nursg Employees*	(3) Nurse Assistants
605 No. of employees-beginning of period	39	24
610 No. of employees-end of period	38	22
615 Average No. of employees(See Instructions)	35	22
620 Total No. of people employed during period	52	32
625 Turnover percentage((Line 405 / Line 400) x 100) - 100	48.57	45.45
630 Number of employees with continuous service for entire reporting period	25	14

\* Include all employees(RN's, LVN's, Nurse Assistants, technicians, specialists, and others) providing direct nursing care. Do not include supervisors who provide no direct nursing care. Do not include supervisors whose duties include some provision of nursing care.

\*\* Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended. Therefore, in most cases, line 620 should be greater than this calculation.

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**HumanGood  
dba  
Windsor Manor Facility**

**Skilled Nursing Facility Cost Report  
Form CMS 2540-10  
(A Compilation)**

**For the Year Ended December 31, 2018**



HANSEN HUNTER & CO. P.C.  
*Certified Public Accountants*

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- **Independent Accountants' Compilation Report**
- **Encrypted Certification Page from Form CMS 2540-10**
- **Form CMS 2540-10**
- **Worksheet A-6 and A-8 Adjustments**
  - Allowable Related Party Costs





HANSEN HUNTER & CO. P.C.  
*Certified Public Accountants*

## **Independent Accountants' Compilation Report**

To Management  
HumanGood  
dba Windsor Manor Facility  
Pleasanton, California

Management is responsible for the accompanying Skilled Nursing Facility Cost Report, Form CMS 2540-10 and related schedules, which are listed in the preceding table of contents, of HumanGood, dba Windsor Manor Facility for the year ended December 31, 2018 in accordance with the requirements of the Centers for Medicare and Medicaid Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### **Basis of Accounting**

Form CMS 2540-10 and related schedules (listed in the preceding table of contents) are prepared in accordance with the requirements of the Centers for Medicare and Medicaid Services, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the Centers for Medicare and Medicaid Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen, Hunter & Company, P.C.*

May 25, 2019

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider CCN: 555616 Period: From 01/01/2018 To 12/31/2018 worksheet 5 Parts I, II & III Date/Time Prepared: 5/30/2019 1:37 pm  
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 5/30/2019 Time: 1:37 pm
Contractor use only	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Human Good - Windsor Manor ( 555616 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

**Encryption Information**

ECR: Date: 5/30/2019 Time: 1:37 pm  
AJixdcJKyH9ghmkwFA:jNEyp748hp0  
12f800hdxcUR0IH0dk2XQc3DF:hc18  
HNbG0ChwS50bDyou  
PI: Date: 5/30/2019 Time: 1:37 pm  
O8HegLSrkZSdpC38DLwMA1w0.t8H40  
zcZ8U0:HVfVnEAZTmwkbuknHZsQWTH  
8aIY05IKemOF3bpX

(Signed) ANDY McDONALD  
Chief Financial Officer or Administrator of Provider(s)  
VICE PRESIDENT OF FINANCE  
Title  
05/30/2019 01:37:27 PM  
Date

	Title V	Title XVIII		Title XIX	
		Part A	Part B		
	1.00	2.00	3.00	4.00	
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FQHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
7.10 SNF - BASED CORF I	0		0		7.10
100.00 TOTAL	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Health Financial Systems		Human Good - windsor Manor		In Lieu of Form CMS-2540-10				
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No.: 555616		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 1:27 pm		
1.00		2.00		3.00				
<b>Skilled Nursing Facility and Skilled Nursing Facility Complex Address:</b>								
1.00	Street: 1230 E. WINDSOR RD		PO Box:				1.00	
2.00	City: GLENDALE		State: CA		Zip Code: 91205		2.00	
3.00	County: LOS ANGELES		CBSA Code: 31084		Urban/Rural: U		3.00	
3.01			CBSA Code: 31084				3.01	
				Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)	
							V XVIII XIX	
				1.00	2.00	3.00	4.00 5.00 6.00	
<b>SNF and SNF-Based Component Identification:</b>								
4.00	SNF		Human Good - windsor Manor		555616	12/01/1985	N P N	
5.00	Nursing Facility							
6.00	ICF/IID							
7.00	SNF-Based HHA							
8.00	SNF-Based RHC							
9.00	SNF-Based FQHC							
10.00	SNF-Based CMHC							
11.00	SNF-Based OLTC							
12.00	SNF-Based HOSPICE							
13.00	SNF-Based CORF							
				From:		To:		
				1.00		2.00		
14.00	Cost Reporting Period (mm/dd/yy)				01/01/2018		12/31/2018	
15.00	Type of Control (See Instructions)				1			
						Y/N		
						1.00		
<b>Type of Freestanding Skilled Nursing Facility</b>								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	
18.00	Are there any costs included in worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete worksheet A-8-1.						Y	
<b>Miscellaneous Cost Reporting Information</b>								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	
<b>Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.</b>								
20.00	Straight Line						704,340	
21.00	Declining Balance						0	
22.00	Sum of the Year's Digits						0	
23.00	Sum of line 20 through 22						704,340	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N	
						Part A	Part B	
						1.00	2.00	
						3.00		
<b>If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.</b>								
29.00	Skilled Nursing Facility						N	N
30.00	Nursing Facility							N
31.00	ICF/IID							N
32.00	SNF-Based HHA						N	N
33.00	SNF-Based RHC							N
34.00	SNF-Based FQHC							N
35.00	SNF-Based CMHC							N
36.00	SNF-Based OLTC							
						Y/N		
						1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)						N	
38.00	Are you legally required to carry malpractice insurance? (Y/N)						N	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							
				Premiums	Paid Losses	Self Insurance		
				1.00	2.00	3.00		
41.00	List malpractice premiums and paid losses:				52,318	0	0	

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2019 1:27 pm

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)</b>				
<b>Completed by All Skilled Nursing Facilities</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00
<b>Bed Complement</b>				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
<b>PS&amp;R Data</b>				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 1:15 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	28	10,220	0	761	3,325	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	109	39,785				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	137	50,005	0	761	3,325	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	4,281	8,367	0	17	7	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	37,554	37,554				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	41,835	45,921	0	17	7	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	26	50	0.00	44.76	475.00	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	43	43				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	69	93	0.00	44.76	475.00	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	167.34	0	35	3	9	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	873.35				45	5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	493.77	0	35	3	54	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	47	74.66	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	45	19.29	0.00			5.00
6.00	SNF-Based CMHC		0.00	0.00			6.00
6.10	SNF-Based CORF		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	92	93.95	0.00			8.00

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

	Amount Reported	Reclass. of Salaries from worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00 Total salaries (See Instructions)	3,766,754	0	3,766,754	195,425.00	19.27	1.00
2.00 Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00 Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00 Home office personnel	0	0	0	0.00	0.00	4.00
5.00 Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00 Revised wages (line 1 minus line 5)	3,766,754	0	3,766,754	195,425.00	19.27	6.00
7.00 Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00 HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00 CMHC	0	0	0	0.00	0.00	9.00
9.10 CORF						9.10
10.00 HOSPICE	0	0	0	0.00	0.00	10.00
11.00 Other excluded areas	976,401	0	976,401	40,127.00	24.33	11.00
12.00 Subtotal Excluded salary (Sum of lines 7 through 11)	976,401	0	976,401	40,127.00	24.33	12.00
13.00 Total Adjusted Salaries (line 6 minus line 12)	2,790,353	0	2,790,353	155,298.00	17.97	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00 Contract Labor: Patient Related & Mgmt	236,211	0	236,211	6,347.00	37.22	14.00
15.00 Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00 Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>						
17.00 Wage-related costs core (See Part IV)	1,007,607	0	1,007,607			17.00
18.00 Wage-related costs other (See Part IV)	0	0	0			18.00
19.00 Wage related costs (excluded units)	270,861	0	270,861			19.00
20.00 Physician Part A - WRC	0	0	0			20.00
21.00 Physician Part B - WRC	0	0	0			21.00
22.00 Total Adjusted Wage Related cost (see instructions)	736,746	0	736,746			22.00



Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2019 1:15 pm

		Amount Reported	Reclass. of Salaries from worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>							
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	364,266	658	364,924	13,458.00	27.12	2.00
3.00	Plant Operation, Maintenance & Repairs	223,357	0	223,357	12,435.00	17.96	3.00
4.00	Laundry & Linen Service	27,353	0	27,353	2,328.00	11.75	4.00
5.00	Housekeeping	183,334	0	183,334	15,014.00	12.21	5.00
6.00	Dietary	806,022	0	806,022	60,761.00	13.27	6.00
7.00	Nursing Administration	0	134,955	134,955	2,730.00	49.43	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	10,455	10,455	512.00	20.42	10.00
11.00	Social Service	0	0	0	0.00	0.00	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	254,901	708	255,609	14,664.00	17.43	13.00
14.00	Total (sum lines 1 thru 13)	1,859,233	146,776	2,006,009	121,902.00	16.46	14.00

## SNF WAGE RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/30/2019 1:15 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	153,760	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	414,656	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	119,700	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	288,388	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	9,576	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	986,080	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER	21,527	25.00

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 555616

Period:

From 01/01/2018

To 12/31/2018

Worksheet S-3

Part V

Date/Time Prepared:

5/30/2019 1:15 pm

Occupational Category	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>						
<b>Nursing Occupations</b>						
1.00 Registered Nurses (RNs)	242,048	64,754	306,802	5,869.00	52.28	1.00
2.00 Licensed Practical Nurses (LPNs)	297,157	79,497	376,654	3,382.00	111.37	2.00
3.00 Certified Nursing Assistant/Nursing Assistants/Aides	391,914	104,847	496,761	27,468.00	18.09	3.00
4.00 Total Nursing (sum of lines 1 through 3)	931,119	249,098	1,180,217	36,719.00	32.14	4.00
5.00 Physical Therapists	0	0	0	0.00	0.00	5.00
6.00 Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00 Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00 Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00 Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00 Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00 Speech Therapists	0	0	0	0.00	0.00	11.00
12.00 Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00 Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>						
<b>Nursing Occupations</b>						
14.00 Registered Nurses (RNs)	18,577		18,577	213.00	87.22	14.00
15.00 Licensed Practical Nurses (LPNs)	36,907		36,907	838.00	44.04	15.00
16.00 Certified Nursing Assistant/Nursing Assistants/Aides	63,106		63,106	2,660.00	23.72	16.00
17.00 Total Nursing (sum of lines 14 through 16)	118,590		118,590	3,711.00	31.96	17.00
18.00 Physical Therapists	61,651		61,651	1,342.00	45.94	18.00
19.00 Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00 Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00 Occupational Therapists	53,922		53,922	1,248.00	43.21	21.00
22.00 Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00 Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00 Speech Therapists	2,048		2,048	46.00	44.52	24.00
25.00 Respiratory Therapists	0		0	0.00	0.00	25.00
26.00 Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-7

Date/Time Prepared:  
5/30/2019 1:15 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	0	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	65	10.00
11.00		RUB	179	11.00
12.00		RUA	135	12.00
13.00		RVC	48	13.00
14.00		RVB	230	14.00
15.00		RVA	34	15.00
16.00		RHC	1	16.00
17.00		RHB	0	17.00
18.00		RHA	0	18.00
19.00		RMC	0	19.00
20.00		RMB	29	20.00
21.00		RMA	0	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	0	30.00
31.00		HC2	0	31.00
32.00		HC1	0	32.00
33.00		HB2	0	33.00
34.00		HB1	0	34.00
35.00		LE2	0	35.00
36.00		LE1	13	36.00
37.00		LD2	0	37.00
38.00		LD1	0	38.00
39.00		LC2	0	39.00
40.00		LC1	0	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	1	46.00
47.00		CC2	0	47.00
48.00		CC1	14	48.00
49.00		CB2	0	49.00
50.00		CB1	0	50.00
51.00		CA2	0	51.00
52.00		CA1	0	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	1	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	1	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	2	72.00
73.00		PB2	0	73.00
74.00		PB1	0	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:

Worksheet S-7

From 01/01/2018

To 12/31/2018

Date/Time Prepared:  
5/30/2019 1:15 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	8	99.00
100.00	TOTAL		761	100.00

Expenses	Percentage	Y/N
1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	0	0.00	101.00
102.00	Recruitment	0	0.00	102.00
103.00	Retention of employees	0	0.00	103.00
104.00	Training	0	0.00	104.00
105.00	CONTRACT SVCS	0	0.00	105.00
106.00	Total SNF revenue (worksheet G-2, Part I, line 1, column 3)		2,629,058	106.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:

Worksheet S-7

From 01/01/2018

Date/Time Prepared:

To 12/31/2018

5/30/2019 1:15 pm

				Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)	
				1.00	2.00	3.00	
0.00	Wage Index Factor			1.2781	1.2781	N	0.00
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
1.00		RUX	973.32	973.32	0	0.00	1.00
2.00		RUL	952.11	952.11	0	0.00	2.00
3.00		RVX	866.33	866.33	0	0.00	3.00
4.00		RVL	777.24	777.24	0	0.00	4.00
5.00		RHX	784.91	784.91	0	0.00	5.00
6.00		RHL	700.06	700.06	0	0.00	6.00
7.00		RMX	720.00	720.00	0	0.00	7.00
8.00		RML	660.61	660.61	0	0.00	8.00
9.00		RLX	632.32	632.32	0	0.00	9.00
10.00		RUC	737.89	737.89	65	0.00	10.00
11.00		RUB	737.89	737.89	179	0.00	11.00
12.00		RUA	616.99	616.99	135	0.00	12.00
13.00		RVC	633.01	633.01	48	0.00	13.00
14.00		RVB	548.17	548.17	230	0.00	14.00
15.00		RVA	546.05	546.05	34	0.00	15.00
16.00		RHC	551.59	551.59	1	0.00	16.00
17.00		RHB	496.45	496.45	0	0.00	17.00
18.00		RHA	437.06	437.06	0	0.00	18.00
19.00		RMC	484.57	484.57	0	0.00	19.00
20.00		RMB	454.88	454.88	29	0.00	20.00
21.00		RMA	374.28	374.28	0	0.00	21.00
22.00		RLB	471.13	471.13	0	0.00	22.00
23.00		RLA	303.57	303.57	0	0.00	23.00
24.00		ES3	888.61	888.61	0	0.00	24.00
25.00		ES2	695.60	695.60	0	0.00	25.00
26.00		ES1	621.37	621.37	0	0.00	26.00
27.00		HE2	600.16	600.16	0	0.00	27.00
28.00		HE1	498.35	498.35	0	0.00	28.00
29.00		HD2	561.98	561.98	0	0.00	29.00
30.00		HD1	468.65	468.65	0	0.00	30.00
31.00		HC2	530.16	530.16	0	0.00	31.00
32.00		HC1	443.20	443.20	0	0.00	32.00
33.00		HB2	523.80	523.80	0	0.00	33.00
34.00		HB1	438.96	438.96	0	0.00	34.00
35.00		LE2	545.01	545.01	0	0.00	35.00
36.00		LE1	455.92	455.92	13	0.00	36.00
37.00		LD2	523.80	523.80	0	0.00	37.00
38.00		LD1	438.96	438.96	0	0.00	38.00
39.00		LC2	460.17	460.17	0	0.00	39.00
40.00		LC1	388.06	388.06	0	0.00	40.00
41.00		LB2	436.83	436.83	0	0.00	41.00
42.00		LB1	371.09	371.09	0	0.00	42.00
43.00		CE2	485.62	485.62	0	0.00	43.00
44.00		CE1	447.45	447.45	0	0.00	44.00
45.00		CD2	460.17	460.17	0	0.00	45.00
46.00		CD1	421.99	421.99	1	0.00	46.00
47.00		CC2	402.90	402.90	0	0.00	47.00
48.00		CC1	373.20	373.20	14	0.00	48.00
49.00		CB2	373.20	373.20	0	0.00	49.00
50.00		CB1	345.63	345.63	0	0.00	50.00
51.00		CA2	315.93	315.93	0	0.00	51.00
52.00		CA1	294.72	294.72	0	0.00	52.00
53.00		SE3					53.00
54.00		SE2					54.00
55.00		SE1					55.00
56.00		SSC					56.00
57.00		SSB					57.00
58.00		SSA					58.00
59.00		IB2					59.00
60.00		IB1					60.00
61.00		IA2					61.00
62.00		IA1					62.00
63.00		BB2	335.02	335.02	0	0.00	63.00
64.00		BB1	320.18	320.18	1	0.00	64.00
65.00		BA2	277.76	277.76	0	0.00	65.00
66.00		BA1	265.03	265.03	0	0.00	66.00
67.00		PE2	447.45	447.45	0	0.00	67.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-7

Date/Time Prepared:  
5/30/2019 1:15 pm

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
68.00		PE1	426.23	426.23	1	0.00	68.00
69.00		PD2	421.99	421.99	0	0.00	69.00
70.00		PD1	400.78	400.78	0	0.00	70.00
71.00		PC2	362.60	362.60	0	0.00	71.00
72.00		PC1	345.63	345.63	2	0.00	72.00
73.00		PB2	307.46	307.46	0	0.00	73.00
74.00		PB1	294.72	294.72	0	0.00	74.00
75.00		PA2	254.42	254.42	0	0.00	75.00
76.00		PA1	243.82	243.82	0	0.00	76.00
99.00		AAA	243.82	243.82	8	0.00	99.00
100.00	TOTAL				761		100.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

worksheet S-7

Date/Time Prepared:  
5/30/2019 1:15 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
	6.00	7.00	8.00		
1.00	0.00	0	0		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	47,963		10.00
11.00	0.00	0	132,082		11.00
12.00	0.00	0	83,294		12.00
13.00	0.00	0	30,384		13.00
14.00	0.00	0	126,079		14.00
15.00	0.00	0	18,566		15.00
16.00	0.00	0	552		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	13,192		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	5,927		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
41.00	0.00	0	0		41.00
42.00	0.00	0	0		42.00
43.00	0.00	0	0		43.00
44.00	0.00	0	0		44.00
45.00	0.00	0	0		45.00
46.00	0.00	0	422		46.00
47.00	0.00	0	0		47.00
48.00	0.00	0	5,225		48.00
49.00	0.00	0	0		49.00
50.00	0.00	0	0		50.00
51.00	0.00	0	0		51.00
52.00	0.00	0	0		52.00
53.00					53.00
54.00					54.00
55.00					55.00
56.00					56.00
57.00					57.00
58.00					58.00
59.00					59.00
60.00					60.00
61.00					61.00
62.00					62.00
63.00	0.00	0	0		63.00
64.00	0.00	0	320		64.00
65.00	0.00	0	0		65.00
66.00	0.00	0	0		66.00
67.00	0.00	0	0		67.00
68.00	0.00	0	426		68.00
69.00	0.00	0	0		69.00
70.00	0.00	0	0		70.00
71.00	0.00	0	0		71.00
72.00	0.00	0	691		72.00
73.00	0.00	0	0		73.00



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA Provider No.: 555616 Period: From 01/01/2018 To 12/31/2018 worksheet S-7 Date/Time Prepared: 5/30/2019 1:15 pm

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
		6.00	7.00	8.00	
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
99.00		0.00	0	1,951	99.00
100.00	TOTAL		0	467,074	100.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A

Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		201,575	201,575	-52,318	149,257	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		708,527	708,527	0	708,527	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,007,607	1,007,607	0	1,007,607	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	364,266	914,463	1,278,729	52,976	1,331,705	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	223,357	773,912	997,269	0	997,269	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	27,353	103,755	131,108	0	131,108	6.00
7.00	00700	HOUSEKEEPING	183,334	52,242	235,576	0	235,576	7.00
8.00	00800	DIETARY	806,022	755,048	1,561,070	0	1,561,070	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	134,955	134,955	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	10,455	10,455	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
15.00	01500	ACTIVITIES-SNF	254,901	199,332	454,233	-363,240	90,993	15.00
15.01	01501	TRANSPORT	0	0	0	71,792	71,792	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	292,156	292,156	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	931,120	234,243	1,165,363	-146,776	1,018,587	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	5,486	5,486	0	5,486	40.00
41.00	04100	LABORATORY	0	5,806	5,806	0	5,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	6,509	6,509	0	6,509	43.00
44.00	04400	PHYSICAL THERAPY	0	61,651	61,651	0	61,651	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	53,922	53,922	0	53,922	45.00
46.00	04600	SPEECH PATHOLOGY	0	2,048	2,048	0	2,048	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,933	3,933	0	3,933	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	34,480	34,480	0	34,480	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	2,790,353	5,124,539	7,914,892	0	7,914,892	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	13,774	13,774	0	13,774	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	238,039	250,728	488,767	0	488,767	95.00
95.01	09501	ASSISTED LIVING	738,362	232,776	971,138	0	971,138	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
100.00		TOTAL	3,766,754	5,621,817	9,388,571	0	9,388,571	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 555616

Period:

worksheet A

From 01/01/2018

To 12/31/2018

Date/Time Prepared:

5/30/2019 1:15 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	42,770	192,027	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	30,705	739,232	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,007,607	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-185,338	1,146,367	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-17,756	979,513	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	131,108	6.00
7.00	00700	HOUSEKEEPING	-370	235,206	7.00
8.00	00800	DIETARY	10,750	1,571,820	8.00
9.00	00900	NURSING ADMINISTRATION	0	134,955	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	10,455	12.00
13.00	01300	SOCIAL SERVICE	0	0	13.00
15.00	01500	ACTIVITIES-SNF	1,365	92,358	15.00
15.01	01501	TRANSPORT	0	71,792	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	292,156	15.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	1,018,587	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	5,486	40.00
41.00	04100	LABORATORY	0	5,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	6,509	43.00
44.00	04400	PHYSICAL THERAPY	0	61,651	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	53,922	45.00
46.00	04600	SPEECH PATHOLOGY	0	2,048	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,933	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	34,480	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF	0	0	72.00
73.00	07300	CMHC	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-117,874	7,797,018	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	13,774	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	488,767	95.00
95.01	09501	ASSISTED LIVING	0	971,138	95.01
95.02	09502	RESIDENTIAL	0	0	95.02
95.03	09503	WELLNESS	0	0	95.03
95.04	09504	OUTREACH	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	95.05
100.00		TOTAL	-117,874	9,270,697	100.00

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) A - RECLASS LIABILITY INSURANCE	ADMINISTRATIVE & GENERAL	4.00	0	52,318	1.00
2.00	(1) B - RECLASS TRANSPORT	TRANSPORT	15.01	51,634	20,158	2.00
3.00	(1) C - RECLASS RES SVCS & CAMPUS PROGRAMS	RES SVCS & CAMPUS PROGRAM	15.02	121,094	171,062	3.00
4.00	(1) D - RECLASS ACTIVITIES WAGES	ACTIVITIES-SNF	15.00	708	0	4.00
5.00	(1) E - RECLASS ADMIN GENERAL WAGES	ADMINISTRATIVE & GENERAL	4.00	658	0	5.00
6.00	(1) F - RECLASS NURSING ADMIN	NURSING ADMINISTRATION	9.00	134,955	0	6.00
7.00	(1) G - RECLASS MEDICAL RECORDS WAGES	MEDICAL RECORDS & LIBRARY	12.00	10,455	0	7.00
100.00	TOTALS	Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		319,504	243,538	100.00

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
1.00	(1) A - RECLASS LIABILITY INSURANCE	CAP REL COSTS - BLDGS & FIXTURES	1.00	0	52,318	1.00
2.00	(1) B - RECLASS TRANSPORT	ACTIVITIES-SNF	15.00	51,634	20,158	2.00
3.00	(1) C - RECLASS RES SVCS & CAMPUS PROGRAMS	ACTIVITIES-SNF	15.00	121,094	171,062	3.00
4.00	(1) D - RECLASS ACTIVITIES WAGES	SKILLED NURSING FACILITY	30.00	708	0	4.00
5.00	(1) E - RECLASS ADMIN GENERAL WAGES	SKILLED NURSING FACILITY	30.00	658	0	5.00
6.00	(1) F - RECLASS NURSING ADMIN	SKILLED NURSING FACILITY	30.00	134,955	0	6.00
7.00	(1) G - RECLASS MEDICAL RECORDS WAGES	SKILLED NURSING FACILITY	30.00	10,455	0	7.00
100.00	TOTALS			319,504	243,538	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
(2) Transfer to worksheet A, col. 5, line as appropriate.

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7

Date/Time Prepared:  
5/30/2019 1:15 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	581,991	0	0	0	0	1.00	
2.00	Land Improvements	214,123	0	0	0	71,235	2.00	
3.00	Buildings and Fixtures	2,871,160	0	0	0	0	3.00	
4.00	Building Improvements	7,967,626	555,693	0	555,693	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	1,825,752	0	0	0	197,344	6.00	
7.00	Subtotal (sum of lines 1-6)	13,460,652	555,693	0	555,693	268,579	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	13,460,652	555,693	0	555,693	268,579	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	581,991	0					1.00
2.00	Land Improvements	142,888	0					2.00
3.00	Buildings and Fixtures	2,871,160	0					3.00
4.00	Building Improvements	8,523,319	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	1,628,408	0					6.00
7.00	Subtotal (sum of lines 1-6)	13,747,766	0					7.00
8.00	Reconciling Items	0	0					8.00
9.00	Total (line 7 minus line 8)	13,747,766	0					9.00

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Description (1)		(2) Basis For Adjustment	Amount	Cost Center	Line No.		
		1.00	2.00	3.00	4.00		
1.00	Investment income on restricted funds (chapter 2)	B	-31,058	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00	
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00	
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00	
4.00	Rental of provider space by suppliers (chapter 8)	B	-16,532	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	4.00	
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00	
6.00	Television and radio service (chapter 21)	A	-17,260	PLANT OPERATION, MAINT. & REPAIRS	5.00	6.00	
7.00	Parking lot (chapter 21)		0		0.00	7.00	
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00	
9.00	Home office cost (chapter 21)		0		0.00	9.00	
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00	
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00	
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	50,502			12.00	
13.00	Laundry and linen service		0		0.00	13.00	
14.00	Revenue - Employee meals	B	-4,359	DIETARY	8.00	14.00	
15.00	Cost of meals - Guests	B	-18,215	DIETARY	8.00	15.00	
16.00	Sale of medical supplies to other than patients		0		0.00	16.00	
17.00	Sale of drugs to other than patients		0		0.00	17.00	
18.00	Sale of medical records and abstracts		0		0.00	18.00	
19.00	Vending machines		0		0.00	19.00	
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00	
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00	
22.00	Utilization review--physicians' compensation (chapter 21)	A	0	UTILIZATION REVIEW - SNF	82.00	22.00	
23.00	Depreciation--buildings and fixtures	A	0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00	
24.00	Depreciation--movable equipment	A	0	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00	
25.00	DINING - RESIDENT	B	32,518	DIETARY	8.00	25.00	
25.01	CATERING REVENUE	B	806	DIETARY	8.00	25.01	
25.02	COMMUNITY FEE	B	-31,500	ADMINISTRATIVE & GENERAL	4.00	25.02	
25.03	FAC RENT - VAN	B	-1,066	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	25.03	
25.04	EXTRA HSKP	B	-370	HOUSEKEEPING	7.00	25.04	
25.05	EXTRA MAINT	B	-150	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.05	
25.06	OTHER EVENTS INCOME	B	1,365	ACTIVITIES-SNF	15.00	25.06	
25.07	APARTMENT ENHANCEMENT	B	-346	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.07	
25.08	MISC INCOME	B	-61,029	ADMINISTRATIVE & GENERAL	4.00	25.08	
25.09	CHANGES IN AR	A	-17,939	ADMINISTRATIVE & GENERAL	4.00	25.09	
25.10	LOBBYING PORTION OF DUES	A	-3,241	ADMINISTRATIVE & GENERAL	4.00	25.10	
25.11			0		0.00	25.11	
25.12			0		0.00	25.12	
25.13			0		0.00	25.13	
25.14			0		0.00	25.14	
25.15			0		0.00	25.15	
25.16			0		0.00	25.16	
25.17			0		0.00	25.17	
25.18			0		0.00	25.18	
25.19			0		0.00	25.19	
25.20			0		0.00	25.20	
25.21			0		0.00	25.21	
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-117,874			100.00	

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8

Date/Time Prepared:  
5/30/2019 1:15 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
	1.00	2.00	3.00	4.00	

B. Amount Received - if cost cannot be determined.



## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
5/30/2019 1:15 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	Home Office - Mgt Fees	1.00
2.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	Home Office - Bldg	2.00
3.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	Home Office Interest Inc	3.00
4.00		2.00	CAP REL COSTS - MOVEABLE EQUIPMENT	Home Office - Equipment	4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		478,272	549,901	-71,629	1.00
2.00		20,227	0	20,227	2.00
3.00		53,601	0	53,601	3.00
4.00		48,303	0	48,303	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.	600,403	549,901	50,502	10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME  
OFFICE COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
5/30/2019 1:15 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	HumanGood	100.00	1.00
2.00			0.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial)		0.00	100.00

specify:

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Related Organization(s) and/or Home Office		
Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	HumanGood	0.00	MGT/ACCTING	1.00
2.00		0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial)	0.00		100.00

specify:

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:

From 01/01/2018

To 12/31/2018

Worksheet B

Part I

Date/Time Prepared:

5/30/2019 1:15 pm

Cost Center Description		Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			BLDGS & FIXTURES	MOVEABLE EQUIPMENT			
		0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	192,027	192,027			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	739,232	739,232			2.00
3.00	00300	EMPLOYEE BENEFITS	1,007,607	0	1,007,607		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,146,367	181	101,232	1,248,476	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	979,513	577	61,961	1,044,272	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	131,108	356	7,588	140,424	6.00
7.00	00700	HOUSEKEEPING	235,206	0	50,858	286,064	7.00
8.00	00800	DIETARY	1,571,820	646	223,595	1,798,547	8.00
9.00	00900	NURSING ADMINISTRATION	134,955	0	37,437	172,392	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	10,455	0	2,900	13,355	12.00
13.00	01300	SOCIAL SERVICE	0	101	0	491	13.00
15.00	01500	ACTIVITIES-SNF	92,358	577	33,592	128,748	15.00
15.01	01501	TRANSPORT	71,792	0	0	71,792	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	292,156	0	0	292,156	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	1,018,587	5,949	22,902	1,265,021	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	5,486	0	0	5,486	40.00
41.00	04100	LABORATORY	5,806	0	0	5,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,509	0	0	6,509	43.00
44.00	04400	PHYSICAL THERAPY	61,651	0	0	61,651	44.00
45.00	04500	OCCUPATIONAL THERAPY	53,922	0	0	53,922	45.00
46.00	04600	SPEECH PATHOLOGY	2,048	0	0	2,048	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,933	0	0	3,933	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	34,480	20	77	34,577	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,797,018	8,407	32,365	736,746	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	13,774	157	606	14,537	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	488,767	0	0	554,801	95.00
95.01	09501	ASSISTED LIVING	971,138	74,039	285,022	1,535,026	95.01
95.02	09502	RESIDENTIAL	0	109,424	421,239	530,663	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	9,270,697	192,027	739,232	1,007,607	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet 8  
Part I  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,248,476				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	163,452	1,207,724			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	21,979	2,250	164,653		6.00
7.00	00700	HOUSEKEEPING	44,775	0	0	330,839	7.00
8.00	00800	DIETARY	281,513	4,077	0	1,053	8.00
9.00	00900	NURSING ADMINISTRATION	26,983	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	2,090	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	77	640	0	165	13.00
15.00	01500	ACTIVITIES-SNF	20,152	3,643	0	929	15.00
15.01	01501	TRANSPORT	11,237	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	45,729	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	198,004	37,565	30,000	9,684	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	134,653	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,019	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	9,650	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	8,440	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	321	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	616	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	126	0	41	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	836,037	48,301	164,653	11,872	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	2,275	994	0	248	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	86,839	0	0	0	95.00
95.01	09501	ASSISTED LIVING	240,265	467,502	0	39,231	95.01
95.02	09502	RESIDENTIAL	83,060	690,927	0	279,488	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,248,476	1,207,724	164,653	330,839	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:

Worksheet B

From 01/01/2018

Part I

To 12/31/2018

Date/Time Prepared:

5/30/2019 1:15 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	199,375				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	15,445		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	1,373	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	199,375	0	15,445	250	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	199,375	0	15,445	250	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	408	95.01
95.02	09502	RESIDENTIAL	0	0	0	715	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	199,375	0	15,445	1,373	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet 8  
Part I  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Stepdown Adjustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15.01	15.02				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
15.00	01500	ACTIVITIES-SNF						15.00
15.01	01501	TRANSPORT	83,029					15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	337,885				15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	15,128	61,564	2,222,245	0	2,222,245	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	134,653	0	134,653	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	5,486	0	5,486	40.00
41.00	04100	LABORATORY	0	0	5,806	0	5,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	7,528	0	7,528	43.00
44.00	04400	PHYSICAL THERAPY	0	0	71,301	0	71,301	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	62,362	0	62,362	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	2,369	0	2,369	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,549	0	4,549	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	34,744	0	34,744	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,128	61,564	2,551,043	0	2,551,043	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	18,054	0	18,054	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	641,640	0	641,640	95.00
95.01	09501	ASSISTED LIVING	24,662	100,363	3,063,404	0	3,063,404	95.01
95.02	09502	RESIDENTIAL	43,239	175,958	2,996,556	0	2,996,556	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	83,029	337,885	9,270,697	0	9,270,697	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			BLDGS & FIXTURES	MOVEABLE EQUIPMENT			
		0	1.00	2.00	2A	3.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	181	696	877	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	577	2,221	2,798	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	356	1,372	1,728	6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	646	2,486	3,132	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	101	390	491	13.00
15.00	01500	ACTIVITIES-SNF	0	577	2,221	2,798	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	5,949	22,902	28,851	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	20	77	97	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	8,407	32,365	40,772	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	157	606	763	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	74,039	285,022	359,061	95.01
95.02	09502	RESIDENTIAL	0	109,424	421,239	530,663	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	0	192,027	739,232	931,259	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	877				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	115	2,913			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	15	5	1,748		6.00
7.00	00700	HOUSEKEEPING	31	0	0	31	7.00
8.00	00800	DIETARY	199	10	0	0	8.00
9.00	00900	NURSING ADMINISTRATION	19	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	1	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	2	0	0	13.00
15.00	01500	ACTIVITIES-SNF	14	9	0	0	15.00
15.01	01501	TRANSPORT	8	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	32	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	139	91	318	1	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	1,430	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	7	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	6	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	587	117	1,748	1	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	2	2	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	61	0	0	0	95.00
95.01	09501	ASSISTED LIVING	169	1,128	0	4	95.01
95.02	09502	RESIDENTIAL	58	1,666	0	26	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments			0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	877	2,913	1,748	31	100.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		NURSING	CENTRAL	MEDICAL	SOCIAL SERVICE	OTHER GENERAL	
		ADMINISTRATION	SERVICES & SUPPLY	RECORDS & LIBRARY		SERVICE	
		9.00	10.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	19				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	1		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	493	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	2,821
15.01	01501	TRANSPORT	0	0	0	0	0
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	19	0	1	90	514
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF					
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	19	0	1	90	514
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0
95.01	09501	ASSISTED LIVING	0	0	0	146	838
95.02	09502	RESIDENTIAL	0	0	0	257	1,469
95.03	09503	WELLNESS	0	0	0	0	0
95.04	09504	OUTREACH	0	0	0	0	0
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	19	0	1	493	2,821

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Step-Down Adjustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15.01	15.02				
			15.01	15.02	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
15.00	01500	ACTIVITIES-SNF						15.00
15.01	01501	TRANSPORT	8					15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	32				15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1	6	30,611	0	30,611	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	1,430	0	1,430	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	1	0	1	43.00
44.00	04400	PHYSICAL THERAPY	0	0	7	0	7	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	6	0	6	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	97	0	97	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1	6	32,152	0	32,152	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	767	0	767	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	61	0	61	95.00
95.01	09501	ASSISTED LIVING	2	10	362,336	0	362,336	95.01
95.02	09502	RESIDENTIAL	5	16	535,943	0	535,943	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	8	32	931,259	0	931,259	100.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:

Worksheet B-1

From 01/01/2018

Date/Time Prepared:

To 12/31/2018

5/30/2019 1:15 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)				
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	106,161				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		106,161			2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,632,239			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	100	364,924	-1,248,476	7,976,352	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	319	223,357	0	1,044,272	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	197	27,353	0	140,424	6.00
7.00	00700	HOUSEKEEPING	0	183,334	0	286,064	7.00
8.00	00800	DIETARY	357	806,022	0	1,798,547	8.00
9.00	00900	NURSING ADMINISTRATION	0	134,955	0	172,392	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	10,455	0	13,355	12.00
13.00	01300	SOCIAL SERVICE	56	0	0	491	13.00
15.00	01500	ACTIVITIES-SNF	319	121,094	0	128,748	15.00
15.01	01501	TRANSPORT	0	0	0	71,792	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	292,156	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	3,289	3,289	784,344	1,265,021	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	-5,486	40.00
41.00	04100	LABORATORY	0	0	0	-5,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	6,509	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	61,651	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	53,922	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	2,048	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,933	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11	11	0	-34,577	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,648	4,648	2,655,838	-1,294,345	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	87	87	0	14,537	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	238,039	554,801	95.00
95.01	09501	ASSISTED LIVING	40,932	40,932	738,362	1,535,026	95.01
95.02	09502	RESIDENTIAL	60,494	60,494	0	530,663	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per wkst. B, Part I)	192,027	739,232	1,007,607	1,248,476	102.00
103.00		Unit cost multiplier (wkst. B, Part I)	1.808828	6.963310	0.277407	0.156522	103.00
104.00		Cost to be allocated (per wkst. B, Part II)			0	877	104.00
105.00		Unit cost multiplier (wkst. B, Part II)			0.000000	0.000110	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	105,742					5.00
6.00	00600 LAUNDRY & LINEN SERVICE	197	45,921				6.00
7.00	00700 HOUSEKEEPING	0	0	16,023			7.00
8.00	00800 DIETARY	357	0	51	129,079		8.00
9.00	00900 NURSING ADMINISTRATION	0	0	0	0	33,396	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300 SOCIAL SERVICE	56	0	8	0	0	13.00
15.00	01500 ACTIVITIES-SNF	319	0	45	0	0	15.00
15.01	01501 TRANSPORT	0	0	0	0	0	15.01
15.02	01502 RES SVCS & CAMPUS PROGRAM	0	0	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 SKILLED NURSING FACILITY	3,289	8,367	469	22,424	33,396	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	37,554	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	0	0	0	0	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	11	0	2	0	0	49.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0	0	0	0	0	60.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	4,229	45,921	575	22,424	33,396	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	87	0	12	0	0	91.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
95.01	09501 ASSISTED LIVING	40,932	0	1,900	37,783	0	95.01
95.02	09502 RESIDENTIAL	60,494	0	13,536	68,872	0	95.02
95.03	09503 WELLNESS	0	0	0	0	0	95.03
95.04	09504 OUTREACH	0	0	0	0	0	95.04
95.05	09505 SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per wkst. B, Part I)	1,207,724	164,653	330,839	2,085,190	199,375	102.00
103.00	Unit cost multiplier (wkst. B, Part I)	11.421422	3.585571	20.647756	16.154371	5.970026	103.00
104.00	Cost to be allocated (per wkst. B, Part II)	2,913	1,748	31	3,341	19	104.00
105.00	Unit cost multiplier (wkst. B, Part II)	0.027548	0.038065	0.001935	0.025883	0.000569	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet 8-1

Date/Time Prepared:  
5/30/2019 1:27 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (GROSS REVENUES)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
					ACTIVITIES-SNF (PATIENT DAYS)	TRANSPORT (PATIENT DAYS)	
		10.00	12.00	13.00	15.00	15.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0				10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	2,629,058			12.00
13.00	01300	SOCIAL SERVICE	0	0	8,367		13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	8,367	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	0	2,629,058	8,367	8,367	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	2,629,058	8,367	8,367	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	13,640	95.02
95.03	09503	WELLNESS	0	0	0	23,914	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per wkst. B, Part I)	0	15,445	1,373	153,472	102.00
103.00		Unit cost multiplier (wkst. B, Part I)	0.000000	0.005875	0.164097	18.342536	103.00
104.00		Cost to be allocated (per wkst. B, Part II)	0	1	493	2,821	104.00
105.00		Unit cost multiplier (wkst. B, Part II)	0.000000	0.000000	0.058922	0.337158	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet B-1  
Date/Time Prepared:  
5/30/2019 1:27 pm

Cost Center Description		OTHER GENERAL SERVICE		
		RES SVCS & CAMPUS PROGRAM		
		(PATIENT DAYS)		
		15.02		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	ACTIVITIES-SNF		15.00
15.01	01501	TRANSPORT		15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	45,921	15.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	8,367	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF	0	72.00
73.00	07300	CMHC	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
82.00	08200	UTILIZATION REVIEW - SNF		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,367	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	95.00
95.01	09501	ASSISTED LIVING	13,640	95.01
95.02	09502	RESIDENTIAL	23,914	95.02
95.03	09503	WELLNESS	0	95.03
95.04	09504	OUTREACH	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	95.05
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per wkst. B, Part I)	337,885	102.00
103.00		Unit cost multiplier (wkst. B, Part I)	7.357963	103.00
104.00		Cost to be allocated (per wkst. B, Part II)	32	104.00
105.00		Unit cost multiplier (wkst. B, Part II)	0.000697	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet C

Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000 RADIOLOGY	5,486	3,652	1.502191	40.00
41.00	04100 LABORATORY	5,806	3,812	1.523085	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	7,528	0	0.000000	43.00
44.00	04400 PHYSICAL THERAPY	71,301	115,031	0.619842	44.00
45.00	04500 OCCUPATIONAL THERAPY	62,362	105,470	0.591277	45.00
46.00	04600 SPEECH PATHOLOGY	2,369	3,955	0.598989	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,549	755	6.025166	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	34,744	33,472	1.038002	49.00
51.00	05100 SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0.000000	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000 CLINIC	0	0	0.000000	60.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0.000000	63.00
71.00	07100 AMBULANCE	0	0	0.000000	71.00
100.00	Total	194,145	266,147		100.00

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet D  
Part I  
Date/Time Prepared:  
5/30/2019 1:15 pm

Title XVIII (1)

Skilled Nursing  
Facility

PPS

Cost Center Description			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	1.502191	3,332	0	5,005	0	40.00
41.00	04100	LABORATORY	1.523085	3,683	0	5,610	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0.619842	84,332	0	52,273	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.591277	82,329	0	48,679	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.598989	3,763	0	2,254	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	6.025166	726	0	4,374	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.038002	29,128	0	30,235	0	49.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000	0	0	0	0	71.00
100.00		Total (Sum of lines 40 - 71)		207,293	0	148,430	0	100.00

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No.: 555616		Period: From 01/01/2018 To 12/31/2018		Worksheet D Parts II-III Date/Time Prepared: 5/30/2019 1:15 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00	Drugs charged to patients - ratio of cost to charges (From worksheet C, column 3, line 49)							1.038002	1.00
2.00	Program vaccine charges (From your records, or the PS&R)							0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to worksheet E, Part I, line 18)							0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	5,486	0	0.000000	5,005	0	40.00	
41.00	04100	LABORATORY	5,806	0	0.000000	5,610	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	7,528	0	0.000000	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	71,301	0	0.000000	52,273	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	62,362	0	0.000000	48,679	0	45.00	
46.00	04600	SPEECH PATHOLOGY	2,369	0	0.000000	2,254	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,549	0	0.000000	4,374	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	34,744	0	0.000000	30,235	0	49.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	52.00	
100.00	Total (Sum of lines 40 - 52)		194,145	0		148,430	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No.: 555616	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Parts I-II Date/Time Prepared: 5/30/2019 1:15 pm
	Title XVIII	Skilled Nursing Facility	PPS

1.00

**PART I CALCULATION OF INPATIENT ROUTINE COSTS****INPATIENT DAYS**

1.00	Inpatient days including private room days	8,367	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	761	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	2,222,245	5.00

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

6.00	General inpatient routine service charges	2,629,058	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.845263	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	2,629,058	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	314.22	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	2,222,245	15.00

**PROGRAM INPATIENT ROUTINE SERVICE COSTS**

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	265.60	16.00
17.00	Program routine service cost (Line 3 times line 16)	202,122	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	202,122	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	30,611	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	3.66	21.00
22.00	Program capital related cost (Line 3 times line 21)	2,785	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	199,337	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	199,337	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to worksheet E, Part II, line 4) (See instructions)		28.00

(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX

1.00

**PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH**

1.00	Total SNF inpatient days	8,367	1.00
2.00	Program inpatient days (see instructions)	761	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.090953	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet E  
Part I  
Date/Time Prepared:  
5/30/2019 1:15 pm

Title XVIII

Skilled Nursing  
Facility

PPS

1.00

**PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT**

1.00	Inpatient PPS amount (See Instructions)	467,074	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)	467,074	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	0	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	utilization review	0	10.00
11.00	Subtotal (See instructions)	467,074	11.00
12.00	Interim payments (See instructions)	457,733	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.99	Sequestration amount (see instructions)	9,341	14.99
15.00	Balance due provider/program (see Instructions)	0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

**PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY**

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet E-1

Date/Time Prepared:  
5/30/2019 1:15 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		457,733		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		457,733		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		457,733		0	7.00
		Contractor Name		Contractor Number		
		1.00		2.00		
8.00	Name of Contractor					8.00

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G

Date/Time Prepared:  
5/30/2019 1:15 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>Assets</b>					
<b>CURRENT ASSETS</b>					
1.00 Cash on hand and in banks	2,000	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	654,136	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-85,352	0	0	0	6.00
7.00 Inventory	19,137	0	0	0	7.00
8.00 Prepaid expenses	22,242	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	612,163	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	581,991	0	0	0	12.00
13.00 Land improvements	142,888	0	0	0	13.00
14.00 Less: Accumulated depreciation	-111,203	0	0	0	14.00
15.00 Buildings	2,871,160	0	0	0	15.00
16.00 Less Accumulated depreciation	-2,850,563	0	0	0	16.00
17.00 Leasehold improvements	8,523,319	0	0	0	17.00
18.00 Less: Accumulated Amortization	-4,772,033	0	0	0	18.00
19.00 Fixed equipment	1,151,894	0	0	0	19.00
20.00 Less: Accumulated depreciation	-785,469	0	0	0	20.00
21.00 Automobiles and trucks	37,751	0	0	0	21.00
22.00 Less: Accumulated depreciation	-21,518	0	0	0	22.00
23.00 Major movable equipment	438,763	0	0	0	23.00
24.00 Less: Accumulated depreciation	-225,097	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	326,141	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	5,308,024	0	0	0	28.00
<b>OTHER ASSETS</b>					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	5,920,187	0	0	0	34.00
<b>Liabilities and Fund Balances</b>					
<b>CURRENT LIABILITIES</b>					
35.00 Accounts payable	102,478	0	0	0	35.00
36.00 Salaries, wages, and fees payable	231,432	0	0	0	36.00
37.00 Payroll taxes payable	0	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	2,753,848	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	1,143,083	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,230,841	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	1,598,604	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	1,598,604	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	5,829,445	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	90,742	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	90,742	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	5,920,187	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-1

Date/Time Prepared:  
5/30/2019 1:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		0		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 31)		-251,568				2.00
3.00	Total (sum of line 1 and line 2)		-251,568		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00	PRIOR YEAR ADJUSTMENTS	342,310		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		342,310		0		10.00
11.00	Subtotal (line 3 plus line 10)		90,742		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		90,742		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00	PRIOR YEAR ADJUSTMENTS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
5/30/2019 1:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	2,629,058		2,629,058	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	6,307,618		6,307,618	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	8,936,676		8,936,676	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	266,147	0	266,147	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to worksheet G-3, Line 1)	9,202,823	0	9,202,823	14.00
Cost Center Description					
			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per worksheet A, Col. 3, Line 100)			9,388,571	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			9,388,571	15.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 555616

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-3

Date/Time Prepared:  
5/30/2019 1:15 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,202,823	1.00
2.00	Less: contractual allowances and discounts on patients accounts	260,658	2.00
3.00	Net patient revenues (Line 1 minus line 2)	8,942,165	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	9,388,571	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-446,406	5.00
	<b>Other income:</b>		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	194,838	24.00
25.00	Total other income (Sum of lines 6 - 24)	194,838	25.00
26.00	Total (Line 5 plus line 25)	-251,568	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-251,568	31.00



# Human Good - Windsor Manor

## W/S A-6 RECLASSIFICATIONS

4:37 PM	5/25/2019	DW
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Explanation	Code (A,B,C, etc.)	Increase			Decrease			W/P REF
		Line # (3)	Salary (4)	Other (5)	Line # (7)	Salary (8)	Other (9)	
Reclass Liability Insurance	A	4		52,318	1		52,318	E/L
Reclass Transport	B	15.01	51,634	20,158	15	51,634	20,158	I-2/E-8
Reclass Res Svcs & Campus Program	C	15.02	121,094	171,062	15	121,094	171,062	I-2/E-8
Reclass Activities Wages	D	15	708		30	708		I-2
Reclass Admin General Wages	E	4	658		30	658		I-2
Reclass Nursing Admin	F	9	134,955		30	134,955		I-2
Reclass Medical Records Wages	G	12	10,455		30	10,455		I-2
TOTALS			Increases: 319,504	243,538		Decreases: 319,504	243,538	

# **A-8-1 RELATED PARTY ADJUSTMENTS**

Part I: Costs incurred and aje's required as result of transactions w/ related parties:

Reminder: The cost report program will not allow amounts of zero (enter \$1).

LINE NO.	W/S A Line #	Expenses - Description	Amount Allowable	Amount in W/S A col 5	Net Adjustment	If applicable	
						W/P REF	Acct #
1.00	4	Home Office - Mgt Fees	\$ 478,272	\$ 549,901	\$ (71,629)	E/L & G-2	77590.70.00x
2.00	1	Home Office - Bldg	20,227	-	20,227	G-2	
3.00	1	Home Office Interest Inc	53,601	-	53,601	G-2	
4.00	2	Home Office - Equipment	48,303		48,303	G-2	
5.00					-		
6.00					-		
7.00					-		
8.00					-		
9.00					-		
TOTALS			\$ 600,403	\$ 549,901	\$ 50,502		

Part II: Type of related party.

If related party has financial interest in provider, enter % ownership in column 3.

If provider financial interest in related party, enter % ownership in column 5.

LINE NO.	Symbol (1)	Name of Related Party (2) and (4)	% of Ownership (3)	% of Ownership (5)	Type of Business (6)
1.00	B	HumanGood	100		MGT/ACCTING
2.00					
3.00					
4.00					

"G" LABEL

## SYMBOL CODES:

- A Individual has interest in related organization and provider
- B Corporation, partnership, etc. has interest in related organization and provider
- C Provider has interest in corporation, partnership, etc.
- D Key person of provider has interest in related organization
- E Individual is key person of both provider and related organization
- F Key person of related organization has financial interest in provider
- G Other

# Human Good - Windsor Manor

## W/S A-8 ADJUSTMENTS TO EXPENSES

12:40 PM

5/30/2019

DW

(\*) A= COST ADJUSTMENT, B= REVENUE OFFSET

LINE NO.	DESCRIPTION	ADJ BASIS (*)	ADJ AMOUNT	W/S A LINE NO.	ACCOUNT NUMBERS	W/P REF
1	INTEREST INCOME	B	(31,058)	1.0	48000.00.000	E/L
2	PURCHASE DISCOUNTS					
3	REFUNDS OF EXPENSES					
4	RENTAL OF FAC SPACE	B	(16,532)	2.0	47010.70.00X	E/L
5	TELEPHONE REVENUE					
6	TV EXPENSE	A	(17,260)	5.0	75890.45.000	E/L
7	PARKING LOT REVENUE					
9	HOME OFFICE COSTS					
10	SALE OF SCRAP					
12	W/S A-8-1 ADJ	####	50,502	various		
13	LAUNDRY REVENUE					
14	EMPLOYEE MEALS REV.	B	(4,359)	8.0	47002.40.000	E/L
15	COST OF GUEST MEALS	B	(18,215)	8.0	47001.40.000	E/L
16	SALE OF MED SUPPLIES					
17	SALE OF DRUGS					
18	SALE OF MED RECORDS					
19	VENDING MACHINES					
20	INC FROM INT CHGS					
21	INTEREST PAID TO M/C	A				
22	UTILIZATION REVIEW	A		82.0		
23	DEPRE-BLDGS	A				
24	DEPRE-MOV EQUIP	A				
	OTHER ADJUSTMENTS:					
25.00	Dining - Resident	B	32,518	8.0	47000.40.00X/47003.40.002	E/L
25.01	Catering Revenue	B	806	8.0	47004.40.000	E/L
25.04	Community Fee	B	(31,500)	4.0	47013.XX.000	E/L
25.05	Fac Rent - Van	B	(1,066)	2.0	47014.XX.XXX	E/L
25.06	Extra Hskp	B	(370)	7.0	47030.43.000/47030.43.002	E/L
25.08	Extra Maint	B	(150)	5.0	47030.45.000	E/L
25.10	Other Events Income	B	1,365	15.0	47040.42.000	E/L
25.11	Apartment Enhancement	B	(346)	5.0	47080.45.000	E/L
25.12	Misc Income	B	(61,029)	4.0	47098.70.00X	E/L
25.15	Changes in AR	A	(17,939)	4.0	7500X.70.XXX	E/L
25.18	Lobbying Portion of Dues	A	(3,241)	4.0	75120.70.000	E-7
25.22						
25.23						
25.24						

Total A-8: \$ (117,874)

without w/s A-8-1: \$ (168,376)



Annual Financial Reports

KATIE GUMKE

## Certify Report

**WINDSOR MANOR****OSHPD ID: 206190888****RPS Date:** 01/01/19 **RPE Date:** 12/31/19 (365 days) **Due Date:** 10/29/20 **Status:** Analyst Review**Status Date:** 10/29/20

Reports submitted to OSHPD must be certified by an employee before the report will be accepted. Choose one of the following options to certify this report. ?

Report has been successfully submitted. Confirmation No: 43-1101 

☐ Select another person to certify ?

☒ Upload a signed certification form ?

To upload a copy of the signed certification form click Browse and find the form on your computer or network, To complete the process click the Certify button.

Upload

Uploaded Form: **Windsor****Manor.pdf 10/29/20 8:56 AM**

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**HumanGood  
dba  
Windsor Manor**

**Long-Term Care Facility Integrated Disclosure and  
Medi-Cal Cost Report  
(A Compilation)**

**For the Year Ended December 31, 2019**



HANSEN HUNTER & CO. P.C.  
*Certified Public Accountants*

## **TABLE OF CONTENTS**

- **Independent Accountants' Compilation Report**
- **Long-Term Care Facility Integrated Disclosure  
and Medi-Cal Cost Report**



HANSEN HUNTER & CO. P.C.



## Independent Accountants' Compilation Report

To Management  
HumanGood  
dba Windsor Manor  
Pleasanton, California

Management is responsible for the accompanying Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents of HumanGood, dba Windsor Manor, for the year ended December 31, 2019 in accordance with the requirements of the State of California Department of Health Care Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### Basis of Accounting

The Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents are prepared in accordance with the requirements of the Office of Statewide Health Planning and Development, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the State of California Department of Health Care Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen Hunter & Co. P.C.*

October 29, 2020

1. Legal Name of Facility HUMANGOOD SOCAL  
2. State License Number 970000052  
3. Medi-Cal Provider No. 1972588846  
4. D.B.A. (Do Business As) WINDSOR MANOR  
5. Facility Business Phone (818)244-7219  
6. Facility Street Address 1230 W WINDSOR ROAD  
7. City GLENDALE  
8. Zip Code 912050000  
9. Mailing Address 6120 STONERIDGE MALL RD 1ST FL  
10. City PLEASANTON  
11. Zip Code 945880000  
12. Administrator YVETTE DUARTE  
13. Report Contact Person ANDY MCDONALD  
14. Contact Phone (925)924-7100 EXT  
15. Mailing Address 6120 STONERIDGE MALL RD 1ST FL  
16. City PLEASANTON  
17. State CA  
18. Zip Code 945880000  
19. Prev. Name of Facility  
20. Date of Change / /  
21. Prev. State License No.  
22. Date of Change / /  
23. Prev. Medi-Cal No.  
24. Date of Change / /  
25. Reporting Period Began 01/01/2019

26. Reporting Period End 12/31/2019

97. Software Vendor HFS

CERTIFICATION

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-----  
The certification and mailing instructions are NOT printed to avoid confusion.

NO COMPUTER PRINTED REPORTS MAY BE SUBMITTED TO OSHPD.

ONLY COMPUTER PREPARED DISKETTES MAY BE SUBMITTED TO OSHPD.  
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	(1)		(2)	(3)
License Category (Check Only One)	(X)	Third Party Payor Programs (Complete All That Apply)	Date Certified	(X)
01 Skilled Nursing Facility		Medicare	11/21/94	X
02 Intermediate Care Facility		Medi-Cal/SNF	11/01/80	X
03 SNF/Residential	X	Medi-Cal/ICF	/ /	
04 ICF/Residential		Medi-Cal/MD	/ /	
05 Congregate Living Hlth Fac		Medi-Cal/DD	/ /	
06		Short-Doyle	/ /	
07		VA		
08		Champus		
09				
Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)
10 Church Related		Corporation		
11 Not-for-Profit	X	Division of a Corporation		X
12 Investor Owned		Partnership		
13 Governmental:		Proprietorship		
14 State		Other (Specify)		
15 County				
16 City/County				
17 City				
18 District				

Describe any items which management believes may have a significant effect on the data in this report:

25  
26  
27  
28  
29  
30

Health Services	Code
	(1)
01 Pharmacy	3
02 Patient supplies	2
03 Laboratory	3
04 Radiology	3
05 Physical therapy	3
06 Inhalation therapy	5
07 Speech therapy	3
08 Occupational therapy	3
09 Audiology	4
10 Prosthetic devices	4
11 Social services	1
12 Physician care	5
13 Dental care	4
14 Podiatric care	4
15 Chiropractic care	5
16 Optometric care	4
17 Psychiatric care	5
18 Recreation/Activity	1
19 Alcoholism/Substance Abuse Treatment and Recovery	5
20 Home Health	5
21 Hospice	4
22 Long-term Rehabilitation	5
23 Patient Education	5
24 Adult Day Health Care	5
25	
26	
27	

CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1. Service maintained in facility and staffed by facility personnel. Related expenses reported on page 10.1, columns 1, 2 and 3.
2. Service maintained in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on page 10.1, column 3.
3. Service not maintained in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on page 10.1, column 3.
4. Service not maintained in facility but available from an outside provider under contract arrangement whereby patient or third party payors are billed directly by the outside provider.
5. Service not maintained in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.
6. Service maintained, but not used during reporting cycle.

The purpose of this schedule is to identify the facility's transactions during the current reporting period with related persons or organization related by common ownership or control as defined in Title 42 of Federal Regulations (CFR), Section 413.17. For an explanation of related party control, see the instructions for this form.

A. Are there any costs or revenues included in the Statement of Income for the current period which are a result of transactions with related persons or organizations as defined in the instructions?(Exclude compensation of owners and their relatives reported in G).

005 ☒ Yes (If "Yes", complete Item A1) ☐ No

A1. List below those transactions referred to in A.

RELATED PARTY TRANSACTIONS - STATEMENT OF INCOME

(1) Account Title	(2) Related Party	(3) Service or Supply MANAGEMENT SERVICES	(4) Transaction Amount
010 ADMINISTRATION	HUMANGOOD		609,843
012			
013			
014			

B. Are there any assets or liabilities which are included in the Balance Sheet for the current period which are a result of transactions with related persons or organizations as defined in the instructions for this form.

035 ☒ Yes (If "Yes", complete Item B1) ☐ No

B1. List below those transactions referred to in B.

RELATED PARTY TRANSACTIONS - BALANCE SHEET

(1) Account Title	(2) Related Party	(3) Transaction Amount
040 PAYABLE TO REL PARTY	HUMANGOOD	-3,034,188
041		
042		
043		
044		

C. Is the facility part of an organization with two or more health facilities under common ownership or control, as defined in the instructions for this form?

060 ☒ Yes (If "Yes", complete Items D and F) ☐ No (If "no" proceed to Item H)

D. Is this facility a:

065 ☐ Parent ☐ Subsidiary ☒ Division ☐ Other (If subsidiary or division, complete item E)

E. Name and address of parent organization:

070 Name: HUMANGOOD

075 Address: 6120 STONERIDGE MALL RD 1ST FL

076 City: PLEASANTON 077 State: CA 078 Zip: 94588

F. NAME, ADDRESS, AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

(1) Name	(2) Address	(3) % of Ownership
080 11 OTHER CALIFORNIA FACILITIES	CALIFORNIA	100
081		000
082		000
083		000
084		000
085		000
086		000
087		000
088		000
089		000

G. STATEMENT OF COMPENSATION FOR OWNERS AND THEIR RELATIVES\*

(1)	(2)	(3)	(4)	(5)
Name	Title and Function	% of Ownership Interest	Average Hours per Week Devoted to Business	Compensation** Included in Costs for This Period
100				
101				
102				
103				

\* Owner means any individual having a 5% or more equity interest, direct or indirect, in the entity licensed as a health facility as defined in 42 CRF 455.101 and 455.102. An owner's relatives are defined as: spouse, son, daughter, grandchild, great-grandchild, stepchild, brother, sister, half-brother, half-sister, stepbrother, stepsister, parent, grandparent, great-grandparent, stepmother, stepfather, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law.

\*\*Compensation as used in this schedule has the same definition as in 42 CFR 413.102 and refers to cash, personal benefits, cost of assets or services used, deferred compensation, or other consideration, including non-monetary, given in exchange for services provided to the organization.

H. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

140	145
141	146
142	147
143	148
144	149

I. GOVERNING BOARD OFFICERS AND MEMBERS

(1)	(2)	(3)
Name	Occupation	Compensation*
160 RANDAL STAMPER, J.D	CHAIR	
161 DECLAN BROWN	SECRETARY	
162 ALBERT W. KELLY	VICE CHAIR	
163 4 OTHERS	MEMBERS	
164		
165		

\*Amount received from all sources for services rendered as a board member.

J. STATEMENT OF COMPENSATION PAID TO ADMINISTRATORS AND/OR ASSISTANT ADMINISTRATORS(OTHER THAN OWNERS)

(1)	(2)	(3)	(4)	(5)
Name	Title and Duties Performed	Average Hours per Week Devoted to Business	Compensation This Period	Compensation Prior Period
180 LEIF CAMERON	ADMINISTRATOR	40	110854	107592
181 YVETTE DUARTE	ADMINISTRATOR	40	34231	
182				

K. Does the facility use a Management Company?

185 ☐ Yes (If "Yes", provide the following information) ☒ No (If "No", proceed to M)

195 Name:  
200 Address:  
205 City: 215 State: 220 Zip:  
221 Telephone No: ( ) -

NAMES OF MANAGEMENT COMPANY OWNERS HAVING MORE THAN 5% EQUITY INTEREST

222	226
223	227
224	228
225	229

M. Are Financial Statements available for the reporting period?  
325 ☒ Yes (If "Yes", please enclose a copy) ☐ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?  
335 ☐ Yes ☒ No  
(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

0. STATEMENT OF HOME OFFICE (PARENT) COSTS			
(1)	(2)	(3)	(4)
Account Description	Account Number	Amount	Explanation of Allocations
Interim Period Home Office Cost Allocations			
340 INTERIM ALLOCATION	6900	609,843	TO ALLOCATE HOME OFFICE COSTS
341			
342			
343 SUBTOTAL-INTERIM PERIOD (sum of lines 340 through 342)		609,843	
Year End Home Office Cost Allocations			
344 ADDITIONAL ALLOCATION	6900	56,329	TO ALLOCATE HOME OFFICE COSTS
345			
346			
347 SUBTOTAL-YEAR END (sum of lines 344 through 346)		56,329	
348 TOTAL HOME OFFICE COST ALLOCATIONS(line 343 plus line 347)		666,172	
Home Office Equity Allocations			
ASSET			
349			
350			
LIABILITY			
351			
352			
353 TOTAL EQUITY ALLOCATIONS (sum of lines 349 through 352)			

P. Were any assets disposed of during the reporting period?  
355 ☐ Yes ☒ No  
If "Yes", attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360 ☐ Yes ☒ No  
If "Yes" and through a savings and loan association, include the name and address on lines 365 through 369 below  
If "Yes", and through a standard trust system, complete lines 370 and 375)  
365 Name:  
366 Address:  
367 City: 368 State: 369 Zip:

PATIENT TRUST ACTIVITY ACCOUNT

370	Balance of Trust Account at beginning of the reporting period	.....
371	Total deposits to the Trust Account during the reporting period,	.....
372	Interest Added/Earned	.....
373	Total Deposits and Interest (Sum of lines 371 and 372)	.....
374	Total Trust Account expenditures	.....
375	Balance of Trust Account at end of the reporting period (Line (370 + 373) - 374)	.....

PATIENT DAYS	Account Number	(1) Medi care	(2) Medi -Cal	(3) Sel f-Pay	(4) Managed Care	(5) Other Payers	(6) Total (Col s. 1-5)
Routine Services:							
005 Skilled Nursing Care	3100	779	1,347	3,973	1,524	154	7,777
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400						
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		779	1,347	3,973	1,524	154	7,777

GROSS REVENUE TITLE	Account Number	(1)	(2)	(3)	(4)	(5)	(6)
		Inpatient .04	Medicare Outpatient .44	Inpatient .05	Medi-Cal Outpatient .45	Inpatient .00	Self-Pay Outpatient .40
Routine Services:							
005 Skilled Nursing Care	3100	231,043		399,506		1,178,350	
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400						
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		231,043		399,506		1,178,350	
Ancillary Services:							
105 Patient Supplies	4100	2,083					
110 Specialized Support Surfaces	4150						
115 Physical Therapy	4200	87,200					
120 Respiratory Therapy	4220						
125 Occupational Therapy	4250	86,462					
130 Speech Therapy	4280	8,234					
135 Pharmacy	4300	26,241					
140 Laboratory	4400	3,965					
145 Home Health Services	4800						
155 Other Ancillary Services	4900	1,925					
170 Subtotal (lines 105 through 155)		216,110					
175 Total (lines 70 and 170)		447,153		399,506		1,178,350	

ACCOUNT TITLE	Account Number	(1) Deductions From Revenue
205 Charity Adjustments	5100	
210 Administrative Adjustments	5200	
215 Contractual Adjustments - Medicare	5310	-75,421
220 Contractual Adjustments - Medi-Cal	5320	77,217
222 Contractual Adjustments - Managed Care	5320	-51,369
225 Contractual Adjustments - Other	5340	10,974
230 Other Deductions from Revenue	5400	
240 Total (lines 205 through 230)		-38,599

ACCOUNT TITLE	Account Number	(7) Managed Care Inpatient .01	(8) Care Outpatient .41	(9) Other Inpatient .09	(10) Outpatient .49	(11) Total Inpatient (cs. 1, 3, 4, 7, 9)	(12) Total Outpatient (cs. 2, 4, 6, 8, 10)
Routine Services:							
005 Skilled Nursing Care	3100	452,002		45,675		2,306,576	
010 Intermediate Care	3200						
015 Mentally Disordered Care	3300						
020 Developmentally Disabled Care	3400						
025 Sub-Acute Care	3500						
030 Sub-Acute Care - Pediatric	3600						
035 Transitional Inpatient Care	3700						
040 Hospice Inpatient Care	3800						
045 Other Routine Services	3900						
070 Subtotal (lines 5 through 45)		452,002		45,675		2,306,576	
Ancillary Services:							
105 Patient Supplies	4100	613				2,696	
110 Specialized Support Surfaces	4150						
115 Physical Therapy	4200	24,520		8,721		120,441	
120 Respiratory Therapy	4220						
125 Occupational Therapy	4250	25,292				111,754	
130 Speech Therapy	4280	772				9,006	
135 Pharmacy	4300	9,948		1,321		37,510	
140 Laboratory	4400	1,357				5,322	
145 Home Health Services	4800						
155 Other Ancillary Services	4900	1,652				3,577	
170 Subtotal (lines 105 through 155)		64,154		10,042		290,306	
175 Total (lines 70 and 170)		516,156		55,717		2,596,882	



## OTHER CENSUS INFORMATION

	Number (1)
Licensed Beds:	
005 End of Period	28
010 Average (Monthly average)	28
Available Beds:	
020 End of Period	28
025 Average (Monthly average)	28
040 Admissions (Excluding transfers)	61
045 Discharges (Excluding transfers)	55
060 Occupancy Rate(Page 4.1, line 70, column 1 / (Line 010 x days in reporting	76.10%

## PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS

	Total (1)	Medi-Cal (2)
100 Sub-Acute Care (Ventilator-Dependent)		
115 Other Sub-Acute Care		
120 Total Sub-Acute Care Patient Days (Sum of Ls. 100 & 115)		
130 Sub-Acute Care - Pediatric (Ventilator-Dependent)		
145 Other Sub-Acute Care - Pediatric		
150 Total Sub-Acute Care Pediatric Patient Days (Sum of Ls 130 and 145)		
165 Transitional Inpatient Care - Medical		
170 Transitional Inpatient Care - Rehabilitation		
175 Total Transitional Inpatient Care Patient Days (Sum of lines 165 and 170)		

## FOR MEDI-CAL PROVIDERS, ONLY

## RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY

	Amount (1)
200 Total Billed Charges-Medi-Cal (Net of contractual adjustments)	
205 Less: Patient Liability	
210 Third Party and Other Liability	
215 Noncovered Charges	
240 Other	
250 Net Medi-Cal Received/Receivable from Fiscal Intermediary (combine lines 200 through 240)	

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

		(1) Current Reporting Period	(2) Prior Reporting Period	Medi-Cal (3)* Adjustments And Reclassification	Proprietary (4)** Adjusted Current Balance Period	Facilities, Only (5) Adjusted Balance Prior Period
ASSETS	Account No.					
CURRENT ASSETS						
005 Cash	1000	2,000	2,000		2,000	2,000
010 Marketable securities, at cost	1010					
015 Assets whose use is limited - required for current liabilities (must agree with line 85)						
020 Accounts and notes receivable	1020	799,294	654,136		799,294	654,136
025 Less estimated allowances for uncollectables and contractual adjustments	1040	-251,297	-85,352		-251,297	-85,352
030 Receivables from third party payors for contract settlement	1050					
035 Pledges and other receivables	1060					
040 Due from restricted funds	1070					
045 Inventories at lower of cost or market	1080	19,137	19,137		19,137	19,137
050 Receivables from related parties, current	1090					
055 Prepaid expenses and other current assets	1100	46,830	22,242		46,830	22,242
060 TOTAL CURRENT ASSETS (Sum of Lines 005 thru 055)		615,964	612,163		615,964	612,163
ASSETS WHOSE USE IS LIMITED						
065 Cash	1160					
070 Marketable securities	1170					
075 Other Assets	1180					
080 TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 065 thru 075)						
085 Less assets whose use is limited and that are required for current liabilities						
090 TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 080 less line 085)						
PROPERTY, PLANT, AND EQUIPMENT						
095 Land	1200	581,991	581,991		581,991	581,991
100 Land improvements	1210	132,012	142,888		132,012	142,888
105 Buildings and improvements	1220	10,609,412	11,014,138		10,609,412	11,014,138
110 Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,392,201	-7,705,228		-7,392,201	-7,705,228
115 Leasehold improvements	1230					
120 Less accumulated depreciation - leasehold improvements	1280					
125 Equipment	1240	2,462,699	2,008,749		2,462,699	2,008,749
130 Less accumulated depreciation-equipment	1290	-1,256,024	-1,060,655		-1,256,024	-1,060,655
135 NET PROPERTY, PLANT AND EQUIPMENT(Sum Ls. 095-130)		5,137,889	4,981,883		5,137,889	4,981,883
140 Construction in progress	1250	302,469	326,141		302,469	326,141
INVESTMENTS AND OTHER ASSETS						
145 Investments in property, plant and equipment	1310					
150 Less accumulated depreciation - Investments in property, plant and equipment	1320					
155 Other investments, at cost	1330					
160 Receivables from related parties, noncurrent	1340					
165 Deposits and other assets	1350					
170 TOTAL INVESTMENT AND OTHER ASSETS(Sum Ls. 145-165)						
INTANGIBLE ASSETS						
175 Goodwill	1360					
180 Unamortized loan costs	1370					
185 Organizational costs	1380					
190 Other intangible assets	1390					
195 TOTAL INTANGIBLE ASSETS (Sum of Lines 175-190)						
200 TOTAL ASSETS (Sum of lines 060, 090, 135, 140, 170 and 195) (Must agree with Page 5.2, Line 185)		6,056,322	5,920,187		6,056,322	5,920,187
OTHER INFORMATION					(1) Current Period	(2) Prior Period
205 Current market value-current asset marketable securities (Line 10)						
210 Current market value-other investments (Line 155)						
215 Cost to complete construction in progress (Line 140)					302,469	326,141

\* From Page 5.4

\*\* Combine Columns 1 and 3

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

		(1)	(2)	Medi-Cal	Proprietary Facilities,	Only
		Current	Prior	(3)*	(4)**	(5)
		Reporting	Reporting	Adjustments	Adjusted Balance	Adjusted
		Period	Period	And	Current	Balance
				Reclassification	Period	Prior
						Period
LIABILITIES AND EQUITY		Account				
CURRENT LIABILITIES		No.				
005	Notes and loans payable	2000				
010	Accounts payable	2010	99,780	102,478	99,780	102,478
015	Accrued compensation and related liabilities	2020	190,274	179,713	190,274	179,713
020	Other accrued liabilities	2030		55,770		55,770
025	Advance from third party payors	2040				
030	Payable to third party payors for contract settlement	2050				
035	Due to restricted funds	2060				
040	Income taxes payable	2070				
045	Payables to related parties, current	2080	3,034,188	1,136,626	3,034,188	1,136,626
050	Current maturities of long term debt(Must agree with line 125)		28,480	4,379	28,480	4,379
055	Other current liabilities	2090	15,900	6	15,900	6
060	TOTAL CURRENT LIABILITIES(Sum Ls. 005 thru 055)		3,368,622	1,478,972	3,368,622	1,478,972
DEFERRED CREDITS						
065	Deferred income taxes	2110				
070	Deferred third party income	2120				
075	Other deferred credits	2130	2,433,849	2,756,248	2,433,849	2,756,248
080	TOTAL DEFERRED CREDITS(Sum Ls. 065 thru 075)		2,433,849	2,756,248	2,433,849	2,756,248
LONG TERM DEBT						
085	Mortgages payable	2210				
090	Construction loans	2220				
095	Notes under revolving credit	2230				
100	Capitalized lease obligations	2240				
105	Bonds payable	2250	1,591,043	1,598,604	1,591,043	1,598,604
110	Payables to related parties, noncurrent	2260				
115	Other noncurrent liabilities	2270				
120	TOTAL LONG-TERM DEBT (Sum of lines 85-115) (Must include current maturities)		1,591,043	1,598,604	1,591,043	1,598,604
125	Less amount shown as current maturities(Must = L. 50)		-28,480	-4,379	-28,480	-4,379
130	NET LONG TERM DEBT (Line 120 minus 125)		1,562,563	1,594,225	1,562,563	1,594,225
135	TOTAL LIABILITIES (Sum Ls. 060,080 & 130)		7,365,034	5,829,445	7,365,034	5,829,445
FUND EQUITY (not-for-profit)						
140	General fund balance	2410-2430				
145	Divisional fund balance	2460	-1,308,712	90,742	-1,308,712	90,742
EQUITY (investor-owned)						
150	Preferred stock	2410				
155	Common stock	2420				
160	Additional paid-in capital	2430				
165	Retained earnings/capital account for partnership or sole proprietorship)	2440/2410				
170	Less treasury stock	2450				
175	Divisional equity	2460				
180	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col 5, line 32)		-1,308,712	90,742	-1,308,712	90,742
185	TOTAL LIABILITIES AND EQUITY(Sum Ls. 135 and 180) (Must agree with Page 5.1, line 200)		6,056,322	5,920,187	6,056,322	5,920,187

\* From Page 5.4

\*\* Combine Columns 1 and 3

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

(1) Detail for Page 5.2 C1 Line No.	(2) Date Obligation Incurred (Year Only)	(3) Principal Amount at Date of Obligation	(4) Due Date(*) (Year Only)	(5) Interest Rate (*)	(6) Unpaid Principal (**)
01 105	2019	1,591,043	2044	4.00	1,591,043
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

(\*)If more than one due date or interest rate, list each with unpaid principal amount. Report rates to two decimal places.

(\*\*)Sum of all lines must agree with Page 5.2, Column 1, Line 120.

DATE PREPARED: 10/26/2020

ADJUSTMENTS AND RECLASSIFICATIONS  
BALANCE SHEET FOR COMPUTATION OF RETURN ON  
EQUITY CAPITAL  
(Medi-Cal Providers Only)

REPORT 5.4 OSHPD FACILITY NO: 206190888

Facility D.B.A. Name: WINDSOR MANOR  
(1)

Report Period: 01/01/2019 To 12/31/2019

	(2) Page 5.1 & Page 5.2 Line Nos.	(3) AMOUNT Increase (Decrease)	(4) EXPLANATION OF ADJUSTMENT
01	DESCRIPTION		
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
50	TOTAL (Combine Ls. 1 thru 30)		

## GENERAL FUND

## EXTERNALLY RESTRICTED FUNDS

	(1) Total Equity	(2) Plant Replacement And Expansion	(3) Specific Purpose (A)	(4) Endowment
BALANCE AT BEGINNING OF YEAR,				
01 -AS PREVIOUSLY REPORTED	90,742			
02 Prior period audit adjustments				
03				
04				
05				
06				
07 RESTATED BEGINNING BALANCE (Combine Ls. 1-6)*	90,742			
Additions(deductions):				
08 Net income(loss)	-1,399,454			
09 Capital contributions				
10 Proceeds from sale of stock				
11 Owners draw				
12 Restricted contributions and grants				
13 Restricted investment income				
14 Expenditures for specific purposes				
15 Dividends paid				
16 Donated property, plant & equipment				
17 Acquisitions of Pooled companies				
18 Stock options exercised				
19 Related party transfers				
20 Unrealized losses on marketable securities				
21				
22				
23 TOTAL ADDITIONS (DEDUCTIONS) (Combine Ls. 8-22)	-1,399,454			
Transfers:				
25 Property and equipment additions				
26 Principal payments on long-term debt				
27				
28				
29				
30				
31 TOTAL TRANSFERS (Combine Ls. 25-30)				
32 BALANCE AT END OF YEAR (Ls. 7, 23 & 31)**	-1,308,712			

\*Column 1, Line 7 must agree with Page 5.2, Column 2, Line 180.

Column 2, Line 7 must be equal to Page 6, Column 4, Line 45.

Column 3, Line 7 must agree with Page 6, Column 4, Line 145.

Column 4, Line 7 must agree with Page 6, Column 4, Line 245.

\*\*Column 1, Line 32 must agree with Page 5.2, Column 1, Line 180.

Column 2, Line 32 must agree with Page 6, Column 3, Line 45.

Column 3, Line 32 must agree with Page 6, Column 3, Line 145.

Column 4, Line 32 must agree with Page 6, Column 3, Line 245.

(A) District Facilities - Include Bone Interest and Redemption.

Description	Account No.	(1) Current Period	(2) Prior Period
HEALTH CARE REVENUES:			
005 Gross Routine Services Net Revenue	P. 4. 2 Col. 11 Ln. 70	2,306,576	2,629,058
007 Gross Ancillary Services Net Revenue	P. 4. 2 C. 10+12 L. 170	290,306	266,152
010 Less: Deductions from Revenue	P. 4. 2 Col. 1 Ln. 240	-38,599	241,422
015 NET PATIENT SERVICE REVENUE	Lines 5 + 7 - 10	2,635,481	2,653,788
020 Other Operating Rev from Health Care Operations	From 10.2, line 100		44,932
025 NET OPERATING REVENUE FROM HLTH CARE OPER	Lines 15 + 20	2,635,481	2,698,720
HEALTH CARE EXPENSES:			
Routine Services:			
030 Skilled Nursing Care	6110	1,524,573	1,330,734
035 Intermediate Care	6120		
040 Mentally Disordered Care	6130		
045 Developmentally Disabled Care	6140		
050 Sub-Acute Care	6150		
051 Sub-Acute Care - Pediatric	6160		
053 Transitional Inpatient Care	6170		
055 Hospice Inpatient Care	6180		
060 Other Routine Services	6190		
065 Total Routine Services	Lines 030 thru 060	1,524,573	1,330,734
Ancillary Services:			
070 Patient Supplies	8100	3,872	3,584
072 Specialized Support Services	8150		
075 Physical Therapy	8200	66,367	61,651
076 Respiratory Therapy	8220		
077 Occupational Therapy	8250	57,182	53,922
078 Speech Therapy	8280	5,159	2,048
080 Pharmacy	8300	49,653	34,480
085 Laboratory	8400	5,847	5,806
090 Home Health Services	8800		
095 Other Ancillary Services	8900	19,790	25,769
100 Total Ancillary Services	Lines 070 thru 095	207,870	187,260
Support Services:			
105 Plant Operations and Maintenance	6200	78,247	72,751
110 Housekeeping	6300	21,290	19,181
115 Laundry and Linen	6400	58,303	52,586
120 Dietary	6500	478,891	435,449
125 Social Services	6600	65,161	63,482
130 Activities	6700	137,966	114,745
135 Inservice Education - Nursing	6800	82,382	
140 Administration	6900	705,985	493,568
145 Total Support Services	Lines 105 thru 140	1,628,225	1,251,762
Property expenses:			
155 Depreciation and Amortization	7110 thru 7160	52,177	47,652
160 Leases and Rentals	7200	4,866	3,359
165 Property Taxes	7300	694	890
170 Property Insurance	7400	3,115	2,329
175 Interest - Property, Plant and Equipment	7500	6,341	7,733
180 Total Property Expenses	Lines 155 thru 175	67,193	61,963
Other expenses:			
185 Interest - Other	7600		
190 Provision for Bad Debts	7700	210,873	17,939
195 Total Other Expenses	Lines 185 and 190	210,873	17,939
200 TOTAL HEALTH CARE EXPENSES	Sum of Lines 065,	3,638,734	2,849,658
205 INCOME(LOSS) FROM HEALTH CARE OPERATIONS	Line 025 less 200	-1,003,253	-150,938
210 NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	-396,201	-100,630
215 INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-1,399,454	-251,568
PROVISION FOR INCOME TAXES:			
220 Current	9200		
225 Deferred	9200		
230 Total Income Taxes	Lines 220 + 225		
235 INCOME(LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 less 230	-1,399,454	-251,568
EXTRAORDINARY ITEMS: (Describe)			
240	9300		
245	9300		
250 Total Extraordinary Items	Lines 240 + 245		
255 NET INCOME(LOSS)	Lines 235 less 250	-1,399,454	-251,568

CHARITY CARE FOOTNOTE

260 Forgone Charges at Established Rates  
265 Total Number of Charity Days

\*Check this block if line 210 contains Residential Revenues and Expenses. [X]

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019  
(1) (2)  
Current Period Prior Period

## CASH FLOWS FROM OPERATING ACTIVITIES AND NONOPERATING REVENUE:

005	Net Income(loss) (Must agree with Page 8, Line 255)	-1,399,454	-251,568
	Adjustments to reconcile net income to net each provided by (used for) operating activities and nonoperating revenue:		
010	Depreciation and amortization	771,220	704,340
015	Change in marketable securities		2,580,589
020	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	20,787	-115,600
025	Change in receivables from third-party payors		
030	Change in other receivables		11,747
035	Change in due from restricted funds		
040	Change in inventory, prepaid expenses and other current assets	-24,588	77,917
045	Change in accounts payable	-2,698	-169,038
050	Change in accrued compensation and related liabilities	10,561	-50,510
055	Change in other accrued liabilities	-55,770	55,770
060	Change in advances from third-party payors		
065	Change in payables to third-party payors		
070	Change in due to restricted funds		
075	Change in income taxes payable and other current liabilities	15,894	-1,504,750
080	Change in deferred credits	-322,399	1,598,080
085	Change in related party receivables/payables (related to operating activities)	1,897,562	1,136,626
090			
095	Total Adjustments (Sum of lines 10 thru 90)	2,310,569	4,325,171
100	Net Cash provided by (used for) operating activities (Sum of lines 5 and 95)	911,115	4,073,603
	CASH FLOWS FROM INVESTING ACTIVITIES:		
105	Change in assets whose use is limited		143,826
110	Purchase of property, plant and equip and increase in const in progress	-903,553	-791,530
115	INVESTMENTS AND OTHER ASSETS		197,779
120	ROUNDING	-1	
125			
130			
135			
140	Net cash provided by (used for) investing activities (Sum of lines 105 and 135)	-903,554	-449,925
	CASH FLOWS FROM FINANCING ACTIVITIES:		
145	Proceeds from issuance of long-term debt		
150	Principal payments on long-term debt	-7,561	-3,623,678
155	Proceeds from issuance of notes and loans		
160	Principal payments on notes and loans		
165	Dividends paid		
170	Proceeds from issuance of common stock		
175			
180			
185			
190			
195			
200	Net cash provided by (used for) financing activities (sum of lines 145 through 195)	-7,561	-3,623,678
205	Net Increase (decrease) in cash (lines 100 + 140 + 200)		
210	Cash at beginning of period (column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	2,000	2,000
215	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	2,000	2,000



ACCOUNT TITLE	Account Number	(1) Salaries and Wages*	(2) Employee Benefits	(3) Other Expenses	(4) Total Expenses (Sum Cs. 1, 2, 3)
005 Plant Operations and Maintenance	6200	216,401	103,723	836,448	1,156,572
010 Housekeeping	6300	183,049	86,544	45,094	314,687
015 Depreciation: Bldgs and Improvements	7110-20			480,010	480,010
020 Depreciation: Leasehold Improvements	7130				
025 Depreciation: Equipment	7140			288,934	288,934
030 Other Depreciation and Amortization	7150-60			2,276	2,276
035 Lease and Rentals	7200			71,920	71,920
040 Property Taxes	7300			10,260	10,260
045 Property Insurance	7400			46,042	46,042
050 Interest-Prop, Plant, Equip and Mortg	7500			93,723	93,723
055 Interest-Other	7600				
060 Laundry and Linen	6400	29,290	12,864	106,981	149,135
065 Dietary	6500	827,389	357,273	751,559	1,936,221
070 Provision for Bad Debts	7700			210,873	210,873
Ancillary Services:					
075 Patient Supplies	8100			3,872	3,872
077 Specialized Support Surfaces	8150				
080 Physical Therapy	8200			66,367	66,367
081 Respiratory Therapy	8220				
082 Occupational Therapy	8250			57,182	57,182
083 Speech Therapy	8280			5,159	5,159
085 Pharmacy	8300			49,653	49,653
090 Laboratory	8400			5,847	5,847
095 Home Health Services	8800				
100 Other Ancillary Services	8900			19,790	19,790
Routine services:					
105 Skilled Nursing Care	6110	894,451	400,683	229,439	1,524,573
110 Intermediate Care	6120				
115 Mentally Disordered Care	6130				
120 Developmentally Disabled Care	6140				
125 Sub-Acute Care	6150				
126 Sub-Acute Care - Pediatric	6160				
128 Transitional Inpatient Care	6170				
130 Hospice Inpatient Care	6180				
135 Other Routine Services	6190				
140 Beauty and Barber**					
145 Other Non-reimbursable***					
150 Subtotal (Combine Lines 5 thru 145)					6,493,096
155 Social Services	6600	111,243	45,973	182,993	340,209
160 Activities	6700	128,365	53,859	45,215	227,439
165 Administration	6900	1,101,691	502,485	1,521,714	3,125,890
170 Inservice Education - Nursing	6800	58,382	24,000		82,382
175 Total (See instructions)		3,550,261	1,587,404	5,131,351	10,269,016

\*Column 1, lines 5 thru 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2 lines 5 through 175

\*\*Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

\*\*\*All Other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

SUPPLEMENTAL EXPENSE INFORMATION	(2)	(3)
180 Raw Food Costs (included in col 3, line 65)		491,416
185 Worker's Compensation Insurance (included in col 2, line 175)	117,353	
190 State Unemployment Insurance (included in col 2, line 175)	13,360	

ACCOUNT TITLE	Account Number	(5) Amounts Directly Assignable		(6) Health Care	(7) Balance To Be Apportioned [C. 4-(5&6)]	(8) Apport. Factor For Residential Care Portion* Based on Square Feet:	(9) Amount Apportioned To Residential Care (C. 7xC. 8)
		Resi d.	Care				
005 Plant Operations and Maintenance	6200				1,156,572	.932346	1,078,325
010 Housekeeping	6300				314,687	.932346	293,397
015 Depreciation: Bldgs and Improvements	7110-20				480,010	.932346	447,535
020 Depreciation: Leasehold Improvements	7130						
025 Depreciation: Equipment	7140				288,934	.932346	269,386
030 Other Depreciation and Amortization	7150-60				2,276	.932346	2,122
035 Lease and Rentals	7200				71,920	.932346	67,054
040 Property Taxes	7300				10,260	.932346	9,566
045 Property Insurance	7400				46,042	.932346	42,927
050 Interest-Prop, Plant, Equip and Mortg	7500				93,723	.932346	87,382
055 Interest-Other	7600						
060 Laundry and Linen	6400				149,135	Based on Pounds of Clean, Dry Linen: .609058	90,832
065 Dietary	6500				1,936,221	Based on Number of Meals Served: .752667	1,457,330
070 Provision for Bad Debts	7700				210,873	Based on Gross Revenues:	
Ancillary Services:							
075 Patient Supplies	8100			3,872			
077 Specialized Support Surfaces	8150						
080 Physical Therapy	8200			66,367			
081 Respiratory Therapy	8220						
082 Occupational Therapy	8250			57,182			
083 Speech Therapy	8280			5,159			
085 Pharmacy	8300			49,653			
090 Laboratory	8400			5,847			
095 Home Health Services	8800						
100 Other Ancillary Services	8900			19,790			
Routine services:							
105 Skilled Nursing Care	6110			1,524,573			
110 Intermediate Care	6120						
115 Mentally Disordered Care	6130						
120 Developmentally Disabled Care	6140						
125 Sub-Acute Care	6150						
126 Sub-Acute Care - Pediatric	6160						
128 Transitional Inpatient Care	6170						
130 Hospice Inpatient Care	6180						
135 Other Routine Services	6190						
140 Beauty and Barber**							
145 Other Non-reimbursable***							
150 Subtotal (Combine Lines 5 thru 145)							3,845,856
						Based on Accumulated Costs:	
155 Social Services	6600	275,048		65,161			
160 Activities	6700			76,378	151,061	.592299	89,473
165 Administration	6900	1,447,429		36,595	1,641,866	.592299	972,476
170 Inservice Education - Nursing	6800			82,382			
175 Total (See instructions)		1,722,477		1,992,959	6,553,580		4,907,805

\*Apportionment factors are specified in section 4020.2 of the Second Edition, Accounting and Reporting Manual for California Long-term Care Facilities." Apportionment factors must be reported to six decimal places

\*\*Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.

\*\*\*All Other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

		-----ALL FACILITIES----- -----MEDI-CAL PROVIDERS ONLY-----				
		(10)	(11)	(12)	(13)	(14)
ACCOUNT TITLE	Account Number	Total Health Care Portion (C. 4-(5+9))	Adjust for 0th Operating Rev Medi-Cal (P10. 2)	Adjust Direct Expenses (Cs 10-11)	Adjust to Exp for Medi-Cal Bal (P10. 3)	Adjust Trial for Medi-Cal (Cs 10+13)
005 Plant Operations and Maintenance	6200	78,247		78,247	-1,741	76,506
010 Housekeeping	6300	21,290		21,290	56,472	77,762
015 Depreciation: Bldgs and Improvements	7110-20	32,475		32,475		32,475
020 Depreciation: Leasehold Improvements	7130					
025 Depreciation: Equipment	7140	19,548		19,548	-3,181	16,367
030 Other Depreciation and Amortization	7150-60	154		154		154
035 Lease and Rentals	7200	4,866		4,866		4,866
040 Property Taxes	7300	694		694		694
045 Property Insurance	7400	3,115		3,115		3,115
050 Interest-Prop, Plant, Equip and Mortg	7500	6,341		6,341	-55	6,286
055 Interest-Other	7600					
060 Laundry and Linen	6400	58,303		58,303	-15,805	42,498
065 Dietary	6500	478,891		478,891	-6,753	472,138
070 Provision for Bad Debts	7700	210,873		210,873	-210,873	
Ancillary Services:						
075 Patient Supplies	8100	3,872		3,872		3,872
077 Specialized Support Surfaces	8150					
080 Physical Therapy	8200	66,367		66,367	1,002	67,369
081 Respiratory Therapy	8220					
082 Occupational Therapy	8250	57,182		57,182		57,182
083 Speech Therapy	8280	5,159		5,159		5,159
085 Pharmacy	8300	49,653		49,653		49,653
090 Laboratory	8400	5,847		5,847		5,847
095 Home Health Services	8800					
100 Other Ancillary Services	8900	19,790		19,790	-11,114	8,676
Routine services:						
105 Skilled Nursing Care	6110	1,524,573		1,524,573	-15,010	1,509,563
110 Intermediate Care	6120					
115 Mentally Disordered Care	6130					
120 Developmentally Disabled Care	6140					
125 Sub-Acute Care	6150					
126 Sub-Acute Care - Pediatric	6160					
128 Transitional Inpatient Care	6170					
130 Hospice Inpatient Care	6180					
135 Other Routine Services	6190					
140 Beauty and Barber**					11,114	11,114
145 Other Non-reimbursable***						
150 Subtotal (Combine Lines 5 thru 145)						
155 Social Services	6600	65,161		65,161	1,925	67,086
160 Activities	6700	137,966		137,966	-10,249	127,717
165 Administration	6900	705,985		705,985	-64,401	641,584
170 Inservice Education - Nursing	6800	82,382		82,382		82,382
175 Total (See instructions)		3,638,734		3,638,734	-268,669	3,370,065

\*\*Beauty and Barber must be included in Other Ancillary Services(Line 100)thru Col 10 and then reclassified to Line 140 Col 13.  
\*\*\*All Other non-reimbursable expenses must be included in appropriate cost centers thru Column 10 and then reclassified to Line 145 in Column 13.

DATE PREPARED: 10/26/2020

ADJUSTMENTS FO TRIAL BALANCE EXPENSES  
FOR OTHER OPERATING REVENUE OFFSET

REPORT 10.2 OSHPD FACILITY NO: 206190888

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

			(1)	(2)
			Amount*	Page 10.1 Trial Balance
Line No	Description	Account No.		Line No.
005	Vending Maching Commissions	5710		5
010	Laundry and Linen Revenue	5720		60
015	Social Services Fees	5730		155
020	Donated Supplies	5740		Various
025	Telephone Revenue	5750		165
030	Transfers from Restricted Funds for Operating Expenses	5760		Various
035	Nonpatient Food Sales	5770		65
040	Television/Radio Charges	5780		5
045	Parking Revenue	5790		5
050	Rebates and Refunds on Expenses	5800		Various
055	Nonpatient Room rentals	5810		15, 20, 35
060	Nonpatient Drug Sales	5820		85
065	Nonpatient Supplies Sales	5830		75
070	Medical Records and Abstract Sales	5840		165
075	Cash Discounts on Purchases	5850		Various
080	Sale of Scrap and Waste	5860		Various
085	MISCELLANEOUS REVENUE	5990		Various
090				Various
095				Various
100	Total (Sum of lines 5 through 95)			

\*Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2.

DATE PREPARED: 10/26/2020

ADJUSTMENTS OF TRIAL BALANCE EXPENSES  
(Medi-Cal Providers Only)

REPORT 10.3 OSHPD FACILITY NO: 206190888

Facility D.B.A. Name: WINDSOR MANOR  
(1)Report Period: 01/01/2019 To 12/31/2019  
(5) (6)

DESCRIPTION	(2) Page 10.1 Trial Balance Line No.	(3) BAS I S*	(4) Amount Increase (Decrease)	Health Care Portion	Explanation of Adjustment
005 Depreciation (Excess of Straight Line)					
010 Education (Nursing, etc.)					
015 Employee and Guest Meals					
020 Gift, Flower and Coffee Shops					
025 Grants, Gifts and Donations					
030 Inpatient Utilization Review					
035 Interest Earned on Unrestricted Funds	50	B	-815	-55	REVENUE OFFSET
040 Laundry and Linen Service (Non-patient)					
045 Nonallowable Costs related to Certain Capital Expenditures					
050 Parking Lot					
055 Payments Received from Specialists					
060 Radio and Television Service	5	A	-19,174	-1,297	ELIMINATE EXPENSE
065 Rebates and Refunds of Expenses					
070 Recovery of Insured Loss					
075 Bad Debts	70	A	-210,873	-210,873	ELIMINATE EXPENSE
080 Rental of Space					
085 Rental of Quarters to Employees and					
090 Sale of Drugs to Other than Patients					
095 Sale of Medical Records and Abstracts					
100 Sale of Medical and Surgical Supplies Other than Patients					
105 Sale of Scrap, Waste, etc.					
110 Telephone Service					
115 Trade, Quantity, Time and Other Discounts on Purchases					
120 Vending Machine Commissions					
125 Owner Compensation Adjustment					
130 Travel and Entertainment(non-allowable)					
135 Revaluation Depreciation and Interest**					
140 Other (specify)					
145 From page 10.4, line 37			-92,625	-60,339	
Related Organization Costs-					
150 Interest					
155 Depreciation					
160 Rent/Lease					
165 Related Taxes					
170 Related Insurance					
175 Other (specify)					
180					
185 From page 10.4, line 47			15,901	3,895	
NON-REIMBURSABLE COST CENTERS					
190 Fund Raising					
195 Research					
200 Beauty and Barber	140	A	11,114	11,114	RECLASS PER REPORT INSTRUCTION
205 From page 10.4, line 57			-11,114	-11,114	
210 TOTAL (Combine Lines 5 thru 205)			-307,586	-268,669	

\*BASIS: A-Cost B-Amount Received

\*\*Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after 7/18/84.

Facility D.B.A. Name: WINDSOR MANOR  
(1)

Report Period: 01/01/2019 To 12/31/2019

DESCRIPTION	(2)	(3)	(4)	(5)	(6)
	Page 10.1 Trial Balance Line No.	BAS I S*	Amount Increase (Decrease)	Health Care Portion	Explanation of Adjustment
001 RENTAL INCOME - VAN	160	B	-4,264	-1,491	REVENUE OFFSET
002 FACILITY RENTALS	5	B	-22,840	-1,545	REVENUE OFFSET
003 ADMINISTRATION	165	B	-107	-37	REVENUE OFFSET
004 MAINTENANCE	5	B	-855	-58	REVENUE OFFSET
005 DIETARY - SALARIES	65	B	-11,667	-2,886	REVENUE OFFSET
006 DIETARY - BENEFITS	65	B	-5,038	-1,246	REVENUE OFFSET
007 DIETARY - AGENCY	65	B	-3,295	-815	REVENUE OFFSET
008 DIETARY - OTHER	65	B	-7,303	-1,806	REVENUE OFFSET
009 DUES - LOBBYING	165	A	-2,503	-875	ELIMINATE EXPENSE
010 HOUSEKEEPING - WAGES	10	A	32,890	32,890	REALLOCATION - BASED ON HOURS
011 HOUSEKEEPING - BENEFITS	10	A	15,550	15,550	REALLOCATION - BASED ON HOURS
012 HOUSEKEEPING - OTHER	10	A	8,102	8,102	REALLOCATION - BASED ON HOURS
013 ACTIVITIES	160	A	-8,758	-8,758	REALLOCATION - ACCUMULATED CO
014 ADMINISTRATION	165	A	-95,189	-95,189	REALLOCATION - ACCUMULATED CO
015 DEPRECIATION - EQUIPMENT	25	A	-3,181	-3,181	DEPR FIXED ASSETS <\$5,000
016 MINOR EQUIP & REPAIRS - PLANT	5	A	15,903	1,076	CAP. ASSETS <\$5,000
017 EXTRA HOUSEKEEPING	10	B	-70	-70	REVENUE OFFSET
018 MEDICAL DIRECTOR	165	A	12,000	12,000	RECLASS TO PROPER COST CENTER
019 THERAPY SERVICES	80	A	1,002	1,002	RECLASS TO PROPER COST CENTER
020 SOCIAL SERVICES	155	A	1,925	1,925	RECLASS TO PROPER COST CENTER
021 NURSING	105	A	-15,010	-15,010	RECLASS TO PROPER COST CENTER
022		B			
023 PLANT	5	A	83	83	RECLASS TO PROPER COST CENTER
024					
025					
026					
027					
028					
029					
030					
031					
032					
033					
034					
035					
036					
037			-92,625	-60,339	
038 HO POOLED COSTS-A&G	165	A	-609,843	-213,277	ELIMINATE INTERIM HO ALLOCATI
039 HO POOLED COSTS-ADMINISTRATION	165	A	666,172	232,977	REPORT YE HO ALLOCATION
040 LAUNDRY WAGES	60	A	32,156	12,571	YE RELATED PARTY ADJUSTMENT
041 LAUNDRY BENEFITS	60	A	15,188	5,938	YE RELATED PARTY ADJUSTMENT
042 LAUNDRY OTHER	60	A	14,294	5,588	YE RELATED PARTY ADJUSTMENT
043 LAUNDRY OTHER	60	A	-102,066	-39,902	YE RELATED PARTY ADJUSTMENT
044					
045					
046					
047			15,901	3,895	
048 BEAUTY & BARBER	100	A	-11,114	-11,114	RECLASS PER REPORT INSTRUCTIO
049					
050					
051					
052					
053					
054					
055					
056					
057			-11,114	-11,114	

\*BASIS: A-Cost B-Amount Received

\*\*Depreciation and interest expense related to the revaluation of assets due to change of ownership on or after 7/18/84.

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

Based on Adjusted Trial Balance for Medi-Cal (Page 10.1 Col 14)

ACCOUNT TITLE	Account Number	(1) Salaries and Wages	(2) Employee Benefits	(3) Staffing Agency Cost	(4) Other Non-Labor Expenses	(5) Total Expenses (Sum Cs 1-4)
005 Plant Operations and Maintenance	6200	14,640	7,017	4,256	50,593	76,506
010 Housekeeping	6300	45,274	21,405		11,083	77,762
015 Depreciation: Bldgs and Improvements	7110-7120				32,475	32,475
020 Depreciation: Leasehold Improvements	7130					
025 Depreciation: Equipment	7140				16,367	16,367
030 Other Depreciation and Amortization	7150-7160				154	154
035 Lease and Rentals	7200				4,866	4,866
040 Property Taxes	7300				694	694
045 Property Insurance	7400				3,115	3,115
050 Interest-Property, Plant and Equipment	7500				6,286	6,286
055 Interest-Other	7600					
060 Laundry and Linen	6400	24,022	10,967		7,509	42,498
065 Dietary	6500	201,755	87,119	56,973	126,291	472,138
070 Provision for Bad Debts	7700					
075 Patient Supplies	8100				3,872	3,872
077 Specialized Support Surfaces	8150					
080 Physical Therapy	8200				67,369	67,369
081 Respiratory Therapy	8220					
082 Occupational Therapy	8250				57,182	57,182
083 Speech Therapy	8280				5,159	5,159
085 Pharmacy	8300				49,653	49,653
090 Laboratory	8400				5,847	5,847
095 Home Health Services	8800					
100 Other Ancillary Services	8900				8,676	8,676
101 Sub-Acute Ancillary Services*	8100-8900					
102 Sub-Acute Pediatric Ancillary Serv*	8100-8900					
105 Skilled Nursing Care	6110	894,451	400,683	100,561	113,868	1,509,563
110 Intermediate Care	6120					
115 Mentally Disordered Care	6130					
120 Developmentally Disabled Care	6140					
125 Sub-Acute Care	6150					
126 Sub-Acute Care - Pediatric	6160					
128 Transitional Inpatient Care	6170					
130 Hospice Inpatient Care	6180					
135 Other Routine Services	6190					
139 Residential Care **	9100					
140 Beauty and Barber					11,114	11,114
145 Other Non-reimbursable						
155 Social Services	6600	49,502	15,659		1,925	67,086
160 Activities	6700	76,354	31,200		20,163	127,717
165 Administration(exc reclassified amts)	6900	120,493	56,942		404,040	581,475
166 Medical Records-Salaries & Wages***	6900	13,470	4,724			18,194
167 DPH Licensing Fees ***	6900				18,401	18,401
168 Liability Insurance ***	6900				23,514	23,514
169 Quality Assurance Fees ***	6900					
170 Inservice Education - Nursing	6800	58,382	24,000			82,382
174 Caregiver Training ***	1900					
175 TOTAL ****		1,498,343	659,716	161,790	1,050,216	3,370,065

\*Amounts reclassified from ancillary service type accounts (lines 75 through 100)

\*\*Complete with Direct residential Care Costs

\*\*\*Amounts reclassified from Administration (line 165)

\*\*\*\*Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)



Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

Line No.		(1)	(2)
005	Total Licensed Beds Prior to Modification(s):	28	
010	Total Licensed Beds End of Period:	28	CAPITAL THRESHOLD 14,000
015	Total Unlicensed Beds End of Period (e.g. residential care):		(Licensed beds end of period * \$500)

Section 1. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

	Enter Data for each Bed Addition Project Completed During the Report Period		
Line No.	(1) Project 1	(2) Project 2	(3) Project 3
025 Num of New Licensed Beds			
030 Date Placed into Service	/ /	/ /	/ /
035 Total Costs			

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

Line No.	(1)
050 Project 1 Description:	HCENTER PHASE
055 Date Placed in Service:	8/15/2019
Itemized Detail for Project 1:	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
056	HCENTER PHASE		NO	8/15/2019	240	276,662	4,611	
057				/ /				
058				/ /				
059				/ /				
060				/ /				
061				/ /				
062				/ /				
063				/ /				
064				/ /				
065				/ /				
066				/ /				
067				/ /				
068				/ /				
069				/ /				
070				/ /				
071				/ /				
072				/ /				
073				/ /				
074				/ /				
075				/ /				
076	Total Project 1 Costs:					276,662		

Line No.	(1)
090 Project 2 Description:	SNF DESIGN
095 Date Placed in Service:	3/31/2019
Itemized Detail for Project 2:	

Line No.	(1) Detailed Description	(2) Leased or Rented?	(3) Related Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
096	SNF DESIGN		NO	3/31/2019	180	14,000	700	
097				/ /				
098				/ /				
099				/ /				
100				/ /				
101				/ /				
102				/ /				
103				/ /				
104				/ /				
105				/ /				
106				/ /				
107				/ /				
108	Total Project 2 Costs:					14,000		

Notes:

(1)For the purposes of this voluntary supplemental schedule, the following definitions apply:

\* Capital Addition - land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.

\* Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

considered a replacement of a previously acquired asset.

\* Capital Replacement - Land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

Line No. (1)

120 Project 3 Description:

125 Date Placed in Service: / /

Line No.	(1) Detailed Description Itemized Detail for Project 3:	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
126				/ /				
127				/ /				
128				/ /				
129				/ /				
130				/ /				
131				/ /				
132				/ /				
133				/ /				
134				/ /				
135				/ /				
136				/ /				
137				/ /				

138 Total Project 3 Costs:

Line No. (1)

150 Project 4 Description:

155 Date Placed in Service: / /

Line No.	(1) Detailed Description Itemized Detail for Project 4:	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
156				/ /				
157				/ /				
158				/ /				
159				/ /				
160				/ /				
161				/ /				
162				/ /				
163				/ /				
164				/ /				
165				/ /				
166				/ /				
167				/ /				

168 Total Project 4 Costs:

Line No. (1)

180 Project 5 Description:

185 Date Placed in Service: / /

Line No.	(1) Detailed Description Itemized Detail for Project 5:	(2) Leased or Rented?	(3) Reltd Party Transaction (Yes OR No)?	(4) Invoice Date	(5) Useful Life (in Months) (2)	(6) Total Cost	(7) Depreciation Expense	(8) Amount Financed
186				/ /				
187				/ /				
188				/ /				
189				/ /				
190				/ /				
191				/ /				
192				/ /				
193				/ /				
194				/ /				
195				/ /				
196				/ /				
197				/ /				

198 Total Project 5 Costs:

## Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

\* Capital Addition - Land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.

\* Capital Improvement - betterment of Land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.

\* Capital Replacement - Land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

- (2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.
- (3) Refer to CMS Publication 15-1, Section 132 for additional information.
- (4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for REPLACEMENT Asset

----- Replacement Asset -----							
Line No.	(1) Detailed Description	(2) Related Party Transaction (Yes or No)?	(3) Date Placed in Service	(4) Useful Life (in Months) (2)	(5) Total Cost	(6) Depreciation Expense	(8) Adjusted Basis (3)
200			/ /				
201			/ /				
202			/ /				
203			/ /				
204			/ /				
205			/ /				
206			/ /				
207			/ /				
208			/ /				
209			/ /				
210	Total - Section II, Pt A Only						

Part B. Acquisition Costs and Depreciation of RETIRED Asset

----- Retired Asset -----							
Line No.	(1) Detailed Description	(2) Section II, Part A Line # Reference	(3) Useful Life (in Months) (2)	(4) Total Cost	(5) Depreciation Expense	(6) Date Acquired	(7) Date of Disposal
230						/ /	/ /
231						/ /	/ /
232						/ /	/ /
233						/ /	/ /
234						/ /	/ /
235						/ /	/ /
236						/ /	/ /
237						/ /	/ /
238						/ /	/ /
239						/ /	/ /
240	Total - Section II, Pt B Only						

----- Retired Asset -----				
Line No.	(1) Detailed Description	(8) Basis	(9) Adjusted Basis (3)	(10) Manner of Disposition (4)
230				
231				
232				
233				
234				
235				
236				
237				
238				
239				
240	Total - Section II, Pt B Only			

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- \* Capital Addition - land, building equipment major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- \* Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity over the original productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- \* Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer usable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposal.

Facility D.B.A. Name: WINDSOR MANOR

Report Period: 01/01/2019 To 12/31/2019

Line No.	ACCOUNT TITLE	(1) Capital	(2) Plant Operations	(3) Housekeeping	(4) Laundry & Linen	(5) Dietary
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen		313	313	313	
065	Dietary	1,330	1,330	1,330		
075	Patient Supplies	76	76	76		
077	Specialized Support Surfaces					
080	Physical Therapy	65	65	65		
081	Respiratory Therapy					
082	Occupational Therapy					
083	Speech Pathology					
085	Pharmacy	65	65	65		
090	Laboratory					
095	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care	3,795	3,795	3,795	15,554	23,331
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber	114	114	114		
145	Other Non-reimbursable					
155	Social Services	96	96	96		
160	Activities	600	600	600		
165	Administration	1,643	1,643	1,643		
166	Medical Records - Salaries and Wages	88	88	88		
170	Inservice Education - Nursing	66	66	66		
174	Caregiver Training					
175	TOTAL	8,251	8,251	8,251	15,554	23,331

Line No.	ACCOUNT TITLE	(6) Social Services	(7) Activities	(8) Inservice Education	(9) Administration	(10) Medical Records
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen					
065	Dietary					
075	Patient Supplies					
077	Specialized Support Surfaces					
080	Physical Therapy					
081	Respiratory Therapy					
082	Occupational Therapy					
083	Speech Pathology					
085	Pharmacy					
090	Laboratory					
095	Home Health Services					
100	Other Ancillary Services					
101	Sub-Acute Ancillary Services					
102	Sub-Acute - Pediatric Ancillary Services					
105	Skilled Nursing Care	1,509,563	1,509,563	1,509,563		
110	Intermediate Care					
115	Mentally Disordered Care					
120	Developmentally Disabled Care					
125	Sub-Acute Care					
126	Sub-Acute Care - Pediatric					
128	Transitional Inpatient Care					
130	Hospice Inpatient Care					
135	Other Routine Services					
139	Residential Care					
140	Beauty and Barber					
145	Other Non-reimbursable					
155	Social Services					
160	Activities					
165	Administration					
166	Medical Records - Salaries and Wages					
170	Inservice Education - Nursing					
174	Caregiver Training					
175	TOTAL	1,509,563	1,509,563	1,509,563		

ACCOUNT DESCRIPTION	EXPENSES	PLANT OPERATIONS, INTEREST, OTHER		LAUNDRY, LINEN	
	FROM PAGE 10.1 COLUMN 14 (1)	BASIS* Square Feet (2)	AMOUNT (3)	BASIS* Clean, Dry Pounds (4)	AMOUNT (5)
005 General Service Costs	1,651,630		218,225		42,498
ANCILLARY SERVICE COST CENTERS					
010 Patient Supplies	3,872	76	4,030		
012 Specialized Support Surf					
015 Physical Therapy	67,369	65	3,447		
016 Respiratory Therapy					
017 Occupational Therapy	57,182				
018 Speech Therapy	5,159				
020 Pharmacy	49,653	65	3,447		
025 Laboratory	5,847				
030 Home Health Services					
035 Other Ancillary Services	8,676				
ROUTINE SERVICE COST CENTERS					
040 Skilled Nursing	1,509,563	3,795	201,255	15,554	42,498
045 Intermediate Care					
050 Mentally Disordered					
055 Developmentally Disabled					
060 Sub-Acute Care					
061 Sub-Acute Care-Pediatric					
063 Transitional Inpat Care					
065 Hospice Inpatient Care					
070 Other Routine Services					
NONREIMBURSABLE COSTS					
075 Beauty and Barber	11,114	114	6,046		
080 Other Nonreimbursable					
085 TOTAL UNITS(Sum of Ls. 10 thru 80)		4,115		15,554	
090 UNIT COST MULTIPLIER		53.031592		2.732288	
095 TOTAL COSTS(See Instructions)	1,718,435		218,225		42,498
COMPUTATION OF AVERAGE COST PER DAY	SKILLED NURSING (1)	INTERMEDIATE CARE (2)	MENTALLY DISORDERED (3)	DEVELOPMENTALLY DISABLED (4)	SUB-ACUTE CARE (5)
100 Cost of Routine Services (From Column 10 above Lines 40-70)	3,091,118				
105 Total Days of Service(From Page 4.1, Column 1 Lines 25, 45, 65, 85, 110, 135, 160 and 295)	7,777				
110 Average Cost Per Day (Line 100 / Line 105)	397.47				

\*Actual amount or count required, percentages are not acceptable.  
Allocation statistic must be provided for Ancillary Services Cost Centers in Columns 2 and 4.

\*\*Unit Cost Multiplier must be calculated to six decimal places.

ACCOUNT DESCRIPTION	DIETARY		SOCIAL SERVICES, ACTIVITIES AND INSERVICE EDUCATION- NURSING	
	BASIS* Patient Meals (6)	AMOUNT (7)	BASIS* Direct Expense (8)	AMOUNT (9)
005 General Service Costs		472,138		277,185
ANCILLARY SERVICE COST CENTERS				
010 Patient Supplies				
012 Specialized Support Surf				
015 Physical Therapy				
016 Respiratory Therapy				
017 Occupational Therapy				
018 Speech Therapy				
020 Pharmacy				
025 Laboratory				
030 Home Health Services				
035 Other Ancillary Services				
ROUTINE SERVICE COST CENTERS				
040 Skilled Nursing	23,331	472,138	1,509,563	277,185
045 Intermediate Care				
050 Mentally Disordered				
055 Developmentally Disabled				
060 Sub-Acute Care				
061 Sub-Acute Care-Pediatric				
063 Transitional Inpat Care				
065 Hospice Inpatient Care				
070 Other Routine Services				
NONREIMBURSABLE COSTS				
075 Beauty and Barber				
080 Other Nonreimbursable				
085 TOTAL UNITS(Sum of Ls. 10 thru 80)	23,331		1,509,563	
090 UNIT COST MULTIPLIER	20.236509		.183619	
095 TOTAL COSTS(See Instructions)		472,138		277,185
COMPUTATION OF AVERAGE COST PER DAY	SUBACUTE PED- IATRIC CARE (6)	TRANSITIONAL INPATIENT CARE (7)	HOSPICE INPATIENT CARE (8)	OTHER ROUTINE SERVICES (9)
100 Cost of Routine Services (From Column 10 above Lines 40-70)				
105 Total Days of Service(From Page 4.1, Column 1 Lines 25, 45, 65, 85, 11 135, 160 and 295)				
110 Average Cost Per Day (Line 100 / Line 105)				

\*Actual amount or count required, percentages are not acceptable.  
Allocation statistic must be provided for Ancillary Services Cost Centers in Columns 2 and 4.

\*\*Unit Cost Multiplier must be calculated to six decimal places.



ACCOUNT DESCRIPTION	ADMINISTRATION		ADMINISTRATION	Total Expenses
	BASIS*	AMOUNT	All Patient	
			Services	
	Accumulated Cost (Col. 1, 3, 5, 7, 9) (10)	(11)	Sum of Columns 8 and 9 (12)	
005 General Service Costs		641,584		
ANCILLARY SERVICE COST CENTERS				
010 Patient Supplies	7,902	1,858	9,760	
012 Specialized Support Surf				
015 Physical Therapy	70,816	16,652	87,468	
016 Respiratory Therapy				
017 Occupational Therapy	57,182	13,446	70,628	
018 Speech Therapy	5,159	1,213	6,372	
020 Pharmacy	53,100	12,486	65,586	
025 Laboratory	5,847	1,375	7,222	
030 Home Health Services				
035 Other Ancillary Services	8,676	2,040	10,716	
ROUTINE SERVICE COST CENTERS				
040 Skilled Nursing	2,502,639	588,479	3,091,118	
045 Intermediate Care				
050 Mentally Disordered				
055 Developmentally Disabled				
060 Sub-Acute Care				
061 Sub-Acute Care-Pediatric				
063 Transitional Inpat Care				
065 Hospice Inpatient Care				
070 Other Routine Services				
NONREIMBURSABLE COSTS				
075 Beauty and Barber	17,160	4,035	21,195	
080 Other Nonreimbursable				
085 TOTAL UNITS(Sum of Ls. 10 thru 80)	2,728,481			
090 UNIT COST MULTIPLIER	.235143			
095 TOTAL COSTS(See Instructions)		641,584	3,370,065	

	(1) Productive Hours*	(2) Productive** Salaries	(3) Hourly Average (2/1)
Salary and Wages			
NURSING SERVICES - Exclude Sub-acute Care:			
005 Supervisors and Management	1,929	113,155	58.66
010 Geriatric Nurse Practitioners			
025 Registered nurses	2,951	121,916	41.31
030 Licensed vocational nurses	9,954	272,871	27.41
035 Nurse Assistants (Aides and Orderlies)	22,671	348,334	15.36
040 Technicians and specialists			
045 Psychiatric Technicians			
060 Other salaries and wages	1,694	38,175	22.54
065 Subtotal (Sum of lines 005 thru 060)	39,199	894,451	22.82
SUB-ACUTE CARE NURSING SERVICES-Only:			
070 Supervisors and Management			
075 Geriatric Nurse Practitioners			
090 Registered nurses			
095 Licensed vocational nurses			
100 Nurse Assistants (Aides and Orderlies)			
105 Technicians and Specialists			
110 Psychiatric Technicians			
125 Other Salaries and Wages			
130 Subtotal (Sum of lines 070 thru 125)			
SUB-ACUTE CARE PEDIATRIC NURSING SERVICES-Only:			
140 Supervisors and Management			
145 Geriatric Nurse Practitioners			
150 Registered nurses			
155 Licensed vocational nurses			
160 Nurse Assistants (Aides and Orderlies)			
165 Technicians and Specialists			
170 Psychiatric Technicians			
175 Other Salaries and Wages			
180 Subtotal (Sum of lines 140 thru 175)			
TRANSITIONAL INPATIENT CARE-Only:			
190 Supervisors and Management			
191 Geriatric Nurse Practitioners			
192 Registered nurses			
193 Licensed vocational nurses			
194 Nurse Assistants (Aides and Orderlies)			
195 Technicians and Specialists			
196 Psychiatric Technicians			
198 Other Salaries and Wages			
199 Subtotal (Sum of lines 190 thru 198)			
ANCILLARY SERVICES:			
200 Supervisors and Management			
205 Registered nurses			
210 Licensed vocational nurses			
215 Nurse Assistants (Aides and Orderlies)			
220 Technicians and specialists			
225 Other salaries and wages			
230 Subtotal (Sum of lines 200 thru 225)			
SUPPORT SERVICES:			
250 Plant operations and maintenance	793	14,640	18.46
255 Housekeeping	879	12,384	14.09
260 Laundry and Linen	834	11,451	13.73
265 Dietary	13,698	204,641	14.94
270 Social services	2,122	49,502	23.33
275 Activities	5,308	80,991	15.26
280 Inservice Education-Nursing	2,117	58,382	27.58
285 Administration	4,605	133,963	29.09
290 Subtotal (Sum of lines 250 thru 285)	30,356	565,954	18.64
300 Total (Sum of 065, 130, 180, 230 & 290)	69,555	1,460,405	21.00

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off. Report to nearest whole hour.

\*\*For all facilities:

Column 2, line 65 must agree with the sum of page 10.1, col 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with page 10.1, col 1, line 125. Line 180 must agree with page 10.1, col 1, line 126.

Line 230 must agree with page 10.1 col. 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on page 10.1, column 1.

For residential care facilities:

Report only productive hours and salaries and wages related to health care on lines 250 through 290 of this page

If page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours and salaries and wages related to health care for this page.

(1) Productive Hours*	(2) Productive** Salaries	(3) Hourly Average (2/1)
-----------------------------	---------------------------------	--------------------------------

Salary and Wages

SUPPLEMENTAL LABOR INFORMATION

310 Social Workers (report here and include on 290)  
315 Activity Program Leaders (report here and include on line 270)

2,122	49,502	23.33
3,376	47,413	14.04

Temporary Staffing Agency Services

(1) Hours	(2) Amount Paid	(3) Hourly Average
--------------	--------------------	-----------------------

NURSING SERVICES - Exclude Sub-acute Care:

405 Geriatric Nurse Practitioners		
410 Registered nurses	33	1,021
415 Licensed Vocational Nurses	1,082	48,657
420 Nurse Assistants (Aides and Orderlies)	1,988	50,883
425 Psychiatric Technicians		
430 Other agency personnel		
435 Total (Sum of lines 405 thru 430)	3,103	100,561

SUB-ACUTE CARE NURSING SERVICES-Only:

440 Geriatric Nurse Practitioners		
445 Registered nurses		
450 Licensed vocational nurses		
455 Nurse Assistants (Aides and Orderlies)		
460 Psychiatric Technicians		
465 Other agency personnel		
470 Total (Sum of lines 440 thru 465)		

SUB-ACUTE CARE PEDIATRIC NURSING SERVICES-Only:

475 Geriatric Nurse Practitioners		
480 Registered nurses		
485 Licensed vocational nurses		
490 Nurse Assistants (Aides and Orderlies)		
495 Psychiatric Technicians		
500 Other agency personnel		
505 Total (Sum of lines 475 thru 500)		

TRANSITIONAL INPATIENT CARE-Only:

510 Geriatric Nurse Practitioners		
515 Registered nurses		
520 Licensed vocational nurses		
525 Nurse Assistants (Aides and Orderlies)		
530 Psychiatric Technicians		
535 Other agency personnel		
540 Total (Sum of lines 510 thru 535)		

555 Social Workers (do not include on lines 300 or 500)  
560 Activity Program Leaders (do not include in lines 465 or 500)

Labor Turnover

(1) All Employees	(2) Dir Nursg Employees*	(3) Nurse Assistants
605 No. of employees-beginning of period	41	27
610 No. of employees-end of period	43	28
615 Average No. of employees(See Instructions)	43	27
620 Total No. of people employed during period	58	40
625 Turnover percentage((Line 405 / Line 400) x 100) - 100	34.88	48.15
630 Number of employees with continuous service for entire reporting period	33	21

\* Include all employees(RN's, LVN's, Nurse Assistants, technicians, specialists, and others) providing direct nursing care. Do not include supervisors who provide no direct nursing care. Do not include supervisors whose duties include some provision of nursing care.

\*\* Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended. Therefore, in most cases, line 620 should be greater than this calculation.

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED  
OMB NO. 0938-0463  
Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555616	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I, II & III Date/Time Prepared: 8/29/2020 12:15 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		Date: 8/29/2020 Time: 12:15 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WINDSOR MANOR ( 555616 ) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) ANDREW McDONALD  
Chief Financial Officer or Administrator of Provider(s)  
CFO  
Title  
08/29/2020 12:15:42 PM  
Date

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No.: 555616		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/29/2020 12:15 pm		
1.00		2.00		3.00						
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 1230 E. WINDSOR RD		PO Box:						1.00	
2.00	City: GLENDALE		State: CA		Zip Code: 91205				2.00	
3.00	County: LOS ANGELES		CBSA Code: 31084		Urban/Rural: U				3.00	
3.01			CBSA Code: 31084						3.01	
			Component Name		Provider CCN	Date Certified	Payment System (P, 0, or N)			
							V	XVIII	XIX	
			1.00		2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:										
4.00	SNF		WINDSOR MANOR		555616	12/01/1985	N	P	N	
5.00	Nursing Facility									
6.00	ICF/IID									
7.00	SNF-Based HHA									
8.00	SNF-Based RHC									
9.00	SNF-Based FQHC									
10.00	SNF-Based CMHC									
11.00	SNF-Based OLTC									
12.00	SNF-Based HOSPICE									
13.00	SNF-Based CORF									
						From:	To:			
						1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2019	12/31/2019		14.00	
15.00	Type of Control (See Instructions)					2			15.00	
						Y/N				
						1.00				
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	18.00	
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line							768,944	20.00	
21.00	Declining Balance							0	21.00	
22.00	Sum of the Year's Digits							0	22.00	
23.00	Sum of line 20 through 22							768,944	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							Y	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00	
							Part A	Part B	Other	
							1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility							N	N	N
30.00	Nursing Facility									
31.00	ICF/IID									
32.00	SNF-Based HHA							N	N	N
33.00	SNF-Based RHC								N	
34.00	SNF-Based FQHC								N	
35.00	SNF-Based CMHC								N	
36.00	SNF-Based OLTC									
							Y/N			
							1.00	2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)							N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)							N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.									39.00
					Premiums	Paid Losses	Self Insurance			
					1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:					100,756	0	0		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-2  
Part I  
Date/Time Prepared:  
8/29/2020 12:15 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		559012	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HUMANGOOD	Contractor's Name: NORIDIAN	Contractor's Number: 01001	45.00
46.00	Street: 6120 STONERIDGE MALL ROAD	PO Box: 3RD FLOOR		46.00
47.00	City: PLEASANTON	State: CA	Zip Code: 94588	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555616	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/29/2020 12:15 pm
			Y/N 1.00	Date 2.00
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilities				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N 1.00	
Bad Debts				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00
Bed Complement				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-2  
Part II  
Date/Time Prepared:  
8/29/2020 12:15 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
8/29/2020 12:15 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	28	10,220	0	779	1,501	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	109	39,785				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	137	50,005	0	779	1,501	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	5,497	7,777	0	17	6	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	35,217	35,217				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	40,714	42,994	0	17	6	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	32	55	0.00	45.82	250.17	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	65	65				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	97	120	0.00	45.82	250.17	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	141.40	0	37	4	20	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	541.80				56	5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	358.28	0	37	4	76	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	61	79.32	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	56	18.57	0.00			5.00
6.00	SNF-Based CMHC		0.00	0.00			6.00
6.10	SNF-Based CORF		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	117	97.89	0.00			8.00

## SNF WAGE INDEX INFORMATION

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part II  
Date/Time Prepared:  
8/29/2020 12:15 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	3,983,402	0	3,983,402	203,600.00	19.56 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	3,983,402	0	3,983,402	203,600.00	19.56 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC	0	0	0	0.00	0.00 9.00
9.10	CORF					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	879,942	0	879,942	38,622.00	22.78 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	879,942	0	879,942	38,622.00	22.78 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	3,103,460	0	3,103,460	164,978.00	18.81 13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	229,269	0	229,269	5,987.00	38.29 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	1,114,384	0	1,114,384		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	246,170	0	246,170		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	868,214	0	868,214		

## SNF WAGE INDEX INFORMATION

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part III  
Date/Time Prepared:  
8/29/2020 12:15 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	0	0	0	0.00	0.00	1.00
2.00 Administrative & General	339,998	0	339,998	11,298.00	30.09	2.00
3.00 Plant Operation, Maintenance & Repairs	247,522	0	247,522	13,372.00	18.51	3.00
4.00 Laundry & Linen Service	32,812	0	32,812	2,394.00	13.71	4.00
5.00 Housekeeping	209,258	0	209,258	14,874.00	14.07	5.00
6.00 Dietary	921,574	0	921,574	61,075.00	15.09	6.00
7.00 Nursing Administration	0	222,750	222,750	5,391.00	41.32	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	0	13,922	13,922	676.00	20.59	10.00
11.00 Social Service	0	0	0	0.00	0.00	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	265,801	0	265,801	14,378.00	18.49	13.00
14.00 Total (sum lines 1 thru 13)	2,016,965	236,672	2,253,637	123,458.00	18.25	14.00

## SNF WAGE RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part IV  
Date/Time Prepared:  
8/29/2020 12:15 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	201,923	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	468,889	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	117,353	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	303,720	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	13,360	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,105,245	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	EMPLOYEE RECOGNITION AND UNIFORMS	9,139	25.00

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part V  
Date/Time Prepared:  
8/29/2020 12:15 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	261,114	73,048	334,162	5,421.00	61.64	1.00
2.00	Licensed Practical Nurses (LPNs)	369,328	103,322	472,650	13,497.00	35.02	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	400,014	111,907	511,921	26,121.00	19.60	3.00
4.00	Total Nursing (sum of lines 1 through 3)	1,030,456	288,277	1,318,733	45,039.00	29.28	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	1,021		1,021	33.00	30.94	14.00
15.00	Licensed Practical Nurses (LPNs)	48,657		48,657	1,082.00	44.97	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	50,883		50,883	1,988.00	25.60	16.00
17.00	Total Nursing (sum of lines 14 through 16)	100,561		100,561	3,103.00	32.41	17.00
18.00	Physical Therapists	66,367		66,367	1,445.00	45.93	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	57,182		57,182	1,323.00	43.22	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	5,159		5,159	116.00	44.47	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-7

Date/Time Prepared:  
8/29/2020 12:15 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	0	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	0	10.00
11.00		RUB	0	11.00
12.00		RUA	0	12.00
13.00		RVC	0	13.00
14.00		RVB	0	14.00
15.00		RVA	0	15.00
16.00		RHC	0	16.00
17.00		RHB	0	17.00
18.00		RHA	0	18.00
19.00		RMC	0	19.00
20.00		RMB	0	20.00
21.00		RMA	0	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	0	30.00
31.00		HC2	0	31.00
32.00		HC1	0	32.00
33.00		HB2	0	33.00
34.00		HB1	0	34.00
35.00		LE2	0	35.00
36.00		LE1	0	36.00
37.00		LD2	0	37.00
38.00		LD1	0	38.00
39.00		LC2	0	39.00
40.00		LC1	0	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	0	46.00
47.00		CC2	0	47.00
48.00		CC1	0	48.00
49.00		CB2	0	49.00
50.00		CB1	0	50.00
51.00		CA2	0	51.00
52.00		CA1	0	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	0	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	0	72.00
73.00		PB2	0	73.00
74.00		PB1	0	74.00
75.00		PA2	0	75.00

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-7

Date/Time Prepared:  
8/29/2020 12:15 pm

		Group	Days	
		1.00	2.00	
76.00		PA1		0 76.00
99.00		AAA		0 99.00
100.00	TOTAL			0 100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
<p>A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)</p>				
101.00	Staffing	0	0.00	101.00
102.00	Recruitment	0	0.00	102.00
103.00	Retention of employees	0	0.00	103.00
104.00	Training	0	0.00	104.00
105.00	OTHER (SPECIFY)	0	0.00	105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		2,514,918	106.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		204,739	204,739	-100,756	103,983	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		771,220	771,220	0	771,220	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,114,384	1,114,384	0	1,114,384	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	339,998	1,266,973	1,606,971	100,756	1,707,727	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	247,522	836,557	1,084,079	0	1,084,079	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	32,812	106,981	139,793	0	139,793	6.00
7.00	00700	HOUSEKEEPING	209,258	45,094	254,352	0	254,352	7.00
8.00	00800	DIETARY	921,574	775,372	1,696,946	0	1,696,946	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	222,750	222,750	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	13,922	13,922	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
15.00	01500	ACTIVITIES-SNF	265,801	228,119	493,920	-395,819	98,101	15.00
15.01	01501	TRANSPORT	0	0	0	88,208	88,208	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	307,611	307,611	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,086,495	230,229	1,316,724	-236,672	1,080,052	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	4,618	4,618	0	4,618	40.00
41.00	04100	LABORATORY	0	5,847	5,847	0	5,847	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	4,058	4,058	0	4,058	43.00
44.00	04400	PHYSICAL THERAPY	0	66,367	66,367	0	66,367	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	57,182	57,182	0	57,182	45.00
46.00	04600	SPEECH PATHOLOGY	0	5,159	5,159	0	5,159	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,812	6,812	0	6,812	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49,653	49,653	0	49,653	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,103,460	5,779,364	8,882,824	0	8,882,824	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	11,114	11,114	0	11,114	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	154,853	278,731	433,584	0	433,584	95.00
95.01	09501	ASSISTED LIVING	725,089	216,405	941,494	0	941,494	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
100.00		TOTAL	3,983,402	6,285,614	10,269,016	0	10,269,016	100.00



## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-20,573	83,410	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	22,910	794,130	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,114,384	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-260,413	1,447,314	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-20,896	1,063,183	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	139,793	6.00
7.00	00700	HOUSEKEEPING	-70	254,282	7.00
8.00	00800	DIETARY	-27,303	1,669,643	8.00
9.00	00900	NURSING ADMINISTRATION	0	222,750	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	13,922	12.00
13.00	01300	SOCIAL SERVICE	0	0	13.00
15.00	01500	ACTIVITIES-SNF	0	98,101	15.00
15.01	01501	TRANSPORT	0	88,208	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	307,611	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	1,080,052	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	4,618	40.00
41.00	04100	LABORATORY	0	5,847	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	4,058	43.00
44.00	04400	PHYSICAL THERAPY	0	66,367	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	57,182	45.00
46.00	04600	SPEECH PATHOLOGY	0	5,159	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,812	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49,653	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF	0	0	72.00
73.00	07300	CMHC	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-306,345	8,576,479	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	11,114	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	433,584	95.00
95.01	09501	ASSISTED LIVING	0	941,494	95.01
95.02	09502	RESIDENTIAL	0	0	95.02
95.03	09503	WELLNESS	0	0	95.03
95.04	09504	OUTREACH	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	95.05
100.00		TOTAL	-306,345	9,962,671	100.00

## RECLASSIFICATIONS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/29/2020 12:15 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - RECLASSIFY LIABILITY INSURANCE					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	100,756	1.00
	(1) B - RECLASSIFY TRANSPORTATION COSTS					
2.00		TRANSPORT	15.01	52,085	36,123	2.00
	(1) C - RECLASSIFY RESIDENT SVCS COSTS					
3.00		RES SVCS & CAMPUS PROGRAM	15.02	124,618	182,993	3.00
	(1) D - RECLASSIFY NURSE ADMIN WAGES					
4.00		NURSING ADMINISTRATION	9.00	222,750	0	4.00
	(1) E - RECLASSIFY MEDICAL RECORDS WAGES					
5.00		MEDICAL RECORDS & LIBRARY	12.00	13,922	0	5.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		413,375	319,872	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
 (2) Transfer to Worksheet A, col. 5, line as appropriate.

## RECLASSIFICATIONS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/29/2020 12:15 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - RECLASSIFY LIABILITY INSURANCE					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	100,756	1.00
	(1) B - RECLASSIFY TRANSPORTATION COSTS					
2.00		ACTIVITIES-SNF	15.00	52,085	36,123	2.00
	(1) C - RECLASSIFY RESIDENT SVCS COSTS					
3.00		ACTIVITIES-SNF	15.00	124,618	182,993	3.00
	(1) D - RECLASSIFY NURSE ADMIN WAGES					
4.00		SKILLED NURSING FACILITY	30.00	222,750	0	4.00
	(1) E - RECLASSIFY MEDICAL RECORDS WAGES					
5.00		SKILLED NURSING FACILITY	30.00	13,922	0	5.00
	TOTALS					
100.00				413,375	319,872	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
 (2) Transfer to Worksheet A, col. 5, line as appropriate.

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-7

Date/Time Prepared:  
8/29/2020 12:15 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	581,991	0	0	0	0	1.00
2.00	Land Improvements	142,888	0	0	0	10,876	2.00
3.00	Buildings and Fixtures	2,871,160	0	0	0	0	3.00
4.00	Building Improvements	8,523,319	77,142	0	77,142	0	4.00
5.00	Fixed Equipment	0	1,103,017	0	1,103,017	0	5.00
6.00	Movable Equipment	1,628,408	0	0	0	1,199,420	6.00
7.00	Subtotal (sum of lines 1-6)	13,747,766	1,180,159	0	1,180,159	1,210,296	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	13,747,766	1,180,159	0	1,180,159	1,210,296	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	581,991	0				1.00
2.00	Land Improvements	132,012	0				2.00
3.00	Buildings and Fixtures	2,871,160	0				3.00
4.00	Building Improvements	8,600,461	0				4.00
5.00	Fixed Equipment	1,103,017	0				5.00
6.00	Movable Equipment	428,988	0				6.00
7.00	Subtotal (sum of lines 1-6)	13,717,629	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	13,717,629	0				9.00

## ADJUSTMENTS TO EXPENSES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8

Date/Time Prepared:  
8/29/2020 12:15 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-815	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	56,329			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-4,822	DIETARY	8.00	14.00
15.00	Cost of meals - Guests	B	-19,479	DIETARY	8.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures			OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment			OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	APARTMENT ENHANCEMENT	B	-867	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.00
25.01	BAD DEBT RECOVERIES	A	-210,873	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	CATERING	B	-2,996	DIETARY	8.00	25.02
25.03	COMMUNITY FEES	B	-11,600	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	EXTRA HSKP	B	-70	HOUSEKEEPING	7.00	25.04
25.05	EXTRA MAINT	B	-855	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.05
25.06	FAC RENT - EQUIP	B	-4,264	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	25.06
25.07	FAC RENT - GUEST	B	-22,840	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.07
25.08	MINI-MART SALES	B	-6	DIETARY	8.00	25.08
25.09	MISC INCOME	B	-57,404	ADMINISTRATIVE & GENERAL	4.00	25.09
25.10	PUBLIC RELATIONS	A	-20	ADMINISTRATIVE & GENERAL	4.00	25.10
25.11	RESIDENT TELEVISION	A	-19,174	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.11
25.12	RESTRICTED DONATIONS	B	-2,602	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.12
25.13	LOBBYING-RELATED DUES	A	-3,987	ADMINISTRATIVE & GENERAL	4.00	25.13
25.14	Other adjustment (specify)		0		0.00	25.14
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-306,345			100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
8/29/2020 12:15 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - MGT FEES	1.00
2.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	HOME OFFICE - CAP BLDG	2.00
3.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	HOME OFFICE - CAP INT. EXP.	3.00
4.00		2.00	CAP REL COSTS - MOVEABLE EQUIPMENT	HOME OFFICE - MOVEABLE EQUIP	4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		633,314	609,843	23,471	1.00
2.00		14,149	0	14,149	2.00
3.00		-8,465	0	-8,465	3.00
4.00		27,174	0	27,174	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	666,172	609,843	56,329	10.00

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
8/29/2020 12:15 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	HumanGood	100.00	1.00
2.00			0.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	HumanGood	0.00	MGT/ACCTING	1.00
2.00		0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	83,410	83,410			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	794,130		794,130		2.00
3.00	00300	EMPLOYEE BENEFITS	1,114,384	0	0	1,114,384	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,447,314	79	748	95,117	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,063,183	251	2,386	69,246	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	139,793	155	1,474	9,179	6.00
7.00	00700	HOUSEKEEPING	254,282	0	0	58,541	7.00
8.00	00800	DIETARY	1,669,643	280	2,671	257,816	8.00
9.00	00900	NURSING ADMINISTRATION	222,750	0	0	62,316	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	13,922	0	0	3,895	12.00
13.00	01300	SOCIAL SERVICE	0	44	419	0	13.00
15.00	01500	ACTIVITIES-SNF	98,101	251	2,386	24,926	15.00
15.01	01501	TRANSPORT	88,208	0	0	14,571	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	307,611	0	0	34,863	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,080,052	2,584	24,603	237,744	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	4,618	0	0	0	40.00
41.00	04100	LABORATORY	5,847	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,058	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	66,367	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	57,182	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	5,159	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,812	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49,653	9	82	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,576,479	3,653	34,769	868,214	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	11,114	68	651	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	433,584	0	0	0	95.00
95.01	09501	ASSISTED LIVING	941,494	32,160	306,189	43,321	95.01
95.02	09502	RESIDENTIAL	0	47,529	452,521	202,849	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	9,962,671	83,410	794,130	1,114,384	100.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,543,258				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	209,554	1,344,620			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	27,804	2,505	180,910		6.00
7.00	00700	HOUSEKEEPING	57,753	0	0	370,576	7.00
8.00	00800	DIETARY	356,386	4,540	0	1,762	2,293,098
9.00	00900	NURSING ADMINISTRATION	52,628	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	3,289	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	85	712	0	276	13.00
15.00	01500	ACTIVITIES-SNF	23,200	4,056	0	1,555	15.00
15.01	01501	TRANSPORT	18,975	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	63,227	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	248,308	41,823	32,724	16,202	414,789
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	749	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	12,253	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	10,557	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	952	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,258	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	140	0	69	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,086,978	53,776	32,724	19,864	414,789
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	2,185	1,106	0	415	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	80,047	0	0	0	95.00
95.01	09501	ASSISTED LIVING	244,280	520,493	50,982	201,438	646,211
95.02	09502	RESIDENTIAL	129,768	769,245	97,204	148,859	1,232,098
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,543,258	1,344,620	180,910	370,576	2,293,098

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	337,694				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	21,106		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	1,536	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	337,694	0	21,106	1,536	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	337,694	0	21,106	1,536	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	337,694	0	21,106	1,536	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Stepdown Adj ustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15. 01	15. 02				
			15. 01	15. 02	16. 00	17. 00	18. 00	
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS - BLDGS & FIXTURES						1. 00
2. 00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2. 00
3. 00	00300	EMPLOYEE BENEFITS						3. 00
4. 00	00400	ADMINISTRATIVE & GENERAL						4. 00
5. 00	00500	PLANT OPERATION, MAINT. & REPAIRS						5. 00
6. 00	00600	LAUNDRY & LINEN SERVICE						6. 00
7. 00	00700	HOUSEKEEPING						7. 00
8. 00	00800	DIETARY						8. 00
9. 00	00900	NURSING ADMINISTRATION						9. 00
10. 00	01000	CENTRAL SERVICES & SUPPLY						10. 00
12. 00	01200	MEDICAL RECORDS & LIBRARY						12. 00
13. 00	01300	SOCIAL SERVICE						13. 00
15. 00	01500	ACTIVITIES-SNF						15. 00
15. 01	01501	TRANSPORT	121, 754					15. 01
15. 02	01502	RES SVCS & CAMPUS PROGRAM	0	405, 701				15. 02
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	SKILLED NURSING FACILITY	22, 024	73, 386	2, 709, 050	0	2, 709, 050	30. 00
31. 00	03100	NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200	ICF/IID	0	0	0	0	0	32. 00
33. 00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33. 00
ANCILLARY SERVICE COST CENTERS								
40. 00	04000	RADIOLOGY	0	0	4, 618	0	4, 618	40. 00
41. 00	04100	LABORATORY	0	0	5, 847	0	5, 847	41. 00
42. 00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43. 00	04300	OXYGEN (INHALATION) THERAPY	0	0	4, 807	0	4, 807	43. 00
44. 00	04400	PHYSICAL THERAPY	0	0	78, 620	0	78, 620	44. 00
45. 00	04500	OCCUPATIONAL THERAPY	0	0	67, 739	0	67, 739	45. 00
46. 00	04600	SPEECH PATHOLOGY	0	0	6, 111	0	6, 111	46. 00
47. 00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47. 00
48. 00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8, 070	0	8, 070	48. 00
49. 00	04900	DRUGS CHARGED TO PATIENTS	0	0	49, 953	0	49, 953	49. 00
51. 00	05100	SUPPORT SURFACES	0	0	0	0	0	51. 00
52. 00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52. 00
OUTPATIENT SERVICE COST CENTERS								
60. 00	06000	CLINIC	0	0	0	0	0	60. 00
63. 00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63. 00
OTHER REIMBURSABLE COST CENTERS								
70. 00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100	AMBULANCE	0	0	0	0	0	71. 00
72. 00	07200	CORF	0	0	0	0	0	72. 00
73. 00	07300	CMHC	0	0	0	0	0	73. 00
74. 00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74. 00
SPECIAL PURPOSE COST CENTERS								
82. 00	08200	UTILIZATION REVIEW - SNF						82. 00
83. 00	08300	HOSPICE	0	0	0	0	0	83. 00
84. 00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84. 00
89. 00		SUBTOTALS (sum of lines 1-84)	22, 024	73, 386	2, 934, 815	0	2, 934, 815	89. 00
NONREIMBURSABLE COST CENTERS								
90. 00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100	BARBER & BEAUTY SHOP	0	0	15, 539	0	15, 539	91. 00
95. 00	09500	OTHER NONREIMBURSABLE COST	0	0	513, 631	0	513, 631	95. 00
95. 01	09501	ASSISTED LIVING	34, 311	114, 329	3, 135, 208	0	3, 135, 208	95. 01
95. 02	09502	RESIDENTIAL	65, 419	217, 986	3, 363, 478	0	3, 363, 478	95. 02
95. 03	09503	WELLNESS	0	0	0	0	0	95. 03
95. 04	09504	OUTREACH	0	0	0	0	0	95. 04
95. 05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95. 05
98. 00		Cross Foot Adjustments	0	0	0	0	0	98. 00
99. 00		Negative Cost Centers	0	0	0	0	0	99. 00
100. 00		TOTAL	121, 754	405, 701	9, 962, 671	0	9, 962, 671	100. 00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	79	748	827	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	251	2,386	2,637	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	155	1,474	1,629	6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	280	2,671	2,951	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	44	419	463	13.00
15.00	01500	ACTIVITIES-SNF	0	251	2,386	2,637	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	2,584	24,603	27,187	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	9	82	91	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	3,653	34,769	38,422	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	68	651	719	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	32,160	306,189	338,349	95.01
95.02	09502	RESIDENTIAL	0	47,529	452,521	500,050	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers		0	0	0	99.00
100.00		TOTAL	0	83,410	794,130	877,540	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/29/2020 12:15 pm

	Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL	827					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	112	2,749				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	15	5	1,649			6.00
7.00	00700	HOUSEKEEPING	31	0	0	31		7.00
8.00	00800	DIETARY	190	9	0	0	3,150	8.00
9.00	00900	NURSING ADMINISTRATION	28	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	2	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	1	0	0	0	13.00
15.00	01500	ACTIVITIES-SNF	12	8	0	0	0	15.00
15.01	01501	TRANSPORT	10	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	34	0	0	0	0	15.02
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	133	86	298	1	570	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	7	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	6	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	1	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
	SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	582	109	298	1	570	89.00
	NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	1	2	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	43	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	131	1,064	465	18	888	95.01
95.02	09502	RESIDENTIAL	70	1,574	886	12	1,692	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments			0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	827	2,749	1,649	31	3,150	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	28				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	2		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	464	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	28	0	2	464	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	28	0	2	464	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0			98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	28	0	2	464	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Step-Down Adjustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15.01	15.02	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
15.00	01500	ACTIVITIES-SNF						15.00
15.01	01501	TRANSPORT	10					15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	34				15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	2	6	31,434	0	31,434	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	7	0	7	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	6	0	6	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	1	0	1	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1	0	1	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	91	0	91	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	2	6	31,540	0	31,540	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	722	0	722	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	43	0	43	95.00
95.01	09501	ASSISTED LIVING	3	10	340,928	0	340,928	95.01
95.02	09502	RESIDENTIAL	5	18	504,307	0	504,307	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	10	34	877,540	0	877,540	100.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)				
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	106,161					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		106,161				2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	3,983,402			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	100	100	339,998	-1,543,258	8,359,204	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	319	319	247,522	0	1,135,066	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	197	197	32,812	0	150,601	6.00
7.00	00700	HOUSEKEEPING	0	0	209,258	0	312,823	7.00
8.00	00800	DIETARY	357	357	921,574	0	1,930,410	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	222,750	0	285,066	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	13,922	0	17,817	12.00
13.00	01300	SOCIAL SERVICE	56	56	0	0	463	13.00
15.00	01500	ACTIVITIES-SNF	319	319	89,098	0	125,664	15.00
15.01	01501	TRANSPORT	0	0	52,085	0	102,779	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	124,618	0	342,474	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,289	3,289	849,823	0	1,344,983	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	-4,618	0	40.00
41.00	04100	LABORATORY	0	0	0	-5,847	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	4,058	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	66,367	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	57,182	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	5,159	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,812	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11	11	0	-49,744	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,648	4,648	3,103,460	-1,603,467	5,887,724	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	87	87	0	0	11,833	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	433,584	95.00
95.01	09501	ASSISTED LIVING	40,932	40,932	154,853	0	1,323,164	95.01
95.02	09502	RESIDENTIAL	60,494	60,494	725,089	0	702,899	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	83,410	794,130	1,114,384		1,543,258	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.785693	7.480431	0.279757		0.184618	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			0		827	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000099	105.00



## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	105,742					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	197	42,994				6.00
7.00	00700	HOUSEKEEPING	0	0	10,727			7.00
8.00	00800	DIETARY	357	0	51	128,982		8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	41,520	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	56	0	8	0	0	13.00
15.00	01500	ACTIVITIES-SNF	319	0	45	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,289	7,777	469	23,331	41,520	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11	0	2	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,229	7,777	575	23,331	41,520	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	87	0	12	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	40,932	12,116	5,831	36,348	0	95.01
95.02	09502	RESIDENTIAL	60,494	23,101	4,309	69,303	0	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	1,344,620	180,910	370,576	2,293,098	337,694	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	12.716045	4.207796	34.546099	17.778434	8.133285	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	2,749	1,649	31	3,150	28	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.025997	0.038354	0.002890	0.024422	0.000674	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (GROSS REVENUES)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
					ACTIVITIES-SNF (PATIENT DAYS)	TRANSPORT (PATIENT DAYS)	
		10.00	12.00	13.00	15.00	15.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0				10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	2,514,918			12.00
13.00	01300	SOCIAL SERVICE	0	0	7,777		13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	7,777	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	2,514,918	7,777	7,777	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	2,514,918	7,777	7,777	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	12,116	95.01
95.02	09502	RESIDENTIAL	0	0	0	23,101	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	21,106	1,536	154,475	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.008392	0.197505	19.863058	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	2	464	2,657	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000001	0.059663	0.341648	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			OTHER GENERAL SERVICE		
			RES SVCS & CAMPUS PROGRAM		
			(PATIENT DAYS)		
			15.02		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT			2.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	ACTIVITIES-SNF			15.00
15.01	01501	TRANSPORT			15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	42,994		15.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	7,777		30.00
31.00	03100	NURSING FACILITY	0		31.00
32.00	03200	ICF/IID	0		32.00
33.00	03300	OTHER LONG TERM CARE	0		33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0		40.00
41.00	04100	LABORATORY	0		41.00
42.00	04200	INTRAVENOUS THERAPY	0		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0		43.00
44.00	04400	PHYSICAL THERAPY	0		44.00
45.00	04500	OCCUPATIONAL THERAPY	0		45.00
46.00	04600	SPEECH PATHOLOGY	0		46.00
47.00	04700	ELECTROCARDIOLOGY	0		47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0		49.00
51.00	05100	SUPPORT SURFACES	0		51.00
52.00	05200	OTHER ANCILLARY SERVICES	0		52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0		60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0		63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0		70.00
71.00	07100	AMBULANCE	0		71.00
72.00	07200	CORF	0		72.00
73.00	07300	CMHC	0		73.00
74.00	07400	OTHER REIMBURSABLE COST	0		74.00
SPECIAL PURPOSE COST CENTERS					
82.00	08200	UTILIZATION REVIEW - SNF			82.00
83.00	08300	HOSPICE	0		83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0		84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,777		89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	0		91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0		95.00
95.01	09501	ASSISTED LIVING	12,116		95.01
95.02	09502	RESIDENTIAL	23,101		95.02
95.03	09503	WELLNESS	0		95.03
95.04	09504	OUTREACH	0		95.04
95.05	09505	SPECIAL CARE UNIT	0		95.05
98.00		Cross Foot Adjustments			98.00
99.00		Negative Cost Centers			99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	405,701		102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	9.436224		103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	34		104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000791		105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet C

Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	4,618	2,543	1.815965	40.00
41.00	04100	LABORATORY	5,847	5,322	1.098647	41.00
42.00	04200	INTRAVENOUS THERAPY	0	1,034	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,807	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	78,620	120,441	0.652768	44.00
45.00	04500	OCCUPATIONAL THERAPY	67,739	111,754	0.606144	45.00
46.00	04600	SPEECH PATHOLOGY	6,111	9,006	0.678548	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,070	2,696	2.993323	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49,953	37,510	1.331725	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	225,765	290,306		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555616		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 8/29/2020 12:15 pm	
				Title XVIII (1)		Skilled Nursing Facility		PPS	
Cost Center Description				Health Care Program Charges		Health Care Program Cost			
				Ratio of Cost to Charges (Fr. Wkst. C Column 3)		Part A (col. 1 x col. 2)		Part B (col. 1 x col. 3)	
				1.00		2.00	3.00	4.00	5.00
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	1.815965	1,925	0	3,496	0	40.00	
41.00	04100	LABORATORY	1.098647	3,965	0	4,356	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	0.652768	83,696	0	54,634	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	0.606144	86,311	0	52,317	0	45.00	
46.00	04600	SPEECH PATHOLOGY	0.678548	6,232	0	4,229	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.993323	2,083	0	6,235	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	1.331725	26,241	0	34,946	0	49.00	
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS									
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00	
63.00	06300	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	63.00	
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00	
100.00		Total (Sum of lines 40 - 71)		210,453	0	160,213	0	100.00	

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555616	Period: From 01/01/2019 To 12/31/2019	Worksheet D Parts II-III Date/Time Prepared: 8/29/2020 12:15 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.331725	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	4,618	0	0.000000	3,496	0 40.00
41.00	04100	LABORATORY	5,847	0	0.000000	4,356	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,807	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	78,620	0	0.000000	54,634	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	67,739	0	0.000000	52,317	0 45.00
46.00	04600	SPEECH PATHOLOGY	6,111	0	0.000000	4,229	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,070	0	0.000000	6,235	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49,953	0	0.000000	34,946	0 49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	225,765	0		160,213	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555616	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Parts I-II Date/Time Prepared: 8/29/2020 12:15 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		7,777	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		779	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		2,709,050	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		2,514,918	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.077192	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		2,514,918	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		323.38	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		2,709,050	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		348.34	16.00
17.00	Program routine service cost (Line 3 times line 16)		271,357	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		271,357	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		31,434	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		4.04	21.00
22.00	Program capital related cost (Line 3 times line 21)		3,147	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		268,210	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		268,210	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		7,777	1.00
2.00	Program inpatient days (see instructions)		779	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.100167	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555616	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part I Date/Time Prepared: 8/29/2020 12:15 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		529,242	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		529,242	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		46,888	5.00
6.00	Allowable bad debts (From your records)		0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		0	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		482,354	11.00
12.00	Interim payments (See instructions)		472,707	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.99	Sequestration amount (see instructions)		9,647	14.99
15.00	Balance due provider/program (see Instructions)		0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	30.00



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet E-1

Date/Time Prepared:  
8/29/2020 12:15 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		472,707		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		472,707		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		472,707		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G

Date/Time Prepared:  
8/29/2020 12:15 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>Assets</b>					
<b>CURRENT ASSETS</b>					
1.00 Cash on hand and in banks	2,000	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	799,394	0	0	0	4.00
5.00 Other receivables	-100	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-251,297	0	0	0	6.00
7.00 Inventory	19,137	0	0	0	7.00
8.00 Prepaid expenses	46,830	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	615,964	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	581,991	0	0	0	12.00
13.00 Land improvements	132,012	0	0	0	13.00
14.00 Less: Accumulated depreciation	-105,692	0	0	0	14.00
15.00 Buildings	2,871,160	0	0	0	15.00
16.00 Less: Accumulated depreciation	-2,976,108	0	0	0	16.00
17.00 Leasehold improvements	8,600,461	0	0	0	17.00
18.00 Less: Accumulated Amortization	-4,455,581	0	0	0	18.00
19.00 Fixed equipment	1,103,017	0	0	0	19.00
20.00 Less: Accumulated depreciation	-805,757	0	0	0	20.00
21.00 Automobiles and trucks	68,485	0	0	0	21.00
22.00 Less: Accumulated depreciation	-28,680	0	0	0	22.00
23.00 Major movable equipment	428,988	0	0	0	23.00
24.00 Less: Accumulated depreciation	-276,407	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	302,469	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	5,440,358	0	0	0	28.00
<b>OTHER ASSETS</b>					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	6,056,322	0	0	0	34.00
<b>Liabilities and Fund Balances</b>					
<b>CURRENT LIABILITIES</b>					
35.00 Accounts payable	99,780	0	0	0	35.00
36.00 Salaries, wages, and fees payable	190,274	0	0	0	36.00
37.00 Payroll taxes payable	0	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	2,433,849	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	3,078,568	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	5,802,471	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	1,562,563	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	1,562,563	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	7,365,034	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	-1,308,712	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-1,308,712	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	6,056,322	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-1

Date/Time Prepared:  
8/29/2020 12:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		90,742		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-1,399,454				2.00
3.00	Total (sum of line 1 and line 2)		-1,308,712		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-1,308,712		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-1,308,712		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
8/29/2020 12:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	2,514,918		2,514,918	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	6,241,014		6,241,014	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	8,755,932		8,755,932	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	290,306	0	290,306	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	9,046,238	0	9,046,238	14.00
Cost Center Description					
		1.00	2.00		
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			10,269,016	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			10,269,016	15.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555616

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-3

Date/Time Prepared:  
8/29/2020 12:15 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,046,238	1.00
2.00	Less: contractual allowances and discounts on patients accounts	291,886	2.00
3.00	Net patient revenues (Line 1 minus line 2)	8,754,352	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	10,269,016	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-1,514,664	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (speci fy)	115,210	24.00
25.00	Total other income (Sum of lines 6 - 24)	115,210	25.00
26.00	Total (Line 5 plus line 25)	-1,399,454	26.00
27.00	Other expenses (speci fy)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,399,454	31.00

**HumanGood  
dba  
Windsor Manor**

**Long-Term Care Facility Integrated Disclosure and  
Medi-Cal Cost Report  
(A Compilation)**

**For the Year Ended December 31, 2020**



HANSEN HUNTER & CO. P.C.

**SYNERGY**  
HEALTHCARE RESOURCES

**AXIOM**  
HEALTHCARE GROUP

**HealthBridge**

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- **Independent Accountants' Compilation Report**
- **Long-Term Care Facility Integrated Disclosure  
and Medi-Cal Cost Report**



HANSEN HUNTER & CO. P.C.



## Independent Accountants' Compilation Report

To Management  
HumanGood  
dba Windsor Manor  
Pleasanton, California

Management is responsible for the accompanying Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents of HumanGood, dba Windsor Manor, for the year ended December 31, 2020 in accordance with the requirements of the State of California Department of Health Care Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### Basis of Accounting

The Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents are prepared in accordance with the requirements of the Office of Statewide Health Planning and Development, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the State of California Department of Health Care Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen Hunter & Co. P.C.*

October 28, 2021





Annual Financial Reports

KIM BRILL

Certify Report

WINDSOR MANOR

OSHPD ID: 206190888

RPS Date: 01/01/20 RPE Date: 12/31/20 (366 days) Due Date: 10/29/21 Status: Analyst Review Status Date: 10/28/21

Reports submitted to OSHPD must be certified by an employee before the report will be accepted. Choose one of the following options to certify this report.

Report has been successfully submitted. Confirmation No: 44-0940

- Select another person to certify
- Upload a signed certification form

To upload a copy of the signed certification form click Browse and find the form on your computer or network, then click the Upload button. To complete the process click the Certify button.

Choose File No file chosen

Upload


Uploaded Form: Windsor Manor Signature Page.pdf 10/28/21 2:43 PM

Certify

Return to Report

Previous

Home

Facility D.B.A. Name: WINDSOR MANOR	Report Period End: 12/31/2020	Run Date Time: 10/26/2021 5:59 pm MCRIF32: <b>LTCIR</b> Version: 45.2.172.1	
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## INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

### GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: HUMANGOOD SOCAL		2. State License Number: 970000052		3. Medi-Cal Provider Number: 1972588846	
4. D.B.A. (Doing Business As): WINDSOR MANOR				5. Facility Business Phone: (818)244-7219	
6. Facility Street Address: 1230 E WINDSOR ROAD		7. City: GLENDALE		8. Zip Code: 912050000	
9. Mailing Address - Street or P.O. Box (if different): 1900 HUNTINGTON DRIVE		10. City: DUARTE		11. Zip Code: 91010	
12. Administrator: YVETTE DUARTE					
13. Report Contact Person: ANDREW MCDONALD				14. Phone Number: 9259247100 Ext: -	
15. Mailing Address - Street or P.O. Box: 1900 HUNTINGTON DRIVE		16. City: DUARTE		17. State: CA	18. Zip Code: 91010
19. Previous Name of Facility if Changed Since Previous Report:				20. Date of Change:	
21. Previous State License Number:		22. Date of Change:		23. Previous Medi-Cal Provider No.:	
				24. Date of Change:	
25. Reporting Period Begin: 01/01/2020		26. Reporting Period End: 12/31/2020			

### CERTIFICATION

I, ANDREW MCDONALD, certify under penalty of perjury as follows: That I am an official of WINDSOR MANOR  
 (Name of Individual) Name of Facility (D.B.A.)  
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: \_\_\_\_\_

WINDSOR MANOR

Name of Facility (D.B.A.)

By: \_\_\_\_\_

(Signature)

Title: \_\_\_\_\_

CFO

Address: \_\_\_\_\_

1900 HUNTINGTON DRIVE

DUARTE 91010

### NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Office of Statewide Health Planning and Development  
 Accounting and Reporting Systems Section  
 2020 West El Camino Avenue, Suite 1100  
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT  
 TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2020

Run Date Time: 10/26/2021 3:40 pm  
MCRIF32: **LTCIR**  
Version: 45.2.172.1



## FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY		MEDICARE	11/21/1994	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	11/01/1980	X	2.00
3.00	SNF/RESIDENTIAL	X	MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION		X	11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		OTHER (DESCRIBE)			14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00

26.00

27.00

28.00

29.00

30.00

Facility D.B.A. Name:  
WINDSOR MANOR

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## SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	2	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	3	5.00
6.00	INHALATION THERAPY	5	6.00
7.00	Speech Therapy	3	7.00
8.00	Occupational Therapy	3	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	4	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	4	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

\* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.



### 3.1

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00	<input type="checkbox"/> Parent	<input type="checkbox"/> Subsidiary	<input checked="" type="checkbox"/> Division	<input type="checkbox"/> Other	(If Subsidiary or Division, complete item C)
-------	---------------------------------	-------------------------------------	--	--------------------------------	--

C. Name and address of parent organization					
15.00	Name:	HUMANGOOD			
20.00	Address:	1900 HUNTINGTON DRIVE			
25.00	City:	DUARTE	30. State:	CA	35. ZIP: 91010

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00

Facility D.B.A. Name:  
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## FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

## E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00
106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:  
WINDSOR MANOR

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## FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

## F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	RANDALL STAMPER	CHAIR, EX-OFFICIO	130.00
131.00	ALBERT KELLY	VICE CHAIR, EX-OFFICIO	131.00
132.00	DECLAN BROWN	SECRETARY, EX-OFFICIO	132.00
133.00	JUDITH BAKER	EX-OFFICIO	133.00
134.00	WILLIAM BATTISON	EX-OFFICIO	134.00
135.00	ALAN GRIFFITH	EX-OFFICIO	135.00
136.00	MICHELLE HOLMES	EX-OFFICIO	136.00
137.00	2 RESIDENT DIRECTORS	RESIDENTS	137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

## G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: \_\_\_\_\_

210.00 Address: \_\_\_\_\_

215.00 City: \_\_\_\_\_ 220. State: \_\_\_\_\_ 225. Zip: \_\_\_\_\_

230.00 Phone No.: \_\_\_\_\_

## NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

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## RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

## FOR MEDI-CAL PROVIDERS, ONLY

## M. Are Financial Statements available for the reporting period?

325.00 ☒ Yes (If "YES", please enclose a copy) ☐ No (If "No", enclose a copy of your working trial balance)

## N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(If "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

## O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
<b>INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:</b>					
340.00	INTERIM ALLOCATION	6900	709,245	TO ALLOCATE HOME OFFICE COSTS	340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		709,245		343.00
<b>YEAR END HOME OFFICE COST ALLOCATIONS:</b>					
344.00	ADDITIONAL ALLOCATION	6900	-56,151	TO ALLOCATE HOME OFFICE COSTS	344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		-56,151		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		653,094		348.00
<b>HOME OFFICE EQUITY ALLOCATIONS:</b>					
<b>ASSET</b>					
349.00			0		349.00
350.00			0		350.00
<b>LIABILITY</b>					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

## P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

## Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☐ Yes ☒ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name:

366.00 Address:

367.00 City:

368. State:

369. Zip:

## PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	0	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	0	371.00
372.00	Interest Added / Earned	0	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	0	373.00
374.00	Total Trust Account Expenditures	0	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	0	375.00



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## FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>ROUTINE SERVICES</b>									
5.00	Skilled Nursing Care	3100	1,202	1,567	3,508	1,872	0	<b>8,149</b>	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	<b>0</b>	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	<b>0</b>	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	<b>0</b>	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	<b>0</b>	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	<b>0</b>	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	<b>0</b>	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	<b>0</b>	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	<b>0</b>	45.00
70.00	Subtotal (Lines 5 through 45)		<b>1,202</b>	<b>1,567</b>	<b>3,508</b>	<b>1,872</b>	<b>0</b>	<b>8,149</b>	70.00

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## FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	399,655		521,015		1,166,381		622,424			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		399,655		521,015		1,166,381		622,424			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	1,787	0	0	0	229	0	234	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	145,148	0	0	0	0	0	34,767	0		115.00
120.00	Respiratory Therapy	4220	0	0	0	0	0	0	0	0		120.00
125.00	Occupational Therapy	4250	132,870	0	0	0	0	0	33,415	0		125.00
130.00	Speech Therapy	4280	20,205	0	0	0	0	0	7,518	0		130.00
135.00	Pharmacy	4300	35,845	0	0	0	0	0	12,258	0		135.00
140.00	Laboratory	4400	7,304	0	0	0	0	0	1,376	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	20,701	0	0	0	0	0	1,465	0		155.00
170.00	Subtotal (Lines 105 through 155)		363,860	0	0	0	229	0	91,033	0		170.00
175.00	Total (Lines 70 and 170)		763,515	0	521,015	0	1,166,610	0	713,457	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care		0		2,709,475							5.00
10.00	Intermediate Care		0		0							10.00
15.00	Mentally Disordered Care		0		0							15.00
20.00	Developmentally Disabled Care		0		0							20.00
25.00	Sub-Acute Care		0		0							25.00
30.00	Sub-Acute Care-Pediatric		0		0							30.00
35.00	Transitional Inpat Care		0		0							35.00
40.00	Hospice Inpatient Care		0		0							40.00
45.00	Other Routine Services		0		0							45.00
70.00	Subtotal (Lines 5 through 45)		0		2,709,475							70.00
ANCILLARY SERVICES												
105.00	Patient Supplies		0	0	2,250	0						105.00
110.00	Specialized Support Surf		0	0	0	0						110.00
115.00	Physical Therapy		9,523	0	189,438	0						115.00
120.00	Respiratory Therapy		0	0	0	0						120.00
125.00	Occupational Therapy		0	0	166,285	0						125.00
130.00	Speech Therapy		0	0	27,723	0						130.00
135.00	Pharmacy		0	0	48,103	0						135.00
140.00	Laboratory		0	0	8,680	0						140.00
145.00	Home Health Services			0		0						145.00
155.00	Other Ancillary Services		0	0	22,166	0						155.00
170.00	Subtotal (Lines 105 through 155)		9,523	0	464,645	0						170.00
175.00	Total (Lines 70 and 170)		9,523	0	3,174,120	0						175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	0									
210.00	Administrative Adjustments	5200	12.556									

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## FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-41,308		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	123,479		220.00
222.00	Contractual Adjustments - Managed Care	5330	132,573		222.00
225.00	Contractual Adjustments - Other	5340	0		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		227,300		240.00

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## OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
<b>Licensed Beds:</b>				
5.00	End of Period		28	5.00
10.00	Average (Monthly average)		28	10.00
<b>Available Beds:</b>				
20.00	End of Period		28	20.00
25.00	Average (Monthly average)		28	25.00
40.00	Admissions (Excluding transfers)		54	40.00
45.00	Discharges (Excluding transfers)		56	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		<b>79.52</b>	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS			Total	Medi-Cal
			1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0
115.00	Other Sub-Acute Care		0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		<b>0</b>	<b>0</b>
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0
145.00	Other Sub-Acute Care - Pediatric		0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		<b>0</b>	<b>0</b>
165.00	Transitional Inpatient Care - Medical		0	0
170.00	Transitional Inpatient Care - Rehabilitation		0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		<b>0</b>	<b>0</b>
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
<b>FOR MEDI-CAL PROVIDERS, ONLY</b>				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		<b>0</b>	250.00

Facility D.B.A. Name:  
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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
<b>CURRENT ASSETS</b>								
5.00	Cash	1000	2,000	2,000	0	2,000	2,000	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	879,389	799,294	0	879,389	799,294	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-172,866	-251,297	0	-172,866	-251,297	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	0	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	19,136	19,137	0	19,136	19,137	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	49,422	46,830	0	49,422	46,830	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		777,081	615,964	0	777,081	615,964	60.00
<b>ASSETS WHOSE USE IS LIMITED</b>								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
<b>PROPERTY, PLANT, AND EQUIPMENT</b>								
95.00	Land	1200	581,991	581,991	0	581,991	581,991	95.00
100.00	Land improvements	1210	131,562	132,012	0	131,562	132,012	100.00
105.00	Buildings and improvements	1220	10,292,895	10,609,412	0	10,292,895	10,609,412	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,533,748	-7,392,201	0	-7,533,748	-7,392,201	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	2,440,773	2,462,699	0	2,440,773	2,462,699	125.00
130.00	Less accumulated depreciation - equipment	1290	-1,520,624	-1,256,024	0	-1,520,624	-1,256,024	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,392,849	5,137,889	0	4,392,849	5,137,889	135.00
140.00	Construction-in-progress	1250	1,050,185	302,469	0	1,050,185	302,469	140.00
<b>INVESTMENTS AND OTHER ASSETS</b>								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
<b>INTANGIBLE ASSETS</b>								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		6,220,115	6,056,322	0	6,220,115	6,056,322	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
<b>OTHER INFORMATION</b>								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1,050,185	302,469				215.00

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## BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
<b>CURRENT LIABILITIES</b>								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	136,009	99,780	0	136,009	99,780	10.00
15.00	Accrued compensation and related liabilities	2020	243,148	190,274	0	243,148	190,274	15.00
20.00	Other accrued liabilities	2030	0	0	0	0	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	5,407,730	3,034,188	0	5,407,730	3,034,188	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		27,292	28,480	0	27,292	28,480	50.00
55.00	Other current liabilities	2090	900	15,900	0	900	15,900	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		5,815,079	3,368,622	0	5,815,079	3,368,622	60.00
<b>DEFERRED CREDITS</b>								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	1,965,241	2,433,849	0	1,965,241	2,433,849	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		1,965,241	2,433,849	0	1,965,241	2,433,849	80.00
<b>LONG-TERM DEBT</b>								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	1,685,510	1,591,043	0	1,685,510	1,591,043	105.00
110.00	Payable to related parties, noncurrent	2260	0	0	0	0	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		1,685,510	1,591,043	0	1,685,510	1,591,043	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		-27,292	-28,480	0	-27,292	-28,480	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		1,658,218	1,562,563	0	1,658,218	1,562,563	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		9,438,538	7,365,034	0	9,438,538	7,365,034	135.00
<b>FUND EQUITY (not-for-profit)</b>								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	-3,218,423	-1,308,712	0	-3,218,423	-1,308,712	145.00
<b>EQUITY (investor-owned)</b>								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	0	0	0	0	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	0	0	0	0	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-3,218,423	-1,308,712	0	-3,218,423	-1,308,712	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		6,220,115	6,056,322	0	6,220,115	6,056,322	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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## SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	105	2019	1,591,043	2044	4.00	1,685,510	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(\*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(\*\*) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY  
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	<b>Total (Combine Lines 1 through 30)</b>			<b>0</b>			50.00

(\*) Disclosure must also be complete on Page 10.4, as applicable.



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## STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-1,308,712	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-1,308,712	0	0	0	0	7.00
<b>Additions (deductions):</b>							
8.00	Net income (loss)	-1,909,711					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	OTHER (DESCRIBE)	0	0	0	0		21.00
22.00	OTHER (DESCRIBE)	0	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-1,909,711	0	0	0	0	23.00
<b>Transfers:</b>							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-3,218,423	0	0	0	0	32.00

\* Column 1, line 7 must agree with Page 5.2, column 2, line 180.  
Column 2, line 7 must be equal to Page 6, column 4, line 45.  
Column 3, line 7 must agree with Page 6, column 4, line 145.  
Column 4, line 7 must agree with Page 6, column 4, line 245.

\*\* Column 1, line 32 must agree with Page 5.2, column 1, line 180.  
Column 2, line 32 must agree with Page 6, column 3, line 45.  
Column 3, line 32 must agree with Page 6, column 3, line 145.  
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name:  
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## STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
<b>HEALTH CARE REVENUES</b>					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	2,709,475	2,306,576	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	464,645	290,306	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	227,300	-38,599	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	<b>2,946,820</b>	<b>2,635,481</b>	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	26,286	0	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	<b>2,973,106</b>	<b>2,635,481</b>	25.00
<b>HEALTH CARE EXPENSES - ROUTINE SERVICES</b>					
30.00	Skilled Nursing Care	6110	2,034,575	1,524,573	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	<b>2,034,575</b>	<b>1,524,573</b>	65.00
<b>HEALTH CARE EXPENSES - ANCILLARY SERVICES</b>					
70.00	Patient Supplies	8100	4,930	3,872	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	105,818	66,367	75.00
76.00	Respiratory Therapy	8220	0	0	76.00
77.00	Occupational Therapy	8250	86,992	57,182	77.00
78.00	Speech Therapy	8280	13,545	5,159	78.00
80.00	Pharmacy	8300	82,089	49,653	80.00
85.00	Laboratory	8400	0	5,847	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	21,394	19,790	95.00
100.00	Total Ancillary Services	Lines 70 through 95	<b>314,768</b>	<b>207,870</b>	100.00
<b>HEALTH CARE EXPENSES - SUPPORT SERVICES</b>					
105.00	Plant Operations and Maintenance	6200	78,698	78,247	105.00
110.00	Housekeeping	6300	19,549	21,290	110.00
115.00	Laundry and Linen	6400	49,481	58,303	115.00
120.00	Dietary	6500	516,375	478,891	120.00
125.00	Social Services	6600	71,660	65,161	125.00
130.00	Activities	6700	127,062	137,966	130.00
135.00	Inservice Education - Nursing	6800	49,510	82,382	135.00
140.00	Administration	6900	910,274	705,985	140.00
145.00	Total Support Services	Lines 105 through 140	<b>1,822,609</b>	<b>1,628,225</b>	145.00
<b>HEALTH CARE EXPENSES - PROPERTY EXPENSES</b>					
155.00	Depreciation and Amortization	7110 through 7160	54,904	52,177	155.00
160.00	Leases and Rentals	7200	5,918	4,866	160.00
165.00	Property Taxes	7300	670	694	165.00
170.00	Property Insurance	7400	3,185	3,115	170.00
175.00	Interest - Property, Plant and Equipment	7500	4,012	6,341	175.00
180.00	Total Property Expenses	Lines 155 through 175	<b>68,689</b>	<b>67,193</b>	180.00
<b>HEALTH CARE EXPENSES - OTHER EXPENSES</b>					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	0	210,873	190.00
195.00	Total Other Expenses	Lines 185 + 190	<b>0</b>	<b>210,873</b>	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	<b>4,240,641</b>	<b>3,638,734</b>	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	<b>-1,267,535</b>	<b>-1,003,253</b>	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	-642,176	-396,201	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	<b>-1,909,711</b>	<b>-1,399,454</b>	215.00
<b>PROVISION FOR INCOME TAXES</b>					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	<b>0</b>	<b>0</b>	230.00

Facility D.B.A. Name:  
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## STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-1,909,711	-1,399,454	235.00
<b>EXTRAORDINARY ITEMS</b>					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-1,909,711	-1,399,454	255.00
<b>CHARITY CARE FOOTNOTE</b>					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

\* Check this box if line 210 contains Residential Revenues and Expenses.

X

Facility D.B.A. Name:  
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## STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
<b>Cash Flows from Operating Activities and Nonoperating Revenue :</b>				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-1,909,711	-1,399,454	5.00
<b>Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :</b>				
10.00	Depreciation and amortization	811,540	771,220	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-158,526	20,787	20.00
25.00	Change in receivables from third-party payors	0	0	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-2,591	-24,588	40.00
45.00	Change in accounts payable	36,229	-2,698	45.00
50.00	Change in accrued compensation and related liabilities	52,874	10,561	50.00
55.00	Change in other accrued liabilities	0	-55,770	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	-15,000	15,894	75.00
80.00	Change in deferred credits	-468,608	-322,399	80.00
85.00	Change in related party receivables/payables (related to operating activities)	2,373,542	1,897,562	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	2,629,460	2,310,569	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	719,749	911,115	100.00
<b>Cash Flows from Investing Activities :</b>				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-814,215	-903,553	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	ROUNDING	-1	-1	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	OTHER (DESCRIBE)	0	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-814,216	-903,554	140.00
<b>Cash Flows from Financing Activities :</b>				
145.00	Proceeds from issuance of long-term debt	94,467	0	145.00
150.00	Principal payments on long-term debt	0	-7,561	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	OTHER (DESCRIBE)	0	0	175.00
180.00	OTHER (DESCRIBE)	0	0	180.00
185.00	OTHER (DESCRIBE)	0	0	185.00
190.00	OTHER (DESCRIBE)	0	0	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	94,467	-7,561	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	0	0	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	2,000	2,000	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	2,000	2,000	215.00



## 10.1

\*\*\* All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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## EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.932346	1,084,544	78,698	0	78,698	-3,783	74,915	5.00
10.00	Housekeeping	6300	0.932346	269,408	19,549	0	19,549	55,704	75,253	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.932346	427,495	31,020	0	31,020	0	31,020	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.932346	329,141	23,884	0	23,884	-215	23,669	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.932346	81,561	5,918	0	5,918	5,342	11,260	35.00
40.00	Property Taxes	7300	0.932346	9,231	670	0	670	0	670	40.00
45.00	Property Insurance	7400	0.932346	43,897	3,185	0	3,185	0	3,185	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.932346	55,284	4,012	0	4,012	-5	4,007	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.577903	67,746	49,481	0	49,481	73	49,554	60.00
65.00	Dietary	6500	0.737928	1,453,981	516,375	0	516,375	-2,489	513,886	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	0	0	0	0	0	70.00
<b>ANCILLARY SERVICES</b>										
75.00	Patient Supplies	8100			4,930	0	4,930	0	4,930	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			105,818	0	105,818	1,778	107,596	80.00
81.00	Respiratory Therapy	8220			0	0	0	0	0	81.00
82.00	Occupational Therapy	8250			86,992	0	86,992	0	86,992	82.00
83.00	Speech Therapy	8280			13,545	0	13,545	0	13,545	83.00
85.00	Pharmacy	8300			82,089	0	82,089	0	82,089	85.00
90.00	Laboratory	8400			0	0	0	0	0	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			21,394	0	21,394	-3,707	17,687	100.00
<b>ROUTINE SERVICES</b>										
105.00	Skilled Nursing Care	6110			2,034,575	26,286	2,008,289	-36,327	1,998,248	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							3,707	3,707	140.00
145.00	Other Nonreimbursable***							0	0	145.00
150.00	Subtotal (Lines 5 through 145)			3,822,288						150.00
155.00	Social Services	6600	0.000000	0	71,660	0	71,660	713	72,373	155.00
160.00	Activities	6700	0.553600	51,398	127,062	0	127,062	-7,845	119,217	160.00
165.00	Administration	6900	0.553600	1,045,781	910,274	0	910,274	-170,980	739,294	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	49,510	0	49,510	0	49,510	170.00
175.00	Total (See Instructions)			4,919,467	4,240,641	26,286	4,214,355	-158,034	4,082,607	175.00
<b>SUPPLEMENTAL EXPENSE INFORMATION</b>										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

\* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

\*\* Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

\*\*\* All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0		75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME-SNF	5990	26,286	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		26,286		100.00

\* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds	50	B	-70	-5	REVENUE OFFSET	35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-49,758	-3,366	ELIMINATE EXPENSE	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts			0	0		75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases			0	0		115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	FACILITY RENTALS	5	B	-6,165	-417	REVENUE OFFSET	140.00
141.00	ADMINISTRATION	165	B	-3,669	-1,347	REVENUE OFFSET	141.00
142.00	DIETARY - SALARIES	65	B	-3,814	-1,000	REVENUE OFFSET	142.00
143.00	DIETARY - BENEFITS	65	B	-1,861	-488	REVENUE OFFSET	143.00
144.00	DIETARY - AGENCY	65	B	-1,193	-313	REVENUE OFFSET	144.00
145.00	DIETARY - OTHER	65	B	-2,625	-688	REVENUE OFFSET	145.00
146.00	ACTIVITIES - SALARIES	160	B	-573	-210	REVENUE OFFSET	146.00
147.00	ACTIVITIES - BENEFITS	160	B	-232	-85	REVENUE OFFSET	147.00
148.00	ACTIVITIES - OTHER	160	B	-483	-177	REVENUE OFFSET	148.00
149.00	DUES - LOBBYING	165	A	-3,360	-1,233	ELIMINATE EXPENSE	149.00
150.00	HOUSEKEEPING - WAGES	10	A	32,976	32,976	REALLOCATION - BASED ON HOURS	150.00
151.00	HOUSEKEEPING - BENEFITS	10	A	16,533	16,533	REALLOCATION - BASED ON HOURS	151.00
152.00	HOUSEKEEPING - OTHER	10	A	6,670	6,670	REALLOCATION - BASED ON HOURS	152.00
153.00	ACTIVITIES	160	A	-7,373	-7,373	REALLOCATION - ACCUMULATED CO	153.00
154.00	ADMINISTRATION	165	A	-150,001	-150,001	REALLOCATION - ACCUMULATED CO	154.00
155.00	DEPRECIATION - EQUIPMENT	25	A	-3,181	-215	DEPR FIXED ASSETS <\$5,000	155.00
156.00	EXTRA HOUSEKEEPING	10	B	-475	-475	REVENUE OFFSET	156.00
157.00	MEDICAL DIRECTOR	165	A	7,550	7,550	RECLASS TO PROPER COST CENTER	157.00
158.00	THERAPY SERVICES	80	A	1,778	1,778	RECLASS TO PROPER COST CENTER	158.00
159.00	SOCIAL SERVICES	155	A	713	713	RECLASS TO PROPER COST CENTER	159.00
160.00	NURSING	105	A	-10,041	-10,041	RECLASS TO PROPER COST CENTER	160.00
161.00	LEASES AND RENTALS	35	A	5,342	5,342	RECLASS TO PROPER COST CENTER	161.00



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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
162.00	LEASES AND RENTALS	165	A	-5,342	-5,342	RECLASS TO PROPER COST CENTER	162.00
163.00	MISC INCOME - SNF	105	B	-26,286	-26,286	REVENUE OFFSET	163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
<b>NON-REIMBURSABLE COST CENTERS:</b>							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	140	A	3,707	3,707	RECLASS PER REPORT INSTRUCTION	200.00
205.00	BEAUTY AND BARBER	100	A	-3,707	-3,707	RECLASS PER REPORT INSTRUCTION	205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-204,940	-137,500		220.00

\* Basis: A - Cost

B - Amount Received

\*\* Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

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## RELATED PARTY INFORMATION

10.4(1)

If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code
	1.00	2.00	3.00	4.00	5.00
1.00					
3.00					
4.00					
5.00					
6.00					
7.00					
8.00					
9.00					
10.00					
11.00					
12.00					
13.00					
14.00					
15.00					
16.00					
17.00					
18.00					
19.00					
20.00					

\* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00												
32.00		0			0		0	0	0	0	0	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00



10.4(2)

\* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (\*) ADMINISTRATORS, ASSISTANT  
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
<b>SECTION I - OWNERS/OPERATORS/RELATIVES</b>									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
<b>SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY</b>									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
<b>SECTION III - ADMINISTRATORS (**)</b>									
140.00	YVETTE DUARTE	160,613	81,701	0		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
<b>SECTION IV - ASSISTANT ADMINISTRATORS (**)</b>									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
<b>SECTION V - BOARD MEMBERS</b>									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(\*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(\*\*) If more than one Administrator is reported, include dates of employment for each.

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## EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	13,103	7,601	5,158	49,053	<b>74,915</b>	5.00
10.00	Housekeeping	6300	44,451	22,286	0	8,516	<b>75,253</b>	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				31,020	<b>31,020</b>	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	<b>0</b>	20.00
25.00	Depreciation - Equipment	7140				23,669	<b>23,669</b>	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	<b>0</b>	30.00
35.00	Leases and Rentals	7200				11,260	<b>11,260</b>	35.00
40.00	Property Taxes	7300				670	<b>670</b>	40.00
45.00	Property Insurance	7400				3,185	<b>3,185</b>	45.00
50.00	Interest - Property, Plant & Equip.	7500				4,007	<b>4,007</b>	50.00
55.00	Interest - Other	7600				0	<b>0</b>	55.00
60.00	Laundry and Linen	6400	16,445	8,370	0	24,739	<b>49,554</b>	60.00
65.00	Dietary	6500	206,452	100,767	64,573	142,094	<b>513,886</b>	65.00
70.00	Provision for Bad Debts	7700				0	<b>0</b>	70.00
<b>ANCILLARY SERVICES</b>								
75.00	Patient Supplies	8100	0	0	0	4,930	<b>4,930</b>	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	<b>0</b>	77.00
80.00	Physical Therapy	8200	0	0	0	107,596	<b>107,596</b>	80.00
81.00	Respiratory Therapy	8220	0	0	0	0	<b>0</b>	81.00
82.00	Occupational Therapy	8250	0	0	0	86,992	<b>86,992</b>	82.00
83.00	Speech Therapy	8280	0	0	0	13,545	<b>13,545</b>	83.00
85.00	Pharmacy	8300	0	0	0	82,089	<b>82,089</b>	85.00
90.00	Laboratory	8400	0	0	0	0	<b>0</b>	90.00
95.00	Home Health Services	8800	0	0	0	0	<b>0</b>	95.00
100.00	Other Ancillary Services	8900	0	0	0	17,687	<b>17,687</b>	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	<b>0</b>	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	<b>0</b>	102.00
<b>ROUTINE SERVICES</b>								
105.00	Skilled Nursing Care	6110	1,126,821	584,268	157,274	129,885	<b>1,998,248</b>	105.00
110.00	Intermediate Care	6120	0	0	0	0	<b>0</b>	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	<b>0</b>	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	<b>0</b>	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	<b>0</b>	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	<b>0</b>	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	<b>0</b>	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	<b>0</b>	130.00
135.00	Other Routine Services	6190	0	0	0	0	<b>0</b>	135.00
139.00	Residential Care **	9100	0	0	0	0	<b>0</b>	139.00
140.00	Beauty and Barber		0	0	0	3,707	<b>3,707</b>	140.00
145.00	Other Nonreimbursable		0	0	0	0	<b>0</b>	145.00
155.00	Social Services	6600	52,634	19,026	0	713	<b>72,373</b>	155.00
160.00	Activities	6700	71,156	31,484	0	16,577	<b>119,217</b>	160.00
165.00	Administration	6900	132,648	78,015	0	434,137	<b>644,800</b>	165.00
166.00	Medical Records - Salaries and Wages ***	6900	22,907	13,438	0	0	<b>36,345</b>	166.00
167.00	DPH Licensing Fees ***	6900				30,655	<b>30,655</b>	167.00
168.00	Liability Insurance ***	6900				27,494	<b>27,494</b>	168.00
169.00	Quality Assurance Fees ***	6900				0	<b>0</b>	169.00
170.00	Inservice Education - Nursing	6800	34,875	14,635	0	0	<b>49,510</b>	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	<b>0</b>	174.00
175.00	Total ****		<b>1,721,492</b>	<b>879,890</b>	<b>227,005</b>	<b>1,254,220</b>	<b>4,082,607</b>	175.00

\* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

\*\* Complete with Direct Residential Care Costs

\*\*\* Amounts reclassified from Administration (line 165)

\*\*\*\* Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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## ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	0	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	0	0	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	313	313	313	0	0	0	0	0	0	0	60.00
65.00	Dietary	1,330	1,330	1,330	0	0	0	0	0	0	0	65.00
<b>ANCILLARY SERVICES</b>												
75.00	Patient Supplies	76	76	76	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	65	65	65	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	65	65	65	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
<b>ROUTINE SERVICES</b>												
105.00	Skilled Nursing Care	3,795	3,795	3,795	16,298	24,447	1,998,248	1,998,248	1,998,248	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	114	114	114	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	96	96	96	0	0	0	0	0	0	0	155.00
160.00	Activities	600	600	600	0	0	0	0	0	0	0	160.00
165.00	Administration	1,643	1,643	1,643	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	88	88	88	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	66	66	66	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	8,251	8,251	8,251	16,298	24,447	1,998,248	1,998,248	1,998,248	0	0	175.00

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## ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	1,767,813		223,979		49,554		513,886	5.00

**ANCILLARY SERVICE COST CENTERS**

10.00	Patient Supplies	4,930	76	4,137	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	107,596	65	3,538	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0	0			16.00
17.00	Occupational Therapy	86,992	0	0	0	0			17.00
18.00	Speech Therapy	13,545	0	0	0	0			18.00
20.00	Pharmacy	82,089	65	3,538	0	0			20.00
25.00	Laboratory	0	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	17,687	0	0	0	0			35.00

**ROUTINE SERVICE COST CENTERS**

40.00	Skilled Nursing Care	1,998,248	3,795	206,561	16,298	49,554	24,447	513,886	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00

**NONREIMBURSABLE COSTS**

75.00	Beauty and Barber	3,707	114	6,205	0	0	0	0	75.00
80.00	Other Nonreimbursable	0	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		4,115		16,298		24,447		85.00
90.00	UNIT COST MULTIPLIER**		54.429891		3.040496		21.020412		90.00
95.00	TOTAL COSTS (See instructions)	2,314,794		223,979		49,554		513,886	95.00

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	

5.00	General Service Costs		241,100		739,294		5.00
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**ANCILLARY SERVICE COST CENTERS**

10.00	Patient Supplies			9,067	2,005	11,072	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			111,134	24,575	135,709	15.00
16.00	Respiratory Therapy			0	0	0	16.00
17.00	Occupational Therapy			86,992	19,236	106,228	17.00
18.00	Speech Therapy			13,545	2,995	16,540	18.00
20.00	Pharmacy			85,627	18,934	104,561	20.00
25.00	Laboratory			0	0	0	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			17,687	3,911	21,598	35.00

**ROUTINE SERVICE COST CENTERS**

40.00	Skilled Nursing Care	1,998,248	241,100	3,009,349	665,446	3,674,795	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00



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## ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
<b>NONREIMBURSABLE COSTS</b>								
75.00	Beauty and Barber			9,912	2,192	12,104		75.00
80.00	Other Nonreimbursable			0	0	0		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	<b>1,998,248</b>		<b>3,343,313</b>				85.00
90.00	UNIT COST MULTIPLIER**	0.120656		0.221126				90.00
95.00	TOTAL COSTS (See instructions)		<b>241,100</b>		<b>739,294</b>	<b>4,082,607</b>		95.00

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	3,674,795	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	8,149	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	450.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

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## LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
<b>NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:</b>					
5.00	Supervisors and Management	2,752	169,986	61.77	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	4,822	203,309	42.16	25.00
30.00	Licensed Vocational Nurses	12,823	373,667	29.14	30.00
35.00	Nurse Assistants (Aides and Orderlies)	19,864	327,368	16.48	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	2,086	52,491	25.16	60.00
65.00	Subtotal (Sum of lines 5 through 60)	<b>42,347</b>	<b>1,126,821</b>	<b>26.61</b>	65.00
<b>SUB-ACUTE CARE NURSING SERVICES - ONLY:</b>					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	<b>0</b>	<b>0</b>	<b>0.00</b>	130.00
<b>SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:</b>					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	<b>0</b>	<b>0</b>	<b>0.00</b>	180.00
<b>TRANSITIONAL INPATIENT CARE - ONLY:</b>					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	<b>0</b>	<b>0</b>	<b>0.00</b>	199.00
<b>ANCILLARY SERVICES:</b>					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	0	0	0.00	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	<b>0</b>	<b>0</b>	<b>0.00</b>	230.00

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2020

Run Date Time: 10/26/2021 3:40 pm  
MCRIF32: **LTCIR**  
Version: 45.2.172.1



## LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
<b>SUPPORT SERVICES:</b>					
250.00	Plant Operations and Maintenance	677	13,103	19.35	250.00
255.00	Housekeeping	792	11,475	14.49	255.00
260.00	Laundry and Linen	875	12,434	14.21	260.00
265.00	Dietary	13,350	207,452	15.54	265.00
270.00	Social Services	2,186	52,634	24.08	270.00
275.00	Activities	4,747	74,648	15.73	275.00
280.00	Inservice Education - Nursing	696	34,875	50.11	280.00
285.00	Administration	5,129	155,555	30.33	285.00
290.00	Subtotal (Sum of lines 250 through 285)	<b>28,452</b>	<b>562,176</b>	<b>19.76</b>	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	<b>70,799</b>	<b>1,688,997</b>	<b>23.86</b>	300.00

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.  
Report to the nearest whole hour.

**\*\* For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

**For non-residential care facilities:**

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

**For residential care facilities:**

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2020

Run Date Time: 10/26/2021 3:40 pm  
MCRIF32: LTCIR  
Version: 45.2.172.1



## LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	2,186	52,634	24.08	310.00
315.00	Activity Program Leaders (report here and include on line 275)	3,541	49,953	14.11	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
<b>NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:</b>					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	1,529	68,251	44.64	415.00
420.00	Nurse Assistants (Aides and Orderlies)	3,224	88,759	27.53	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	8	264	33.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	4,761	157,274	33.03	435.00
<b>SUB-ACUTE CARE NURSING SERVICES - ONLY:</b>					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
<b>SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:</b>					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
<b>TRANSITIONAL INPATIENT CARE - ONLY:</b>					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

## LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	46	28	14
610.00	Number of employees at end of period	43	26	15
615.00	Average number of employees (See instructions)	51	30	16
620.00	Total number of people employed during the period **	75	54	25
625.00	Turnover percentage [ (line 620 / line 615) X 100 ] - 100	47.06	80.00	56.25
630.00	Number of employees with continuous service for entire reporting period	42	25	14

\* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.  
Do not include supervisors who provide no direct nursing care.  
Do include supervisors whose duties include some provision of nursing care.

\*\* Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).  
This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.  
Therefore, in most cases, line 620 should be greater than this calculation.

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**HumanGood  
dba  
Windsor Manor Facility**

**Skilled Nursing Facility  
Cost Report  
(A Compilation)**

**For the Year Ended December 31, 2020**



HANSEN HUNTER & CO. P.C.

**SYNERGY**  
HEALTHCARE RESOURCES

**AXIOM**  
HEALTHCARE GROUP

The logo features a red swoosh above the text 'HealthBridge' in a sans-serif font, followed by a small red circular icon.

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- **Independent Accountants' Compilation Report**
- **Encrypted Certification Page from Form CMS 2540-10**
- **Form CMS 2540-10**
- **Worksheet A-6, A-8 and A-8-1 Adjustments**
  - Allowable Related Party Costs



HANSEN HUNTER & CO. P.C.



## Independent Accountants' Compilation Report

To Management  
HumanGood  
dba Windsor Manor Facility  
Pleasanton, California

Management is responsible for the accompanying Skilled Nursing Facility Cost Report, Form CMS 2540-10 and related schedules, which are listed in the preceding table of contents, of HumanGood, dba Windsor Manor Facility for the year ended December 31, 2020 in accordance with the requirements of the Centers for Medicare and Medicaid Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### Basis of Accounting

Form CMS 2540-10 and related schedules (listed in the preceding table of contents) are prepared in accordance with the requirements of the Centers for Medicare and Medicaid Services, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the Centers for Medicare and Medicaid Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen Hunter & Co. P.C.*

July 27, 2021

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0463  
Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555616	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I, II & III Date/Time Prepared: 7/27/2021 4:10 pm
---	----------------------	---	--

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 7/27/2021 Time: 4:10 pm
Contractor use only	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

**PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

**CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WINDSOR MANOR ( 555616 ) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	<b>Andrew Mcdonald</b>	<b>Y</b>	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Andrew Mcdonald		2
3	Signatory Title	CFO		3
4	Date	07/27/2021 04:10:12 PM		4

**Encryption Information**

ECR: Date: 7/27/2021 Time: 4:10 pm  
Pa9EDMx6huUi qL8i c8pXvFSpATB.70  
CWnLH04C9Ho2o6fT6i 506lI Sd: J. r3  
.91EOCpXKgOgd9d0

		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1. 00	2. 00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
1. 00	SKILLED NURSING FACILITY	0	0	0	0	1. 00
2. 00	NURSING FACILITY	0			0	2. 00
3. 00	ICF/IID				0	3. 00
4. 00	SNF - BASED HHA I	0	0	0		4. 00
5. 00	SNF - BASED RHC I	0		0		5. 00
6. 00	SNF - BASED FQHC I	0		0		6. 00
7. 00	SNF - BASED CMHC I	0		0		7. 00
7. 10	SNF - BASED CORF I	0		0		7. 10
100. 00	TOTAL	0	0	0	0	100. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Provider No.: 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-2  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

1.00		2.00		3.00						
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 1230 E. WINDSOR RD	PO Box:							1.00	
2.00	City: GLENDALE	State: CA	Zip Code: 91205						2.00	
3.00	County: LOS ANGELES	CBSA Code: 31084	Urban/Rural: U						3.00	
3.01		CBSA Code: 31084							3.01	
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)					
					V	XVIII	XIX			
		1.00	2.00	3.00	4.00	5.00	6.00			
SNF and SNF-Based Component Identification:										
4.00	SNF	WINDSOR MANOR	555616	12/01/1985	N	P	N	4.00		
5.00	Nursing Facility							5.00		
6.00	ICF/IID							6.00		
7.00	SNF-Based HHA							7.00		
8.00	SNF-Based RHC							8.00		
9.00	SNF-Based FQHC							9.00		
10.00	SNF-Based CMHC							10.00		
11.00	SNF-Based OLTC							11.00		
12.00	SNF-Based HOSPICE							12.00		
13.00	SNF-Based CORF							13.00		
				From:	To:					
				1.00	2.00					
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2020		12/31/2020		14.00		
15.00	Type of Control (See Instructions)			2				15.00		
						Y/N				
						1.00				
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y		18.00	
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line						811,540		20.00	
21.00	Declining Balance						0		21.00	
22.00	Sum of the Year's Digits						0		22.00	
23.00	Sum of line 20 through 22						811,540		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						Y		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N		28.00	
				Part A	Part B	Other				
				1.00	2.00	3.00				
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility						N	N	N	29.00
30.00	Nursing Facility									30.00
31.00	ICF/IID									31.00
32.00	SNF-Based HHA						N	N		32.00
33.00	SNF-Based RHC									33.00
34.00	SNF-Based FQHC							N		34.00
35.00	SNF-Based CMHC							N		35.00
36.00	SNF-Based OLTC									36.00
				Y/N						
				1.00		2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)						N		37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)						N		38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								39.00	
				Premiums	Paid Losses	Self Insurance				
				1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:			74,916	0	0		41.00		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-2  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		559012	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HUMANGOOD	Contractor's Name: NORIDIAN	Contractor's Number: 01001	45.00
46.00	Street: 6120 STONERIDGE MALL ROAD	PO Box: 3RD FLOOR		46.00
47.00	City: PLEASANTON	State: CA	Zip Code: 94588	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-2  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

		Y/N	Date	
		1.00	2.00	
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)				
Completed by All Skilled Nursing Facilities				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/30/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
		Y/N		
		1.00		
Bad Debts				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.	N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N		11.00
Bed Complement				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.	N		12.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		18.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-2  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JEFF	MOORE	19.00
20.00	Enter the employer/company name of the cost report preparer.	HANSEN HUNTER & CO. P.C.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	503-244-2134	JMOORE@HHC-CPA.COM	21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-2  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHAREHOLDER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	28	10,248	0	1,203	1,567	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	109	39,894				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	137	50,142	0	1,203	1,567	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	5,380	8,150	0	33	1	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	34,734	34,734				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	40,114	42,884	0	33	1	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	24	58	0.00	36.45	1,567.00	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	58	58				5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	82	116	0.00	36.45	1,567.00	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	140.52	0	37	1	18	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	598.86				53	5.00
6.00	SNF-Based CMHC						6.00
6.10	SNF-Based CORF						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	369.69	0	37	1	71	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	56	76.80	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	53	23.69	0.00			5.00
6.00	SNF-Based CMHC		0.00	0.00			6.00
6.10	SNF-Based CORF		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	109	100.49	0.00			8.00

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	4,463,555	0	4,463,555	209,024.00	21.35
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	4,463,555	0	4,463,555	209,024.00	21.35
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
9.10	CORF					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	1,122,061	0	1,122,061	49,283.00	22.77
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	1,122,061	0	1,122,061	49,283.00	22.77
13.00	Total Adjusted Salaries (line 6 minus line 12)	3,341,494	0	3,341,494	159,741.00	20.92
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	373,786	0	373,786	9,516.00	39.28
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	1,416,089	0	1,416,089		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	355,981	0	355,981		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,060,108	0	1,060,108		

## SNF WAGE INDEX INFORMATION

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part III  
Date/Time Prepared:  
7/27/2021 4:10 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00 Employee Benefits	0	0	0	0.00	0.00	1.00
2.00 Administrative & General	354,188	0	354,188	10,447.00	33.90	2.00
3.00 Plant Operation, Maintenance & Repairs	233,409	0	233,409	11,714.00	19.93	3.00
4.00 Laundry & Linen Service	33,157	0	33,157	2,336.00	14.19	4.00
5.00 Housekeeping	191,870	0	191,870	13,253.00	14.48	5.00
6.00 Dietary	888,812	0	888,812	57,022.00	15.59	6.00
7.00 Nursing Administration	0	395,436	395,436	8,247.00	47.95	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	0	28,111	28,111	1,182.00	23.78	10.00
11.00 Social Service	0	0	0	0.00	0.00	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	293,627	91	293,718	14,542.00	20.20	13.00
14.00 Total (sum lines 1 thru 13)	1,995,063	423,638	2,418,701	118,743.00	20.37	14.00



## SNF WAGE RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part IV  
Date/Time Prepared:  
7/27/2021 4:10 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	227,617	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	552,773	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	259,953	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	331,512	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	24,417	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,396,272	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	EMP RECOGNITION, DEP CARE, UNI FORMS	19,817	25.00

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part V  
Date/Time Prepared:  
7/27/2021 4:10 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	469,509	148,954	618,463	9,578.00	64.57	1.00
2.00	Licensed Practical Nurses (LPNs)	408,586	129,626	538,212	14,076.00	38.24	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	383,449	121,652	505,101	23,342.00	21.64	3.00
4.00	Total Nursing (sum of lines 1 through 3)	1,261,544	400,232	1,661,776	46,996.00	35.36	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	10,157		10,157	135.00	75.24	14.00
15.00	Licensed Practical Nurses (LPNs)	68,251		68,251	1,529.00	44.64	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	89,023		89,023	3,232.00	27.54	16.00
17.00	Total Nursing (sum of lines 14 through 16)	167,431		167,431	4,896.00	34.20	17.00
18.00	Physical Therapists	105,818		105,818	2,303.00	45.95	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	86,992		86,992	2,013.00	43.22	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	13,545		13,545	304.00	44.56	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-7

Date/Time Prepared:  
7/27/2021 4:10 pm

		Group	Days	
		1. 00	2. 00	
1. 00		RUX		1. 00
2. 00		RUL		2. 00
3. 00		RVX		3. 00
4. 00		RVL		4. 00
5. 00		RHX		5. 00
6. 00		RHL		6. 00
7. 00		RMX		7. 00
8. 00		RML		8. 00
9. 00		RLX		9. 00
10. 00		RUC		10. 00
11. 00		RUB		11. 00
12. 00		RUA		12. 00
13. 00		RVC		13. 00
14. 00		RVB		14. 00
15. 00		RVA		15. 00
16. 00		RHC		16. 00
17. 00		RHB		17. 00
18. 00		RHA		18. 00
19. 00		RMC		19. 00
20. 00		RMB		20. 00
21. 00		RMA		21. 00
22. 00		RLB		22. 00
23. 00		RLA		23. 00
24. 00		ES3		24. 00
25. 00		ES2		25. 00
26. 00		ES1		26. 00
27. 00		HE2		27. 00
28. 00		HE1		28. 00
29. 00		HD2		29. 00
30. 00		HD1		30. 00
31. 00		HC2		31. 00
32. 00		HC1		32. 00
33. 00		HB2		33. 00
34. 00		HB1		34. 00
35. 00		LE2		35. 00
36. 00		LE1		36. 00
37. 00		LD2		37. 00
38. 00		LD1		38. 00
39. 00		LC2		39. 00
40. 00		LC1		40. 00
41. 00		LB2		41. 00
42. 00		LB1		42. 00
43. 00		CE2		43. 00
44. 00		CE1		44. 00
45. 00		CD2		45. 00
46. 00		CD1		46. 00
47. 00		CC2		47. 00
48. 00		CC1		48. 00
49. 00		CB2		49. 00
50. 00		CB1		50. 00
51. 00		CA2		51. 00
52. 00		CA1		52. 00
53. 00		SE3		53. 00
54. 00		SE2		54. 00
55. 00		SE1		55. 00
56. 00		SSC		56. 00
57. 00		SSB		57. 00
58. 00		SSA		58. 00
59. 00		IB2		59. 00
60. 00		IB1		60. 00
61. 00		IA2		61. 00
62. 00		IA1		62. 00
63. 00		BB2		63. 00
64. 00		BB1		64. 00
65. 00		BA2		65. 00
66. 00		BA1		66. 00
67. 00		PE2		67. 00
68. 00		PE1		68. 00
69. 00		PD2		69. 00
70. 00		PD1		70. 00
71. 00		PC2		71. 00
72. 00		PC1		72. 00
73. 00		PB2		73. 00
74. 00		PB1		74. 00
75. 00		PA2		75. 00

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-7

Date/Time Prepared:  
7/27/2021 4:10 pm

		Group	Days	
		1.00	2.00	
76.00		PA1		76.00
99.00		AAA		99.00
100.00	TOTAL			100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)				
101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A

Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		183,371	183,371	-74,916	108,455	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		805,464	805,464	0	805,464	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,416,089	1,416,089	0	1,416,089	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	354,188	1,396,488	1,750,676	74,916	1,825,592	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	233,409	858,531	1,091,940	0	1,091,940	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	33,157	73,422	106,579	0	106,579	6.00
7.00	00700	HOUSEKEEPING	191,870	34,306	226,176	0	226,176	7.00
8.00	00800	DIETARY	888,812	818,128	1,706,940	0	1,706,940	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	395,436	395,436	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	28,111	28,111	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
15.00	01500	ACTIVITIES-SNF	293,627	157,848	451,475	-404,274	47,201	15.00
15.01	01501	TRANSPORT	0	0	0	95,285	95,285	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	309,080	309,080	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,346,431	349,402	1,695,833	-423,638	1,272,195	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	17,687	17,687	0	17,687	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	4,211	4,211	0	4,211	43.00
44.00	04400	PHYSICAL THERAPY	0	105,818	105,818	0	105,818	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	86,992	86,992	0	86,992	45.00
46.00	04600	SPEECH PATHOLOGY	0	13,545	13,545	0	13,545	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,517	5,517	0	5,517	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	82,089	82,089	0	82,089	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,341,494	6,408,908	9,750,402	0	9,750,402	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	3,707	3,707	0	3,707	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	195,740	285,683	481,423	0	481,423	95.00
95.01	09501	ASSISTED LIVING	881,083	113,706	994,789	0	994,789	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	0	95.02
95.03	09503	WELLNESS	45,238	1,056	46,294	0	46,294	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
100.00		TOTAL	4,463,555	6,813,060	11,276,615	0	11,276,615	100.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	9,972	118,427	1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT	34,036	839,500	2.00
3.00	00300 EMPLOYEE BENEFITS	0	1,416,089	3.00
4.00	00400 ADMINISTRATIVE & GENERAL	-206,669	1,618,923	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	-49,758	1,042,182	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	332	106,911	6.00
7.00	00700 HOUSEKEEPING	-475	225,701	7.00
8.00	00800 DIETARY	-11,926	1,695,014	8.00
9.00	00900 NURSING ADMINISTRATION	0	395,436	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	28,111	12.00
13.00	01300 SOCIAL SERVICE	0	0	13.00
15.00	01500 ACTIVITIES-SNF	0	47,201	15.00
15.01	01501 TRANSPORT	0	95,285	15.01
15.02	01502 RES SVCS & CAMPUS PROGRAM	0	309,080	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 SKILLED NURSING FACILITY	0	1,272,195	30.00
31.00	03100 NURSING FACILITY	0	0	31.00
32.00	03200 ICF/IID	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000 RADIOLOGY	0	17,687	40.00
41.00	04100 LABORATORY	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	4,211	43.00
44.00	04400 PHYSICAL THERAPY	0	105,818	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	86,992	45.00
46.00	04600 SPEECH PATHOLOGY	0	13,545	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,517	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	82,089	49.00
51.00	05100 SUPPORT SURFACES	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	06000 CLINIC	0	0	60.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
70.00	07000 HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100 AMBULANCE	0	0	71.00
72.00	07200 CORF	0	0	72.00
73.00	07300 CMHC	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
82.00	08200 UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300 HOSPICE	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	-224,488	9,525,914	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	3,707	91.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	481,423	95.00
95.01	09501 ASSISTED LIVING	0	994,789	95.01
95.02	09502 RESIDENTIAL	0	0	95.02
95.03	09503 WELLNESS	0	46,294	95.03
95.04	09504 OUTREACH	0	0	95.04
95.05	09505 SPECIAL CARE UNIT	0	0	95.05
100.00	TOTAL	-224,488	11,052,127	100.00

## RECLASSIFICATIONS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6

Date/Time Prepared:  
7/27/2021 4:10 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - RECLASSIFY LIABILITY INSURANCE					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	74,916	1.00
	(1) B - RECLASSIFY TRANSPORTATION COSTS					
2.00		TRANSPORT	15.01	61,243	34,042	2.00
	(1) C - RECLASSIFY RESIDENT SVCS COSTS					
3.00		RES SVCS & CAMPUS PROGRAM	15.02	189,253	119,827	3.00
	(1) D - RECLASSIFY NURSE ADMIN WAGES					
4.00		NURSING ADMINISTRATION	9.00	395,436	0	4.00
	(1) E - RECLASSIFY MEDICAL RECORDS WAGES					
5.00		MEDICAL RECORDS & LIBRARY	12.00	28,111	0	5.00
	(1) F - RECLASS ACTIVITIES WAGES					
6.00		ACTIVITIES-SNF	15.00	91	0	6.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		674,134	228,785	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

See Accountants' ~~WINDSOR MANOR~~ **WINDSOR MANOR** ~~WINDSOR MANOR~~ **WINDSOR MANOR**

## RECLASSIFICATIONS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6

Date/Time Prepared:  
7/27/2021 4:10 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - RECLASSIFY LIABILITY INSURANCE					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	74,916	1.00
	(1) B - RECLASSIFY TRANSPORTATION COSTS					
2.00		ACTIVITIES-SNF	15.00	61,243	34,042	2.00
	(1) C - RECLASSIFY RESIDENT SVCS COSTS					
3.00		ACTIVITIES-SNF	15.00	189,253	119,827	3.00
	(1) D - RECLASSIFY NURSE ADMIN WAGES					
4.00		SKILLED NURSING FACILITY	30.00	395,436	0	4.00
	(1) E - RECLASSIFY MEDICAL RECORDS WAGES					
5.00		SKILLED NURSING FACILITY	30.00	28,111	0	5.00
	(1) F - RECLASS ACTIVITIES WAGES					
6.00		SKILLED NURSING FACILITY	30.00	91	0	6.00
	TOTALS					
100.00				674,134	228,785	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

See Accountants' ~~Worksheet A-6~~ **Worksheet A-6**



## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-7

Date/Time Prepared:  
7/27/2021 4:10 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	581,991	0	0	0	0	1.00	
2.00	Land Improvements	132,012	0	0	0	450	2.00	
3.00	Buildings and Fixtures	2,871,160	0	0	0	0	3.00	
4.00	Building Improvements	8,600,461	0	0	0	249,803	4.00	
5.00	Fixed Equipment	1,103,017	0	0	0	79,333	5.00	
6.00	Movable Equipment	428,988	0	0	0	9,307	6.00	
7.00	Subtotal (sum of lines 1-6)	13,717,629	0	0	0	338,893	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	13,717,629	0	0	0	338,893	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	581,991	0					1.00
2.00	Land Improvements	131,562	0					2.00
3.00	Buildings and Fixtures	2,871,160	0					3.00
4.00	Building Improvements	8,350,658	0					4.00
5.00	Fixed Equipment	1,023,684	0					5.00
6.00	Movable Equipment	419,681	0					6.00
7.00	Subtotal (sum of lines 1-6)	13,378,736	0					7.00
8.00	Reconciling Items	0	0					8.00
9.00	Total (line 7 minus line 8)	13,378,736	0					9.00

## ADJUSTMENTS TO EXPENSES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8

Date/Time Prepared:  
7/27/2021 4:10 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-70	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-55,819			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-4,617	DIETARY	8.00	14.00
15.00	Cost of meals - Guests	B	-3,544	DIETARY	8.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures			CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment			CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	BAD DEBT RECOVERIES	A	2,695	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	CATERING	B	-1,332	DIETARY	8.00	25.01
25.02	COMMUNITY FEES	B	-48,297	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	DINING-SALES TAX	A	-2,433	DIETARY	8.00	25.03
25.04	EXTRA HSKP	B	-475	HOUSEKEEPING	7.00	25.04
25.05	FAC RENT - EQUIP	B	-1,288	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	25.05
25.06	FAC RENT - GUEST	B	-6,165	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.06
25.07	MISC INCOME	B	-33,151	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08	PUBLIC RELATIONS	A	-1,800	ADMINISTRATIVE & GENERAL	4.00	25.08
25.09	SALES TAXES	A	-8,748	ADMINISTRATIVE & GENERAL	4.00	25.09
25.10	RESIDENT TELEVISION	A	-49,758	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.10
25.11	RESTRICTED DONATIONS	B	-6,326	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.11
25.12	LOBBYING-RELATED DUES	A	-3,360	ADMINISTRATIVE & GENERAL	4.00	25.12
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-224,488			100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
7/27/2021 4:10 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - MGT FEES	1.00
2.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	HOME OFFICE - CAP BLDG	2.00
3.00		2.00	CAP REL COSTS - MOVEABLE EQUIPMENT	HOME OFFICE - MOVEABLE EQUIP	3.00
4.00		6.00	LAUNDRY & LINEN SERVICE	INTERCOMPANY LAUNDRY ALLOCATION	4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		595,237	709,245	-114,008	1.00
2.00		22,533	0	22,533	2.00
3.00		35,324	0	35,324	3.00
4.00		20,021	19,689	332	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	673,115	728,934	-55,819	10.00

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
7/27/2021 4:10 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	HUMANGOOD	100.00	1.00
2.00	B	HUMANGOOD	100.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	HUMANGOOD	0.00	MGT/ACCTING	1.00
2.00	HG-ROYAL OAKS MANOR	100.00	SHARED LAUNDRY SERVICES	2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	118,427	118,427			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	839,500		839,500		2.00
3.00	00300	EMPLOYEE BENEFITS	1,416,089	0	0	1,416,089	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,618,923	112	791	112,368	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,042,182	356	2,523	74,050	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	106,911	220	1,558	10,519	6.00
7.00	00700	HOUSEKEEPING	225,701	0	0	60,872	7.00
8.00	00800	DIETARY	1,695,014	398	2,823	281,981	8.00
9.00	00900	NURSING ADMINISTRATION	395,436	0	0	125,454	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	28,111	0	0	8,918	12.00
13.00	01300	SOCIAL SERVICE	0	62	443	0	13.00
15.00	01500	ACTIVITIES-SNF	47,201	356	2,523	13,712	15.00
15.01	01501	TRANSPORT	95,285	0	0	19,430	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	309,080	0	0	60,042	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,272,195	3,669	26,009	292,762	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	17,687	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,211	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	105,818	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	86,992	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	13,545	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,517	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	82,089	12	87	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,525,914	5,185	36,757	1,060,108	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	3,707	97	688	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	481,423	0	0	62,100	95.00
95.01	09501	ASSISTED LIVING	994,789	45,661	323,682	279,529	95.01
95.02	09502	RESIDENTIAL	0	67,484	478,373	0	95.02
95.03	09503	WELLNESS	46,294	0	0	14,352	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	11,052,127	118,427	839,500	1,416,089	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,732,194				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	210,250	1,329,361			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	22,396	2,477	144,081		6.00
7.00	00700	HOUSEKEEPING	53,839	0	0	340,412	7.00
8.00	00800	DIETARY	372,029	4,488	0	1,618	2,358,351
9.00	00900	NURSING ADMINISTRATION	97,861	0	0	0	0
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	6,957	0	0	0	0
13.00	01300	SOCIAL SERVICE	95	704	0	254	0
15.00	01500	ACTIVITIES-SNF	11,985	4,010	0	1,428	0
15.01	01501	TRANSPORT	21,552	0	0	0	0
15.02	01502	RES SVCS & CAMPUS PROGRAM	69,348	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	299,587	41,348	27,382	14,883	448,199
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	791	0	0	0	0
44.00	04400	PHYSICAL THERAPY	19,880	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	16,343	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	2,545	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,036	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	138	0	63	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	1,206,494	53,165	27,382	18,246	448,199
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	844	1,094	0	381	0
95.00	09500	OTHER NONREIMBURSABLE COST	102,113	0	0	0	0
95.01	09501	ASSISTED LIVING	308,798	514,587	37,485	185,043	613,565
95.02	09502	RESIDENTIAL	102,551	760,515	79,214	136,742	1,296,587
95.03	09503	WELLNESS	11,394	0	0	0	0
95.04	09504	OUTREACH	0	0	0	0	0
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	1,732,194	1,329,361	144,081	340,412	2,358,351

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	618,751				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	43,986		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	1,558	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	618,751	0	43,986	1,558	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	618,751	0	43,986	1,558	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	618,751	0	43,986	1,558	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Stepdown Adj ustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15. 01	15. 02				
			15. 01	15. 02	16. 00	17. 00	18. 00	
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS - BLDGS & FIXTURES						1. 00
2. 00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2. 00
3. 00	00300	EMPLOYEE BENEFITS						3. 00
4. 00	00400	ADMINISTRATIVE & GENERAL						4. 00
5. 00	00500	PLANT OPERATION, MAINT. & REPAIRS						5. 00
6. 00	00600	LAUNDRY & LINEN SERVICE						6. 00
7. 00	00700	HOUSEKEEPING						7. 00
8. 00	00800	DIETARY						8. 00
9. 00	00900	NURSING ADMINISTRATION						9. 00
10. 00	01000	CENTRAL SERVICES & SUPPLY						10. 00
12. 00	01200	MEDICAL RECORDS & LIBRARY						12. 00
13. 00	01300	SOCIAL SERVICE						13. 00
15. 00	01500	ACTIVITIES-SNF						15. 00
15. 01	01501	TRANSPORT	136, 267					15. 01
15. 02	01502	RES SVCS & CAMPUS PROGRAM	0	438, 470				15. 02
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	SKILLED NURSING FACILITY	25, 897	83, 330	3, 280, 771	0	3, 280, 771	30. 00
31. 00	03100	NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200	ICF/IID	0	0	0	0	0	32. 00
33. 00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33. 00
ANCILLARY SERVICE COST CENTERS								
40. 00	04000	RADIOLOGY	0	0	17, 687	0	17, 687	40. 00
41. 00	04100	LABORATORY	0	0	0	0	0	41. 00
42. 00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43. 00	04300	OXYGEN (INHALATION) THERAPY	0	0	5, 002	0	5, 002	43. 00
44. 00	04400	PHYSICAL THERAPY	0	0	125, 698	0	125, 698	44. 00
45. 00	04500	OCCUPATIONAL THERAPY	0	0	103, 335	0	103, 335	45. 00
46. 00	04600	SPEECH PATHOLOGY	0	0	16, 090	0	16, 090	46. 00
47. 00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47. 00
48. 00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6, 553	0	6, 553	48. 00
49. 00	04900	DRUGS CHARGED TO PATIENTS	0	0	82, 389	0	82, 389	49. 00
51. 00	05100	SUPPORT SURFACES	0	0	0	0	0	51. 00
52. 00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52. 00
OUTPATIENT SERVICE COST CENTERS								
60. 00	06000	CLINIC	0	0	0	0	0	60. 00
63. 00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63. 00
OTHER REIMBURSABLE COST CENTERS								
70. 00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100	AMBULANCE	0	0	0	0	0	71. 00
72. 00	07200	CORF	0	0	0	0	0	72. 00
73. 00	07300	CMHC	0	0	0	0	0	73. 00
74. 00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74. 00
SPECIAL PURPOSE COST CENTERS								
82. 00	08200	UTILIZATION REVIEW - SNF						82. 00
83. 00	08300	HOSPICE	0	0	0	0	0	83. 00
84. 00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84. 00
89. 00		SUBTOTALS (sum of lines 1-84)	25, 897	83, 330	3, 637, 525	0	3, 637, 525	89. 00
NONREIMBURSABLE COST CENTERS								
90. 00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100	BARBER & BEAUTY SHOP	0	0	6, 811	0	6, 811	91. 00
95. 00	09500	OTHER NONREIMBURSABLE COST	0	0	645, 636	0	645, 636	95. 00
95. 01	09501	ASSISTED LIVING	35, 452	114, 075	3, 452, 666	0	3, 452, 666	95. 01
95. 02	09502	RESIDENTIAL	74, 918	241, 065	3, 237, 449	0	3, 237, 449	95. 02
95. 03	09503	WELLNESS	0	0	72, 040	0	72, 040	95. 03
95. 04	09504	OUTREACH	0	0	0	0	0	95. 04
95. 05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95. 05
98. 00		Cross Foot Adjustments	0	0	0	0	0	98. 00
99. 00		Negative Cost Centers	0	0	0	0	0	99. 00
100. 00		TOTAL	136, 267	438, 470	11, 052, 127	0	11, 052, 127	100. 00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	112	791	903	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	356	2,523	2,879	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	220	1,558	1,778	6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	398	2,823	3,221	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	62	443	505	13.00
15.00	01500	ACTIVITIES-SNF	0	356	2,523	2,879	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	3,669	26,009	29,678	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	12	87	99	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	5,185	36,757	41,942	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	97	688	785	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	45,661	323,682	369,343	95.01
95.02	09502	RESIDENTIAL	0	67,484	478,373	545,857	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments				0	98.00
99.00		Negative Cost Centers		0	0	0	99.00
100.00		TOTAL	0	118,427	839,500	957,927	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

	Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL	903					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	110	2,989				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	12	6	1,796			6.00
7.00	00700	HOUSEKEEPING	28	0	0	28		7.00
8.00	00800	DIETARY	195	10	0	0	3,426	8.00
9.00	00900	NURSING ADMINISTRATION	51	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	4	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	2	0	0	0	13.00
15.00	01500	ACTIVITIES-SNF	6	9	0	0	0	15.00
15.01	01501	TRANSPORT	11	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	36	0	0	0	0	15.02
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	156	93	341	1	651	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	10	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	9	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	1	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
	SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	630	120	341	1	651	89.00
	NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	2	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	53	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	161	1,157	467	16	891	95.01
95.02	09502	RESIDENTIAL	53	1,710	988	11	1,884	95.02
95.03	09503	WELLNESS	6	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments			0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	903	2,989	1,796	28	3,426	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	51				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	4		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	507	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	51	0	4	507	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	51	0	4	507	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	51	0	4	507	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		OTHER GENERAL SERVICE		Subtotal	Post Step-Down Adjustments	Total	
		TRANSPORT	RES SVCS & CAMPUS PROGRAM				
		15.01	15.02	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY					10.00
12.00	01200	MEDICAL RECORDS & LIBRARY					12.00
13.00	01300	SOCIAL SERVICE					13.00
15.00	01500	ACTIVITIES-SNF					15.00
15.01	01501	TRANSPORT	11				15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	36			15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2	7	34,385	0	34,385
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	10	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	9	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	1	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	99	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	2	7	34,505	0	34,505
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	787	0	787
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	53	0	53
95.01	09501	ASSISTED LIVING	3	9	372,047	0	372,047
95.02	09502	RESIDENTIAL	6	20	550,529	0	550,529
95.03	09503	WELLNESS	0	0	6	0	6
95.04	09504	OUTREACH	0	0	0	0	0
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	11	36	957,927	0	957,927

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)				
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	106,161					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		106,161				2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	4,463,555			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	100	100	354,188	-1,732,194	9,220,058	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	319	319	233,409	0	1,119,111	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	197	197	33,157	0	119,208	6.00
7.00	00700	HOUSEKEEPING	0	0	191,870	0	286,573	7.00
8.00	00800	DIETARY	357	357	888,812	0	1,980,216	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	395,436	0	520,890	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	28,111	0	37,029	12.00
13.00	01300	SOCIAL SERVICE	56	56	0	0	505	13.00
15.00	01500	ACTIVITIES-SNF	319	319	43,222	0	63,792	15.00
15.01	01501	TRANSPORT	0	0	61,243	0	114,715	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	189,253	0	369,122	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,289	3,289	922,793	0	1,594,635	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	-17,687	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	4,211	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	105,818	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	86,992	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	13,545	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,517	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11	11	0	-82,188	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,648	4,648	3,341,494	-1,832,069	6,421,879	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	87	87	0	0	4,492	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	195,740	0	543,523	95.00
95.01	09501	ASSISTED LIVING	40,932	40,932	881,083	0	1,643,661	95.01
95.02	09502	RESIDENTIAL	60,494	60,494	0	0	545,857	95.02
95.03	09503	WELLNESS	0	0	45,238	0	60,646	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	118,427	839,500	1,416,089		1,732,194	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.115541	7.907800	0.317256		0.187872	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			0		903	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000098	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	105,742					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	197	42,884				6.00
7.00	00700	HOUSEKEEPING	0	0	10,727			7.00
8.00	00800	DIETARY	357	0	51	128,652		8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	40,998	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	56	0	8	0	0	13.00
15.00	01500	ACTIVITIES-SNF	319	0	45	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,289	8,150	469	24,450	40,998	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11	0	2	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,229	8,150	575	24,450	40,998	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	87	0	12	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	40,932	11,157	5,831	33,471	0	95.01
95.02	09502	RESIDENTIAL	60,494	23,577	4,309	70,731	0	95.02
95.03	09503	WELLNESS	0	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	1,329,361	144,081	340,412	2,358,351	618,751	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	12.571741	3.359785	31.734129	18.331242	15.092224	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	2,989	1,796	28	3,426	51	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.028267	0.041880	0.002610	0.026630	0.001244	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (GROSS REVENUES)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
					ACTIVITIES-SNF (PATIENT DAYS)	TRANSPORT (PATIENT DAYS)	
		10.00	12.00	13.00	15.00	15.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0				10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	2,706,780			12.00
13.00	01300	SOCIAL SERVICE	0	0	8,150		13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	8,150	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	42,884	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	2,706,780	8,150	8,150	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	2,706,780	8,150	8,150	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	11,157	95.01
95.02	09502	RESIDENTIAL	0	0	0	23,577	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	43,986	1,558	81,215	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.016250	0.191166	9.965031	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	4	507	2,894	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000001	0.062209	0.355092	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			OTHER GENERAL SERVICE		
			RES SVCS & CAMPUS PROGRAM		
			(PATIENT DAYS)		
			15.02		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT			2.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	ACTIVITIES-SNF			15.00
15.01	01501	TRANSPORT			15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	42,884		15.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	8,150		30.00
31.00	03100	NURSING FACILITY	0		31.00
32.00	03200	ICF/IID	0		32.00
33.00	03300	OTHER LONG TERM CARE	0		33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0		40.00
41.00	04100	LABORATORY	0		41.00
42.00	04200	INTRAVENOUS THERAPY	0		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0		43.00
44.00	04400	PHYSICAL THERAPY	0		44.00
45.00	04500	OCCUPATIONAL THERAPY	0		45.00
46.00	04600	SPEECH PATHOLOGY	0		46.00
47.00	04700	ELECTROCARDIOLOGY	0		47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0		49.00
51.00	05100	SUPPORT SURFACES	0		51.00
52.00	05200	OTHER ANCILLARY SERVICES	0		52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0		60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0		63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0		70.00
71.00	07100	AMBULANCE	0		71.00
72.00	07200	CORF	0		72.00
73.00	07300	CMHC	0		73.00
74.00	07400	OTHER REIMBURSABLE COST	0		74.00
SPECIAL PURPOSE COST CENTERS					
82.00	08200	UTILIZATION REVIEW - SNF			82.00
83.00	08300	HOSPICE	0		83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0		84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,150		89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	0		91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0		95.00
95.01	09501	ASSISTED LIVING	11,157		95.01
95.02	09502	RESIDENTIAL	23,577		95.02
95.03	09503	WELLNESS	0		95.03
95.04	09504	OUTREACH	0		95.04
95.05	09505	SPECIAL CARE UNIT	0		95.05
98.00		Cross Foot Adjustments			98.00
99.00		Negative Cost Centers			99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	438,470		102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	10.224559		103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	36		104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000839		105.00



RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C

Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	17,687	4,542	3.894100	40.00
41.00	04100	LABORATORY	0	8,680	0.000000	41.00
42.00	04200	INTRAVENOUS THERAPY	0	17,624	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	5,002	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	125,698	189,438	0.663531	44.00
45.00	04500	OCCUPATIONAL THERAPY	103,335	166,285	0.621433	45.00
46.00	04600	SPEECH PATHOLOGY	16,090	27,723	0.580385	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,553	2,250	2.912444	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	82,389	48,103	1.712762	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	356,754	464,645		100.00

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part I  
Date/Time Prepared:  
7/27/2021 4:10 pm

Title XVIII (1)

Skilled Nursing  
Facility

PPS

		Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
				1.00	2.00	3.00	4.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	3.894100	4,158	0	16,192	0	40.00
41.00	04100	LABORATORY	0.000000	7,304	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	16,543	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0.663531	129,670	0	86,040	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.621433	121,368	0	75,422	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.580385	19,126	0	11,100	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.912444	1,787	0	5,205	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.712762	35,845	0	61,394	0	49.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000	0	0	0	0	71.00
100.00		Total (Sum of lines 40 - 71)		335,801	0	255,353	0	100.00

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555616	Period: From 01/01/2020 To 12/31/2020	Worksheet D Parts II-III Date/Time Prepared: 7/27/2021 4:10 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.712762	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	17,687	0	0.000000	16,192	0 40.00
41.00	04100	LABORATORY	0	0	0.000000	0	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	5,002	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	125,698	0	0.000000	86,040	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	103,335	0	0.000000	75,422	0 45.00
46.00	04600	SPEECH PATHOLOGY	16,090	0	0.000000	11,100	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,553	0	0.000000	5,205	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	82,389	0	0.000000	61,394	0 49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	356,754	0		255,353	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555616	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Parts I-III Date/Time Prepared: 7/27/2021 4:10 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		8,150	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		1,203	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		3,280,771	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		2,706,780	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.212057	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		2,706,780	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		332.12	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		3,280,771	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		402.55	16.00
17.00	Program routine service cost (Line 3 times line 16)		484,268	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		484,268	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		34,385	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		4.22	21.00
22.00	Program capital related cost (Line 3 times line 21)		5,077	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		479,191	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		479,191	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		8,150	1.00
2.00	Program inpatient days (see instructions)		1,203	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.147607	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555616	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part I Date/Time Prepared: 7/27/2021 4:10 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		846,793	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		846,793	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		120,213	5.00
6.00	Allowable bad debts (From your records)		0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		0	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		726,580	11.00
12.00	Interim payments (See instructions)		721,736	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		4,844	14.99
15.00	Balance due provider/program (see Instructions)		0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet E-1

Date/Time Prepared:  
7/27/2021 4:10 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		721,736		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		721,736		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		721,736		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G

Date/Time Prepared:  
7/27/2021 4:10 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	2,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	879,489	0	0	0	4.00
5.00	Other receivables	-100	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-172,866	0	0	0	6.00
7.00	Inventory	19,136	0	0	0	7.00
8.00	Prepaid expenses	49,422	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	777,081	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	581,991	0	0	0	12.00
13.00	Land improvements	131,562	0	0	0	13.00
14.00	Less: Accumulated depreciation	-110,038	0	0	0	14.00
15.00	Buildings	2,871,160	0	0	0	15.00
16.00	Less: Accumulated depreciation	-3,169,694	0	0	0	16.00
17.00	Leasehold improvements	8,350,658	0	0	0	17.00
18.00	Less: Accumulated Amortization	-4,583,868	0	0	0	18.00
19.00	Fixed equipment	1,023,684	0	0	0	19.00
20.00	Less: Accumulated depreciation	-811,623	0	0	0	20.00
21.00	Automobiles and trucks	68,485	0	0	0	21.00
22.00	Less: Accumulated depreciation	-43,128	0	0	0	22.00
23.00	Major movable equipment	419,681	0	0	0	23.00
24.00	Less: Accumulated depreciation	-336,021	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	1,050,185	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	5,443,034	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	6,220,115	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	136,009	0	0	0	35.00
36.00	Salaries, wages, and fees payable	243,148	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	1,965,241	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	5,435,922	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	7,780,320	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	-21,193	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	1,679,411	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	1,658,218	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	9,438,538	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-3,218,423	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-3,218,423	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	6,220,115	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G-1

Date/Time Prepared:  
7/27/2021 4:10 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-1,308,712		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-1,909,711				2.00
3.00	Total (sum of line 1 and line 2)		-3,218,423		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-3,218,423		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-3,218,423		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00



## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
7/27/2021 4:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	2,706,780		2,706,780	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	6,066,217		6,066,217	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	8,772,997		8,772,997	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	464,645	0	464,645	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	9,237,642	0	9,237,642	14.00
Cost Center Description					
			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			11,276,615	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			11,276,615	15.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555616

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G-3

Date/Time Prepared:  
7/27/2021 4:10 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,237,642	1.00
2.00	Less: contractual allowances and discounts on patients accounts	312,597	2.00
3.00	Net patient revenues (Line 1 minus line 2)	8,925,045	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	11,276,615	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,351,570	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	69,289	24.00
24.50	COVID-19 PHE Funding	372,570	24.50
25.00	Total other income (Sum of lines 6 - 24)	441,859	25.00
26.00	Total (Line 5 plus line 25)	-1,909,711	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,909,711	31.00

Run Date Time:	5/3/2021 1:36 pm
MCRIF32:	287-05
Version:	1.115.172.1



## ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS

## Schedule G

		NEW CAP. REL. COSTS-BLDG & FIXTURES	INT. EXP. - NEW CAP. BLDG & FIXTURES	NEW CAP. REL. COSTS-MOVA BLE EQUIP.	INT. EXP. - NEW CAP. MOVABLE EQUIP.	Non-Capital	INTEREST EXPENSE		
		4	4.01	5	5.01	6	7		
1.00	Health Care Facilities	737,538	0	1,156,245	0	19,483,373	0		1.00
2.00	Other Components	0	0	0	0	0	0		2.00
3.00	Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation	0	0	0	0	0	0		3.00
4.00	Total	737,538	0	1,156,245	0	19,483,373	0		4.00

[illegible]

OTHER COMPONENTS								
19.00		0	0	0	0	0	19.00	
20.00		0	0	0	0	0	20.00	
21.00		0	0	0	0	0	21.00	
22.00		0	0	0	0	0	22.00	
23.00		0	0	0	0	0	23.00	
24.00		0	0	0	0	0	24.00	
25.00		0	0	0	0	0	25.00	
26.00		0	0	0	0	0	26.00	
27.00		0	0	0	0	0	27.00	
27.01		0	0	0	0	0	27.01	
27.02		0	0	0	0	0	27.02	
27.03		0	0	0	0	0	27.03	
27.04		0	0	0	0	0	27.04	
27.05		0	0	0	0	0	27.05	
27.06		0	0	0	0	0	27.06	
27.07		0	0	0	0	0	27.07	
27.08		0	0	0	0	0	27.08	
27.10		0	0	0	0	0	27.10	
27.11		0	0	0	0	0	27.11	
27.12		0	0	0	0	0	27.12	
27.13		0	0	0	0	0	27.13	
27.14		0	0	0	0	0	27.14	
27.15		0	0	0	0	0	27.15	
27.16		0	0	0	0	0	27.16	
27.17		0	0	0	0	0	27.17	

**HumanGood  
dba  
Windsor Manor**

**Long-Term Care Facility Integrated Disclosure and  
Medi-Cal Cost Report  
(A Compilation)**

**For the Year Ended December 31, 2021**



HANSEN HUNTER & CO. P.C.

**SYNERGY**  
HEALTHCARE RESOURCES

**AXIOM**  
HEALTHCARE GROUP

The logo features a red swoosh above the text 'HealthBridge' in a blue sans-serif font.

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- **Independent Accountants' Compilation Report**
- **Long-Term Care Facility Integrated Disclosure  
and Medi-Cal Cost Report**



HANSEN HUNTER & CO. P.C.



## Independent Accountants' Compilation Report

To Management  
HumanGood  
dba Windsor Manor  
Duarte, California

Management is responsible for the accompanying Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents of HumanGood, dba Windsor Manor, for the year ended December 31, 2021 in accordance with the requirements of the State of California Department of Health Care Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### Basis of Accounting

The Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report and related schedules which are listed in the preceding table of contents are prepared in accordance with the requirements of the California Department of Health Care Access and Information, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the State of California Department of Health Care Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen Hunter & Co. P.C.*

July 29, 2022

**LONG TERM CARE FACILITY INTEGRATED DISCLOSURE & MEDI CAL COST REPORT  
TRANSMITTAL AND CERTIFICATION FORM**

A. FACILITY NAME (DBA): WINDSOR MANOR

B. FACILITY STREET ADDRESS: 1230 E WINDSOR ROAD

CITY: GLENDALE

C. FACILITY ADMINISTRATOR: GREG BEARCE

D. HCAI FACILITY NO.: 206190888

E. CONTACT PERSON: ANDREW MCDONALD

F. PHONE NO.: 9259247100

G. REPORT PERIOD: FROM: 01/01/2021 TO: 12/31/2021

H. FENAME: Windsor Manor 2021.c tx

I. SOFTWARE VERSION: 45.6.174.1

J. TOTAL NUMBER OF RECORDS IN THE FILE: 1180

K. REPORT SUMMARY TOTALS:

1. TOTAL ASSETS:	<u>6 697 771</u>	2. ROUTINE SERVICES GROSS REVENUE:	<u>2 723 524</u>
3. TOTAL HEALTH CARE EXPENSES:	<u>4 393 452</u>	4. NET INCOME:	<u>-2 634 877</u>
5. AVAILABLE BEDS END OF PERIOD):	<u>28</u>	6. TOTAL PATIENT DAYS:	<u>7 726</u>

L. NAME AND ADDRESS OF VENDOR OF APPROVED SOFTWARE: Health Inancia Systems  
8109 Laguna Blvd Elk Grove CA 95758

**CERTIFICATION**

I, ANDREW MCDONALD *certify under penalty of perjury as follows: That I am an official*  
 (Name of Individual)

of WINDSOR MANOR  
 (Name of facility (DBA))

*and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long Term Care Facilities" has been implemented by this institution; that as applicable the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct and in compliance with Section 51511.2 Title 22 California Administrative Code.*

*I understand that a printed facsimile report will be produced from the data submitted to HCAI electronically. The printed facsimile report will be the official report of this facility's Long Term Care Facility Integrated Disclosure and Medi Cal cost report for all purposes. Further I understand that this printed report will be forwarded to the California Department of Health Services by HCAI as the basis for audit of Medi Cal costs reported by this facility. No other electronic file or facsimile in the possession of the provider its vendor or other parties can be utilized or substituted for the official electronic file or facsimile for the purposes of Medi Cal cost reporting and disclosure without the written permission of the Department of Health Services and HCAI.*


Dated: 7/27/2022

BY:   
 (Signature)

TITLE: CO

STREET ADDRESS: 1900 HUNTINGTON DRIVE

CITY STATE ZIP: DUARTE 91010

Facility D.B.A. Name: WINDSOR MANOR	Report Period End: 12/31/2021	Run Date Time: 7/27/2022 11:04 am MCRIF32: <b>LTCIR</b> Version: 45.6.174.1	
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## INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

### GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: HUMANGOOD SOCAL		2. State License Number: 970000052		3. Medi-Cal Provider Number: 1972588846	
4. D.B.A. (Doing Business As): WINDSOR MANOR				5. Facility Business Phone: (818)244-7219	
6. Facility Street Address: 1230 E WINDSOR ROAD		7. City: GLENDALE		8. Zip Code: 912050000	
9. Mailing Address - Street or P.O. Box (if different): 1900 HUNTINGTON DRIVE		10. City: DUARTE		11. Zip Code: 91010	
12. Administrator: GREG BEARCE					
13. Report Contact Person: ANDREW MCDONALD				14. Phone Number: 9259247100	
15. Mailing Address - Street or P.O. Box: 1900 HUNTINGTON DRIVE		16. City: DUARTE		17. State: CA	18. Zip Code: 91010
19. Previous Name of Facility if Changed Since Previous Report:				20. Date of Change:	
21. Previous State License Number:		22. Date of Change:		23. Previous Medi-Cal Provider No.:	
24. Date of Change:					
25. Reporting Period Begin: 01/01/2021			26. Reporting Period End: 12/31/2021		

### CERTIFICATION

I, ANDREW MCDONALD, certify under penalty of perjury as follows: That I am an official of WINDSOR MANOR  
 (Name of Individual) Name of Facility (D.B.A.)  
 and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: \_\_\_\_\_

WINDSOR MANOR  
 Name of Facility (D.B.A.)

By: \_\_\_\_\_  
 (Signature)

Title: \_\_\_\_\_  
 CFO

Address: \_\_\_\_\_  
 1900 HUNTINGTON DRIVE

\_\_\_\_\_  
 DUARTE 91010

### NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information  
 Accounting and Reporting Systems Section  
 2020 West El Camino Avenue, Suite 1100  
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT  
 TO DEPARTMENT OF HEALTH SERVICES



Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2021

Run Date Time: 7/27/2022 10:59 am  
MCRIF32: **LTCIR**  
Version: 45.6.174.1



## FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY		MEDICARE	11/21/1994	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	11/01/1980	X	2.00
3.00	SNF/RESIDENTIAL	X	MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION		X	11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		OTHER (DESCRIBE)			14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00

26.00

27.00

28.00

29.00

30.00

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2021

Run Date Time: 7/27/2022 10:59 am  
MCRIF32: **LTCIR**  
Version: 45.6.174.1



## SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	2	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	3	5.00
6.00	INHALATION THERAPY	5	6.00
7.00	Speech Therapy	3	7.00
8.00	Occupational Therapy	3	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	4	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	4	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

\* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.



### 3.1

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

B. Is this facility a

10.00	<input type="checkbox"/> Parent	<input type="checkbox"/> Subsidiary	<input checked="" type="checkbox"/> Division	<input type="checkbox"/> Other	(If Subsidiary or Division, complete item C)
-------	---------------------------------	-------------------------------------	--	--------------------------------	--

C. Name and address of parent organization					
15.00	Name:	HUMANGOOD			
20.00	Address:	1900 HUNTINGTON DRIVE			
25.00	City:	DUARTE	30. State:	CA	35. ZIP: 91010

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00

Facility D.B.A. Name:  
WINDSOR MANORReport Period  
End: 12/31/2021Run Date Time: 7/27/2022 10:59 am  
MCRIF32: **LTCIR**  
Version: 45.6.174.1

## FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

## E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00
106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2021

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Version: 45.6.174.1



## FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

## F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	RANDALL STAMPER	CHAIR, EX-OFFICIO	130.00
131.00	ALBERT KELLY	VICE CHAIR, EX-OFFICIO	131.00
132.00	DECLAN BROWN	SECRETARY, EX-OFFICIO	132.00
133.00	JUDITH BAKER	EX-OFFICIO	133.00
134.00	WILLIAM BATTISON	EX-OFFICIO	134.00
135.00	ALAN GRIFFITH	EX-OFFICIO	135.00
136.00	MICHELLE HOLMES	EX-OFFICIO	136.00
137.00	2 RESIDENT DIRECTORS	RESIDENTS	137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

## G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: \_\_\_\_\_

210.00 Address: \_\_\_\_\_

215.00 City: \_\_\_\_\_ 220. State: \_\_\_\_\_ 225. Zip: \_\_\_\_\_

230.00 Phone No.: \_\_\_\_\_

## NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2021

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## RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

## FOR MEDI-CAL PROVIDERS, ONLY

## M. Are Financial Statements available for the reporting period?

325.00 ☒ Yes (If "YES", please enclose a copy) ☐ No (If "No", enclose a copy of your working trial balance)

## N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(If "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

## O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
<b>INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:</b>					
340.00	INTERIM ALLOCATION	6900	734,448	TO ALLOCATE HOME OFFICE COSTS	340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		734,448		343.00
<b>YEAR END HOME OFFICE COST ALLOCATIONS:</b>					
344.00	ADDITIONAL ALLOCATION	6900	8,954	TO ALLOCATE HOME OFFICE COSTS	344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		8,954		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		743,402		348.00
<b>HOME OFFICE EQUITY ALLOCATIONS:</b>					
<b>ASSET</b>					
349.00			0		349.00
350.00			0		350.00
<b>LIABILITY</b>					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

## P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

## Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☐ Yes ☒ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name:

366.00 Address:

367.00 City:

368. State:

369. Zip:

## PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00	Balance of Trust Account at beginning of the reporting period	0 370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	0 371.00
372.00	Interest Added / Earned	0 372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	0 373.00
374.00	Total Trust Account Expenditures	0 374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	0 375.00

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2021

Run Date Time: 7/27/2022 10:59 am  
MCRIF32: **LTCIR**  
Version: 45.6.174.1



## FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>ROUTINE SERVICES</b>									
5.00	Skilled Nursing Care	3100	1,555	919	2,719	2,423	110	<b>7,726</b>	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	<b>0</b>	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	<b>0</b>	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	<b>0</b>	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	<b>0</b>	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	<b>0</b>	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	<b>0</b>	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	<b>0</b>	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	<b>0</b>	45.00
70.00	Subtotal (Lines 5 through 45)		<b>1,555</b>	<b>919</b>	<b>2,719</b>	<b>2,423</b>	<b>110</b>	<b>7,726</b>	70.00

Facility D.B.A. Name:  
WINDSOR MANOR

Report Period  
End: 12/31/2021

Run Date Time: 7/27/2022 10:59 am  
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## FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care				
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41			
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
ROUTINE SERVICES													
5.00	Skilled Nursing Care	3100	548,159		323,960		958,486		854,142			5.00	
10.00	Intermediate Care	3200	0		0		0		0			10.00	
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00	
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00	
25.00	Sub-Acute Care	3500	0		0		0		0			25.00	
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00	
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00	
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00	
45.00	Other Routine Services	3900	0		0		0		0			45.00	
70.00	Subtotal (Lines 5 through 45)		548,159		323,960		958,486		854,142			70.00	
ANCILLARY SERVICES													
105.00	Patient Supplies	4100	10,900	0	0	0	0	0	2,909	0		105.00	
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00	
115.00	Physical Therapy	4200	201,893	0	0	0	0	0	55,452	0		115.00	
120.00	Respiratory Therapy	4220	0	0	0	0	0	0	0	0		120.00	
125.00	Occupational Therapy	4250	170,865	0	0	0	0	0	45,308	0		125.00	
130.00	Speech Therapy	4280	45,569	0	0	0	0	0	8,937	0		130.00	
135.00	Pharmacy	4300	38,970	0	0	0	0	0	19,195	0		135.00	
140.00	Laboratory	4400	7,856	0	0	0	0	0	3,821	0		140.00	
145.00	Home Health Services	4800		0		0		0		0		145.00	
155.00	Other Ancillary Services	4900	10,393	0	0	0	0	0	4,331	0		155.00	
170.00	Subtotal (Lines 105 through 155)		486,446	0	0	0	0	0	139,953	0		170.00	
175.00	Total (Lines 70 and 170)		1,034,605	0	323,960	0	958,486	0	994,095	0		175.00	
		Other Payers		Total									
	GROSS REVENUE	Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)								
		9.00	10.00	11.00	12.00								
ROUTINE SERVICES													
5.00	Skilled Nursing Care	38,777		2,723,524									5.00
10.00	Intermediate Care	0		0									10.00
15.00	Mentally Disordered Care	0		0									15.00
20.00	Developmentally Disabled Care	0		0									20.00
25.00	Sub-Acute Care	0		0									25.00
30.00	Sub-Acute Care-Pediatric	0		0									30.00
35.00	Transitional Inpat Care	0		0									35.00
40.00	Hospice Inpatient Care	0		0									40.00
45.00	Other Routine Services	0		0									45.00
70.00	Subtotal (Lines 5 through 45)	38,777		2,723,524									70.00
ANCILLARY SERVICES													
105.00	Patient Supplies	0	0	13,809	0								105.00
110.00	Specialized Support Surf	0	0	0	0								110.00
115.00	Physical Therapy	9,606	0	266,951	0								115.00
120.00	Respiratory Therapy	0	0	0	0								120.00
125.00	Occupational Therapy	0	0	216,173	0								125.00
130.00	Speech Therapy	0	0	54,506	0								130.00
135.00	Pharmacy	0	0	58,165	0								135.00
140.00	Laboratory	0	0	11,677	0								140.00
145.00	Home Health Services		0		0								145.00
155.00	Other Ancillary Services	0	0	14,724	0								155.00
170.00	Subtotal (Lines 105 through 155)	9,606	0	636,005	0								170.00
175.00	Total (Lines 70 and 170)	48,383	0	3,359,529	0								175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount										
			1.00										
205.00	Charity Adjustments	5100	0										205.00
210.00	Administrative Adjustments	5200	100										210.00



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## FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-191,190		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	-13,902		220.00
222.00	Contractual Adjustments - Managed Care	5330	55,936		222.00
225.00	Contractual Adjustments - Other	5340	0		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		-149,056		240.00

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## OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
<b>Licensed Beds:</b>			
5.00	End of Period	28	5.00
10.00	Average (Monthly average)	28	10.00
<b>Available Beds:</b>			
20.00	End of Period	28	20.00
25.00	Average (Monthly average)	28	25.00
40.00	Admissions (Excluding transfers)	81	40.00
45.00	Discharges (Excluding transfers)	86	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	75.60	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
<b>FOR MEDI-CAL PROVIDERS, ONLY</b>			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
<b>CURRENT ASSETS</b>								
5.00	Cash	1000	2,000	2,000	0	2,000	2,000	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	752,392	879,389	0	752,392	879,389	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-128,351	-172,866	0	-128,351	-172,866	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	0	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	19,135	19,136	0	19,135	19,136	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	63,775	49,422	0	63,775	49,422	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		708,951	777,081	0	708,951	777,081	60.00
<b>ASSETS WHOSE USE IS LIMITED</b>								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
<b>PROPERTY, PLANT, AND EQUIPMENT</b>								
95.00	Land	1200	581,991	581,991	0	581,991	581,991	95.00
100.00	Land improvements	1210	131,562	131,562	0	131,562	131,562	100.00
105.00	Buildings and improvements	1220	10,349,041	10,292,895	0	10,349,041	10,292,895	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,772,683	-7,533,748	0	-7,772,683	-7,533,748	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,467,804	2,440,773	0	3,467,804	2,440,773	125.00
130.00	Less accumulated depreciation - equipment	1290	-1,782,378	-1,520,624	0	-1,782,378	-1,520,624	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,975,337	4,392,849	0	4,975,337	4,392,849	135.00
140.00	Construction-in-progress	1250	974,089	1,050,185	0	974,089	1,050,185	140.00
<b>INVESTMENTS AND OTHER ASSETS</b>								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
<b>INTANGIBLE ASSETS</b>								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	39,394	0	0	39,394	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		39,394	0	0	39,394	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		6,697,771	6,220,115	0	6,697,771	6,220,115	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
<b>OTHER INFORMATION</b>								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		974,089	1,050,185				215.00

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## BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
<b>CURRENT LIABILITIES</b>								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	146,076	136,009	0	146,076	136,009	10.00
15.00	Accrued compensation and related liabilities	2020	262,472	243,148	0	262,472	243,148	15.00
20.00	Other accrued liabilities	2030	0	0	0	0	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	8,813,176	5,407,730	0	8,813,176	5,407,730	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	27,292	0	0	27,292	50.00
55.00	Other current liabilities	2090	0	900	0	0	900	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		9,221,724	5,815,079	0	9,221,724	5,815,079	60.00
<b>DEFERRED CREDITS</b>								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	1,655,507	1,965,241	0	1,655,507	1,965,241	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		1,655,507	1,965,241	0	1,655,507	1,965,241	80.00
<b>LONG-TERM DEBT</b>								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	1,673,840	1,685,510	0	1,673,840	1,685,510	105.00
110.00	Payable to related parties, noncurrent	2260	0	0	0	0	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		1,673,840	1,685,510	0	1,673,840	1,685,510	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	-27,292	0	0	-27,292	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		1,673,840	1,658,218	0	1,673,840	1,658,218	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		12,551,071	9,438,538	0	12,551,071	9,438,538	135.00
<b>FUND EQUITY (not-for-profit)</b>								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	-5,853,300	-3,218,423	0	-5,853,300	-3,218,423	145.00
<b>EQUITY (investor-owned)</b>								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	0	0	0	0	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	0	0	0	0	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-5,853,300	-3,218,423	0	-5,853,300	-3,218,423	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		6,697,771	6,220,115	0	6,697,771	6,220,115	185.00

\* From Page 5.4

\*\* Combine Columns 1 and 3

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## SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	105	2019	1,591,043	2044	4.00	1,673,840	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(\*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(\*\*) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	<b>Total (Combine Lines 1 through 30)</b>			<b>0</b>			50.00

(\*) Disclosure must also be complete on Page 10.4, as applicable.

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## BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
<b>PLANT REPLACEMENT AND EXPANSION FUNDS</b>					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$ )*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$ )*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
<b>SPECIFIC PURPOSE FUNDS</b>					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$ )*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
<b>ENDOWMENT FUNDS</b>					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$ )*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$ )*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
<b>PLANT REPLACEMENT AND EXPANSION FUNDS</b>					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
<b>SPECIFIC PURPOSE FUNDS</b>					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
<b>ENDOWMENT FUNDS</b>					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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## STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-3,218,423	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-3,218,423	0	0	0	0	7.00
<b>Additions (deductions):</b>							
8.00	Net income (loss)	-2,634,877					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	OTHER (DESCRIBE)	0	0	0	0		21.00
22.00	OTHER (DESCRIBE)	0	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,634,877	0	0	0	0	23.00
<b>Transfers:</b>							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-5,853,300	0	0	0	0	32.00

\* Column 1, line 7 must agree with Page 5.2, column 2, line 180.  
Column 2, line 7 must be equal to Page 6, column 4, line 45.  
Column 3, line 7 must agree with Page 6, column 4, line 145.  
Column 4, line 7 must agree with Page 6, column 4, line 245.

\*\* Column 1, line 32 must agree with Page 5.2, column 1, line 180.  
Column 2, line 32 must agree with Page 6, column 3, line 45.  
Column 3, line 32 must agree with Page 6, column 3, line 145.  
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption



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## STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
<b>HEALTH CARE REVENUES</b>					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	2,723,524	2,709,475	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	636,005	464,645	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	-149,056	227,300	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	3,508,585	2,946,820	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	0	26,286	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	3,508,585	2,973,106	25.00
<b>HEALTH CARE EXPENSES - ROUTINE SERVICES</b>					
30.00	Skilled Nursing Care	6110	1,927,560	2,034,575	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	1,927,560	2,034,575	65.00
<b>HEALTH CARE EXPENSES - ANCILLARY SERVICES</b>					
70.00	Patient Supplies	8100	2,147	4,930	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	129,758	105,818	75.00
76.00	Respiratory Therapy	8220	0	0	76.00
77.00	Occupational Therapy	8250	103,381	86,992	77.00
78.00	Speech Therapy	8280	21,657	13,545	78.00
80.00	Pharmacy	8300	77,300	82,089	80.00
85.00	Laboratory	8400	349	0	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	30,194	21,394	95.00
100.00	Total Ancillary Services	Lines 70 through 95	364,786	314,768	100.00
<b>HEALTH CARE EXPENSES - SUPPORT SERVICES</b>					
105.00	Plant Operations and Maintenance	6200	91,133	78,698	105.00
110.00	Housekeeping	6300	20,496	19,549	110.00
115.00	Laundry and Linen	6400	67,310	49,481	115.00
120.00	Dietary	6500	541,738	516,375	120.00
125.00	Social Services	6600	71,418	71,660	125.00
130.00	Activities	6700	161,986	127,062	130.00
135.00	Inservice Education - Nursing	6800	101,032	49,510	135.00
140.00	Administration	6900	953,509	910,274	140.00
145.00	Total Support Services	Lines 105 through 140	2,008,622	1,822,609	145.00
<b>HEALTH CARE EXPENSES - PROPERTY EXPENSES</b>					
155.00	Depreciation and Amortization	7110 through 7160	50,621	54,904	155.00
160.00	Leases and Rentals	7200	6,372	5,918	160.00
165.00	Property Taxes	7300	681	670	165.00
170.00	Property Insurance	7400	5,712	3,185	170.00
175.00	Interest - Property, Plant and Equipment	7500	3,939	4,012	175.00
180.00	Total Property Expenses	Lines 155 through 175	67,325	68,689	180.00
<b>HEALTH CARE EXPENSES - OTHER EXPENSES</b>					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	25,159	0	190.00
195.00	Total Other Expenses	Lines 185 + 190	25,159	0	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	4,393,452	4,240,641	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-884,867	-1,267,535	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	-1,750,010	-642,176	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-2,634,877	-1,909,711	215.00
<b>PROVISION FOR INCOME TAXES</b>					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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## STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-2,634,877	-1,909,711	235.00
<b>EXTRAORDINARY ITEMS</b>					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-2,634,877	-1,909,711	255.00
<b>CHARITY CARE FOOTNOTE</b>					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

\* Check this box if line 210 contains Residential Revenues and Expenses.

☒ X

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## STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
<b>Cash Flows from Operating Activities and Nonoperating Revenue :</b>				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-2,634,877	-1,909,711	5.00
<b>Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :</b>				
10.00	Depreciation and amortization	748,220	811,540	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	82,482	-158,526	20.00
25.00	Change in receivables from third-party payors	0	0	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-14,352	-2,591	40.00
45.00	Change in accounts payable	10,067	36,229	45.00
50.00	Change in accrued compensation and related liabilities	19,324	52,874	50.00
55.00	Change in other accrued liabilities	0	0	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	-900	-15,000	75.00
80.00	Change in deferred credits	-309,734	-468,608	80.00
85.00	Change in related party receivables/payables (related to operating activities)	3,405,446	2,373,542	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	3,940,553	2,629,460	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	1,305,676	719,749	100.00
<b>Cash Flows from Investing Activities :</b>				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-1,234,914	-814,215	110.00
115.00	DEFERRED MARKETING COSTS	-59,091	0	115.00
120.00	ROUNDING	-1	-1	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	OTHER (DESCRIBE)	0	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-1,294,006	-814,216	140.00
<b>Cash Flows from Financing Activities :</b>				
145.00	Proceeds from issuance of long-term debt	0	94,467	145.00
150.00	Principal payments on long-term debt	-11,670	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	OTHER (DESCRIBE)	0	0	175.00
180.00	OTHER (DESCRIBE)	0	0	180.00
185.00	OTHER (DESCRIBE)	0	0	185.00
190.00	OTHER (DESCRIBE)	0	0	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	-11,670	94,467	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	0	0	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	2,000	2,000	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	2,000	2,000	215.00

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## EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	267,781	133,832	945,429	1,347,042	0	0	1,347,042	5.00
10.00	Housekeeping	6300	171,512	85,633	45,806	302,951	0	0	302,951	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			415,878	415,878	0	0	415,878	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			312,645	312,645	0	0	312,645	25.00
30.00	Depreciation & Amortization - Other	7150-7160			19,697	19,697	0	0	19,697	30.00
35.00	Leases and Rentals	7200			94,179	94,179	0	0	94,179	35.00
40.00	Property Taxes	7300			10,072	10,072	0	0	10,072	40.00
45.00	Property Insurance	7400			84,427	84,427	0	0	84,427	45.00
50.00	Interest - Property, Plant & Equip.	7500			58,227	58,227	0	0	58,227	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	29,194	15,042	119,230	163,466	0	0	163,466	60.00
65.00	Dietary	6500	785,839	365,866	920,092	2,071,797	0	0	2,071,797	65.00
70.00	Provision for Bad Debts	7700			25,159	25,159	0	0	25,159	70.00
<b>ANCILLARY SERVICES</b>										
75.00	Patient Supplies	8100	0	0	2,147	2,147		2,147		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	0	0	129,758	129,758		129,758		80.00
81.00	Respiratory Therapy	8220	0	0	0	0		0		81.00
82.00	Occupational Therapy	8250	0	0	103,381	103,381		103,381		82.00
83.00	Speech Therapy	8280	0	0	21,657	21,657		21,657		83.00
85.00	Pharmacy	8300	0	0	77,300	77,300		77,300		85.00
90.00	Laboratory	8400	0	0	349	349		349		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	30,194	30,194		30,194		100.00
<b>ROUTINE SERVICES</b>										
105.00	Skilled Nursing Care	6110	1,101,117	526,830	299,613	1,927,560		1,927,560		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					7,197,886	0			150.00
155.00	Social Services	6600	203,720	95,713	131,366	430,799	359,381	71,418	0	155.00
160.00	Activities	6700	133,378	66,585	45,774	245,737	0	98,432	147,305	160.00
165.00	Administration	6900	1,373,524	687,552	1,858,231	3,919,307	1,833,386	94,177	1,991,744	165.00
170.00	Inservice Education - Nursing	6800	68,458	32,574	0	101,032	0	101,032	0	170.00
175.00	Total (See Instructions)		4,134,523	2,009,627	5,750,611	11,894,761	2,192,767	2,657,405	7,044,589	175.00
<b>SUPPLEMENTAL EXPENSE INFORMATION</b>										
180.00	Raw Food Costs (Included in column 3, line 65)				485,658					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			118,472	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			25,456	0					190.00

\* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

\*\* Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

\*\*\* All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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## EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.932346	1,255,909	91,133	0	91,133	-2,829	88,304	5.00
10.00	Housekeeping	6300	0.932346	282,455	20,496	0	20,496	58,720	79,216	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.932346	387,742	28,136	0	28,136	0	28,136	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.932346	291,493	21,152	0	21,152	-334	20,818	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.932346	18,364	1,333	0	1,333	0	1,333	30.00
35.00	Leases and Rentals	7200	0.932346	87,807	6,372	0	6,372	5,200	11,572	35.00
40.00	Property Taxes	7300	0.932346	9,391	681	0	681	0	681	40.00
45.00	Property Insurance	7400	0.932346	78,715	5,712	0	5,712	0	5,712	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.932346	54,288	3,939	0	3,939	-151	3,788	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.588232	96,156	67,310	0	67,310	1,985	69,295	60.00
65.00	Dietary	6500	0.738518	1,530,059	541,738	0	541,738	2,699	544,437	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	25,159	0	25,159	-25,159	0	70.00
<b>ANCILLARY SERVICES</b>										
75.00	Patient Supplies	8100			2,147	0	2,147	0	2,147	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			129,758	0	129,758	9,809	139,567	80.00
81.00	Respiratory Therapy	8220			0	0	0	0	0	81.00
82.00	Occupational Therapy	8250			103,381	0	103,381	0	103,381	82.00
83.00	Speech Therapy	8280			21,657	0	21,657	0	21,657	83.00
85.00	Pharmacy	8300			77,300	0	77,300	0	77,300	85.00
90.00	Laboratory	8400			349	0	349	0	349	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			30,194	0	30,194	-3,740	26,454	100.00
<b>ROUTINE SERVICES</b>										
105.00	Skilled Nursing Care	6110			1,927,560	0	1,927,560	-9,993	1,917,567	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							3,740	3,740	140.00
145.00	Other Nonreimbursable***							0	0	145.00
150.00	Subtotal (Lines 5 through 145)			4,092,379						150.00
155.00	Social Services	6600	0.000000	0	71,418	0	71,418	2,925	74,343	155.00
160.00	Activities	6700	0.568553	83,751	161,986	0	161,986	-10,828	151,158	160.00
165.00	Administration	6900	0.568553	1,132,412	953,509	0	953,509	-148,228	805,281	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	101,032	0	101,032	0	101,032	170.00
175.00	Total (See Instructions)			5,308,542	4,393,452	0	4,393,452	-116,184	4,277,268	175.00
<b>SUPPLEMENTAL EXPENSE INFORMATION</b>										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

\* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

\*\* Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

\*\*\* All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0		75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	(DESCRIBE)	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		0		100.00

\* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:  
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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds	50	B	-2,231	-151	REVENUE OFFSET	35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-41,811	-2,829	ELIMINATE EXPENSE	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-25,159	-25,159	ELIMINATE EXPENSE	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases			0	0		115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	ADMINISTRATION	165	B	-17,291	-6,255	REVENUE OFFSET	140.00
141.00	DIETARY - SALARIES	65	B	-1,955	-511	REVENUE OFFSET	141.00
142.00	DIETARY - BENEFITS	65	B	-910	-238	REVENUE OFFSET	142.00
143.00	DIETARY - AGENCY	65	B	-730	-191	REVENUE OFFSET	143.00
144.00	DIETARY - OTHER	65	B	-1,560	-408	REVENUE OFFSET	144.00
145.00	ACTIVITIES - SALARIES	160	B	-711	-257	REVENUE OFFSET	145.00
146.00	ACTIVITIES - BENEFITS	160	B	-386	-140	REVENUE OFFSET	146.00
147.00	ACTIVITIES - OTHER	160	B	-463	-167	REVENUE OFFSET	147.00
148.00	DUES - LOBBYING	165	A	-3,389	-1,226	ELIMINATE EXPENSE	148.00
149.00	HOUSEKEEPING - WAGES	10	A	33,244	33,244	REALLOCATION - BASED ON HOURS	149.00
150.00	HOUSEKEEPING - BENEFITS	10	A	16,598	16,598	REALLOCATION - BASED ON HOURS	150.00
151.00	HOUSEKEEPING - OTHER	10	A	8,878	8,878	REALLOCATION - BASED ON HOURS	151.00
152.00	ACTIVITIES	160	A	-10,264	-10,264	REALLOCATION - ACCUMULATED CO	152.00
153.00	ADMINISTRATION	165	A	-138,787	-138,787	REALLOCATION - ACCUMULATED CO	153.00
154.00	DEPRECIATION - EQUIPMENT	25	A	-4,936	-334	DEPR FIXED ASSETS <\$5,000	154.00
155.00	MINOR EQUIP & REPAIRS - LAUNDR	60	A	1,985	1,985	CAP. ASSETS <\$5,000	155.00
156.00	MINOR EQUIP & REPAIRS - DIETAR	65	A	4,047	4,047	CAP. ASSETS <\$5,000	156.00
157.00	MINOR EQUIP & REPAIRS - NURSIN	105	A	2,741	2,741	CAP. ASSETS <\$5,000	157.00
158.00	THERAPY SERVICES	80	A	9,809	9,809	RECLASS TO PROPER COST CENTER	158.00
159.00	SOCIAL SERVICES	155	A	2,925	2,925	RECLASS TO PROPER COST CENTER	159.00
160.00	NURSING	105	A	-12,734	-12,734	RECLASS TO PROPER COST CENTER	160.00
161.00	LEASES AND RENTALS	35	A	5,200	5,200	RECLASS TO PROPER COST CENTER	161.00

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

162.00	LEASES AND RENTALS	165	A	-5,200	-5,200	RECLASS TO PROPER COST CENTER	162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
<b>NON-REIMBURSABLE COST CENTERS:</b>							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	140	A	3,740	3,740	RECLASS PER REPORT INSTRUCTION	200.00
205.00	BEAUTY AND BARBER	100	A	-3,740	-3,740	RECLASS PER REPORT INSTRUCTION	205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-183,090	-119,424		220.00

\* Basis: A - Cost

B - Amount Received

\*\* Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.



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## RELATED PARTY INFORMATION

10.4(1)

If the facility had transactions with related parties during the report period, complete the following information:						
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code	
	1.00	2.00	3.00	4.00	5.00	
1.00	HUMANGOOD	1900 HUNTINGTON DRIVE	DUARTE	CA	91010	1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00

\* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HUMANGOOD	0	ADMINISTRATION	No	0	165	734,448	265,698	8,954	3,240	268,938	30.00
31.00		0			0		0	0	0	0	0	31.00
32.00		0			0		0	0	0	0	0	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00

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## ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received			Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	<b>TOTAL ADJUSTMENTS</b>						<b>734,448</b>	<b>265,698</b>	<b>8,954</b>	<b>3,240</b>	<b>268,938</b>	100.00

\* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (\*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1 Col. 1)	Benefits Paid (From Page 10.1 Col. 2)	Other Payments (From Page 10.1 Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
<b>SECTION I - OWNERS/OPERATORS/RELATIVES</b>									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
<b>SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY</b>									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
<b>SECTION III - ADMINISTRATORS (**)</b>									
140.00	GREG BEARCE	75,353	36,626	0		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
<b>SECTION IV - ASSISTANT ADMINISTRATORS (**)</b>									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
<b>SECTION V - BOARD MEMBERS</b>									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(\*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(\*\*) If more than one Administrator is reported, include dates of employment for each.

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## EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
ACCOUNT TITLE		Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C's. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	18,116	9,054	5,352	55,782	<b>88,304</b>	5.00
10.00	Housekeeping	6300	44,847	22,391	0	11,978	<b>79,216</b>	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				28,136	<b>28,136</b>	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	<b>0</b>	20.00
25.00	Depreciation - Equipment	7140				20,818	<b>20,818</b>	25.00
30.00	Depreciation & Amortization - Other	7150-7160				1,333	<b>1,333</b>	30.00
35.00	Leases and Rentals	7200				11,572	<b>11,572</b>	35.00
40.00	Property Taxes	7300				681	<b>681</b>	40.00
45.00	Property Insurance	7400				5,712	<b>5,712</b>	45.00
50.00	Interest - Property, Plant & Equip.	7500				3,788	<b>3,788</b>	50.00
55.00	Interest - Other	7600				0	<b>0</b>	55.00
60.00	Laundry and Linen	6400	12,021	6,194	37,217	13,863	<b>69,295</b>	60.00
65.00	Dietary	6500	204,972	95,429	76,496	167,540	<b>544,437</b>	65.00
70.00	Provision for Bad Debts	7700				0	<b>0</b>	70.00
<b>ANCILLARY SERVICES</b>								
75.00	Patient Supplies	8100	0	0	0	2,147	<b>2,147</b>	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	<b>0</b>	77.00
80.00	Physical Therapy	8200	0	0	0	139,567	<b>139,567</b>	80.00
81.00	Respiratory Therapy	8220	0	0	0	0	<b>0</b>	81.00
82.00	Occupational Therapy	8250	0	0	0	103,381	<b>103,381</b>	82.00
83.00	Speech Therapy	8280	0	0	0	21,657	<b>21,657</b>	83.00
85.00	Pharmacy	8300	0	0	0	77,300	<b>77,300</b>	85.00
90.00	Laboratory	8400	0	0	0	349	<b>349</b>	90.00
95.00	Home Health Services	8800	0	0	0	0	<b>0</b>	95.00
100.00	Other Ancillary Services	8900	0	0	0	26,454	<b>26,454</b>	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	<b>0</b>	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	<b>0</b>	102.00
<b>ROUTINE SERVICES</b>								
105.00	Skilled Nursing Care	6110	1,101,117	526,830	104,335	185,285	<b>1,917,567</b>	105.00
110.00	Intermediate Care	6120	0	0	0	0	<b>0</b>	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	<b>0</b>	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	<b>0</b>	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	<b>0</b>	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	<b>0</b>	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	<b>0</b>	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	<b>0</b>	130.00
135.00	Other Routine Services	6190	0	0	0	0	<b>0</b>	135.00
139.00	Residential Care **	9100	0	0	0	0	<b>0</b>	139.00
140.00	Beauty and Barber		0	0	0	3,740	<b>3,740</b>	140.00
145.00	Other Nonreimbursable		0	0	0	0	<b>0</b>	145.00
155.00	Social Services	6600	53,338	18,080	0	2,925	<b>74,343</b>	155.00
160.00	Activities	6700	90,246	43,211	0	17,701	<b>151,158</b>	160.00
165.00	Administration	6900	147,677	78,482	0	455,445	<b>681,604</b>	165.00
166.00	Medical Records - Salaries and Wages ***	6900	47,676	22,697	0	0	<b>70,373</b>	166.00
167.00	DPH Licensing Fees ***	6900				23,804	<b>23,804</b>	167.00
168.00	Liability Insurance ***	6900				29,500	<b>29,500</b>	168.00
169.00	Quality Assurance Fees ***	6900				0	<b>0</b>	169.00
170.00	Inservice Education - Nursing	6800	68,458	32,574	0	0	<b>101,032</b>	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	<b>0</b>	174.00
175.00	Total ****		<b>1,788,468</b>	<b>854,942</b>	<b>223,400</b>	<b>1,410,458</b>	<b>4,277,268</b>	175.00

\* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

\*\* Complete with Direct Residential Care Costs

\*\*\* Amounts reclassified from Administration (line 165)

\*\*\*\* Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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## ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	0	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	0	0	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	313	313	313	0	0	0	0	0	0	0	60.00
65.00	Dietary	1,330	1,330	1,330	0	0	0	0	0	0	0	65.00
<b>ANCILLARY SERVICES</b>												
75.00	Patient Supplies	76	76	76	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	65	65	65	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	65	65	65	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
<b>ROUTINE SERVICES</b>												
105.00	Skilled Nursing Care	3,795	3,795	3,795	15,452	23,178	1,917,567	1,917,567	1,917,567	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	114	114	114	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	96	96	96	0	0	0	0	0	0	0	155.00
160.00	Activities	600	600	600	0	0	0	0	0	0	0	160.00
165.00	Administration	1,643	1,643	1,643	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	88	88	88	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	66	66	66	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	8,251	8,251	8,251	15,452	23,178	1,917,567	1,917,567	1,917,567	0	0	175.00

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## ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Expenses from Page 10.1, Column 14	Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
			BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	1,985,106		239,560		69,295		544,437	5.00

## ANCILLARY SERVICE COST CENTERS

10.00	Patient Supplies	2,147	76	4,424	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	139,567	65	3,784	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0	0			16.00
17.00	Occupational Therapy	103,381	0	0	0	0			17.00
18.00	Speech Therapy	21,657	0	0	0	0			18.00
20.00	Pharmacy	77,300	65	3,784	0	0			20.00
25.00	Laboratory	349	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	26,454	0	0	0	0			35.00

## ROUTINE SERVICE COST CENTERS

40.00	Skilled Nursing Care	1,917,567	3,795	220,931	15,452	69,295	23,178	544,437	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00

## NONREIMBURSABLE COSTS

75.00	Beauty and Barber	3,740	114	6,637	0	0	0	0	75.00
80.00	Other Nonreimbursable	0	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		4,115		15,452		23,178		85.00
90.00	UNIT COST MULTIPLIER**		58.216282		4.484533		23.489386		90.00
95.00	TOTAL COSTS (See instructions)	2,292,162		239,560		69,295		544,437	95.00

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	

5.00	General Service Costs		326,533		805,281		5.00
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## ANCILLARY SERVICE COST CENTERS

10.00	Patient Supplies			6,571	1,524	8,095	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			143,351	33,248	176,599	15.00
16.00	Respiratory Therapy			0	0	0	16.00
17.00	Occupational Therapy			103,381	23,978	127,359	17.00
18.00	Speech Therapy			21,657	5,023	26,680	18.00
20.00	Pharmacy			81,084	18,806	99,890	20.00
25.00	Laboratory			349	81	430	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			26,454	6,136	32,590	35.00

## ROUTINE SERVICE COST CENTERS

40.00	Skilled Nursing Care	1,917,567	326,533	3,078,763	714,078	3,792,841	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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## ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
<b>NONREIMBURSABLE COSTS</b>								
75.00	Beauty and Barber			10,377	2,407	12,784		75.00
80.00	Other Nonreimbursable			0	0	0		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	<b>1,917,567</b>		<b>3,471,987</b>				85.00
90.00	UNIT COST MULTIPLIER**	0.170285		0.231937				90.00
95.00	TOTAL COSTS (See instructions)		<b>326,533</b>		<b>805,281</b>	<b>4,277,268</b>		95.00

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	3,792,841	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	7,726	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	490.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

\* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

\*\* Unit Cost Multiplier must be calculated to six decimal places.



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## LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
<b>NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:</b>					
5.00	Supervisors and Management	3,285	163,137	49.66	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	6,141	269,109	43.82	25.00
30.00	Licensed Vocational Nurses	10,563	336,715	31.88	30.00
35.00	Nurse Assistants (Aides and Orderlies)	19,437	331,337	17.05	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	31	819	26.42	60.00
65.00	Subtotal (Sum of lines 5 through 60)	<b>39,457</b>	<b>1,101,117</b>	<b>27.91</b>	65.00
<b>SUB-ACUTE CARE NURSING SERVICES - ONLY:</b>					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	<b>0</b>	<b>0</b>	<b>0.00</b>	130.00
<b>SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:</b>					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	<b>0</b>	<b>0</b>	<b>0.00</b>	180.00
<b>TRANSITIONAL INPATIENT CARE - ONLY:</b>					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	<b>0</b>	<b>0</b>	<b>0.00</b>	199.00
<b>ANCILLARY SERVICES:</b>					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	0	0	0.00	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	<b>0</b>	<b>0</b>	<b>0.00</b>	230.00

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## LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
<b>SUPPORT SERVICES:</b>					
250.00	Plant Operations and Maintenance	830	18,116	21.83	250.00
255.00	Housekeeping	742	11,603	15.64	255.00
260.00	Laundry and Linen	756	12,021	15.90	260.00
265.00	Dietary	12,133	205,483	16.94	265.00
270.00	Social Services	2,141	53,338	24.91	270.00
275.00	Activities	4,926	95,184	19.32	275.00
280.00	Inservice Education - Nursing	1,440	68,458	47.54	280.00
285.00	Administration	6,003	195,353	32.54	285.00
290.00	Subtotal (Sum of lines 250 through 285)	<b>28,971</b>	<b>659,556</b>	<b>22.77</b>	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	<b>68,428</b>	<b>1,760,673</b>	<b>25.73</b>	300.00

\* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**\*\* For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

**For non-residential care facilities:**

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

**For residential care facilities:**

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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## LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	2,141	53,338	24.91	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,860	40,620	21.84	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
<b>NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:</b>					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	409	22,226	54.34	415.00
420.00	Nurse Assistants (Aides and Orderlies)	2,038	73,976	36.30	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	271	8,133	30.01	430.00
435.00	Subtotal (Sum of lines 405 through 430)	2,718	104,335	38.39	435.00
<b>SUB-ACUTE CARE NURSING SERVICES - ONLY:</b>					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
<b>SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:</b>					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
<b>TRANSITIONAL INPATIENT CARE - ONLY:</b>					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

## LABOR TURNOVER

		All Employees	Direct Nursing Employees*	Nurse Assistants	
		1.00	2.00	3.00	
605.00	Number of employees at beginning of period	42	24	12	605.00
610.00	Number of employees at end of period	44	28	15	610.00
615.00	Average number of employees (See instructions)	44	28	15	615.00
620.00	Total number of people employed during the period **	70	46	25	620.00
625.00	Turnover percentage [ (line 620 / line 615) X 100 ] - 100	59.09	64.29	66.67	625.00
630.00	Number of employees with continuous service for entire reporting period	27	15	8	630.00

\* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

\*\* Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

---

**HumanGood  
dba  
Windsor Manor Facility**

**Skilled Nursing Facility  
Cost Report  
(A Compilation)**

**For the Year Ended December 31, 2021**



HANSEN HUNTER & CO. P.C.

**SYNERGY**  
HEALTHCARE RESOURCES

**AXIOM**  
HEALTHCARE GROUP

HealthBridge

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  - Allowable Related Party Costs



HANSEN HUNTER & CO. P.C.

**SYNERGY**  
HEALTHCARE RESOURCES

**AXIOM**  
HEALTHCARE GROUP

**HealthBridge**

## **Independent Accountants' Compilation Report**

To Management  
HumanGood  
dba Windsor Manor Facility  
Duarte, California

Management is responsible for the accompanying Skilled Nursing Facility Cost Report, Form CMS 2540-10 and related schedules, which are listed in the preceding table of contents, of HumanGood, dba Windsor Manor Facility for the year ended December 31, 2021 in accordance with the requirements of the Centers for Medicare and Medicaid Services. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the cost report nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on this cost report.

### **Basis of Accounting**

Form CMS 2540-10 and related schedules (listed in the preceding table of contents) are prepared in accordance with the requirements of the Centers for Medicare and Medicaid Services, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to comply with the financial reporting provisions of the Centers for Medicare and Medicaid Services. Accordingly, this cost report is not designed for those who are not informed about such differences.

*Hansen Hunter & Co. P.C.*

May 28, 2022

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0463

Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S  
Parts I, II & III  
Date/Time Prepared:  
5/28/2022 4:21 pm

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 5/28/2022 Time: 4:21 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

**PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR**

MI REPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

**CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WINDSOR MANOR ( 555616 ) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	<b>Andrew Mcdonald</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Andrew Mcdonald		2
3	Signatory Title	CFO		3
4	Date	05/28/2022 04:21:09 PM		4

**Encryption Information**

ECR: Date: 5/28/2022 Time: 4:21 pm

jij9UN: xaneFc2ew8LyXLPj pj8fk: 0

WPIBS0gF7lpModuKSk: gTvMRaJKsi N

aKjYOC9Zq30F88R1

		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1. 00	2. 00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
1. 00	SKILLED NURSING FACILITY	0	0	0	0	1. 00
2. 00	NURSING FACILITY	0			0	2. 00
3. 00	ICF/IID				0	3. 00
4. 00	SNF - BASED HHA I	0	0	0		4. 00
5. 00	SNF - BASED RHC I	0		0		5. 00
6. 00	SNF - BASED FQHC I	0		0		6. 00
7. 00	SNF - BASED CMHC I	0		0		7. 00
7. 10	SNF - BASED CORF I	0		0		7. 10
100. 00	TOTAL	0	0	0	0	100. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

See Accountants' ~~CONFIDENTIAL~~ **CONFIDENTIAL** Report



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555616	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/28/2022 4:21 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB1564 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: AMERICAN BAPTIST HOMES OF THE WEST	Contractor's Name: NORIDIAN	Contractor's Number: 01011 45.00	
46.00	Street: 1900 HUNTINGTON DRIVE	PO Box:	46.00	
47.00	City: DUARTE	State: CA	Zip Code: 91010	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-2  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

		Y/N	Date	
		1.00	2.00	
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)				
Completed by All Skilled Nursing Facilities				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N	
			1.00	
Bad Debts				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00
Bed Complement				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JEFF	MOORE	19.00
20.00	Enter the employer/company name of the cost report preparer.	HANSEN HUNTER & CO. P.C.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	503-244-2134	JMOORE@HHC-CPA.COM	21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHAREHOLDER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2022 4:21 pm

Component		Number of Beds	Bed Days Avai l a b l e	Inpatient Days/Vi s i t s			
				Title V	Ti t l e X V I I I	Ti t l e X I X	
				1. 00	2. 00	3. 00	
1. 00	SKILLED NURSING FACILITY	28	10,220	0	1,555	919	1. 00
2. 00	NURSING FACILITY	0	0	0		0	2. 00
3. 00	ICF/IID	0	0			0	3. 00
4. 00	HOME HEALTH AGENCY COST			0	0	0	4. 00
5. 00	Other Long Term Care	109	39,785				5. 00
6. 00	SNF-Based CMHC						6. 00
6. 10	SNF-Based CORF						6. 10
7. 00	HOSPICE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	137	50,005	0	1,555	919	8. 00
Component		Inpatient Days/Vi s i t s		Di s c h a r g e s			
		Other	Total	Title V	Ti t l e X V I I I	Ti t l e X I X	
		6. 00	7. 00	8. 00	9. 00	10. 00	
1. 00	SKILLED NURSING FACILITY	5,252	7,726	0	44	5	1. 00
2. 00	NURSING FACILITY	0	0	0		0	2. 00
3. 00	ICF/IID	0	0			0	3. 00
4. 00	HOME HEALTH AGENCY COST	0	0				4. 00
5. 00	Other Long Term Care	32,605	32,605				5. 00
6. 00	SNF-Based CMHC						6. 00
6. 10	SNF-Based CORF						6. 10
7. 00	HOSPICE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	37,857	40,331	0	44	5	8. 00
Component		Di s c h a r g e s		Average Length of Stay			
		Other	Total	Title V	Ti t l e X V I I I	Ti t l e X I X	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	SKILLED NURSING FACILITY	37	86	0.00	35.34	183.80	1. 00
2. 00	NURSING FACILITY	0	0	0.00		0.00	2. 00
3. 00	ICF/IID	0	0			0.00	3. 00
4. 00	HOME HEALTH AGENCY COST						4. 00
5. 00	Other Long Term Care	63	63				5. 00
6. 00	SNF-Based CMHC						6. 00
6. 10	SNF-Based CORF						6. 10
7. 00	HOSPICE	0	0	0.00	0.00	0.00	7. 00
8. 00	Total (Sum of lines 1-7)	100	149	0.00	35.34	183.80	8. 00
Component		Average Length of Stay		Admi s s i o n s			
		Total	Title V	Ti t l e X V I I I	Ti t l e X I X	Other	
		16. 00	17. 00	18. 00	19. 00	20. 00	
1. 00	SKILLED NURSING FACILITY	89.84	0	51	2	26	1. 00
2. 00	NURSING FACILITY	0.00	0		0	0	2. 00
3. 00	ICF/IID	0.00			0	0	3. 00
4. 00	HOME HEALTH AGENCY COST						4. 00
5. 00	Other Long Term Care	517.54				61	5. 00
6. 00	SNF-Based CMHC						6. 00
6. 10	SNF-Based CORF						6. 10
7. 00	HOSPICE	0.00	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	270.68	0	51	2	87	8. 00
Component		Admi s s i o n s		Full Time Equi val ent			
		Total	Empl o y e e s   o n Payrol l	Nonpai d Workers			
		21. 00	22. 00	23. 00			
1. 00	SKILLED NURSING FACILITY	79	75.77	0.00			1. 00
2. 00	NURSING FACILITY	0	0.00	0.00			2. 00
3. 00	ICF/IID	0	0.00	0.00			3. 00
4. 00	HOME HEALTH AGENCY COST		0.00	0.00			4. 00
5. 00	Other Long Term Care	61	23.11	0.00			5. 00
6. 00	SNF-Based CMHC		0.00	0.00			6. 00
6. 10	SNF-Based CORF		0.00	0.00			6. 10
7. 00	HOSPICE	0	0.00	0.00			7. 00
8. 00	Total (Sum of lines 1-7)	140	98.88	0.00			8. 00

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	4,727,031	0	4,727,031	205,677.00	22.98
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	4,727,031	0	4,727,031	205,677.00	22.98
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC	0	0	0	0.00	0.00
9.10	CORF					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	1,132,782	0	1,132,782	48,067.00	23.57
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	1,132,782	0	1,132,782	48,067.00	23.57
13.00	Total Adjusted Salaries (line 6 minus line 12)	3,594,249	0	3,594,249	157,610.00	22.80
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	359,131	0	359,131	8,422.00	42.64
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	1,369,405	0	1,369,405		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	328,163	0	328,163		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,041,242	0	1,041,242		

## SNF WAGE INDEX INFORMATION

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2022 4:21 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	0	0	0	0.00	0.00	1.00
2.00 Administrative & General	398,033	3,607	401,640	10,682.00	37.60	2.00
3.00 Plant Operation, Maintenance & Repairs	309,113	0	309,113	13,838.00	22.34	3.00
4.00 Laundry & Linen Service	34,291	0	34,291	2,142.00	16.01	4.00
5.00 Housekeeping	196,994	0	196,994	12,496.00	15.76	5.00
6.00 Dietary	881,824	0	881,824	51,803.00	17.02	6.00
7.00 Nursing Administration	0	354,723	354,723	7,608.00	46.63	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	0	54,265	54,265	2,259.00	24.02	10.00
11.00 Social Service	0	0	0	0.00	0.00	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	384,328	21	384,349	17,622.00	21.81	13.00
14.00 Total (sum lines 1 thru 13)	2,204,583	412,616	2,617,199	118,450.00	22.10	14.00

## SNF WAGE RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/28/2022 4:21 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	258,108	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	598,455	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	118,472	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	353,374	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	25,456	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,353,865	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER EMPLOYEE BENEFITS	15,540	25.00



## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part V  
Date/Time Prepared:  
5/28/2022 4:21 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	570,536	165,282	735,818	12,598.00	58.41	1.00
2.00	Licensed Practical Nurses (LPNs)	379,602	109,969	489,571	12,001.00	40.79	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	378,897	109,765	488,662	22,228.00	21.98	3.00
4.00	Total Nursing (sum of lines 1 through 3)	1,329,035	385,016	1,714,051	46,827.00	36.60	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	22,226		22,226	409.00	54.34	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	82,109		82,109	2,309.00	35.56	16.00
17.00	Total Nursing (sum of lines 14 through 16)	104,335		104,335	2,718.00	38.39	17.00
18.00	Physical Therapists	129,758		129,758	2,825.00	45.93	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	103,381		103,381	2,393.00	43.20	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	21,657		21,657	486.00	44.56	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-7

Date/Time Prepared:  
5/28/2022 4:21 pm

		Group	Days	
		1. 00	2. 00	
1. 00		RUX		1. 00
2. 00		RUL		2. 00
3. 00		RVX		3. 00
4. 00		RVL		4. 00
5. 00		RHX		5. 00
6. 00		RHL		6. 00
7. 00		RMX		7. 00
8. 00		RML		8. 00
9. 00		RLX		9. 00
10. 00		RUC		10. 00
11. 00		RUB		11. 00
12. 00		RUA		12. 00
13. 00		RVC		13. 00
14. 00		RVB		14. 00
15. 00		RVA		15. 00
16. 00		RHC		16. 00
17. 00		RHB		17. 00
18. 00		RHA		18. 00
19. 00		RMC		19. 00
20. 00		RMB		20. 00
21. 00		RMA		21. 00
22. 00		RLB		22. 00
23. 00		RLA		23. 00
24. 00		ES3		24. 00
25. 00		ES2		25. 00
26. 00		ES1		26. 00
27. 00		HE2		27. 00
28. 00		HE1		28. 00
29. 00		HD2		29. 00
30. 00		HD1		30. 00
31. 00		HC2		31. 00
32. 00		HC1		32. 00
33. 00		HB2		33. 00
34. 00		HB1		34. 00
35. 00		LE2		35. 00
36. 00		LE1		36. 00
37. 00		LD2		37. 00
38. 00		LD1		38. 00
39. 00		LC2		39. 00
40. 00		LC1		40. 00
41. 00		LB2		41. 00
42. 00		LB1		42. 00
43. 00		CE2		43. 00
44. 00		CE1		44. 00
45. 00		CD2		45. 00
46. 00		CD1		46. 00
47. 00		CC2		47. 00
48. 00		CC1		48. 00
49. 00		CB2		49. 00
50. 00		CB1		50. 00
51. 00		CA2		51. 00
52. 00		CA1		52. 00
53. 00		SE3		53. 00
54. 00		SE2		54. 00
55. 00		SE1		55. 00
56. 00		SSC		56. 00
57. 00		SSB		57. 00
58. 00		SSA		58. 00
59. 00		IB2		59. 00
60. 00		IB1		60. 00
61. 00		IA2		61. 00
62. 00		IA1		62. 00
63. 00		BB2		63. 00
64. 00		BB1		64. 00
65. 00		BA2		65. 00
66. 00		BA1		66. 00
67. 00		PE2		67. 00
68. 00		PE1		68. 00
69. 00		PD2		69. 00
70. 00		PD1		70. 00
71. 00		PC2		71. 00
72. 00		PC1		72. 00
73. 00		PB2		73. 00
74. 00		PB1		74. 00
75. 00		PA2		75. 00

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-7

Date/Time Prepared:  
5/28/2022 4:21 pm

		Group	Days	
		1.00	2.00	
76.00		PA1		76.00
99.00		AAA		99.00
100.00	TOTAL			100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)				
101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A

Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		225,751	225,751	-81,545	144,206	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		741,920	741,920	0	741,920	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,369,405	1,369,405	0	1,369,405	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	398,033	1,495,240	1,893,273	85,152	1,978,425	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	309,113	947,234	1,256,347	0	1,256,347	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	34,291	119,230	153,521	0	153,521	6.00
7.00	00700	HOUSEKEEPING	196,994	45,806	242,800	0	242,800	7.00
8.00	00800	DIETARY	881,824	946,702	1,828,526	0	1,828,526	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	354,723	354,723	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	54,265	54,265	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
15.00	01500	ACTIVITIES-SNF	384,328	175,907	560,235	-477,410	82,825	15.00
15.01	01501	TRANSPORT	0	0	0	116,443	116,443	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	360,988	360,988	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	1,389,666	293,084	1,682,750	-412,616	1,270,134	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	26,454	26,454	0	26,454	40.00
41.00	04100	LABORATORY	0	349	349	0	349	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	5,708	5,708	0	5,708	43.00
44.00	04400	PHYSICAL THERAPY	0	129,758	129,758	0	129,758	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	103,381	103,381	0	103,381	45.00
46.00	04600	SPEECH PATHOLOGY	0	21,657	21,657	0	21,657	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,968	2,968	0	2,968	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	77,300	77,300	0	77,300	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	CLINIC	0	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,594,249	6,727,854	10,322,103	0	10,322,103	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	3,740	3,740	0	3,740	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	168,507	315,996	484,503	0	484,503	95.00
95.01	09501	ASSISTED LIVING	898,813	98,501	997,314	0	997,314	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	0	95.02
95.03	09503	WELLNESS	65,462	21,639	87,101	0	87,101	95.03
95.04	09504	OUTREACH	0	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95.05
100.00		TOTAL	4,727,031	7,167,730	11,894,761	0	11,894,761	100.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	12,396	156,602	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	53,758	795,678	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,369,405	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-207,399	1,771,026	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	-41,811	1,214,536	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	153,521	6.00
7.00	00700	HOUSEKEEPING	0	242,800	7.00
8.00	00800	DIETARY	-7,637	1,820,889	8.00
9.00	00900	NURSING ADMINISTRATION	0	354,723	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	54,265	12.00
13.00	01300	SOCIAL SERVICE	0	0	13.00
15.00	01500	ACTIVITIES-SNF	0	82,825	15.00
15.01	01501	TRANSPORT	0	116,443	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	360,988	15.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	1,270,134	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	26,454	40.00
41.00	04100	LABORATORY	0	349	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	5,708	43.00
44.00	04400	PHYSICAL THERAPY	0	129,758	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	103,381	45.00
46.00	04600	SPEECH PATHOLOGY	0	21,657	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,968	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	77,300	49.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF	0	0	72.00
73.00	07300	CMHC	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-190,693	10,131,410	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	3,740	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	484,503	95.00
95.01	09501	ASSISTED LIVING	0	997,314	95.01
95.02	09502	RESIDENTIAL	0	0	95.02
95.03	09503	WELLNESS	0	87,101	95.03
95.04	09504	OUTREACH	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	95.05
100.00		TOTAL	-190,693	11,704,068	100.00

## RECLASSIFICATIONS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/28/2022 4:21 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - RECLASSIFY LIABILITY INSURANCE					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	81,545	1.00
	(1) B - RECLASSIFY TRANSPORTATION COSTS					
2.00		TRANSPORT	15.01	73,951	42,492	2.00
	(1) C - RECLASSIFY RESIDENT SVCS COSTS					
3.00		RES SVCS & CAMPUS PROGRAM	15.02	229,622	131,366	3.00
	(1) D - RECLASSIFY ADMIN WAGES					
4.00		ADMINISTRATIVE & GENERAL	4.00	3,607	0	4.00
	(1) E - RECLASSIFY NURSE ADMIN WAGES					
5.00		NURSING ADMINISTRATION	9.00	354,723	0	5.00
	(1) F - RECLASSIFY MEDICAL RECORDS WAGES					
6.00		MEDICAL RECORDS & LIBRARY	12.00	54,265	0	6.00
	(1) G - RECLASS ACTIVITIES WAGES					
7.00		ACTIVITIES-SNF	15.00	21	0	7.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		716,189	255,403	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

See Accountants' ~~Worksheet A-6~~ **Worksheet A-6**

## RECLASSIFICATIONS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/28/2022 4:21 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - RECLASSIFY LIABILITY INSURANCE					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	81,545	1.00
	(1) B - RECLASSIFY TRANSPORTATION COSTS					
2.00		ACTIVITIES-SNF	15.00	73,951	42,492	2.00
	(1) C - RECLASSIFY RESIDENT SVCS COSTS					
3.00		ACTIVITIES-SNF	15.00	229,622	131,366	3.00
	(1) D - RECLASSIFY ADMIN WAGES					
4.00		SKILLED NURSING FACILITY	30.00	3,607	0	4.00
	(1) E - RECLASSIFY NURSE ADMIN WAGES					
5.00		SKILLED NURSING FACILITY	30.00	354,723	0	5.00
	(1) F - RECLASSIFY MEDICAL RECORDS WAGES					
6.00		SKILLED NURSING FACILITY	30.00	54,265	0	6.00
	(1) G - RECLASS ACTIVITIES WAGES					
7.00		SKILLED NURSING FACILITY	30.00	21	0	7.00
	TOTALS					
100.00				716,189	255,403	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

See Accountants' ~~Worksheet A-6~~ **Worksheet A-6**

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-7

Date/Time Prepared:  
5/28/2022 4:21 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	581,991	0	0	0	0	1.00	
2.00	Land Improvements	131,562	0	0	0	0	2.00	
3.00	Buildings and Fixtures	2,871,160	0	0	0	0	3.00	
4.00	Building Improvements	8,350,658	603,208	0	603,208	0	4.00	
5.00	Fixed Equipment	1,023,684	297,941	0	297,941	0	5.00	
6.00	Movable Equipment	419,681	108,404	0	108,404	0	6.00	
7.00	Subtotal (sum of lines 1-6)	13,378,736	1,009,553	0	1,009,553	0	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	13,378,736	1,009,553	0	1,009,553	0	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	581,991	0					1.00
2.00	Land Improvements	131,562	0					
3.00	Buildings and Fixtures	2,871,160	0					
4.00	Building Improvements	8,953,866	0					
5.00	Fixed Equipment	1,321,625	0					
6.00	Movable Equipment	528,085	0					
7.00	Subtotal (sum of lines 1-6)	14,388,289	0					
8.00	Reconciling Items	0	0					
9.00	Total (line 7 minus line 8)	14,388,289	0					9.00



## ADJUSTMENTS TO EXPENSES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8

Date/Time Prepared:  
5/28/2022 4:21 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00			2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-2,231	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	8,954			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-2,686	DIETARY	8.00	14.00
15.00	Cost of meals - Guests	B	-890	DIETARY	8.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	BAD DEBT RECOVERIES	A	-25,159	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	CATERING	B	-1,574	DIETARY	8.00	25.01
25.02	COMMUNITY FEES	B	-78,350	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	DINING-SALES TAX	A	-2,482	DIETARY	8.00	25.03
25.04	FAC RENT - EQUIP	B	-1,560	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	25.04
25.05	MINI-MART SALES	B	-5	DIETARY	8.00	25.05
25.06	MISC INCOME	B	-18,273	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	PUBLIC RELATIONS	A	-1,600	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08	SALES TAXES	A	-1,866	ADMINISTRATIVE & GENERAL	4.00	25.08
25.09	RESIDENT TELEVISION	A	-41,811	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.09
25.10	RESTRICTED DONATIONS	B	-17,771	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.10
25.11	LOBBYING-RELATED DUES	A	-3,389	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12	Other adjustment (specify)		0		0.00	25.12
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-190,693			100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A-8-1  
Parts I-III  
Date/Time Prepared:  
5/28/2022 4:21 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - MGT FEES	1.00
2.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	HOME OFFICE - CAP BLDG	2.00
3.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	HOME OFFICE - CAP INT. EXP.	3.00
4.00		2.00	CAP REL COSTS - MOVEABLE EQUIPMENT	HOME OFFICE - MOVEABLE EQUIP	4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		655,686	734,448	-78,762	1.00
2.00		12,702	0	12,702	2.00
3.00		19,696	0	19,696	3.00
4.00		55,318	0	55,318	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	743,402	734,448	8,954	10.00

## STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider No.: 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A-8-1  
Parts I-III  
Date/Time Prepared:  
5/28/2022 4:21 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	AMERICAN BAPTIST HOMES OF THE WEST	100.00	1.00
2.00			0.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	AMERICAN BAPTIST HOMES OF THE WEST	0.00	MGT/ACCTING	1.00
2.00		0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			BLDGS & FIXTURES	MOVEABLE EQUIPMENT			
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	156,602	156,602			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	795,678	795,678			2.00
3.00	00300	EMPLOYEE BENEFITS	1,369,405	0	1,369,405		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,771,026	148	116,354	1,888,278	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,214,536	471	89,549	1,306,947	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	153,521	291	9,934	165,223	6.00
7.00	00700	HOUSEKEEPING	242,800	0	57,069	299,869	7.00
8.00	00800	DIETARY	1,820,889	527	255,462	2,079,554	8.00
9.00	00900	NURSING ADMINISTRATION	354,723	0	102,762	457,485	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	54,265	0	15,720	69,985	12.00
13.00	01300	SOCIAL SERVICE	0	83	420	503	13.00
15.00	01500	ACTIVITIES-SNF	82,825	471	23,401	109,088	15.00
15.01	01501	TRANSPORT	116,443	0	21,423	137,866	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	360,988	0	66,521	427,509	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,270,134	4,852	24,651	1,582,684	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	26,454	0	0	26,454	40.00
41.00	04100	LABORATORY	349	0	0	349	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	5,708	0	0	5,708	43.00
44.00	04400	PHYSICAL THERAPY	129,758	0	0	129,758	44.00
45.00	04500	OCCUPATIONAL THERAPY	103,381	0	0	103,381	45.00
46.00	04600	SPEECH PATHOLOGY	21,657	0	0	21,657	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,968	0	0	2,968	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	77,300	16	82	77,398	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,131,410	6,859	34,838	8,892,664	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	3,740	128	652	4,520	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	484,503	0	0	533,319	95.00
95.01	09501	ASSISTED LIVING	997,314	60,380	306,786	1,624,863	95.01
95.02	09502	RESIDENTIAL	0	89,235	453,402	542,637	95.02
95.03	09503	WELLNESS	87,101	0	0	106,065	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	11,704,068	156,602	795,678	11,704,068	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,888,278				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	254,118	1,561,065			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	32,125	2,908	200,256		6.00
7.00	00700	HOUSEKEEPING	58,305	0	0	358,174	7.00
8.00	00800	DIETARY	404,334	5,270	0	1,703	2,490,861
9.00	00900	NURSING ADMINISTRATION	88,952	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	13,608	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	98	827	0	267	13.00
15.00	01500	ACTIVITIES-SNF	21,211	4,709	0	1,503	15.00
15.01	01501	TRANSPORT	26,806	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	83,123	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	307,731	48,555	38,362	15,660	477,161
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,110	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	25,230	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	20,101	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	4,211	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	577	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	162	0	67	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,341,640	62,431	38,362	19,200	477,161
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	879	1,284	0	401	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	103,696	0	0	0	95.00
95.01	09501	ASSISTED LIVING	315,932	604,278	54,802	194,696	681,650
95.02	09502	RESIDENTIAL	105,508	893,072	107,092	143,877	1,332,050
95.03	09503	WELLNESS	20,623	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,888,278	1,561,065	200,256	358,174	2,490,861

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	546,437				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	83,593		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	1,695	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	546,437	0	83,593	1,695	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	546,437	0	83,593	1,695	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	546,437	0	83,593	1,695	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Stepdown Adj ustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15. 01	15. 02				
			15. 01	15. 02	16. 00	17. 00	18. 00	
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS - BLDGS & FIXTURES						1. 00
2. 00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2. 00
3. 00	00300	EMPLOYEE BENEFITS						3. 00
4. 00	00400	ADMINISTRATIVE & GENERAL						4. 00
5. 00	00500	PLANT OPERATION, MAINT. & REPAIRS						5. 00
6. 00	00600	LAUNDRY & LINEN SERVICE						6. 00
7. 00	00700	HOUSEKEEPING						7. 00
8. 00	00800	DIETARY						8. 00
9. 00	00900	NURSING ADMINISTRATION						9. 00
10. 00	01000	CENTRAL SERVICES & SUPPLY						10. 00
12. 00	01200	MEDICAL RECORDS & LIBRARY						12. 00
13. 00	01300	SOCIAL SERVICE						13. 00
15. 00	01500	ACTIVITIES-SNF						15. 00
15. 01	01501	TRANSPORT	164,672					15. 01
15. 02	01502	RES SVCS & CAMPUS PROGRAM	0	510,632				15. 02
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	SKILLED NURSING FACILITY	31,545	97,819	3,367,753	0	3,367,753	30. 00
31. 00	03100	NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200	ICF/IID	0	0	0	0	0	32. 00
33. 00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33. 00
ANCILLARY SERVICE COST CENTERS								
40. 00	04000	RADIOLOGY	0	0	26,454	0	26,454	40. 00
41. 00	04100	LABORATORY	0	0	349	0	349	41. 00
42. 00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43. 00	04300	OXYGEN (INHALATION) THERAPY	0	0	6,818	0	6,818	43. 00
44. 00	04400	PHYSICAL THERAPY	0	0	154,988	0	154,988	44. 00
45. 00	04500	OCCUPATIONAL THERAPY	0	0	123,482	0	123,482	45. 00
46. 00	04600	SPEECH PATHOLOGY	0	0	25,868	0	25,868	46. 00
47. 00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47. 00
48. 00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,545	0	3,545	48. 00
49. 00	04900	DRUGS CHARGED TO PATIENTS	0	0	77,627	0	77,627	49. 00
51. 00	05100	SUPPORT SURFACES	0	0	0	0	0	51. 00
52. 00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52. 00
OUTPATIENT SERVICE COST CENTERS								
60. 00	06000	CLINIC	0	0	0	0	0	60. 00
63. 00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63. 00
OTHER REIMBURSABLE COST CENTERS								
70. 00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100	AMBULANCE	0	0	0	0	0	71. 00
72. 00	07200	CORF	0	0	0	0	0	72. 00
73. 00	07300	CMHC	0	0	0	0	0	73. 00
74. 00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74. 00
SPECIAL PURPOSE COST CENTERS								
82. 00	08200	UTILIZATION REVIEW - SNF						82. 00
83. 00	08300	HOSPICE	0	0	0	0	0	83. 00
84. 00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84. 00
89. 00		SUBTOTALS (sum of lines 1-84)	31,545	97,819	3,786,884	0	3,786,884	89. 00
NONREIMBURSABLE COST CENTERS								
90. 00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100	BARBER & BEAUTY SHOP	0	0	7,084	0	7,084	91. 00
95. 00	09500	OTHER NONREIMBURSABLE COST	0	0	637,015	0	637,015	95. 00
95. 01	09501	ASSISTED LIVING	45,064	139,740	3,661,025	0	3,661,025	95. 01
95. 02	09502	RESIDENTIAL	88,063	273,073	3,485,372	0	3,485,372	95. 02
95. 03	09503	WELLNESS	0	0	126,688	0	126,688	95. 03
95. 04	09504	OUTREACH	0	0	0	0	0	95. 04
95. 05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95. 05
98. 00		Cross Foot Adjustments	0	0	0	0	0	98. 00
99. 00		Negative Cost Centers	0	0	0	0	0	99. 00
100. 00		TOTAL	164,672	510,632	11,704,068	0	11,704,068	100. 00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	148	750	898	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	471	2,391	2,862	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	291	1,477	1,768	6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	527	2,676	3,203	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	83	420	503	13.00
15.00	01500	ACTIVITIES-SNF	0	471	2,391	2,862	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	4,852	24,651	29,503	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	16	82	98	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	6,859	34,838	41,697	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	128	652	780	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	60,380	306,786	367,166	95.01
95.02	09502	RESIDENTIAL	0	89,235	453,402	542,637	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers		0	0	0	99.00
100.00		TOTAL	0	156,602	795,678	952,280	100.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	898				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	120	2,982			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	15	6	1,789		6.00
7.00	00700	HOUSEKEEPING	28	0	0	28	7.00
8.00	00800	DIETARY	196	10	0	3,409	8.00
9.00	00900	NURSING ADMINISTRATION	42	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	6	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	2	0	0	13.00
15.00	01500	ACTIVITIES-SNF	10	9	0	0	15.00
15.01	01501	TRANSPORT	13	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	39	0	0	0	15.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	146	93	343	1	653
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	1	0	0	0	0
44.00	04400	PHYSICAL THERAPY	12	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	10	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	2	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
82.00	08200	UTILIZATION REVIEW - SNF					
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	640	120	343	1	653
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER & BEAUTY SHOP	0	2	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST	49	0	0	0	0
95.01	09501	ASSISTED LIVING	149	1,154	490	16	933
95.02	09502	RESIDENTIAL	50	1,706	956	11	1,823
95.03	09503	WELLNESS	10	0	0	0	0
95.04	09504	OUTREACH	0	0	0	0	0
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	0
98.00		Cross Foot Adjustments			0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	898	2,982	1,789	28	3,409

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE ACTIVITIES-SNF	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	42				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	6		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	505	13.00
15.00	01500	ACTIVITIES-SNF	0	0	0	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	42	0	6	505	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	42	0	6	505	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	0	0	0	0	95.01
95.02	09502	RESIDENTIAL	0	0	0	0	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments	0	0			98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	42	0	6	505	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			OTHER GENERAL SERVICE		Subtotal	Post Step-Down Adjustments	Total	
			TRANSPORT	RES SVCS & CAMPUS PROGRAM				
			15. 01	15. 02				
	GENERAL SERVICE COST CENTERS							
1. 00	00100	CAP REL COSTS - BLDGS & FIXTURES						1. 00
2. 00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2. 00
3. 00	00300	EMPLOYEE BENEFITS						3. 00
4. 00	00400	ADMINISTRATIVE & GENERAL						4. 00
5. 00	00500	PLANT OPERATION, MAINT. & REPAIRS						5. 00
6. 00	00600	LAUNDRY & LINEN SERVICE						6. 00
7. 00	00700	HOUSEKEEPING						7. 00
8. 00	00800	DIETARY						8. 00
9. 00	00900	NURSING ADMINISTRATION						9. 00
10. 00	01000	CENTRAL SERVICES & SUPPLY						10. 00
12. 00	01200	MEDICAL RECORDS & LIBRARY						12. 00
13. 00	01300	SOCIAL SERVICE						13. 00
15. 00	01500	ACTIVITIES-SNF						15. 00
15. 01	01501	TRANSPORT	13					15. 01
15. 02	01502	RES SVCS & CAMPUS PROGRAM	0	39				15. 02
	INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	SKILLED NURSING FACILITY	2	7	34, 182	0	34, 182	30. 00
31. 00	03100	NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200	ICF/IID	0	0	0	0	0	32. 00
33. 00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33. 00
	ANCILLARY SERVICE COST CENTERS							
40. 00	04000	RADIOLOGY	0	0	0	0	0	40. 00
41. 00	04100	LABORATORY	0	0	0	0	0	41. 00
42. 00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43. 00	04300	OXYGEN (INHALATION) THERAPY	0	0	1	0	1	43. 00
44. 00	04400	PHYSICAL THERAPY	0	0	12	0	12	44. 00
45. 00	04500	OCCUPATIONAL THERAPY	0	0	10	0	10	45. 00
46. 00	04600	SPEECH PATHOLOGY	0	0	2	0	2	46. 00
47. 00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47. 00
48. 00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49. 00	04900	DRUGS CHARGED TO PATIENTS	0	0	98	0	98	49. 00
51. 00	05100	SUPPORT SURFACES	0	0	0	0	0	51. 00
52. 00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52. 00
	OUTPATIENT SERVICE COST CENTERS							
60. 00	06000	CLINIC	0	0	0	0	0	60. 00
63. 00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63. 00
	OTHER REIMBURSABLE COST CENTERS							
70. 00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100	AMBULANCE	0	0	0	0	0	71. 00
72. 00	07200	CORF	0	0	0	0	0	72. 00
73. 00	07300	CMHC	0	0	0	0	0	73. 00
74. 00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74. 00
	SPECIAL PURPOSE COST CENTERS							
82. 00	08200	UTILIZATION REVIEW - SNF						82. 00
83. 00	08300	HOSPICE	0	0	0	0	0	83. 00
84. 00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84. 00
89. 00		SUBTOTALS (sum of lines 1-84)	2	7	34, 305	0	34, 305	89. 00
	NONREIMBURSABLE COST CENTERS							
90. 00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100	BARBER & BEAUTY SHOP	0	0	782	0	782	91. 00
95. 00	09500	OTHER NONREIMBURSABLE COST	0	0	49	0	49	95. 00
95. 01	09501	ASSISTED LIVING	4	11	369, 923	0	369, 923	95. 01
95. 02	09502	RESIDENTIAL	7	21	547, 211	0	547, 211	95. 02
95. 03	09503	WELLNESS	0	0	10	0	10	95. 03
95. 04	09504	OUTREACH	0	0	0	0	0	95. 04
95. 05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95. 05
98. 00		Cross Foot Adjustments	0	0	0	0	0	98. 00
99. 00		Negative Cost Centers	0	0	0	0	0	99. 00
100. 00		TOTAL	13	39	952, 280	0	952, 280	100. 00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)				
GENERAL SERVICE COST CENTERS								
1. 00	00100	CAP REL COSTS - BLDGS & FIXTURES	106,161					1. 00
2. 00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		106,161				2. 00
3. 00	00300	EMPLOYEE BENEFITS	0	0	4,727,031			3. 00
4. 00	00400	ADMINISTRATIVE & GENERAL	100	100	401,640	-1,888,278	9,711,589	4. 00
5. 00	00500	PLANT OPERATION, MAINT. & REPAIRS	319	319	309,113	0	1,306,947	5. 00
6. 00	00600	LAUNDRY & LINEN SERVICE	197	197	34,291	0	165,223	6. 00
7. 00	00700	HOUSEKEEPING	0	0	196,994	0	299,869	7. 00
8. 00	00800	DIETARY	357	357	881,824	0	2,079,554	8. 00
9. 00	00900	NURSING ADMINISTRATION	0	0	354,723	0	457,485	9. 00
10. 00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10. 00
12. 00	01200	MEDICAL RECORDS & LIBRARY	0	0	54,265	0	69,985	12. 00
13. 00	01300	SOCIAL SERVICE	56	56	0	0	503	13. 00
15. 00	01500	ACTIVITIES-SNF	319	319	80,776	0	109,088	15. 00
15. 01	01501	TRANSPORT	0	0	73,951	0	137,866	15. 01
15. 02	01502	RES SVCS & CAMPUS PROGRAM	0	0	229,622	0	427,509	15. 02
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	SKILLED NURSING FACILITY	3,289	3,289	977,050	0	1,582,684	30. 00
31. 00	03100	NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200	ICF/IID	0	0	0	0	0	32. 00
33. 00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33. 00
ANCILLARY SERVICE COST CENTERS								
40. 00	04000	RADIOLOGY	0	0	0	-26,454	0	40. 00
41. 00	04100	LABORATORY	0	0	0	-349	0	41. 00
42. 00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42. 00
43. 00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	5,708	43. 00
44. 00	04400	PHYSICAL THERAPY	0	0	0	0	129,758	44. 00
45. 00	04500	OCCUPATIONAL THERAPY	0	0	0	0	103,381	45. 00
46. 00	04600	SPEECH PATHOLOGY	0	0	0	0	21,657	46. 00
47. 00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47. 00
48. 00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,968	48. 00
49. 00	04900	DRUGS CHARGED TO PATIENTS	11	11	0	-77,398	0	49. 00
51. 00	05100	SUPPORT SURFACES	0	0	0	0	0	51. 00
52. 00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	52. 00
OUTPATIENT SERVICE COST CENTERS								
60. 00	06000	CLINIC	0	0	0	0	0	60. 00
63. 00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	63. 00
OTHER REIMBURSABLE COST CENTERS								
70. 00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71. 00	07100	AMBULANCE	0	0	0	0	0	71. 00
72. 00	07200	CORF	0	0	0	0	0	72. 00
73. 00	07300	CMHC	0	0	0	0	0	73. 00
74. 00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74. 00
SPECIAL PURPOSE COST CENTERS								
82. 00	08200	UTILIZATION REVIEW - SNF						82. 00
83. 00	08300	HOSPICE	0	0	0	0	0	83. 00
84. 00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84. 00
89. 00		SUBTOTALS (sum of lines 1-84)	4,648	4,648	3,594,249	-1,992,479	6,900,185	89. 00
NONREIMBURSABLE COST CENTERS								
90. 00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90. 00
91. 00	09100	BARBER & BEAUTY SHOP	87	87	0	0	4,520	91. 00
95. 00	09500	OTHER NONREIMBURSABLE COST	0	0	168,507	0	533,319	95. 00
95. 01	09501	ASSISTED LIVING	40,932	40,932	898,813	0	1,624,863	95. 01
95. 02	09502	RESIDENTIAL	60,494	60,494	0	0	542,637	95. 02
95. 03	09503	WELLNESS	0	0	65,462	0	106,065	95. 03
95. 04	09504	OUTREACH	0	0	0	0	0	95. 04
95. 05	09505	SPECIAL CARE UNIT	0	0	0	0	0	95. 05
98. 00		Cross Foot Adjustments						98. 00
99. 00		Negative Cost Centers						99. 00
102. 00		Cost to be allocated (per Wkst. B, Part I)	156,602	795,678	1,369,405		1,888,278	102. 00
103. 00		Unit cost multiplier (Wkst. B, Part I)	1.475137	7.495012	0.289697		0.194436	103. 00
104. 00		Cost to be allocated (per Wkst. B, Part II)			0		898	104. 00
105. 00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000092	105. 00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NRSNG HRS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	105,742				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	197	40,331			6.00
7.00	00700	HOUSEKEEPING	0	0	10,727		7.00
8.00	00800	DIETARY	357	0	51	120,993	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	39,160	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	56	0	8	0	13.00
15.00	01500	ACTIVITIES-SNF	319	0	45	0	15.00
15.01	01501	TRANSPORT	0	0	0	0	15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	0	0	0	0	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	3,289	7,726	469	23,178	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11	0	2	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,229	7,726	575	23,178	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	87	0	12	0	91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	95.00
95.01	09501	ASSISTED LIVING	40,932	11,037	5,831	33,111	95.01
95.02	09502	RESIDENTIAL	60,494	21,568	4,309	64,704	95.02
95.03	09503	WELLNESS	0	0	0	0	95.03
95.04	09504	OUTREACH	0	0	0	0	95.04
95.05	09505	SPECIAL CARE UNIT	0	0	0	0	95.05
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	1,561,065	200,256	358,174	2,490,861	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	14.762961	4.965312	33.389951	20.586819	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	2,982	1,789	28	3,409	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.028201	0.044358	0.002610	0.028175	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (GROSS REVENUES)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
					ACTIVITIES-SNF (PATIENT DAYS)	TRANSPORT (PATIENT DAYS)	
		10.00	12.00	13.00	15.00	15.01	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DIETARY						8.00
9.00	00900 NURSING ADMINISTRATION						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0					10.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	2,723,524				12.00
13.00	01300 SOCIAL SERVICE	0	0	7,726			13.00
15.00	01500 ACTIVITIES-SNF	0	0	0	7,726		15.00
15.01	01501 TRANSPORT	0	0	0	0		15.01
15.02	01502 RES SVCS & CAMPUS PROGRAM	0	0	0	0	40,331	15.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 SKILLED NURSING FACILITY	0	2,723,524	7,726	7,726	7,726	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0	0	0	0	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICES	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0	0	0	0	0	60.00
63.00	06300 OTHER OUTPATIENT SERVICES	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,723,524	7,726	7,726	7,726	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER & BEAUTY SHOP	0	0	0	0	0	91.00
95.00	09500 OTHER NONREIMBURSABLE COST	0	0	0	0	0	95.00
95.01	09501 ASSISTED LIVING	0	0	0	0	11,037	95.01
95.02	09502 RESIDENTIAL	0	0	0	0	21,568	95.02
95.03	09503 WELLNESS	0	0	0	0	0	95.03
95.04	09504 OUTREACH	0	0	0	0	0	95.04
95.05	09505 SPECIAL CARE UNIT	0	0	0	0	0	95.05
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	0	83,593	1,695	136,511	164,672	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.030693	0.219389	17.669040	4.083013	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0	6	505	2,881	13	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000002	0.065364	0.372897	0.000322	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			OTHER GENERAL SERVICE		
			RES SVCS & CAMPUS PROGRAM (PATIENT DAYS)		
			15.02		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT			2.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	ACTIVITIES-SNF			15.00
15.01	01501	TRANSPORT			15.01
15.02	01502	RES SVCS & CAMPUS PROGRAM	40,331		15.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	7,726		30.00
31.00	03100	NURSING FACILITY	0		31.00
32.00	03200	ICF/IID	0		32.00
33.00	03300	OTHER LONG TERM CARE	0		33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0		40.00
41.00	04100	LABORATORY	0		41.00
42.00	04200	INTRAVENOUS THERAPY	0		42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0		43.00
44.00	04400	PHYSICAL THERAPY	0		44.00
45.00	04500	OCCUPATIONAL THERAPY	0		45.00
46.00	04600	SPEECH PATHOLOGY	0		46.00
47.00	04700	ELECTROCARDIOLOGY	0		47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0		49.00
51.00	05100	SUPPORT SURFACES	0		51.00
52.00	05200	OTHER ANCILLARY SERVICES	0		52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0		60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0		63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0		70.00
71.00	07100	AMBULANCE	0		71.00
72.00	07200	CORF	0		72.00
73.00	07300	CMHC	0		73.00
74.00	07400	OTHER REIMBURSABLE COST	0		74.00
SPECIAL PURPOSE COST CENTERS					
82.00	08200	UTILIZATION REVIEW - SNF			82.00
83.00	08300	HOSPICE	0		83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0		84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,726		89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	09100	BARBER & BEAUTY SHOP	0		91.00
95.00	09500	OTHER NONREIMBURSABLE COST	0		95.00
95.01	09501	ASSISTED LIVING	11,037		95.01
95.02	09502	RESIDENTIAL	21,568		95.02
95.03	09503	WELLNESS	0		95.03
95.04	09504	OUTREACH	0		95.04
95.05	09505	SPECIAL CARE UNIT	0		95.05
98.00		Cross Foot Adjustments			98.00
99.00		Negative Cost Centers			99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	510,632		102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	12.661030		103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	39		104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000967		105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet C

Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	26,454	8,113	3.260693	40.00
41.00	04100	LABORATORY	349	11,677	0.029888	41.00
42.00	04200	INTRAVENOUS THERAPY	0	6,611	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,818	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	154,988	266,951	0.580586	44.00
45.00	04500	OCCUPATIONAL THERAPY	123,482	216,173	0.571218	45.00
46.00	04600	SPEECH PATHOLOGY	25,868	54,506	0.474590	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,545	13,809	0.256717	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	77,627	58,165	1.334600	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	419,131	636,005		100.00



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555616		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 5/28/2022 4:21 pm	
				Title XVIII (1)		Skilled Nursing Facility		PPS	
Cost Center Description			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost			
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
				1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	3.260693	5,853	0	19,085	0	40.00	
41.00	04100	LABORATORY	0.029888	7,856	0	235	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	0.000000	4,540	0	0	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	0.580586	188,606	0	109,502	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	0.571218	153,607	0	87,743	0	45.00	
46.00	04600	SPEECH PATHOLOGY	0.474590	44,851	0	21,286	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.256717	10,900	0	2,798	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	1.334600	38,970	0	52,009	0	49.00	
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS									
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00	
63.00	06300	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	63.00	
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00	
100.00		Total (Sum of lines 40 - 71)		455,183	0	292,658	0	100.00	

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555616	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Prepared: 5/28/2022 4:21 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.334600	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	26,454	0	0.000000	19,085	0 40.00
41.00	04100	LABORATORY	349	0	0.000000	235	0 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,818	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	154,988	0	0.000000	109,502	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	123,482	0	0.000000	87,743	0 45.00
46.00	04600	SPEECH PATHOLOGY	25,868	0	0.000000	21,286	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,545	0	0.000000	2,798	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	77,627	0	0.000000	52,009	0 49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	419,131	0		292,658	0 100.00

## COMPUTATION OF INPATIENT ROUTINE COSTS

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D-1  
Parts I-III  
Date/Time Prepared:  
5/28/2022 4:21 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days including private room days	7,726	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	1,555	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	3,367,753	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
6.00	General inpatient routine service charges	2,723,524	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.236542	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	2,723,524	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	352.51	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	3,367,753	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	435.90	16.00
17.00	Program routine service cost (Line 3 times line 16)	677,825	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	677,825	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	34,182	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	4.42	21.00
22.00	Program capital related cost (Line 3 times line 21)	6,873	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	670,952	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	670,952	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX

		1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>			
1.00	Total SNF inpatient days	7,726	1.00
2.00	Program inpatient days (see instructions)	1,555	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.201268	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet E  
Part I  
Date/Time Prepared:  
5/28/2022 4:21 pm

Title XVIII

Skilled Nursing  
Facility

PPS

1.00

## PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	1,154,402	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	1,154,402	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	167,453	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	986,949	11.00
12.00	Interim payments (See instructions)	986,949	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

## PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	30.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet E-1

Date/Time Prepared:  
5/28/2022 4:21 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		986,949		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		986,949		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		986,949		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G

Date/Time Prepared:  
5/28/2022 4:21 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>Assets</b>					
<b>CURRENT ASSETS</b>					
1.00 Cash on hand and in banks	2,000	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	752,392	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-128,351	0	0	0	6.00
7.00 Inventory	19,135	0	0	0	7.00
8.00 Prepaid expenses	63,775	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	708,951	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	581,991	0	0	0	12.00
13.00 Land improvements	131,562	0	0	0	13.00
14.00 Less: Accumulated depreciation	-114,630	0	0	0	14.00
15.00 Buildings	2,871,160	0	0	0	15.00
16.00 Less: Accumulated depreciation	-3,372,920	0	0	0	16.00
17.00 Leasehold improvements	8,953,866	0	0	0	17.00
18.00 Less: Accumulated Amortization	-4,809,888	0	0	0	18.00
19.00 Fixed equipment	1,321,625	0	0	0	19.00
20.00 Less: Accumulated depreciation	-839,777	0	0	0	20.00
21.00 Automobiles and trucks	142,109	0	0	0	21.00
22.00 Less: Accumulated depreciation	-53,144	0	0	0	22.00
23.00 Major movable equipment	528,085	0	0	0	23.00
24.00 Less: Accumulated depreciation	-364,702	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	974,089	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	5,949,426	0	0	0	28.00
<b>OTHER ASSETS</b>					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	39,394	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	39,394	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	6,697,771	0	0	0	34.00
<b>Liabilities and Fund Balances</b>					
<b>CURRENT LIABILITIES</b>					
35.00 Accounts payable	146,076	0	0	0	35.00
36.00 Salaries, wages, and fees payable	262,472	0	0	0	36.00
37.00 Payroll taxes payable	0	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	1,655,507	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	8,813,176	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	10,877,231	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	-21,200	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	1,695,040	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	1,673,840	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	12,551,071	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	-5,853,300	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-5,853,300	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	6,697,771	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-1

Date/Time Prepared:  
5/28/2022 4:21 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-3,218,423		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-2,634,877				2.00
3.00	Total (sum of line 1 and line 2)		-5,853,300		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-5,853,300		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-5,853,300		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
5/28/2022 4:21 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	2,723,524		2,723,524	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	5,750,538		5,750,538	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	8,474,062		8,474,062	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	636,005	0	636,005	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	9,110,067	0	9,110,067	14.00
Cost Center Description					
			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			11,894,761	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			11,894,761	15.00



## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555616

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-3

Date/Time Prepared:  
5/28/2022 4:21 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,110,067	1.00
2.00	Less: contractual allowances and discounts on patients accounts	-9,376	2.00
3.00	Net patient revenues (Line 1 minus line 2)	9,119,443	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	11,894,761	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,775,318	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	105,212	24.00
24.50	COVID-19 PHE Funding	35,229	24.50
25.00	Total other income (Sum of lines 6 - 24)	140,441	25.00
26.00	Total (Line 5 plus line 25)	-2,634,877	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,634,877	31.00

**Windsor Manor**  
**A-6, A-7, and A-8-1 Worksheets**  
**12/31/2021**

Client Facility Number: 203

**W/S A-6 RECLASSIFICATIONS**

Explanation	Code (A,B,C, etc.)	Increase			Decrease			W/P REF
		Line #	Salary	Other	Line #	Salary	Other	
	(1)	(3)	(4)	(5)	(7)	(8)	(9)	
Reclass Liability Insurance	A	4		81,545	1		81,545	Adjustments
Reclass Transport	B	15.1	73,951	42,492	15	73,951	42,492	Adjustments/LL
Reclass Res Svcs & Campus Programs	C	15.2	229,622	131,366	15	229,622	131,366	Adjustments/LL
Reclass Admin Wages	D	4	3,607		30	3,607		Labor Log
Reclass Nurse Admin Wages	E	9	354,723		30	354,723		Labor Log
Reclass Medical Records Wages	F	12	54,265		30	54,265		Labor Log
Reclass Social Services Wages		13	-		30	-		Labor Log
Reclass Activities Wages	G	15	21		30	21		Labor Log
TOTALS		Increases:	716,189	255,403	Decreases:	716,189	255,403	

**A-8-1 RELATED PARTY ADJUSTMENTS**

Part I: Costs incurred and aje's required as result of transactions w/ related parties:  
 Reminder: The cost report program will not allow amounts of zero (enter \$1).

LINE NO.	W/S A Line #	Expenses - Description	Amount Allowable	Amount in W/S A col 5	Net Adjustment	W/P REF	If applicable Acct #
1.00	4	Home Office - Mgt Fees	655,686	734,448	\$ (78,762)	PBC HO	
2.00	1	Home Office - Cap Bldg	12,702	-	12,702	PBC HO	
3.00	1	Home Office - Cap Int. Exp.	19,696	-	19,696	PBC HO	
4.00	2	Home Office - Moveable Equip	55,318	-	55,318	PBC HO	
6.00							
7.00							
8.00							
9.00							
9.01							
9.02							
9.03							
9.04							
9.05							
9.06							
9.07							
9.08							
9.09							
9.10							
9.11							
TOTALS			\$ 743,402	\$ 734,448	\$ 8,954		

Part II: Type of related party.  
 If related party has financial interest in provider, enter % ownership in column 3.  
 If provider financial interest in related party, enter % ownership in column 5.

LINE NO.	Symbol (1)	Name of Related Party (2) and (4)	% of Ownership (3)	% of Ownership (5)	Type of Business (6)
1.00	B	American Baptist Homes of the West	100		MGT/ACCTING
3.00					
4.00					

"G" LABEL

**SYMBOL CODES:**

A Individual has interest in related organization and provider  
 B Corporation, partnership, etc. has interest in related organization and provider  
 C Provider has interest in corporation, partnership, etc.  
 D Key person of provider has interest in related organization  
 E Individual is key person of both provider and related organization  
 F Key person of related organization has financial interest in provider  
 G Other

Client Facility Number:	203
-------------------------	-----

(\*) A= COST ADJUSTMENT, B= REVENUE OFFSET

See Accountants' COMP 100-04724  
W5A8

**SECTION 999.5(d)(5)(D)**

- (D) A description of any community benefit program provided by the health facility or facility that provides similar health care services during the past five years with an annual cost of at least \$ 10,000 and the annual cost of each program for the past five years.**

HumanGood SoCal's health facilities (CCRC-based SNFs) do not operate any community benefit programs that meet this definition.

## **SECTION 999.5(d)(5)(E)**

- (E) For each health facility or facility that provides similar health care services that is the subject of the agreement or transaction, a description of current policies and procedures on staffing for patient care areas; employee input on health quality and staffing issues; and employee wages, salaries, benefits, working conditions and employment protections. Such description shall include a list of all existing staffing plans, policy and procedure manuals, employee handbooks, collective bargaining agreements or similar employment-related documents.**

### **Policies and Procedures for SNF staffing:**

HumanGood SoCal has established policies and procedures to ensure adequate SNF staffing levels at Windsor. Attached to this Section are the following:

1. SNF staffing plan;
2. SNF policies and procedures;
3. SNF Quality Assessment and Performance Improvement ("QAPI") Plan.

### **Employee input on health quality and staffing issues:**

HumanGood SoCal employees can provide input on health quality and staffing issues in a number of ways, including but not limited to raising the issues to immediate supervisors, the Executive Directors, during staff meetings, and during resident/staff town hall meetings.

Employees can raise employment or staffing issues by speaking with a supervisor, by contacting the HumanGood SoCal Home Office Human Resources Department, the HumanGood SoCal Compliance Officer, or by speaking with any other management representative with whom they feel comfortable. See the SNF policies and procedures and QAPI Plan for more information. For more information regarding employee reporting, anonymous reporting, and whistleblower protection, see the Employee Handbook attached to this Section (pp. 60-62).

### **Additional employment-related documents:**

In addition, the following documents are attached to this Section:

4. Employee Benefits Guide;
5. Employee (Team Member) Handbook;
6. Employment Policies and Procedures; and
7. Job Descriptions
8. Windsor Employee Wage and Salary Information

**SECTION 999.5(d)(5)(E)**

**1) SNF staffing plan**

## Windsor Manor 2022 Skilled Nursing Staffing Plan

Position	FTEs Count and plan	Daily Hours
Licensed nurses providing direct care (8 hrs/day)	AM-2: RN-1 LVN-1 PM-2: RN-1 LVN-1 NOC-1: RN 0.5 LVN 0.5	40 (7 days per week)
Nurse aides (CNA) (7.5hrs/day)	AM-3, PM-2, NOC-2 RNA-1 (8hrs/day)	60.5 (7 days per week)
Administrative duties (8 hrs/day)	DON-1, MDS-1, DSD-1, IP-1	32 (5 days per week)
Other staff needed for behavioral healthcare and services (8 hrs/day)	Social Services Director-0.5	4 (5 days per week)
Dietician (8 hrs/day)	Registered Dietician- 0.5	4 (5 days per week)
Food and nutrition services staff (7.5hrs/day)	Server-2	15 (7 days per week)
Building and Ground (7.5hrs/day)	Maintenance-1, Housekeeping-1.5, Laundry-0.75	24 (7 days per week)
Life Enrichment (7.5hrs/day)	Activity-1.75, Driver - 1	20 (7 days per week)
Others (8 hrs/day)	Executive Director/Administrator-1 Admission Coordinator/Medical Record- 1	16 (5 days per week)

Note: the above is based on acuity level and number of residents which can fluctuate daily.

**SECTION 999.5(d)(5)(E)**

**2) SNF policies and procedures**





# NURSING SERVICES

Policy and Procedure Manual  
for Long-Term Care

**1st Period - 2021**




Item # H50075

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WINDSOR 001730



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To decrease the size of the page you are viewing, select the “Zoom Out Tool” icon  located on the toolbar. (Note: If the “Zoom In Tool”  is present on the toolbar, click on the “Zoom In Tool” and continue to hold until the “Zoom Out Tool” appears then select it.) Next, place the cursor on the page and click. Each click on the page will decrease the viewing size of the text.

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To view a previous page click the “Previous Page” icon  in the tool bar located at the top of your computer screen OR press the “Page Up” key on your keyboard. Selecting the “Previous Page” icon will also allow you to retrace your viewing path.

To move down one line at a time, press the “Down Arrow” key on your keyboard. This will advance your cursor down one line at a time.

To move up one line at a time, press the **“Up Arrow”** key on your keyboard. This will advance your cursor up one line at a time.

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## Locating Specific Information:


### 1. Selecting **“Search”** from the **“Edit”** Menu –


**NOTE:** The **“Search”** feature can be utilized using the Adobe Acrobat Reader 9.0 software that is included on this flash drive.

Select **“Edit”** from the tool bar at the top of your screen. Under this directory select **“Search”**; this will produce a prompt box on your screen. In the prompt box enter the word or phrase you wish to search and press **“Enter”** on your keyboard. The program will locate all occasions of the word or phrase throughout the manual and display the results. If more than one result is found you can advance to the next reference by clicking the next item in the results display, or by using the **“Down Arrow”** key on your keyboard.

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# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



**Volume 1**

Item # H50075

WINDSOR 001735



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**H50075**

# Foreword

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The forces that shape how long-term care is delivered are multifaceted and at times seemingly incompatible. Facilities must contend with staffing shortages, budget restraints and high acuity residents within an environment of increased public scrutiny, regulatory demands, and ongoing revisions to practice standards. Concepts such as “resident-centered care” and “evidence-based practice” can appear to be irreconcilable, and clinicians, administrators and regulators are frequently at odds regarding how to prioritize scarce resources in order to optimize resident outcomes. For these reasons, long-term care is among the most complex and challenging of today’s health care systems.

Meeting the demands of today’s long-term care environment requires, at a minimum, consistent and coordinated care delivery processes. Sound care delivery processes allow for an approach to resident care that is simultaneously evidence-based and adaptable to resident needs and wishes. Coordinated, interdisciplinary care processes help the resident to attain the highest practicable functional levels, and improve or maintain the best possible quality of life. In addition, adequate staff training, availability of current clinical resources, active professional participation and a means to distribute information are necessary to support the organization at large.

## The Care Process

A multidisciplinary, problem-oriented approach to care, include the following steps, which define the key elements required to manage the complex and dynamic clinical conditions and situations found among long-term care residents:

- Assessments (admission, change of condition, periodic)
  - nursing history and physical
  - physician history and physical
  - completion of relevant documentation, including the minimum data set (MDS)
- Diagnoses
  - define problems
  - identify causes
  - determine problems causing other problems
  - define the physical, functional, and psychosocial causes of risks and actual problems
- Care planning
  - identify existing treatments and their effects
  - link current treatments and services with diagnoses and problems
  - determine overall objectives of care
  - modify/refine current services/interventions
  - define functions and tasks associated with delivering care
  - assign responsibilities
- Interventions
  - provide care as assigned, in the proper context, by discipline
  - ensure correct performance of tasks and functions
- Monitoring and follow-up evaluations
  - periodically review the resident’s progress
  - determine the effectiveness, and undesired effects, of treatments
  - determine continued need for services or need to modify existing treatments/services



## **The Purpose of this Manual**

The purpose of this manual is to provide the framework for a structured interdisciplinary care process. The detailed nursing policies and procedures are written within the context of the care process model outlined above. The documents are intended to define the expectations and tasks of licensed nurses and their support staff, as well as their roles within the interdisciplinary team.

## **Organization of the Manual**

This manual consists of two volumes. Volume 1 contains policies and procedures that govern the core clinical and administrative nursing processes. These processes tend to be structured and static across situations and residents. For example, documentation guidelines and general resident safety.

Volume 1 includes the following sections:

- Admissions, Transfers and Discharges
- Assessments and Care Planning
- Documentation
- Food Services
- Infection Control
- Intravenous Therapy
- Medications
- Orders, Receiving and Transcribing
- Personal Care
- Personnel and Staffing
- Positioning and Moving
- Rehabilitative and Restorative Care
- Resident Rights and Dignity
- Resident Safety
- Specimen Collection

Volume 2 contains policies and procedures related to specific clinical conditions and situations affecting the geriatric, post-acute, and/or chronically ill population. These policies and procedures delve into the more complex and dynamic situations that are seen in the long-term care environment; those that require interdisciplinary coordination, a resident-centered approach and ongoing monitoring.

Volume 2 includes the following sections:

- Behavior, Mood and Cognition
- Cardiovascular Conditions
- Diabetic Care
- Emergency and First Aid
- End of Life Care
- Falls and Fall Risk
- Gastrointestinal Conditions
- Managing Infections
- Miscellaneous
- Musculoskeletal Conditions
- Nutrition and Hydration
- Pain Management
- Respiratory and Pulmonary Conditions
- Skin and Wound Management
- Urinary and Renal Conditions

With few exceptions, complex clinical conditions and situations addressed in Volume 2 are guided by multidisciplinary Clinical Protocols. These protocols reflect the overall care process and address each discipline's responsibility within that process. This approach is compatible with the care process outlined above and with the framework established in the clinical practice guidelines from the American Medical Directors Association (AMDA), which are designed specifically for the long-term and post-acute care populations.

## Organization of Chapters

Each chapter consists of clinical protocols (where applicable), policies, procedures, and appendices. **Appendices, which are located on the accompanying flash drive**, contain documentation examples, documentation templates, and supporting materials. Supporting materials may include reference materials, Care Area Assessment resources, sample care plans, clinical guidelines and tools. All clinical protocols, policies and procedures are listed separately in alphabetical order for timely access, and cross-referenced to related documents.

## Organization of Documents

Each document type has a slightly different format that reflects its unique underlying objective. For example:

- **Clinical Protocols** create the framework for structured, interdisciplinary care of specific conditions/situations and the format supports that objective (see above).
- **Policies** establish the overarching organizational statement of purpose and a summary of the implementation strategies and/or specific outcome goals.
- **Procedures** establish specific guidelines for nursing care that are based on best practice standards. Procedures include the purpose of the procedure, preparation, general guidelines, equipment and supplies, steps in the procedure, documentation and reporting. Each procedure includes a clinical tier that establishes the complexity of the procedure and the level of skill and training associated with the procedure. (Note: facilities should use this as a guideline only and *always* defer to the state licensing requirements and practice standards for each discipline.) Clinical tiers for procedures consist of the following parameters:
  - **Level I:** Consists of procedures that represent basic levels of care in the facility. These procedures may be performed by all trained and oriented clinical staff (licensed or unlicensed) and in some cases non-clinical staff (e.g., housekeeping).
  - **Level II:** Represents procedures that require additional skill, experience, or special training for CNAs to perform. In some cases, procedures may only be performed under the supervision of licensed staff.
  - **Level III:** Represents specialized or complex procedures that should be performed by licensed and trained staff (for details, consult state licensing and practice guidelines).

## Miscellaneous Terminology

Long-term care facilities care for both permanent residents and short-stay (primarily post-acute) patients. This manual generally uses the term “residents” whether the individual lives in the facility permanently or is there only to receive short-term care. “Infection Preventionist” is intended to reflect the primary role of the Infection Control Professional. For the purposes of this manual, Infection Control Coordinator and Infection Preventionist are used interchangeably.

The term “physician” is used to indicate where a policy or procedure is invariably applicable to more than just physicians. Depending on the state standards of practice, and/or the specific policy, procedure, or clinical protocol, this term may also apply to mid-level practitioners who are performing tasks on behalf of or in place of a physician.

## Definitions

Terminology and definitions that are specific to regulatory compliance (including definitions of clinical conditions and situations) are included in the “Definitions” section that follows. It is important to understand how this

terminology is used in the Guidance to Surveyors so that facilities are prepared to address questions or concerns within their appropriate context.

### **2017 Requirements of Participation**

With the much anticipated publication of the revised Medicare and Medicaid Requirements of Participation for long-term care (“the mega rule”), facilities are faced with the overwhelming task of reviewing and revising processes to meet the specifications of these requirements. As such, the policies and procedures in this manual are being adapted to meet changing terminology and in some instances to address certain areas of focus. During this time of uncertainty, the *Nursing Services Policy and Procedure Manual for Long-Term Care* will continue to serve as a foundation for meeting regulatory and clinical expectations and to orient long-term care staff and practitioners toward facilitating the best possible outcome for each resident in his or her care.

Stacy Lundin Yale, RN, BSN, Author and Managing Editor

Steven Levenson, MD, CMD, Author and Contributing Editor

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## References and Further Reading

- Institute of Medicine. *Improving the Quality of Care in Nursing Homes*. Committee on Nursing Home Regulations. Washington, D.C.: National Academy Press, 1986.
- Institute of Medicine. *Improving the Quality of Long-Term Care*. Committee on Improving Quality in Long-term Care. Washington, D.C.: National Academy Press, 2001.
- Medicare and Medicaid: Requirements for long-term care facilities: F501, Section 483.75(I). Federal Register 1989,54(21):5316-5373.
- Ouslander JG, Osterweil D, and Morley J. *Medical Care in the Nursing Home*. 2nd ed. New York: McGraw-Hill, 1997.
- Wenger NS, Shekelle P, Davidoff F, Mulrow C. Quality indicators for assessing care of vulnerable elders. *Ann Int Med* 2001; 135:641-758.

## Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

Unit Title	Chapter	Clinical Tier
Alcoholic Beverages	Miscellaneous	I
Answering the Call Light	Personal Care	I
Assisting the Impaired Resident with In-Room Meals	Food Services	I
Assisting the Resident with In-Room Meals	Food Services	I
Bed Bugs, Preventing and Managing Infestations of	Managing Infections	I
Cleaning Broken Glass When Contaminated With Blood or Body Fluid	Infection Control	I
Cleaning Spills or Splashes of Blood or Body Fluids	Infection Control	I
Departmental (Environmental Services) - Laundry and Linen	Infection Control	I
Departmental (Occupational Therapy) - Prevention of Infection	Infection Control	I
Departmental (Physical Therapy) - Prevention of Infection	Infection Control	I
Departmental (Recreational Therapy) - Prevention of Infection	Infection Control	I
Departmental (Respiratory Therapy) - Prevention of Infection	Infection Control	I
Dietary/Food Handling	Food Services	I
Making an Unoccupied Bed	Personal Care	I
Medical Waste, Handling of	Infection Control	I
Needle Handling and/or Disposal	Infection Control	I
Personal Protective Equipment - Using Face Masks	Infection Control	I
Personal Protective Equipment - Using Gloves	Infection Control	I
Personal Protective Equipment - Using Gowns	Infection Control	I
Personal Protective Equipment - Using Protective Eyewear	Infection Control	I
Preparing the Resident for a Meal	Food Services	I
Serving Drinking Water	Nutrition and Hydration	I
Snacks (Between Meal and Bedtime), Serving	Food Services	I
Transfer, Room to Room	Admissions, Transfers and Discharges	I
24-Hour Urine Specimen	Specimen Collection	II
Apical Pulse, Measuring	Assessments and Care Planning	II
Applying a Cold Compress or Soak	Personal Care	II
Applying a Warm Compress or Soak	Personal Care	II
Applying a Warm Water Bottle	Personal Care	II
Artificial Limb, Care of	Personal Care	II
Assisting a Resident to Walk to the Bathroom	Personal Care	II
Assisting the Nurse in Examining and Assessing the Resident	Assessments and Care Planning	II
Bedpan/Urinal, Offering/Removing	Personal Care	II
Bedside Commode, Offering/Removing	Personal Care	II
Blood Pressure, Measuring	Assessments and Care Planning	II
Brushing and Combing Hair	Personal Care	II
Care of Artificial Eye	Personal Care	II
Care of Fingernails/Toenails	Personal Care	II
Care of Hearing Aid	Personal Care	II
Care of the Hearing Impaired Resident	Personal Care	II
Care of the Visually Impaired Resident	Personal Care	II

## Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

Unit Title	Chapter	Clinical Tier
Changing the Resident's Gown or Pajamas	Personal Care	II
Cold Eye Compress	Personal Care	II
Dentures, Cleaning and Storing	Personal Care	II
Diapers/Underpads	Infection Control	II
Diarrhea and Fecal Incontinence	Infection Control	II
Disinfection of Durable Medical Equipment for Intravenous Therapy	Intravenous Therapy	II
Dorsal Recumbent Position	Positioning and Moving	II
Dressing and Undressing the Resident	Personal Care	II
Emergency Procedure – Cardiopulmonary Resuscitation	Emergency and First Aid	II
Emergency Procedure for Choking	Emergency and First Aid	II
Emptying a Urinary Drainage Bag	Urinary and Renal Conditions	II
Encouraging and Restricting Fluids	Nutrition and Hydration	II
Feeding Syringes, Sanitization of Reusable	Gastrointestinal Conditions	II
Fowler's Position	Positioning and Moving	II
Giving a Backrub	Personal Care	II
Giving a Bedbath	Personal Care	II
Hot Eye Compress	Personal Care	II
Intake, Measuring and Recording	Nutrition and Hydration	II
Lifting Machine, Using a Mechanical	Positioning and Moving	II
Locking Arms with the Resident	Positioning and Moving	II
Log Rolling a Resident	Positioning and Moving	II
Making an Occupied Bed	Personal Care	II
Mouth Care	Personal Care	II
Moving a Mattress to the Head of the Bed	Positioning and Moving	II
Output, Measuring and Recording	Nutrition and Hydration	II
Perineal Care	Personal Care	II
Pressure Ulcers/Injuries Overview	Skin and Wound Management	II
Prevention of Pressure Ulcers/Injuries	Skin and Wound Management	II
Prone Position	Positioning and Moving	II
Proper Use of Side Rails	Resident Safety	II
Radial Pulse, Measuring	Assessments and Care Planning	II
Range of Motion Exercises	Rehabilitative and Restorative Care	II
Ready to Use Enema (Cleansing or Oil)	Gastrointestinal Conditions	II
Rectal Tube with Connected Flatus Bag	Gastrointestinal Conditions	II
Repositioning	Positioning and Moving	II
Respirations, Measuring	Assessments and Care Planning	II
Return Flow Enema (Harris Flush)	Gastrointestinal Conditions	II
Shampooing Hair	Personal Care	II
Shaving the Resident	Personal Care	II
Shower/Tub Bath	Personal Care	II
Sims' Position	Positioning and Moving	II

## Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

Unit Title	Chapter	Clinical Tier
Skin Tears – Abrasions and Minor Breaks, Care of	Skin and Wound Management	II
Supine Position	Positioning and Moving	II
Support Surface Guidelines	Skin and Wound Management	II
Teeth, Brushing	Personal Care	II
Temperature, Axillary (Digital Thermometer)	Assessments and Care Planning	II
Temperature, Oral (Digital Thermometer)	Assessments and Care Planning	II
Temperature, Rectal (Digital Thermometer)	Assessments and Care Planning	II
Temperature, Tympanic	Assessments and Care Planning	II
Terminal/Dying Resident, Caring for the	End of Life Care	II
The Side-Lying Position	Positioning and Moving	II
Turning A Resident On His/Her Side Away From You	Positioning and Moving	II
Weighing and Measuring the Resident	Assessments and Care Planning	II
Emergency Procedure – Seizure Management	Emergency and First Aid	II - III
Administering Medications by IV Push	Medications	III
Administering Medications via Secondary Tubing	Medications	III
Administering Medications through a Metered Dose Inhaler	Medications	III
Administering Medications through a Small Volume (Handheld) Nebulizer	Medications	III
Administering Medications through an Enteral Tube	Medications	III
Administering Oral Medications	Medications	III
Administering Pain Medications	Pain Management	III
Administering Rectal or Vaginal Medications	Medications	III
Administering Topical Medications	Medications	III
Administration of Inotropic Therapy	Cardiovascular Conditions	III
Administration Set/Tubing Changes	Intravenous Therapy	III
Admission Assessment and Follow-Up: Role of the Nurse	Admissions, Transfers and Discharges	III
Admitting the Resident: Role of the Nursing Assistant	Admissions, Transfers and Discharges	III
Application of Eye Ointment	Medications	III
Applying a Pneumatic Compression Device (PCD)	Cardiovascular Conditions	III
Applying Anti-Emboli Stockings (TED Hose)	Cardiovascular Conditions	III
Assessing Falls and Their Causes	Falls and Fall Risk	III
Behavioral Programs and Toileting Plans for Urinary Incontinence	Urinary and Renal Conditions	III
Blood Sampling - Capillary (Finger Sticks)	Specimen Collection	III
Calculating Flow Rates/Dosages	Intravenous Therapy	III
Catheter Care, Urinary	Urinary and Renal Conditions	III
Catheter Irrigation, Open System	Urinary and Renal Conditions	III
Catheterization, Intermittent, Female Resident	Urinary and Renal Conditions	III
Catheterization, Intermittent, Male Resident	Urinary and Renal Conditions	III
Catheterization, Residual Use	Urinary and Renal Conditions	III
Central Venous Catheter Dressing Changes	Intravenous Therapy	III
Changing a Percutaneous Endoscopic Gastrostomy (PEG) Tube	Gastrointestinal Conditions	III
Changing the Needleless Connection Device and Extension Tubing	Intravenous Therapy	III

## Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

Unit Title	Chapter	Clinical Tier
Checking Gastric Residual Volume (GRV)	Gastrointestinal Conditions	III
Clean Catch Urine Specimen	Specimen Collection	III
Cleansing Enema	Gastrointestinal Conditions	III
Collecting a Urine Specimen from a Closed Drainage System	Specimen Collection	III
Colostomy/Ileostomy Care	Gastrointestinal Conditions	III
Confirming Placement of Feeding Tubes	Gastrointestinal Conditions	III
CPAP/BiPAP Support	Respiratory and Pulmonary Conditions	III
Cultures for MRSA (Staphylococcus Screening)	Specimen Collection	III
Cultures, Specimen Collection for	Specimen Collection	III
Culturing for Catheter-Related Infections	Specimen Collection	III
Discharging the Resident	Admissions, Transfers and Discharges	III
Disinfection of Catheter Insertion Site	Intravenous Therapy	III
Dressings, Dry/Clean	Skin and Wound Management	III
Dressings, Sterile	Skin and Wound Management	III
Ear Irrigation	Personal Care	III
Enteral Feedings – Safety Precautions	Gastrointestinal Conditions	III
Enteral Tube Feeding via Continuous Pump	Gastrointestinal Conditions	III
Enteral Tube Feeding via Gravity Bag	Gastrointestinal Conditions	III
Enteral Tube Feeding via Syringe (Bolus)	Gastrointestinal Conditions	III
External Male Catheter (Condom Catheter)	Urinary and Renal Conditions	III
Eye Irrigation	Personal Care	III
Flushing Midline and Central Line IV Catheters	Intravenous Therapy	III
Flushing Protocol for Implanted Venous Port	Intravenous Therapy	III
Flushing the Peripheral IV (Over the Needle, Peripheral Short) Catheter	Intravenous Therapy	III
Foley Catheter Insertion, Female Resident	Urinary and Renal Conditions	III
Foley Catheter Insertion, Male Resident	Urinary and Renal Conditions	III
Foley Catheter Removal	Urinary and Renal Conditions	III
Fresh Fractional Urine Specimen	Specimen Collection	III
Gastrostomy/Jejunostomy Site Care	Gastrointestinal Conditions	III
Guidelines for Preventing Intravenous Catheter-Related Infections	Infection Control	III
Hemodialysis Access Care	Urinary and Renal Conditions	III
Hypodermoclysis – Subcutaneous Hydration	Nutrition and Hydration	III
Implanted Venous Port – Accessing	Intravenous Therapy	III
Implanted Venous Port – De-accessing	Intravenous Therapy	III
Insertion of a Peripheral IV (Over the Needle, Peripheral Short) Catheter	Intravenous Therapy	III
Instillation of Ear Drops	Medications	III
Instillation of Eye Drops	Medications	III
Insulin Administration	Diabetic Care	III
Intradermal Injections	Medications	III
Intramuscular Injections	Medications	III
Intravenous Administration of Fluids and Electrolytes	Nutrition and Hydration	III



## Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

Unit Title	Chapter	Clinical Tier
Intravenous Catheter Occlusion	Intravenous Therapy	III
Intravenous Pain Management	Pain Management	III
Jackson-Pratt (JP) Drain	Skin and Wound Management	III
Maintaining Patency of a Feeding Tube (Flushing)	Gastrointestinal Conditions	III
Management of Hypoglycemia	Diabetic Care	III
Mechanical Ventilation: Setup and Monitoring	Respiratory and Pulmonary Conditions	III
Medication Orders	Orders, Receiving and Transcribing	III
Midline Dressing Changes	Intravenous Therapy	III
Nasogastric Tube Insertion and Care	Gastrointestinal Conditions	III
Nasogastric Tube Removal	Gastrointestinal Conditions	III
Negative Pressure Wound Therapy	Skin and Wound Management	III
Nephrostomy Tube, Care of	Urinary and Renal Conditions	III
Neurological Assessment	Behavior, Mood and Cognition	III
Notifying Funeral Home Director of Contagious Disease	End of Life Care	III
Nursing Care of the Older Adult with Diabetes Mellitus	Diabetic Care	III
Nutrition and Hydration to Maintain Skin Integrity	Nutrition and Hydration	III
Obtaining a Fingerstick Glucose Level	Diabetic Care	III
Obtaining Blood Specimens from a Central Venous Catheter	Specimen Collection	III
Oxygen Administration	Respiratory and Pulmonary Conditions	III
Pain Assessment and Management	Pain Management	III
Parenteral Lipid Administration	Nutrition and Hydration	III
Parenteral Nutrition	Nutrition and Hydration	III
Parenteral Nutrition (PN) – Continuous vs. Cycled	Nutrition and Hydration	III
Parenteral Nutrition – Placement of Additives	Nutrition and Hydration	III
Peripheral IV Dressing Changes	Intravenous Therapy	III
Peritoneal Dialysis (Continuous Ambulatory)	Urinary and Renal Conditions	III
Physical Restraint Application	Behavior, Mood and Cognition	III
Post Mortem Care	End of Life Care	III
Pressure Ulcer/Injury Risk Assessment	Skin and Wound Management	III
Pulse Oximetry (Assessing Oxygen Saturation)	Respiratory and Pulmonary Conditions	III
Reconciliation of Medications on Admission	Admissions, Transfers and Discharges	III
Relocation or Rotation of Peripheral IV Catheters	Intravenous Therapy	III
Removal of a Peripheral IV (Over the Needle, Peripheral Short) Catheter	Intravenous Therapy	III
Repairing Intravenous Catheters	Intravenous Therapy	III
Reporting Communicable Diseases	Managing Infections	III
Resident Examination and Assessment	Assessments and Care Planning	III
Routine Urinalysis Specimen	Specimen Collection	III
Scabies	Managing Infections	III
Speech Therapy	Rehabilitative and Restorative Care	III
Sputum Specimen	Specimen Collection	III
Staple and Suture Removal	Skin and Wound Management	III

## Nursing Services Policy and Procedure Manual for Long-Term Care - Clinical Tiers

Unit Title	Chapter	Clinical Tier
Stool Specimen	Specimen Collection	III
Subcutaneous Injections	Medications	III
Suctioning the Lower Airway (Endotracheal [ET] or Tracheostomy Tube)	Respiratory and Pulmonary Conditions	III
Suctioning the Upper Airway (Nasal Pharyngeal Suctioning)	Respiratory and Pulmonary Conditions	III
Suctioning the Upper Airway (Oral Pharyngeal Suctioning)	Respiratory and Pulmonary Conditions	III
Suprapubic Catheter Care	Urinary and Renal Conditions	III
Suprapubic Catheter Replacement	Urinary and Renal Conditions	III
Tracheostomy Care	Respiratory and Pulmonary Conditions	III
Trauma Informed Care	Behavior, Mood and Cognition	III
Tuberculosis Risk Assessment	Managing Infections	III
Tuberculosis Screening – Administration and Interpretation of Tuberculin Skin Test (TST)	Managing Infections	III
Ureterostomy Care	Urinary and Renal Conditions	III
Urinary Leg Drainage Bags	Urinary and Renal Conditions	III
Wound Care	Skin and Wound Management	III

# Record of Adoption

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On \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_ the Governing Board of this facility adopted the policies and procedures outlined in this manual. Such policies and procedures have been reviewed by the Board, the Medical Director, and the Quality Assurance and Performance Improvement Committee and found to be adequate in meeting the day-to-day operational needs of this facility and our residents. The Administrator has been delegated the administrative authority, responsibility, and accountability of assuring that all personnel, residents, and the community are made aware of these policies and procedures through an established orientation and/or in-service training program.

Approved on:

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Adopted on:

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Signature—Administrator:

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Authorized Signature—Governing Board:

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Signature—Medical Director:

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Approved by the Quality Assurance and Performance Improvement Committee on:

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Signature—Committee Chairperson

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Comments:

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## Documents with Blank Spaces

The following chart includes documents that have **blank areas** that are to be completed by the facility in order to tailor the policy or procedure to the facility's practice. The blanks may be filled in by hand, or by accessing the Microsoft Word™ file on the Flash Drive. Please follow the instructions on the Flash Drive for customizing Word documents and replacing pages in the printed manual. Once each blank has been filled in, date and initial the boxes in this chart as a record of completion.

Volume	Chapter Title	Document	Date	Initials
1		Record of Adoption		
	Admissions, Transfers and Discharges	Admission Criteria		
	Assessments and Care Planning	Care Area Assessments		
	Documentation	Release of Information		
	Food Services	Frequency of Meals		
	Infection Control	Laundry and Bedding, Soiled		
		Departmental (Environmental Services) – Laundry and Linen		
		Personal Protective Equipment – Contingency and Crisis Use of Eye Protection (COVID-19 Outbreak)		
		Personal Protective Equipment – Contingency and Crisis Use of Facemasks (COVID-19 Outbreak)		
		Personal Protective Equipment – Contingency and Crisis Use of Isolation Gowns (COVID-19 Outbreak)		
		Personal Protective Equipment – Contingency and Crisis Use of N-95 Respirators (COVID-19 Outbreak)		
	Intravenous Therapy	Changing the Needleless Connection Device and Extension Tubing		
	Medications	Medication Administration Schedule		
		Authorization of Keys to Drug Storage and Narcotic Areas ( <i>See Flash Drive</i> )		
	Personnel and Staffing	Department Duty Hours, Nursing Services		
	Resident Rights and Dignity	Translation and/or Interpretation of Facility Services		

Volume	Chapter Title	Document	Date	Initials
1	Resident Safety	Poison Control		
		Water Temperatures, Safety of		
2	End of Life Care	Hospice Program		
		Notifying Funeral Home Director of Contagious Disease		
	Managing Infections	Tuberculosis Infection Control Program		
		Coronavirus Disease (COVID-19) – Managing Supplies and Resources		
		Coronavirus Disease (COVID-19) – Vaccination of Residents and Staff		

# Table of References

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- Agency for Healthcare Research and Quality. *Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation*. AHRQ Publication No. 11(12)-0059
- Ali H and Li H (G. Eysenbach, Ed). 2020. Use of notification and communication technology (call light systems) in nursing homes: Observational Study. *J Med Internet Research*. March 2020, 22(3): e16252.
- Alzheimer's Association 2006-2007. Dementia care practice recommendations for assisted living residences and nursing homes. Available at: [http://www.alz.org/national/documents/brochure\\_DCPRphases1n2.pdf](http://www.alz.org/national/documents/brochure_DCPRphases1n2.pdf)
- American Association of Critical Care Nurses. 2009. Practice Alert: Verification of Feeding Tube Placement. [www.aacn.org](http://www.aacn.org).
- American College of Physicians. *Clinical Guideline Risk Assessment and Prevention of Pressure Ulcers*: June 8, 2015
- American College of Physicians. *Treatment of Pressure Ulcers*: June 8, 2015.
- American Diabetes Association. 2020. Standards of medical care in diabetes – 2020. *Diabetes Care* 43(S1): <http://care.diabetesjournals.org>.
- American Geriatrics Society. 2015. American Geriatrics Society care of lesbian, gay, bisexual and transgender older adults position statement. *J Am Geriatr Soc*. Accessed December 2015. <http://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-care-of-lesbian-gay-bisexual-and-transgender-older-adults-position-statement/CL019>
- American Geriatrics Society, 2015. Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Accessed January 2016. <http://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001>
- American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopedic Surgeons Panel on Falls Prevention. 2001. Guidelines for the prevention of falls in older persons. *J Am Geriatr Soc* 49:664-672.
- American Health Care Association (AHCA) and American Medical Directors Association (AMDA). 2009. Physician Order Sheet & Verbal Orders: White Paper. Columbia, Maryland.
- American Heart Association. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, [http://circ.ahajournals.org/cgi/content/full/122/18\\_suppl\\_3/S640](http://circ.ahajournals.org/cgi/content/full/122/18_suppl_3/S640).
- American Heart Association. 2013. CPR and First Aid: Implementing an AED Program. [www.heart.org/cpr](http://www.heart.org/cpr)
- American Medical Directors Association (AMDA). 2003. Falls and Fall Risk Clinical Practice Guideline. Columbia, Maryland.
- American Nephrology Nurses' Association 2007. Hemodialysis Fact Sheet. [www.annanurse.org](http://www.annanurse.org).
- American Nephrology Nurses' Association 2007. Vascular Access Fact Sheet. [www.annanurse.org](http://www.annanurse.org).
- American Nephrology Nurses' Association 2009. Chronic Kidney Disease Fact Sheet. [www.annanurse.org](http://www.annanurse.org).
- American Psychiatric Association (APA). American Psychiatric Association practice guideline on the use of antipsychotics to treat agitation or psychosis in patients with dementia. Arlington (VA): American Psychiatric Association (APA); 2016. 210 p. [209] references].
- American Red Cross. 2011. CPR/AED for Professional Rescuers and Healthcare Providers Handbook. [www.redcross.org](http://www.redcross.org).

- Association for Professionals in Infection Control and Epidemiology. 2013. Guide to preventing Clostridium Difficile infections. APIC Implementation Guide. [www.apic.org/implementationguides](http://www.apic.org/implementationguides)
- Association for Professionals in Infection Control and Epidemiology. 2014. Guide to preventing catheter-associated urinary tract infections. <http://www.apic.org/Professional-Practice/Implementation-guides>
- Boullata JI, Carrera AL, Harvey L, et. al. 2017. ASPEN safe practices for enteral nutrition therapy. *Journal of Parenteral and Enteral Nutrition* 41(1): 15-103.
- Centers for Disease Control and Prevention and National Institute of Occupational Safety and Health. 2006. Safe Lifting and Movement of Nursing Home Residents. Publication No 2006-117. [www.cdc.gov/niosh](http://www.cdc.gov/niosh).
- Centers for Disease Control and Prevention and National Institute of Occupational Safety and Health. 2016. NIOSH list of antineoplastic and other hazardous drugs in healthcare settings. Publication No 2016-161. [www.cdc.gov/niosh](http://www.cdc.gov/niosh)
- Centers for Disease Control and Prevention and U.S. Environmental Protection Agency. 2010. Joint statement on bed bug control in the United States from the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Environmental Protection Agency (EPA). Atlanta: U.S. Department of Health and Human Services.
- Centers for Disease Control and Prevention. 2002. Guideline for hand hygiene in health-care settings. *Morbidity and Mortality Weekly Report* 51 (RR-16): 1-44.
- Centers for Disease Control and Prevention. 2003. Exposure to Blood: What Healthcare Personnel Need to Know. [http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf).
- Centers for Disease Control and Prevention. 2003. Prevention and Control of Vaccine-Preventable Diseases in Long-Term Care Facilities. [http://www.cdc.gov/vaccines/pubs/downloads/bk\\_long-term-care.pdf](http://www.cdc.gov/vaccines/pubs/downloads/bk_long-term-care.pdf).
- Centers for Disease Control and Prevention. 2004. Campaign to Prevent Antimicrobial Resistance in Healthcare Settings: 12 Steps to Prevent Antimicrobial Resistance among Long-term Care Residents. [www.cdc.gov/drugresistance/Healthcare/ltc/12steps\\_ltc.htm](http://www.cdc.gov/drugresistance/Healthcare/ltc/12steps_ltc.htm).
- Centers for Disease Control and Prevention. 2004. Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings. [www.cdc.gov/ncidod/dhqp/ppe.html](http://www.cdc.gov/ncidod/dhqp/ppe.html).
- Centers for Disease Control and Prevention. 2004. Guidelines for preventing health-care-associated pneumonia, 2003: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *Morbidity and Mortality Weekly Report* 53(RR-3):1-36.
- Centers for Disease Control and Prevention. 2005. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health care settings. *Morbidity and Mortality Weekly Report* 54(17): 1-141 <http://cdc.gov/mmwr/pdf/rr/rr5417.pdf>
- Centers for Disease Control and Prevention. 2007. CDC Essentials of public reporting of healthcare associated infections.
- Centers for Disease Control and Prevention. 2007. Infection control measures for preventing and controlling influenza transmission in long-term care facilities. [www.cdc.gov/flu](http://www.cdc.gov/flu).
- Centers for Disease Control and Prevention. 2008. Prevention of herpes zoster: Recommendations of the Advisory Committee on Immunization Practices (ACIP), *Morbidity and Mortality Weekly Report* 57 (RR-5). [www.cdc.gov/mmwr/PDF/rr/rr5705.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5705.pdf)
- Centers for Disease Control and Prevention. 2008. Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. *Morbidity and Mortality Weekly Report* 57 (RR-8). [www.cdc.gov/mmwr/PDF/rr/rr5708.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5708.pdf).

- Centers for Disease Control and Prevention. 2009. Healthcare Infection Control Practices Advisory Committee. Guideline for Prevention of Catheter-Associated Urinary Tract Infections. [http://www.cdc.gov/ncidod/dhqp/dpac\\_uti\\_pc.html](http://www.cdc.gov/ncidod/dhqp/dpac_uti_pc.html).
- Centers for Disease Control and Prevention. 2010. Clinical Reminder: Use of Fingerstick Devices On More Than One Person Poses Risk For Transmitting Bloodborne Pathogens. [http://www.cdc.gov/injectionsafety/PDF/Clinical\\_Reminder\\_Fingerstick\\_Devices\\_RiskBBP.pdf](http://www.cdc.gov/injectionsafety/PDF/Clinical_Reminder_Fingerstick_Devices_RiskBBP.pdf)
- Centers for Disease Control and Prevention. 2010. Hepatitis B General Information. <http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>.
- Centers for Disease Control and Prevention. 2010. Prevention Strategies for Seasonal Influenza in Healthcare Setting. <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- Centers for Disease Control and Prevention. 2010. Updated guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection - United States, 2010. *Morbidity and Mortality Weekly Report* 59 (RR-5). [www.cdc.gov/mmwr/pdf/rr/rr5905.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5905.pdf)
- Centers for Disease Control and Prevention. 2011. Guidelines for the prevention of intravascular catheter-related infections, 2011. <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf>. Accessed April 2011.
- Centers for Disease Control and Prevention. 2011. Immunization of Health-Care Personnel. *Morbidity and Mortality Weekly Report* 60(7): 1-48.
- Centers for Disease Control and Prevention. 2011. Updated norovirus outbreak management and disease prevention guidelines. *Morbidity and Mortality Weekly Report* 60 (RR-3): 1-15.
- Centers for Disease Control and Prevention. 2012. Clinical Reminder: Insulin Pens Must Never Be Used For More Than One Person. <http://www.cdc.gov/injectionsafety/PDF/Clinical-Reminder-insulin-pen.pdf>
- Centers for Disease Control and Prevention. 2012. Single-dose/Single-use Vial Position and Messages. <http://www.cdc.gov/injectionsafety/PDF/CDC-SDV-Position05022012.pdf>
- Centers for Disease Control and Prevention. 2012. Updated CDC recommendations for the management of hepatitis B virus-infected health-care providers and students. *Morbidity and Mortality Weekly Report*. 61(3).
- Centers for Disease Control and Prevention. 2014. Use of 13-Valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults aged  $\geq 65$  Years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report* 63(37).
- Centers for Disease Control and Prevention. 2015. Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE). <https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>
- Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion. 2015. Investigation and control of Vancomycin-resistant Staphylococcus aureus (VRSA): 2015 update.
- Centers for Disease Control and Prevention. 2015 Sexually transmitted diseases treatment guidelines, 2015. *Morbidity and Mortality Weekly Report* 64(3):1-135.
- Centers for Disease Control and Prevention. MRSA – Methicillin Resistant Staphylococcus aureus, [www.cdc.gov/mrsa/index.html](http://www.cdc.gov/mrsa/index.html).
- Centers for Disease Control and Prevention. 2016. Hepatitis B General Information. <http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>
- Centers for Disease Control and Prevention. 2016. Infection Prevention and Control Assessment Tool for Long-term Care Facilities available at <https://www.cdc.gov/infectioncontrol/pdf/ICAR/LTCF.pdf>



Centers for Disease Control and Prevention. 2016. The Core Elements of Antibiotic Stewardship for nursing homes. <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

Centers for Disease Control and Prevention. 2017. Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings. Available at <https://www.cdc.gov/legionella/index.html>.

Centers for Disease Control and Prevention. 2017. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006. <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>.

Centers for Disease Control and Prevention. 2018. Nationally Notifiable Conditions <https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/>

Centers for Disease Control and Prevention. 2018. Protocol for public health agencies to notify CDC about the occurrence of nationally notifiable conditions. [https://wwwn.cdc.gov/nndss/document/NNC\\_2018\\_Notification\\_Requirements\\_By\\_Time\\_Frame\\_20171120.pdf](https://wwwn.cdc.gov/nndss/document/NNC_2018_Notification_Requirements_By_Time_Frame_20171120.pdf)

Centers for Disease Control and Prevention. 2018 Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination. 2019. Latent TB Infection Testing and Treatment: Summary of U.S. Recommendations. <https://www.cdc.gov/tb/publications/ltbi/pdf/CDC-USPSTF-LTBI-Testing-Treatment-Recommendations-508.pdf>

Centers for Disease Control and Prevention. 2019. Guideline for Disinfection and Sterilization in Healthcare Facilities. <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>

Centers for Disease Control and Prevention. 2019. Guidelines for Environmental Infection Control in Health-care Facilities. Available at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>.

Centers for Disease Control and Prevention. 2019. Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Centers for Disease Control and Prevention. 2019. Interim Guidance For a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs). <https://www.cdc.gov/hai/containment/guidelines.html>

Centers for Disease Control and Prevention. 2019. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings <https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>

Centers for Disease Control and Prevention. 2019. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *Morbidity and Mortality Weekly Report* 68(RR-19): 439-443.

Centers for Disease Control and Prevention. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) - Recommendations for current influenza season: <http://www.immunize.org/acip/>

Centers for Medicare and Medicaid Services Publication # 100-07, State Operations Manual, Appendix P. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>

Centers for Medicare and Medicaid Services Publication # 100-07, State Operations Manual, Appendix PP.

Centers for Medicare and Medicaid Services Publication # 100-07, State Operations Manual, Appendix Z.

Centers for Medicare and Medicaid Services. 2014. A Process Tool Framework. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/ProcessToolFramework.pdf>

- Centers for Medicare and Medicaid Services. 2014. QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>
- Centers for Medicare and Medicaid Services. 2016. Electronic Staffing Data Submission Payroll-Based Journal: Long-Term Care Facility Policy Manual. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- Centers for Medicare and Medicaid Services. 2016. Electronic Staffing Data Submission Payroll-Based Journal: Long-Term Care Facility Policy Manual. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- Centers for Medicare & Medicaid Services. 2018. Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD). QSO-17-30. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO17-30-HospitalCAH-NH-REVISED-.pdf>
- Department of Health and Human Services. 2003. Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>.
- Department of Health and Human Services. 2013. HIPAA Administrative Simplification Regulation Text 45 CFR Parts 160, 162, and 164 (Unofficial Version, as amended). March 26, 2013.
- Department of Health and Human Services. 2013. Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules; Final Rule. *Federal Register* 78(17): 5566-5702.
- Department of Health and Human Services. 2013. National Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination. <https://health.gov/hcq/prevent-hai-action-plan.asp>
- Department of Health and Human Services. 2013. Technical Corrections to the HIPAA Privacy, Security, and Enforcement Rules. *Federal Register* 78(110): June 13, 2013. 34264-34266.
- Department of Health and Human Services, et.al. 2014. Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans. [www.phe.gov](http://www.phe.gov)
- Department of Health and Human Services. 2014. Nursing Facilities' Compliance with Federal Regulations for Reporting Allegations of Abuse or Neglect. Office of Inspector General. August 2014. OEI-07-13-00010.
- Department of Labor, Wage and Hour Division. Fair Labor Standards Act: Compliance Assistance. <https://www.dol.gov/whd/flsa/>.
- Department of Labor, Wage and Hour Division. Family and Medical Leave Act: General Guidance. [https://www.dol.gov/whd/fmla/general\\_guidance.htm](https://www.dol.gov/whd/fmla/general_guidance.htm)
- Department of Labor, Office of Federal Contract Compliance Programs. Discrimination on the Basis of Sex. *Federal Register*, Volume 81, No. 115. Wednesday, June 15, 2016.
- Department of Labor, Wage and Hour Division. Federal Regulations at 29 CFR 500-899. <https://www.ecfr.gov>
- Environmental Protection Agency. 2019. Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine. *Federal Register* 84(36): February 22, 2019: 5816-5950.
- Equal Opportunity Employment Commission. Federal Regulations at 29 CFR 1600-1699. <https://www.ecfr.gov>
- Gorski L, Hadaway L, Hagle ME, McGoldrick M, Orr M, Doellman D. Infusion therapy standards of practice. *J Infus Nurs*. 2016;39(suppl 1):S1-S159.

- Henderson DK, Dembry L, Fishman NO, et. al., Infection Control and Hospital Epidemiology. March 2010. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infect Control Hosp Epidemiol*, Volume 31, (3):203-232. Number 3.
- High KP, Bradley SF, Gravenstein S, et al., Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008. Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases* 2009; 48: 149-71.
- Hospital Bed Safety Workgroup. 2003. Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Setting [http://www.ute.kendal.org/learning/documents/clinicalguidance\\_SideRails.pdf](http://www.ute.kendal.org/learning/documents/clinicalguidance_SideRails.pdf).
- Institute for Safe Medication Practices (ISMP). 2006. Patient-Controlled Analgesia: Making it Safer for Patients. <http://www.ismp.org>.
- Institute for Safe Medication Practices (ISMP). Your medicine cabinet, throw away your old medicines safely. July 20, 2011 <http://www.ismp.org/consumers/throwAwayMedsSafely.asp>.
- Institute for Safe Medicine Practices. (ISMP). ISMP Medication Safety Alert. August 14, 2014.
- Jauch EC, Saver, JL, Adams HP, et. Al., 2013. Guidelines for the early management of patients with acute ischemic stroke: A Guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. Published January 31, 2013. <http://stroke.ahajournals.org>. Accessed March 11, 2013.
- Kuhar DT, Henderson DK, Struble KA, 2013. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. *Inf Ctrl Hosp Epidemiol* 34(9):875-892.
- Levenson SA, Feinsod F. Ethics Issues: Using basic management techniques to improve end-of-life care (Parts 1-3). *Jl Am Med Dir Assoc* 2000, 1:182-186; *Jl Am Med Dir Assoc* 2000,1:228-231; *Jl Am Med Dir Assoc* 2000,1:284-288.
- Levenson SA. (ed.). Medical Direction in Long-term Care: A Guidebook for the Future. Durham, N.C.: Carolina Academic Press, 1993.
- Levenson SA. The impact of laws and regulations in improving physician performance and care processes in long-term care. *Jl Am Med Dir Assoc* 2004, 5:268-277.
- Levenson, SA., Medical Director and Attending Physician Policy and Procedure Manual for Long-Term Care. Miamisburg, OH: MED-PASS, Inc., 2005 (Revised September 2017).
- Lewinsohn DM, Leonard MK, LoBue PA, et.al. 2019. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: Diagnosis of tuberculosis in adults and children. *Clin Infect Dis*. 64(2):e1-e33.
- Loeb M, Bently DW, Bradley S, et al. Development of minimum criteria for the initiation of antibiotics in residents of long-term care facilities: Results of a consensus conference. *Infect Control Hosp Epidemiol*. 2001; 22:120-124.
- Lui C, Bayer A, Cosgrove SE, et. Al., Clinical practice guidelines by the Infectious Diseases Society of America for the treatment of methicillin-resistant *Staphylococcus aureus* infections in adults and children. *Clinical Infectious Diseases* 52(1): 1-15.
- MacCannel T, Umscheid CA, Rajender AK, et.al., Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. <http://www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf>.

- Massachusetts Coalition for the Prevention of Medical Errors (MASSPRO).2006. A Systems Approach to Quality Improvement in Long-Term Care: Safe Medication Practices Workbook. <http://www.masspro.org/NH/toolkits.php>.
- McCarthy T, Gunter W, Hoffman C. The Nursing Assistant in Acute and Long Term Care. Englewood Cliffs, New Jersey: Regents/Prentice Hall, 1994.
- McDonald LC, Gerding DN, Johnson S, et.al., Clinical practice guidelines for *Clostridium difficile* infection in adults and children: 2017 update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) *Clinical Infectious Diseases*, 66(7):e1-e48.
- Michigan Department of Community Health and the Bed Bug Working Group. 2010. Comprehensive guidance to identify, treat, manage and prevent bed bugs. [http://www.michigan.gov/documents/emergingdiseases/Bed\\_Bug\\_Manual\\_v1\\_full\\_reduce\\_326605\\_7.pdf](http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf)
- Minnesota Department of Health, Safety without Restraints, <http://www.health.state.mn.us/divs/fpc/safety.htm>.
- Munoz-Price LS, Banach DB, Bearman G, et. al. 2015. SHEA Expert Guidance: Isolation precautions for visitors. *Infect Cntrl Hosp Epidemiol* 36(7): 747-758.
- National Consensus Project for Quality Palliative Care. 2013. Clinical Practice Guidelines for Quality Palliative Care, Third Edition. [www.nationalconsensusproject.org](http://www.nationalconsensusproject.org).
- National Institutes of Health/ National Institute of Diabetes and Digestive and Kidney Diseases. Treatment Methods for Kidney Failure: Peritoneal Dialysis. NIH Publication No. 06-4688, May 2006. <http://kidney.niddk.nih.gov/kudiseases/pubs/pdf/peritoneal.pdf>.
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. 2019. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Australia.
- National Pressure Ulcer Advisory Panel. 2016. NPUAP Pressure Injury Stages. available at <http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/>
- Nettina, SM. 2014. The Lippincott Manual of Nursing Practice (10<sup>th</sup> Ed). Philadelphia: Lippincott, Williams & Wilkins.
- North Carolina Health Care Facilities Association, Physical Restraints: Important Information for Residents and Families, <http://www.nursinghomesnc.com>.
- Occupational Safety and Health Administration. 2001. Instruction CPL Document 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens.
- Occupational Safety and Health Administration. 2001. Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030).Occupational Safety and Health Administration. 2004. Guidelines for Preventing Workplace Violence for Health-Care and Social Service Workers. OSHA Publication 3148. <http://www.osha.gov/Publications/osh3148.pdf>
- Occupational Safety and Health Administration. Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, CPL 02-02-078.[www.osha.gov](http://www.osha.gov).
- Occupational Safety and Health Administration. 2009. Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders. OSHA 3182-3R. [http://www.osha.gov/ergonomics/guidelines/nursinghome/final\\_nh\\_guidelines.pdf](http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.pdf).
- Occupational Safety and Health Administration. 2012. Hazard Communication (29 CFR 1910.1200). *Federal Register* 77(58).

- Ouslander, Joseph G., et al. Interventions to reduce hospitalizations from nursing homes: evaluation of the INTERACT II collaborative quality improvement project. JAGS. 2011.
- Substance Abuse and Mental Health Services Administration. 2014. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (57): 14-4816. [www.samhsa.gov](http://www.samhsa.gov)
- Society for Healthcare Epidemiology of America (SHEA). 2008. SHEA/APIC Guideline: Infection prevention and control in the long-term care facility. *Infect Control Hosp Epidemiol* 29(9): 785-814.
- Society for Healthcare Epidemiology of America (SHEA). 2014. Strategies to prevent healthcare-associated infections through hand hygiene, *Infect Control Hosp Epidemiol* 35(8):937-960.
- Stone ND, Ashraf S, Calder J, et. al. 2012. Surveillance definitions of infection in long-term care: Revisiting the McGeer Criteria. *Infect Control Hosp Epidemiol* 33(10):965-977
- The Joint Commission. 2012. A review of verbal order policies in acute care hospitals. *The Joint Commission Journal on Quality and Patient Safety*. January 2012;38(1):11-45.
- The Joint Commission. 2017. National Patient Safety Goals Effective January 1, 2017. Long-Term Care Accreditation Program. [http://www.jointcommission.org/standards\\_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)
- United States Pharmacopeia, 35th rev. USP General Information Chapter <797> Compounding Sterile Preparations. Rockville, MD: The United States Pharmacopeial Convention, 2011.
- Uyeki TM, Bernstein HH, Bradley JS, et.al., 2018. Clinical practice guidelines by the Infectious Disease Society of America: 2018 update on diagnosis, treatment, chemoprophylaxis, and institutional outbreak management of seasonal influenza. *Clin Infect Dis* available at <https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-seasonal-influenza.pdf>

## COVID-19

- Centers for Disease Control and Prevention. 04-30-2020. Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>.
- Centers for Disease Control and Prevention. 05-01-2020. Instructions for Completing the Human Infection with 2019 Novel Coronavirus (COVID-19) Case Report Form. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Persons-Under-Investigation-and-Case-Report-Form-Instructions.pdf>.
- Centers for Disease Control and Prevention. 05-08-2020. Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>.
- Centers for Disease Control and Prevention. 05-12-2020. Considerations for Memory Care Units in Long-term Care Facilities. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>.
- Centers for Disease Control and Prevention. 06-04-2020. Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>.
- Centers for Disease Control and Prevention. 06-18-2020. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.
- Centers for Disease Control and Prevention. 06-25-2020. Preparing for COVID-19 in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#interim-guidance> (document on flash drive).



Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of Eye Protection. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>.

Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.

Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of N95 Respirators. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>.

Centers for Disease Control and Prevention. 06-30-2020. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

Centers for Disease Control and Prevention. 07-15-2020. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html).

Centers for Disease Control and Prevention. 07-16-2020. Optimizing Supply of PPE and Other Equipment during Shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Centers for Disease Control and Prevention. 07-17-2020. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

Centers for Disease Control and Prevention. 07-17-2020. Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

Centers for Disease Control and Prevention. 07-17-2020. Mitigating Staff Shortages (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.

Centers for Disease Control and Prevention. 07-21-2020. Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>.

Centers for Medicare and Medicaid Services. 03-10-2020. Guidance for use of Certain Industrial Respirators by Health Care Personnel. QSO-20-17-ALL <https://www.cms.gov/files/document/qso-20-17-all.pdf>.

Centers for Medicare and Medicaid Services. 03-13-2020. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED). QSO-20-14-NH. <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>.

Centers for Medicare & Medicaid Services. 03-23-2020. Prioritization of Survey Activities CMS QSO-20-20-ALL. <https://www.cms.gov/files/document/qso-20-20-all.pdf>.

Centers for Medicare and Medicaid Services. 04-13-2020. 2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios. QSO-20-25-NH <https://www.cms.gov/files/document/qso-20-25-nh.pdf>.

Centers for Medicare and Medicaid Services. 04-19-2020. Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes. QSO-20-26-NH. <https://www.cms.gov/files/document/qso-20-26-nh.pdf>.

Centers for Medicare & Medicaid Services. 05-06-2020. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes. QSO-20-29-NH. <https://www.cms.gov/files/document/qso-20-29-nh.pdf> **(document on flash drive)**.

- Centers for Disease Control and Prevention. 2021. COVID-19 Vaccination Information <https://www.cdc.gov/vaccines/covid-19/index.html>
- Centers for Disease Control and Prevention. 2021. Interim Clinical Considerations for the Use of COVID-19 Vaccines Currently Authorized in the United States. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.
- Centers for Disease Control and Prevention. 2021. Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html>
- Department of Health and Human Services. 2020. Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program. *Federal Register* 85(90): May 8, 2020. 27550. <https://www.govinfo.gov/content/pkg/FR-2020-05-08/pdf/2020-09608.pdf>.
- Environmental Protection Agency. 2020. EPA List N: Disinfectants for Use Against SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

## State Operations Manual – Appendix PP

### Definitions

**–A need to alter treatment significantly**” means a need to stop a form of treatment because of adverse consequences (such as an adverse drug reaction), or commence a new form of treatment to deal with a problem (for example, the use of any medical procedure, or therapy that has not been used on that resident before).

**“A resident or family group”** is defined as a group of residents or residents’ family members that meets regularly to: Discuss and offer suggestions about facility policies and procedures affecting residents’ care, treatment, and quality of life; Support each other; Plan resident and family activities; Participate in educational activities; or For any other purpose.

**–Abuse**” is defined at §483.5 as ~~the~~ willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”

**“Acceptable parameters of nutritional status”** refers to factors that reflect that an individual’s nutritional status is adequate, relative to his/her overall condition and prognosis, such as weight, food/fluid intake, and pertinent laboratory values.

**“Accepted professional standards and principles”** means Federal, State and local laws or professional licensure standards.

**“Accident”** refers to any unexpected or unintentional incident, which results or may result in injury or illness to a resident. This does not include other types of harm, such as adverse outcomes that are a direct consequence of treatment or care that is provided in accordance with current professional standards of practice (e.g., drug side effects or reaction).

**“Accurate”** means that the encoded MDS data matches the MDS form in the clinical record. Also refer to guidance regarding accuracy at §483.20(g), and the information accurately reflects the resident’s status as of the Assessment Reference Date (ARD).

**“Acquiring medication”** is the process by which a facility requests and obtains a medication.

**“Active Assisted ROM”** means the use of the muscles surrounding the joint to perform the exercise but requires some help from the therapist or equipment (such as a strap). Mobility refers to all types of movement, including walking, movement in a bed, transferring from a bed to a chair, all with or without assistance or moving about an area either with or without an appliance (chair, walker, cane, crutches, etc.).

**“Active ROM”** means the performance of an exercise to move a joint without any assistance or effort of another person to the muscles surrounding the joint.



**“Activities”** refer to any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

**–Adequate lighting”** means levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform.

**“Adjuvant Medication”** describes any medication with a primary indication other than pain management but with analgesic properties in some painful conditions.<sup>2</sup>

**“Advance care planning”** is a process of communication between individuals and their healthcare agents to understand, reflect on, discuss, and plan for future healthcare decisions for a time when individuals are not able to make their own healthcare decisions.

**“Advance directive”** is defined as a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated. 42 CFR §489.100. Some States also recognize a documented oral instruction.

**“Adverse Consequence”** is an unpleasant symptom or event that is due to or associated with a medication, such as impairment or decline in a resident’s mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease).

**“Adverse Events”** An adverse event is defined as an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof, which includes near misses.

**“Airborne precautions”** actions taken to prevent or minimize the transmission of infectious agents/organisms that remain infectious over long distances when suspended in the air. These infectious particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas receiving exhaust air.

**“Alcohol-based handrub (ABHR)”** a 60-95 percent ethanol or isopropyl alcohol- containing preparation base designed for application to the hands to reduce the number of viable microorganisms.

**“All rules and regulations”** relates to State and Federal requirements and facility policies.

**“Alleged violation”** is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

**“Antibiotic Stewardship”** refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. This can be accomplished through improving antibiotic prescribing, administration, and management practices thus reducing inappropriate use to ensure that residents receive the right antibiotic for the right indication, dose, and duration.

**“Antibiotic”** a medication used to treat bacterial infections. They are not effective for infections caused by viruses (e.g., influenza or most cases of bronchitis).

**“Anticipated Discharge”** A discharge that is planned and not due to the resident’s death or an emergency (e.g., hospitalization for an acute condition or emergency evacuation).

**“Artificial nutrition and hydration”** are medical treatments and refer to nutrition that is provided through routes other than the usual oral route, typically by placing a tube directly into the stomach, the intestine or a vein.

**“Assessment Reference Date (ARD)”** is the specific end point for the look-back periods in the Minimum Data Set (MDS) assessment process. This look-back period is also called the observation or assessment period.

**“Assistance Device or Assistive Device”** refers to any item (e.g., fixtures such as handrails, grab bars, and mechanical devices/equipment such as stand-alone or overhead transfer lifts, canes, wheelchairs, and walkers, etc.) that is used by, or in the care of a resident to promote, supplement, or enhance the resident’s function and/or safety.

**“Assistive devices to maintain vision”** include, but are not limited to, glasses, contact lenses, magnifying lens or other devices that are used by the resident. Assistive devices to maintain hearing include, but are not limited to, hearing aids, and amplifiers.

**“Assistance with the bathroom”** refers to the resident’s ability to use the toilet room (or commode, bedpan, urinal); transfer on/off the toilet, clean themselves, change absorbent pads or briefs, manage ostomy or catheter, and adjust clothes.

**“Attending physician”** refers to the primary physician who is responsible for managing the resident’s medical care. This does not include other physicians whom the resident may see periodically, such as specialists.

**–Authority having jurisdiction”** is the public agency, i.e., Federal, State or local, or official(s) having the authority to make a determination of noncompliance, and is responsible for providing and signing official correspondence notifying the facility or professional of their final adverse action.

**“Automatic self-adjusting positive airway pressure (APAP)”**. APAP is a non-invasive ventilation machine that automatically adjusts the air pressure according to the patient's requirement at a particular time.

**“Avoidable Accident”** means that an accident occurred because the facility failed to:

- Identify environmental hazards and/or assess individual resident risk of an accident, including the need for supervision and/or assistive devices; and/or
- Evaluate/analyze the hazards and risks and eliminate them, if possible, or, if not possible, identify and implement measures to reduce the hazards/risks as much as possible; and/or
- Implement interventions, including adequate supervision and assistive devices, consistent with a resident’s needs, goals, care plan and current professional standards of practice in order to eliminate the risk, if possible, and, if not, reduce the risk of an accident; and/or
- Monitor the effectiveness of the interventions and modify the care plan as necessary, in accordance with current professional standards of practice.

**“Background (face-sheet) information”** refers to the MDS Entry tracking record

**“Bacteremia”** is the presence of bacteria in the bloodstream.

**“Bacteriuria”** is defined as the presence of bacteria in the urine.

**“Basic life support”** is a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital, and may include recognition of sudden cardiac arrest, activation of the emergency response system, early cardiopulmonary resuscitation, and rapid defibrillation with an automated external defibrillator, if available.

**“Bed rails”** are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. Also, some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed. Examples of bed rails include, but are not limited to: side rails, bed side rails, and safety rails; and grab bars and assist bars.

**“Bed-hold”** Holding or reserving a resident’s bed while the resident is absent from the facility for therapeutic leave or hospitalization.

**“Bi-level positive airway pressure (BiPAP)”**. BiPAP is a non-invasive ventilation machine that is capable of generating two adjustable pressure levels - Inspiratory Positive Airway Pressure (IPAP) - high amount of pressure, applied when the patient inhales and a low Expiratory Positive Airway Pressure (EPAP) during exhalation.

**“Biologicals”** are made from a variety of natural sources—human, animal, or microorganisms. Biologicals are used to treat, prevent, or diagnose diseases and medical conditions. They may include a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins.

**“Bolus feeding”** is the administration of a limited volume of enteral formula over brief periods of time.

**“Both orally and in writing”** means if a resident can read and understand written materials without assistance, an oral summary, along with the written document, is acceptable.

**“CAA Summary”** (Section V of the MDS) provides a location for documentation of the care area(s) that have triggered from the MDS, the decisions made during the CAA process regarding whether or not to proceed to care planning, and the location and date of the CAA documentation.

**“Care Area Assessment (CAA)”** is the further investigation of triggered areas, to determine if the care area triggers require interventions and care planning.

**“Care Area Triggers (CATs)”** are specific resident responses for one or a combination of MDS elements. The triggers identify residents who have or are at risk for developing specific functional problems and require further assessment.

**“Campus”** Campus is defined in §413.65(a)(2) and means the physical area immediately adjacent to the provider’s main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS regional office, to be part of the provider’s campus.

**“Capable of transmitting”** means that the facility has encoded and edited according to CMS specifications, the record accurately reflects the resident’s overall clinical status as of the assessment reference date, and the record is ready for transmission.

**“Cardiopulmonary resuscitation (CPR)”** refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased.

**“Care Area Assessment (CAA) Process”** is a process outlined in Chapter 4 of the MDS manual designed to assist the assessor to systematically interpret the information recorded on the MDS. Once a care area has been triggered, nursing home providers use current, evidence-based clinical resources to conduct an assessment of the potential problem and determine whether or not to care plan for it. The CAA process helps the clinician to focus on key issues identified during the assessment process so that decisions as to whether and how to intervene can be explored with the resident. This process has three components:

**–Chemical restraint”** is defined as any drug that is used for discipline or staff convenience and not required to treat medical symptoms.

**“Cleaning”** removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents or enzymatic products.

**“Clinical nurse specialist”** is a registered professional nurse currently licensed to practice in the State and who meets the State’s requirements governing the qualifications of clinical nurse specialists.

**“Clinically significant”** refers to effects, results, or consequences that materially affect or are likely to affect an individual’s physical, mental, or psychosocial well-being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.

**“Clostridium difficile infection (C. difficile or CDI)”** an infection from a bacterium that causes colitis, an inflammation of the colon, causing diarrhea.

**–Code Status”** refers to the level of medical interventions a person wishes to have started if their heart or breathing stops.

**“Cohorting”** the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents). During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission (cohorting staff). The terms –cohort or –cohorting” is standardized language used in the practice of infection prevention and control; the use of this terminology is not intended to offend residents or staff.

**“Collaboration”** is a process often governed by the laws of a given State in which a non-physician practitioner (NPP) works with one or more physicians to deliver health care services within the scope of the NPP’s expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms.

**“Colonization”** the presence of microorganisms on or within body sites without detectable host immune response, cellular damage, or clinical expression.

**“Comfortable and safe temperature levels”** means that the ambient temperature should be in a relatively narrow range that minimizes residents’ susceptibility to loss of body heat and risk of hypothermia, or hyperthermia, or and is comfortable for the residents.

**–Comfortable lighting”** means lighting that minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of lighting to meet their needs or enhance independent functioning.

**“Comfortable sound levels”** do not interfere with resident’s hearing and enhance privacy when privacy is desired, and encourage interaction when social participation is desired. Of particular concern to comfortable sound levels is the resident’s control over unwanted noise.

**“Communicable disease”** (also known as [a.k.a.] –contagious disease”): an infection transmissible (e.g., from person-to-person) by direct contact with an affected individual or the individual's body fluids or by indirect means (e.g., contaminated object).

**“Community-acquired infections”** (a.k.a. –present on admission”): infections that are present or incubating at the time of admission and which generally develop within 72 hours of admission.

**“Competency”** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

**“Complete”** means that all items required according to the record type, and in accordance with CMS’ record specifications and State required edits are in effect at the time the record is completed.

**“Composite distinct part”** A composite distinct part is a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as that term is defined in §413.65(a)(2) of this chapter. Additional requirements specific to SNF/NF composite distinct parts are found at §483.5.

**“Comprehensive Assessment”** includes the completion of the MDS as well as the CAA process, followed by the development and/or review of the comprehensive care plan. Comprehensive MDS assessments include Admission, Annual, Significant Change in Status Assessment and Significant Correction to Prior Comprehensive Assessment.

**“Confidentiality”** is defined as safeguarding the content of information including video, audio, or other computer stored information from unauthorized disclosure without the consent of the resident and/or the individual’s surrogate or representative. If there is information considered too confidential to place in the record used by all staff, such as the family’s financial assets or sensitive medical data, it may be retained in a secure place in the facility, such as a locked cabinet in the administrator’s office. The record must show the location of this confidential information.

**“Consultants”** means an individual who gives professional advice or services. They are generally not direct employees of the facility and may work either full or part-time.

**“Contact precautions”** measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident’s environment.

**“Contaminated laundry”** laundry which has been soiled with blood/body fluids or other potentially infectious materials or may contain sharps.

**“Continence”** refers to any void that occurs voluntarily, or as the result of prompted, assisted, or scheduled use of the bathroom.

**“Continuing Care Provider”** The entity or person who will assume responsibility for the resident’s care after discharge. This includes licensed facilities, agencies, physicians, practitioners, and/or other licensed caregivers.

**“Continuous feeding”** is the uninterrupted administration of enteral formula over extended periods of time.

**“Continuous positive airway pressure (CPAP)”**. CPAP is a non-invasive ventilation machine that involves the administration of air usually through the nose by an external device at a predetermined level of pressure.

**“Controlled Medications”** are substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules II—V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence.

**–Convenience”** is defined as the result of any action that has the effect of altering a resident’s behavior such that the resident requires a lesser amount of effort or care, and is not in the resident’s best interest.

**“Corrective Action”** A written and implemented plan of action for correcting or improving performance in response to an identified quality deficiency. Use of the term corrective action in this guidance is not synonymous with a Plan of Correction (formal response to cited deficiencies). This is also separate from the written QAPI plan.

**“Court of competent jurisdiction”** means any court with the authority to hear and determine a case or suit with the matter in question.

**“Covered individual”** is anyone who is an owner, operator, employee, manager, agent or contractor of the facility (See section 1150B(a)(3) of the Act).

**“Crime”** Section 1150B(b)(1) of the Act provides that a ~~–crime~~ is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

**“Criminal sexual abuse”** In the case of ~~–criminal sexual abuse~~ which is defined in section 2011(19)(B) of the Act (as added by section 6703(a)(1)(C) of the Affordable Care Act), serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

**“Critical Control Point”** means a specific point, procedure, or step in food preparation and serving process at which control can be exercised to reduce, eliminate, or prevent the possibility of a food safety hazard.

**“Cross-contamination”** means the transfer of harmful substances or disease-causing microorganisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned after touching raw food, and then touch ready-to-eat foods. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods.

**“Current professional standards of practice”** refers to approaches to care, procedures, techniques, treatments, etc., that are based on research and/or expert consensus and that are contained in current manuals, textbooks, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies.

**“Danger Zone”** means temperatures above 41 degrees Fahrenheit (F) and below 135 degrees F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness. Potentially Hazardous Foods (PHF) or Time/Temperature Control for Safety (TCS) Foods held in the danger zone for more than 4 hours (if being prepared from ingredients at ambient temperature) or 6 hours (if cooked and cooled) may cause a foodborne illness outbreak if consumed.

**“Decontamination”** the use of physical or chemical means to remove, inactivate, or destroy pathogenic organisms on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**“Dementia”** is a general term to describe a group of symptoms related to loss of memory, judgment, language, complex motor skills, and other intellectual function, caused by the permanent damage or death of the brain's nerve cells, or neurons. However, dementia is not a specific disease. There are many types and causes of dementia with varying symptomology and rates of progression. (Adapted from: —About Dementia.” Alzheimer’s Foundation of America. 30 Nov 2016. Accessed at: <https://www.alzfdn.org/AboutDementia/definition.html>)

**“Dialysis facility”** - means an entity that provides outpatient maintenance dialysis services or home dialysis training and support services, or both. (§494.10 Definitions)

**“Dialysis”** - A process by which dissolved substances are removed from a patient’s body by diffusion from one fluid compartment to another across a semipermeable membrane. The two types of dialysis that are currently in common use are hemodialysis (HD) and peritoneal dialysis (PD). (§405.2102)

**“Dietary supplements”** refers to herbal and alternative products that are not regulated by the Food and Drug Administration and their composition is not standardized. Dietary supplements must be labeled as such and must not be represented for use as a conventional food or as the sole item of a meal or the diet.

**“Discharge Planning”** A process that generally begins on admission and involves identifying each resident’s discharge goals and needs, developing and implementing interventions to address them, and continuously evaluating them throughout the resident’s stay to ensure a successful discharge.

**“Discharge subset of items”** refers to the MDS Discharge assessment.

**–Discipline”** is defined as any action taken by facility staff for the purpose of punishing or penalizing residents.

**“Disinfectant”** usually a chemical agent (but sometimes a physical agent) that destroys disease- causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects.

**“Disinfection”** thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

**“Dispensing”** is a process that includes the interpretation of a prescription; selection, measurement, and packaging or repackaging of the product (as necessary); and labeling of the medication or device pursuant to a prescription/order.

**“Disposition”** is the process of returning and/or destroying unused medications.

**“Distinct Part”** A distinct part SNF or NF is part of a larger institution or institutional complex. The distinct part SNF or NF is physically distinguishable from the larger institution or complex and may be comprised of one or more buildings or parts of buildings (such as wings, wards, or floors). Distinct part SNFs or NFs must be immediately adjacent or in close proximity to the institution’s main buildings. CMS may determine, on an individual basis that other areas are part of the institution’s campus and considered to be a distinct part SNF or NF. A distinct part SNF or NF must include all of the beds within the designated area, and cannot consist of a random collection of individual rooms or beds that are scattered throughout the physical plant. The term “distinct part” also includes composite distinct part SNFs or NFs. Additional requirements specific to distinct part SNFs or NFs are found at §483.5.

**“Diversion of medications”** is the transfer of a controlled substance or other medication from a lawful to an unlawful channel of distribution or use, as adapted from the Uniform Controlled Substances Act.

**–Do Not Resuscitate (DNR) Order”** refers to a medical order issued by a physician or other authorized non-physician practitioner that directs healthcare providers not to administer CPR in the event of cardiac or respiratory arrest. Existence of an advance directive does not imply that a resident has a DNR order. The medical record should show evidence of documented discussions leading to a DNR order.

**“Droplet precautions”** actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

**“Dry Storage”** means storing/maintaining dry foods (canned goods, flour, sugar, etc.) and supplies (disposable dishware, napkins, and kitchen cleaning supplies).

**“Emergency dental services”** includes services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity that required immediate attention by a dentist.

**“Encoding”** means entering information into the facility MDS software in the computer.

**“End-Stage Renal Disease (ESRD)”** - The stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life. (42 CFR, Part 405 - §405.2102)



**“Enteral feeding”** (also referred to as ~~tube~~ feeding”) is the delivery of nutrients through a feeding tube directly into the stomach, duodenum, or jejunum.

**“Entrapment”** is an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail.

**“Environment”** refers to any environment or area in the facility that is frequented by or accessible to residents, including (but not limited to) the residents’ rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas.

**“Experimental research”** refers to the development, testing and use of a clinical treatment, such as an investigational drug or therapy that has not yet been approved by the FDA or medical community as effective and conforming to accepted medical practice.

**–Exploitation,”** as defined at §483.5, means ~~taking~~ advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

**“Facility-initiated transfer or discharge”** A transfer or discharge which the resident objects to, did not originate through a resident’s verbal or written request, and/or is not in alignment with the resident’s stated goals for care and preferences.

**“Fall”** refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred (refer to Resident Assessment Instrument User’s Manual. Version 3.0, Chapter 3, page J-27).

**“Feeding tube”** refers to a medical device used to provide liquid nourishment, fluids, and medications by bypassing oral intake. There are two basic categories, nasogastric and gastrostomy. The type of feeding tube used must be based on clinical assessment and needs of the resident since there are various kinds of feeding tubes within each category.

**“Finding”** is defined as a determination made by the State that validates allegations of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of their property.

**“Food attractiveness”** refers to the appearance of the food when **served** to residents.

**“Food Contamination”** means the unintended presence of potentially harmful substances, including, but not limited to microorganisms, chemicals, or physical objects in food.

**“Food palatability”** refers to the taste and/or flavor of the food.

**“Food Preparation”** means the series of operational processes involved in preparing foods for serving, such as: washing, thawing, mixing ingredients, cutting, slicing, diluting concentrates, cooking, pureeing, blending, cooling, and reheating.

**“Food Service/Distribution”** means the processes involved in getting food to the resident. This may include holding foods hot on the steam table or under refrigeration for cold temperature control, dispensing food portions for individual residents, family style and dining room service, or delivering trays to residents’ rooms or units, etc.

**“Found guilty ... by a court of law”** applies to situations where the defendant pleads guilty, is found guilty, or pleads no contest to charges of abuse, neglect, exploitation, misappropriation of property, or mistreatment.

**“Free of accident hazards as is possible”** refers to being free of accident hazards over which the facility has control.

**“Freedom of movement”** means any change in place or position for the body or any part of the body that the person is physically able to control.

**“Full-time”** is defined as working 35 or more hours a week.

**“Gastrostomy tube”** ("G-tube") is a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications. The most common type is a percutaneous endoscopic gastrostomy (PEG) tube

**“Governing body”** refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility.

**“Hand hygiene”** a general term that applies to hand washing, antiseptic hand wash, and alcohol-based hand rub.

**“Hand washing”** the vigorous, brief rubbing together of all surfaces of hands with plain (i.e., nonantimicrobial) soap and water, followed by rinsing under a stream of water.

**“Hazards over which the facility has control”** are those hazards in the resident environment where reasonable efforts by the facility could influence the risk for resulting injury or illness.

**“Hazards”** refer to elements of the resident environment that have the potential to cause injury or illness.

**“Health Care Provider”** includes a physician, physician assistant, nurse practitioner, or clinical nurse specialist, or a qualified dietitian or other qualified nutrition professional acting within their state scope of practice and to whom the attending physician has delegated the task. For issues related to delegation to dietitians, refer to §483.60(e)(2), F808.

**“Healthcare-associated infection (HAI)”** an infection that residents acquire, that is associated with a medical or surgical intervention (e.g., podiatry, wound care debridement) within a nursing home and was not present or incubating at the time of admission.

**“High risk”** Refers to care or service areas associated with significant risk to the health or safety of residents, e.g., tracheostomy care; pressure injury prevention; administration of high risk medications such as warfarin, insulin, and opioids.

**“High Volume”** Refers to care or service areas performed frequently or affecting a large population, thus increasing the scope of the problem, e.g., transcription of orders; medication administration; laboratory testing.

**“Highest practicable physical, mental, and psychosocial well-being”** is defined as the highest possible level of functioning and well-being, limited by the individual’s recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.

**“Hold, safeguard, manage, and account for”** means that the facility must act as fiduciary of the resident’s funds and report at least quarterly on the status of these funds in a clear and understandable manner. Managing the resident’s financial affairs includes money that an individual gives to the facility for the sake of providing a resident with a non-covered service. In these instances, the facility will provide a receipt to the gift giver and retain a copy.

**“Home Dialysis”** - Home dialysis means dialysis performed at home by an ESRD patient or caregiver who has completed an appropriate course of training as described in §494.100(a) of this part.

**“Home Health Agency (HHA)”** a public agency or private organization (or a subdivision of either) which is primarily engaged in providing skilled nursing services and other therapeutic services in the patient’s home and meets the requirements of sections 1861(o) and 1891 of the Social Security Act.

**“Hospice care”** means a comprehensive set of services described in Section 1861(dd)(1) of the Social Security Act, identified and coordinated by an interdisciplinary group (IDG) to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care. (42 CFR §418.3) Note: These services are provided by a Medicare-certified hospice.

**“Hygienically clean”** being free of pathogens in sufficient numbers to cause human illness.

**“Hypoxemia”** means decreased oxygen level in arterial blood.

**“Hypoxia”** means decreased perfusion of oxygen to the tissues.

**“Immediately”** means as soon as possible, in the absence of a shorter State time frame requirement, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.

**“In a language that the resident understands”** means verbally, in writing, and in a language that is clear and understandable to the resident and/or his or her representative.

**“Indication for use”** is defined as the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident’s condition and therapeutic goals and is consistent with manufacturer’s recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.

**“Infection preventionist”** is a term used for the person(s) designated by the facility to be responsible for the infection prevention and control program. **NOTE:** Designation of a specific individual, detailed training, qualifications, and hourly requirements for an infection preventionist are not required until implementation of Phase 3.

**“Infection”** the establishment of an infective agent in or on a suitable host, producing clinical signs and symptoms (e.g., fever, redness, heat, purulent exudates, etc.).

**“Injuries of unknown source”** – An injury should be classified as an ~~injury~~ of unknown source” when **both** of the following criteria are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; **and**
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

**“Inpatient Rehabilitation Facility (IRF)”** are freestanding rehabilitation hospitals or rehabilitation units in acute care hospitals that serve an inpatient population requiring intensive services for treatment.

**“Intellectual Disability (ID)”** is defined in 42 CFR 483.102(b)(3), as follows: An individual is considered to have intellectual disability (ID) if he or she has—

- (i) A level of retardation (mild, moderate, severe or profound) described in the American Association on Intellectual’s Disability Manual on Classification in Intellectual Disability (1983); or
- (ii) A related condition as defined by §435.1010 of this chapter.

**“Interest bearing”** means a rate of return equal to or above the rate at local banking institutions in the area. If pooled accounts are used, interest must be prorated per individual on the basis of actual earnings or end-of quarter balance.

**“Intermittent positive pressure breathing (IPPB)”** is a technique used to provide short term or intermittent mechanical ventilation for the purpose of augmenting lung expansion, delivering aerosol medication, or assisting ventilation and can include pressure- and time-limited as well as pressure, time, and flow-cycled ventilation, and may be delivered to artificial airways and non-intubated patients.

**“Interventions”** Actions, treatments, procedures, or activities designed to meet an objective.

~~“Involuntary seclusion”~~ is defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident’s will, or the will of the resident representative.

**“Jejunostomy tube”** (a.k.a. ~~percutaneous endoscopic jejunostomy~~) (PEJ or ~~—tube~~) is a feeding tube placed directly into the small intestine.

**“Laboratory service ”** as referenced in §493.2, is any examination of materials derived from the human body for purposes of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings.

**“Law enforcement,”** as defined in section 2011(13) of the Act, is the full range of potential responders to elder abuse, neglect, and exploitation including: police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners.

**“Licensed health professional”** as defined at §483.5 is a physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; registered professional nurse; licensed practical nurse; or licensed or certified social worker; or registered respiratory therapist or certified respiratory therapy technician.

**“Local Contact Agency”** refers to each State’s designated community contact agencies that can provide individuals with information about community living options and available supports and services. These local contact agencies may be a single entry point agency, such as an Aging and Disability Resource Center (ADRC), an Area Agency on Aging (AAA), a Center for Independent Living (CIL), or other state designated entities.

**“Long Term Care Hospital (LTCH)”** are certified as acute-care hospitals, but focus on patients who, on average, stay more than 25 days. Many of the patients in LTCHs are transferred there from an intensive or critical care unit. LTCHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care, and return home.

**–Manual method”** means to hold or limit a resident’s voluntary movement by using body contact as a method of physical restraint.

**“Measurable”** The ability to be evaluated or quantified.

**“Mechanical Ventilation”** may be defined as a life support system designed to replace or support normal ventilatory lung function.

**–Mechanically altered diet”** means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians’ or delegated registered or licensed dietitian order.

**“Medical contraindication”** a condition or risk that precludes the administration of a treatment or intervention because of the substantial probability that harm to the individual may occur.

**“Medical director”** means a physician who oversees the medical care and other designated care and services in a health care organization or facility. Under these regulations, the medical director is responsible for coordinating medical care and helping to implement and evaluate resident care policies that reflect current professional standards of practice.

**–Medical symptom”** is defined as an indication or characteristic of a physical or psychological condition.

**–Medication error rate”** is determined by calculating the percentage of medication errors observed during a medication administration observation. The numerator in the ratio is the total number of errors that the survey team observes, both significant and non-significant. The denominator consists of the total number of observations or ~~—opportunities for errors”~~ and includes all the doses the survey team observed being administered plus the doses ordered but not administered. The equation for calculating a medication error rate is as follows: Medication Error Rate = Number of Errors Observed divided by the Opportunities for Errors (doses given plus doses ordered but not given) X 100.

**“Medication Error”** means the observed or identified preparation or administration of medications or biologicals which is not in accordance with:

- 1) The prescriber’s order;
- 2) Manufacturer’s specifications (not recommendations) regarding the preparation and administration of the medication or biological; or
- 3) Accepted professional standards and principles which apply to professionals providing services. Accepted professional standards and principles include the various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards, and councils.

**“Mental Disorder (MD)”** For purposes of this section, the term ~~—mental disorder~~ is the equivalent of ~~—mental illness~~ used in the definition of serious mental illness in 42 CFR 483.102(b)(1), which states: An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

(i) Diagnosis. The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987.

This mental disorder is—

(A) A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but

(B) Not a primary diagnosis of dementia, including Alzheimer’s disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.

(ii) Level of impairment. The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual’s developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

(A) Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;

(B) Concentration, persistence, and pace. The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and

(C) Adaptation to change. The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

(iii) Recent treatment. The treatment history indicates that the individual has experienced at least one of the following:

(A) Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or

(B) Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

**“Mental disorder”** is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning (American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA: American Psychiatric Association Publishing, 2013.).

**“Methicillin-resistant Staphylococcus aureus (MRSA)”** (a.k.a. Oxacillin-resistant Staphylococcus aureus): Staphylococcus aureus bacteria that are resistant to treatment with one of the semi-synthetic penicillins (e.g., Oxacillin/Nafcillin/Methicillin).

**“Minimum Data Set”** The Minimum Data Set (MDS) is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid-certified nursing homes. It is a core set of screening, clinical and functional status elements, including common Definitions and coding categories, which forms the foundation of a comprehensive assessment.

**“Misappropriation of resident property,”** as defined at §483.5, means ~~the~~ deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.”

**“Mistreatment,”** as defined at §483.5, is ~~in~~appropriate treatment or exploitation of a resident.”

**“Multidrug-Resistant Organisms (MDROs)”** microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents.<sup>51</sup> Although the names of certain MDROs describe resistance to only one agent, these pathogens are frequently resistant to most available antimicrobial agents and include multidrug-resistant gram negative bacteria (GNB), Carbapenem-resistant Enterobacteriaceae (CRE), and extended spectrum beta-lactamase-producing Enterobacteriaceae (ESBLs).

**“Muscle atrophy”** means the wasting or loss of muscle tissue.

**“Must be seen”** for purposes of the visits required by §483.30(c)(1), means that the physician or NPP must make actual face-to-face contact with the resident, and at the same physical location, not via a telehealth arrangement. There is no requirement for this type of contact at the time of admission, since the decision to admit an individual to a nursing facility (whether from a hospital or from the individual's own residence) generally involves physician contact during the period immediately preceding the admission.

**“Naso-gastric feeding tube”** (“NG tube”) is a tube that is passed through the nose and down through the nasopharynx and esophagus into the stomach.

**“Near Miss”** A potential harm event that did not reach a resident.

**“Neglect,”** as defined at §483.5, means ~~the~~ failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

**“Noninvasive ventilation (NIV)”** refers to the administration of ventilatory support without using an invasive artificial airway (endotracheal tube or tracheostomy tube).

**“Non-pharmacological intervention”** refers to approaches to care that do not involve medications, generally directed towards stabilizing and/or improving a resident’s mental, physical, and psychosocial well-being.

**“Non-physician practitioner (NPP)”** is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA).

**“Nurse Aide”** as defined in §483.5, is any individual providing nursing or nursing-related services to residents in a facility. This term may also include an individual who provides these services through an agency or under a contract with the facility, but is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay. Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301.

**“Nurse practitioner”** is a registered professional nurse currently licensed to practice in the State and who meets one of the following conditions:

- 1) is currently certified as a primary care nurse practitioner by the American Nurses’ Association or by the National Board of Pediatric Nurse Practitioners and Associates; or
- 2) has satisfactorily completed a formal 1 academic year educational program that
  - a. prepares registered nurses to perform an expanded role in the delivery of primary care;
  - b. includes at least 4 months (in the aggregate) of classroom instruction and a component of supervised clinical practice; and
  - c. awards a degree, diploma or certificate to persons who successfully complete the program; or
- 3) has successfully completed a formal educational program (for preparing registered nurses to perform an expanded role in the delivery of primary care) that does not meet the requirements above and has been performing an expanded role in the delivery of primary care for a total of 12 months during the 18-month period immediately preceding September 22, 2006.

**“Nutritional status”** includes both nutrition and hydration status.

**“Nutritional Supplements”** refers to products that are used to complement a resident’s dietary needs (e.g., calorie or nutrient dense drinks, total parenteral products, enteral products, and meal replacement products).

**“Objective”** A statement describing the results to be achieved to meet the resident’s goals.

**“Obstructive Sleep Apnea (OSA)”** refers to apnea syndromes due primarily to collapse of the upper airway during sleep.

**“Oral care”** refers to the maintenance of a healthy mouth, which includes not only teeth, but the lips, gums, and supporting tissues. This involves not only activities such as brushing of teeth or oral appliances, but also maintenance of oral mucosa.

**“Oxygen therapy”** is the administration of oxygen at concentrations greater than that in ambient air (20.9%) with the intent of treating or preventing the symptoms and manifestations of hypoxia.

**“Paid feeding assistant”** is defined in the regulation at 42 CFR §488.301 as —an individual who meets the requirements specified at 42 CFR §483.60(h)(1)(i) and who is paid by the facility to feed residents, or who is used under an arrangement with another agency or organization.”



**“Palliative care”** means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice. (§418.3)

**“Part-time”** employees typically work fewer hours in a day or during a work week than full-time employees. The U.S. Department of Labor, Bureau of Statistics uses a definition of 34 or fewer hours a week as part-time work. Part-time workers may also be those who only work during certain parts of the year.

**“Passing standard edits”** means that the encoded responses to MDS items are consistent and within range, in accordance with CMS-specified standards. In general, inconsistent responses are either not plausible or ignore a skip pattern on the MDS. An example of inconsistency would be if one or more MDS items on a list were checked as present, and the ~~None~~ “None of the Above” response was also checked for the same list. Out of range responses are invalid responses, such as using a response code of 2 for an MDS item for which the valid responses are zero or 1.

**“Passive ROM”** means the movement of a joint through the range of motion with no effort from the patient.

**“Patient Assessment Data”** standardized, publicly available information derived from a post-acute care provider’s patient/resident assessment instrument, e.g., Minimum Data Set (MDS), Outcome and Assessment Information Set (OASIS).

**“Periodically”** means whenever changes are being introduced that will affect the resident’s liability and whenever there are changes in services.

**“Person Centered Care”** means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

**“Personal protective equipment (PPE)”** protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.

**“Persons with Related Conditions”** is defined in 42 CFR 435.1010 as follows:

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions:

- 1) It is attributable to—
  - a) Cerebral palsy or epilepsy; or
  - b) Any other condition, other than a mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.
- 2) It is manifested before the person reaches age 22.
- 3) It is likely to continue indefinitely.
- 4) It results in substantial functional limitations in three or more of the following areas of major life activity:
  - c) Self-care.
  - d) Understanding and use of language.
  - e) Learning.
  - f) Mobility.

- g) Self-direction.
- h) Capacity for independent living.

**“Pervasive”** For the purposes of this guidance, pervasive means spread through or embedded within every part of something.

**“Pharmaceutical Services”** refers to The process (including documentation, as applicable) of receiving and interpreting prescriber’s orders; acquiring, receiving, storing, controlling, reconciling, compounding (e.g., intravenous antibiotics), dispensing, packaging, labeling, distributing, administering, monitoring responses to, using and/or disposing of all medications, biologicals, chemicals (e.g., povidone iodine, hydrogen peroxide); the provision of medication-related information to health care professionals and residents; the process of identifying, evaluating and addressing medication-related issues including the prevention and reporting of medication errors; and the provision, monitoring and/or the use of medication-related devices.

**“Pharmacy assistant or technician”** refers to the ancillary personnel who work under the supervision and delegation of the pharmacist, consistent with state requirements.

**—Physical restraint”** is defined as any manual method, physical or mechanical device, equipment, or material that meets all of the following criteria:

- Is attached or adjacent to the resident’s body;
- Cannot be removed easily by the resident; and
- Restricts the resident’s freedom of movement or normal access to his/her body.

**—Removes easily”** means that the manual method, physical or mechanical device, equipment, or material, can be removed intentionally by the resident in the same manner as it was applied by the staff.

**“Physician assistant”** is a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions: is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or has satisfactorily completed a program for preparing physician’s assistants that:

- 1) was at least 1 academic year in length;
- 2) consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and
- 3) was accredited by the American Medical Association’s Committee on Allied Health Education and Accreditation; or as satisfactorily completed a formal educational program (for preparing physician assistants) that does not meet the requirements above and has been assisting physicians for a total of 12 months during the 18-month period that ended on December 31, 1986.

**“Physician Orders for Life-Sustaining Treatment (or POLST) paradigm form”** is a form designed to improve patient care by creating a portable medical order form that records patients’ treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency, taking the patient’s current medical condition into consideration. A POLST paradigm form is not an advance directive.

**“Physician/practitioner” (physician assistant, nurse practitioner, clinical nurse specialist)** means the individual who has responsibility for the medical care of a resident.

**–Place readily accessible**” is a place (such as a lobby or other area frequented by most residents, visitors or other individuals) where individuals wishing to examine survey results do not have to ask to see them.

**“Plan Do Study Act (PDSA) Cycle”** An iterative four-step improvement method used to quickly test change in a process, resulting in continuous improvement. Also known as a Deming cycle, rapid-cycle improvement, or Plan Do Check Act (PDCA) cycle.

**“Position change alarms”** are alerting devices intended to monitor a resident’s movement. The devices emit an audible signal when the resident moves in a certain way. Types of position change alarms include chair and bed sensor pads, bedside alarmed mats, alarms clipped to a resident’s clothing, seatbelt alarms, and infrared beam motion detectors.<sup>7</sup> Position change alarms do not include alarms intended to monitor for unsafe wandering such as door or elevator alarms.

**“Potentially Hazardous Food (PHF)”** or **“Time/Temperature Control for Safety (TCS) Food”** means food that requires time/temperature control for safety to limit the growth of pathogens (i.e., bacterial or viral organisms capable of causing a disease or toxin formation).

**“Preadmission Screening and Resident Review (PASARR)”** is a federal requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care. PASARR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for a serious mental disorder and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting); and 3) receive the services they need in those settings. Regulations governing PASARR are found at 42 CFR §§483.100-483.138.

**“Precaution”** a condition in a potential recipient that might increase the risk for a serious adverse reaction or that might compromise the vaccine’s induction of immunity. For example, as a result of the resident’s condition, complications could result, or a person might experience a more severe reaction to the vaccine than would have otherwise been expected. However, the risk for this happening is less than expected with medical contraindications.

**“Pressure Ulcer/Injury (PU/PI)”** refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. A pressure injury will present as intact skin and may be painful. A pressure ulcer will present as an open ulcer, the appearance of which will vary depending on the stage and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by skin temperature and moisture, nutrition, perfusion, co-morbidities and condition of the soft tissue.

**“Prevailing rate”** is the wage paid to the majority of workers in the community surrounding the facility for the same type, quality, and quantity of work requiring comparable skills.

**“Problem-prone”** Refers to care or service areas that have historically had repeated problems, e.g., call bell response times; staff turnover; lost laundry.

**–Prompt efforts to resolve”** include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance.

**“Promptly” [resident mail]** means delivery of mail or other materials to the resident within 24 hours of delivery by the postal service (including a post office box) and delivery of outgoing mail to the postal service within 24 hours, except when there is no regularly scheduled postal delivery and pick-up service.

**“Promptly” [dental services]** means within 3 business days or less from the time the loss or damage to dentures is identified unless the facility can provide documentation of extenuating circumstances that resulted in the delay.

**“Proper (safe and appetizing) temperature”** means both appetizing to the resident and minimizing the risk for scalding and burns.

**“Qualified dietitian”** – is defined in §483.60 as follows: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who—

- 1) Holds a bachelor’s or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
- 2) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
- 3) licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a ~~registered~~ dietitian” by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.)

**“Qualified Personnel”** means a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, physician, nurse practitioner, clinical nurse specialist, or physician’s assistant, who is licensed or certified by the state to furnish therapy services. Qualified personnel may also include a physical therapist assistant (PTA), or an occupational therapy assistant (OTA) when furnishing services under the supervision of a qualified therapist.

**“Qualified therapist”** – professional staff, licensed, certified or registered to provide specialized therapy/rehabilitative services in accordance with State laws. Includes: Physical, Occupational, and Respiratory therapists and Speech-Language Pathologists.

**“Quality Assurance and Performance Improvement (QAPI)”** Nursing home QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families, and all nursing home caregivers in practical and creative problem solving.

**“Quality Deficiency (or Opportunity for Improvement)”** A deviation in performance resulting in an actual or potential undesirable outcome, or an opportunity for improvement. A quality deficiency is anything the facility considers to be in need of further investigation and correction or improvement. Examples include problems such as medical errors and accidents, as well as improvement opportunities such as responses to questionnaires showing decreased satisfaction. This term is not necessarily synonymous with a deficiency cited by surveyors, but may include issues related to deficiencies cited on annual or complaint surveys.

**“Quality of Life”** An individual’s sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem. For nursing home residents, this includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals, and control over one’s life.”

**“Quarterly Review Assessment”** is an OBRA §87-required, non-comprehensive assessment that must be completed at least every 92 days following the previous OBRA assessment of any type. It is used to track a resident’s status between comprehensive assessments to ensure critical indicators of gradual change in a resident’s status are monitored. As such, not all Minimum Data Set (MDS) items appear on the Quarterly assessment.

**“Range of motion (ROM)”** means the full movement potential of a joint.

**“Reasonable access”** means that telephones, computers and other communication devices are easily accessible to residents and are adapted to accommodate resident’s needs and abilities, such as hearing or vision loss.

**“Reasonable accommodation of resident needs and preferences”** means the facility’s efforts to individualize the resident’s physical environment.

**“Reasonable clinical and safety restrictions”** include a facility’s policies, procedures or practices that protect the health and security of all residents and staff. These may include, but are not be limited to:

- Restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident’s risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication). If deferral cannot occur such as the case of end-of-life, the visitor should follow respiratory hygiene/cough etiquette as well as other infection prevention and control practices such as appropriate hand hygiene.
- Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident;
- Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;
- Denying access to individuals who have been found to have been committing criminal acts such as theft; or
- Denying access to individuals who are inebriated or disruptive.

**“Reasonable effort”** means assessing individual resident needs and preferences and demonstrating actions to meet those needs and preferences, including reviewing availability of procurement sources of such food items, identifying preparation methods and approaches, and determining whether purchasing and serving such items can occur.

**“Recapitulation of Stay”** A concise summary of the resident’s stay and course of treatment in the facility.

**“Receiving medication”**—for the purpose of this guidance—is the process that a facility uses to ensure that medications, accepted from the facility’s pharmacy or an outside source (e.g., vending pharmacy delivery agent, Veterans Administration, family member), are accurate (e.g., doses, amount).

**“Recognized accrediting body”** refers to those organizations that certify, register, or license therapeutic recreation specialists, activity professionals, or occupational therapists.

**“Reconciliation of Medications”** A process of comparing pre-discharge medications to post-discharge medications by creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care.

**“Reconciliation”**—for the purpose of this guidance—refers to a system of recordkeeping that ensures an accurate inventory of medications by accounting for controlled medications that have been received, dispensed, administered, and/or, including the process of disposition.

**“Records,”** includes all records, in addition to clinical records, pertaining to the resident, such as trust fund ledgers pertinent to the resident and contracts between the resident and the facility.

**–Refunds for previous payments”** refers to refunds due as a result of Medicaid and Medicare payments when eligibility has been determined retroactively.

**“(Regulated) Medical waste”** liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling (e.g., blood-soaked bandages); contaminated sharps. **NOTE:** Authorities having jurisdiction may have more stringent regulations than OSHA.

**“Removes easily”** means that the manual method, physical or mechanical device, equipment, or material, can be removed intentionally by the resident in the same manner as it was applied by the staff.

**“Reserve Bed Payment”** Payments made by a State to the facility to hold a bed during a resident’s temporary absence from a nursing facility.

**“Resident Assessment Instrument (RAI)”** consists of three basic components: the Minimum Data Set (MDS) version 3.0, the Care Area Assessment (CAA) process and the RAI utilization guidelines. The utilization of these components of the RAI yields information about a resident’s functional status, strengths, weaknesses, and preferences, as well as offering guidance on further assessment once problems have been identified.

**“Resident care policies”** refers to the facility’s overall goals, directives, and governing statements that direct the delivery of care and services to residents consistent with current professional standards of practice.

**“Resident representative”** For purposes of this subpart, the term resident representative may mean any of the following:

1. An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
2. A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications; or
3. Legal representative, as used in section 712 of the Older Americans Act; or
4. The court-appointed guardian or conservator of a resident.

**“Resident’s Goal”** The resident’s desired outcomes and preferences for admission, which guide decision making during care planning.

**“Resident-initiated transfer or discharge”** Means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment).

**“Respiratory Therapy Service”** are-services that are provided by a qualified professional (respiratory therapists, respiratory nurse) for the assessment, treatment, and monitoring of residents with deficiencies or abnormalities of pulmonary function (See 483.65, Specialized Rehabilitative Services).

**“Results of the most recent survey”** means the Statement of Deficiencies (Form CMS-2567) and the Statement of Isolated Deficiencies generated by the most recent standard survey and any subsequent extended surveys, and any deficiencies resulting from any subsequent complaint investigation(s).

**“Right to personal privacy”** includes the resident’s right to meet or communicate with whomever they want without being watched or overheard. Private space may be created flexibly and need not be dedicated solely for visitation purposes.

**“Risk”** refers to any external factor, facility characteristic (e.g., staffing or physical environment) or characteristic of an individual resident that influences the likelihood of an accident.

**“Routine dental services”** means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor partial or full denture adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.

**“Sepsis”** is the body’s overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death.

**“Serious bodily injury”** means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).

**–Sexual abuse,**” is defined at §483.5 as ~~non-consensual~~ sexual contact of any type with a resident.”

**“Significant Change in Status Assessment (SCSA)”** is a comprehensive assessment that must be completed when the Interdisciplinary Team (IDT) has determined that a resident meets the significant change guidelines for either major improvement or decline.

**“Significant Change”** is a major decline or improvement in a resident’s status that 1) will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; the decline is not considered ~~self-limiting~~” (NOTE: Self-limiting is when the condition will normally resolve itself without further intervention or by staff implementing standard clinical interventions to resolve the condition.); 2) impacts more than one area of the resident’s health status; and 3) requires interdisciplinary review and/or revision of the care plan. This does not change the facility’s requirement to immediately consult with a resident’s physician of changes as required under 42 CFR 483.10(i)(14), F580.

**–Significant medication error”** means one which causes the resident discomfort or jeopardizes his or her health and safety. Criteria for judging significant medication errors as well as examples are provided below. Significance may be subjective or relative depending on the individual situation and duration, e.g., constipation that is unrelieved because an ordered laxative is omitted for one day, resulting in a medication error, may cause a resident slight discomfort or perhaps no discomfort at all. However, if this omission leads to constipation that persists for greater than three days, the medication error may be deemed significant since constipation that causes an obstruction or fecal impaction can directly jeopardize the resident’s health and safety.

**“Specialized Services for MD or ID”** means the services specified by the State that exceed the services ordinarily provided by the nursing facility (NF) under its per diem rate. These services must be provided or arranged by the state and could include hiring additional staff or contractors such as qualified mental health/intellectual disability professionals. When specialized services are combined with services provided by the nursing facility, the result is a continuous and aggressive implementation of an individualized plan of care for individuals with MD or ID. The resident’s Level II PASARR identifies the specialized services required by the resident.

**“Speech, language or other functional communication systems”** refers to the resident’s ability to effectively communicate requests, needs, opinions, and urgent problems; to express emotion, to listen to others and to participate in social conversation whether in speech, writing, gesture, behavior, or a combination of these (e.g., a communication board or electronic augmentative communication device).

**“Standard Precautions”** infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices, and respiratory



hygiene/cough etiquette. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient).

**“Storage”** refers to the retention of food (before and after preparation) and associated dry goods.

**“Substance use disorder”** is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems or disability (Adapted from: Substance Abuse and Mental Health Services Administration (SAMHSA) definition found at <http://www.samhsa.gov/disorders/substance-use>).

**“Suitable and nourishing alternative meals and snacks”** means that when an alternate meal or snack is provided, it is of similar nutritive value as the meal or snack offered at the normally scheduled time and consistent with the resident plan of care.

**“Supervision/Adequate Supervision”** refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed. This determination is based on the individual resident’s assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.

**“Terminally ill”** means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. (§418.3)

**“The Advisory Committee on Immunization Practices (ACIP)”** a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. ACIP’s recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products. See <http://www.cdc.gov/vaccines/acip/index.html> for further information.

**–Therapeutic Diet”** means a diet ordered by a physician or delegated registered or licensed dietitian as part of treatment for a disease or clinical condition, or to eliminate or decrease specific nutrients in the diet, (e.g., sodium) or to increase specific nutrients in the diet (e.g., potassium), or to provide food the resident is able to eat (e.g., a mechanically altered diet).

**“Therapeutic Leave”** Absences for purposes other than required hospitalization.

**“Timeliness”** means that services are completed and results are provided within the timeframe(s) specified in accordance with facility policies and procedures, the medical orders, or professional standards of practice; and that facility staff notifies the resident’s physician, dentist, physician assistant, nurse practitioner or clinical nurse specialist as directed in the medical order.

**“Total health status”** includes functional status, nutritional status, rehabilitation and restorative potential, ability to participate in activities, cognitive status, oral health status, psychosocial status, and sensory and physical impairments.

**“Tracheotomy or Tracheostomy”** is an opening surgically created through the neck into the trachea (windpipe) to allow direct access to the breathing tube and is commonly done in an operating room under general anesthesia. A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs. Breathing is done through the tracheostomy tube rather than through the nose and mouth. The term ~~“tracheotomy”~~ refers to the incision into the trachea (windpipe) that forms a temporary or permanent opening, which is called a ~~“tracheostomy,”~~ however the terms are sometimes used interchangeably.

**“Transfer and Discharge”** Includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility. Specifically, transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility. Discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.

**“Transfer”** refers to resident’s ability to move between surfaces - to/from: bed, chair, wheelchair, and standing positions. (Excludes to/from bath/toilet.)

**“Transgastric jejunal feeding tube”** (~~—G~~ tube”) is a feeding tube that is placed through the stomach into the jejunum and that has dual ports to access both the stomach and the small intestine.

**“Transmission-based precautions”** (a.k.a. **“Isolation Precautions”**): actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. **NOTE:** Although the regulatory language refers to ~~“isolation,”~~ the nomenclature widely accepted and used in this guidance will refer to ~~“transmission-based precautions”~~ instead of ~~“isolation”~~.

**“Transmitted”** means electronically transmitting to the Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, an MDS record that passes CMS’ standard edits and is accepted into the system, within 14 days of the final completion date, or event date in the case of Entry and Death in Facility situations, of the record.

**“Transmitting data”** refers to electronically sending encoded MDS information, from the facility to the QIES ASAP System.

**“Treatment”** refers to medical care, nursing care, and interventions provided to maintain or restore health and well-being, improve functional level, or relieve symptoms.

**“TTY (TeleTYpe) and TDD (Telecommunications Device for the Deaf)”** are acronyms used interchangeably to refer to any type of text-based telecommunications equipment used by a person who does not have enough functional hearing to understand speech, even with amplification.

**“Tube feeding”** refers to the delivery of nutrients through a feeding tube directly into the stomach, duodenum, or jejunum. It is also referred to as an enteral feeding.

**“Unavoidable Accident”** means that an accident occurred despite sufficient and comprehensive facility systems designed and implemented to:

- Identify environmental hazards and individual resident risk of an accident, including the need for supervision; and
- Evaluate/analyze the hazards and risks and eliminate them, if possible and, if not possible, reduce

- them as much as possible;
- Implement interventions, including adequate supervision, consistent with the resident's needs, goals, care plan, and current professional standards of practice in order to eliminate or reduce the risk of an accident; and
- Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current professional standards of practice.

**“Urinary Incontinence”** is the involuntary loss or leakage of urine.

**“Urinary Retention”** is the inability to completely empty the urinary bladder by micturition.

**“Urinary Tract Infection (UTI)”** is a clinically detectable condition associated with invasion by disease causing microorganisms of some part of the urinary tract, including the urethra (urethritis), bladder (cystitis), ureters (ureteritis), and/or kidney (pyelonephritis). An infection of the urethra or bladder is classified as a lower tract UTI and infection involving the ureter or kidney is classified as an upper tract UTI.

**“Utilization Guidelines”** provide instructions for when and how to use the RAI. The Utilization Guidelines are also known as the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual.

**“Vancomycin resistant enterococcus (VRE)”** species of enterococcus which have developed resistance to the antibiotic, vancomycin.

**“Ventilator Assisted Individual (VAI)”** requires mechanical aid for breathing to augment or replace spontaneous ventilatory efforts to achieve medical stability or maintain life.

~~“Willful,”~~ as defined at §483.5 and as used in the definition of ~~abuse,”~~ ~~means~~ the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

~~“Nourishing snack”~~ means items from the basic food groups, either singly or in combination with each other.

**“Performance Improvement (PI)”** PI (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to improve services or outcomes, and prevent or decrease the likelihood of problems, by identifying opportunities for improvement, and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in nursing homes aims to improve facility processes involved in care delivery and enhanced resident quality of life. PI can make good quality even better.

**“Permanent employee”** is defined as any employee the facility expects to continue working on an ongoing basis.

**“Persons with related conditions means”** individuals who have a severe, chronic disability that meets all of the following conditions:

**“Quality Assurance (QA)”** QA is the specification of standards for quality of care, service and outcomes, and systems throughout the facility for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going and both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



**Update Letters**

Item # H50075

WINDSOR 001789

# Nursing Services Policy and Procedure Manual for Long-Term Care

**UPDATE: 1st Period 2021**



Product #: H50075

## What information does this update contain?

This manual has been updated to reflect recent changes in regulatory and clinical guidelines. These regulatory and guideline changes include:

- 2021** Centers for Disease Control and Prevention. *COVID-19 Vaccination Information* (02-26-21).
- 2021** Centers for Disease Control and Prevention. *Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility* (02-22-21).
- 2021** Centers for Disease Control and Prevention. *Interim Clinical Considerations for the Use of COVID-19 Vaccines Currently Authorized in the United States* (March 5, 2021).
- 2020** CMS QSO-21-02-NH – *Compliance with Residents' Rights Requirement Related to Nursing Home Residents' Right to Vote* (10-05-2020).

**Note:** All appendices have been removed from the printed manual and are now included on the accompanying Flash Drive only. See individual chapter folders in the Flash Drive Documents Folder for corresponding appendix documentation (e.g., sample documentation, guidelines, tools, etc.).

## IMPORTANT – PLEASE READ

This update is provided **FREE** as part of your *Subscription Service*. There is **no additional charge** for this update. If the name of the person on the shipping label is no longer at your facility, please contact our customer service department and inform them of the name of the person to whom your update service should be directed. It is not necessary to return this update to us. If you need information about your Subscription Service, please contact our customer service department at 800-438-8884.

**See Filing Instructions**

## Tips for Filing Updates

- ☐ After reviewing the content changes, record the date of adoption and initials on the *List of Revisions*.
- ☐ File this update as soon as possible to prevent loss of important information.
- ☐ Remove all pages that are **replaced** by this update and retain all removed information indefinitely. (See *Archiving Removed Pages*.)
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(8:00 a.m. to 6:30 p.m. EST)



## List of Revisions – 1<sup>st</sup> Period 2021

The following documents have been created/revised/deleted based on changes to regulatory or clinical guidelines. The content changes in these documents should be reviewed to determine their impact on facility staff and operations, and an appropriate date of adoption. Documents that are included in this update but do not appear on this list have minor revisions such as a revised page number or small typographical changes.

Document Type	Status	Title	Chapter	Page No.	Date Reviewed	Initials
Policy	Revised	Change in a Resident's Condition or Status	Assessments and Care Planning	12		
Policy	Revised	Physician Services	Assessments and Care Planning	20		
Policy	Revised	Resident Participation – Assessment/Care Plans	Assessments and Care Planning	26		
Policy	Revised	Accepting Delivery of Medications	Medications	4		
Policy	Revised	Self-Administration of Medications	Medications	33		
Policy	Revised	Visually Impaired Resident, Care of	Personal Care	12		
Procedure	New	Answering the Call Light	Personal Care	13		
Procedure	Revised	Bath, Bed	Personal Care	16		
Policy	New	Choice of Attending Physician	Resident Rights and Dignity	13		
Policy	Revised	Dignity <i>was</i> Quality of Life - Dignity	Resident Rights and Dignity	17		
Policy	New	Experimental Research	Resident Rights and Dignity	19		
Policy	Revised	Health, Medical Condition and Treatment Options, Informing Residents of	Resident Rights and Dignity	21		
Policy	Revised	Homelike Environment <i>was</i> Quality of Life – Homelike Environment	Resident Rights and Dignity	23		
Policy	Revised	Requesting, Refusing and/or Discontinuing Care or Treatment	Resident Rights and Dignity	27		
Policy	New	Resident Council	Resident Rights and Dignity	29		
Policy	Revised	Resident Representative <i>was</i> Appointing a Resident Representative	Resident Rights and Dignity	30		
Policy	Revised	Resident Self Determination and Participation <i>was</i> Quality of Life – Resident Self Determination and Participation	Resident Rights and Dignity	34		
Policy	Revised	Visitation	Resident Rights and Dignity	43		
Policy	New	Voting Rights	Resident Rights and Dignity	45		



## Record of Initials

[illegible]



# Nursing Services Policy and Procedure Manual for Long-Term Care

## Update — 1<sup>st</sup> Period 2021

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3. File removed information under tab.

Volume/Chapter in which Information was Added/Revised	Remove the Following Pages	Put in the Following New Pages	Filing Record
Volume 1	Title Page and Copyright Page	Title Page and Copyright Page	[ ] Check as Done Date _____ Initials _____
Volume 1	Clinical Tiers Page vii through Page xi	Clinical Tiers Page vii through Page xii	[ ] Check as Done Date _____ Initials _____
Volume 1	Documents with Blank Spaces Page xv through Page xvi	Documents with Blank Spaces Page xv through Page xvi	[ ] Check as Done Date _____ Initials _____
Volume 1	Table of References Page xvii through Page xxiv	Table of References Page xvii through Page xxvi	[ ] Check as Done Date _____ Initials _____
Volume 1 Update Letters	_____	Place 1 <sup>st</sup> Period 2021 Update Letter and filing instructions AFTER tab and title page entitled "Update Letters"	[ ] Check as Done Date _____ Initials _____
Volume 1 Assessments and Care Planning	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	Page 11 through Page 14; Page 19 through Page 54	Page 11 through Page 14; Page 19 through Page 55	[ ] Check as Done Date _____ Initials _____
Volume 1 Medications	Page 3 through Page 4; Page 33 through Page 34	Page 3 through Page 4; Page 33 through Page 34	[ ] Check as Done Date _____ Initials _____

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# Nursing Services Policy and Procedure Manual for Long-Term Care

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Volume 1 Personal Care	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	Page 11 through Page 18	Page 11 through Page 18	[ ] Check as Done Date _____ Initials _____
Volume 1 Resident Rights and Dignity	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	Page 11 through Page 39	Page 11 through Page 45	[ ] Check as Done Date _____ Initials _____
Volume I Index	Page i through Page xv	Page i through Page xv	[ ] Check as Done Date _____ Initials _____
Volume 2	Title Page through Page viii (Table of References)	Title Page through Page x (Table of References)	[ ] Check as Done Date _____ Initials _____
Volume 2 Managing Infections	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	Page 25 through Page 52; _____	Page 25 through Page 52; Page 113 through Page 116	[ ] Check as Done Date _____ Initials _____

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# Nursing Services Policy and Procedure Manual for Long-Term Care

## Update — 1<sup>st</sup> Period 2021

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Volume/Chapter in which Information was Added/Revised	Remove the Following Pages	Put in the Following New Pages	Filing Record
Volume II Index	Page i through Page xv	Page i through Page xv	[    ] Check as Done Date _____ Initials _____

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# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Admissions, Transfers and Discharges**

Item # H50075

WINDSOR 001797

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Admissions, Transfers and Discharges**

### **Table of Contents**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Admissions, Transfers and Discharges**

#### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20090 PASARR  
CMS-20123 Hospitalization  
CMS-20132 Discharge

#### **Sample Documentation: Admissions**

Admission Evaluation and Interim Care Plan (CP1204)  
Admission Nursing Evaluation (CP1202)  
Advance Directives/Medical Treatment Decisions Acknowledgment of Receipt (MP5437)  
Inventory of Personal Effects (MP5413)  
Medication Reconciliation Form (MP5215)  
Resident Orientation Checklist  
Social Services Admission Evaluation (CP1724)

#### **Sample Documentation: Transfers**

INTERACT® Tool: Quality Improvement Tool for Review of Acute Care Transfers (MP5642-4)  
INTERACT® Tool: SBAR Communication Form and Progress Note (MP5641-4)  
INTERACT® Tool: Stop and Watch Early Warning Tool (MP5640-4)  
Inter-facility Infection Control Transfer Form  
Notice of Resident Transfer or Discharge (MP5412)  
Out of Hospital Do Not Resuscitate Order (MP5406)  
Resident Transfer Form (MP5434)  
Room Change Notification (CP1810)

#### **Sample Documentation: Discharges**

Discharge Evaluation and Plan (MP5423)  
Discharge Instructions for Care (MP5422)  
Discharge Summary (MP5433)  
Medication Release/Receipt (MP5411)  
Physician's Discharge Summary (MP5445)  
Release of Responsibility for Discharge Against Medical Orders (MP5407)

**Nursing Services**  
**Policy and Procedure Manual for Long-Term Care**  
**Admissions, Transfers and Discharges**  
**Appendices - Flash Drive Only**

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**Tools**

Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation

# Admission Criteria

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## Policy Statement

Our facility admits only residents whose medical and nursing care needs can be met.

## Policy Interpretation and Implementation

1. The objectives of our admission criteria policy are to:
  - a. provide uniform criteria for admitting residents to the facility;
  - b. admit residents who can be cared for adequately by the facility;
  - c. address concerns of residents and families during the admission process;
  - d. review with the resident, and/or his/her representative, the facility's policies and procedures relating to resident rights, resident care, financial obligations, visiting hours, etc.; and
  - e. assure that the facility receives appropriate medical and financial records prior to or upon the resident's admission.
2. Residents (and potential residents) are not asked or required to:
  - a. waive their rights to Medicare or Medicaid benefits;
  - b. submit written assurance that they are not eligible for or will not apply for Medicare or Medicaid benefits;
  - c. waive facility liability for losses of personal property; or
  - d. provide a third party guarantee of payment as a condition of admission, expected admission or continued stay.
3. Resident representatives may be requested to or required to sign a contract or agreement that he or she will provide facility payment from the resident's income or resources as long as the representative:
  - a. has legal access to the resident's income or resources; and
  - b. is not incurring personal financial liability to the facility.
4. Prior to admission, the resident or representative is informed of any service limitations or special characteristics of the facility.
5. Prior to or at the time of admission, the resident's attending physician provides the facility with information needed for the immediate care of the resident, including orders covering at least:
  - a. type of diet (e.g., regular, mechanical, etc.);
  - b. medication orders, including (as necessary) a medical condition or problem associated with each medication; and
  - c. routine care orders to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive assessment and develop a more detailed interdisciplinary care plan.
6. Residents are admitted to this facility as long as their needs can be met adequately by the facility. Examples of conditions that can be treated adequately in this facility include:
  - a. diabetes;
  - b. COPD;
  - c. neuromuscular disorders;

*continues on next page*



- d. dementia;
  - e. \_\_\_\_\_;
  - f. \_\_\_\_\_; and
  - g. \_\_\_\_\_.
7. Examples of nursing/medical needs that can be met adequately include:
- a. medication management;
  - b. limited mobility;
  - c. post-operative care needs;
  - d. incontinence;
  - e. catheterization (urinary or intravenous);
  - f. enteral nutrition;
  - g. \_\_\_\_\_;
  - h. \_\_\_\_\_; and
  - i. \_\_\_\_\_.
8. The acceptance of residents with certain conditions or needs may require authorization or approval by the medical director, director of nursing services, and/or the administrator.
9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process.
- a. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for a MD, ID or RD.
  - b. If the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process.
    - (1) The admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID or RD.
    - (2) The social worker is responsible for making referrals to the appropriate state-designated authority.
  - c. Upon completion of the Level II evaluation, the state PASARR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate.
  - d. The state PASARR representative provides a copy of the report to the facility.
  - e. The interdisciplinary team determines whether the facility is capable of meeting the needs and services of the potential resident that are outlined in the evaluation.
  - f. Once a decision is made, the state PASARR representative, the potential resident and his or her representative are notified.
10. The preadmission screening program requirements do not apply to residents who, after being admitted to the facility, were transferred to a hospital.
11. The state may choose not to apply the preadmission screening requirement if:
- a. the individual is admitted directly to the facility from a hospital where he or she received acute inpatient care;
  - b. the individual requires facility services for the condition for which he or she received care in the hospital; and
  - c. the attending physician has certified (prior to admission) that the individual will likely need less than 30 days of care at the facility.

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12. Our admission policies apply to all residents admitted to the facility regardless of race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, and/or payment source.
13. The administrator, through the admissions department, ensures that the resident and the facility follow applicable admission policies.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(a) Admissions policy; §483.20(e) Coordination; §483.20(k)
<b>Survey Tag Numbers</b>	F620; F644; F645
<b>Other References</b>	<a href="http://www.pasrrassist.org/resources/personnel/pasrr-state-lead-contactinformation">http://www.pasrrassist.org/resources/personnel/pasrr-state-lead-contactinformation</a> SOM - Appendix PP Definitions “Mental disorder”
<b>Related Documents</b>	<a href="#">Acute Condition Changes – Clinical Protocol</a> <a href="#">Care Plans, Comprehensive Person-Centered</a>
<b>Version</b>	2.1 (H5MAPL0047)

# Admission Notes

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## Policy Statement

Preliminary resident information shall be documented upon a resident's admission to the facility.

## Policy Interpretation and Implementation

1. When a resident is admitted to the nursing unit, the admitting nurse must document the following information (as each may apply) in the nurses' notes, admission form, or other appropriate place, as designated by facility protocol:
  - a. The date and time of the resident's admission;
  - b. The resident's age, sex, race, and marital status;
  - c. From where the resident was admitted (i.e., hospital, home, other facility);
  - d. Reason for the admission;
  - e. The admitting diagnosis;
  - f. The general condition of the resident upon admission;
  - g. The time the attending physician was notified of the resident's admission;
  - h. The time the physician's orders were received and verified;
  - i. Description of any lab work completed or the time specimens were sent to the lab;
  - j. The presence of a catheter, dressings, etc.;
  - k. The time the dietary department was notified of the diet order;
  - l. The time medications were ordered from the pharmacy;
  - m. A brief description of any disabilities (i.e., blind, deaf, hemiplegia, speech impairment, paralysis, mobility, etc.);
  - n. Any known allergies;
  - o. Prosthesis required (i.e., glasses, dentures, hearing aid, artificial limbs, eye, etc.);
  - p. The height and weight of the resident;
  - q. A statement indicating that the nursing history and preliminary assessment is completed or has been started;
  - r. Notation of any signs or symptoms of an infectious or communicable disease;
  - s. Notation as to whether or not advance directives apply; and
  - t. The signature and title of the person recording the data.
2. This initial information-gathering precedes the complete history and physical assessment that also accompanies the resident admission process.

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3. The nurses' original admission note must remain on the resident's chart maintained at the nurses' station.
4. Should a resident be discharged from and readmitted to the facility, new admission data must be recorded.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(i)(5)
<b>Survey Tag Numbers</b>	F842
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Admission Assessment and Follow Up: Role of the Nurse</a> <a href="#">Admitting the Resident: Role of the Nursing Assistant</a> <a href="#">Admission Evaluation and Interim Care Plan (CP1204)</a>
<b>Version</b>	1.1 (H5MAPL0034)

# Admission of Residents with Communicable Disease

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## Policy Statement

Admission to this facility depends upon our ability to provide appropriate medical and nursing care. This includes situations where a resident has a known communicable disease or infection.

## Policy Interpretation and Implementation

1. Prior to or upon admission, the infection preventionist, or designee, will assess the following infection risks for each admission:
  - a. *M. tuberculosis* (TB) infection, by purified protein derivative (PPD) test or recent chest x-ray;
  - b. Immunization status, by history;
  - c. During the period of October 1 through March 31, current status of influenza immunization, by history;
  - d. Evidence of continuing active infection or clinically significant colonization by multidrug-resistant organism by history and review of hospital discharge summaries;
  - e. Clinical evidence of a current infection; and
  - f. Evidence of pediculosis or scabies, by direct observation.
2. The infection preventionist or designee will request an infection control transfer form from the sending facility prior to the resident's transfer. This form should provide information on the resident's infection status, isolation precautions, signs and symptoms of infection(s), antibiotic usage, and influenza/pneumococcal immunization status.
3. The infection preventionist or designee will maintain a log of residents with current evidence of infection or colonization due to multidrug-resistant organisms, including methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant *enterococci* and *Clostridium difficile* (MRSA/VRE/*C. difficile*). When considering room assignments the log will be checked to prevent placing a resident with MDRO infection or colonization with a resident at risk of infection.
4. A resident who is transferred to an acute care facility with infection due to a multidrug-resistant organism should be reviewed prior to return for details of the status of any such infection and clarification of any possible infection control risks that the situation presents.
5. A resident admitted with colonization or infection due to a multidrug-resistant organism may be placed in a private room, or cohorted with another resident of the same sex who is colonized with a similar organism. A colonized resident also may be cohorted or placed with a non-colonized resident who is not immunocompromised, if no other bed is available.
6. Our facility will not deny admission to someone just because they have infection with the human immunodeficiency virus (HIV), or are HIV antibody positive.
7. Placement of individuals with other potentially infectious conditions such as herpes zoster or scabies will be made based on appropriate clinical evaluation by the attending physician and/or medical director of the status of the infection and risk for its dissemination.
8. The facility will not admit individuals with active tuberculosis or acid-fast bacillus (AFB) positive sputum until they have been treated elsewhere for long enough to no longer be considered contagious.

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9. Persons found upon admission evaluation to have a positive PPD reaction or a suspicious chest X-ray will be evaluated promptly to determine whether they might have active TB, in which case they will either not be admitted, will be moved to a section of the facility where appropriate isolation can occur (if available), or will be discharged promptly to a facility where they can be isolated or treated appropriately for active TB.
10. Admissions requiring infection control restrictions will be placed on appropriate isolation precautions based on this facility's policies governing isolation precautions.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(a) Admission orders; §483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F635; F880
<b>Other References</b>	CDC/HICPAC Guidelines for Isolation Precautions at <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a> and CDC MRSA information at <a href="http://www.cdc.gov/mrsa/index.html">http://www.cdc.gov/mrsa/index.html</a>
<b>Related Documents</b>	<a href="#">Inter-facility Infection Control Transfer Form (CDC)</a> <a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Multidrug-Resistant Organisms</a> <a href="#">Tuberculosis, Screening Residents for</a> <a href="#">Vaccination of Residents</a>
<b>Version</b>	2.3 (H5MAPL0039)

# Admission Orientation

## Policy Statement

Nursing services will be responsible for providing newly admitted residents/family members with an orientation to our facility, its programs and services.

## Policy Interpretation and Implementation

1. Prior to or upon admission, the resident and/or his or her representative (sponsor) will be provided with a facility tour and an orientation of our facility's policies, programs, and services. Such orientation includes, but is not limited to, a review of our facility policies and procedures governing:
  - a. resident rights and responsibilities;
  - b. financial agreements and services (e.g., resident funds);
  - c. general safety and smoking;
  - d. resident assessments and care plans;
  - e. facility services and programming (e.g., dietary, activity, restorative services); and
  - f. others as necessary or appropriate.
2. Residents with limited English proficiency shall be provided with orientation information in a language that is understandable to him/her, in accordance with the facility's language access program.
3. A written record of such orientation is maintained and a copy is filed in the resident's medical/clinical record.
4. Should the resident be declared medically incapable of understanding his or her rights, the resident's representative (sponsor) will be required to attend the orientation program.
5. Each newly admitted resident will be accompanied to his or her room by a staff member of the nursing services department. The resident will be introduced to his or her roommate and other staff members by the person escorting the resident to his or her room.
6. The resident will also be oriented to his or her surroundings (room and facility).
7. Inquiries concerning the residents' orientation program should be referred to the director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(g)(4)
<b>Survey Tag Numbers</b>	F574
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Orientation Checklist</a>
<b>Version</b>	1.2 (H5MAPL0766)

# Admission, Emergency

## Policy Statement

Emergency admissions will be permitted should such measures be necessary to meet the immediate medical and nursing needs of the resident.

## Policy Interpretation and Implementation

1. The medical director, director of nursing services, and/or the administrator may permit emergency admissions (including weekend admissions) when it has been deemed appropriate or necessary to meet the emergency medical/nursing needs of the resident.
2. A physician's order for the immediate care and treatment of the resident must be provided to the facility prior to or upon admission of the resident to the facility.
3. Should orders for the immediate care and treatment of the resident not be available, the medical director or emergency care physician may issue temporary orders until the resident's attending physician can be contacted for issuance of orders for the care of the resident.
4. Complete admission data must be provided to the facility within forty-eight (48) hours of the resident's admission. Failure to do so may result in immediate discharge of the resident.
5. Residents admitted under emergency conditions may be placed in isolation until complete medical reports relative to infectious diseases have been obtained.
6. Residents may not be admitted under emergency conditions until a behavior screening has been conducted to ensure the resident is not a danger to him/herself or to other residents/staff.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(a); §483.20(k)(4); §483.30(a); §483.80(a)
<b>Survey Tag Numbers</b>	F635; F646; F710; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Emergency Physician Care</a>
<b>Version</b>	1.1 (H5MAPL0243)



# Advance Directives

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## Policy Statement

Advance directives will be respected in accordance with state law and facility policy.

## Policy Interpretation and Implementation

1. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so.
2. Written information will include a description of the facility's policies to implement advance directives and applicable state law.
3. If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative.
4. If the resident becomes able to receive and understand this information later, he or she will be provided with the same written materials as described above, even if his or her legal representative has already been given the information.
5. Each resident will also be informed that the facility's policies do not condition the provision of care or discriminate against an individual based on whether or not the individual has executed an advance directive.
6. Prior to or upon admission of a resident, the social services director or designee will inquire of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives.
7. Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record.
8. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives.
  - a. The resident will be given the option to accept or decline the assistance, and care will not be contingent on either decision.
  - b. Nursing staff will document in the medical record the offer to assist and the resident's decision to accept or decline assistance.
9. The attending physician will provide information to the resident and legal representative regarding the resident's health status, treatment options and expected outcomes during the development of the initial comprehensive assessment and care plan.
10. The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive.
11. The resident has the right to refuse treatment, whether or not he or she has an advance directive. A resident will not be treated against his or her own wishes. Residents who refuse treatment will not be transferred to another facility unless all other criteria for transfer are met.
12. Depending on state requirements, the legal representative may also have the right to refuse or forego treatment.

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13. If the resident or representative refuses treatment, the facility and care providers will:
  - a. reassess the resident for significant change of condition related to the refusal;
  - b. determine the decision-making capacity of the resident and invoke the decisions of the legal representative if appropriate to the situation;
  - c. document specifically what the resident/representative is refusing;
  - d. assess and document the stated reason for the refusal;
  - e. advise the resident of the consequences and/or potential outcomes of refusal;
  - f. offer pertinent alternative treatments; and
  - g. modify the care plan as appropriate, providing all other appropriate services (i.e., those that will allow him or her to maintain the highest practicable physical, mental and psychosocial well-being).
14. The resident's attending physician will clarify and present any relevant medical issues and decisions to the resident or legal representative as the resident's condition changes in an effort to clarify and adhere to the resident's wishes.
15. In accordance with current OBRA definitions and guidelines governing advance directives, our facility has defined advanced directives as preferences regarding treatment options and include, but are not limited to:
  - a. **Advance Directive** — a written instruction, such as a living will or durable power of attorney for health care, recognized by state law, relating to the provisions of health care when the individual is incapacitated.
  - b. **Living Will** — a document that specifies a resident's preferences about measures that are used to prolong life when there is a terminal prognosis.
  - c. **Durable Power of Attorney for Health Care** (i.e., Medical Power of Attorney) — a document delegating authority to a legal representative to make health care decisions in case the individual delegating that authority subsequently becomes incapacitated.
  - d. **Legal Representative** (i.e., substitute decision-maker, proxy, agent) — a person designated and authorized by an advance directive or state law to make treatment decisions for another person in the event the other person becomes unable to make necessary health care decisions.
  - e. **Do Not Resuscitate** — indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR) or other life-sustaining treatments or methods are to be used.
  - f. **Do Not Hospitalize** — indicates that the resident is not to be hospitalized, even if he or she has a medical condition that would usually require hospitalization.
  - g. **Organ Donation** — indicates that the resident wishes his or her organs to be available for transplantation upon his or her death.
  - h. **Life-Sustaining Treatment** — treatment that, based on reasonable medical judgment, sustains an individual's life and without it the individual will die. This includes medications and interventions that are considered life-sustaining, but not those that are considered palliative or comfort measures.
  - i. **Feeding Restrictions** — indicates that the resident, legal guardian, health care proxy, or representative (sponsor) does not wish for the resident to be fed by artificial means (e.g., tube; intravenous nutrition, etc.) if he or she is not able to be nourished by oral means.
  - j. **Medication Restrictions** — indicates that the resident, legal guardian, health care proxy, or representative (sponsor) does not wish for the resident to receive life-sustaining medications (e.g., antibiotics, chemotherapy, etc.).
  - k. **Other Treatment Restrictions** — indicates that the resident, legal guardian, health care proxy, or representative (sponsor) does not wish for the resident to receive certain medical treatments. Examples include, but are not restricted to, blood transfusions, tracheotomy, respiratory intubation, etc.

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16. If advance directive documents were developed in another state, the resident must have such documents reviewed and revised (as necessary) by his/her legal counsel in this state before the facility may honor such directives.
17. The interdisciplinary team will conduct ongoing review of the resident's decision-making capacity and communicate significant changes to the resident's legal representative. Such changes will be documented in the care plan and medical record.
18. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS).
19. Changes or revocations of a directive must be submitted in writing to the administrator. The administrator may require new documents if changes are extensive. The care plan team will be informed of such changes and/or revocations so that appropriate changes can be made in the resident assessment (MDS) and care plan.
20. The director of nursing services or designee will notify the attending physician of advance directives so that appropriate orders can be documented in the resident's medical record and plan of care. The attending physician will not be required to write orders for which he or she has an ethical or conscientious objection.
21. The nurse supervisor will be required to inform emergency medical personnel of a resident's advance directive regarding treatment options and provide such personnel with a copy of such directive when transfer from the facility via ambulance or other means is made.
22. The staff development coordinator will be responsible for scheduling advance directive training classes for newly hired staff members as well as scheduling annual advance directive in-service training programs to ensure that our staff remains informed about the residents' rights to formulate advance directives and facility policy governing such rights.
23. Inquiries from the community relative to advance directives must be referred to the staff development coordinator. Written information will be provided and will include, as a minimum, a summary of the state law outlining the rights of residents to formulate advance directives and a copy of the facility's policies governing advance directives.
24. Inquiries concerning advance directives should be referred to the administrator, director of nursing services, and/or to the social services director.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c); §483.10(g)(12); 42 CFR Part 489
<b>Survey Tag Numbers</b>	F552; F553; F578
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Do Not Resuscitate Order</a> <a href="#">Translation and/or Interpretation of Facility Services</a> <a href="#">Advance Directives/Medical Treatment Decisions Acknowledgment of Receipt (MP5437)</a>
<b>Version</b>	1.3 (H5MAPL0050)

# Bed-Holds and Returns

## Policy Statement

Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy.

## Policy Interpretation and Implementation

1. Residents may return to and resume residence in the facility after hospitalization or therapeutic leave as outlined in this policy.
2. The current bed-hold and return policy established by the state (if applicable) will apply to Medicaid residents in the facility.
3. Prior to a transfer, written information will be given to the residents and the resident representatives that explains in detail:
  - a. the rights and limitations of the resident regarding bed-holds;
  - b. the reserve bed payment policy as indicated by the state plan (Medicaid residents);
  - c. the facility per diem rate required to hold a bed (non-Medicaid residents), or to hold a bed beyond the state bed-hold period (Medicaid residents); and
  - d. the details of the transfer (per the notice of transfer).
4. Medicaid residents who exceed the state's bed hold limit and/or non-Medicaid residents who request a bed-hold are responsible for the facility's basic per diem rate while his or her bed is held.
5. If a Medicaid resident exceeds the state bed-hold period, he or she will be permitted to return to the facility, to his or her previous room (if available) or immediately upon the first availability of a bed in a semi-private room provided that the resident:
  - a. requires the services of the facility; and
  - b. is eligible for Medicare skilled nursing services or Medicaid nursing services.
6. If the resident is transferred with the expectation that he or she will return, but it is determined that the resident cannot return, that resident will be formally discharged.
7. The resident will be permitted to return to an available bed in the location of the facility that he or she previously resided. If there is not an available bed in that part, the resident will be given the option to take an available bed in another distinct part of the facility and return to the previous distinct part when a bed becomes available.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(d)(1)(2); §483.15(e)(1)
<b>Survey Tag Numbers</b>	F625; F626
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Transfer or Discharge Notice</a>
<b>Version</b>	1.2 (H5MAPL0379)

# Discharge Medications

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## Policy Statement

Unless otherwise specified by facility policy, or contrary to current law or regulation, medications shall be sent with the resident upon discharge. Controlled substances may not be released to the resident upon discharge.

## Policy Interpretation and Implementation

1. A physician must be contacted for an order to discharge a resident with medications before they will be dispensed.
2. The charge nurse shall verify that the medications are labeled consistent with current physician orders including instructions for use.
3. Controlled substances shall not be released upon discharge of the resident unless permitted by current state law governing the release of controlled substances and as authorized (in writing) by the resident's attending physician.
4. The nurse will reconcile pre-discharge medications with the resident's post-discharge medications. The medication reconciliation will be documented.
5. The nurse shall review medication instructions with the resident, family member or representative before the resident leaves the facility.
6. The nurse shall complete the medication disposition record, including:
  - a. the resident's name;
  - b. the name of the person who will be assisting or administering the medication after discharge;
  - c. the date of discharge;
  - d. the name of each medication;
  - e. the prescription (Rx) number of each medication;
  - f. the quantity or amount of each medication;
  - g. the strength of each medication;
  - h. any special instructions;
  - i. telephone numbers for the physician, pharmacy and facility;
  - j. the signature of the person receiving the medications; and
  - k. the signature of the nurse releasing the medications.
7. The nursing staff shall forward completed drug disposition records to medical records. The complete list of the resident's medications shall also be provided to the resident upon discharge.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(c)(1)(2)
<b>Survey Tag Numbers</b>	F622
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Medication Release/Receipt (MP5411)</a>
<b>Version</b>	1.2 (H5MAPL0519)

# Discharge Summary and Plan

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## Policy Statement

When a resident's discharge is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment.

## Policy Interpretation and Implementation

1. When the facility anticipates a resident's discharge to a private residence, another nursing care facility (i.e., skilled, intermediate care, ICF/IID, etc.), a discharge summary and a post-discharge plan will be developed which will assist the resident to adjust to his or her new living environment.
2. The **discharge summary** will include a recapitulation of the resident's stay at this facility and a final summary of the resident's status at the time of the discharge in accordance with established regulations governing release of resident information and as permitted by the resident. The discharge summary shall include a description of the resident's:
  - a. current diagnosis;
  - b. medical history (including any history of mental disorders and intellectual disabilities);
  - c. course of illness, treatment and/or therapy since entering the facility;
  - d. current laboratory, radiology, consultation, and diagnostic test results;
  - e. physical and mental functional status;
  - f. ability to perform activities of daily living including:
    - (1) bathing, dressing and grooming, transferring and ambulating, toilet use, eating, and using speech, language, and other communication systems;
    - (2) the need for staff assistance and assistive devices or equipment to maintain or improve functional abilities; and
    - (3) the ability to form relationships, make decisions including health care decisions, and participate (to the extent physically able) in the day-to-day activities of the facility.
  - g. sensory and physical impairments (neurological, or muscular deficits; for example, a decrease in vision and hearing, paralysis, and bladder incontinence);
  - h. nutritional status and requirements:
    - (1) weight and height;
    - (2) nutritional intake; and
    - (3) eating habits, preferences and dietary restrictions.
  - i. special treatments or procedures (treatments and procedures that are not part of basic services provided);
  - j. mental and psychosocial status (ability to deal with life, interpersonal relationships and goals, make health care decisions, and indicators of resident behavior and mood);
  - k. discharge potential (the expectation of discharging the resident from the facility within the next three months);
  - l. dental condition (the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's nutritional status, communications abilities, quality of life, and the need for and use of dentures or other dental appliances);

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- m. activities potential (the ability and desire to take part in activity pursuits which maintain or improve physical, mental, and psychosocial well-being);
  - n. rehabilitation potential (the ability to improve independence in functional status through restorative care programs);
  - o. cognitive status (the ability to problem solve, decide, remember, and be aware of and respond to safety hazards); and
  - p. medication therapy (all prescription and over-the-counter medications taken by the resident including dosage, frequency of administration, and recognition of significant side effects that would be most likely to occur in the resident).
3. As part of the discharge summary, the nurse will reconcile all pre-discharge medication with the resident's post-discharge medications. The medication reconciliation will be documented.
  4. Every resident will be evaluated for his or her discharge needs and will have an individualized post-discharge plan.
  5. The **post-discharge plan** will be developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and will include:
    - a. where the individual plans to reside;
    - b. arrangements that have been made for follow-up care and services;
    - c. a description of the resident's stated discharge goals;
    - d. the degree of caregiver/support person availability, capacity and capability to perform required care;
    - e. how the IDT will support the resident or representative in the transition to post-discharge care;
    - f. what factors may make the resident vulnerable to preventable readmission; and
    - g. how those factors will be addressed.
  6. The discharge plan will be re-evaluated based on changes in the resident's condition or needs prior to discharge.
  7. The resident/representative will be involved in the post-discharge planning process and informed of the final post-discharge plan.
  8. Residents will be asked about their interest in returning to the community. If the resident indicates an interest in returning to the community, he or she will be referred to local agencies and support services that can assist in accommodating the resident's post-discharge preferences.
  9. If it is determined that returning to the community is not feasible, it will be documented why this is the case and who made the determination.
  10. Residents transferring to another skilled nursing facility or who are discharged to a home health agency, long-term care hospital or inpatient rehabilitation facility will be assisted in selecting a post-acute care provider that is relevant and applicable to the resident's goals of care and treatment preferences. Data used in helping the resident select an appropriate facility includes the receiving facility's:
    - a. standardized patient assessment data;
    - b. quality measure data; and
    - c. data on resource use.
  11. The resident or representative (sponsor) should provide the facility with a minimum of a seventy-two (72) hour notice of a discharge to assure that an adequate discharge evaluation and post-discharge plan can be developed.
  12. A member of the IDT will review the final post-discharge plan with the resident and family at least twenty-four (24) hours before the discharge is to take place.

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13. A copy of the following will be provided to the resident and receiving facility and a copy will be filed in the resident's medical records:
- a. An evaluation of the resident's discharge needs;
  - b. The post-discharge plan; and
  - c. The discharge summary.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.21(c)(1); §483.21(c)(2)
<b>Survey Tag Numbers</b>	F660; F661
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Transfer or Discharge Documentation</a> <a href="#">Discharge Evaluation and Plan (MP5423)</a> <a href="#">Discharge Instructions for Care (MP5422)</a> <a href="#">Discharge Summary (MP5433)</a>
<b>Version</b>	2.0 (H5MAPL0208)

# Discharging a Resident to the Mortuary

## Policy Statement

Our facility releases the body of a deceased resident to the mortuary identified on the resident's record of admission.

## Policy Interpretation and Implementation

1. When it becomes necessary to discharge a resident to the mortuary, the following procedures will be implemented:
  - a. The resident must be declared legally dead in accordance with state law (either direct or indirect pronouncement by a licensed physician).
  - b. All information pertaining to the death must be recorded on the nurses' notes (i.e., date, time of death, etc.).
  - c. The attending physician must complete and file a death certificate with the appropriate agency within twenty-four (24) hours of the resident's death.
  - d. The charge nurse must notify the resident's representative (sponsor) of the resident's death.
  - e. Nursing services will be responsible for cleaning and preparing the body for removal.
  - f. The charge nurse or the resident's representative (sponsor) will notify the undertaker to pick up the body. (Note: The charge nurse must inform the undertaker of any isolation precautions and the type of precautions the resident was on, if applicable.)
  - g. The name of the funeral home and the name of the person removing the body must be entered in the resident's chart.
  - h. The person picking up the body must sign the release for the body, and the release must be placed in the resident's chart.
  - i. All records must be completed and forwarded to medical records office within twenty-four (24) hours of the discharge.
  - j. Policies governing post-mortem procedures are outlined in the nursing service procedure manual located at each nurses' station.
2. Nursing services will be responsible for preparing the resident's personal effects for the family to pick up.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.21(c)(2); §483.80
<b>Survey Tag Numbers</b>	F661; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Death of a Resident, Documenting</a>
<b>Version</b>	1.0 (H5MAPL0209)

# Discharging a Resident without a Physician's Approval

## Policy Statement

A physician's order should be obtained for all discharges, unless a resident or representative is discharging himself or herself against medical advice.

## Policy Interpretation and Implementation

1. Should a resident, or his or her representative (sponsor), request an immediate discharge, the resident's attending physician will be promptly notified.
2. The order for an approved discharge must be signed and dated by a physician and recorded in the resident's medical record no later than seventy-two (72) hours after the discharge.
3. If the resident or representative (sponsor) insists upon being discharged without the approval of the attending physician, the resident and/or representative (sponsor) must sign a release of responsibility form. Should either party refuse to sign the release, such refusal must be documented in the resident's medical record and witnessed by two staff members.
4. Should a resident and/or representative (sponsor) request a discharge from the facility during the time the resident is on isolation (transmission-based) precautions, the charge nurse must notify the director of nursing services and the resident's attending physician of the discharge request.
5. The director of nursing services, or charge nurse, shall inform the resident, and/or representative (sponsor) of the potential hazards involved in the early discharge of the resident and shall request that the resident remain in the facility until such time as the isolation/precautionary period has ended.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(c)(2)
<b>Survey Tag Numbers</b>	F622
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Transfer or Discharge Documentation</a> <a href="#">Release of Responsibility for Discharge Against Medical Advice (MP5407)</a>
<b>Version</b>	1.1 (H5MAPL0210)

# Medications Brought to the Facility by the Resident/Family

## Policy Statement

The facility shall ordinarily not permit residents and families to bring medications into the facility.

## Policy Interpretation and Implementation

1. Residents and families must report to the nursing staff any medications that they want to bring, or have brought into the facility.
2. The facility discourages the use of medications brought in from outside, and will inform residents and families of that policy as well as applicable laws and regulations.
3. If a medication is not otherwise available and/or it is determined to be essential to the resident's life, health, safety, or well-being to be able to take a medication brought in from outside, the director of nursing services and nursing staff, with support of the attending physician and consultant pharmacist, shall check to ensure that:
  - a. state law and regulations allow such use;
  - b. the medications have been ordered by the resident's attending physician, and documented on the physician's order sheet;
  - c. the contents of each container are labeled in accordance with established policies; and
  - d. the contents of each container have been verified by a licensed pharmacist.
4. Non-prescription medications in sealed containers and/or medications received directly from a transferring facility may be administered without further verification, if approved for use as stated above.
5. Medications brought into the facility that are not approved for the resident's use shall be returned to the family. If the family does not pick up those medications within thirty (30) days, the facility may destroy them in accordance with established policies.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.45(a) Procedures.; §483.45(b) Service Consultation.
<b>Survey Tag Numbers</b>	F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Self-Administration of Medications</a> <a href="#">Discarding and Destroying Medications</a> <a href="#">Labeling of Medication Containers</a> <a href="#">Reconciliation of Medications on Admission</a>
<b>Version</b>	1.1 (H5MAPL0518)

# Personal Property

## Policy Statement

Residents are permitted to retain and use personal possessions and appropriate clothing, as space permits.

## Policy Interpretation and Implementation

1. Each resident's room is equipped with private closet space that includes clothes racks and shelving and that permits easy access to the resident's clothing.
2. The resident is encouraged to maintain his/her room in a home-like environment by bringing personal items (i.e., photographs, knickknacks, etc.) to place on nightstands, televisions, etc.
3. The resident is permitted to bring room furnishings if:
  - a. the room is large enough to accommodate the furniture;
  - b. the furniture does not infringe upon the rights of others; and
  - c. the furniture does not violate current life safety code requirements.
4. A representative of the admitting office will advise the resident, prior to or upon admission, as to the types and amount of personal clothing and possessions that the resident may keep in his or her room.
5. The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished.
6. The facility will promptly investigate any complaints of misappropriation or mistreatment of resident property.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(c)(2)
<b>Survey Tag Numbers</b>	F557
<b>Related Documents</b>	
<b>Related Documents</b>	<a href="#">Admitting the Resident: Role of the Nursing Assistant Inventory of Personal Effects (MP5413)</a>
<b>Version</b>	1.1 (H5MAPL0618)

# Transfer or Discharge Documentation

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## Policy Statement

When a resident is transferred or discharged, details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider.

## Policy Interpretation and Implementation

1. Each resident will be permitted to remain in the facility, and not be transferred or discharged unless—
  - a. the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility;
  - b. the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by this facility;
  - c. the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
  - d. the health of individuals in the facility would otherwise be endangered;
  - e. the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at this facility.
    - (1) Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay.
    - (2) For a resident who becomes eligible for Medicaid after admission to a facility, the facility will charge a resident only allowable charges under Medicaid; or
  - f. This facility ceases to operate.
2. If a resident exercises his or her right to appeal a transfer or discharge notice he or she will not be transferred or discharged while the appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.
3. If the resident is transferred or discharged despite his or her pending appeal, the danger that failure to transfer or discharge would pose will be documented.
4. When a resident is transferred or discharged from the facility, the following information will be documented in the **medical record**:
  - a. The basis for the transfer or discharge;
    - (1) If the resident is being transferred or discharged because his or her needs cannot be met at the facility, documentation will include:
      - (a) the specific resident needs that cannot be met;
      - (b) this facility's attempt to meet those needs; and
      - (c) the receiving facility's service(s) that are available to meet those needs.
  - b. That an appropriate notice was provided to the resident and/or legal representative;
  - c. The date and time of the transfer or discharge;
  - d. The new location of the resident;
  - e. The mode of transportation;
  - f. A summary of the resident's overall medical, physical, and mental condition;

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- g. Disposition of personal effects;
  - h. Disposition of medications;
  - i. Others as appropriate or as necessary; and
  - j. The signature of the person recording the data in the medical record.
5. Should the resident be transferred or discharged for any of the following reasons, the basis for the transfer or discharge will be documented in the resident's clinical record by the resident's **attending physician**:
    - a. The transfer or discharge is necessary for the resident's welfare, and the resident's needs cannot be met in the facility; or
    - b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
  6. Should the resident be transferred or discharged for any of the following reasons, the basis for the transfer or discharge will be documented in the resident's clinical record by a **physician**:
    - a. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; or
    - b. The health of individuals in the facility would otherwise be endangered.
  7. Should a resident be transferred or discharged for any reason, the following information will be communicated to the **receiving facility or provider**:
    - a. The basis for the transfer or discharge;
      - (1) If the resident is being transferred or discharged because his or her needs cannot be met at the facility, documentation will include:
        - (a) the specific resident needs that cannot be met;
        - (b) this facility's attempt to meet those needs; and
        - (c) the receiving facility's service(s) that are available to meet those needs.
    - b. Contact information of the practitioner responsible for the care of the resident;
    - c. Resident representative information including contact information;
    - d. Advance directive information;
    - e. All special instructions or precautions for ongoing care, as appropriate;
    - f. Comprehensive care plan goals; and
    - g. All other necessary information, including a copy of the residents discharge summary, and any other documentation, as applicable, to ensure a safe and effective transition of care.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(c)(1)(2)
<b>Survey Tag Numbers</b>	F622
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Discharge Summary and Plan</a> <a href="#">Physician's Discharge Summary (MP5445)</a> <a href="#">Discharge Summary (MP5433)</a>
<b>Version</b>	1.2 (H5MAPL0221)

# Transfer or Discharge, Emergency

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## Policy Statement

Emergency transfers or discharges may be necessary to protect the health and/or well-being of the resident(s).

## Policy Interpretation and Implementation

1. Residents will not be transferred unless:
  - a. the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
  - b. the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
  - c. the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
  - d. the health of individuals in the facility would otherwise be endangered;
  - e. the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies:
    - (1) if the resident does not submit the necessary paperwork for third party payment; or
    - (2) after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay; or
  - f. the facility ceases to operate.
2. If a resident exercises his or her right to appeal a transfer or discharge notice he or she will not be transferred or discharged while the appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.
3. If the resident is transferred or discharged despite his or her pending appeal, the danger that failure to transfer or discharge would pose will be documented.
4. Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures:
  - a. Notify the resident's attending physician;
  - b. Notify the receiving facility that the transfer is being made;
  - c. Prepare the resident for transfer;
  - d. Prepare a transfer form to send with the resident;
  - e. Notify the representative (sponsor) or other family member;
  - f. Assist in obtaining transportation; and
  - g. Others as appropriate or as necessary.
5. Should it become necessary to transfer residents during emergency or disaster situations, transfer procedures outlined in our disaster plan will be implemented.
6. The resident's medical record must be forwarded to the medical records office within twenty-four (24) hours of the transfer or discharge.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(c) Transfer and discharge
<b>Survey Tag Numbers</b>	F622
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Transfer or Discharge Documentation</a> <a href="#">Transfer or Discharge Notice</a> <a href="#">Resident Transfer Form (MP5434)</a>
<b>Version</b>	1.3 (H5MAPL0478)

# Transfer or Discharge Notice

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## Policy Statement

Our facility shall provide a resident and/or the resident's representative (sponsor) with a thirty (30)-day written notice of an impending transfer or discharge.

## Policy Interpretation and Implementation

1. A resident, and/or his or her representative (sponsor), will be given a thirty (30)-day advance notice of an impending transfer or discharge from our facility.
2. Under the following circumstances, the notice will be given as soon as it is practicable but before the transfer or discharge:
  - a. The transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
  - b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
  - c. The safety of individuals in the facility is endangered;
  - d. The health of individuals in the facility would otherwise be endangered;
  - e. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility;
  - f. An immediate transfer or discharge is required by the resident's urgent medical needs;
  - g. The resident has not resided in the facility for thirty (30) days; and/or
  - h. The facility ceases to operate.
3. The resident and/or representative (sponsor) will be notified in writing of the following information:
  - a. The reason for the transfer or discharge;
  - b. The effective date of the transfer or discharge;
  - c. The location to which the resident is being transferred or discharged;
  - d. A statement of the resident's rights to appeal the transfer or discharge, including:
    - (1) the name, address, email and telephone number of the entity which receives such requests;
    - (2) information about how to obtain, complete and submit an appeal form; and
    - (3) how to get assistance completing the appeal process;
  - e. The facility bed-hold policy;
  - f. The name, address, and telephone number of the Office of the State Long-term Care Ombudsman;
  - g. The name, address, email and telephone number of the agency responsible for the protection and advocacy of residents with intellectual and developmental (or related) disabilities (as applies);
  - h. The name, address, email and telephone number of the agency responsible for the protection and advocacy of residents with a mental disorder or related disabilities (as applies); and
  - i. The name, address, and telephone number of the state health department agency that has been designated to handle appeals of transfers and discharge notices.
4. A copy of the notice will be sent to the Office of the State Long-Term Care Ombudsman.
5. The reasons for the transfer or discharge will be documented in the resident's medical record.

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6. If the information in the notice changes prior to the transfer or discharge, the recipients of the notice will be updated as soon as practicable.
7. If the facility will be closing, the administrator will provide written notices to the residents and the residents' representatives of the impending closure at least sixty (60) days prior to the date of closure.
8. If the facility will be closing, the administrator will provide the following information to the Office of the State Long-Term Care Ombudsman prior to the impending closure:
  - a. Notification of the impending facility closure; and
  - b. The plan for the transfer and adequate relocation of the residents.
9. Once written notification of impending closure is submitted to residents and responsible parties, the facility will cease to admit any new residents.
10. At the time of notification, the facility will provide each resident and responsible party with the following information:
  - a. The plan for the transfer and adequate relocation of the resident;
  - b. The date by which the transfer/relocation will be completed; and
  - c. Assurances that the resident will be transferred to the most appropriate facility or setting to meet his or her needs in terms of quality, service and location.
11. In determining the transfer location for a resident, the decision to transfer to a particular location will be determined by the needs, choices and best interests of that resident.
12. If the facility's Medicare and Medicaid provider agreement is terminated by the state or by CMS, the state will determine the appropriate date for notification and arrange for the transfer of Medicare/Medicaid residents.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(c)(3)(4)(5)(6)(8)
<b>Survey Tag Numbers</b>	F623
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Transfer or Discharge, Preparing a Resident for Notice of Resident Transfer or Discharge (MP5412)</a>
<b>Version</b>	2.0 (H5MAPL0545)

# Transfer or Discharge, Preparing a Resident for

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## Policy Statement

Residents will be prepared in advance for discharge.

## Policy Interpretation and Implementation

1. When a resident is scheduled for transfer or discharge, the business office will notify nursing services of the transfer or discharge so that appropriate procedures can be implemented.
2. A post-discharge plan is developed for each resident prior to his or her transfer or discharge. This plan will be reviewed with the resident, and/or his or her family, at least twenty-four (24) hours before the resident's discharge or transfer from the facility.
3. Nursing services is responsible for:
  - a. obtaining orders for discharge or transfer, as well as the recommended discharge services and equipment;
  - b. preparing the discharge summary and post-discharge plan;
  - c. preparing the medications to be discharged with the resident (as permitted by law);
  - d. providing the resident or representative (sponsor) with required documents (i.e., discharge summary and plan);
  - e. packing and collecting personal possessions (if the resident is not expected to return);
  - f. assisting with transportation as applicable (i.e., calling for an ambulance);
  - g. escorting the resident to transportation;
  - h. completing discharge note in the medical record;
  - i. forwarding charge slips to the business office;
  - j. directing the resident or representative (sponsor) to the business office prior to the transfer or discharge; and
  - k. forwarding completed records to the business office.
4. The business office is responsible for:
  - a. informing appropriate departments of the resident's transfer or discharge;
  - b. informing the resident, or his or her representative (sponsor) of our facility's readmission appeal rights, bed-holding policies, etc.; and
  - c. others as appropriate or as necessary.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(c)(7)
<b>Survey Tag Numbers</b>	F624
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Discharging the Resident</a> <a href="#">Discharge Summary and Plan</a> <a href="#">Discharge Instructions for Care (MP5422)</a> <a href="#">Discharge Summary (MP5433)</a>
<b>Version</b>	1.2 (H5MAPL0662)

# Admission Assessment and Follow Up: Role of the Nurse Level III

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## Purpose

The purpose of this procedure is to gather information about the resident's physical, emotional, cognitive, and psychosocial condition upon admission for the purposes of managing the resident, initiating the care plan, and completing required assessment instruments, including the MDS.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Wheelchair or stretcher, as needed;
2. Admission Kit, per facility policy;
3. Thermometer;
4. Blood pressure cuff and sphygmomanometer;
5. Stethoscope;
6. Pen/pencil and paper;
7. Relevant assessment forms; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Knock and gain permission before entering the room.
2. Greet the resident by his or her name.
3. Introduce yourself. Let the resident know that you will be performing one or more examinations.
4. Should the resident be admitted by stretcher, immediately assist the resident into bed. Obtain assistance as necessary.
5. If the resident is admitted by wheelchair, position him/her as he/she desires.
6. Make the resident as comfortable as possible.
7. Conduct an admission assessment (history and physical), including:
  - a. A summary of the individual's recent medical history, including hospitalizations, acute illnesses, and overall status prior to admission.
  - b. Relevant medical, social, and family history.
  - c. A list of active medical diagnoses and patient problems (such as recurrent falling or impaired mobility), especially those most related to reasons for admission to the facility and those that are affecting function, behavior, cognition, nutrition, hydration, quality of life, likelihood of functional recovery, and ability to participate in activities and to socialize.
  - d. Current medications and treatments.
8. Conduct a physical assessment, including the following systems:
  - a. Eyes, Ears, Nose, Throat;
  - b. Head and Neck;
  - c. Teeth and Gums;
  - d. Cardiovascular;
  - e. Respiratory;
  - f. Neurological;

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- g. Musculoskeletal;
  - h. Gastrointestinal;
  - i. Genitourinary; and
  - j. Skin.
9. Conduct supplemental assessments (following facility forms and protocol) including:
  - a. Activity level;
  - b. Pain assessment;
  - c. Fall risk assessment;
  - d. Neurological assessment;
  - e. Skin assessment;
  - f. Functional assessment – ability to perform ADLs; and
  - g. Behavioral assessment.
10. Determine if the resident has existing advance directives. If so, initiate the process of obtaining a copy for the medical record. If not, provide the resident with information on his/her rights to have advance directives and initiate the process of establishing them.
11. Reconcile the list of medications from the medication history, admitting orders, the previous MAR (if available), and the discharge summary from the previous institution, according to established procedures.
12. Contact the Attending Physician to communicate and review the findings of the initial assessment and any other pertinent information and obtain admission orders that are based on these findings.
13. Notify other disciplines and departments of the resident's admission, including:
  - a. Dietary;
  - b. Housekeeping;
  - c. Activities;
  - d. Social Services; and
  - e. Pastoral Care.
14. Contact outside services, such as laboratory or diagnostic services, as necessary.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the assessment was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All relevant assessment data obtained during the procedure.
4. How the resident tolerated the assessment.
5. Orders obtained from the physician.
6. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor and the Attending Physician of immediate needs that the resident may have.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	MDS and RAI Manual; Section A
<b>Survey Tag Numbers</b>	F635
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Admission Nursing Evaluation (CP1202)</a> <a href="#">Guidelines for Notifying Practitioners of Clinical Problems</a> <a href="#">Resident Examination and Assessment</a> <a href="#">Reconciliation of Medications on Admission</a> <a href="#">Medication Reconciliation Form (MP5215)</a>
<b>Version</b>	1.1 (H5MAPR0300)



# Admitting the Resident: Role of the Nursing Assistant

Level III

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## Purpose

The purposes of this procedure are to assist the resident to his/her room and to help alleviate concerns and answer questions that the resident and family may have.

## Preparation

To prepare the room for a new admission you should:

1. Ensure that the bed has been prepared (made) with clean linen.
2. Ensure that a bedspread, blanket, and pillow are on the bed.
3. Ensure that the closet, bedside table, drawers, etc., are clean and ready to store the resident's personal effects.
4. Place the resident's name on the room entrance door, bed, and closet.
5. Ensure that an Admission Kit is placed in the room, as applicable per facility policy.
6. Check the call light to ensure that it is working properly.
7. Check to be sure that the bed and/or reading light is working properly.
8. Check to be sure that the heating/air conditioning is working properly.
9. Report any equipment, supply, maintenance, or housekeeping needs to your supervisor.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Wheelchair or stretcher, as needed;
2. Admission Kit, per facility policy;
3. Thermometer;
4. Blood pressure cuff and sphygmomanometer;
5. Stethoscope;
6. Pen/pencil and paper;
7. *Inventory of Personal Effects* Record;
8. Soap and water;
9. Laundry marker; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Greet the resident by his or her name.
2. Introduce yourself. Let the resident know that you will be assisting him or her to his or her room.
3. Should the resident be admitted by stretcher, immediately assist the resident into bed. Position the bed as permitted. Obtain assistance as necessary.
4. If the resident is admitted by wheelchair, position him/her as he/she desires.
5. If the resident will be sharing a room, knock, and gain permission before entering the room. Introduce the resident to his or her roommate.
6. Make the resident as comfortable as possible.

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7. Demonstrate the use of the nurses' call signal. Place the call light within easy reach of the resident.
8. Measure and record the resident's temperature, pulse, respiration, blood pressure, weight, and height.
9. Observe the general condition of the resident (i.e., rashes, burns, bruises, sores, etc.), as well as his or her reaction to the admission.
10. Greet the resident's family and friends if they accompanied the resident.
11. Write the resident's name on appropriate articles (i.e., water pitcher, cup, urinal, denture cup, etc.).
12. Unless otherwise instructed, fill the water pitcher with ice and water. Place on the bedside table.
13. Store the bedpan, urinal, basin, etc., in their designated areas.

### **Inventorying the Resident's Personal Effects**

To inventory the resident's personal effects, you should:

1. Ask family member(s) to remain in the room to witness the inventory.
2. Tell the resident that you are going to inventory his or her personal effects.
3. Complete the resident identification portion of the inventory record (i.e., name, room number, date of admission, etc.).
4. Inventory all clothing, equipment, valuables, etc. Record:
  - a. The quantity of each item;
  - b. The description of each item; and
  - c. Other identifying factors as necessary or appropriate.
5. When all personal items have been inventoried and recorded on the *Inventory of Personal Effects* Record, sign your name and title and instruct the family member that witnessed the inventory to also sign the form.
6. Provide the resident and/or family member with a copy of the completed and signed inventory record. (Note: The original copy of the inventory record must be provided to the supervisor.)
7. Using the indelible ink marker, mark each item of clothing with the resident's first and last name.
8. Place laundry marks on the inside of the resident's clothing (i.e., collar, tail of shirts or robes, etc., and on the waistband of trousers, underwear, etc.).
9. All laundry marks must be legible and neatly placed in the resident's clothing.
10. Store marked clothing in their designated areas (i.e., hang in the closet, put in dresser drawer, etc.).
11. Using the indelible ink marker, mark each item of equipment with the resident's first and last name.
12. Store equipment in appropriate areas (i.e., bedside table, bathroom, etc.).
13. Inform the family that any additional items brought to or removed from the facility must be reported to the supervisor so that the inventory record can be kept current.
14. Give the original copy of the *Inventory of Personal Effects* Record to the nurse supervisor.
15. If the resident wishes the facility to store his or her valuables for safe keeping, give the envelope containing the valuables to your supervisor.

### **Orientation**

Upon completion of the admission process and inventorying the resident's personal effects, it is important that the resident be oriented to the facility and room equipment. The caregiver should:

1. Demonstrate how the call signal at the bedside works.
2. Demonstrate how the bed or reading light works.
3. Show the resident his or her bathroom facilities.
4. Demonstrate how the bathroom call signal works.
5. Show the resident where the lobbies, dayrooms, and activity rooms are located.
6. Show the resident where his or her nurses' station is located.

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7. Show the resident his or her dining area.
8. Inform the resident of the times that meals are served.
9. Even though the resident may be unable to leave his or her room, it is still important that you orient the resident to everything in his or her room. Tell the resident about other areas of the facility, including activity and social service programs.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. Any observations made during the procedure (e.g., bruises, rashes, sores, etc.).
4. The resident's vital signs.
5. The resident's height and weight.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. Whether or not the resident has retained any valuables on his or her possession.
9. That you provided the resident and/or family with a copy of the signed and completed inventory record.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor and the attending physician of any wounds that the resident may have that may need to be treated.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section A
<b>Survey Tag Numbers</b>	F620; F635
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Admission Orientation</a> <a href="#">Inventory of Personal Effects (MP5413)</a>
<b>Version</b>	1.1 (H5MAPR0014)

# Discharging the Resident

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the discharge process.

## Preparation

1. The resident should be consulted about the discharge.
2. Discharges can be frightening to the resident. Approach the discharge in a positive manner.
3. Reassure the resident that all his or her personal effects will be taken to his or her place of residence.
4. If discharging the resident to another long-term care facility tell the resident:
  - a. Where the new facility is located.
  - b. How large the facility is, what services it offers, what it looks like, etc. (if known).
  - c. Any information you can about the facility. (Note: If you don't know, ask the supervisor about this information.)
  - d. Who will be providing the resident's care (i.e., nurses, assistants, therapists, etc.).
  - e. That his or her family and visitors will be informed of the discharge and where the resident will be living.
  - f. Why the discharge is necessary (i.e., closer to home, relatives, etc.). (Note: If this information is not known, ask the supervisor about this information.)
5. If the resident is being discharged home, ensure that resident and/or responsible party receive teaching and discharge instructions.
6. If the resident is being discharged to a hospital or another facility, ensure that a transfer summary is completed and telephone report is called to the receiving facility.
7. Assess and document resident's condition at discharge, including skin assessment, if medical condition allows.
8. All ambulatory residents being discharged must be transported to the pickup area by wheelchair.
9. Assemble the equipment and supplies necessary to discharge the resident.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Stretcher or wheelchair;
2. Cart;
3. Soap and water;
4. Other equipment, as needed; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.

### **Discharging the resident to home or another long-term care facility:**

1. If visitors are present, tell them you are preparing the resident for discharge and to please wait outside until the bath has been completed unless resident allows visitors to remain in the room.
2. Be careful in packing the resident's personal effects. Encourage the resident to assist you in arranging the order of packing. (Note: Visitors may assist you in packing and transporting the resident's personal effects to the pickup area.) Review the personal effects inventory with the resident or responsible party and have them sign off that they have received all personal effects.
3. Collect the resident's personal effects. Put them on the cart for transporting to the pickup area. Place cart where it will be out of the way until the resident is transported to the pickup area.
4. When the resident's transportation has arrived, assist the resident into the wheelchair. If the resident is in bed, close the cubicle curtain while the resident is getting out of the bed. Open the cubicle curtain when the resident is dressed or in the wheelchair.
5. Transport the resident to the pickup area. (Note: Allow the resident stops along the way to say goodbye to other residents and staff.)
6. Assist the resident into the automobile. Make the resident as comfortable as possible.
7. Assist the family in loading the resident's personal effects.
8. Say goodbye to the resident and family.
9. Return the wheelchair to the section from which it was taken. Wipe the wheelchair with a disinfectant. Store in designated area.
10. Wash and dry your hands thoroughly.

### **Discharging the resident to the hospital:**

1. Follow steps 1-2 above.
2. Pull the cubicle curtain around the bed.
3. If the resident's medical condition permits, bathe the resident. If not, put a clean gown or pajamas on the resident.
4. Make the resident as comfortable as possible.
5. Return the cubicle curtain to the open position.
6. Wash and dry your hands thoroughly.
7. Tell visitors that they may return to the room.
8. As soon as the resident's transportation arrives, ask visitors to step outside unless resident allows visitors to remain in the room.
9. Close the room door. Assist the resident onto the stretcher or into the wheelchair. Cover with sheet or blanket as necessary.
10. Open the room entrance door. Escort the resident to the pickup area.
11. Assist in the loading procedures as necessary.
12. If a wheelchair was used in transporting the resident to the pickup area, return it to the section from which it was taken. Wipe the wheelchair with a disinfectant. Store in designated area.
13. Wash and dry your hands thoroughly.

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**Discharging the resident to the mortuary:**

1. Follow steps 1-2 above.
2. Ask family members or visitors to please wait outside until the procedure is completed.
3. Pull the cubicle curtain around the bed. Close the room entrance door.
4. Perform post-mortem procedures.
5. Wash and dry your hands thoroughly.
6. Return the cubicle curtain to the open position only if it is a private room.
7. Tell the family or visitors that they may enter the room. Keep the room door closed. (Note: If family members or visitors are not present, stay with the deceased resident until the resident has been discharged to the mortuary.)
8. As soon as the hearse arrives, ask visitors to step outside.
9. Close the room door. Assist placing the resident onto the stretcher if requested. Cover the resident with a sheet or blanket.
10. Open the room entrance door. Escort the resident to the pickup area.
11. Assist in the loading procedures as necessary.
12. Return to your assigned section.
13. Wash and dry your hands thoroughly.
14. Return to the resident's room.
15. Knock before entering the resident's room, if applicable.
16. Strip and clean the discharged resident's bed.
17. Make the unoccupied bed.
18. Discard soiled linen in the soiled linen hamper.
19. Remove all unnecessary supplies and equipment. Store in designated area or return to supply area for cleaning and disinfection.
20. Discard all disposable items into designated containers.
21. Wash and dry your hands thoroughly.

**Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time the discharge was made.
2. The name and title of the individual(s) who assisted in the discharge.
3. All assessment data obtained during the procedure, if applicable.
4. How the resident tolerated the procedure, if applicable.
5. If the resident refused the discharge, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

*continues on next page*

## Reporting

1. Notify the supervisor if the resident refuses the discharge.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section A; (CAA 20)
<b>Survey Tag Numbers</b>	F622; F623; F624; F621
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Discharge Instructions for Care (MP5422)</a> <a href="#">Discharge Summary (MP5433)</a> <a href="#">Discharge Summary and Plan</a> <a href="#">Discharging a Resident to the Mortuary</a> <a href="#">Transfer or Discharge Documentation</a>
<b>Version</b>	1.2 (H5MAPR0106)

# Reconciliation of Medications on Admission

Level III

## Purpose

The purpose of this procedure is to ensure medication safety by accurately accounting for the resident's medications, routes and dosages upon admission or readmission to the facility.

## Preparation

1. Gather the information needed to reconcile the medication list:
  - a. Approved medication reconciliation form;
  - b. Discharge summary from referring facility;
  - c. Admission order sheet;
  - d. All prescription and supplement information obtained from the resident/family during the medication history; and
  - e. Most recent medication administration record (MAR), if this is a readmission.
2. Find a quiet place that is free from distractions.

## General Guidelines

1. Medication reconciliation is the process of comparing pre-discharge medications to post-discharge medications by creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care.
2. Medication reconciliation reduces medication errors and enhances resident safety by ensuring that the medications the resident needs and has been taking continue to be administered without interruption, in the correct dosages and routes, during the admission/transfer process.
3. Medication reconciliation helps to ensure that all medications, routes and dosages on the list are appropriate for the resident and his/her condition, and do not interact in a negative way with other medications/supplements on the list.
4. Medication reconciliation helps to ensure that medications, routes and dosages have been accurately communicated to the Attending Physician and care team.

## Steps in the Procedure

1. If a medication history has not been obtained from the resident or family, complete this first. Information from the medication history should include:
  - a. Prescription medications, including those taken only as needed;
  - b. Non-prescription/over-the-counter medications, including those taken only as needed;
  - c. Herbal or dietary supplements, including vitamins and minerals;
  - d. Patches, eye drops, creams, inhalers, shots, sample medications;
  - e. Dose, route, frequency and last dose taken for all items; and
  - f. Reason(s) for taking each medication/supplement.
2. Ask the resident to list all physicians and pharmacies from which he or she has obtained medications.
3. Using an approved medication reconciliation form or other record, list all medications from the medication history, the discharge summary, the previous MAR (if applicable), and the admitting orders ("sources").

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4. List the dose, route and frequency for all medications.
5. Review the list carefully to determine if there are discrepancies/conflicts. For example:
  - a. The dosage on the discharge summary does not match the dosage from the resident's previous MAR;
  - b. There is a potential medication interaction between a medication from the admitting orders and a supplement from the resident's medication history; or
  - c. There is a medication listed on the discharge summary for which there is no diagnosis or condition to support the use of the medication.
6. If there is a discrepancy or conflict in medications, dose, route or frequency, determine the most appropriate action to resolve the discrepancy. For example:
  - a. Contact the nurse from the referring facility;
  - b. Contact the physician from the referring facility;
  - c. Discuss with the resident or family;
  - d. Contact the resident's primary physician in the community;
  - e. Contact the resident's secondary physician(s) in the community;
  - f. Contact the community pharmacy used by the resident; or
  - g. Contact the admitting and/or Attending Physician.
7. Document findings and actions (see *Documentation* below).
8. When a resident is transferred to another facility, or within the organization, the reconciled medication list will be sent to the receiving care provider and the communication will be documented.

## Documentation

1. Document the medication discrepancy on the medication reconciliation form.
2. Document what actions were taken by the nurse to resolve the discrepancy.
3. If the discrepancy was unresolved, document how the discrepancy was communicated to the charge nurse, physician, pharmacy, and/or next shift.
4. If the discrepancy was resolved, document how the discrepancy was resolved.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F760; F661; F755
<b>Other References</b>	Medications at Transition and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation (AHRQ Publication 11(12)-0059)
<b>Related Documents</b>	<a href="#">Medication Reconciliation Form (MP5215)</a>
<b>Version</b>	1.2 (H5MAPR0325)

# Transfer, Room to Room

Level I

## Purpose

The purpose of this procedure is to provide guidelines for safely transferring residents from one room to another when such transfer has been approved in accordance with facility policies.

## Preparation

1. Orient the resident to the transfer in a form and manner that the resident can understand. Provide the resident with information about:
  - a. Where the room is located.
  - b. Who the resident's new roommate, if any, will be.
  - c. Who will be providing the resident's care.
  - d. That his or her family and visitors will be informed of the room change.
  - e. Why the transfer is taking place.
2. Reassure the resident that all his or her personal effects will be brought to his or her new room.
3. Assemble the necessary equipment and supplies for making the room change.
4. Ensure that the new room is ready for receiving the resident.
5. If possible, take the resident to see his or her new room before the actual move is made.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Stretcher or resident's bed (for bedfast residents);
2. Wheelchair (for non-ambulatory residents);
3. Walker (as necessary);
4. Soap and water;
5. Cart; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Inform the resident that you are going to move him or her to his or her new room.
3. Collect the resident's personal effects. Put them on the cart for transporting to the new room.
4. If the resident is in bed, close the cubicle curtain while the resident is getting out of the bed. Assist as necessary.
5. Open the cubicle curtain when the resident is dressed or in the wheelchair.
6. Transport the resident to his or her new room. Follow safety precautions while transporting the resident.
7. If there is a roommate, knock before entering the room.
8. Introduce the resident to his or her new roommate.
9. Put the resident to bed or leave him or her up, whichever the resident desires.
10. If the resident wishes to be put to bed, close the cubicle curtain while the resident is getting into bed. Assist as necessary.
11. Reposition the bed covers. Make the resident comfortable.

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12. Place the call light within easy reach of the resident.
13. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
14. Introduce the resident to his or her new attendants.
15. Store the resident's personal effects. Ask the resident how he or she would like them arranged.
16. Wash and dry your hands thoroughly.
17. Make your report to the supervisor on the new unit.
18. Return to your assigned area. Strip and clean the bed.
19. Discard soiled linen in designated containers.
20. Remove all unnecessary and soiled equipment. Store in designated areas or take to central supply for cleaning and disinfection.
21. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the room transfer was made.
2. The name and title of the individual(s) who assisted in the move.
3. All assessment data obtained during the move.
4. How the resident tolerated the move.
5. If the resident refused the move, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the move.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F559
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0244)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Assessments and Care Planning**

Item # H50075

WINDSOR 001845

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Assessments and Care Planning**

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# **Nursing Services**

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Guidelines for Notifying Practitioners of Clinical Problems

#### **Sample Documentation**

Interdisciplinary Care Plan (CP3131)

Vital Signs and Weight Record (MP5439)

24 Hour Report/Change of Condition (MP5419)

#### **Tools**

Care Area Assessment (CAA) Resources (MDS RAI – Appendix C)

Clinical Problem Solving and Decision Making Process Steps and Objectives

Crosswalk – MDS Care Area Assessments (CAAs) and MED-PASS/Heaton Clinical Protocols

Infection Prevention and Control Assessment Tool for Long-term Care Facilities

Resident Census and Conditions of Residents (CMS-672)

# Acute Condition Changes – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify individuals with a significant risk for having acute changes of condition during their stay; for example, an individual with an indwelling urinary catheter who has had recurrent symptomatic urinary tract infections, or someone with unstable vital signs or recurrent pneumonia.
2. In addition, the nurse shall assess and document/report the following baseline information:
  - a. Vital signs;
  - b. Neurological status;
  - c. Current level of pain, and any recent changes in pain level;
  - d. Level of consciousness;
  - e. Cognitive and emotional status;
  - f. Resident's age and sex;
  - g. Onset, duration, severity;
  - h. Recent labs;
  - i. History of psychiatric disturbances, mental illness, depression, etc.;
  - j. All active diagnoses; and
  - k. All current medications.
3. Direct care staff, including nursing assistants will be trained in recognizing subtle but significant changes in the resident (for example, a decrease in food intake, increased agitation, changes in skin color or condition) and how to communicate these changes to the Nurse.
4. Nursing assistants are encouraged to use the Stop and Watch Early Warning Tool to communicate subtle changes in the resident to the nurse.
5. The physician and nursing staff will review the details of any recent hospitalization and will identify complications and problems that occurred during the hospital stay that may indicate instability or the risk of having additional complications; for example, acute bronchitis or gastrointestinal bleeding in someone with advanced COPD who is receiving corticosteroids after a prolonged, complicated, recent hospitalization.
6. The physician will help identify medications and medication combinations that are associated with adverse consequences that could cause significant changes in condition.
7. Before contacting a physician about someone with an acute change of condition, the nursing staff will collect pertinent details to report to the physician; for example, the history of present illness and previous and recent test results for comparison.
  - a. Phone calls to attending or on-call physicians should be made by an adequately prepared nurse who has collected and organized pertinent information, including the resident/patient's current symptoms and status.
8. The nursing staff will contact the physician based on the urgency of the situation. For emergencies, they will call or page the physician and request a prompt response (within approximately one-half hour or less).

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9. The attending physician (or a practitioner providing backup coverage) will respond in a timely manner to notification of problems or changes in condition and status.
  - a. The nursing staff will contact the medical director for additional guidance and consultation if they do not receive a timely or appropriate response.
10. The nurse and physician will discuss and evaluate the situation.
  - a. The physician should request information to clarify the situation; for example, vital signs, physical findings, a detailed sequence of events and description of symptoms.

### **Cause Identification**

1. The staff and physician will discuss possible causes of the condition change based on factors including resident/patient history, current symptoms, medication regimen, and diagnostic test results.
  - a. If necessary, the physician will order diagnostic tests and evaluate the patient directly.
2. As needed, the physician will discuss with the staff and resident/patient and/or family the pros and cons of diagnosing and managing the situation in the facility or the need for hospitalization.
  - a. Many acute changes of condition can be managed effectively in nursing facilities with outcomes that are comparable to those of hospitalization.
  - b. This discussion should consider the patient's overall condition, prognosis, and wishes (either direct or as conveyed by a substitute decision-maker).

### **Treatment/Management**

1. The physician will help identify and authorize appropriate treatments.
2. The physician and staff will identify relevant resident/patient wishes, including advance directives and POLST orders related to life-sustaining treatments.
3. If it is decided, after sufficient review, that care or observation cannot reasonably be provided in the facility, the physician will authorize transfer to an acute hospital, Emergency Room, or another appropriate setting.

### **Monitoring and Follow-Up**

1. The staff will monitor and document the resident/patient's progress and responses to treatment, and the physician will adjust treatment accordingly.
2. The physician will help the staff monitor a resident/patient with a recent acute change of condition until the problem or condition has resolved or stabilized.
3. At the next visit, the physician will review the status of the condition change and document his/her evaluation, including the anticipated impact on the individual's function, prognosis, and quality of life.
  - a. The physician will make interim visits as needed to assess the situation (especially if the individual is not stable or is not improving as anticipated).

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References	
<b>MDS Items (CAAs)</b>	Section C; Section D; Section I; Section J
<b>Survey Tag Numbers</b>	F636; F684; F710; F713; F841
<b>Other References</b>	<p>AMDA. Acute Change of Condition Clinical Practice Guideline. Columbia, Maryland.</p> <p>AMDA. Protocols for Physician Notification. Columbia, Maryland. 2005.</p> <p>Bernardini B, Meinecke C, Pagani M, et al. Comorbidity and adverse clinical events in the rehabilitation of older adults after hip fracture. <i>J Am Geriatr Soc</i> 1995;43:894-898.</p> <p>Creditor M. Hazards of hospitalization of the elderly. <i>Ann Int Med</i> 1993;118:219-223.</p> <p>Fried T, Mor V. Frailty and hospitalization of long-term stay nursing home residents. <i>J Am Geriatr Soc</i> 1997;45:265-269.</p> <p>Hutt E et al. Precipitants of emergency room visits and acute hospitalization in short-stay Medicare nursing home patients. <i>J Am Geriatr Soc</i> 2002;50:223-229.</p> <p>Kane RL, Huckfeldt P, Tappen R et al. Effects of an Intervention to Reduce Hospitalizations From Nursing Homes: A Randomized Implementation Trial of the INTERACT Program. <i>JAMA Intern Med</i> 2017.</p> <p>McFadden JP, et al. Raised respiratory rate in elderly patients: a valuable physical sign. <i>Br Med J</i> 1982;284:626-627.</p> <p>Tena-Nelson R, Santos K, Weingast E, Amrhein S, Ouslander J, Boockvar K. Reducing potentially preventable hospital transfers: results from a thirty nursing home collaborative. <i>Jl Amer Med Dir Assoc</i> 2012;13:651-656.</p>
<b>Related Documents</b>	<p><a href="#">INTERACT® Tool: SBAR Communication Form and Progress Note (MP5641-4)</a></p> <p><a href="#">INTERACT® Tool: Stop and Watch Early Warning Tool (MP5640-4)</a></p> <p><a href="#">24 Hour Report/Change of Condition (MP5419)</a></p>
<b>Version</b>	1.2 (H5MACL0006)

# Prevention and Screening – Clinical Protocol

## Assessment and Recognition

1. Where medically indicated and accepted by the resident or a substitute decision-maker, the attending physician will identify primary, secondary, and tertiary preventive and screening measures.
  - a. Primary prevention is aimed at reducing the incidence of a disease or condition by preventing its occurrence; for example, immunizations, injury prevention, medication adjustments to prevent adverse drug reactions, fall prevention measures, pressure ulcer prevention measures, management of risk factors for delirium, prophylaxis of osteoporosis, and stroke prevention.
  - b. Secondary prevention targets early identification of a disease or condition to limit its course and complications, for example, early mobilization after a stroke to prevent contractures and falls.
  - c. Tertiary prevention focuses on preventing additional problems, complications, and impairments that might otherwise result from a disease or disability that is not preventable or fully correctable.
  - d. Secondary and tertiary preventive measures may include control of hypertension to prevent cardiovascular disease and stroke, treating existing dental disease, managing diabetes and diabetic complications, visual and hearing aids, managing medication complications, addressing treatable causes of incontinence, screening for depression, treating existing osteoporosis, and addressing injury risks from falling.
2. The physician will order lab screening tests that are relevant to monitoring the individual's treatment regimen or identifying modifiable risks and complications.
  - a. Most routine annual or other periodic laboratory screening has not been demonstrated to be clinically valuable or cost-effective unless targeted specifically to help monitor a resident's conditions, risks, or medication regimen.
3. The staff and physician will address ethical issues related to situations where residents decline, to receive, or are unlikely to benefit from screening, preventive measures, or aggressive medical interventions.

References	
<b>MDS Items (CAAs)</b>	Sections B, C, G, H, I, J, K, L, M, N, O; (CAAs 1, 2, 3, 4, 5, 6, 7, 12, 13, 14, 15, 16, 19)
<b>Survey Tag Numbers</b>	F550; F561; F636; F675; F684; F689; F692; F695; F757; F810; F710; F836; F841; F770; F771; F776
<b>Other References</b>	Ouslander, JG. Medical care in the nursing home. <i>JAMA</i> 1989;262:2582-2590. Wolf-Klein GP et al. Efficacy of routine annual studies in the care of elderly patients. <i>J Am Geriatr Soc.</i> 1985 May;33(5):325-9.
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MACL0033)

# Care Area Assessments

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## Policy Statement

Care area assessments (CAAs) are used to help analyze data obtained from the MDS and to develop individualized care plans.

## Policy Interpretation and Implementation

1. Triggered care areas are evaluated by the interdisciplinary team to determine the underlying causes, potential consequences and relationships to other triggered care areas.
2. The care area assessments (CAAs) process consists of the following steps:
  - a. Identify areas of concern triggered on the MDS:
    - (1) This can be done using software or by manually using the CAT logic tables in the RAI User's Manual.
  - b. Review the triggered CAAs by doing an in-depth, resident-specific assessment of the triggered condition:
    - (1) History taking;
    - (2) Physical assessment;
    - (3) Gathering of relevant information (labs, tests, etc.); and
    - (4) Sequencing of clinically significant events.
  - c. Define the problem(s):
    - (1) Identify the functional, physical, and/or behavioral implications of the problem(s);
    - (2) Identify the relationships between risk factors, triggers and problems;
    - (3) Distinguish between causes and consequences; and
    - (4) Look for common causes of multiple issues.
  - d. Make decisions about the care plan:
    - (1) Determine whether the problem(s) needs intervention;
    - (2) Evaluate the resident's goals, wishes, strengths and needs;
    - (3) Design interventions that address causes, not symptoms; and
    - (4) Establish which items need further assessment or additional review.
  - e. Document interventions on the care plan:
    - (1) Include specific interventions, including those that address common causes of multiple issues; and
    - (2) Include recommendations for monitoring and follow-up timeframes.
3. The IDT utilizes tools and resources during the CAA process, including evidenced-based research and clinical practice guidelines, along with sound clinical decision making and problem-solving.
4. CAA documentation explains the basis for the care plan. This documentation should include:
  - a. causes and contributing factors for the triggered care areas;
  - b. the nature of the condition or issue (i.e., What exactly is the problem and why is it a problem?);
  - c. complications contributing to (or caused by) the care area;
  - d. risk factors related to the condition;
  - e. factors that should be considered in developing the care plan (including reasons to care plan or not to care plan particular findings);

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- f. any need for further evaluation by the physician or other healthcare provider;
  - g. resources and tools used for decision-making;
  - h. conclusions that arose from the care area assessment process; and
  - i. completion of Section V of the MDS.
5. Documentation of the CAA process may be in the resident's medical record in any of the following formats:
- a. Progress notes;
  - b. Discipline flow sheets;
  - c. Care plan summary notes;
  - d. CAA summary; and/or
  - e. Other \_\_\_\_\_.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b) Comprehensive Assessments.
<b>Survey Tag Numbers</b>	F636
<b>Other References</b>	
<b>Related Documents</b>	Care Plans, Comprehensive Person-Centered
<b>Version</b>	1.2 (H5MAPL1420)

# Care Planning – Interdisciplinary Team

## Policy Statement

Our facility's care planning/interdisciplinary team is responsible for the development of an individualized comprehensive care plan for each resident.

## Policy Interpretation and Implementation

1. A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS).
2. The care plan is based on the resident's comprehensive assessment and is developed by a care planning/interdisciplinary team which includes, but is not necessarily limited to the following personnel:
  - a. The resident's attending physician;
  - b. The registered nurse who has responsibility for the resident;
  - c. The dietary manager/dietitian;
  - d. The social services worker responsible for the resident;
  - e. The activity director/coordinator;
  - f. Therapists (speech, occupational, recreational, etc.), as applicable;
  - g. Consultants (as appropriate);
  - h. The director of nursing (as applicable);
  - i. The charge nurse responsible for resident care;
  - j. Nursing assistants responsible for the resident's care; and
  - k. Others as appropriate or necessary to meet the needs of the resident.
3. The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan.
4. Every effort will be made to schedule care plan meetings at the best time of the day for the resident and family.
5. The mechanics of how the interdisciplinary team meets its responsibilities in the development of the interdisciplinary care plan (e.g., face-to-face, teleconference, written communication, etc.) is at the discretion of the care planning committee.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.21(a)(b)
<b>Survey Tag Numbers</b>	F655; F656; F657
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Plans, Comprehensive Person-Centered</a>
<b>Version</b>	1.1 (H5MAPL0108)

# Care Plans, Comprehensive Person-Centered

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## Policy Statement

A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.

## Policy Interpretation and Implementation

1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.
2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.
3. The IDT includes:
  - a. the attending physician;
  - b. a registered nurse who has responsibility for the resident;
  - c. a nurse aide who has responsibility for the resident;
  - d. a member of the food and nutrition services staff;
  - e. the resident and the resident's legal representative (to the extent practicable); and
  - f. other appropriate staff or professionals as determined by the resident's needs or as requested by the resident.
4. Each resident's comprehensive person-centered care plan will be consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to:
  - a. participate in the planning process;
  - b. identify individuals or roles to be included;
  - c. request meetings;
  - d. request revisions to the plan of care;
  - e. participate in establishing the expected goals and outcomes of care;
  - f. participate in determining the type, amount, frequency and duration of care;
  - g. receive the services and/or items included in the plan of care; and
  - h. see the care plan and sign it after significant changes are made.
5. The resident will be informed of his or her right to participate in his or her treatment.
6. An explanation will be included in a resident's medical record if the participation of the resident and his/her resident representative for developing the resident's care plan is determined to not be practicable.
7. The care planning process will:
  - a. facilitate resident and/or representative involvement;
  - b. include an assessment of the resident's strengths and needs; and
  - c. incorporate the resident's personal and cultural preferences in developing the goals of care.

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8. The comprehensive, person-centered care plan will:
  - a. include measurable objectives and timeframes;
  - b. describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being;
  - c. describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment;
  - d. describe any specialized services to be provided as a result of PASARR recommendations;
  - e. include the resident's stated goals upon admission and desired outcomes;
  - f. include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such a desire;
  - g. incorporate identified problem areas;
  - h. incorporate risk factors associated with identified problems;
  - i. build on the resident's strengths;
  - j. reflect the resident's expressed wishes regarding care and treatment goals;
  - k. reflect treatment goals, timetables and objectives in measurable outcomes;
  - l. identify the professional services that are responsible for each element of care;
  - m. aid in preventing or reducing decline in the resident's functional status and/or functional levels;
  - n. enhance the optimal functioning of the resident by focusing on a rehabilitative program; and
  - o. reflect currently recognized standards of practice for problem areas and conditions.
9. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan.
10. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process.
  - a. No single discipline can manage an approach in isolation.
  - b. The resident's physician (or primary healthcare provider) is integral to this process.
11. Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.
  - a. When possible, interventions address the underlying source(s) of the problem area(s), not just addressing only symptoms or triggers.
  - b. Care planning individual symptoms in isolation may have little, if any, benefit for the resident.
12. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS).
13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.
14. The interdisciplinary team must review and update the care plan:
  - a. when there has been a significant change in the resident's condition;
  - b. when the desired outcome is not met;
  - c. when the resident has been readmitted to the facility from a hospital stay; and
  - d. at least quarterly, in conjunction with the required quarterly MDS assessment.
15. The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. Such refusals will be documented in the resident's clinical record in accordance with established policies.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.21(a); 483.21(b); 483.21(b)(2)
<b>Survey Tag Numbers</b>	F655; F656; F657
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Area Assessments</a> <a href="#">Care Planning – Interdisciplinary Team</a> <a href="#">Resident Participation – Assessment/Care Plans</a>
<b>Version</b>	1.3 (H5MAPL0110)



# Care Plans – Baseline

## Policy Statement

A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission.

## Policy Interpretation and Implementation

1. To assure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within forty-eight (48) hours of the resident's admission.
2. The interdisciplinary team will review the healthcare practitioner's orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the resident's immediate care needs including, but not limited to the following:
  - a. Initial goals based on admission orders;
  - b. Physician orders;
  - c. Dietary orders;
  - d. Therapy services;
  - e. Social services; and
  - f. PASARR recommendation, if applicable.
3. The baseline care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered care plan.
4. The resident and their representative will be provided a summary of the baseline care plan that includes, but is not limited to the following:
  - a. The initial goals of the resident;
  - b. A summary of the resident's medications and dietary instructions;
  - c. Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and
  - d. Any updated information based on the details of the comprehensive care plan, as necessary.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.21(a)
<b>Survey Tag Numbers</b>	F655
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Plans, Comprehensive Person-Centered</a>
<b>Version</b>	1.1 (H5MAPL0111)

# Change in a Resident's Condition or Status

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## Policy Statement

Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.).

## Policy Interpretation and Implementation

1. The nurse will notify the resident's attending physician or physician on call when there has been a(an):
  - a. accident or incident involving the resident;
  - b. discovery of injuries of an unknown source;
  - c. adverse reaction to medication;
  - d. significant change in the resident's physical/emotional/mental condition;
  - e. need to alter the resident's medical treatment significantly;
  - f. refusal of treatment or medications two (2) or more consecutive times;
  - g. need to transfer the resident to a hospital/treatment center;
  - h. discharge without proper medical authority; and/or
  - i. specific instruction to notify the physician of changes in the resident's condition.
2. A "significant change" of condition is a major decline or improvement in the resident's status that:
  - a. will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not "self-limiting");
  - b. impacts more than one area of the resident's health status;
  - c. requires interdisciplinary review and/or revision to the care plan; and
  - d. ultimately is based on the judgment of the clinical staff and the guidelines outlined in the *Resident Assessment Instrument*.
3. Prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by the Interact SBAR Communication Form.
4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when:
  - a. the resident is involved in any accident or incident that results in an injury including injuries of an unknown source;
  - b. there is a significant change in the resident's physical, mental, or psychosocial status;
  - c. there is a need to change the resident's room assignment;
  - d. a decision has been made to discharge the resident from the facility; and/or
  - e. it is necessary to transfer the resident to a hospital/treatment center.
5. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.
6. Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments.

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7. In addition to notifying the resident and/or representative, the state mental health agency or state intellectual disability agency will be notified within 24 hours of a significant change in the mental or physical condition of a resident with a mental disorder or intellectual disability.
8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.
9. If a significant change in the resident's physical or mental condition occurs, a comprehensive assessment of the resident's condition will be conducted as required by current OBRA regulations governing resident assessments and as outlined in the MDS RAI Instruction Manual.
10. The business office manager or designee will verify the address and telephone number of the resident's family or representative (sponsor) on a quarterly basis. Any noted changes will be reported to the director of nursing services to ensure that such information is changed in the resident's medical record.
11. A representative of the business office will notify the resident, his/her family, or representative (sponsor), when:
  - a. there is a change in the resident's billing;
  - b. there is a change in the resident's level of care status;
  - c. there is a change in resident rights under federal or state law or regulations; and/or
  - d. there is a change in the rules of the facility that affects the rights or responsibilities of the resident.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(g)(14); 483.20(b)(2)(ii); 483.30(a)
<b>Survey Tag Numbers</b>	F580; F637; F710
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Charting and Documentation</a> <a href="#">Guidelines for Notifying Practitioners of Clinical Problems</a> <a href="#">Resident Assessments</a>
<b>Version</b>	3.0 (H5MAPL0118)

# Comprehensive Assessment and the Care Delivery Process

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## Policy Statement

Comprehensive assessments will be conducted to assist in developing person-centered care plans.

## Policy Interpretation and Implementation

1. Comprehensive assessments, care planning and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions.
2. **Assessment and information** collection includes (WHAT, WHERE and WHEN?). The objective of the information collection (assessment) phase is to obtain, organize, and subsequently analyze information about a patient.
  - a. Assess the individual.
    - (1) Gather relevant information from multiple sources, including:
      - (a) observation;
      - (b) physical assessment;
      - (c) symptom or condition-related assessments (Braden, AIMS, falls, etc.);
      - (d) resident and family interview;
      - (e) hospital discharge summaries;
      - (f) consultant reports;
      - (g) lab and diagnostic test results; and
      - (h) evaluations from other disciplines (for example, dietary, respiratory, social services, etc.).
    - (2) Complete the Minimum Data Set within 14 days after admission, within 14 days after it is determined that the resident has had a significant change in physical or mental condition, and annually.
3. **Information analysis** steps include (HOW AND WHY?).
  - a. Define issues, including problems, risk factors, and other concerns (to which all disciplines can relate).
    - (1) Determine CAAs that have been triggered during completion of the MDS; and
    - (2) Expanding on the triggered CAAs and the data gathered in Step 1, begin to define problems and symptoms within the context of the overall clinical picture. For example, try to determine what precipitates, aggravates or causes problems instead of simply listing the problems.
  - b. Define conditions and problems that are causing, or could cause, other problems.
    - (1) Identify potential causes or contributing factors of problems and symptoms, including:
      - (a) medical;
      - (b) psychosocial;
      - (c) environmental; and
      - (d) functional.
    - (2) Arrange conditions, problems and outcomes in their proper order based on the information gathered in steps 1 and 2.
    - (3) Try to determine the interrelationship between existing problems. For example, does one symptom or cluster of symptoms seem to appear or worsen when another symptom or cluster of symptoms appears or worsens?
    - (4) Determine the most plausible relationships between conditions and their causes.

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- c. Define current treatments and services; link with problems/diagnoses.
    - (1) Identify the current interventions and treatments; and
    - (2) Link these to problems and diagnoses they are supposed to be treating.
  - d. Identify overall care goals and specific objectives of individual treatments.
    - (1) Evaluate whether or not these treatments are accomplishing the anticipated results.
  - e. Make decisions about care and treatment.
    - (1) Apply clinical reasoning to assessment information and determine the most appropriate interventions.
4. **Decision making** leading to a person-centered plan of care includes:
    - a. selecting and implementing interventions, based on the results of the above.
  5. **Monitoring results and adjusting interventions** includes:
    - a. periodically reviewing progress and adjusting treatments.
      - (1) Continue to define or refine the objectives of specific treatments as well as overall care and services.
  6. Comprehensive assessments are conducted and coordinated by a registered nurse with appropriate participation of other health professionals.
  7. Completed assessments (baseline, comprehensive, MDS, etc.) are maintained in the resident's active record for a minimum of 15 months. These assessments are used to develop, review and revise the resident's comprehensive care plan.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b) Comprehensive Assessments; §483.21(b) Comprehensive Care Plans
<b>Survey Tag Numbers</b>	F636; F656
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Plans, Comprehensive Person-Centered</a>
<b>Version</b>	1.0 (H5MAPL1446)

# Facility Assessment

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## Policy Statement

A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. Determining our capacity to meet the needs of and care for our residents during emergencies is included in this assessment.

## Policy Interpretation and Implementation

1. Once a year, and as needed, a designated team conducts a facility-wide assessment to ensure that the resources are available to meet the specific needs of our residents.
2. The team responsible for conducting, reviewing and updating the facility assessment includes the following:
  - a. The administrator;
  - b. A representative of the governing body;
  - c. The medical director;
  - d. The director of nursing services;
  - e. The infection preventionist; and
  - f. The director (or designee) from the following departments:
    - (1) Environmental services;
    - (2) Physical operations;
    - (3) Dietary services;
    - (4) Social services;
    - (5) Activity services; and
    - (6) Rehabilitative services.
3. The facility assessment includes a detailed review of the resident population. This part of the assessment includes:
  - a. resident census data from the previous 12 months;
  - b. resident capacity of the facility and its occupancy rate for the past 12 months;
  - c. factors that affect the overall acuity of the residents, such as the number and percentage of residents with:
    - (1) need for assistance with ADLs;
    - (2) mobility impairments;
    - (3) incontinence (bowel or bladder);
    - (4) cognitive or behavioral impairments; and
    - (5) conditions or diseases that require specialized care (e.g., dialysis, ventilators, wound care).
  - d. religious, ethnic or cultural factors that affect the delivery of care and services, such as:
    - (1) food and nutrition requirements;
    - (2) decision making and end of life care;
    - (3) activities; and
    - (4) language translation requirements.

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4. The facility assessment also includes a detailed review of the resources available to meet the needs of the resident population. This part of the assessment includes the following:
  - a. The physical characteristics of the facility including:
    - (1) buildings and their intended or potential purpose;
    - (2) number of beds/resident capacity; and
    - (3) vehicles.
  - b. Equipment and supplies (medical and non-medical);
  - c. The contracts or agreements with third parties to provide services, equipment and supplies to the facility during normal operations and in the event of an emergency;
  - d. Services currently provided, including:
    - (1) skilled or specialized care (e.g., memory care);
    - (2) physical or occupational therapies;
    - (3) rehabilitative or restorative; and
    - (4) pharmacy.
  - e. All personnel, including:
    - (1) directors;
    - (2) managers;
    - (3) regular employees (full and part time);
    - (4) contracted staff (full and part time); and
    - (5) volunteers.
  - f. A breakdown of the training, licensure, education, skill level and measures of competency for all personnel;
  - g. The current status of health information technology, including:
    - (1) electronic health records;
    - (2) electronic exchange of information with other organizations; and
    - (3) personnel access to devices and equipment, internet and other tools.
5. Once the reviews of the resident needs and the facility resources are conducted, the facility assessment consists of systematically evaluating how well aligned these are. Each department provides input on current or potential gaps in care or services due to possible misalignment or lack of appropriate resources.
6. The facility assessment is intended to help our facility plan for and respond to changes in the needs of our resident population and helps to determine budget, staffing, training, equipment and supplies needed. It is separate from the quality assurance and performance improvement evaluation.
7. Our facility's ability to meet the requirements of our residents during emergency situations is a component of the facility assessment. This assessment is based on the information acquired during the assessment of operations under normal conditions, and the facility's hazards vulnerability assessment conducted as part of our emergency preparedness plan.
8. Our facility's ability to address the needs of residents during the emergence of infectious disease events or outbreaks is a component of the facility assessment. This assessment is based on information acquired during a facility-based infection control risk assessment, as well as a community-based risk assessment.
9. The facility assessment is reviewed and updated annually, and as needed. Facility or resident changes or modifications that may prompt a reassessment sooner include:
  - a. a decision to provide specialized care or services that had not been previously available to residents;
  - b. a change to the physical environment that would affect the care and services provided to our residents;

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- c. a significant change in the resident census and/or overall acuity of our residents; or
  - d. a change in cultural, ethnic or religious factors that may affect the provision of care or service.
10. The QAPI committee is responsible for reviewing facility and resident information quarterly to determine if a facility reassessment is warranted.
  11. Residents, representatives and family members may be asked to participate in the review of the care and services provided to meet the needs of our residents.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(e) Facility assessment.
<b>Survey Tag Numbers</b>	F838
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Census and Conditions of Residents (CMS-672)</a> <a href="#">Infection Prevention and Control Assessment Tool for Long-term Care Facilities</a>
<b>Version</b>	1.1 (H5MAPL1448)



# Goals and Objectives, Care Plans

## Policy Statement

Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence.

## Policy Interpretation and Implementation

1. Care plan goals and objectives are defined as the desired outcome for a specific resident problem.
2. When goals and objectives are not achieved, the resident's clinical record will be documented as to why the results were not achieved and what new goals and objectives have been established. Care plans will be modified accordingly.
3. Care plan goals and objectives are derived from information contained in the resident's comprehensive assessment and:
  - a. are resident oriented;
  - b. are behaviorally stated;
  - c. are measurable; and
  - d. contain timetables to meet the resident's needs in accordance with the comprehensive assessment.
4. Goals and objectives are entered on the resident's care plan so that all disciplines have access to such information and are able to report whether or not the desired outcomes are being achieved.
5. Goals and objectives are reviewed and/or revised:
  - a. when there has been a significant change in the resident's condition;
  - b. when the desired outcome has not been achieved;
  - c. when the resident has been readmitted to the facility from a hospital/ rehabilitation stay; and
  - d. at least quarterly.
6. The resident has the right to refuse to participate in establishing care plan goals and objectives. When such refusals are made, appropriate documentation will be entered into the resident's clinical records in accordance with established policies.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(c)(2); 483.10(f); 483.21(b)
<b>Survey Tag Numbers</b>	F553; F578; F561; F656
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Plans, Comprehensive Person-Centered</a>
<b>Version</b>	1.0 (H5MAPL0353)

# Physician Services

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## Policy Statement

The medical care of each resident is supervised by a licensed physician.

## Policy Interpretation and Implementation

1. A physician must recommend in writing that an individual be admitted to the facility. This can be accomplished through:
  - a. hospital transfer summary completed by a physician;
  - b. admission paperwork completed by the resident's physician in the community;
  - c. other written form completed by a physician; or
  - d. a physician's admission orders for the resident's immediate care.
2. Once a resident is admitted, orders for the resident's immediate care and needs can be provided by a physician, physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS).
3. Supervising the medical care of residents includes (but is not limited to):
  - a. participating in the resident's assessment and care planning;
  - b. monitoring changes in resident's medical status;
  - c. providing consultation or treatment when called by the facility;
  - d. prescribing medications and therapy;
  - e. ordering transfers to the hospital if necessary;
  - f. conducting routine required visits;
  - g. delegating and supervising follow-up visits by non-physician practitioners (NPs, PA, CNS's); and
  - h. overseeing a relevant plan of care for the resident.
4. Each resident remains under the care of a physician. An alternate physician supervises the care of residents when his or her attending physician is not available.
  - a. The attending physician may designate another physician to act on his or her behalf when unavailable.
  - b. If the attending physician does not delegate another physician, the facility will have a physician available to supervise the care of the resident.
5. The attending physician will determine the relevance of any recommended interventions from other disciplines. The physician is not obligated to accept these recommendations if he or she has clinically valid reasons for not doing so.
6. Physician orders and progress notes are maintained in accordance with current OBRA regulations and facility policy.
7. Physician visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current OBRA regulations and facility policy.
8. Consultative services are made available from community-based consultants or from a local hospital or medical center.
9. The medical director identifies attending physician qualifications and responsibilities, based on clinical and regulatory requirements and the recommendations of relevant professional associations.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.30 Physician Services; §483.30(a) Physician Supervision.; §483.30(a)(1) The medical care of each resident is supervised by a physician; §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable.
<b>Survey Tag Numbers</b>	F710
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Choice of Attending Physician</a>
<b>Version</b>	1.3 (H5MAPL0643)

# Problem Identification List

## Policy Statement

Prior to care planning conferences, a problem identification list shall be developed to assist the care planning/interdisciplinary team in developing and revising comprehensive care plans.

## Policy Interpretation and Implementation

1. Prior to attending scheduled care planning conferences, each discipline will be responsible for developing a problem identification list.
2. Each discipline will provide a written or oral report of the resident's problems, strengths, goals, and approaches as outlined below:
  - a. Problems — Any area of difficulty or concern that prevents the resident from reaching his/her fullest potential. Problems must be stated in behavioral and/or functional terms associated with the diagnoses or symptoms.
  - b. Strengths — Any positive aspects of the resident's overall physical, social, emotional, or spiritual functioning as it relates to the problem.
  - c. Short-Term Goals — The desired outcome for the problem. Short-term goals must be resident oriented, behaviorally stated, measurable, and include a time frame.
  - d. Approach — The specific action(s) or intervention(s) that the staff will take to assist the resident in meeting/achieving the short-term goal(s).
  - e. Time Frame — The time limit assigned to meet each goal.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.21(b)
<b>Survey Tag Numbers</b>	F656
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Plans – Baseline</a> <a href="#">Resident Examination and Assessment</a>
<b>Version</b>	1.0 (H5MAPL0674)

# Resident Assessments

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## Policy Statement

A comprehensive assessment of every resident's needs is made at intervals designated by OBRA and PPS requirements.

## Policy Interpretation and Implementation

1. The resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments and reviews according to the following requirements:
  - a. OBRA required assessments – conducted for all residents in the facility:
    - (1) **Initial Assessment** (Comprehensive) – Conducted within fourteen (14) days of the resident's admission to the facility;
    - (2) **Quarterly Assessment** – Conducted not less frequently than three (3) months following the most recent OBRA assessment of any type;
    - (3) **Significant Change in Status Assessment** (Comprehensive) – Conducted when there has been a significant change in the resident's condition;
    - (4) **Annual Assessment** (Comprehensive) – Conducted not less than once every twelve (12) months; and
    - (5) **Discharge Assessment** – Conducted when a resident is discharged from the facility.
  - b. PPS required assessments – Conducted (in addition to the OBRA required assessments) for residents for whom the facility receives Medicare Part A SNF benefits:
    - (1) **5-day Assessment** – Conducted within fourteen (14) days after the established ARD. Determines the payment rate for the PPS stay.
    - (2) **Interim Payment Assessment** – Conducted when deemed appropriate by the provider to capture changes in the resident's status and condition, and to reset payment for the remainder of the stay.
    - (3) **Part A PPS Discharge Assessment** – Conducted when a resident's Medicare Part A stay ends, but the resident remains in the facility (unless it is an instance of an interrupted stay).
2. A “comprehensive assessment” includes:
  - a. completion of the Minimum Data Set (MDS);
  - b. completion of the care area assessment (CAA) process; and
  - c. development of the comprehensive care plan.
3. A significant change in status assessment (SCSA) is completed within 14 days of the interdisciplinary team determining that the resident meets the guidelines for major improvement or decline.
4. A SCSA cannot be completed until after a comprehensive admission assessment is submitted.
5. A SCSA is required when a resident:
  - a. enrolls in a hospice program;
  - b. changes hospice providers and remains in the facility;
  - c. discontinues hospice services; or

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- d. experiences a consistent pattern of changes with two or more areas of decline from baseline. Examples of decline from baseline include:
    - (1) resident's decision-making ability has changed;
    - (2) presence of a resident mood item not previously reported by the resident or staff and/or an increase in the symptom frequency, e.g., increase in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom increases for items in Section E Behavior;
    - (3) changes in frequency or severity of behavioral symptoms of dementia that indicate progression of the disease process since last assessment;
    - (4) any decline in an ADL physical functioning area (at least 1) where a resident is newly coded as extensive assistance, total dependence, or activity did not occur since last assessment and does not reflect normal fluctuations in that individual's functioning;
    - (5) resident's incontinence pattern changes or there was placement of an indwelling catheter;
    - (6) emergence of unplanned weight loss problem (5% change in 30 days or 10% change in 180 days);
    - (7) emergence of a new pressure ulcer at stage 2 or higher, a new unstageable pressure ulcer/injury, a new deep tissue injury or worsening in pressure ulcer status;
    - (8) resident begins to use a restraint of any type, when it was not used before; or
    - (9) emergence of a condition/disease in which a resident is judged to be unstable.
  - e. experiences a consistent pattern of changes with two or more areas of improvement from baseline. Examples of improvement from baseline include:
    - (1) any improvement in ADL physical functioning area (at least 1) where a resident is newly coded as independent, supervision, or limited assistance since last assessment and does not reflect normal fluctuations in that individual's functioning;
    - (2) decrease in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom decreases;
    - (3) resident's decision making ability improves; or
    - (4) resident's incontinence pattern improves.
  - f. examples of circumstances that would NOT prompt a SCSA include:
    - (1) short-term acute illness, such as a mild fever secondary to a cold from which the IDT expects the resident to fully recover;
    - (2) well-established, predictable cyclical patterns of clinical signs and symptoms associated with previously diagnosed conditions (e.g., depressive symptoms in a resident previously diagnosed with bipolar disease would not precipitate a significant change assessment);
    - (3) instances in which the resident continues to make steady progress under the current course of care. Reassessment is required only when the condition has stabilized;
    - (4) instances in which the resident has stabilized but is expected to be discharged in the immediate future; or
    - (5) the facility has engaged in discharge planning with the resident and family, and a comprehensive reassessment is not necessary to facilitate discharge planning.
6. The IDT may determine that the resident could benefit from a SCSA based on just one area of decline or improvement. The rationale for completion of an assessment that does not meet the criteria for completion will be documented.
  7. OBRA and PPS assessments may be combined when all requirements for each type can be met. The RAI User's Manual (Chapter 2) provides further information on combining assessments.

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8. The interdisciplinary team uses the MDS form currently mandated by federal and state regulations to conduct the resident assessment. Other assessment forms may be used in addition to the MDS form.
9. Residents and/or their representatives (sponsors) are encouraged to participate in the assessment process. The resident assessment coordinator or designee is responsible for notifying the resident and/or sponsor in advance of the scheduled assessment or review.
10. All members of the care team, including licensed and unlicensed staff members, are asked to participate in the resident assessment process.
11. All persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information.
12. All resident assessments completed within the previous 15 months are maintained in the resident's active clinical record. The results of the assessments are used to develop, review and revise the resident's comprehensive care plan.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b) Comprehensive Assessments
<b>Survey Tag Numbers</b>	F636; F637; F638
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Participation – Assessment/Care Plans</a> <a href="#">Care Area Assessments</a> <a href="#">RAI OBRA-required Assessment Summary</a>
<b>Version</b>	2.0 (H5MAPL0755)

# Resident Participation – Assessment/Care Plans

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## Policy Statement

The resident and his or her representative are encouraged to participate in the resident's assessment and in the development and implementation of the resident's care plan.

## Policy Interpretation and Implementation

1. The resident and his or her legal representative are encouraged to attend and participate in the resident's assessment and in the development of the resident's person-centered care plan.
2. Spouses and other members of the family may participate in the resident assessment and development of the person-centered care plan with the resident's permission.
  - a. "Family" includes the spouse, which is defined as an individual who has been lawfully married to the resident regardless of the state or local laws of the jurisdiction of the facility.
  - b. Same-sex and transgender spouses and domestic partners are encouraged to participate in the resident assessment and care planning conference with the resident's permission.
3. The resident/representative's right to participate in the development and implementation of his or her plan of care includes the right to:
  - a. participate in the planning process;
  - b. identify individuals to be included in the planning process;
  - c. request meetings;
  - d. request revisions to the plan of care;
  - e. participate in establishing his or her goals and expected outcomes of care;
  - f. participate in the type, amount, frequency and duration of care;
  - g. receive the services and/or items included in the care plan;
  - h. be informed, in advance, of changes to the plan of care;
  - i. refuse, request changes to and/or discontinue care or treatment offered or proposed;
  - j. be informed, in advance (by the physician, practitioner or professional), of the risks and benefits of the care or treatment proposed;
  - k. have access to and review the care plan; and
  - l. review and sign the care plan after any significant changes are made.
4. The care planning process:
  - a. facilitates the inclusion of the resident and/or representative;
  - b. includes an assessment of the resident's strengths and his or her needs; and
  - c. incorporates the resident's personal and cultural preferences in establishing goals of care.
5. Facility staff supports and encourages resident/representative participation in the care planning process by:
  - a. ensuring that residents, representatives and families understand the care planning process;
  - b. holding care planning meetings at times of day when the resident, representative and family members can attend and are functioning at their best;
  - c. providing sufficient notice in advance of the meeting; and
  - d. planning for enough time for exchange of information and decision making.

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6. Resident assessments are begun on the first day of admission and completed no later than the fourteenth (14th) day after admission.
7. A comprehensive care plan is developed within seven (7) days of completing the resident assessment.
8. A seven (7) day advance notice of the care planning conference is provided to the resident and his or her representative. Such notice is made by mail and/or telephone.
9. The social services director or designee is responsible for notifying the resident/representative and for maintaining records of such notices. Notices include:
  - a. the date, time and location of the conference;
  - b. the name of each person contacted and the date he or she was contacted;
  - c. the method of contact (e.g., mail, telephone, email, etc.);
  - d. input from the resident or representative if they are not able to attend;
  - e. refusal of participation, if applicable; and
  - f. the date and signature of the individual making the contact.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(c)(1); 483.10(c)(2); 483.10(c)(4); 483.10(c)(5)
<b>Survey Tag Numbers</b>	F552; F553
<b>Other References</b>	
<b>Related Documents</b>	Care Plans, Comprehensive Person-Centered
<b>Version</b>	1.3 (H5MAPL0770)

# Using the Care Plan

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## Policy Statement

The care plan shall be used in developing the resident's daily care routines and will be available to staff personnel who have responsibility for providing care or services to the resident.

## Policy Interpretation and Implementation

1. Completed care plans are placed in the resident's chart and/or in a 3-ring binder located at the appropriate nurses' station.
2. The nurse supervisor uses the care plan to complete the CNAs daily/weekly work assignment sheets and/or flow sheets.
3. CNAs are responsible for reporting to the nurse supervisor any change in the resident's condition and care plan goals and objectives that have not been met or expected outcomes that have not been achieved.
4. Other facility staff noting a change in the resident's condition must also report those changes to the nurse supervisor and/or the MDS assessment coordinator.
5. Changes in the resident's condition must be reported to the MDS assessment coordinator so that a review of the resident's assessment and care plan can be made.
6. Documentation must be consistent with the resident's care plan.
7. Information contained on the care plan and other documents used by the nursing staff shall be maintained in a confidential manner in accordance with established facility policy.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(h); §483.70(i); §483.20(d); §483.21(b); §483.20(f)(5)
<b>Survey Tag Numbers</b>	F583; F656; F639; F657; F842
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0922)

# Apical Pulse, Measuring

## Level II

### Purpose

The purpose of this procedure is to determine the resident's heart rate and rhythm.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. The normal apical pulse rate for an adult is from 60 to 90 beats per minute.
2. The apical pulse is a measurement of the heartbeat just under the left breast (at the fourth to fifth intercostal space) at the apex or top point of the heart.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Watch (with second hand);
2. Stethoscope;
3. Antiseptic swabs;
4. Pen or pencil;
5. Paper; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. Clean the earpieces and diaphragm of the stethoscope with antiseptic swabs. Place the earpieces in your ears. Warm the diaphragm of the stethoscope by holding it tightly in your hand for a few seconds before allowing it to touch the resident's skin.
4. Fold the top covers back over the left side of the chest. Avoid unnecessary exposure of the resident's body.
5. Locate the apex of the resident's heart by placing the diaphragm of the stethoscope under the resident's left breast (at the fourth to fifth intercostal space).
6. Count the resident's pulse rate for one full minute (60 seconds). Note if the beat is regular or irregular.
7. Reposition the covers and make the resident comfortable.
8. Record the pulse rate on the paper.
9. Reposition the bed covers. Make the resident comfortable.
10. Place the call light within easy reach of the resident.
11. Clean the earpieces and diaphragm of the stethoscope with antiseptic swabs.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
13. Wash and dry your hands thoroughly.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the pulse rate was measured.
2. The name and title of the individual(s) who measured the pulse.
3. The pulse rate and that it was taken apically.
4. If the pulse rate was weak or strong.
5. If the pulse rate was regular or irregular (rhythm).
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.1 (H5MAPR0017)

# Assisting the Nurse in Examining and Assessing the Resident

Level II

## Purpose

The purpose of this procedure is to assist the nurse in gathering information about the overall condition of the resident and his or her performance of activities of daily living.

## General Guidelines

1. The primary purpose of assessing the resident is to gather detailed information that will help to develop a plan of care that is appropriate for the resident.
2. The assessment process is continuous. It begins upon admission and continues until the resident is discharged.
3. While only licensed nurses can conduct a full assessment, non-licensed nurses obtain important information about the resident in their daily observations and interactions.
4. Accurately documenting and reporting your observations provides the interdisciplinary team with information that helps tailor the care plan to the specific needs of the resident.

## Components of the Observation

### Activities of Daily Living

1. Activities of daily living (ADL) include the resident's physical, psychological, social and spiritual activities.
2. During your daily contact with the resident, be observant of the resident's level of independence in performing ADL. As you observe the resident, note if the resident performs activities of daily living:
  - a. Without assistance;
  - b. With some assistance; or
  - c. With total assistance.
3. Eating - As you serve the resident his or her meals, you should note:
  - a. Assistance needed with eating (i.e., opening milk cartons, cutting foods, special devices, etc.);
  - b. The amount and types of food eaten; and
  - c. Any changes in the resident's eating habits.
4. Grooming and Dressing - As you provide the resident with personal care needs, you should note:
  - a. The type of bath the resident likes (i.e., tub, shower, etc.);
  - b. Assistance needed with bathing, hair and nail care, dressing and undressing, mouth care; and
  - c. Any changes in the resident's grooming or dressing habits.
5. Toileting - As you provide the resident with personal toileting needs, you should note:
  - a. Assistance needed with going to the bathroom; and
  - b. Any changes in the resident's toileting habits.
6. Ambulation - As you provide the resident with daily care, you should note:
  - a. Assistance needed with ambulating (i.e., cane, wheelchair, walker, etc.);
  - b. Assistance needed with getting into and out of bed or chairs; and
  - c. Any changes in the resident's ability to move around.

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**Rest and Sleep Habits**

1. Because rest and sleep are important to the resident's health and well-being, it is important to note:
  - a. The number and length of rest periods taken during the day;
  - b. How long the resident sleeps during the night;
  - c. How many times the resident gets up during the night;
  - d. How many times the resident calls for assistance during the night; and
  - e. Any change in the resident's sleeping habits (i.e., gets days and nights mixed up, sleeps longer, sleeps less, restless, etc.).

**Level of Comfort or Pain**

1. Untreated pain can lead to depression, decreased socialization, sleep disturbances, impaired ambulation, and slow healing. It is important to report any of the following signs/symptoms of pain:
  - a. Verbal expressions such as groaning, crying, screaming;
  - b. Facial expressions such as grimacing, frowning, clenching of the jaw, etc.;
  - c. Changes in gait, skin color, vital signs, or increased perspiration;
  - d. Behavior such as resisting care, irritability, depression, decreased participation in usual activities;
  - e. Limitations in his or her level of activity due to the presence of pain;
  - f. Guarding, rubbing or favoring a particular part of the body;
  - g. Difficulty eating or loss of appetite;
  - h. Insomnia; and
  - i. Evidence of depression, anxiety, fear or hopelessness.

References	
<b>MDS Items (CAAs)</b>	Section D; Section F; Section G; Section J; (CAA 5; CAA 19)
<b>Survey Tag Numbers</b>	F636; F684
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Examination and Assessment</a>
<b>Version</b>	1.2 (H5MAPR0029)

# Blood Pressure, Measuring

## Level II

### Purpose

The purpose of this procedure is to measure the pressure exerted by the circulating volume of blood on the walls of the arteries, veins and chambers of the heart.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. A blood pressure reading is represented as a ratio or fraction. The top number (the systolic pressure) measures the blood pressure during the contractions of the heart (systole). The bottom number (the diastolic pressure) measures the pressure of the blood while the heart is at rest (diastole).
2. The blood pressure is generally defined as **Normal** when the systolic pressure is in the range of 101 to 129 mm/Hg and the diastolic pressure is in the range of 61 to 84 mm/Hg.
3. **Borderline hypertension** is typically defined as a systolic pressure of 130 to 139 mm/Hg and a diastolic pressure of 85 to 89 mm/Hg.
4. **Hypertension** is usually defined as blood pressure over 140/90 mm/Hg (although the elderly often have persistent systolic readings from 140 to 160 mm/Hg).
5. Hypertension should be reported to the physician. If a resident has a hypertensive reading, staff should record several readings taken at different times of the day. Staff should note any pertinent medications and/or recent changes of condition when reporting to the physician.
6. **Hypotension** is defined as blood pressure less than 100/60 mm/Hg.
7. **Orthostatic (postural) hypotension** is defined as a 20 mm/Hg (or greater) decline in systolic blood pressure or a 10 mm/Hg (or greater) decline in diastolic blood pressure upon standing.
8. **Post-prandial hypotension** is defined as a 20 mm/Hg decline in systolic blood pressure (or a 10 mm/Hg drop if the baseline is less than 100 mm/Hg) within two (2) hours after eating a meal.
9. Hypotension should be reported to the physician. Staff should record several readings throughout the day, including before and after meals.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sphygmomanometer;
2. Stethoscope;
3. Antiseptic swabs;
4. Paper and pencil or pen; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is standing, instruct the resident to sit in a chair or lie down on the bed.
4. Expose the resident's arm by rolling the sleeve up about 5 inches above the elbow.
5. Wrap the blood pressure cuff evenly around the upper arm, approximately one (1) inch from the elbow. (Note: The cuff should fit snugly, but not so tightly that the resident is uncomfortable. If the cuff is placed too loosely, you will get a **false** high blood pressure reading.)
6. Be sure the manometer is positioned so that you can see the numbers clearly.
7. Wipe the earplugs and diaphragm of the stethoscope with an antiseptic swab. Discard the swab into the designated container. Place the earplugs of the stethoscope into your ears.
8. Close the valve on the air pump. (Note: Turn the thumbscrew clockwise. However, do not tighten it too much or it will be difficult to open when you try to release the pressure from the cuff.)
9. With your second and third finger of one hand, locate the brachial pulse at the bend in the elbow.
10. When you locate the pulsation, place the diaphragm of the stethoscope firmly against the skin. Hold the diaphragm in place with your hand.
11. With your free hand, pump air into the cuff by squeezing the bulb until you can no longer hear the pulsation. (Note: You must be watching the mercury level on the manometer while you are pumping the air in the cuff.)
12. When you hear the last pulsation sound, loosen the thumbscrew slowly to let the air out. Watch the mercury reading on the manometer. Listen for the **first** sound. Note the number. This will be the top (**systolic**) reading.
13. Continue to listen for the pulsation sound and watch the mercury reading on the manometer. When you hear the **last** sound, note the number. This will be the lower (**diastolic**) reading.
14. Record the blood pressure on the paper.
15. To measure orthostatic blood pressure, repeat steps eight (8) through fourteen (14) immediately after helping the resident to a standing position. Note the changes in both the systolic and diastolic measurements compared to the reading taken while the resident was in a seated position.
16. To measure post-prandial blood pressure, perform steps one (1) through fourteen (14) before meals and repeat one (1) to two (2) hours after meals.
17. Deflate the cuff completely and remove it from the resident's arm.
18. Roll up the blood pressure cuff. (Note: If using a mercury apparatus, place the cuff in the case.)
19. Wipe the earplugs and diaphragm of the stethoscope with an antiseptic swab. Discard the swab into the designated container.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
23. Wash and dry your hands thoroughly.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the blood pressure was measured.
2. The name and title of the individual(s) who measured the blood pressure.
3. The blood pressure reading.
4. If the resident refused the treatment, the reason(s) why and the intervention taken.
5. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the treatment.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.1 (H5MAPR0034)

# Radial Pulse, Measuring

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## Purpose

The purpose of this procedure is to determine the resident's heart rate and rhythm.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. The normal pulse rate beat for an adult is from 60 to 90 beats per minute.
2. When you have found the pulse, notice how regular the beat is (**rhythm**), how weak or strong the beat is, and the number of beats per minute (**rate**).
3. Unless otherwise instructed, report any pulse rate under 60 and over 100 to the nurse supervisor promptly.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Watch (with second hand);
2. Paper and pencil or pen; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is standing, instruct the resident to sit in a chair or on the edge of the bed.
4. Be sure the resident's hand and arm are well-supported and resting comfortably.
5. Find the radial pulse by:
  - a. Placing the tips of your first three fingers on the thumb side of the resident's wrist. Do not use your thumb.
  - b. Align the fingers in line with the resident's thumb.
  - c. Press lightly until you find the pulse.
6. Measure the pulse by:
  - a. Looking at the second hand on the watch. (**Note:** If counting for 60 seconds, count all beats for the full 60 seconds. If counting for 30 seconds, multiply the count by 2.)
  - b. Start counting when you first feel the pulse.
7. Should the resident's pulse be irregular, count the beats for one full minute (60 seconds).
8. Record the pulse rate on the paper.
9. Reposition the bed covers. Make the resident comfortable.
10. Place the call light within easy reach of the resident.

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11. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
12. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the pulse was measured.
2. The name and title of the individual(s) who measured the pulse.
3. The pulse rate and that it was taken radially.
4. If the pulse rate was weak or strong.
5. If the pulse rate was regular or irregular (rhythm).
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.1 (H5MAPR0228)

# Resident Examination and Assessment

Level III

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## Purpose

The purpose of this procedure is to examine and assess the resident for any abnormalities in health status, which provides a basis for the care plan.

## Preparation

1. Review the resident's admission assessment and/or preliminary care plan to assess for any special situations regarding the resident's care.
2. Assemble equipment and supplies needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Stethoscope;
2. Pen light;
3. Blood pressure cuff and sphygmomanometer;
4. Thermometer;
5. Wristwatch with second hand;
6. Soap and water;
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
8. Examination/assessment documentation tools.

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Put on clean gloves.
3. Explain the procedure to the resident.
4. Conduct physical exam.

### Physical Exam

1. Vital Signs:
  - a. blood pressure (standing and sitting);
  - b. pulse (carotid);
  - c. respirations; and
  - d. temperature.
2. Cardiovascular:
  - a. heart rate and rhythm;
  - b. peripheral pulses (brachial, radial, femoral, politeal, dorsalis pedis) palpable and equal; and
  - c. capillary refill.

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3. Respiratory:
  - a. lung sounds (upper and lower lobes) for wheezing, rales, rhonchi, or crackles;
  - b. irregular or labored respirations;
  - c. cough (productive or nonproductive); and
  - d. consistency and color of sputum.
4. Neurological:
  - a. alertness and orientation;
  - b. speech clarity;
  - c. drooping eyelids, facial paralysis, asymmetry;
  - d. strength and equality of the hand grasps; and
  - e. numbness or tingling in extremities.
5. Musculoskeletal:
  - a. gait;
  - b. mobility and range of motion of extremities;
  - c. joint deformity;
  - d. fractures;
  - e. contractures; and
  - f. muscle tone.
6. Gastrointestinal:
  - a. abdominal distension and hardness;
  - b. rebound or guarding;
  - c. bowel sounds in all four quadrants hypoactive, normal, or hyperactive;
  - d. stool consistency;
  - e. diarrhea or constipation;
  - f. hemorrhoids; and
  - g. fecal impaction.
7. Genitourinary:
  - a. urine clear or cloudy;
  - b. continent or incontinent;
  - c. presence of foley catheter (and whether intact);
  - d. discharge, swelling, pain or bleeding of genitalia; and
  - e. uterine prolapsed.
8. Skin:
  - a. intactness;
  - b. moisture;
  - c. color;
  - d. texture; and
  - e. presence of bruises, pressure sores, redness, edema, rashes.
9. Activity level:
  - a. able to perform ADLs; and
  - b. degree of assistance required.

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10. Eyes, Ears, Nose, Throat:
  - a. pupils equal, regular, reactive to light;
  - b. cataracts;
  - c. conjunctival redness;
  - d. hearing intact; and
  - e. nasal discharge.
11. Head and Neck:
  - a. range of motion;
  - b. jugular vein distension;
  - c. evidence of trauma; and
  - d. symmetry.
12. Teeth and Gums:
  - a. oral ulcers;
  - b. missing teeth;
  - c. mucous membranes intact;
  - d. periodontal disease; and
  - e. dentures.
13. Psychiatric/Behavioral:
  - a. oriented to time, place, person;
  - b. affect;
  - c. attention span;
  - d. appropriate response to questions; and
  - e. combativeness.
14. Pain:
  - a. description of pain;
  - b. location, duration, severity;
  - c. factors that worsen pain;
  - d. factors that relieve pain;
  - e. how pain affects ADLs, mood, sleep, appetite; and
  - f. current medications and treatments for pain.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the examination.
2. Notify the physician of any abnormalities such as, but not limited to:
  - a. abnormal vital signs;
  - b. labored breathing; breath sounds that are not clear; or cough, productive or nonproductive;
  - c. change in cognitive, behavioral or neurological status from baseline;
  - d. distended, hard abdomen or absence of bowel sounds;
  - e. wounds or rashes on the resident's skin; and
  - f. worsening pain, as reported by the resident.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Sections A through Q; (CAAs 1 through 19)
<b>Survey Tag Numbers</b>	F636; F641
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Area Assessment (CAA) Resources (MDS RAI – Appendix C)</a> <a href="#">Guidelines for Notifying Practitioners of Clinical Problems</a> <a href="#">Interdisciplinary Care Plan (CP3131)</a>
<b>Version</b>	2.2 (H5MAPR0238)

# Respirations, Measuring

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## Purpose

The purpose of this procedure is to determine how many times the resident breathes in and out per minute.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. The following respiratory qualities should be promptly reported to the nurse supervisor:
  - a. Shallow respirations – The resident breathes with only the upper part of his or her lungs.
  - b. Deep respirations – The resident breathes with increased movement of the chest and abdomen.
  - c. Irregular respirations – The resident's breathing changes and the rate of the rise and fall of the chest is irregular (not steady).
  - d. Noisy respirations – There is a blocked, gurgling or high-pitched noise when the resident breathes.
2. Respiration is the process of breathing in (inhaling) and out (exhaling). When the resident inhales the chest gets larger (expands). When the resident exhales the chest gets smaller (contracts).
3. Normal respiratory rate for an adult is from 12 to 18 breaths per minute. One respiration includes inhaling once and exhaling once.
4. Report respirations that are below 10 breaths per minute.
5. The resident should be lying on his or her back when you are counting respirations.
6. Try to count respirations without the resident knowing what you are doing. If the resident knows you are counting his or her respirations, he or she may not breathe naturally.
7. When counting respirations, take the resident's wrist and hold it as though you were taking his or her pulse.
8. Should you be unable to see the resident's chest rise and fall, place the resident's arm over his or her chest and hold the wrist as though you were taking the pulse.
9. While counting the resident's respirations, be attentive of how the resident is breathing (labored or effortless) and if the breathing is noisy.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Watch (with second hand);
2. Paper and pencil or pen; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.

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3. If the resident is standing, instruct the resident to lie down on the bed.
4. To count the respirations:
  - a. Look at the second hand on the watch. (Note: If counting for 60 seconds, count for the full 60 seconds. If counting for 30 seconds, multiply the count by 2.)
  - b. Start counting when you see the resident's chest rise.
  - c. Count "one" when you see the chest rise, "two" when you see it rise again, and so on until the counting time has elapsed.
5. Should the resident's respirations be irregular or labored, count the respirations for one full minute (60 seconds).
6. Record the respiration count on the paper. Note if the respirations were shallow or deep, noisy or labored.
7. Reposition the bed covers. Make the resident comfortable.
8. Place the call light within easy reach of the resident.
9. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
10. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The respiratory rate.
4. If the respirations were easy or labored.
5. If the respirations were noisy.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report breathing abnormalities to the nurse.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.2 (H5MAPR0240)

# Temperature, Axillary (Digital Thermometer)

Level II

## Purpose

The purpose of this procedure is to measure the resident's body temperature.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. The axillary temperature is taken under the resident's arm.
2. The thermometer should be in the center of the resident's axilla and held upright between the arm and the chest.
3. Never leave the resident while taking an axillary temperature.
4. If the resident is unconscious or weak you will need to hold the thermometer in place.
5. When recording the axillary temperature, place an "AX" in front of the figures.
6. If the resident's temperature is 100°F or greater, it should be taken at least every four (4) hours until it returns to normal.
7. Temperatures below 97°F and above 99°F must be rechecked with another thermometer and must be reported to the nurse supervisor.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Digital thermometer;
2. Plastic disposable probe cover (sheath);
3. Paper and pencil or pen;
4. Tissue or paper towels; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. Fold the top covers down enough to remove the resident's arm from his or her pajama or gown sleeve.
4. If the armpit is moist, pat it dry with a paper towel. Discard the towel into the trash receptacle.
5. Remove the **probe** from its stored position.
6. Insert the **probe** into the probe cover (sheath).
7. Place the tip of the probe in the center of the resident's armpit. The thermometer should be in an upright position between the armpit and chest.
8. Place the arm holding the thermometer across the resident's chest or abdomen.

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9. If the resident is unconscious or too weak to hold the thermometer in place, you will need to hold it in place for the resident.
10. Wait until the digital reading is displayed (usually 15 seconds).
11. Remove the probe from the resident's armpit.
12. Record the temperature reading. Place an "AX" in front of the figures. Do not replace the probe until you have recorded the temperature--the reading will automatically return to zero when placed in its holder.
13. Discard the used probe cover (sheath) into the designated container. Do not touch the sheath.
14. Return the probe into its stored position.
15. Put the resident's arm back in his or her pajama or gown sleeve.
16. Reposition the bed covers. Make the resident comfortable.
17. Place the call light within easy reach of the resident.
18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
19. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the temperature was measured.
2. The name and title of the individual(s) who measured the temperature.
3. That the resident's temperature was axillary.
4. The temperature reading.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.3 (H5MAPR0274)

# Temperature, Oral (Digital Thermometer)

Level II

## Purpose

The purpose of this procedure is to measure the resident's body temperature.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. If the resident's temperature is 100°F or greater, it should be taken at least every four (4) hours until it returns to normal.
2. Temperatures below 97°F and above 99°F must be rechecked with another thermometer and must be reported to the nurse supervisor.
3. Keep rectal thermometers separate from oral thermometers.
4. Do not take an oral temperature when the resident:
  - a. Is disoriented or unconscious.
  - b. Is combative or uncooperative.
  - c. Is receiving oxygen or has a nasogastric tube.
  - d. Is breathing through his or her mouth or has a nasal obstruction.
  - e. Cannot keep his or her mouth closed on the thermometer.
  - f. Is suffering from a stroke causing partial paralysis to the face.
5. Store the digital thermometer in its charging stand when it is not in use.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Digital thermometer;
2. Plastic disposable probe cover (sheath);
3. Paper and pencil or pen;
4. Tissue or paper towels; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. Ask the resident if he or she has had hot/cold fluids or has smoked a cigarette, cigar or a pipe within the last thirty (30) minutes. (**Note:** If the answer is yes, wait thirty (30) minutes before measuring the temperature.)
4. If the resident is standing, instruct the resident to sit in a chair or on the edge of the bed.
5. Remove the probe from its stored position.
6. Insert the probe into the probe cover (sheath).

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7. Gently place the tip of the probe in the resident's mouth under the tongue.
8. Hold the probe in the resident's mouth.
9. Wait until the digital reading is displayed (usually 15 seconds).
10. Remove the probe from the resident's mouth.
11. Record the temperature reading. Place an "O" in front of the figures. Do not replace the probe until you have recorded the temperature--the reading will automatically return to zero when placed in its holder.
12. Discard the used probe cover (sheath) into the designated container. Do not touch the sheath.
13. Return the probe into its stored position.
14. Reposition the bed covers. Make the resident comfortable.
15. Place the call light within easy reach of the resident.
16. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
17. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the temperature was measured.
2. The name and title of the individual(s) who measured the temperature.
3. That the resident's temperature was measured orally.
4. The temperature reading.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.2 (H5MAPR0275)

# Temperature, Rectal (Digital Thermometer)

Level II

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## Purpose

The purpose of this procedure is to measure the resident's body temperature.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. If the resident's temperature is 100°F or greater, it should be taken at least every four (4) hours until it returns to normal.
2. Temperatures below 97°F and above 99°F must be rechecked with another thermometer and must be reported to the nurse supervisor.
3. Do not take a rectal temperature when the resident:
  - a. Has diarrhea.
  - b. Has a fecal impaction.
  - c. Is combative or uncooperative.
  - d. Has rectal bleeding.
4. Keep rectal thermometers separate from oral thermometers.
5. Store the digital thermometer in its charging stand when it is not in use.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Digital thermometer;
2. Plastic disposable probe cover (sheath);
3. Paper and pencil or pen;
4. Tissue or paper towels; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. Put on disposable gloves.
4. Remove the probe from its stored position.
5. Insert the probe into the sheath.
6. Instruct the resident to turn on his or her side away from you. Assist as necessary.
7. Fold the top covers enough to expose the buttocks. Avoid unnecessary exposure of the resident's body.
8. With one hand, raise the upper buttock until you can see the opening to the rectum.

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9. With your free hand, gently insert the covered probe approximately 1.5 inches into the rectum. (Note: Do not force the entry. If you have difficulty with the insertion, summon the staff/charge nurse.)
10. Hold the probe in the resident's rectum.
11. Wait until the digital reading is displayed (usually 15 seconds).
12. Remove the probe from the resident's rectum.
13. Record the temperature reading. Place an "R" in front of the figures. Do not replace the probe until you have recorded the temperature--the reading will automatically return to zero when placed in its holder.
14. Discard the used sheath (probe cover) into the trash receptacle. Do not touch the sheath.
15. Return the probe into its stored position.
16. Remove gloves. Discard into the designated container. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
20. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the temperature was measured.
2. The name and title of the individual(s) who measured the temperature.
3. That the resident's temperature was measured rectally.
4. The temperature reading.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.2 (H5MAPR0276)

# Temperature, Tympanic

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## Purpose

The purpose of this procedure is to measure the resident's body temperature.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Tympanic thermometer;
2. Plastic disposable probe cover;
3. Paper and pencil or pen; and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. Attach tympanic probe cover to thermometer unit.
4. Insert probe into ear canal applying a gentle but firm pressure.
5. Remove thermometer after reading is displayed on digital unit, approximately two (2) seconds.
6. Record the temperature reading.
7. Remove probe cover and discard in proper container.
8. Reposition the bed covers. Make the resident comfortable.
9. Place the call light within easy reach of the resident.
10. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
11. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the temperature was measured.
2. The name and title of the individual(s) who measured the temperature.
3. That the resident's temperature was measured tympanically.
4. The temperature reading.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	1.1 (H5MAPR0277)

# Weighing and Measuring the Resident

Level II

## Purpose

The purposes of this procedure are to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident, and to provide a baseline height in order to determine the ideal weight of the resident.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble equipment and supplies needed.
3. Height is usually measured only once on admission. (Note: Height is measured in feet and inches [12 inches = 1 foot].)
4. Weight is usually measured upon admission and monthly during the resident's stay. (Note: Weight is measured in pounds [16 ounces = 1 pound].)
5. When weighing the resident the following guidelines will promote accurate weight assessment across time:
  - a. If practical, weigh at the same time of day each time.
  - b. If the resident's condition permits, use the same scale for weighing the resident each time.
  - c. If possible, weigh the resident with approximately the same amount of clothing on the resident each time.
6. Be sure that the weight scale is calibrated (balanced to zero).

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Appropriate scale:
  - a. Standing scale (for ambulatory residents); or
  - b. Mechanical lift (for bedfast residents); or
  - c. Platform scale (for non-ambulatory residents);
2. Tape measure (for measuring bedfast or non-ambulatory residents);
3. Pen/pencil and paper;
4. Paper towels; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before and after weighing and measuring each resident.
2. Place the clean supplies on the bedside stand. Arrange the supplies so they can be easily reached.
3. To measure the ambulating resident's weight using the standing scale:
  - a. Assist or take the resident to the scale.
  - b. Calibrate (balance) the scale. (Note: Place both weights at zero [0] and adjust until the balance beam is centered.)
  - c. Assist the resident onto the scale. Be sure the resident's feet are firmly positioned on the scale platform.

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- d. Instruct the resident to stand straight and to put both hands at his or her sides.
- e. Adjust the weights on the upper and lower scale until the pointer stays in the middle of the metal square.
- f. Note and record the resident's weight.
4. To measure the ambulating resident's height:
  - a. Raise the measuring rod above the resident's head.
  - b. Instruct the resident to turn around so that his or her back is against the measuring rod. Assist as necessary.
  - c. Instruct the resident to stand straight and to place his or her heels so that they touch the measuring bar.
  - d. Bring the measuring rod down until it touches the top of the resident's head.
  - e. Note and record the resident's height.
  - f. Raise the measuring rod.
  - g. Assist the resident down from the platform.
  - h. Assist the resident to his or her room as needed.
  - i. When finished with equipment, return it to the proper storage area.
5. To measure the bedfast resident's weight using the mechanical lift:
  - a. Zero the scale.
  - b. Roll resident toward you on his or her side.
  - c. Place the sling, fan-folded, along the back of the resident. (Note: Be sure the top of the sling is at the head of the resident and the bottom is at the resident's knees.)
  - d. Roll the resident to the other side and position the sling flat on the bed.
  - e. Attach the hooks to the sling. Be sure the hooks are placed so that they are facing away from the resident.
  - f. Bring the lifter into position over the resident. Be sure the arm of the lifter is in the low position.
  - g. Attach the sling to the lift. Be sure the hooks are placed so that they are facing away from the resident.
  - h. Instruct the resident to fold both arms across his or her chest, if possible.
  - i. If permitted, raise the head of the bed to a sitting position.
  - j. Using the crank, raise the resident from the bed.
  - k. Assist the resident in moving his or her legs off the bed.
  - l. Move the lifter away from the bed. Be sure that the resident is turned in such a manner that the resident is facing you. Do not pull the resident backwards.
  - m. Position the lift over the chair scale. Be sure that the resident is positioned over the seat of the chair.
  - n. Slowly lower the resident into the chair scale.
  - o. To position the resident comfortably in the chair, grasp the top of the sling with one hand and pull back on the sling while lowering the resident into the chair. (Note: You can also push gently on the resident's knees while lowering the resident into the chair.)
  - p. Be sure that the resident is comfortable.
  - q. Remove the hooks from the lift.
  - r. Remove the lifter. Secure the resident in the chair as instructed.
  - s. Adjust the scale until the pointer is balanced. (Note: Be sure to allow for the weight of the sling.)
  - t. Note and record the resident's weight.
6. To return the resident to bed after using the mechanical lift:
  - a. Attach the hooks to the sling. Be sure the hooks are facing away from the resident.
  - b. Bring the lifter into position over the resident. Be sure the lifter is in the low position.
  - c. Attach the sling to the lift. Be sure the hooks are facing away from the resident.
  - d. Instruct the resident to fold both arms over his or her chest, if possible.

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- e. Using the crank, raise the resident from the chair scale.
- f. Assist the resident in guiding his or her legs.
- g. Move the lifter away from the chair. Be sure the resident is turned in such a manner that the resident is facing you. Do not pull the resident backwards.
- h. Position the lift over the bed.
- i. Lower the resident into the center of the bed.
- j. Remove the hooks from the lift.
- k. Remove the hooks from the sling.
- l. Remove the sling from under the resident.
- m. Remove the lifter.
- n. Position the resident in a comfortable position that promotes good body alignment.
7. To measure the bedfast/non-ambulatory resident's height, you should:
  - a. Lower the bed to a flat position, if not contraindicated.
  - b. Remove the pillow from the resident's head, if not contraindicated.
  - c. Place the tape measure at the top of the resident's head. Measure to the sole of the resident's feet.
  - d. Note and record the resident's height.
  - e. Replace the pillow under the resident's head.
8. To measure the non-ambulatory resident's weight using the platform scale:
  - a. Zero the scale.
  - b. Weigh the wheelchair. Record the weight.
  - c. Assist the resident into the wheelchair.
  - d. Transport resident to platform scale.
  - e. Roll the resident onto the platform. Lock the wheels.
  - f. Adjust both weights until the balance beam is centered.
  - g. Note and record the resident's weight. (Note: Subtract the weight of the wheelchair.)
  - h. Unlock the wheels. Roll resident from the platform.
  - i. Transport the resident to his or her room.
9. Discard disposable supplies in the designated containers.
10. Clean reusable equipment according to the manufacturer's instructions.
11. Clean the bedside stand.
12. Reposition the bed covers. Make the resident comfortable.
13. Place the call light within easy reach of the resident.
14. Wash and dry your hands thoroughly.
15. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The height and weight of the resident.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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## Reporting

1. Report significant weight loss/weight gain to the nurse supervisor.
2. The threshold for significant unplanned and undesired weight loss/gain will be based on the following criteria (where *percentage of body weight loss* =  $[usual\ weight - actual\ weight] / [usual\ weight] \times 100$ ):
  - a. 1 month – 5% weight loss is significant; greater than 5% is severe.
  - b. 3 months – 7.5% weight loss is significant; greater than 7.5% is severe.
  - c. 6 months – 10% weight loss is significant; greater than 10% is severe.
3. Notify the Nurse Supervisor if the resident refuses the procedure.
4. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section K; (CAA 12; CAA 13; CAA 14)
<b>Survey Tag Numbers</b>	F637; F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Vital Signs and Weight Record (MP5439)</a>
<b>Version</b>	2.1 (H5MAPR0294)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Documentation**

Item # H50075

WINDSOR 001903

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Documentation**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

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# Charting and Documentation

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## Policy Statement

All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.

## Policy Interpretation and Implementation

1. Documentation in the medical record may be electronic, manual or a combination.
2. The following information is to be documented in the resident medical record:
  - a. Objective observations;
  - b. Medications administered;
  - c. Treatments or services performed;
  - d. Changes in the resident's condition;
  - e. Events, incidents or accidents involving the resident; and
  - f. Progress toward or changes in the care plan goals and objectives.
3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.
4. Entries may only be recorded in the resident's clinical record by licensed personnel (e.g., RN, LPN/LVN, physicians, therapists, etc.) in accordance with state law and facility policy. Certified nursing assistants may only make entries in the resident's medical chart as permitted by facility policy.
5. Information documented in the resident's clinical record is confidential and may only be released in accordance with state law, the Health Insurance Portability and Accountability Act (HIPAA) and facility policy. Refer all requests for information to the director of nursing services, nurse supervisor/charge nurse or to the business office.
6. To ensure consistency in charting and documentation of the resident's clinical record, only facility approved abbreviations and symbols may be used when recording entries in the resident's clinical records.
7. Documentation of procedures and treatments will include care-specific details, including:
  - a. the date and time the procedure/treatment was provided;
  - b. the name and title of the individual(s) who provided the care;
  - c. the assessment data and/or any unusual findings obtained during the procedure/treatment;
  - d. how the resident tolerated the procedure/treatment;
  - e. whether the resident refused the procedure/treatment;
  - f. notification of family, physician or other staff, if indicated; and
  - g. the signature and title of the individual documenting.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(h)(1); §483.10(h)(2); §483.10(h)(3); §483.20(f)(5); §483.20(b); §483.45(a); §483.45(b); §483.70(i)
<b>Survey Tag Numbers</b>	F583; F842; F636; F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Confidentiality of Information and Personal Privacy</a> <a href="#">Abbreviations and Symbols</a> <a href="#">Electronic Medical Records</a> <a href="#">Charting Errors and/or Omissions</a>
<b>Version</b>	1.2 (H5MAPL0124)

# Charting Errors and/or Omissions

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## Policy Statement

Accurate medical records shall be maintained by this facility.

## Policy Interpretation and Implementation

1. If an error is made while recording the data in the medical record, line through the error with a single line and correct the error.
2. If it is necessary to change or add information in the resident's medical record, it shall be completed by means of an addendum and signed and dated by the person making such change or addition.
3. Late entries in the medical record shall be dated at the time of entry and noted as a "late entry."
4. No erasures or deletions shall be made in the medical record. Correction fluid shall not be used in the correction of mistakes or errors in the medical record when making original entries.
5. All corrections, changes, or addenda must be signed and dated by the person making such entries.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.20(f)(5); 483.70(i)
<b>Survey Tag Numbers</b>	F842
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Charting and Documentation</a>
<b>Version</b>	1.0 (H5MAPL0125)

# Electronic Medical Records

## Policy Statement

Electronic medical records may be used in lieu of paper records when approved by the administrator.

## Policy Interpretation and Implementation

1. Electronic records are an acceptable form of medical record management.
2. The administrator, in conjunction with the quality assurance and performance improvement committee, shall review requests for and the implementation of our electronic medical records system.
3. Only authorized persons who have been issued a password and user ID code will be permitted access to the electronic medical records system.
4. The facility will make reasonable efforts to limit the use or disclosure of protected health information to only the minimum necessary to accomplish the intended purpose of the use or disclosure.
5. The HIPAA compliance officer, administrator and director of nursing services maintain a listing of each user ID code. Such listing is confidential and secured.
6. When personnel changes occur, or there is reason to believe that unauthorized access to protected information has occurred, the HIPAA compliance officer, administrator and director of nursing services shall review the security of the information and change user ID codes if necessary.
7. Authorized federal and state survey agents, etc., as outlined in current regulations, may be granted access to electronic medical records.
8. Our electronic medical records system has safeguards to prevent unauthorized access of electronic protected health information (e-PHI). These safeguards include administrative, technical and physical safeguards that are appropriate for:
  - a. the probability and criticality of risks to e-PHI based on a thorough risk analysis conducted by this facility;
  - b. the size, complexity and capabilities of this organization; and
  - c. the technical infrastructure, hardware, software and security capabilities.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.20(f)(5); 483.70(i)
<b>Survey Tag Numbers</b>	F842
<b>Other References</b>	The Health Insurance Portability and Accountability Act (HIPAA) regulations <a href="http://www.hhs.gov/ocr/hipaa/finalreg.html">www.hhs.gov/ocr/hipaa/finalreg.html</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0256)

# Electronic Transmission of the MDS

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## Policy Statement

All MDS assessments (e.g., admission, annual, significant change, quarterly review, etc.) and discharge and reentry records are completed and electronically encoded into our facility's MDS information system and transmitted to CMS' QIES Assessment Submission and Processing (ASAP) system in accordance with current OBRA regulations governing the transmission of MDS data.

## Policy Interpretation and Implementation

1. All staff members responsible for completion of the MDS receive training on the assessment, data entry, and transmission processes, in accordance with the MDS RAI Instruction Manual, before being permitted to use the MDS information system. A copy of the MDS RAI Instruction Manual is maintained by the resident assessment coordinator.
2. Staff members are trained on updates/revisions to the MDS form and software upgrades as they are released. Such training is provided by the staff development director and/or computer software vendor.
3. Only personnel authorized to complete portions of the MDS have access to the MDS information system. Access codes and passwords are changed at least twice yearly.
4. A current list of employees who have access to the MDS information system is maintained by the resident assessment coordinator. The list contains each employee's access code and password.
5. Only the administrator, director of nursing services and resident assessment coordinator have access to this list.
6. The resident assessment coordinator is responsible for providing the administrator and director of nursing services with a current access list.
7. Employee access codes and passwords are provided by the resident assessment coordinator. Access codes and passwords are deleted within twenty-four hours of the employee's termination from employment or when the employee no longer has responsibility for completing portions of the MDS.
8. The MDS coordinator is responsible for ensuring that appropriate edits are made prior to transmitting MDS data and that feedback and validation reports from each transmission are maintained for historical purposes and for tracking.
9. Resident assessments are maintained electronically and can be printed at the request of authorized individuals, including the resident.
10. All electronically submitted MDSs have corresponding hard copy (printed) signature pages on file. These signature pages include:
  - a. information that identifies the resident;
  - b. the type of assessment;
  - c. dates of completion; and
  - d. signatures of each individual involved in completing the assessment.
11. Signature pages are maintained in the resident's active clinical record for 15 months.
12. All MDS assessment data is backed up daily.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(f) Automated data processing requirement-; §483.70(i) Medical records.
<b>Survey Tag Numbers</b>	F640; F842
<b>Other References</b>	<i>Long-Term Care Facility RAI User's Manual Version 3.0</i> , Chapter 5
<b>Related Documents</b>	<a href="#">MDS Error Correction</a>
<b>Version</b>	1.3 (H5MAPL0237)

# MDS Completion and Submission Timeframes

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## Policy Statement

Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.

## Policy Interpretation and Implementation

1. The assessment coordinator or designee is responsible for ensuring that resident assessments are submitted to CMS' QIES Assessment Submission and Processing (ASAP) system in accordance with current federal and state guidelines.
2. Timeframes for completion and submission of assessments is based on the current requirements published in the *Resident Assessment Instrument Manual*.
3. Submission of MDS records to the QIES ASAP is electronic. A hard copy of each record submitted is maintained in the resident's clinical record for a period of fifteen (15) months from the date submitted.

References	
OBRA Regulatory Reference Numbers	483.20(d)
Survey Tag Numbers	F639
Other References	
Related Documents	
Version	1.2 (H5MAPL0489)

# MDS Error Correction

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## Policy Statement

The assessment coordinator and/or the interdisciplinary assessment team will follow the established processes for making corrections to the MDS.

## Policy Interpretation and Implementation

1. Once completed, edited and accepted into the QIES ASAP system, MDS data may not be changed just because the resident's status has changed during the course of his or her stay at the facility.
  - a. Minor changes in condition or status are documented in the resident's medical record and adjustments in care or services are made in accordance with standards of clinical practice.
  - b. Major changes in the resident's status may prompt a significant change in status assessment, as described below.
2. Note that the QIES ASAP system has defined record rejection standards and data that is outside the reference range will not be accepted by the system (e.g., a 4 is entered when only 0-3 are allowable responses).
3. If an error in data is discovered within 7 days of the completion of the MDS and before submission to the QIES ASAP system (the "encoding and editing period"):
  - a. The correction is made to the hard copy of the form using standard editing procedures (cross out, enter correct response, initial and date);
  - b. Corresponding corrections are made to the facility's MDS database. (Note: Software used to encode the MDS runs all standard edits as defined in the CMS data specifications); and
  - c. The resident's care plan is reviewed and modified as necessary.
4. If an error is discovered after the encoding and editing period and the record in error is an entry, discharge or PPS assessment, then correct the record and submit to the QIES ASAP system.
5. If an error is discovered after the encoding period and the record in error is an OBRA assessment, determine if the error is *major* or *minor*.
  - a. A *minor* error is one related to the coding of the MDS. For minor errors, correct the record and submit to the QIES ASAP system.
  - b. A *major* error is one that inaccurately reflects the resident's clinical status and/or may result in an inappropriate plan of care. For major errors:
    - (1) correct the original assessment to reflect the resident's status as of the original assessment reference date and submit the record; AND
    - (2) perform a new significant change in status (if this has occurred) OR a new significant correction to a prior assessment with a new observation period and assessment reference date.
6. If an error is discovered in a record that has already been accepted by the QIES ASAP system, implement procedures for either modification or inactivation of the information in the system within 14 days of the discovery of the error.

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7. Modification requests are used when information in the record contains clinical or demographic errors. [Note: The only MDS items that cannot be altered with a modification request are: Type of Provider (A0200), Submission Requirement A0410); and the state-assigned facility submission ID (FAC\_ID). These items require a special manual record correction request.]
8. To modify errors in entry, PPS, or discharge records that are not OBRA:
  - a. create a corrected record with all items included, not just the items in error;
  - b. complete the correction request section (X) items and include with the corrected record (Item X0100 should have a value of 2, indicating a modification request.); and
  - c. submit the modification request record.
9. To modify errors in an OBRA assessment when the errors are minor:
  - a. create a corrected record with all items included, not just the items in error;
  - b. complete the correction request section (X) items and include with the corrected record (Item X0100 should have a value of 2, indicating a modification request.); and
  - c. submit the modification request record.
10. To modify errors in an OBRA assessment when the errors are major:
  - a. create a corrected record with all items included, not just the items in error;
  - b. complete the correction request section (X) items and include with the corrected record (Item X0100 should have a value of 2, indicating a modification request.);
  - c. submit the modification request record; and
  - d. perform a new significant change in status assessment (if this has occurred) OR a new significant correction of a prior assessment.
11. Inactivation requests are used when a record has been accepted to the QIES ASAP system but the corresponding event did not occur (e.g., a discharge record was submitted for a resident but there was no discharge).
12. To submit an inactivation request, complete and submit an MDS record with only section X items completed.
13. For manual record correction request instructions, refer to the RAI User's Manual.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.20(f)
<b>Survey Tag Numbers</b>	F640
<b>Other References</b>	<i>Long-Term Care Facility RAI User's Manual Version 3.0, Chapter 5</i>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0488)

# Release of Information

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## Policy Statement

Our facility maintains the confidentiality of each resident's personal and protected health information.

## Policy Interpretation and Implementation

1. Each resident will receive confidential treatment of his or her personal and medical records and may approve or refuse their release to any individual outside the facility, except in case of a transfer to another healthcare institution or as required by current HIPAA law.
2. Medical records are the property of the facility.
3. All information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or his/her legal representative (sponsor), consistent with state laws and regulations.
4. Release of resident information including video, audio, or electronically stored information will be based on the facility's concern for protecting resident rights.
5. Access to the resident's medical records will be limited to the staff and consultants providing services to the resident. (Note: Representatives of state and federal regulatory agencies have access to resident information without the resident's consent.)
6. Resident records, whether medical, financial, or social in nature, are safeguarded to protect the confidentiality of the information. Only those persons concerned with the fiscal affairs of the resident will have access to the resident's financial records as permitted by current HIPAA laws.
7. Closed or thinned medical records are maintained in the medical records department and are available only to authorized personnel. Authorized personnel include, but are not necessarily limited to:
  - a. nursing personnel;
  - b. physicians;
  - c. consultants;
  - d. support services (i.e., dietary, activities, social, etc.);
  - e. administration;
  - f. government agencies; and/or
  - g. resident/representative (sponsor).
8. The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor).
9. A resident may have access to his or her records within \_\_\_\_\_ hours (excluding weekends or holidays) of the resident's written or oral request.
10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services.
11. The facility may recommend that the resident or representative review the active chart in the presence of a knowledgeable staff person who can discuss the information and answer questions capably.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(b)(6); §483.10(g)(2); §483.10(g)(3); §483.10(h); §483.20(f)(5); §483.70(i)
<b>Survey Tag Numbers</b>	F551; F573; F583; F842
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0731)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



**Food Services**

Item # H50075

WINDSOR 001917

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Food Services**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

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Change of Diet (MP5016)

Diet Order & Communication (MP5015)

Food Temperature Record (CP1907)

Sanitation Review (CP1908)

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# Assistance with Meals

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## Policy Statement

Residents shall receive assistance with meals in a manner that meets the individual needs of each resident.

## Policy Interpretation and Implementation

### Dining Room Residents:

1. All residents will be encouraged to eat in the dining room.
2. Facility staff will serve resident trays and will help residents who require assistance with eating.
3. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example:
  - a. not standing over residents while assisting them with meals;
  - b. keeping interactions with other staff to a minimum while assisting residents with meals;
  - c. avoiding the use of labels when referring to residents (e.g., “feeders”); and
  - d. avoiding the use of bibs or clothing protectors instead of napkins, unless requested by the resident.

### Residents Who May Benefit from Assistive Devices:

1. Adaptive devices (special eating equipment and utensils) will be provided for residents who need or request them. These may include devices such as silverware with enlarged/padded handles, plate guards, and/or specialized cups.
2. Assistance will be provided to ensure that residents can use and benefit from special eating equipment and utensils.
3. Residents may choose not to use adaptive devices.

### Residents Confined to Bed:

1. The food services department will deliver food carts to appropriate areas.
2. The nursing staff will prepare residents for eating.
3. The nursing staff and/or feeding assistants will take food trays into residents’ rooms.
4. Nursing services and/or feeding assistants will pick up residents’ food trays after each meal and will notify the food services staff to pick up food carts.

### Residents Requiring Full Assistance:

1. Nursing staff will remove food trays from the food cart and deliver the trays to each resident’s room.
2. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example:
  - a. not standing over residents while assisting them with meals;
  - b. keeping interactions with other staff to a minimum while assisting residents with meals;

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- c. avoiding the use of labels when referring to residents (e.g., “feeders”); and
- d. avoiding the use of bibs or clothing protectors instead of napkins, unless requested by the resident.

### Residents with Feeding Tubes:

1. Nursing staff will provide feedings to tube-fed residents.
2. Commercially produced tube feeding formulas will be used based on review by the medical director, dietitian and director of nursing services.

### All residents:

1. Hot foods shall be held at a temperature of 136 degrees or above until served. Cold foods shall be held at 40 degrees or below until served. Nursing and dietary services will establish procedures such that delivery of food to serving areas accommodates this requirement.
2. To minimize the risk of foodborne illness, the time that potentially hazardous foods remain in the “danger zone” (41°F to 135°F) will be kept to a minimum. Foods that are left on trays without a source of heat (for hot foods) or refrigeration (for cold foods) longer than 2 hours will be discarded.
3. All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(a); §483.60(g); 483.60(h)
<b>Survey Tag Numbers</b>	F550; F810; F811
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Paid Feeding Assistants</a> <a href="#">Preventing Foodborne Illness – Food Handling</a>
<b>Version</b>	1.3 (H5MAPL0815)



# Food Allergies and Intolerances

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## Policy Statement

Residents with food allergies and/or intolerances are identified upon admission and offered food substitutions of similar appeal and nutritional value. Steps are taken to prevent resident exposure to the allergen(s).

## Policy Interpretation and Implementation

### General Guidelines:

1. **Food allergies** are immune system responses to allergens (foods). IgE antibodies to foods attach to mast cells in body tissue (e.g., skin, nose, throat, lungs and gastrointestinal tract) and basophils in blood. When allergens are eaten, the IgE antibodies attach to mast cells and basophils in certain sites and those cells produce histamine, an inflammatory compound.
2. **Food intolerances** are unpleasant reactions to specific foods that are not life threatening but can necessitate avoidance of the triggering foods. For example, lactose intolerance is the inability to digest milk sugars due to a deficiency in the enzyme lactase. Lactose intolerance causes gas, bloating, cramping and diarrhea.

### Assessment and Interventions:

1. Residents are assessed for a history of food allergies and intolerances upon admission and as part of the comprehensive assessment.
2. All resident reported food allergies and intolerances are documented in the assessment notes and incorporated into the resident's care plan.
3. Severe food allergies are noted on the face of the chart (in the form of a sticker or permanent marking indicating "Severe Food Allergy: (name of food)" and communicated in writing directly to the dietitian and the director of food and nutrition services.
4. Meals for residents with severe food allergies are specially prepared so that cross-contamination with allergens does not occur.
5. Residents with food intolerances and allergies are offered appropriate substitutions for foods that they cannot eat.
6. The dietitian will determine whether food allergies or intolerances are interfering with the resident's overall nutrition status and make recommendations regarding appropriate food substitutions and/or dietary supplements.
7. Nursing staff and food service employees are trained in the signs and symptoms of allergic reactions to foods and basic first aid measures in the event of a food allergy emergency.
8. The attending physician will be notified of the resident's food allergies and orders for emergency medications (e.g., epinephrine, antihistamines) and emergency interventions will be documented.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.; §483.60(d) Food and drink; §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;
<b>Survey Tag Numbers</b>	F558; F806
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Nutritional Assessment</a>
<b>Version</b>	1.2 (H5MAPL1015)

# Food and Nutrition Services

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## Policy Statement

Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.

## Policy Interpretation and Implementation

1. The multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization.
2. A resident-centered diet and nutrition plan will be based on this assessment.
3. Meals and/or nutritional supplements will be provided within 45 minutes of either resident request or scheduled meal time, and in accordance with the resident's medication requirements.
4. Reasonable efforts will be made to accommodate resident choices and preferences.
5. The food and nutrition staff will be available and adequately staffed to assist residents with eating as needed. Nurse aides and feeding assistants will provide support to enhance the resident experience, but not as a critical component to the functioning of the department.
6. Nursing staff will ensure that assistive devices are available to residents as needed.
7. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature.
  - a. If an incorrect meal is provided to a resident, or a meal does not appear palatable, nursing staff will report it to the food service manager so that a new food tray can be issued.
  - b. Foods that are left without a source of heat (for hot foods) or refrigeration (for cold foods) longer than 2 hours will be discarded.
8. Nursing personnel, with the assistance of the food and nutrition services staff, will evaluate (and document as indicated) food and fluid intake of residents with, or at risk for, significant nutritional problems.
  - a. Variations from usual eating or intake patterns will be recorded in the resident's medical record and brought to the attention of the nurse.
  - b. A nurse will evaluate the significance of such information and report it, as indicated, to the attending physician and dietitian.
9. Meals are scheduled at regular times to assure that each resident receives at least three (3) meals per day. Meal times are posted in facility common areas.
10. Nourishing snacks are available to the residents 24 hours a day. The resident may request snacks as desired, or snacks may be scheduled between meals to accommodate the resident's typical eating patterns.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b) Comprehensive Assessments; §483.21(b) Comprehensive Care Plans; §483.60 Food and nutrition services.; §483.60(c) Menus and nutritional adequacy.; §483.60(d) Food and drink; §483.60(f) Frequency of Meals; §483.60(h) Paid feeding assistants-
<b>Survey Tag Numbers</b>	F636; F656; F800; F803; F804; F806; F807; F809; F811
<b>Other References</b>	<a href="#">CMS-20053 Dining</a>
<b>Related Documents</b>	<a href="#">Paid Feeding Assistants</a>
<b>Version</b>	2.3 (H5MAPL0764)

# Foods Brought by Family/Visitors

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## Policy Statement

Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents.

## Policy Interpretation and Implementation

1. Family members and visitors are requested to inform nursing staff of their desire to bring foods into the facility.
2. Nursing staff will provide family/visitors who wish to bring foods to the facility with a copy of this policy. Residents will also be provided a copy in a language and format he or she can understand.
3. Foods brought by family/visitors for individual residents may not be shared with or distributed to other residents.
4. Family/visitors are asked to prepare and transport food using safe food handling practices, including:
  - a. safe cooling and reheating processes;
  - b. holding temperatures;
  - c. preventing cross-contamination with raw or undercooked foods; and
  - d. hand hygiene.
5. All personnel involved in preparing, handling, serving or assisting the resident with meals or snacks will be trained in safe food handling practices.
6. Safe food handling practices will be explained to family/visitors in a language and format they understand.
7. Food brought by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that it is clearly distinguishable from facility-prepared food.
  - a. Non-perishable foods will be stored in re-sealable containers with tight-fitting lids. Intact fresh fruit may be stored without a lid.
  - b. Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item and the "use by" date.
8. The nursing staff will discard perishable foods on or before the "use by" date.
9. The nursing and/or food service staff will discard any foods prepared for the resident that show obvious signs of potential foodborne danger (for example, mold growth, foul odor, past due package expiration dates).
10. Potentially hazardous foods that are left out for the resident without a source of heat or refrigeration longer than 2 hours will be discarded.
11. Foods that present a potential choking hazard for residents with impaired cognitive function or swallowing difficulty will be taken from the resident and returned to the family/visitor.
12. Facility staff will assist the resident with accessing his or her food if unable to do so independently.

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13. When meals or snacks are provided by family/visitors, the nurse will inform the dietitian of these substitutions.
14. When meals or snacks are provided by family/visitors frequently (more than 3 times a week), the dietitian or nurse may request a meeting with the resident or representative to discuss the nutrition goals and wishes of the resident.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(i) Food safety requirements.
<b>Survey Tag Numbers</b>	F812; F813
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPL0337)

# Frequency of Meals

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## Policy Statement

Each resident shall receive at least three (3) meals daily, at times comparable to typical mealtimes in the community, or in accordance with resident needs, preferences, requests and the plan of care.

## Policy Interpretation and Implementation

1. The facility will serve at least three (3) meals or their equivalent daily at scheduled times. There will not be more than a fourteen (14) hour span between the evening meal and breakfast.
2. Meals will be served four (4) to six (6) hours apart to help assure that residents receive nutritional requirements. The following meal times have been established by our facility for residents:

Breakfast	
Lunch	
Dinner	

3. A schedule of meal times and snacks shall be posted in resident areas.
4. Alternative meals will be offered to residents who choose to eat at non-traditional or outside of scheduled mealtimes, consistent with the plan of care.
5. Nourishing snacks will be available for residents who need or desire additional food between meals.
6. Evening snacks will be offered routinely to all residents. Timing of the snack will consider relevant factors (e.g., individuals with gastroesophageal reflux disease may be advised not to eat too close to bedtime).
7. Residents will also be offered nourishing snacks if the time span between the evening meal and the next day's breakfast exceeds fourteen (14) hours. Nourishing snacks are items from the basic food groups, offered either separately or with each other.
8. A substantial evening meal is an offering of two or more menu items at one time, one of which includes a high quality protein such as meat, fish, eggs or cheese. The meal represents no less than 20% of the day's total nutritional requirements.
9. The facility will choose the snacks that are served at bedtime. However, the dietitian and food services manager will solicit input from the residents and/or the resident council.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(f)
<b>Survey Tag Numbers</b>	F809
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPL0341)



# Interdepartmental Notification of Diet (Including Changes and Reports)

## Policy Statement

Nursing services shall notify the food and nutrition services department of a resident's diet orders, including any changes in the resident's diet, meal service, and food preferences.

## Policy Interpretation and Implementation

1. When a new resident is admitted, or a diet has been changed, the nurse supervisor shall ensure that the food and nutrition services department receives a written notice of the diet order.
2. The food and nutrition services department will be notified verbally if the diet change or report occurs one hour or less before a scheduled meal, or if circumstances indicate that the written procedures will not be adequate to ensure service at the next meal.
3. Should a resident be away from the facility during meal hours, the food and nutrition services department shall be notified, either verbally or in writing, that the resident will be away and when the resident is expected to return. Written notification will be provided for absences of more than one meal.
4. Should it become necessary to hold a resident's food tray (e.g., because the individual is scheduled to have a test or treatment requiring abstention from eating), the nursing staff on the appropriate unit will inform the food and nutrition services department in writing and will indicate when the food tray may be sent to the resident.
5. Nursing services shall notify the physician and dietitian when a nutritional problem (e.g., weight loss, pressure ulcer, eating problem, etc.) has been identified and shall collaborate with the dietitian and physician to initiate an appropriate process of clinical review for causes of the nutritional problem.
6. Each nursing station shall maintain a supply of diet order/change in diet forms.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60 Food and nutrition services.
<b>Survey Tag Numbers</b>	F800
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Food and Nutrition Services</a>
<b>Version</b>	1.3 (H5MAPL0430)

# Paid Feeding Assistants

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## Policy Statement

Residents are assessed for appropriateness for the feeding assistant program and receive services according to their plan of care. Paid feeding assistants are trained and supervised.

## Policy Interpretation and Implementation

1. Paid feeding assistants provide dining assistance only for residents with no complicated feeding problems. Complicated feeding problems include difficulty swallowing, recurrent lung aspirations and tube or parenteral IV feedings.
2. Residents are assessed for appropriateness for the feeding assistant program by the interdisciplinary team, taking into consideration the most recent assessment and plan of care.
3. Only residents who have been selected by the interdisciplinary team are eligible for feeding assistance by a paid feeding assistant.
4. Paid feeding assistants must successfully complete a state-approved training course taught by qualified professionals (as defined by state law) before being permitted to feed residents.
5. Our facility's state-approved training program consists of eight (8) hours of training in the following topics:
  - a. Feeding techniques;
  - b. Assistance with feeding and hydration;
  - c. Communication and interpersonal skills;
  - d. Appropriate responses to resident behavior;
  - e. Safety and emergency procedures, including the Heimlich maneuver;
  - f. Infection control;
  - g. Resident rights; and
  - h. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.
6. In conjunction with the facility's registered dietitian (RD), an RN will oversee the feeding assistant training program to ensure that feeding techniques are taught correctly.
7. Our facility's paid feeding assistants will work under the supervision of a registered nurse (RN) or a licensed practical nurse (LPN). Specifically, the supervising nurse will monitor paid feeding assistants for:
  - a. the use of appropriate feeding techniques;
  - b. whether they are assisting the resident according to his/her identified eating and drinking needs;
  - c. whether they are respecting the resident's rights and dignity; and
  - d. adherence to infection control and safe food handling practices.
8. The use of paid feeding assistants is not intended to substitute for nursing staff.
9. In the case of an emergency, the paid feeding assistant shall call the nurse supervisor through the resident call system.

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10. Paid feeding assistants will report or record resident intake after each meal, and report changes in eating patterns to the RN and/or RD.
11. The administrative office will maintain a record of each individual's completion of the feeding assistant training course and a record of all individuals used as paid feeding assistants.
12. Any staff who has successfully completed the feeding assistant training program may feed residents.
13. Inquiries concerning our facility's use of paid feeding assistants should be referred to the director of nursing services or to the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(h) Paid feeding assistants-; §483.95(h) Required training of feeding assistants.
<b>Survey Tag Numbers</b>	F811; F948
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Assistance with Meals</a> <a href="#">Food and Nutrition Services</a>
<b>Version</b>	2.0 (H5MAPL0600)

# Preventing Foodborne Illness – Employee Hygiene and Sanitary Practices

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## Policy Statement

Food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness.

## Policy Interpretation and Implementation

1. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents.
2. Employees who handle food must be free of acute respiratory or gastrointestinal infection or lesions on their hands or other exposed body parts.
3. Food and nutrition services employees must inform the supervisor of:
  - a. diarrheal illness;
  - b. salmonella, shigella or hepatitis infections (of self or close family member);
  - c. boils or infected wounds;
  - d. persistent discharge from the eyes, nose or mouth;
  - e. staphylococcal infection; and/or
  - f. diagnosed streptococcal (Group A) sore throat.
4. Employees with salmonella infection must be reassigned from food handling duties until after three (3) negative stool cultures are taken twenty-four (24) hours apart.
5. Employees with shigella infection must be reassigned from food handling duties until three (3) negative stool cultures are taken forty-eight (48) hours after the discontinuance of antibiotics.
6. Employees must wash their hands:
  - a. after personal body functions (i.e., toileting, blowing/wiping nose, coughing, sneezing, etc.);
  - b. after using tobacco, eating or drinking;
  - c. whenever entering or re-entering the kitchen;
  - d. before coming in contact with any food surfaces;
  - e. after handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food;
  - f. after handling soiled equipment or utensils;
  - g. during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; and/or
  - h. after engaging in other activities that contaminate the hands.
7. **Antimicrobial hand gel CANNOT be used in place of handwashing in food service areas.**
8. Contact between food and bare (ungloved) hands is prohibited.
9. Food service employees will be trained in the proper use of utensils such as tongs, gloves, deli paper and spatulas as tools to prevent foodborne illness.

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10. Gloves are considered single-use items and must be discarded after completing the task for which they are used. The use of disposable gloves does not substitute for proper handwashing.
11. Clean uniforms must be worn daily.
12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens.
13. Jewelry will be kept to a minimum and hand jewelry (e.g., rings) will be kept covered with gloves during food handling. Fingernails shall be kept clean and trimmed.
14. Personnel may not smoke or use other tobacco products, eat or drink in the food preparation area.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
<b>Survey Tag Numbers</b>	F812
<b>Other References</b>	<a href="http://www.FoodSafety.gov">http://www.FoodSafety.gov</a>
<b>Related Documents</b>	<a href="#">Preventing Foodborne Illness – Food Handling</a>
<b>Version</b>	1.2 (H5MAPL0625)

# Preventing Foodborne Illness – Food Handling

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## Policy Statement

Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized.

## Policy Interpretation and Implementation

1. This facility recognizes that the critical factors implicated in foodborne illness are:
  - a. poor personal hygiene of food service employees;
  - b. inadequate cooking and improper holding temperatures;
  - c. contaminated equipment; and
  - d. unsafe food sources.
2. With these factors as the primary focus of preventative measures, this facility strives to minimize the risk of foodborne illness to our residents.
3. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents.
4. This facility only accepts prepared foods from suppliers subject to federal, state or local food service inspections and who remain in good standing with such agencies.
5. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require that refrigerated food be stored below 41°F, and that freezers keep frozen foods solid.
6. Potentially hazardous foods will be cooked to the appropriate internal temperatures and held at those temperatures for the appropriate length of time to destroy pathogenic microorganisms.
7. Potentially hazardous foods held in the “danger zone” (41°F to 135°F) for more than 4 hours (if being prepared from ingredients at room temperature) or 6 hours (if cooked and then cooled) will be discarded.
8. Food that has been served to residents without temperature controls (e.g., trays, snacks, etc.) will be discarded if not eaten within two hours.
9. All food service equipment and utensils will be sanitized according to current guidelines and manufacturers’ recommendations.
10. No one may bring or house animals in any area used for the storage, preparation, or serving of food.
11. Supervised pets related to specific activities (e.g., formal pet-related activities or guide dogs for visually impaired individuals) will be allowed in the dining area but not in areas used to prepare or store food.
12. Outbreaks (or suspected outbreaks) of foodborne illness will be reported to the local health department.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(i)(3)
<b>Survey Tag Numbers</b>	F813
<b>Other References</b>	U.S. Food and Drug Administration Food Code <a href="http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm">http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm</a>
<b>Related Documents</b>	<a href="#">Preventing Foodborne Illness – Employee Hygiene and Sanitary Practices</a> <a href="#">Food Temperature Record (CP1907)</a>
<b>Version</b>	1.1 (H5MAPL1014)

# Resident Food Preferences

## Policy Statement

Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent.

## Policy Interpretation and Implementation

1. Upon the resident's admission (or within twenty-four (24) hours after his/her admission) the dietitian or nursing staff will identify a resident's food preferences.
2. When possible, staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes.
3. Nursing staff will document the resident's food and eating preferences in the care plan.
4. The dietitian and nursing staff, assisted by the physician, will identify any nutritional issues and dietary recommendations that might be in conflict with the resident's food preferences.
5. The dietitian will discuss with the resident or representative the rationale of any prescribed therapeutic diet. The physician and dietitian will communicate the risks and benefits of specialized therapeutic vs. liberalized diets.
6. Therapeutic diets will be ordered only after the resident/representative agrees with and consents to such a diet.
7. The resident has the right not to comply with therapeutic diets.
8. If the resident refuses or is unhappy with his or her diet, the staff will create a care plan that the resident is satisfied with.
9. Documenting that a resident is refusing meals due to "non-compliance" with diet orders is not appropriate.
10. The food services department will offer a variety of foods at each scheduled meal, as well as access to nourishing snacks throughout the day and night.
11. The facility's quality assessment and performance improvement (QAPI) committee will periodically review issues related to food preferences and meals to try to identify more widespread concerns about meal offerings, food preparation, etc.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b); §483.60(d)
<b>Survey Tag Numbers</b>	F636; F805; F806; F807
<b>Other References</b>	Pioneer Network Food and Clinical Standards Task Force, <i>New Dining Practice Standards</i>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0758)



# Resident-Maintained Gardens

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## Policy Statement

Produce harvested from resident-maintained gardens may be served to residents as long as the produce is stored, prepared and served under sanitary conditions.

## Policy Interpretation and Implementation

1. The use of fresh produce in resident food choices is encouraged, including produce grown in resident-maintained gardens.
2. The facility shall follow safe food handling practices at all times, including the handling of produce harvested from resident-maintained gardens.
3. The facility will follow state and local requirements related to food grown on site for resident consumption.
4. Food safety tips for growing and preparing produce intended for consumption include the following:
  - a. Preventing contamination is more effective in preventing foodborne illness than relying on cooking or washing produce.
  - b. During the growing and harvesting seasons, keep gardens as free from domestic and wild animals as possible.
    - (1) Consider fencing the garden area.
    - (2) Remove unnecessary vegetation from the edges of produce gardens. These can attract nesting birds and animals.
    - (3) Remove decaying produce, or anything that would attract pests, from the garden.
  - c. Keep harvesting supplies and equipment clean.
  - d. Use domestic green manure or heat-treated manure for fertilizer. Do not use manure from dogs, cats or pigs to fertilize the garden.
  - e. Maximize the time between manure application and harvest.
  - f. Do not use “gray water” (wastewater from showers, baths, washing machines, etc.) to irrigate the garden.
  - g. Minimize contact between water and the edible parts of plants.
  - h. Use only potable water for watering leaves and/or washing produce.
5. Follow hand hygiene practices before and after gardening and before handling fresh produce.
6. Report any outbreaks of foodborne illness to the local health department.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(i)
<b>Survey Tag Numbers</b>	F812
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Preventing Foodborne Illness – Food Handling</a>
<b>Version</b>	1.0 (H5MAPL1425)

# Residents on Leave or Pass

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## Policy Statement

The food services department shall be notified when a resident will be away from the facility during scheduled meal times.

## Policy Interpretation and Implementation

1. Nursing services will notify the food services department when a resident will be away from the facility during meal times. Notification will be in writing unless time constraints require verbal notification.
2. Such information will include, but is not necessarily limited to:
  - a. which meal(s) the resident will miss;
  - b. how long the resident will be absent; and
  - c. which meal the resident will be served upon returning to the facility.
3. Should the resident return before his/her scheduled return date, or will be away longer than planned, nursing services will notify the food services department of such information.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(g)(1)-(3)
<b>Survey Tag Numbers</b>	F692
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL0774)

# Assisting the Impaired Resident with In-Room Meals

Level I

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## Purpose

The purpose of this procedure is to provide appropriate support for residents who need assistance with eating.

## Preparation

1. Review the resident's care plan and provide for any special needs of the resident.
2. Assemble equipment and supplies needed.
3. Check the tray before serving it to the resident to be sure that it is the correct diet ordered and that the food consistency is appropriate to the resident's ability to chew and swallow.
4. Ensure that the necessary non-food items (i.e., silverware, napkin, special devices, straw, etc.) are on the tray. Report or replace missing items.
5. If food has been spilled on the tray, clean the tray before serving to the resident. If necessary, return the tray to the kitchen for a replacement tray.
6. Check that hot foods are hot (but not scalding temperature) and that cold foods are cold.
7. To minimize the risk of foodborne illness, the time that potentially hazardous foods remain in the "danger zone" (41°F to 135°F) will be kept to a minimum. Foods that are left on trays without a source of heat (for hot foods) or refrigeration (for cold foods) longer than 2 hours will be discarded.
8. Be sure the resident is prepared to receive the meal (i.e., offered bedpan or urinal, face and hands washed, hair combed, etc.).
9. The resident should be positioned so his or her head and upper body are as upright as possible and with the head tipped slightly forward. If the resident is served his or her meal in bed, use wedges and pillows to achieve a nearly upright position.
10. Avoid loud noises, bright lights, and sudden movements to make the mealtime more relaxing and to help the resident eat better.
11. Employees must wash their hands before serving food to residents. It is not necessary to wash hands between each resident tray; however, if there is contact with soiled dishes, clothing or the resident's personal effects, the employee must wash their hands before serving food to the next resident.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Food service tray;
2. Silverware, napkin and flexible straw;
3. Special feeding devices (as indicated);
4. Condiments (i.e., ketchup, mustard, salt, pepper, etc.) as permitted by the diet;
5. Wash cloth and towel;
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
7. Other as necessary or appropriate.

## Steps in the Procedure

1. Place the tray on the overbed table or bedside table. Be sure that eating utensils are within easy reach.
2. Remove food covers.

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3. If you are going to be seated during the feeding, position a chair where it will be convenient for you and the resident.
4. Place a napkin under the resident's chin.
5. Season the resident's food according to his or her likes and in accordance with the resident's diet.
6. Use utensils to feed the resident.
7. Fill the spoon only half-full. Feed the resident from the tip of the spoon, not the side.
8. Put the food in one side of the resident's mouth so that he or she can chew it more easily. (Note: If the resident is partially paralyzed, put the food in the side of the mouth that is not paralyzed.)
9. If the resident is visually impaired, identify the foods and ask him or her in what order he or she would like to eat them.
10. Alternate food and liquids.
11. If more than one beverage is served, use a different straw for each beverage.
12. Tell the resident if the food or beverage is hot or cold.
13. Feed the resident slowly. Allow plenty of time between mouthfuls. Wipe the resident's mouth as often as necessary.
14. If the resident is visually impaired and wishes to feed himself or herself, identify the foods on the tray and use the clock method to describe the location of the foods (i.e., beverage at 1:00, meat at 9:00, potatoes at 6:00, etc.).
15. Encourage the resident to eat all of his or her meal, but do not force him or her to eat.
16. When the resident has finished his or her meal, wipe his or her mouth, or allow the resident to do it himself or herself.
17. Remove the tray when the resident has finished his or her meal. (Note: Allow the resident plenty of time to eat his or her meal.)
18. Wash the resident's face and hands after removing the meal tray.
19. If the resident is in a chair and wishes to return to bed, assist him or her to bed. However, if permitted, encourage the resident to stay up as long as possible.
20. Place the call light within easy reach of the resident.
21. Remove all equipment and supplies from the eating area.
22. Clean the overbed table and return it to its proper position.
23. Make the resident comfortable.
24. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
25. Place the wash cloth and towel in the soiled laundry container.
26. Wash your hands.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. How much of the meal the resident consumed (i.e., 25%, 50%, 75%, etc.).
4. If and how the resident participated, or any changes in the resident's ability to participate with the meal.
5. Any special request(s) made by the resident concerning his or her eating time or food likes and dislikes.
6. Any difficulty the resident had in feeding himself or herself, chewing, or swallowing.
7. If the resident refused the meal or to eat, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the meal or to eat.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section B; Section G; Section K; (CAA 3; CAA 5; CAA12)
<b>Survey Tag Numbers</b>	F805; F808; F810; F813; F811
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Assistance with Meals</a>
<b>Version</b>	2.0 (H5MAPR0028)

# Assisting the Resident with In-Room Meals

## Level I

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### Purpose

The purpose of this procedure is to provide appropriate assistance for residents who choose to receive meals in their rooms.

### Preparation

1. Review the resident's care plan and provide for any special needs of the resident.
2. Assemble equipment and supplies needed.
3. Check the tray before serving it to the resident to be sure that it is the correct diet ordered and that the food consistency is appropriate to the resident's ability to chew and swallow.
4. Ensure that the necessary non-food items (i.e., silverware, napkin, special devices, straw, etc.) are on the tray. Report or replace missing items.
5. If food has been spilled on the tray, clean the tray before serving to the resident. If necessary, return the tray to the kitchen for a replacement tray.
6. Check that hot foods are hot (but not scalding temperature) and cold foods are cold.
7. To minimize the risk of foodborne illness, the time that potentially hazardous foods remain in the "danger zone" (41°F to 135°F) will be kept to a minimum. Foods that are left on trays without a source of heat (for hot foods) or refrigeration (for cold foods) longer than 2 hours will be discarded.
8. Be sure the resident is prepared to receive the meal (i.e., offered bedpan or urinal, face and hands washed, hair combed, etc.).
9. The resident should be positioned so his or her head and upper body are as upright as possible and with the head tipped slightly forward. If the resident is served his or her meal in bed, use wedges and pillows to achieve a nearly upright position.
10. Be sure that everyone is served.
11. Employees must wash their hands before serving food to residents. It is not necessary to wash hands between each resident tray; however, if there is contact with soiled dishes, clothing or the resident's personal effects, the employee must wash his/her hands before serving food to the next resident.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Food service tray;
2. Silverware, napkin and flexible straw;
3. Special feeding devices (as indicated);
4. Condiments (i.e., ketchup, mustard, salt, pepper, etc.) as permitted by the diet;
5. Wash cloth and towel; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the tray on the overbed table or serving area. Be sure it is adjusted to a comfortable position and height for the resident.
2. Arrange the dishes and silverware so that they can be easily reached by the resident.

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3. Place the drink within easy reach. Open beverage cartons as necessary.
4. Assist resident as necessary. However, encourage the resident to feed himself or herself as much as possible.
5. Place the call light within easy reach of the resident.
6. Once you are certain that you have given the resident adequate assistance, exit the room and allow the resident to eat his or her meal.
7. Remove the tray when the resident has finished his or her meal. (Note: Allow the resident plenty of time to eat his or her meal.)
8. Wash the resident's face and hands after removing the meal tray.
9. Clean the overbed table and return it to its proper position.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
13. Place the wash cloth and towel in the soiled laundry container.
14. Wash your hands.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. How much of the meal the resident consumed (i.e., 25%, 50%, 75%, etc.).
4. If and how the resident participated, or any changes in the resident's ability to participate with the meal.
5. Any special request(s) made by the resident concerning his or her eating time or food likes and dislikes.
6. Any difficulty the resident had in feeding himself or herself, chewing or swallowing.
7. If the resident refused the meal or to eat, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the meal or to eat.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5, CAA 12)
<b>Survey Tag Numbers</b>	F684; F676; F813; F811
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Assistance with Meals</a>
<b>Version</b>	2.0 (H5MAPR0249)



# Preparing the Resident for a Meal

Level I

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## Purpose

The purpose of this procedure is to prepare the resident and the environment in order to help make meal time pleasant for the resident.

## Preparation

1. Review the resident's care plan and provide for any special needs of the resident.
2. Remind residents that mealtime is approaching. Assist them as necessary to the dining room or to the eating area.
3. Residents should be encouraged, but not forced, to eat in the dining room. This provides each resident with an opportunity to socialize and make new friends.
4. If the resident is to be served in his or her room, remove unpleasant items (i.e., bedpans, urinals, emesis basins, etc.) from the eating area.
5. Be sure that the room is comfortable (i.e., not too cold or warm) and has a relaxing environment (i.e., free of unpleasant odors, loud noises, bright lights, etc.).
6. If the resident is ambulatory, be sure that the resident is dressed and that his or her hair is combed. (Note: The resident may wear his or her pajamas and robe when in-room meals are served if he or she so desires.)
7. Unless otherwise indicated, residents whose meals are served in bed should be properly positioned by using wedges and pillows to achieve a nearly upright position. (Note: Having the resident in the sitting position, with the head slightly forward, will lessen the possibility of choking.)
8. Assemble all necessary equipment and supplies to perform the procedure and take them to the resident's room.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Warm water (115° F [46.1° C] );
2. Soap;
3. Individual wash basin;
4. Wash cloth;
5. Towel;
6. Bedpan or urinal; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
2. Fill the basin with warm water and take it to the resident's bedside.
3. Put on clean gloves.
4. Provide mouth care as necessary. If dentures are worn, assist the resident in inserting them.
5. Offer the resident the bedpan or urinal before the meal is served.
6. Encourage the resident to wash his or her face and hands. Assist as needed.

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7. Dry the face and hands with a towel.
8. If the resident is permitted to be out of bed, assist him or her into a chair. Dress the resident in his or her robe and slippers.
9. If the resident is to eat in bed, raise the bed to a nearly upright position, if permitted. Support the resident with pillows and/or wedges.
10. Place the call light within easy reach of the resident.
11. Remove all equipment and supplies from the eating area.
12. Clean the overbed table and bedside stand.
13. Place the overbed table or eating tray in a convenient place for the resident.
14. Pour the contents of the bedpan or urinal, and the washbasin down the commode. Flush the commode.
15. Clean and return the bedpan or urinal and wash basin to their designated storage areas.
16. Place the washcloth and towel in the soiled laundry container.
17. Remove gloves and discard into designated container.
18. Wash your hands.
19. Unless the resident desires privacy during his or her meal, return the door and curtains to an open position and tell visitors who are waiting that they may now enter the room.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F800
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Assistance with Meals</a> <a href="#">Assisting the Resident with In-Room Meals</a>
<b>Version</b>	1.3 (H5MAPR0218)

# Snacks (Between Meal and Bedtime), Serving

Level I

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## Purpose

The purpose of this procedure is to provide the resident with adequate nutrition.

## Preparation

1. Review the resident's care plan and provide for any special needs of the resident.
2. Assemble equipment and supplies needed.
3. Check the tray before serving the snack to be sure that it is the correct diet ordered and that the food consistency is appropriate to the resident's ability to chew and swallow.
4. Ensure that the necessary non-food items (i.e., flexible straw, special devices, etc.) are on the tray. Report or replace missing items.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Snack tray;
2. Silverware;
3. Napkin;
4. Special feeding devices (as indicated);
5. Condiments (as permitted by the diet);
6. Flexible straw;
7. Wash cloth and towel; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the snack on the overbed table or serving area. Be sure the overbed table is adjusted to a comfortable position and height for the resident. Arrange the supplies so that they can be easily reached by the resident.
2. Assist the resident to a nearly upright position.
3. Arrange the snack so that it can be easily reached by the resident.
4. Place beverages within easy reach. Open beverage cartons as necessary.
5. Assist the resident as necessary. However, encourage the resident to feed himself or herself as much as possible.
6. Place the call light within easy reach of the resident.
7. Once the resident has received adequate assistance, exit the room and allow the resident to eat his or her snack.
8. Remove the snack tray when the resident has finished his or her snack. (**Note:** Allow the resident plenty of time to eat his or her snack.)
9. Wash the resident's face and hands after removing the snack tray.
10. Clean the overbed table and return it to its proper position.
11. If the resident is in a chair and wishes to return to bed, assist him or her to bed. However, if permitted, encourage the resident to stay up as long as possible.
12. Discard all disposable items into the trash receptacle.

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13. Reposition the covers and make the resident comfortable.
14. Place the call light within easy reach of the resident.
15. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
16. Wash your hands.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the snack was served.
2. The name and title of the individual(s) who served the snack.
3. The amount of snack eaten by the resident (i.e., 50%, 75%, etc.).
4. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
5. Any special request(s) made by the resident concerning his or her eating time or food likes and dislikes.
6. Any difficulty the resident had in feeding himself or herself, chewing or swallowing.
7. If the resident refused the snack, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the snack and why.
2. Report any problems or complaints made by the resident related to the snack.
3. Report any difficulties the resident had with chewing or swallowing his or her food.
4. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section F; Section K; (CAA 12)
<b>Survey Tag Numbers</b>	F809
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPR0255)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Infection Control**

Item # H50075

WINDSOR 001950

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Infection Control**

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#### **Guidelines**

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Hepatitis B General Information  
Immunization of Healthcare Personnel – Summary of Recommendations (ACIP)  
Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities  
Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 (Updated February 15, 2017)  
Prevention of Herpes Zoster  
Recommendations for Identification and Public Health Management of Persons with Chronic HBV Infection  
Recommendations for Use of Zoster Vaccine  
Reprocessing Methods for Equipment Used in the Health-Care Setting  
Resources for HIV/PEP Consultation  
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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Infection Control**

#### **Appendices - Flash Drive Only**

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Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

Surveillance Tools – Nursing Unit (E-Tool)

Surveillance Tools – Facility Wide (E-Tool)

# Blood or Body Fluids Exposure

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## Policy Statement

Any employee exposure to blood or body fluids occurring on our premises must be reported to the infection preventionist (or designee).

## Policy Interpretation and Implementation

1. Each employee must report any significant cuts or skin wounds that he/she may have to his/her supervisor or to the infection preventionist (or designee) prior to performing any task(s) that may involve potential exposure to blood or body fluids.
2. An employee with impairment of normal skin condition (e.g., wounds, cuts, scrapes, dermatitis, chapped skin, rash, etc.) must wear appropriate protective equipment (i.e., occlusive bandages, gloves, gown, masks, etc.) when performing tasks that may involve exposure to blood or body fluids.
3. All blood or body fluids should be considered potentially infectious at all times.
4. Staff must wear protective clothing when providing treatment to a resident with a potentially contagious bloodborne illness.
5. Should skin exposure to blood or body fluids occur, the employee should:
  - a. stop the procedure as soon as it is safe and/or practical to do so;
  - b. wash the exposed area thoroughly with soap and running water;
  - c. report the incident to his/her supervisor, who will report to the infection preventionist (or designee);
  - d. fill out and complete an exposure report form; and
  - e. obtain further counseling from the infection preventionist regarding the exposure.
6. If the skin exposure involves large amounts of blood or prolonged contact with blood, especially if the exposed skin is chapped or otherwise broken, use alcohol or peroxide as an antiseptic after thorough handwashing.
7. Should exposure to blood or body fluids occur to the eyes or mouth, the employee should:
  - a. flush the exposed area immediately with water;
  - b. if desired, rinse the mouth with peroxide;
  - c. report the incident to the individual's supervisor, who will report it to the infection preventionist (or designee);
  - d. complete an exposure report form; and
  - e. obtain further counseling from the infection preventionist regarding the exposure.
8. Should an exposure to blood/body fluids occur from a needlestick, cut from a sharp instrument, or contamination of an open wound or broken skin, the employee should:
  - a. allow the wound to bleed freely;
  - b. wash the exposed area with soap and water;
  - c. apply antiseptic as desired:
    - (1) isopropyl alcohol 70%; or
    - (2) hydrogen peroxide 3%.
  - d. report the incident to the infection preventionist (or designee);

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- e. complete an exposure report form; and
  - f. obtain further counseling from the infection preventionist regarding the exposure.
9. Our facility follows current CDC guidelines and recommendations governing occupational exposure to blood and/or body fluids.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a); §483.70(b)
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	CDC guidelines and OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.cdc.gov">http://www.cdc.gov</a> and <a href="http://www.osha.gov">http://www.osha.gov</a>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0093)

# Cleaning and Disinfection of Environmental Surfaces

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## Policy Statement

Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA bloodborne pathogens standard.

## Policy Interpretation and Implementation

1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care and those in the resident's environment:
  - a. **Critical items** consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.
  - b. **Semi-critical items** consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)
  - c. **Non-critical items** are those that come in contact with intact skin but not mucous membranes.
    - (1) Non-critical environmental surfaces include bed rails, some food utensils, bedside tables, furniture and floors.
    - (2) Most non-critical items can be decontaminated where they are used (as opposed to being transported to a central processing location).
2. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions.
  - a. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes.
  - b. By law, all applicable label instructions on EPA-registered products must be followed.
3. Devices that are used by staff but not in direct contact with residents (e.g., computer keyboards, PDAs, etc.) shall be cleaned and disinfected regularly (according to facility schedule) by the environmental services staff and as needed by the nursing staff.
4. Intermediate and low-level disinfectants for non-critical items include:
  - a. ethyl or isopropyl alcohol;
  - b. sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. phenolic germicidal detergents;
  - d. iodophor germicidal detergents; and
  - e. quaternary ammonium germicidal detergents (low-level disinfection only).
5. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including:
  - a. recommended use-dilution;
  - b. material compatibility;
  - c. storage;
  - d. shelf-life; and
  - e. safe use and disposal.

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6. A one-step process and an EPA-registered hospital disinfectant designed for housekeeping purposes will be used in resident care areas where:
  - a. uncertainty exists about the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or
  - b. uncertainty exists about the presence of multidrug-resistant organisms on such surfaces.
7. Detergent and water will be used for cleaning surfaces in non resident care areas (e.g., administrative offices).
8. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical surfaces.
9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled.
10. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.
11. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled.
12. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently (e.g., floor mopping solution will be replaced every three resident rooms, or changed no less often than at 60-minute intervals).
13. Mop heads and cleaning cloths will be decontaminated regularly (e.g., laundered and dried at least daily).
14. Horizontal surfaces will be wet dusted regularly (e.g., daily, three times per week) using clean cloths moistened with an EPA-registered hospital disinfectant (or detergent). The disinfectant (or detergent) will be prepared as recommended by the manufacturer.
15. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA bloodborne pathogens standard).
16. The following procedures will be implemented for site decontamination of spills of blood or other potentially infectious materials (OPIM):
  - a. Use protective gloves and other PPE (e.g., when sharps are involved use forceps to pick up sharps and discard these items in a puncture-resistant container) appropriate for this task.
  - b. Disinfect areas contaminated with blood spills using an EPA-registered tuberculocidal agent, a registered germicide on the EPA lists D and E (i.e., products with specific label claims for HIV and HBV) or freshly diluted hypochlorite solution.
  - c. If sodium hypochlorite solutions are selected use a 1:100 dilution to decontaminate nonporous surfaces after a small spill (e.g., <10 mL) of either blood or OPIM.
  - d. If a spill involves large amounts (e.g., >10 mL) of blood or OPIM, or involves a culture spill in the laboratory, use a 1:10 dilution for the first application of hypochlorite solution before cleaning in order to reduce the risk of infection during the cleaning process in the event of a sharps injury.
  - e. Follow this decontamination process with a terminal disinfection, using a 1:100 dilution of sodium hypochlorite.
17. If the spill contains large amounts of blood or body fluids, the visible matter will be cleaned with disposable absorbent material, and the contaminated materials discarded in an appropriate, labeled container.

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18. Protective gloves and other PPE appropriate for this task will be used.
19. In units with high rates of endemic *Clostridium difficile* infection or in an outbreak setting, dilute solutions of 5.25%–6.15% sodium hypochlorite (e.g., 1:10 dilution of household bleach) or an EPA registered antimicrobial product effective against *Clostridium difficile* spores will be used for routine environmental disinfection. If chlorine solution is not prepared fresh daily, it will be stored at room temperature for up to 30 days in a capped, opaque plastic bottle. (Note: A 50% reduction in chlorine concentration will occur by day 30.)
20. An EPA-registered sodium hypochlorite product is preferred, but if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<p>OSHA’s Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a>;</p> <p>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 at: <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a></p> <p>For lists of Selected EPA- Registered Disinfectants see <a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a></p>
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Resident-Care Items and Equipment</a>
<b>Version</b>	1.2 (H5MAPL1198)

# Cleaning and Disinfection of Resident-Care Items and Equipment

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## Policy Statement

Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA bloodborne pathogens standard.

## Policy Interpretation and Implementation

1. The following categories are used to distinguish the levels of sterilization/ disinfection necessary for items used in resident care:
  - a. **Critical items** consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.
  - b. **Semi-critical items** consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)
  - c. **Non-critical items** are those that come in contact with intact skin but not mucous membranes.
    - (1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers.
    - (2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location).
  - d. **Reusable items** are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment).
    - (1) **Single resident-use items** are cleaned/disinfected between uses by a single resident and disposed of afterwards (e.g., bedpans, urinals).
  - e. **Single-use items** are disposed of after a single use (e.g., thermometer probe covers).
  - f. **Reprocessed single-use devices** are those that have been previously used by a resident and then subjected to additional processing (manufacturing) for the purpose of an additional single use on another resident. Use of reprocessed single-use devices is permitted if:
    - (1) The device is reprocessed by a FDA-registered third party preprocessor; and
    - (2) There is documentation from the third party processor indicating that it has been cleared by the FDA to reprocess the device.
2. Critical and semi-critical items will be sterilized/disinfected in a central processing location and stored appropriately until use. Equipment to be processed will be labeled with at least the following information:
  - a. That the equipment is contaminated;
  - b. The address to which the equipment is to be shipped;
  - c. The address from which the equipment was removed (including telephone number);
  - d. The name of the person labeling the equipment; and
  - e. The date and time the label was affixed to the equipment.
3. Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.
4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions.

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5. Only equipment that is designated reusable shall be used by more than one resident.
6. Single use items will be discarded after a single use.
7. Intermediate and low-level disinfectants for non-critical items include:
  - a. ethyl or isopropyl alcohol;
  - b. sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. phenolic germicidal detergents;
  - d. iodophor germicidal detergents; and
  - e. quaternary ammonium germicidal detergents (low-level disinfection only).
8. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical items.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at <a href="http://www.osha.gov">www.osha.gov</a> CDC <i>Guideline for Disinfection and Sterilization in Healthcare Facilities</i> , 2008 at <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a> Selected EPA-Registered Disinfectants: <a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a>
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Environmental Surfaces</a>
<b>Version</b>	1.3 (H5MAPL0175)



# Cleaning Spills or Splashes of Blood or Body Fluids

## Policy Statement

Spills or splashes of blood or other body fluids must be cleaned and the spill or splash area decontaminated as soon as practical.

## Policy Interpretation and Implementation

1. Whoever spills or splashes blood or body fluid, or witnesses splattered or spilled blood anywhere in the facility, shall notify environmental services that a spill or splash of blood or body fluids has occurred and shall provide pertinent information, including the amount and area in which the incident occurred.
2. An appropriately trained and authorized individual shall clean and disinfect any surfaces or equipment contaminated with spills or splashes of blood or body fluids as soon as practical to prevent exposure.
3. Whoever is exposed to blood or body fluids shall report the occurrence to the infection preventionist (or designee) and wash his/her hands as soon as practical after exposure.
4. Staff must wear gloves when cleaning spills or splashes of blood or body fluids. (Note: Other protective equipment, i.e., gowns, masks, and goggles, may be necessary if splashing of blood or body fluids into the eyes, nose, or mouth, or soiling of clothing is likely. Shoe coverings will be necessary if there is a large amount of blood or body fluids on the floor.)
5. Wash hands as soon as practical after exposure to blood or body fluids.
6. The facility has established procedures governing the cleaning and disinfection of spills or splashes of blood or body fluids.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a); §483.70(b)
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov">www.osha.gov</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	<a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Procedure)</a>
<b>Version</b>	1.2 (H5MAPL0130)

# Exposure Classification of Tasks/Procedures

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## Policy Statement

All tasks/procedures performed on the premises will be evaluated to determine the potential for exposure to bloodborne pathogens and other potentially infectious materials.

## Policy Interpretation and Implementation

1. The infection preventionist (or designee), with the assistance of the medical director and other staff, shall be responsible to identify, evaluate, and classify each task/procedure performed on premises.
2. Task/procedure classification will include as a minimum:
  - a. identifying body fluids that are likely to be contaminated with the AIDS (HIV) and hepatitis B and C (HBV/HCV) viruses;
  - b. determining the amount of body fluids that staff are likely to encounter as a result of performing a procedure;
  - c. determining the probability of the employee being exposed to contaminated body fluids as a result of performing the procedure;
  - d. identifying the ways in which the AIDS (HIV) or hepatitis B and C (HBV/HCV) viruses could enter the employee's body as a result of performing the procedure;
  - e. identifying the protective equipment that should be used while performing the procedure; and
  - f. identifying work practices necessary to perform the procedure.
3. A *Standard Precautions Barrier Checklist* will be developed, based on the foregoing task/procedure classifications.
4. At least annually, and in conjunction with other staff and the administration, the infection preventionist (or designee) will re-evaluate the task/procedure classifications to determine if any task/procedure should be reclassified to a higher or lower risk category.
5. Department heads and staff will be included in the classification effort as well as to help identify engineering controls that may be useful in preventing potential exposure to blood, body fluids or other potentially infectious materials.

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6. Inquiries concerning our facility's classification system should be referred to the infection preventionist (or designee).

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(b); §483.70(c)
<b>Survey Tag Numbers</b>	F836
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Exposure Determinations</a> <a href="#">Needlesticks and Cuts</a> <a href="#">Standard Precautions</a>
<b>Version</b>	1.2 (H5MAPL0298)

# Exposure Determinations

## Policy Statement

Job positions that require the performance of tasks involving potential exposure to blood or body fluids have been identified.

## Policy Interpretation and Implementation

1. Each job position has been evaluated to determine if such position requires the performance of any duty that involves the exposure, and/or potential exposure, to blood or body fluids.
2. Job positions are reviewed annually by the infection preventionist to determine if changes in exposure determinations are necessary. Such changes are made as appropriate.
3. Each employee is required to read and sign a copy of his/her respective job description prior to or upon reporting for work.
4. Bloodborne pathogens in-service training is provided to employees who serve in positions in which occupational exposure is likely to occur. Such training will be provided prior to the employee performing the task.
5. Should a job position be modified to include tasks that could result in occupational exposure, an in-service training class relative to the hazards involved with such tasks will be conducted prior to the employee's performance of his/her new task assignments.
6. Job positions requiring the performance of such tasks are appropriately identified and reviewed with each employee prior to or upon employment. Job positions have been classified as follows:

Job Positions in Which Exposure to Blood/Body Fluids May Occur	
Advanced Practice Registered Nurse (APRN)	Head Cook/Chef
Activity Assistant	Housekeeper
Activity Consultant	Housekeeping Supervisor
Activity Director	Infection Preventionist
Assistant Director of Nursing	Laundry Assistant
Certified Dietary Manager	Laundry Supervisor
Certified Medication Aide	Maintenance Assistant
Certified Nursing Assistant	MDS/RAI Coordinator
Charge Nurse/Nurse Supervisor	Medical Director
Consultant Dietitian	Memory Care Program Coordinator

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Job Positions in Which Exposure to Blood/Body Fluids May Occur	
Dental Consultant	Registered Nurse
Director of Environmental Services	Restorative Care Nurse
Director of Maintenance	Safety Compliance Officer
Director of Nursing	Social Worker
Director of Social Services	Unit Secretary
Director of Volunteers	Volunteer

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(b); §483.70(c)
<b>Survey Tag Numbers</b>	F836
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Exposure Classification of Tasks/Procedures</a> <a href="#">Needlesticks and Cuts</a>
<b>Version</b>	2.1 (H5MAPL0300)

# Handwashing/Hand Hygiene

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## Policy Statement

This facility considers hand hygiene the primary means to prevent the spread of infections.

## Policy Interpretation and Implementation

1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.
2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.
3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies.
4. Triclosan-containing soaps will not be used.
5. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility.
6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:
  - a. When hands are visibly soiled; and
  - b. After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and *C. difficile*.
7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:
  - a. Before and after coming on duty;
  - b. Before and after direct contact with residents;
  - c. Before preparing or handling medications;
  - d. Before performing any non-surgical invasive procedures;
  - e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites);
  - f. Before donning sterile gloves;
  - g. Before handling clean or soiled dressings, gauze pads, etc.;
  - h. Before moving from a contaminated body site to a clean body site during resident care;
  - i. After contact with a resident's intact skin;
  - j. After contact with blood or bodily fluids;
  - k. After handling used dressings, contaminated equipment, etc.;
  - l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;
  - m. After removing gloves;
  - n. Before and after entering isolation precaution settings;
  - o. Before and after eating or handling food;
  - p. Before and after assisting a resident with meals; and
  - q. After personal use of the toilet or conducting your personal hygiene.
8. Hand hygiene is the final step after removing and disposing of personal protective equipment.

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9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.
10. Single-use disposable gloves should be used:
  - a. before aseptic procedures;
  - b. when anticipating contact with blood or body fluids; and
  - c. when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.
11. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities, and is prohibited among those caring for severely ill or immunocompromised residents. The infection preventionist maintains the right to request the removal of artificial fingernails at any time if he or she determines that they present an unusual infection control risk.

## **Procedure**

### **Equipment and Supplies**

1. The following equipment and supplies are necessary for hand hygiene:
  - a. Alcohol-based hand rub containing at least 62% alcohol;
  - b. Running water;
  - c. Soap (liquid or bar; anti-microbial or non-antimicrobial);
  - d. Paper towels;
  - e. Trash can;
  - f. Lotion; and
  - g. Non-sterile gloves.

### **Washing Hands**

1. Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands.
2. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
3. Rinse hands with water and dry thoroughly with a disposable towel.
4. Use towel to turn off the faucet.
5. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

### **Using Alcohol-Based Hand Rubs**

1. Apply generous amount of product to palm of hand and rub hands together.
2. Cover all surfaces of hands and fingers until hands are dry.
3. Follow manufacturers' directions for volume of product to use.

### **Applying and Removing Gloves**

1. Perform hand hygiene before applying non-sterile gloves.
2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff.

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3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out.
4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove.
5. Perform hand hygiene.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>SHEA/ISDA Practice Recommendation. Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene (August 2014) <i>Infection Control and Hospital Epidemiology</i> 35(8): 937-60.</p> <p>World Health Organization. WHO Guidelines on Hand Hygiene in Health Care (2009)</p> <p>CDC Guideline for Hand Hygiene in Health-Care Settings (2002). <i>Morbidity and Mortality Weekly Report</i> (<a href="http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf</a>)</p>
<b>Related Documents</b>	<p><a href="#">Standard Precautions</a></p> <p><a href="#">How to Handrub? (Handrub Poster)</a></p> <p><a href="#">How to Handwash? (Handwash Poster)</a></p>
<b>Version</b>	2.3 (H5MAPL0362)



# Hepatitis B Vaccine

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## Policy Statement

Hepatitis B vaccination is offered to all unvaccinated adults at risk for HBV infection and for adults requesting protection from HBV infection, unless the vaccine is contraindicated.

## Policy Interpretation and Implementation

### Immunization of Staff

1. Our facility provides hepatitis B vaccines to staff who have not previously been immunized or who are not known to be immune to the hepatitis B virus (HBV).
2. If an individual has previously received the hepatitis vaccine series, his or her antibody to hepatitis B surface antigen (anti-HBs) status may be measured. If the anti-HBs is <10 mIU/mL, he or she will be offered one or more additional doses of Hep B vaccine and retested. (See Figure 1 below.)
3. Employees who are pregnant at the time of vaccination must provide the infection preventionist (or designee) with written authorization from an obstetrician before the vaccine may be administered.
4. Lactating mothers must provide the infection preventionist (or designee) with written authorization from a pediatrician before the vaccine may be administered.
5. All eligible employees are given the hepatitis B vaccine series free of charge.
6. If an employee receives the vaccine series from his or her personal physician, the employee should provide the infection preventionist (or designee) with proof of vaccination.
7. If an employee initially declines the vaccines, he or she may opt to receive the vaccine at a later time in accordance with this policy.

### Immunization of Residents

1. Residents are screened for vaccination status and risk for HBV infection and offered the vaccine if appropriate.
2. For residents who were previously vaccinated, serological testing prior to re-vaccination may be indicated.<sup>1</sup>
3. Serological testing<sup>2</sup> is considered for:
  - a. household, sexual, or needle contacts of hepatitis B surface antigen (HBsAg)–positive persons†;
  - b. HIV-positive persons†;
  - c. persons with elevated alanine aminotransferase/aspartate aminotransferase of unknown etiology†;
  - d. hemodialysis patients†;
  - e. men who have sex with men†;

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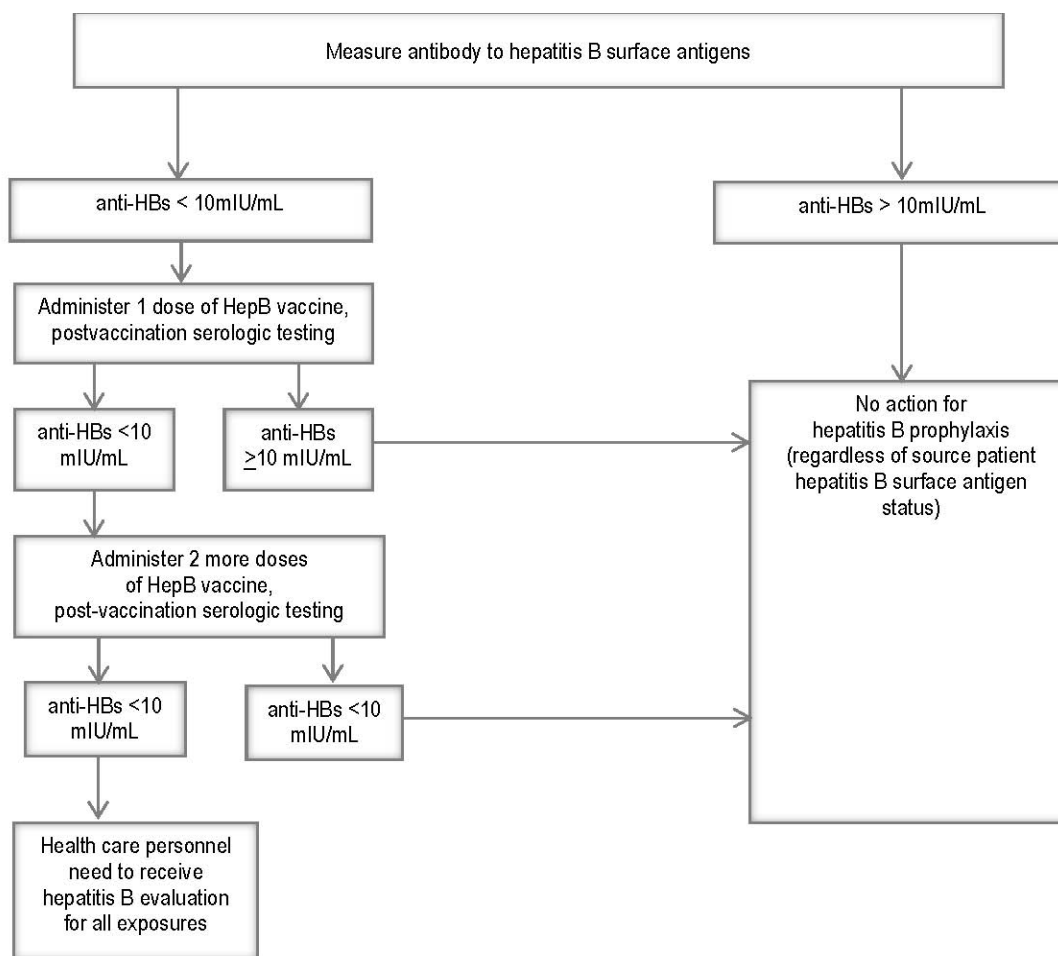
1. Serologic testing comprises testing for hepatitis B surface antigen (HBsAg), antibody to HBsAg, and antibody to hepatitis B core antigen.  
 2. †Denotes persons also recommended for hepatitis B vaccination. Serologic testing should occur prior to vaccination. Serologic testing should not be a barrier to vaccination of susceptible persons. The first dose of vaccine should typically be administered immediately after collection of the blood for serologic testing.

- f. past or current persons who inject drugs†;
  - g. persons born in countries of high and intermediate hepatitis B virus (HBV) endemicity (HBsAg prevalence  $\geq 2\%$ );
  - h. U.S.-born persons not vaccinated as infants whose parents were born in countries with high HBV endemicity ( $\geq 8\%$ );
  - i. persons needing immunosuppressive therapy, including chemotherapy, immunosuppression related to organ transplantation, and immunosuppression for rheumatologic or gastroenterologic disorders; or
  - j. donors of blood, plasma, organs, tissues, or semen.
4. Residents who have a history of immunosuppressive disorders, receive hemodialysis, or are infected with the human immunodeficiency virus (HIV), must have an order from their physician before the vaccine may be administered.
  5. Residents may be charged for the hepatitis vaccine.

### Informed Consent

1. Prior to vaccine administration, the infection preventionist (or designee) provides residents (or representatives) and staff with information pertaining to hepatitis B vaccination.
2. Staff and residents (or representatives) are required to sign an informed consent acknowledging their understanding of the information provided.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(b)
<b>Survey Tag Numbers</b>	F836
<b>Other References</b>	<p>Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices <a href="https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm">https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm</a></p> <p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards <a href="http://www.osha.gov/SLTC/bloodbornepathogens/index.html">www.osha.gov/SLTC/bloodbornepathogens/index.html</a></p> <p>Centers for Disease Control and Prevention's Guidelines and Recommendations <a href="http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm">www.cdc.gov/ncidod/diseases/hepatitis/index.htm</a></p> <p>Centers for Disease Control and Prevention's Immunization of Health-Care Personnel. <a href="http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf</a></p>
<b>Related Documents</b>	<p><a href="#">Hepatitis B Vaccine Acceptance/Declination (CP1815)</a></p> <p><a href="#">Immunization Record (CP1811)</a></p> <p><a href="#">Hepatitis B General Information</a></p>
<b>Version</b>	2.1 (H5MAPL0372)

**Figure 1.** Pre-exposure evaluation for health care personnel who were previously vaccinated.

Source: Adapted from CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part II: immunization of adults. MMWR 2006;55(No. RR-16)

# Herpes Zoster Vaccine

## Policy Statement

All residents over the age of 60 years will be offered the herpes zoster vaccine unless the resident's clinical condition or situation contraindicates administration of the vaccine.

## Policy Interpretation and Implementation

1. Prior to or upon admission, each resident will be assessed for eligibility to receive the herpes zoster vaccine, and when indicated the resident will be offered the vaccine within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been immunized.
2. Assessments of herpes zoster vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission.
3. Before receiving the herpes zoster vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the herpes zoster vaccine. (See current vaccine information statements at <http://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.) Provision of such education shall be documented in the resident's medical record.
4. Residents/representatives have the right to refuse vaccine. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the vaccine.
5. For residents who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's medical record.
6. Administration of the herpes zoster vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.
7. Inquiries concerning our facility's policies governing vaccinations should be referred to the infection preventionist or director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention's Vaccines and Immunizations website at: <a href="http://www.cdc.gov/vaccines/">http://www.cdc.gov/vaccines/</a>
<b>Related Documents</b>	Centers for Disease Control and Prevention's Immunization of Health-Care Personnel <a href="#">Herpes Zoster Vaccination – Informed Consent</a>
<b>Version</b>	1.3 (H5MAPL1012)

# HIV Antibody Testing and Post-Exposure Prophylaxis

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## Policy Statement

HIV antibody testing and post-exposure prophylaxis (PEP) will be made available to healthcare personnel as appropriate, following possible exposure in the workplace.

## Policy Interpretation and Implementation

1. HIV antibody testing will be made available to healthcare personnel following occupational:
  - a. parenteral exposure to blood or body fluids by needlestick or contamination of an open wound;
  - b. mucous membrane exposure to blood or body fluids;
  - c. cutaneous exposure to large amounts of blood; and
  - d. contact with blood, especially if skin is chapped, abraded, or inflamed.
2. If the healthcare personnel is exposed to a source person who is HIV infected, or there is reasonable suspicion of HIV infection, a PEP protocol will be initiated as soon as possible (within 72 hours).
3. The post exposure protocol includes:
  - a. counseling;
  - b. baseline and follow-up HIV antibody testing;
  - c. anti-retroviral therapy; and
  - d. monitoring for drug toxicity.
4. Initial counseling will be available to exposed individuals immediately after exposure. Exposed healthcare personnel will be re-evaluated within 72 hours of reported exposure.
5. Pre- and post-test counseling will be performed by a licensed healthcare professional knowledgeable in the indications, implications, and interpretations of HIV antibody testing.
6. Expert consultation will be sought under the following situations:
  - a. Exposure is reported later than 72 hours after the incident;
  - b. Source of exposure is unknown (e.g., needle stick from sharps container);
  - c. Exposed healthcare personnel is pregnant or breastfeeding;
  - d. Known resistance of source virus to one or more anti-retroviral agents;
  - e. Adverse reaction(s) to the medication regimen; and/or
  - f. Significant underlying illness of the exposed healthcare personnel.
7. All counseling, testing, and maintenance of files will be performed in a confidential manner.
8. The HIV status of the source individual will be determined (upon consent) as soon as possible after the exposure incident.
9. The source individual will be tested in accordance with current federal, state, and/or local regulations governing antibody testing. An informed consent from the source individual (or legal representative) will be obtained before conducting an HIV antibody test.
10. Baseline and follow-up testing (frequency and duration) of exposed healthcare personnel will be consistent with current guidelines and recommendations regarding PEP. Current recommendations are:

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- a. HIV tests at baseline (within 72 hours of reported exposure), then follow-up tests at 6 weeks, 12 weeks and 6 months after exposure.
  - b. If 4<sup>th</sup> generation (combination HIV p24 antigen–HIV antibody) test is used, test at baseline, 6 weeks and 4 months after exposure.
11. HIV test results will be forwarded to the healthcare professional selected by the facility, or chosen by the exposed individual, who will coordinate post-test counseling and therapy, as indicated and in accordance with current guidelines.
  12. Anti-retroviral therapy of exposed healthcare personnel will be implemented under the consultation of a physician or provider who has experience and expertise in the administration of anti-retroviral therapy and HIV transmission.
  13. Medication regimen will be started (upon consent) as soon as possible after occupational exposure.
  14. Exposed healthcare personnel will be counseled about the risks and benefits of post-exposure anti-viral therapy.
  15. Medication regimen and duration will follow current guidelines and recommendations for post-exposure prophylaxis.
  16. Healthcare personnel receiving anti-retroviral therapy will be monitored for drug toxicity, adverse effects, and potential drug interactions. Complete blood counts and renal and hepatic function tests should be ordered at baseline and 2 weeks after exposure. If toxicities are identified, an expert will be consulted for possible modification of the regimen.
  17. Should an employee be exposed to the blood of a known HIV antibody positive person, the employee will be offered the option of entering the Centers for Disease Control's (CDC) prospective surveillance system.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(b)
<b>Survey Tag Numbers</b>	F836
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov">http://www.osha.gov</a></p> <p>Society for Healthcare Epidemiology of America (SHEA) 2013. Updated US Public Health Service guidelines for the management of occupational exposure to human immunodeficiency virus and recommendations for post-exposure prophylaxis.  <a href="http://www.jstor.org/stable/10.1086/672271">http://www.jstor.org/stable/10.1086/672271</a></p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0378)

# Influenza, Prevention and Control of Seasonal

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## Policy Statement

This facility follows current guidelines and recommendations for the prevention and control of seasonal influenza.

## Policy Interpretation and Implementation

1. The prevention of seasonal influenza outbreaks is a coordinated effort which is organized by the infection preventionist and overseen by the medical director.
2. The strategies for prevention are reviewed annually and revised as necessary.

## Vaccination

1. The infection preventionist organizes and oversees an annual influenza vaccine campaign.
2. All residents and staff are offered the vaccine prior to the onset of the influenza season.
3. All residents and staff are encouraged to receive the vaccine unless there is a medical contraindication.
4. Systematic strategies to improve staff vaccination rates may include:
  - a. providing education about the risks and benefits of vaccination;
  - b. providing vaccine at no cost to staff;
  - c. improving access (e.g., offering vaccination at work and during work hours); and
  - d. mandating influenza vaccination for staff without contraindication.

## Surveillance

1. When there is influenza activity in the local community, or one laboratory-confirmed influenza case is identified in the facility, active daily surveillance for influenza illness is conducted among all new and current residents, healthcare personnel and visitors.

## Environmental Cleaning

1. Established procedures for environmental cleaning are based on current CDC recommendations.
2. Standard cleaning and disinfection procedures are used for influenza virus environmental control in all settings within the facility.
3. Management of laundry, food service utensils, and medical waste are also performed in accordance with standard procedures.

## Training and Education

1. All staff receive job- or task-specific education and training on preventing transmission of infectious agents, including influenza, during orientation to the facility.
2. Key aspects of influenza prevention and control training include:
  - a. the modes of influenza transmission;
  - b. influenza signs, symptoms, complications, and risk factors for complications;

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- c. self-assessment and reporting of signs and symptoms of influenza;
  - d. employee sick leave policies;
  - e. review of standard and transmission-based precautions;
  - f. appropriate use of personal protective equipment; and
  - g. engineering controls, work practices and procedures to reduce exposure.
3. New or revised information is provided during subsequent education and training programs.
  4. Competencies are evaluated and documented, as appropriate, for specific staff positions.
  5. Staff employed by outside employers must meet these education and training requirements through programs offered by the outside employer or by participation in our programs.

## **Visitation**

1. During periods of increased influenza activity in the community steps are taken to minimize elective visits by individuals with suspected or confirmed influenza.
2. Visitor restrictions may be considered at the discretion of the administrative staff, including the director of nursing services, the administrator and the infection preventionist.
3. All visitors are instructed to follow respiratory hygiene and cough etiquette precautions.

## **Influenza Control**

### **Symptomatic Residents and Visitors**

1. Residents and visitors are asked to inform staff if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever).
2. This request is made as part of the admission assessment process and/or during screening for communicable diseases.
3. Residents and visitors are reminded to report signs and symptoms of respiratory infection through the posting of signs at the entrance to and in public areas of the facility.
4. Staff are trained in recognizing and reporting signs of respiratory illness observed in residents.
5. All persons with symptoms of a respiratory infection are encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures throughout the duration of the stay/visit.
6. Visits to residents on precautions for influenza are scheduled and controlled to allow for:
  - a. screening visitors for symptoms of acute respiratory illness before entering the facility; and
  - b. providing instruction, before visitors enter residents' rooms, on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) while in the resident's room.
7. Visual alerts (e.g., signs, posters) are posted at the entrance to and in common areas of the facility to provide residents, visitors and staff with instructions about respiratory hygiene and cough etiquette. Instructions (in appropriate languages) include:
  - a. how to use facemasks or tissues to cover nose and mouth when coughing or sneezing and to dispose of contaminated items in waste receptacles; and
  - b. how and when to perform hand hygiene.

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8. Any resident with signs and symptoms of respiratory infection may be asked to take appropriate preventive actions (e.g., wearing a face mask) until he or she can be evaluated by a clinician.
9. Facemasks are provided to visitors with signs and symptoms of respiratory infection.
10. Supplies to perform hand hygiene are available to all residents and visitors in common areas and in resident rooms.

### **Symptomatic Healthcare Workers**

1. The infection preventionist and/or designee monitors and manages ill healthcare personnel.
2. Staff who develop fever and respiratory symptoms are:
  - a. instructed not to report to work, or if at work, to stop resident-care activities, don a facemask, and promptly notify their supervisor and the infection preventionist and/or designee before leaving work.
  - b. excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms will be considered for evaluation by the infection preventionist and/or designee to determine appropriateness of contact with residents.
  - c. considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for immunocompromised residents.
3. Staff with fever alone will follow the general policy for staff with fever until a more specific cause of fever is identified or until fever resolves.
4. Staff who develop acute respiratory symptoms without fever may still have influenza infection and are evaluated by the infection preventionist to determine appropriateness of contact with residents.
5. If assigned to care for immunocompromised residents the infection preventionist may consider, temporary reassignment or exclusion of staff from work for 7 days from symptom onset or until the resolution of all non-cough symptoms, whichever is longer.
6. Sick leave policies for staff are non-punitive, flexible and consistent with public health guidance to allow and encourage staff with suspected or confirmed influenza to stay home.

### **Laboratory Testing for Influenza**

1. Laboratory testing for influenza is considered for residents (whether or not it is influenza season):
  - a. with signs or symptoms of influenza ([Table 2](#)); OR
  - b. for high risk residents ([Table 4](#)) who have atypical signs and symptoms ([Table 3](#)); AND
  - c. for residents in which test results will influence clinical management.
2. Confirmation of influenza infection by laboratory testing is not required in order to prescribe antiviral medication, and antiviral treatment is not delayed while awaiting test results.

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## Antiviral Medication

1. Antiviral treatment and chemoprophylaxis are administered to residents and staff when appropriate, and in accordance with current CDC guidelines.

## Infection Precautions

1. Contact and droplet precautions are implemented for residents with suspected or confirmed influenza for seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautions may be applied for longer periods based on clinical judgment.
2. Information about residents with suspected, probable, or confirmed influenza is communicated to appropriate personnel before transferring them to other departments in the facility or to other facilities.
3. Residents are discharged from care when clinically appropriate, not based on the period of potential virus shedding or recommended duration of transmission-based precautions. Before discharge, the resident's diagnosis and current precautions are provided to care providers as well as transporting personnel.
4. Precautions for aerosol-generating procedures (e.g., suctioning, intubation, etc.) include:
  - a. only performing these procedures on residents with suspected or confirmed influenza if they are medically necessary and cannot be postponed;
  - b. limiting the number of staff present during the procedure to only those essential for resident care and support;
  - c. conducting the procedures in an airborne infection isolation room (AIIR) when feasible;
  - d. considering use of portable HEPA filtration units to further reduce the concentration of contaminants in the air;
  - e. wearing respiratory protection equivalent to a fitted N95 filtering face piece respirator or equivalent N95 respirator; and
  - f. conducting environmental surface cleaning following procedures.
5. Work accommodations to avoid potentially high-risk exposure scenarios, such as performing or assisting with aerosol-generating procedures on residents with suspected or confirmed influenza, are considered for staff at high risk for complications.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.; §483.80(d) Influenza and pneumococcal immunizations
<b>Survey Tag Numbers</b>	F880; F883
<b>Other References</b>	<a href="http://www.cdc.gov">www.cdc.gov</a> (What You Should Know about Using Facemasks and Respirators) <a href="http://www.fda.gov">www.fda.gov</a> (Masks and N95 Respirators) <a href="http://www.osha.gov">www.osha.gov</a> (OSHA Respiratory Protection eTool)
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Environmental Surfaces</a> <a href="#">Handwashing/Hand Hygiene</a> Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza <a href="#">Informed Consent for Influenza Vaccine (Inactivated or Recombinant)/Informed Consent for Pneumococcal Vaccine (CP1800-19)</a> <a href="#">Vaccine Information Statement – Influenza (Flu) Vaccine (Inactivated or Recombinant)</a> <a href="#">Vaccine Information Statement – Influenza (Flu) Vaccine (Live, Intranasal)</a> <a href="#">Visitation, Infection Control During</a>
<b>Version</b>	1.3 (H5MAPL1421)

# Influenza Vaccine

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## Policy Statement

All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza.

The facility shall provide pertinent information about the significant risks and benefits of vaccines to staff and residents (or residents' legal representatives); for example, risk factors that have been identified for specific age groups or individuals with risk factors such as allergies or pregnancy.

## Policy Interpretation and Implementation

1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccine is medically contraindicated or the resident or employee has already been immunized.
2. Employees hired or residents admitted between October 1st and March 31st shall be offered the vaccine within five (5) working days of the employee's job assignment or the resident's admission to the facility.
3. Employees will be offered the influenza vaccine at no charge, at a location onsite.
4. Prior to the vaccination, the resident (or resident's legal representative) or employee will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. (See current vaccine information statements at <https://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.) Provision of such education shall be documented in the resident's/employee's medical record.
5. For those who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's/employee's medical record.
6. A resident's refusal of the vaccine shall be documented on the *Informed Consent for Influenza Vaccine* and placed in the resident's medical record.
7. If an employee refuses the vaccine for reasons other than medical contraindication, this shall be documented on the *Employee Informed Consent for Influenza Vaccine*.
8. The infection preventionist will maintain surveillance data on influenza vaccine coverage and reported rates of influenza among residents and staff. Surveillance data will be made available to staff as part of educational efforts to improve vaccination rates among employees.
9. Only inactivated influenza vaccine will be offered to residents, pregnant employees, and employees who work directly with severely immunocompromised residents.
10. Residents and staff may obtain their influenza vaccines from their personal physicians. Documentation of previous vaccination should be provided to the facility.

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11. Administration of the influenza vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(d); §483.30(b); §483.80(a); §483.70(c)
<b>Survey Tag Numbers</b>	F883; F711; F880; F836
<b>Other References</b>	Centers for Disease Control and Prevention's websites at: <a href="http://www.cdc.gov/flu">www.cdc.gov/flu</a> and <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a>
<b>Related Documents</b>	<p>Employee Informed Consent for Influenza Vaccine (CP1816)</p> <p>Informed Consent for Influenza Vaccine (Inactivated or Recombinant) and Pneumococcal Vaccine (CP1800-19)</p> <p>Vaccine Information Statement – Influenza (Flu) Vaccine (Inactivated or Recombinant)</p> <p>Vaccine Information Statement – Influenza (Flu) Vaccine (Live, Intranasal)</p>
<b>Version</b>	2.3 (H5MAPL0408)

# Laundry and Bedding, Soiled

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## Policy Statement

Soiled laundry/bedding shall be handled, transported and processed according to best practices for infection prevention and control.

## Policy Interpretation and Implementation

### Handling

1. All used laundry is handled as potentially contaminated until it is properly bagged and labeled for appropriate processing.
  - a. Soiled laundry and bedding (e.g., personal clothing, uniforms, scrub suits, gowns, bed sheets, blankets, pillows, towels, etc.) contaminated with blood or other potentially infectious materials is handled as little as possible and with a minimum of agitation.
  - b. Laundry that is contaminated with blood or body substances is placed in leak-proof bags or containers.
  - c. Contaminated laundry is placed in a bag or container at the location where it is used and not sorted or rinsed at the location of use.

### Transport

1. Contaminated laundry bags/containers are not held close to the body or squeezed during transport.
2. There are no additional requirements for transporting linen from rooms where transmission-based precautions are in effect.
3. Linen carts are cleaned and disinfected whenever visibly soiled and according to the established schedule.
4. Carts that are used for transport of dirty linen are thoroughly cleaned and disinfected before being used to transport clean linens.
5. Clean linens are protected from dust and soiling during transport and storage to ensure cleanliness.
6. Clean linens are stored separately, away from soiled linens, at all times.

### Processing

1. Laundry services are provided by:
  - a. \_\_\_\_\_ (onsite); or
  - b. \_\_\_\_\_ (offsite).
2. Sharps containers are located in the laundry room. Sharps (e.g., needles, razor blades, etc.) found in laundry are discarded in the sharps container.
3. Forceps/tongs or similar safe sorting devices are available for sorting laundry.

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## Mattresses, Pillows and Overlays

1. Moisture-resistant mattress covers are cleaned and disinfected using EPA-registered disinfectants between uses by different residents.
2. Fabric mattress covers are laundered between uses by different residents.
3. Mattresses that are torn, stained with bodily fluids, or have been wet for prolonged periods are discarded.
4. Air fluidized beds and pressure-reducing overlays are maintained, cleaned, and replaced in accordance with manufacturers' instructions.
5. Washable pillows are laundered in hot water when soiled with bodily substances and before exchange between residents. Pillows that are torn, damaged, or permanently stained are discarded.

## Personal Clothing

1. Personal clothing that becomes soiled with blood or body fluids is covered (e.g., with a gown) or removed and immediately laundered before leaving the work area.
2. Employees' personal protective equipment, uniforms or clothing contaminated with blood or other potentially infectious materials are laundered, replaced, or repaired at no cost to the employee.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(e) Linens.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0458)

# **Legionella Surveillance and Detection**

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## **Policy Statement**

Our facility is committed to the prevention, detection and control of water-borne contaminants, including *Legionella*. Legionnaire's disease will be included as part of our infection surveillance activities.

## **Policy Interpretation and Implementation**

1. As part of the infection prevention and control program, all cases of pneumonia that are diagnosed in residents  $\geq 48$  hours after admission will be investigated for possible legionnaire's disease.
2. Clinical staff will be trained on the following signs and symptoms associated with pneumonia and Legionnaire's:
  - a. Cough;
  - b. Shortness of breath;
  - c. Fever;
  - d. Muscle aches;
  - e. Headache; and
  - f. Diarrhea, nausea and confusion associated with legionnaire's disease.
3. If pneumonia or legionnaire's disease are suspected, the nurse will notify the physician or practitioner immediately.
4. Residents who have signs and symptoms of pneumonia may be placed on transmission-based (droplet) precautions, although person-to-person transmission is rare.
5. Diagnosis of legionnaire's disease is based on a culture of lower respiratory secretions and urinary antigen testing (concurrently).
6. Depending on the severity of illness, a hospital transfer may be initiated.
7. If legionella is detected in one or more residents, the infection preventionist will:
  - a. initiate active surveillance for legionnaire's diseases;
  - b. notify the local health department; and
  - c. notify the administrator and the director of nursing services.
8. The infection preventionist will meet with the water management team to investigate the possible source of contamination.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Legionella Water Management Program</a>
<b>Version</b>	1.0 (H5MAPL1449)

# Legionella Water Management Program

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## Policy Statement

Our facility is committed to the prevention, detection and control of water-borne contaminants, including *Legionella*.

## Policy Interpretation and Implementation

1. As part of the infection prevention and control program, our facility has a water management program, which is overseen by the water management team.
2. The water management team will consist of at least the following personnel:
  - a. The infection preventionist;
  - b. The administrator;
  - c. The medical director (or designee);
  - d. The director of maintenance; and
  - e. The director of environmental services.
3. The purposes of the water management program are to identify areas in the water system where *Legionella* bacteria can grow and spread, and to reduce the risk of legionnaire's disease.
4. The water management program used by our facility is based on the Centers for Disease Control and Prevention and ASHRAE recommendations for developing a *Legionella* water management program.
5. The water management program includes the following elements:
  - a. An interdisciplinary water management team;
  - b. A detailed description and diagram of the water system in the facility, including the following:
    - (1) Receiving;
    - (2) Cold water distribution;
    - (3) Heating;
    - (4) Hot water distribution; and
    - (5) Waste.
  - c. The identification of areas in the water system that could encourage the growth and spread of *Legionella* or other waterborne bacteria, including the following:
    - (1) Storage tanks;
    - (2) Water heaters;
    - (3) Filters;
    - (4) Aerators;
    - (5) Showerheads and hoses;
    - (6) Misters, atomizers, air washers and humidifiers;
    - (7) Hot tubs;
    - (8) Fountains; and
    - (9) Medical devices such as CPAP machines, hydrotherapy equipment, etc.

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- d. The identification of situations that can lead to *Legionella* growth, such as:
    - (1) construction;
    - (2) water main breaks;
    - (3) changes in municipal water quality;
    - (4) the presence of biofilm, scale or sediment;
    - (5) water temperature fluctuations;
    - (6) water pressure changes;
    - (7) water stagnation; and
    - (8) inadequate disinfection.
  - e. Specific measures used to control the introduction and/or spread of *legionella* (e.g., temperature, disinfectants);
  - f. The control limits or parameters that are acceptable and that are monitored;
  - g. A diagram of where control measures are applied;
  - h. A system to monitor control limits and the effectiveness of control measures;
  - i. A plan for when control limits are not met and/or control measures are not effective; and
  - j. Documentation of the program.
6. The water management program will be reviewed at least once a year, or sooner if any of the following occur:
- a. The control limits are consistently not met;
  - b. There is a major maintenance or water service change;
  - c. There are any disease cases associated with the water system; or
  - d. There are changes in laws, regulations, standards or guidelines.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	ASHRAE Standard 188 CDC's <i>Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings</i>
<b>Related Documents</b>	<a href="#">Legionella Surveillance and Detection</a>
<b>Version</b>	1.0 (H5MAPL1450)

# Needlesticks and Cuts

## Policy Statement

All personnel must follow our facility's established procedures to help prevent injuries caused by needles, sharp blades, broken glass, or other sharp instruments or devices, and to report all such incidents that occur.

## Policy Interpretation and Implementation

1. The staff shall handle with caution used needles, sharp blades, broken glass, or other sharp objects or devices, to reduce the possibility of needlestick injuries and cuts.
2. To help prevent needlestick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
3. Staff shall place used needles and other sharp objects in puncture-resistant containers.
4. All personnel shall report needlestick injuries and cuts to their supervisor, who shall report the injury to the infection preventionist as soon as practical.
5. The facility has established procedures governing the handling and disposing of used needles and syringes. Copies of such procedures are available from the infection preventionist and director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a); §483.70(b)
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures and Needlestick Guidelines located at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Exposure Classification of Tasks/Procedures</a> <a href="#">HIV Antibody Testing and Post-Exposure Prophylaxis</a>
<b>Version</b>	1.2 (H5MAPL0534)

# Pneumococcal Vaccine

## Policy Statement

All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.

## Policy Interpretation and Implementation

1. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.
2. Assessments of pneumococcal vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission.
3. Before receiving a pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine. (See current vaccine information statements at <https://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.) Provision of such education shall be documented in the resident's medical record.
4. Pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol.
5. Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination.
6. For residents who receive the vaccines, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's medical record.
7. Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(d); §483.30(b); §483.80(a); §483.70(b)
<b>Survey Tag Numbers</b>	F883; F711; F880; F836
<b>Other References</b>	Centers for Disease Control and Prevention 2014. Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults ≥65 years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). <i>Morbidity and Mortality Weekly Report</i> 63(37): 822-825.
<b>Related Documents</b>	<a href="#">Immunization Record (CP1811)</a> <a href="#">Informed Consent for Influenza Vaccine (Inactivated or Recombinant) and Pneumococcal Vaccine (CP1800-19)</a> <a href="#">Vaccine Information Statement – Pneumococcal Conjugate Vaccine (PCV13)</a> <a href="#">Vaccine Information Statement – Pneumococcal Polysaccharide Vaccine (PPSV23)</a>
<b>Version</b>	2.1 (H5MAPL0650)

# Sharps Disposal

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## Policy Statement

This facility shall discard contaminated sharps into designated containers.

## Policy Interpretation and Implementation

1. Whoever uses contaminated sharps will discard them immediately or as soon as feasible into designated containers.
2. Contaminated sharps will be discarded into containers that are:
  - a. closable;
  - b. puncture resistant;
  - c. leakproof on sides and bottom;
  - d. labeled or color-coded in accordance with our established labeling system; and
  - e. impermeable and capable of maintaining impermeability through final waste disposal.
3. During use, containers for contaminated sharps will be handled as follows:
  - a. Designated individuals will ensure that the containers are easily accessible to employees and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
  - b. Nursing staff will ensure that the containers are maintained in an upright position throughout use; and
  - c. Designated individuals will be responsible for sealing and replacing containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container.
4. When moving containers of contaminated sharps from the area of use, employees must:
  - a. close the container immediately prior to removal or replacement to prevent contents from spilling or protruding during handling, storage, transport, or shipping;
  - b. place the container in a secondary container if leakage is possible; and
  - c. if a second container is used, it must be:
    - (1) closable;
    - (2) constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
    - (3) labeled or color-coded according to established policies governing the labeling of containers.
  - d. seal and replace containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container.

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5. No one shall open, empty, or manually clean reusable containers, or handle such containers in a manner which would expose him/her to the risk of percutaneous injury.
6. No one shall bend, recap, or break used syringe needles before discarding into the sharps container.
7. Whoever observes incorrect disposal or handling of contaminated sharps should report the information to the infection preventionist (or designee).

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards <a href="http://www.osha.gov">www.osha.gov</a> CDC's Guidelines for Environmental Infection Control in Healthcare Facilities <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0817)

# Standard Precautions

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## Policy Statement

Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.

## Policy Interpretation and Implementation

1. Standard precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases.
2. Personnel are trained in the various aspects of standard precautions to ensure appropriate decision-making in various clinical situations.
3. Residents and family members are provided with information pertaining to standard precautions and the prevention of infection upon the resident's admission to the facility.
4. Visitors are reminded and encouraged to maintain hand hygiene and follow instructions regarding infection prevention and control while in the facility.

Standard precautions include the following practices:

1. Hand hygiene
  - a. Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or the use of alcohol-based hand rub (ABHR), which does not require access to water.
  - b. Hand hygiene is performed with *ABHR* or *soap and water*:
    - (1) before and after contact with the resident;
    - (2) before performing an aseptic task;
    - (3) after contact with items in the resident's room; and
    - (4) after removing PPE.
  - c. Hands are *washed with soap and water* whenever:
    - (1) visibly soiled with dirt, blood, or body fluids;
    - (2) after direct or indirect contact with dirt, blood or body fluids;
    - (3) after removing gloves; and
    - (4) before eating and after using the restroom.
  - d. Sinks, soap, water, disposable towels and ABHR are available to personnel and visitors in readily accessible and visible locations throughout the facility.
  - e. Except as noted above, ABHR is preferred for hand hygiene.
  - f. Artificial fingernails are discouraged among staff with direct resident contact.
  - g. Personnel assist the residents with hand hygiene before meals, after toileting and when indicated.
  - h. Proper hand washing technique is described in the hand washing/ hand hygiene policy and procedure.
2. Gloves
  - a. Gloves (clean, non-sterile) are worn when in direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material.

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- b. Gloves are worn when in direct contact with a resident who is infected or colonized with organisms that are transmitted by direct contact. (For specific pathogens, refer to current CDC isolation precautions guidelines.)
  - c. Gloves are worn when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood, body fluids, or infectious organisms.
  - d. Gloves with fit and durability appropriate to the task are available to personnel at all times.
  - e. Gloves are changed as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a “dirty” site to a “clean” one).
  - f. Gloves are not to be reused.
  - g. Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident.
  - h. After gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environments.
3. Masks, Eye Protection, Face Shields
- a. Mask and eye protection or a face shield are worn to protect mucous membranes of the eyes, nose, and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
  - b. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
4. Gowns
- a. Gowns (clean, non-sterile) are worn to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of clothing.
  - b. Gowns that are appropriate to the task are available to personnel at all times.
  - c. Soiled gowns are removed as promptly as possible and hands washed to avoid transfer of microorganisms to other residents or environments.
  - d. Gowns are not reused.
5. Resident-Care Equipment
- a. Resident-care equipment soiled with blood, body fluids, secretions, and excretions are handled in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other residents and environments.
  - b. Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed.
  - c. Single use items are properly discarded.
6. Environmental Control
- a. Environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned.
7. Linen
- a. Linen soiled with blood, body fluids, secretions, excretions are handled and processed in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other residents and environments.

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8. Safe Needle Handling
  - a. Used needles are never recapped or otherwise manipulated using two hands, or any other technique that involves directing the point of a needle toward any part of the body.
  - b. Used needles are not removed from disposable syringes by hand, and not bent, broken, or otherwise manipulated by hand.
  - c. Used disposable syringes and needles, scalpel blades, and other sharp items are placed in appropriate puncture-resistant containers located as close as practicable to the area in which the items were used.
9. Safe Injection Practices – The following principles are applied to the use of needles, cannulas that replace needles, and intravenous delivery systems:
  - a. Always use aseptic technique when handling injection equipment.
  - b. Never re-use syringes, even if the needle or cannula on the syringe is changed.
  - c. Use IV administration sets for one resident only and dispose of appropriately after use.
  - d. Do not use bags of IV solution as a common source for multiple residents.
  - e. Use single-dose vials for parenteral medications.
  - f. Do not administer medications from single-dose vials to multiple residents.
  - g. If multi-dose vials are used, both the cannula and the syringe used to access the vial must be sterile. Discard if the sterility of the vial is compromised.
10. Respiratory Hygiene/Cough Etiquette – The following measures are implemented to contain respiratory secretions in residents, staff and visitors at the point of initial entry into the facility:
  - a. Signs posted at entrances in strategic places with instructions to residents, staff, and visitors to cover their mouths and noses when coughing or sneezing; use and dispose of tissues; and perform hand hygiene after hands have been in contact with respiratory secretions.
  - b. Availability of tissues and no-touch (e.g., foot-pedal operated) trash receptacles for the disposal of tissues.
  - c. Written materials and reminders posted in the facility regarding effective hand hygiene practices.
  - d. Availability of conveniently located supplies and equipment for hand hygiene (e.g., sinks, soap, paper towels, and alcohol-based hand rubs).
  - e. Availability of masks for residents and visitors who have symptoms of a respiratory infection.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<i>CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007</i>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Handwashing/Hand Hygiene</a>
<b>Version</b>	1.3 (H5MAPL0844)

# Surveillance for Infections

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## Policy Statement

The infection preventionist will conduct ongoing surveillance for healthcare-associated infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.

## Policy Interpretation and Implementation

1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and healthcare-associated infections, to guide appropriate interventions, and to prevent future infections.
2. The criteria for such infections are based on the current standard definitions of infections.
3. Infections that will be included in routine surveillance include those with:
  - a. evidence of transmissibility in a healthcare environment;
  - b. available processes and procedures that prevent or reduce the spread of infection;
  - c. clinically significant morbidity or mortality associated with infection (e.g., pneumonia, UTIs, *C. difficile*); and
  - d. pathogens associated with serious outbreaks. (e.g., invasive *Streptococcus* Group A, acute viral hepatitis, norovirus, scabies, influenza).
4. Infections that may be considered in surveillance include those with limited transmissibility in a healthcare environment; and/or limited prevention strategies.
5. Nursing staff will monitor residents for signs and symptoms that may suggest infection, according to current criteria and definitions of infections, and will document and report suspected infections to the charge nurse as soon as possible.
6. If a communicable disease outbreak is suspected, this information will be communicated to the charge nurse and infection preventionist immediately.
7. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
8. The charge nurse will notify the attending physician and the infection preventionist of suspected infections.
  - a. The infection preventionist and the attending physician will determine if laboratory tests are indicated, and whether special precautions are warranted.
  - b. The infection preventionist will determine if the infection is reportable.
  - c. The attending physician and interdisciplinary team will determine the treatment plan for the resident.
9. If transmission-based precautions or other preventative measures are implemented to slow or stop the spread of infection, the infection preventionist will collect data to help determine the effectiveness of such measures.

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10. When transmission of healthcare-associated infections continues despite documented efforts to implement infection control and prevention measures, the appropriate state agency and/or a specialist in infection control and epidemiology will be consulted for further recommendations.

### **Gathering Surveillance Data**

1. The infection preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data. The infection control committee and/or QAPI committee may be involved in interpretation of the data.
2. The surveillance should include a review of any or all of the following information to help identify possible indicators of infections:
  - a. Laboratory records;
  - b. Skin care sheets;
  - c. Infection control rounds or interviews;
  - d. Verbal reports from staff;
  - e. Infection documentation records;
  - f. Temperature logs;
  - g. Pharmacy records;
  - h. Antibiotic review; and
  - i. Transfer log/summaries.
3. If laboratory reports are used to identify relevant information, the following findings merit further evaluation:
  - a. Positive blood cultures;
  - b. Positive wound cultures that do not just represent surface colonization;
  - c. Positive urine cultures (bacteriuria) with corresponding signs and symptoms that suggest infection;
  - d. Positive sputum culture;
  - e. Other positive cultures (i.e., stool culture, eye cultures, etc.); and
  - f. All cultures positive for Group A Streptococcus.
4. After removing duplicates and negative reports, prioritize the reports as follows:
  - a. Multidrug-resistant reports:
    - (1) All multidrug-resistant reports require immediate attention.
    - (2) Ensure that appropriate precautions, if needed, are in place.
    - (3) If this is a new or unexpected report notify the administrator, director of nursing services, and medical director;
  - b. Blood cultures;
  - c. Positive wound cultures if there are corresponding signs and symptoms that indicate infection;
  - d. Positive sputum cultures;
  - e. Bacteriuria WITH corresponding signs and symptoms of UTI; and
  - f. Other positive cultures (i.e., eye cultures).
5. In addition to collecting data on the incidence of infections, the surveillance system is designed to capture certain epidemiologically important data that may influence how the overall surveillance data is interpreted; for example, focused surveillance data may be gathered for residents with a high risk for infection or those with a recent hospital stay.

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## Data Collection and Recording

1. For residents with infections that meet the criteria for definition of infection for surveillance, collect the following data as appropriate:
  - a. Identifying information (i.e., resident's name, age, room number, unit, and attending physician);
  - b. Diagnoses;
  - c. Admission date, date of onset of infection (may list onset of symptoms, if known, or date of positive diagnostic test);
  - d. Infection site (be as specific as possible, e.g., cutaneous infections should be listed as "pressure ulcer, left foot," pneumonia as "right upper lobe," etc.);
  - e. Pathogens;
  - f. Invasive procedures or risk factors (i.e., surgery, indwelling tubes, Foley, fractured hip, malnutrition, altered mental status, etc.);
  - g. Pertinent remarks (additional relevant information, i.e., temperatures, other symptoms of specific infection, white blood cell count, etc.). Also, record if the resident is admitted to the hospital, or expires; and
  - h. Treatment measures and precautions (interventions and steps taken that may reduce risk).
2. Using the current suggested criteria for healthcare-associated Infections, determine if the resident has a healthcare-associated infection.
3. For targeted surveillance and reporting through the CDC National Health Safety Network (NHSN), follow the surveillance protocols for each module using the data collection tools provided at <https://www.cdc.gov/nhsn/ltc/index.html>
4. For targeted surveillance using facility-created tools, follow these guidelines:
  - a. DAILY (as indicated): Record detailed information about the resident and infection on an individual infection report form (e.g., *Infection Treatment/Tracking Report*, *Infection Report Form*, or similar form).
  - b. MONTHLY: Collect information from individual resident infection reports and enter line listing of infections by resident for the entire month (e.g., *Line Listing of Infections by Resident* or similar form).
  - c. MONTHLY: Summarize monthly data for each nursing unit by site and by pathogen (e.g., *Facility-Wide Monthly Infection Report by Site*, *Facility-Wide Monthly Infection Report by Pathogen*, or similar form).
  - d. MONTHLY/QUARTERLY: Identify predominant pathogens or sites of infection among residents in the facility or in particular units by recording them month to month and observing trends. (See *Facility-Wide 12-Month Pathogen Trends* or *Facility-Wide 12-Month Infection Site Trends* or similar tool.)
  - e. MONTHLY/QUARTERLY: Compare incidence of current infections to previous data to identify trends and patterns. Use an average infection rate over a previous time period (for example, over the past 12 months) as the baseline. Compare subsequent rates to the average rate to identify possible increases in infection rates.

## Calculating Infection Rates

1. Obtain the month's total resident days from the business office. The following data is used as the denominator to calculate the monthly infection rate:
  - a. Total resident days (daily census of each day in the designated time period added together).

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2. To determine the incidence of infection per 1000 resident days, divide the number of new healthcare associated infections for the month by the total resident days for the month (obtained from the business office) X 1000.

Example	
Total number of new infections for the month	16
Total resident days for the month	3025
<b>Infections per 1000 resident days</b>	<b><math>16 \div 3025 \times 1000 = 5.3</math></b>

### Interpreting Surveillance Data

1. Analyze the data to identify trends.
  - a. Compare the rates to previous months in the current year and to the same month in previous years, to identify seasonal trends.
  - b. Consider how increases or decreases might relate to recent process changes, events, or activities in the facility (i.e., change in handwashing preparations, increased turnover in personnel or residents, etc.). These, of course, are not necessarily the reason for the change. However, trends should be monitored.
  - c. If the infection rates rise each month over a period of six (6) months, additional advice is warranted.
2. Surveillance data will be provided to the infection control committee regularly.
3. The infection control committee will determine how important surveillance data will be communicated to the physicians and other providers, the administrator, nursing units, and the local and state health departments.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80 Infection Control
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>Stone, N.D., Ashraf, M.S., Calder, J., et al. (2012). Surveillance definitions of infections in long-term care facilities: Revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiology</i>. 33(10), 965-977.</p> <p>The National Health Safety Network (NHSN): Tracking Infections in Long-Term Care Facilities</p>
<b>Related Documents</b>	<p><a href="#">Infection Report Form (CP1817)</a></p> <p><a href="#">Surveillance Tools - Nursing Unit (Electronic Form)</a> (E-tools on Flash Drive)</p> <p><a href="#">Surveillance Tools - Facility Wide (Electronic Form)</a> (E-tools on Flash Drive)</p> <p>Identifying Healthcare-Associated Infections (HAI) for NHSN Surveillance</p> <p>CDC/NHSN Surveillance Definitions for Specific Types of Infections</p>
<b>Version</b>	2.2 (H5MAPL0866)

# Vaccination of Residents

## Policy Statement

All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated.

## Policy Interpretation and Implementation

1. Prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. (See current vaccine information statements at <https://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.)
2. Provision of such education shall be documented in the resident's medical record.
3. All new residents shall be assessed for current vaccination status upon admission.
4. The resident or the resident's legal representative may refuse vaccines for any reasons.
5. If vaccines are refused, the refusal shall be documented in the resident's medical record.
6. If the resident receives a vaccine, at least the following information shall be documented in the resident's medical record:
  - a. Site of administration;
  - b. Date of administration;
  - c. Lot number of the vaccine (located on the vial);
  - d. Expiration date (located on the vial); and
  - e. Name of person administering the vaccine.
7. Certain vaccines (e.g., influenza and pneumococcal vaccines) may be administered per the physician-approved facility protocol (standing orders) after the resident has been assessed by the physician for medical contraindications for each vaccine. The resident's attending physician must provide a separate written order for any other vaccination, and such orders shall be recorded in the resident's medical record.
8. Inquiries concerning this policy should be referred to the infection preventionist or the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(d); §483.30(b); §483.80(a)
<b>Survey Tag Numbers</b>	F883; F711; F880
<b>Other References</b>	<a href="http://www.cdc.gov/vaccines/hcp/vis/index.html">http://www.cdc.gov/vaccines/hcp/vis/index.html</a>
<b>Related Documents</b>	<a href="#">Herpes Zoster Vaccine</a> <a href="#">Influenza Vaccine</a> <a href="#">Pneumococcal Vaccine</a> <a href="#">Herpes Zoster Vaccination – Informed Consent</a>
<b>Version</b>	3.0 (H5MAPL0927)

# Visitation, Infection Control During

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## Policy Statement

The facility shall establish appropriate guidelines for visitors to try to prevent the transmission of communicable diseases.

## Policy Interpretation and Implementation

1. Upon admission of the resident to the facility, family members are provided with education that may include an explanation of the facility's infection control practices during visitation. This may include information pertaining to the following:
  - a. Standard precautions;
  - b. Hand hygiene;
  - c. Respiratory hygiene;
  - d. Vaccinations; and
  - e. Signs and symptoms of common communicable diseases.
2. Visitors are encouraged to perform hand hygiene upon arrival, before entering a resident's room and when leaving the facility. Sinks and ABHR are easily accessible to visitors.
3. Visitors are instructed on proper cough etiquette/respiratory hygiene through signs posted throughout the facility.
4. Visiting a resident who is under transmission-based precautions is permitted.
  - a. Family members and visitors who are providing care or have very close contact with the resident are trained regarding the appropriate use of infection control barriers such as personal protective equipment.
  - b. Adherence to transmission-based precautions by visitors is required.
5. The administrator, in conjunction with the medical director and infection preventionist, has the authority to restrict or ban facility visitation during outbreaks, whether these originate in the facility or in the community.
6. Signs and the facility entrance discourage anyone from visiting when they have potentially contagious infections (for example, upper respiratory infection (URI), influenza, gastroenteritis, or unexplained rashes).
7. Visitors who are symptomatic of communicable diseases may be denied visitation at the discretion of the charge nurse until appropriate evaluation and treatment of the visitor has been established.
8. Visitors must follow instructions from the charge nurse on duty regarding facility infection control practices and visitation restrictions.
9. The facility does not have an age restriction policy. However, visitors under the age of twelve (12) must be strictly supervised. Violations of these policies must be reported to the administrator. The administrator has the right to restrict or ban visitors as indicated.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Munoz-Price LS, Banach DB, Bearman G, et.al. 2015. SHEA Expert Guidance: Isolation Precautions for Visitors. <i>Infect Cntrl Hosp Epidem</i> 36(7):1-12.
<b>Related Documents</b>	<a href="#">Don't Visit If Sick (Poster for Visitors)</a> <a href="#">Important Information for Visitors (Poster for Visitors)</a> <a href="#">Infection Control Information for Visitors (Brochure for Visitors)</a>
<b>Version</b>	1.2 (H5MAPL0935)

# Cleaning Broken Glass When Contaminated With Blood or Body Fluids

Level I

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## Purpose

The purpose of this procedure is to remove the hazards of broken glass from all areas while taking care to disinfect the area in the event of blood/body fluid spills.

## Preparation

Assemble the equipment and supplies needed.

## General Guidelines

1. Notify environmental services of spills of blood or body fluids with incidents that result in broken glass.
2. Never pick up broken glass by hand, regardless of glove usage.
3. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA Bloodborne Pathogens Standard).

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure for blood and body fluid spills.

1. OSHA compliant Blood Spill Kit.
2. If spill kit is unavailable, proceed to obtain the following equipment:
  - a. Absorbent granules;
  - b. Mop;
  - c. Disinfectant/bleach/EPA Registered germicidal solution;
  - d. Plastic scoop or specially marked dustpan;
  - e. Brush/tongs/forceps;
  - f. Sharps container (or larger puncture-proof container if glass fragments are larger); and
  - g. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Arrange the supplies so they can be easily reached.
2. Put on gloves.
3. Sprinkle absorbent granules over spill area and allow to absorb.
4. When all liquid has been absorbed by granules, carefully (using tongs, forceps, or brush) place gel and glass fragments into the dustpan or scoop.
5. Discard glass fragments and gel into the sharps container.
6. Thoroughly mop spill area. If the spill contained blood/body fluids, follow procedures for cleaning spills of blood.
7. Discard disposable equipment and supplies in designated containers.

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8. Clean and disinfect equipment used to pick up glass fragments.
9. Remove gloves carefully (avoiding embedded glass fragments) and discard in designated container.
10. Wash and dry your hands thoroughly.

## Reporting

1. Notify environmental services of spills of blood or body fluids with incidents that result in broken glass.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Policy)</a> <a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Procedure)</a>
<b>Version</b>	2.1 (H5MAPR0060)

# Cleaning Spills or Splashes of Blood or Body Fluids

Level I

## Purpose

The purpose of this procedure is to minimize the danger of environmental contamination and the possible spread of bloodborne infections, including the AIDS (HIV) and Hepatitis B (HBV) viruses, to employees and residents while cleaning up spills of blood or body fluid splashes.

## Preparation

Assemble the equipment and supplies as needed.

## General Guidelines

1. Hands must be washed as soon as practical after an exposure to blood.
2. As all residents' blood and body fluids are considered potentially infectious, all exposures to blood/body fluids must be reported to the Infection Preventionist (or designee) or supervisor.
3. Do not pick up broken glass by hand. Use forceps, tongs, or brush and dustpan.
4. Report spills of blood or body fluids to the Infection Preventionist (or designee) so that an investigation into the cause of the spill can be initiated and the corrective measures identified to prevent similar spills from occurring.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Nonsterile gloves (exam or heavy-duty);
2. Bleach (EPA registered sodium hypochlorite 5.25%);
3. Spray bottle;
4. Water;
5. Cloth or paper towels;
6. Plastic bag (Note: If a red bag is not used, a "biohazard" label must be affixed to the bag);
7. Forceps, tongs, or brush and dustpan (as applicable if picking up broken glass);
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
9. Other as appropriate or as may be needed.

## Steps in the Procedure

1. Arrange the supplies so they can be easily reached.
2. Using appropriate personal protective measures, mix and label the following disinfectant solutions:
  - a. One (1) part bleach and ten (10) parts water (written as 1:10); and/or
  - b. One (1) part bleach and one hundred (100) parts water (written as 1:100).
3. Put on nonsterile exam gloves or heavy-duty gloves.
4. If the spill involves large amounts of blood (two cups or more), spray the area with 1:10 disinfectant solution until thoroughly saturated.
5. Use forceps, tongs, or brush and dustpan to pick up broken glass.

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6. Place contaminated items, including equipment used to pick up glass fragments, in properly labeled receptacle for decontamination.
7. Wipe up the spill or splash with a cloth or paper towels or use granules to absorb spill.
8. Discard the saturated cloth or paper towels into the plastic “biohazard” bag.
9. Repeat as necessary until the spill or splash area is dry.
10. Disinfect the area by swabbing with a cloth or paper towel which has been moderately saturated with a 1:100 bleach solution. Allow to air dry.
11. Discard the contaminated cleaning cloth or paper towels into the plastic “biohazard” bag.
12. Spray disinfectant solution onto the discarded cloth or paper towels inside the plastic bag.
13. Tie the bag. If the outside of the plastic bag becomes contaminated with blood, body fluids, secretions, or excretions, place the contaminated bag into a clean plastic bag.
14. Place the plastic bag into a designated container for medical waste.
15. Remove gloves and place them into designated container. Wash and dry hands thoroughly.
16. Return unused supplies or equipment to the designated storage areas.
17. Wash and dry your hands thoroughly.

## Reporting

1. Notify environmental services of spills of blood or body fluids and/or incidents that result in broken glass.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Policy)</a>
<b>Version</b>	2.0 (H5MAPR0080)

# Departmental (Environmental Services) – Laundry and Linen

Level I

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## Purpose

The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen.

## General Guidelines

### Standard Precautions

1. Separate soiled and clean linen at all times.
2. Wash hands after handling soiled linen and before handling clean linen.
3. Consider all soiled linen to be potentially infectious and handle with standard precautions.

### Bagging and Handling Soiled Linen

1. All soiled linen must be placed directly into a covered laundry hamper which can contain the moisture.
2. Do not sort or pre-rinse soiled linens in resident-care areas.
3. Place any linen saturated with blood or body fluids into a leak-resistant bag before placing it into the hamper.
4. Handle soiled linen as little as possible to prevent agitation.
5. If laundry chutes are used, only closed and leak-resistant bags will be put into the chute. Loose items will not be placed in the laundry chute.

### Sorting Soiled Linen

1. Employees sorting or washing linen must wear a gown and gloves. A mask may be worn if aerosolization is expected.
2. Use heavy-duty rubber gloves for sorting laundry. Always wash hands after completing the task and removing gloves.
3. A sharps container should be available in the soiled linen sorting area to permit the disposal of any syringes found in the soiled laundry.
4. The \_\_\_\_\_ is responsible for ensuring that a sharps container is present at all times.
5. Pre-wash briefs, underpads and any other items soiled with feces, using the maximum setting of bleach/ EPA registered germicidal, and then process them through a regular cycle.

### Washing Linen and other Soiled Items

1. Laundry may be processed in either low-temperature or high-temperature cycles.
  - a. For high-temperature processing, wash linen in water that is at least 160°F, for a minimum of twenty-five (25) minutes.
  - b. For low-temperature processing, wash linen in water that is at least 71-77°F and use a 125-part-per-million (ppm) chlorine bleach rinse if the material being washed can withstand bleach and remain intact.
  - c. Ozone cleaning systems are also acceptable means of processing laundry.

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2. Use any detergent designated for laundry processing and follow manufacturer's instructions. Anti-microbial detergents are not required.
3. Follow any special requests for laundry processing of residents with allergies (hypo-allergenic or unscented detergents, etc.).
4. Do not leave damp linen in washing machines overnight.
5. Follow manufacturer's instructions for all laundry processing materials (equipment, detergents, rinses, etc.) and label items on clothing and linen.
6. Keep soiled and clean linen, and their respective hampers and laundry carts, separate at all times.
7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts.
8. Wash mops separately from linens, using the maximum setting of bleach/EPA registered germicidal.
9. Reprocess any linen that is not visibly clean upon completion of the cycle or any linen that falls onto the floor.
10. Leave washing machine doors open when not in use.
11. Remove barrier attire when leaving the soiled linen area.
12. Wash hands before handling clean linen (i.e., when moving from washer to dryer, moving from dryer to sorting table, and through the sorting process).

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Laundry and Bedding, Soiled</a>
<b>Version</b>	2.2 (H5MAPR0097)

# Departmental (Occupational Therapy) – Prevention of Infection

Level I

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## Purpose

The purpose of this procedure is to provide guidelines to decrease potential for spread of pathogenic microorganisms which may predispose the resident to nosocomial infection.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Wash hands before direct resident care and especially during nursing care functions.
2. Waterless handwashing agent must be used for hand antisepsis by staff and residents when running water is not available.
3. Residents' hands must be washed before entering the occupational therapy. When residents have lesions, have breaks in the skin on their hands, or cannot use a waterless handwashing agent, gloves must be placed on the residents.
4. Therapists must wash their hands between residents, or use a waterless handwashing agent. When the potential for soiling with a resident's blood/body fluids exists, gloves must be worn.
5. Put on barrier protection (i.e., gloves) as necessary, after determining the likelihood of exposure to blood, body fluids, secretions, excretions, nonintact skin and mucous membranes. During instruction on bathing and toileting activities, there may be potential for exposure, depending on the capabilities of the resident.
6. When therapists are participating with activities of daily living and/or nursing care activities, they must wear barriers appropriate to the individual resident and exposure risk.
7. Personal protective clothing (e.g., gowns, gloves, masks, etc.) used in the performance of occupational therapy functions must be discarded into appropriate receptacles.
8. Work and environmental surfaces must be disinfected with an EPA-approved disinfectant.
9. Occupational therapy equipment must be washed routinely with soap and water and then soaked in a disinfectant solution for ten (10) minutes every week (when being used) and as necessary when visibly soiled.
10. Occupational therapy equipment must be disinfected as above should the equipment come into contact with the resident's blood/body fluids, and after use by a resident on Airborne, Contact or Droplet Isolation Precautions. (**Note:** Caution should be used in the selection of occupational therapy equipment taken to the room of a resident who is known to be on Airborne, Contact or Droplet Isolation Precautions.)
11. Upon completion of feeding using adaptive dishware, send the dishware to the dietary department after performing the following:
  - a. Scrape uneaten food into plastic bag to discard food;
  - b. Rinse dishware;
  - c. Place dishware into clean plastic bag marked with resident's name and room number; and
  - d. Place the dishware on the dietary tray.

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12. Adaptive dishware should be marked with the resident's name. Such dishware must be placed on meal trays and returned to the dietary department as any dishes would be after use. The dietary department should wash this dishware and sanitize it in a 50-200 p.p.m. available chlorine solution (1/8-1/2 ounce bleach in one (1) gallon water) for one (1) minute or place in dishwasher.
13. Dietary will be responsible for sanitizing dishware, placing dishware into a clean plastic bag, and returning promptly to the occupational therapy department.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Clear plastic bag;
2. Waterless handwashing agent (as indicated);
3. Disinfectant solution (as indicated);
4. Adaptive dishware (as indicated); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the occupational therapy was performed.
2. The type of occupational therapy performed.
3. The name and title of the individual(s) who performed the occupational therapy.
4. All assessment data obtained during the occupational therapy.
5. If the resident refused the therapy, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the occupational therapy.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F825; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0221)

# Departmental (Physical Therapy) – Prevention of Infection Level I

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## Purpose

The purpose of this procedure is to prevent the spread of infections in the physical therapy department.

## Preparation

1. Review the resident's care plan to assess for any special circumstances or precautions related to the resident.
2. Assemble the equipment and supplies needed.

## General Guidelines

1. Therapy workers should follow Standard Precautions for all individuals and Contact Precautions if indicated by a resident's condition, physician orders, or appropriate notification from the nursing staff. If unsure, discuss the situation with a Nursing Supervisor or Charge Nurse before treating a resident.
2. Handle all soiled dressings as infectious waste.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Dressings as appropriate and per MD order;
2. Plastic bag or container;
3. Disinfectant (as indicated); and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Dressing Removal or Change:

1. Wash and dry hands thoroughly.
2. Put on exam gloves.
3. Lift off dressing without having skin contact with the soiled dressing and discard into appropriate receptacle.
4. Handle wet dressings with the no-touch technique or with sterile gloves.
5. Remove gloves and discard into an appropriate receptacle.
6. Wash and dry hands thoroughly.

### Whirlpool:

1. Provide whirlpool treatment, as ordered.
2. Remove resident. Drain tank.
3. Wash and dry hands thoroughly.
4. After an individual has used the whirlpool, wash the whirlpool tank with approved disinfectant.
5. Allow turbine to run for ten (10) minutes.
6. Rinse tank thoroughly to remove any chemicals from the tub.

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7. Residents with draining wounds, fecal incontinence, or other conditions which present an infection control risk will not ordinarily be treated in whirlpools until their condition(s) is resolved, unless the whirlpool treatment is essential because no other means of adequate wound cleansing is available.
8. After a whirlpool is used to treat residents with the above mentioned conditions, clean and disinfect it as indicated.

**Hydroculator:**

1. Empty the tank every six (6) months and disinfect it with an approved disinfectant.
2. Place a towel between the resident and any hot pack.
3. Wash hot pack covers when soiled or as indicated.

**Paraffin Treatments:**

1. Always wash a resident's hands and arms before immersion into paraffin.

**Ultrasonic Treatments:**

1. Don't perform ultrasonic treatments in areas with broken skin unless specifically reviewed and approved by a physician.
2. Wash hands before and after close contact with the resident's skin.

**Tens:**

1. Use disposable electrodes on all individuals.

**Debridement:**

1. Use a sterile suture kit, wear sterile gloves, and use sterile dressings for all debridement.

**Documentation**

Record the following information in the resident's medical record:

1. The date and time the physical therapy was performed.
2. The type of physical therapy performed.
3. The name and title of the individual(s) who performed the physical therapy.
4. All assessment data obtained during the physical therapy.
5. If the resident refused the therapy, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F825; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0099)

# Departmental (Recreational Therapy) – Prevention of Infection

Level I

## Purpose

The purpose of this procedure is to guide the prevention of disease transmission in the Recreational Therapy Department.

## Preparation

1. Review the resident's care plan to assess for any special circumstances or precautions related to the resident.
2. Assemble the equipment and supplies needed.

## General Guidelines

1. Recreational therapy staff should consult with the Charge Nurse, Nursing Supervisor, or other appropriately knowledgeable staff, before they interact with a resident who has any of the following, or before they take a resident to an activity where he/she may interact with others:
  - a. Fever;
  - b. Diarrhea or vomiting;
  - c. Cold or flu symptoms;
  - d. Rashes or undiagnosed skin conditions;
  - e. Open draining areas not contained within dressings;
  - f. Herpetic lesions;
  - g. Lice or scabies; and/or
  - h. A potentially contagious infection with a multi-drug resistant organism such as Methicillin Resistant Staphylococcus Aureus (MRSA) or others.
2. If a resident has cuts or lesions on his/her hands or other exposed parts of the body, these must be covered (e.g., with an adhesive bandage, gloves, or a dressing) before he/she participates in an activity.
3. A resident's hands must be washed when obviously soiled.
4. Recreational therapy staff should use and discard personal protective clothing (e.g., gown, gloves, masks, etc.) per related policies.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F825; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0100)

# Departmental (Respiratory Therapy) – Prevention of Infection

Level I

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## Purpose

The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff.

## Preparation

1. Review the resident's care plan to assess for any special circumstances or precautions related to the resident.
2. Assemble the equipment and supplies needed.

## General Guidelines

1. Distilled water used in respiratory therapy must be dated and initialed when opened, and discarded after twenty-four (24) hours.
2. Condensate in the breathing circuits must be drained back into waste bottles, which must be marked with the resident's name, and emptied into the toilet or hopper at the end of every shift. Condensate should be considered infectious. Condensate should never be drained back into the breathing circuit or cascade.
3. Transport respiratory therapy equipment to designated soiled utility area for decontamination.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing tasks related to this procedure:

1. Appropriate equipment/supplies necessary for ordered therapy;
2. Waterless antiseptic handwash (as indicated); and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Infection Control Considerations Related to Oxygen Administration

1. Obtain equipment (i.e., oxygen tubing, reservoir, and distilled water).
2. Use distilled water for humidification per facility protocol.
3. Mark bottle with date and initials upon opening and discard after twenty-four (24) hours.
4. Check water levels of refillable humidifier units daily. If the water level falls below the fill line:
  - a. Discard residual solution.
  - b. Pour a small amount of distilled water into the reservoir and swish around to rinse all surfaces.
  - c. Discard water.
  - d. Refill with distilled water to fill line.
  - e. Change the reservoir every forty-eight (48) hours and disinfect with 2% alkaline glutaraldehyde or sterilize.

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5. Check water level of any pre-filled reservoir every forty-eight (48) hours.
6. Change pre-filled humidifier when the water level becomes low.
7. Change the oxygen cannulae and tubing every seven (7) days, or as needed.
8. Keep the oxygen cannulae and tubing used PRN in a plastic bag when not in use.
9. Wash filters from oxygen concentrators every seven days with soap and water. Rinse and squeeze dry.
10. Wash hands after manipulation.

**Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol:**

1. Obtain equipment (i.e., administration “set-up,” plastic bag, gauze sponges).
2. Wash hands.
3. After completion of therapy:
  - a. Remove the nebulizer container;
  - b. Rinse the container with fresh tap water; and
  - c. Dry on a clean paper towel or gauze sponge.
4. Reconnect to the administration “set-up” when air dried.
5. Take care not to contaminate internal nebulizer tubes.
6. Wipe the mouthpiece with damp paper towel or gauze sponge.
7. Store the circuit in plastic bag, marked with date and resident’s name, between uses.
8. Wash hands.
9. Discard the administration “set-up” every seven (7) days.

**Infection Control Considerations Related to Mechanical Ventilators:**

1. Obtain appropriate equipment (i.e., breathing circuits (as indicated), sterile water, and waste water bottle).
2. Change the ventilator circuits and cascades every forty-eight (48) hours.
3. Do not disconnect the cascades from the heat supply, even when not in use.
4. Change the cascade reservoir and disinfect using 2% alkaline glutaraldehyde or sterilize it.
5. Fill the cascade with sterile distilled water.
6. When cascades need refilling, discard residual fluid. Pour a small amount of sterile distilled water into the cascade. Swish around to rinse all surfaces. Discard the water and refill with sterile distilled water.
7. Drain condensate from corrugated tubing into waste bottles marked with the resident’s name. Empty bottles into toilet or hopper at the end of the shift, and as necessary. (Note: Never allow condensate to drain back toward resident or into cascade.)
8. When disconnecting tracheostomies from the breathing circuit, direct the mist away from the resident and your face.
9. Check filters once weekly while they are in continuous use. Discard filters or sterilize them between uses for different residents.
10. Clean and disinfect the surface of the ventilator as necessary and between uses for different residents.

**Documentation**

The following information should be recorded in the resident’s medical record:

1. The date and time the respiratory therapy was performed.
2. The type of respiratory therapy performed.
3. The name and title of the individual(s) who performed the respiratory therapy.
4. All assessment data obtained during the treatment.
5. If the resident refused the therapy, the reason(s) why and what was done as a result.
6. The signature and title of the person recording the information.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0101)

# Diapers/Underpads

Level II

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## Purpose

The purpose of this procedure is to provide guidelines for the proper handling of diapers and underpads.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Skin cleansing preparation;
2. Disinfectant; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### In Resident Rooms

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Put on gown or apron if soiling of clothing is likely.
5. Remove diaper or underpad from resident by rolling the diaper/underpad toward the inside soiled area. Contain as much fecal soil as possible.
6. Clean skin of resident and replace fresh diaper or underpad.
7. If fecal material is solid, take the diaper or underpad to the hopper or toilet and let the fecal matter fall, being careful to avoid splashes. Flush the toilet/hopper.
8. Place diaper or underpad into designated hamper/container.
9. Discard disposable equipment and supplies in designated containers.
10. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
11. Clean the overbed table and return it to its proper position.
12. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
13. Reposition the bed covers. Make the resident comfortable.
14. Place the call light within easy reach of the resident.
15. Remove protective clothing before leaving the room. Discard into appropriate receptacles.
16. Wash and dry your hands thoroughly.
17. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. All assessment data (e.g., the condition of the resident's skin) obtained while changing the diaper/underpad.
4. If the resident refused the care, the reason(s) why and the intervention taken.
5. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F684; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0103)

# Diarrhea and Fecal Incontinence

Level II

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## Purpose

The purpose of this procedure is to provide guidelines that will aid in preventing the resident's exposure to feces.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. When residents have diarrhea or fecal incontinence, and there is a possibility of soiling clothing during clean-up, gowns or aprons should be worn and removed immediately after completing the procedure and placed into the laundry hamper or discarded, as appropriate.
2. Residents must be cleaned after each episode of incontinence.
3. Disposable items soiled with feces (i.e., disposable briefs or disposable underpads) must be handled so as to prevent contamination of the environment with feces. Such items must be placed in closed containers in the soiled utility room and discarded in accordance with established procedures.
4. Cloth briefs and underpads must be placed into assigned linen hampers and washed separately, using a prewash cycle. Solid feces should be dropped into toilet or hopper before placing items into linen hamper.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Brief (disposable or cloth);
2. Underpad (disposable or cloth);
3. Disposable or cloth as designated by resident plan of care.
4. Draw sheet;
5. Soap and water (or incontinence preparation);
6. Barrier creams and lotions (as indicated); and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Put on gown or apron if soiling of clothing is likely.
5. Use high degree of caution when turning residents who are known to be incontinent.
6. Wipe feces from the resident's skin with edge of brief or underpad. Wipe away from the perineum and any indwelling catheters.
7. Wash the resident's skin with soap and water or incontinence preparation.
8. Provide catheter care as indicated, if catheter is soiled with feces.

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9. Rinse well and pat dry.
10. Apply barrier creams or lotions as indicated.
11. When evaluating the condition of the resident's skin, note the following:
  - a. Maceration, softening, or breaks in the skin;
  - b. Irritation, chafing, excoriation, or rash; and
  - c. Pressure ulcers.
12. Remove soiled items. Replace with clean dry briefs or underpad, as indicated.
13. Drop solid fecal matter into toilet or hopper and flush.
14. Place disposable brief or underpad into special waste container.
15. Place cloth brief, underpad or draw sheet into designated container.
16. Discard disposable equipment and supplies in designated containers.
17. Remove gown or apron (if worn) and discard into designated container.
18. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
19. Clean the overbed table and return it to its proper position.
20. Lower the bed into lowest position and place the siderails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. Remove protective clothing before leaving the room. Discard into appropriate receptacles.
24. Wash and dry your hands thoroughly.
25. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Clostridium Difficile</a> <a href="#">Diapers/Underpads</a> <a href="#">Handwashing/Hand Hygiene</a>
<b>Version</b>	1.2 (H5MAPR0104)

# Guidelines for Preventing Intravenous Catheter-Related Infections

Level III

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## Purpose

The purpose of this procedure is to maximally reduce the risk of infection associated with indwelling intravenous (IV) catheters.

## General Guidelines

1. Facility staff who manage infusion catheters will have training and demonstrated clinical competency in intravenous therapy, including:
  - a. indications for IV catheter use;
  - b. proper procedures for the insertion and maintenance of IV catheters; and
  - c. appropriate infection control measures to prevent IV catheter-related infections.
2. Staff may only insert catheter types for which they have adequate training and demonstrated skill.
3. Aseptic technique shall be observed at all times when working with IV equipment.
4. All infusion equipment shall be sterile when first opened. At all times equipment shall remain aseptic. If it becomes contaminated it must be changed.
5. Resident complaints of pain or problems regarding the catheter or treatment shall be investigated immediately. Interventions shall be initiated as soon as the appropriate measure is identified.

## Overview of CRIs

1. Potential risk factors associated with central venous access device (CVAD) and infusion-related infections include:
  - a. catheter dwell time, sutures;
  - b. frequent manipulation of CVAD;
  - c. multi-lumen catheters; and
  - d. presence of immunosuppression.
2. Signs and symptoms that can indicate infection include:
  - a. fever, chills;
  - b. hypotension, hyperventilation;
  - c. altered mental status;
  - d. tenderness at insertion site;
  - e. erythema, induration, purulent drainage;
  - f. positive blood cultures or catheter tip; and
  - g. phlebitis.
3. Infections can be local, systemic, or both.

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## Nursing Practice Guidelines to Prevent Catheter-Related Infections

### Surveillance

1. Observe the insertion site (and sutures if present) on every shift, on admission, and with dressing changes.
2. Observe visually or by palpation through the intact dressing.
3. If signs and symptoms of catheter-related infection are present, contact the Physician.
4. Obtain an order for culture if there are signs of drainage, expanding redness, tenderness at insertion site, and/or fever without obvious source.
5. Cultures may be taken from the site of drainage, the catheter, peripheral blood samples, or any other suspected source as ordered.
6. Any time that dressing is not intact or end caps are missing, the catheter has potential for contamination.
7. The Infection Preventionist is responsible for documenting, reporting, and retaining infection rate statistics.

### Hand Hygiene

1. Observe proper hand hygiene procedures either by washing hands with conventional soap and water, or with waterless alcohol-based hand rubs.
2. Observe hand hygiene before and after palpating catheter-insertion sites, as well as before and after inserting, replacing, accessing, repairing, or dressing an IV catheter.
3. Palpate insertion site after hand hygiene and non-sterile gloves are applied.
4. Palpation of the insertion site should not be performed after the application of an antiseptic, unless aseptic technique is maintained.

### Selection of IV Catheters

1. Select the appropriate type of catheter to accommodate the resident's vascular access needs based on the intended purpose and duration of use, known infectious and non-infectious complications, and experience of individual catheter operators.
2. Select the smallest and shortest length catheter that will accommodate the prescribed therapy.
3. Select the catheter with the fewest number of lumens possible.
4. Therapies that are not appropriate for peripheral or midline catheters include vesicant therapy, parenteral nutrition, infusate with pH <5 or >9, or osmolality of >600mOsm/L.
5. Use steel winged infusion sets for single dose administration of medication only. These catheters cause vein irritation and cannot be kept in place.
6. Use a midline or PICC catheter if duration of treatment will likely exceed 6 days.
7. Catheters that are placed in the femoral veins are at higher risk of infection due to their proximity to urinary and rectal areas. These catheters require vigilant care and usually have short stay-in-place times.

### Aseptic Technique During Catheter Insertion and Care

1. Peripheral short catheters
  - a. Maintain aseptic technique during catheter insertion and care.
  - b. Wear clean gloves when inserting a peripheral IV catheter.
  - c. Wear clean gloves during dressing changes for peripheral catheters.
  - d. Before peripheral catheter insertion, prepare the site with an antiseptic.
    - (1) Use seventy percent (70%) alcohol, alcoholic chlorhexidine gluconate solution, or povidone-iodine tincture for skin antisepsis.
    - (2) Clean the area with a circular motion moving from the insertion site outward, and allow it to air dry.
    - (3) Antiseptics should be left to air dry according the manufacturer's instructions.

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2. Midline Catheters
  - a. Wear sterile gloves for the insertion of midline catheters.
3. Central Venous Catheters
  - a. Use maximal sterile barrier precautions (e.g., cap, mask, sterile gown, sterile gloves, and large sterile drape) when inserting or assisting in the insertion of central venous catheters (CVCs).
  - b. Wear sterile gloves for the insertion of arterial and central catheters.
  - c. Maintain sterile technique when changing midline and central catheter dressings or performing site care.
  - d. Remove hair near the insertion site with scissors or electric clippers, not razors, before catheter is inserted (hair removal requires resident consent).
  - e. Before central venous catheter and peripheral arterial catheter insertion and during dressing changes, prepare the site with >0.5% chlorhexidine preparation with alcohol. (If there is a contraindication to chlorhexidine, use tincture of iodine, an iodophor, or 70% alcohol as an alternative.)
  - f. Avoid using the femoral vein for central venous access.
4. Use only one catheter for each cannulation attempt.
5. Do not attempt more than two catheter insertions per Nurse.

#### **Catheter Site Dressing Regimens**

1. Change initial dressing after catheter placement within 24 hours.
2. Use either sterile gauze or sterile transparent, semi permeable membrane (TSM) to cover central or peripheral catheter sites.
3. If the patient is diaphoretic or the site is bleeding or oozing, use gauze dressing until resolved.
4. Change TSM dressings on CVADs every 5-7 days or PRN if damp, loosened, or visibly soiled. This does not require a physician's order.
5. Do not use antibiotic ointments or creams on the insertion site.
6. Gauze dressings covered with TSM dressing should be considered a gauze dressing and changed at least every 48 hours.
7. Change the TSM dressing on a peripheral short catheter when site is rotated or compromised.
8. Replace transparent dressings on tunneled or implanted CVCs every 5-7 days, unless the dressing is loose or soiled.
9. Chlorhexidine-impregnated sponge dressing is recommended for temporary, short-term catheters if the central line associated bloodstream infection (CLABSI) rate is not decreasing despite adherence to basic prevention measures (i.e., skin antisepsis, education, training).
10. Monitor the catheter site visually during dressing changes. Palpate catheter-skin junction site for tenderness at least daily through the intact dressing.
11. Do not use topical antibiotic ointments or creams on insertion sites.
12. Do not submerge the catheter or catheter site in water. Patients may shower if the catheter and connecting device can be protected with an impermeable cover. If the dressing becomes wet, change immediately.

#### **Replacement of IV Catheters**

1. Promptly obtain physician order for the removal of any peripheral or central IV catheter that is no longer essential.
2. Remove a peripheral venous catheter if the resident develops signs of phlebitis or infection, or if the catheter malfunctions.
3. A peripheral short catheter can stay in place up to 96 hours in an adult resident unless there is suspected contamination, complication, or if therapy is discontinued.

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4. If catheter is left in place longer than 96 hours, obtain a physician's order to keep catheter in place and document rationale for leaving the catheter in place.
5. If a catheter is placed under emergency conditions, and aseptic technique cannot be ensured, replace the catheter as soon as possible (within 48 hours).
6. Do not routinely replace midline catheters, CVC or arterial catheters solely for the purpose of reducing the incidence of infection.
7. Any time the resident complains of discomfort or pain related to the catheter, or there are signs and symptoms of complications, assess the resident and catheter site and intervene as appropriate. CVCs and PICCs should not be removed on the basis of fever alone.
8. If a catheter-related bloodstream infection is suspected and a culture is ordered, cultures of catheter and site are obtained before removing catheter.
9. Removal of a midline or any central line is to be performed upon the order of a Physician or authorized prescriber in accordance with state Nurse Practice Act.
10. Never re-advance a catheter that is found out of place.
11. When a new site is selected for cannulation, the site should be proximal to the previous site.
12. Remove midlines or central lines if tip has incorrect placement.
13. Remove catheters at the end of a treatment if there are no further plans for use of the catheter.

### **Replacement of Administration Sets, Needleless System Equipment**

1. Administration Set Replacement
  - a. Replace administration sets whenever the peripheral site is rotated.
  - b. Change continuous primary and secondary administration sets (used for fluids other than blood, blood products, or lipids) no more frequently than every 96 hours, unless there is suspected contamination, or when integrity of the product or system has been compromised.
  - c. Change intermittent sets every 24 hours, immediately upon suspected contamination, or when integrity of product or system has been compromised.
  - d. Once a secondary administration set (piggyback) is detached from the primary set, it is considered an intermittent set.
  - e. Change lipid-containing parenteral nutrition sets at least every 24 hours, when new bag is started, immediately upon suspected contamination, or when the integrity of the product or system has been compromised.
  - f. Change administration sets and add on filters that are used for blood or blood components after administration of each unit or at the end of 4 hours, whichever comes first.
  - g. Discard sets found without a sterile cap on the end of the tubing, or if not labeled.
2. Replacement of the Needleless System Equipment
  - a. Use aseptic technique and observe standard precautions when changing all add-on devices. Add-on devices include, but are not limited to, stopcocks, extension sets, manifold set, extension loops, solid cannula caps, injection/access caps, filters, and any other needleless system equipment.
  - b. Change needleless connection devices if there is blood or debris in the connector, before obtaining blood samples for culture, after blood draws, upon contamination, and in accordance with manufacturer recommendations.
  - c. Change stabilization devices per manufacturer recommendation, usually weekly with dressing change.
  - d. Change filters that are used with medication administration sets with each new dose of medication that is administered.
  - e. Use new extension tubing with any new peripheral short catheter placement.

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### **Cleaning Needleless Connection Devices**

1. Keep administration sets and needleless devices aseptic between medication dosages.
2. Disinfect the needleless connector prior to each access using alcohol, tincture of iodine, or chlorhexidine gluconate/alcohol combination.

### **Preparation and Quality Control of IV Admixtures**

1. Do not use any container of parenteral fluid that is visibly cloudy (turbid) or has leaks, cracks, or particulate matter, or if the manufacturer's expiration date has passed.
2. If any IV system is discarded because of suspected fluid contamination, the fluid should be cultured and the implicated bottle saved. If contamination is confirmed, notify the Infection Preventionist. The Infection Preventionist will report contamination that may be related to the manufacturing process to the local health department, Centers for Disease Control, and the U.S. Food and Drug Administration.
3. Use single-dose vials for parenteral additives or medications when practical. Do not combine leftover content of single-use vials for later use.
4. Vials labeled "single dose" or "single use" will not be used on multiple residents. Such vials will be used only for one resident in a single procedure.
5. Refrigerate multi-dose vials after they are opened, if recommended by the manufacturer.
6. Cleanse the access diaphragm of multi-dose vials with alcohol wipe before inserting a device into the vial.
7. Use a sterile device to access a multi-dose vial and avoid contaminating the device or the access diaphragm before penetrating. Discard a multi-dose vial if sterility is compromised.
8. When mixing medications in the facility, do so in an area that is away from traffic. A medication room with a door that closes is preferred. Clean countertop area with soap and water, alcohol, or use waterproof barrier. Use aseptic technique while mixing medicine.

### **Multi-Lumen Catheters**

1. A catheter with the fewest number of lumens possible should be used for the infusion management of the resident.
2. Each lumen is a separate catheter. Flush each lumen at least once every 24 hours to avoid blood clot formation.
3. If catheter is found to have clotted blood in lumens or if catheter is found without needleless connection devices (end cap) or sterile dressing, the catheter should be considered contaminated and replacement is recommended.
4. Consider labeling each lumen as to purpose, to avoid cross contamination and medication interaction.
5. Follow manufacturer recommendations or facility policy for purpose and use of lumens.

### **Documentation**

The following information should be recorded in the resident's medical record:

1. Objective information regarding appearance of insertion site, catheter, and dressing.
2. Any interventions that were done (dressing change, cultures, etc.).
3. Results of any laboratory tests, cultures.
4. Communication with Physician, Supervisor, oncoming shift.

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## Reporting

1. Report objective information, lab results, and interventions to Supervisor, Physician, and oncoming shift.
2. Report any infection control information to Infection Preventionist, pharmacy, federal agencies if needed.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N; Section O
<b>Survey Tag Numbers</b>	F694; F880
<b>Other References</b>	<i>Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011</i> at: <a href="http://www.cdc.gov/hicpac/pubs.html">http://www.cdc.gov/hicpac/pubs.html</a> Infusion Nurses Society 2011, <i>Infusion Nursing Standards of Practice</i>
<b>Related Documents</b>	
<b>Version</b>	3.0 (H5MAPR0169)

# Medical Waste, Handling of

Level I

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## Purpose

The purpose of this procedure is to provide a definition of and guidelines for the safe and appropriate handling of medical waste.

## Preparation

1. Assemble the equipment and supplies as needed.

## General Guidelines

1. For the purpose of this policy, medical waste includes human blood and blood-soiled articles, contaminated items (i.e., soiled dressings), items contaminated with feces from a person diagnosed as having a disease that is transmitted through feces, and disposable sharps (i.e., needles/scalpels).
2. All sharps must be handled as medical waste, placed in approved sharps containers, and sent for eventual incineration.
3. Liquid blood, excretions, and secretions shall be flushed into the sewer system.
4. Disposable items, which are contaminated with excretions or secretions from residents believed to be infectious, must be placed in red plastic bags and sealed, and either decontaminated with bleach (1:10 or 1:100 dilution), incinerated, or stored until removal from the premises.
5. Disposable items soiled with visible blood (or feces from a resident with a disease transmitted through feces) must be placed in red plastic bags or containers, and a solution of one (1) part bleach and nine (9) parts water added to saturate the items or the items must be incinerated.
6. Outside of compactor/dumpster must be locked when not in use and at night.
7. Only authorized vendors are permitted to collect regulated wastes.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sharps container;
2. Red plastic bag;
3. Bleach solution;
4. "BIOHAZARD" label (if red bags or containers are not used); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Needle Handling and/or Disposal</a> <a href="#">Sharps Disposal</a>
<b>Version</b>	1.2 (H5MAPR0083)

# Needle Handling and/or Disposal

Level I

## Purpose

To guide the safe handling and disposal of used needles.

## Objectives

To prevent needlestick injuries and exposure to the HIV (AIDS) and hepatitis B (HBV) viruses or other bloodborne infections through contact with blood or tissues.

## Equipment and Supplies

1. Needle box;
2. Recapping device (if a needle box is not available);
3. Gloves (as indicated); and
4. Other as necessary or appropriate.

## Safety Precautions

1. After using a needle, if the needle disposal box is directly available, discard the needle without recapping.
2. Place used needles in the needle disposal box. Do not bend, break, or cut needles. When the disposal box is three-quarter filled or at fill line seal the box and store it in a closed, puncture-resistant container marked "Biohazard" until incinerated or picked up by a licensed vendor for proper disposal.
3. Do not discard used or unused needles into trash receptacles.
4. In the event of a needlestick injury, the employee should:
  - a. Immediately wash the wound vigorously with soap and running water;
  - b. If desired, apply alcohol or hydrogen peroxide to the wound; and
  - c. Notify the supervisor or Infection Preventionist of the incident as soon as practical.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	OSHA's Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030)
<b>Related Documents</b>	
<b>Version</b>	2.1 (H5MAPR0198)

# Personal Protective Equipment – Contingency and Crisis

## Use of Eye Protection (COVID-19 Outbreak)

Level I

### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the use of personal protective equipment.

### Equipment and Supplies

1. Eye protection; and
2. Additional PPE as required (e.g., gloves, masks and gowns).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;
  - c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
  - d. Excluding visitors;
  - e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);

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- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19);
- g. Providing training and assessing competency of staff utilizing PPE; and
- h. Maximizing the use of telemedicine.

### Eye Protection: Contingency Capacity

1. Selectively cancel elective and non-urgent procedures for which protective eyewear is typically used by HCP.
2. Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).
  - a. Consider preferential use of powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.
  - b. Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.
3. Implement extended use of eye protection.
  - a. Remove and reprocess eye protection if it becomes visibly soiled or difficult to see through.
    - (1) If a disposable face shield has been reprocessed, dedicate to one HCP and reprocess whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.
    - (2) See **Protocol for Removing and Reprocessing Eye Protection** below.
  - b. Discard eye protection if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
  - c. Take care not to touch eye protection. Perform hand hygiene immediately after touching or adjusting eye protection.
  - d. Leave patient care area before removing eye protection. See **Protocol for Removing and Reprocessing Eye Protection** below.

### Eye Protection: Crisis Capacity

1. Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
2. Use eye protection devices beyond the manufacturer-designated shelf life during resident care activities.
  - a. If there is no date available on the eye protection device label or packaging, contact the manufacturer.
  - b. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials), discard the product.
3. Prioritize eye protection for selected activities such as:
  - a. During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures; and/or
  - b. During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable.
4. Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.
5. Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
  - a. During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

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6. Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.
  - a. It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

### Protocol for Removing and Reprocessing Eye Protection

1. Adhere to recommended manufacturer instructions for cleaning and disinfection.
2. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:
  - a. While wearing clean gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
  - b. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
  - c. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
  - d. Fully dry (air dry or use clean absorbent towels).
  - e. Remove gloves and perform hand hygiene.

### General Procedure for Donning and Doffing Protective Eyewear

1. To put on eyewear, place over face and eyes and adjust to fit.
2. To remove eyewear:
  - a. Outside of goggles or face shield are contaminated! If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Remove goggles or face shield from the back by lifting head band or ear pieces.
  - c. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.
  - d. Perform hand hygiene.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F880
Other References	Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a> Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>
Related Documents	Personal Protective Equipment Policies COVID-19 PPE Burn Rate Calculator
Version	1.0 (H5MAPR0348)

# Personal Protective Equipment – Contingency and Crisis Use of Facemasks (COVID-19 Outbreak)

Level I

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## Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

## Objective

To prevent transmission of infectious agents through the inhalation of droplets.

## Equipment and Supplies

1. Surgical facemasks; and
2. Additional PPE as required (gloves, gown and eyewear).

## Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

## Optimizing the Supply of PPE:

1. During surges in demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. temporarily halting or reducing the number of new admissions to the facility;
  - b. reducing the number of face-to-face encounters with residents;
  - c. limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
  - d. excluding visitors;
  - e. cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);

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- f. cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19); and/or
- g. providing training and assessing competency of staff utilizing PPE.

### **Facemasks: Contingency Capacity**

1. Selectively cancel elective and non-urgent procedures for which a facemask is typically used by HCP.
2. Remove facemasks for visitors in public areas.
3. Implement extended use of face masks:
  - a. Wear the same face mask for repeated or consecutive close contacts with different residents, without removing the face mask between resident encounters.
  - b. Remove the face mask and discard it if soiled, damaged or hard to breathe through.
    - (1) If experiencing difficulty breathing, remove the mask temporarily.
    - (2) Leave the resident care areas if mask is removed.
  - c. Do not touch face mask while wearing it. If mask is touched or adjusted at any time, hand hygiene must be performed immediately.

### **Facemasks: Crisis Capacity**

1. Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.
2. Use facemasks beyond the manufacturer-designated shelf life during patient care activities.
  - a. If there is no date available on the facemask label or packaging, contact the manufacturer.
  - b. Visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.
3. Implement limited re-use of facemasks.
  - a. Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different residents with periods of removing and properly storing the mask between uses.
  - b. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.
  - c. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
  - d. Not all facemasks can be re-used.
    - (1) Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
    - (2) Facemasks with elastic ear hooks may be more suitable for re-use.
  - e. HCP should leave patient care area if they need to remove the facemask.
  - f. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
4. Prioritize facemasks for selected activities such as:
  - a. for provision of essential surgeries and procedures;
  - b. during care activities where splashes and sprays are anticipated;
  - c. during activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable; or
  - d. for performing aerosol generating procedures, if N95 respirators are no longer available.

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### **When No Facemasks are Available:**

1. Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents.
2. Designate convalescent HCP (personnel who have clinically recovered) for provision of care to known or suspected COVID-19 residents. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.
3. Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.
4. Consider use of expedient isolation rooms for risk reduction (See [Methods for Temporary Negative Pressure Isolation](#)).
5. Consider use of ventilated headboards.
6. HCP use of homemade masks:
  - a. In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown.
  - b. Caution should be exercised when considering this option.
  - c. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

### **General Procedure for Donning and Doffing Masks**

1. To put on mask:
  - a. When donning the face mask, do so immediately after hand hygiene.
  - b. Be sure that the face mask covers the nose and mouth while wearing.
  - c. Do not hang the face mask around the neck.
  - d. After touching a facemask or before changing a face mask, perform hand hygiene.
  - e. Do not remove the mask while performing treatment or services for a resident.
  - f. Handle a mask only by the elastic ear loops.
  - g. Refrain from touching the mask while it is in use.
2. To remove mask:
  - a. Front of mask is contaminated — DO NOT TOUCH. If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front.
  - c. Discard in a waste container.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a> Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>
<b>Related Documents</b>	Personal Protective Equipment Policies COVID-19 PPE Burn Rate Calculator
<b>Version</b>	1.0 (H5MAPR0347)

# Personal Protective Equipment – Contingency and Crisis

## Use of Isolation Gowns (COVID-19 Outbreak)

Level I

### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the use of personal protective equipment.

### Equipment and Supplies

1. Isolation gowns; and
2. Additional PPE as required (e.g., gloves, masks and eyewear).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Conventional capacity strategies utilized to maximize the supply of gowns include:
  - a. Use non-sterile, disposable isolation gowns for routine care of residents with suspected or confirmed COVID-19.
  - b. If gown shortages are anticipated, prioritize the use of surgical gowns for surgical and other sterile procedures.
4. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;

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- c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
- d. Excluding visitors;
- e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);
- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19);
- g. Providing training and assessing competency of staff utilizing PPE; and
- h. Maximizing the use of telemedicine.

### **Isolation Gowns: Contingency Capacity**

- 1. Selectively cancel elective and non-urgent procedures for which a gown is typically used by HCP.
- 2. Shift gown use toward cloth isolation gowns.
  - a. Reusable (washable) gowns made of polyester or polyester-cotton fabrics can be laundered according to routine procedures and reused.
  - b. Do not touch the outer surfaces of gowns during resident care.
  - c. Augment laundry personnel to compensate for additional laundry processing demands.
  - d. Inspect and maintain reusable gowns and replace when thin, ripped, or otherwise compromised.
- 3. Consider the use of coveralls.
  - a. Coveralls (drapes) cover the body 360 degrees, including the back and lower legs.
  - b. Level of protection is determined by the material use in the garment, as well as by the seam barriers, and closures.
  - c. Train personnel on the donning and use of coveralls before use.
- 4. Use gowns beyond the designated shelf life, if indicated by the manufacturer. If no shelf life date is on the packaging, contact the manufacturer.
- 5. Use gowns and coveralls that conform to international standards of use, possibly reserving these for activities that involve moderate to high amounts of blood or bodily fluids.

### **Isolation Gowns: Crisis Capacity**

- 1. Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
- 2. Extend use of isolation gowns so that same gown is worn by the same HCP when interacting with more than one resident known to be infected with the same infectious disease, and when these residents are cohorted.
  - a. Do not use this strategy if residents have additional infections that can be transmitted by contact.
  - b. Remove and discard the gown if it becomes visibly soiled or damaged.
- 3. Re-use cloth non-visibly soiled cloth isolation gowns without laundering in-between.
- 4. Prioritize gowns for the following activities:
  - a. Surgical and sterile procedures;
  - b. Aerosol-generating activities;
  - c. High-contact resident care activities, including dressing, bathing, showering, assisting with hygiene or toileting, changing linens or briefs, device usage, device care or wound care; and
  - d. Temporarily suspend the use of gowns for endemic multi-drug resistant organisms.

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## When No Gowns Are Available

1. In situations of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use:
  - a. Disposable laboratory coats;
  - b. Reusable (washable) hospital/patient gowns;
  - c. Reusable (washable) laboratory coats;
  - d. Disposable aprons;
  - e. Combinations of clothing:
    - (1) Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats;
    - (2) Open back gowns with long sleeve patient gowns or laboratory coats; and
    - (3) Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats.
2. Augment laundry personnel to compensate for additional laundry processing demands.
3. Establish a system to inspect and maintain reusable gowns and replace when thin, ripped, or otherwise compromised.

## General Procedure for Donning and Doffing Gowns

1. To put on gown:
  - a. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
  - b. Fasten in back of neck and waist.
2. To remove gown:
  - a. Gown front and sleeves are contaminated. If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties.
  - c. Pull gown away from neck and shoulders, touching inside of gown only.
  - d. Turn gown inside out.
  - e. Fold or roll into a bundle and discard in a waste container.
  - f. Perform hand hygiene immediately.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p> <p>Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a></p> <p>Minnesota Department of Health – Office of Emergency Preparedness. <i>Airborne Infectious Disease Management – Methods for Temporary Negative Pressure Isolation</i> <a href="https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf">https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf</a></p>
<b>Related Documents</b>	<p><a href="#">Personal Protective Equipment Policies</a></p> <p><a href="#">COVID-19 PPE Burn Rate Calculator</a></p>
<b>Version</b>	1.0 (H5MAPR0349)

# Personal Protective Equipment – Contingency and Crisis

## Use of N-95 Respirators (COVID-19 Outbreak)

Level I

### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the inhalation of airborne particles or droplet nuclei.

### Equipment and Supplies

1. Respirator masks (disposable N95 filtering facepiece respirators); and
2. Additional PPE as required (gloves, gown and eyewear).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in the demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;
  - c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
  - d. Excluding visitors;
  - e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);

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- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19);
- g. Using surgical N95 respirators only for HCP who need protection from both airborne and fluid hazards (e.g., splashes, sprays). If needed but unavailable, using face shield over standard N95 respirator;
- h. Use alternatives to N95 respirators where feasible (e.g., other disposable filtering face piece respirators, elastomeric respirators with appropriate filters or cartridges, powered air purifying respirators); and
- i. Providing training and assessing competency of staff utilizing PPE. Optimization strategies for training and fit testing N95 Respirators includes:
  - (1) Training HCP on indications and proper use of N95 respirators (i.e., fit, donning and doffing, etc.).
  - (2) Implementing just-in-time fit testing (planning larger scale evaluation, training, and fit testing of employees when necessary during a pandemic).
  - (3) Limiting respirators during training: Determine which HCP do and do not need to be in a respiratory protection program and, when possible, allow limited re-use of respirators by individual HCP for training and then fit testing.
  - (4) Implementing qualitative fit testing to assess adequacy of a respirator fit to minimize destruction of N95 respirator used in fit testing and allow for limited re-use by HCP.

### **N95 Respirators: Contingency Capacity**

- 1. Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing.
- 2. Temporarily suspend annual fit testing per [interim guidance from OSHA](#).
- 3. Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different residents, without removing the respirator. (See: recommended guidance on implementation of extended use: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>.)
- 4. To reduce the risk of contact transmission after donning:
  - a. Discard N95 respirators following use during aerosol generating procedures.
  - b. Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from residents.
  - c. Discard N95 respirators following close contact with, or exit from, the care area of any resident co-infected with an infectious disease requiring contact precautions.
  - d. Consider use of a cleanable face shield (preferred<sup>3</sup>) over an N95 respirator and/or other steps (e.g., masking residents, use of engineering controls) to reduce surface contamination.
  - e. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- 5. To maintain product integrity:
  - a. Follow the manufacturer's user instructions, including conducting a user seal check.
  - b. Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.
  - c. Discard any respirator that is obviously damaged or becomes hard to breathe through.
  - d. Pack or store respirators between uses so that they do not become damaged or deformed.
- 6. Do not share respirators between users. N95 Respirators must only be used by a single user.
  - a. Label containers used for storing respirators or label the respirator itself (e.g., on the straps between uses with the user's name to reduce accidental usage of another person's respirator).

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### **N95 Respirators: Crisis Capacity (when N95 Respirators are Running Low)**

1. Use respirators as identified by CDC as performing adequately for healthcare delivery [beyond the manufacturer designated shelf life](#).
2. Use respirators approved under standards used in other countries that are similar to NIOSH-approved respirators.
3. Implement limited re-use of N95 respirators by one HCP for multiple encounters with different residents, but remove it after each encounter.
4. Use additional respirators identified by CDC as NOT performing adequately for healthcare delivery beyond the manufacturer-designated shelf life.
5. Prioritize the use of N95 respirators and facemasks by activity type with and without masking symptomatic residents.

### **When No N95 Respirators are Available:**

1. Exclude HCP at higher risk for severe illness from COVID-19 such as those of older age, those with chronic medical conditions, or those who may be pregnant from contact with known or suspected COVID-19 residents.
2. Designate convalescent HCP for provision of care to known or suspected COVID-19 residents (those who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care.
3. Use an [expedient resident isolation](#) room for risk-reduction.
4. Use a ventilated headboard to decrease risk of HCP exposure to a resident-generated aerosol.
5. Use masks not evaluated or approved by NIOSH or improvised masks as a last resort.

### **Procedure for Donning and Doffing N95 Respirator Masks**

1. To put on an N95 respirator mask:
  - a. Secure ties or elastic bands at middle of head and neck.
  - b. Fit flexible band to nose bridge and fit mask snug to face and below chin.
  - c. Fit-check respirator.
2. To remove N95 respirator mask:
  - a. Front of mask/respirator is contaminated — DO NOT TOUCH. If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
  - c. Discard in a waste container.
  - d. Perform Hand hygiene immediately.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a> Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a> <a href="#">COVID-19 PPE Burn Rate Calculator</a>
<b>Version</b>	1.0 (H5MAPR0346)

# Personal Protective Equipment – Using Face Masks

Level I

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## Purpose

To guide the use of masks.

## Objectives

1. To prevent transmission of infectious agents through the air;
2. To protect the wearer from inhaling droplets;
3. To prevent transmission of some infections that are spread by direct contact with mucous membranes;
4. To prevent the splashing of blood or body fluids into the mouth or nose; and
5. To prevent exposure to the HIV(AIDS) and hepatitis B viruses from blood or body fluids.

## Equipment and Supplies

1. High-efficiency disposable masks; or
2. Cotton gauze or paper tissue masks; and
3. Eyewear (e.g., goggles). (Note: When the use of a mask is indicated, appropriate eyewear must also be worn.)

## Miscellaneous

1. Put the mask on before entering the room, and after cleaning hands.
2. Be sure that face mask covers the nose and mouth while performing treatment or services for the patient.
3. If the face mask becomes wet, change it. Masks become ineffective when moist.
4. Do not hang the face mask around the neck.
5. Before changing a face mask, wash hands.
6. Do not remove the mask while performing treatment or services for the patient.
7. Use a mask only once and then discard it.
8. Handle mask only by the strings (ties).
9. Never touch the mask while it is in use.
10. Follow established handwashing techniques.

## When to Use a Mask

1. When providing treatment or services to a patient who has a communicable respiratory infection;
2. When providing treatment or services to a patient and the use of a mask is indicated; and
3. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose.

## Procedure Guidelines

### Putting on the Mask

1. Obtain a mask.
2. Wash your hands.

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3. Remove the mask from its container. (Note: If gowning procedures are necessary, put the mask on before putting on gown.)
4. Unfold the mask. Do not touch the part of the mask that will cover the face. Hold the mask by the strings only.
5. Place the mask over the nose and mouth. Using a shoelace bow, tie the top strings over the ears, then tie the lower strings.
6. Avoid any unnecessary handling of the mask.

#### **Removing the Mask**

1. Wash hands.
2. Untie the lower strings of the mask first. Hold the strings of the mask only.
3. Untie the top strings of the mask. Remove the mask from the face. Handle strings only.
4. Discard the mask into the designated waste receptacle inside the room.
5. Wash hands.

<b>References</b>	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Standard Precautions</a> <a href="#">Sequence for Donning and Removing Personal Protective Equipment (PPE)</a>
<b>Version</b>	1.1 (H5MAPR0212)

# Personal Protective Equipment – Using Gloves

Level I

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## Purpose

To guide the use of gloves.

## Objectives

1. To prevent the spread of infection;
2. To protect wounds from contamination;
3. To protect hands from potentially infectious material; and
4. To prevent exposure to the HIV (AIDS) and hepatitis B (HBV) viruses from blood or body fluids.

## Equipment and Supplies

Gloves.

## Miscellaneous

1. When gloves are indicated, use disposable single-use gloves.
2. Discard used gloves into the waste receptacle inside the examination or treatment room.
3. Use sterile gloves for invasive procedures to prevent contamination of the patient, and to decrease the risk of infection when changing dressings.
4. Use non-sterile gloves primarily to prevent the contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces.
5. Wash hands after removing gloves. (Note: Gloves do not replace handwashing.)
6. Remove gloves before removing the mask and gown and discard them into the designated waste receptacle inside the room.

## When to Use Gloves

1. When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin;
2. When the employee's hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.;
3. When cleaning up spills or splashes of blood or body fluids;
4. When cleaning potentially contaminated items; and
5. Whenever in doubt.

## Procedure Guidelines

### Putting on Sterile Gloves

1. Wash hands.
2. Obtain gloves. (Note: If gowning procedures are used, put gloves on after putting on the gown so that the cuff of the gloves can be pulled over the sleeve of the gown.)
3. Open the package. Do not touch the gloves.
4. With one hand, grasp a glove by the inside of the cuff. Insert the opposite hand into the glove. Leave the cuff turned down.

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5. Pick up the remaining glove with gloved hand. Insert ungloved hand into the second glove.
6. Pull up cuffs of the glove.

### Removing Gloves

1. Using one hand, pull the cuff down over the opposite hand turning the glove inside out.
2. Discard the glove into the designated waste receptacle inside the room.
3. With the ungloved hand, pull the cuff down over the opposite hand, turning the glove inside out.
4. Discard the glove into the designated waste receptacle inside the room.
5. Discard the glove package into a waste receptacle inside the room.
6. Wash hands.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Standard Precautions</a> <a href="#">Sequence for Donning and Removing Personal Protective Equipment (PPE)</a>
<b>Version</b>	1.1 (H5MAPR0213)

# Personal Protective Equipment – Using Gowns

Level I

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## Purpose

To guide the use of gowns.

## Objectives

1. To prevent the spread of infections;
2. To prevent soiling of clothing with infectious material;
3. To prevent splashing or spilling blood or body fluids onto clothing or exposed skin; and
4. To prevent exposure to the HIV (AIDS) and hepatitis B (HBV) viruses from blood or body fluids.

## Equipment and Supplies

1. Disposable gowns; or
2. Clean and laundered gowns when disposable gowns are not used.

## Miscellaneous

1. Use gowns only once and then discard into an appropriate receptacle inside the exam or treatment room.
2. Clean reusable or disposable gowns may be worn in most circumstances.
3. Use gowns only when indicated or as instructed.
4. Follow established handwashing procedures.
5. Reusable gowns shall be laundered after each use in accordance with established laundry procedures.
6. When use of a gown is indicated, all personnel must put on the gown before treating or touching the resident.
7. Gowns shall be large enough to cover all of the wearer's clothing, and they must be tightly cuffed at the sleeves.
8. After completing the treatment or procedure, gowns must be discarded in the appropriate container located in the room.
9. If blood or another potentially infectious material penetrates a garment(s) (e.g., gown, apron, lab coat, etc.), the garment(s) must be removed immediately or as soon as possible.
10. Soiled gowns must not be worn in break rooms, lobbies, or into any area in which contamination of equipment is likely to occur.

## Procedure Guidelines

### Putting on the Gown

1. Obtain the gown (disposable or reusable).
2. If long sleeves are being worn, roll the sleeves above the elbows.
3. Wash hands.
4. Unfold the gown so that the opening is at the back.
5. Put your arms into the sleeves of the gown.
6. Fit the gown at the neck.
7. Secure at the neck (tie or Velcro).

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8. Overlap the gown at the back. Be sure clothing is completely covered.
9. Secure at the waist (tie or Velcro).

### Removing the Gown

1. Untie/unfasten the back of the gown.
2. Remove gloves and discard them into a waste receptacle in the room.
3. Untie/unfasten the neck band. While still holding the neck strings, pull the gown off the shoulders.
4. Remove the gown by rolling it away from the body. Handle the inside of the gown only.
5. Fold the outside (contaminated portion) of gown inward, and roll the gown into a bundle.
6. If the gown is disposable, discard it into the waste receptacle inside the room. If the gown is reusable (washable), discard it into the soiled laundry container inside the room.
7. Wash hands.
8. If a mask was used during the procedure(s) or service, remove it at this time and discard it into the waste receptacle inside the room.
9. Wash hands.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Standard Precautions</a> <a href="#">Sequence for Donning and Removing Personal Protective Equipment (PPE)</a>
<b>Version</b>	1.1 (H5MAPR0214)



# Personal Protective Equipment – Using Protective Eyewear Level I

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## Purpose

To guide the use of protective eyewear.

## Objectives

1. To protect employees from splashes, spattering, spraying, or droplets of blood, body fluids, or other potentially infectious materials.
2. To protect the employees' eyes, nose, and mouth from potentially infectious materials.
3. To prevent occupational exposure to bloodborne pathogens such as the HIV and hepatitis B viruses.

## Equipment and Supplies

1. Protective eyewear (disposable or reusable);
2. Goggles (disposable or reusable);
3. Face shield (disposable or reusable); and
4. Masks (disposable or reusable).

## Miscellaneous

1. Masks and eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn together whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be expected.
2. Personal eyeglasses should not be considered as adequate protective eyewear.
3. Protective eyewear must have adequate side and top coverage and must fit the employee properly.
4. Hands should be washed after removal of protective eyewear.

## Procedure Guidelines

1. Put on eyewear, goggles, mask or face shield per manufacturer's instructions.
2. Adjust the eyewear to fit properly.
3. Dispose of, or clean, eyewear as applicable.
4. Dispose of masks in a designated container.
5. Wash hands after removing the mask and eyewear.

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References	
MDS Items (CAAs)	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.1 (H5MAPR0215)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



### **Intravenous Therapy**

Item # H50075

WINDSOR 002052

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Intravenous Therapy**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Intravenous Therapy**

#### **Appendices - Flash Drive Only**

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#### **Guidelines**

- Anatomy of Arteries and Veins
- Complications Associated with IV Therapy
- Flushing Protocols
- Infiltration Scale
- Infusion Rate Schedule
- Phlebitis Scale

#### **Sample Documentation**

- I.V. Medication/Treatment Administration Record (MP9415)

# Catheter Stabilization Devices

## Policy Statement

Catheter stabilization shall be used to preserve the integrity and position of the infusion catheter.

## Policy Interpretation and Implementation

1. Catheter stabilization devices may be used to prevent migration of the catheter, which prevents dislocation and loss of access.
2. Stabilization methods will not interfere with assessment of insertion site or vascular circulation.
3. The following devices may be used to stabilize catheters:
  - a. Manufacturer-designed devices such as STATLOCK®<sup>1</sup> (Venetec International);
  - b. Sterile tape; or
  - c. Surgical strips.
4. Sutures are not a preferred method because they increase the risk of infection.
5. Change catheter stabilization device per protocol or manufacturer's instruction. Most devices are changed every week with dressing change.

References	
OBRA Regulatory Reference Numbers	483.25(h)
Survey Tag Numbers	F694
Other References	
Related Documents	
Version	1.1 (H5MAPL1019)

1. STATLOCK® is a trademark (or registered trademark) of Venetec International, Inc. ([www.statlock.com](http://www.statlock.com))

# Use of Arm Boards in Infusion Therapy

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## Policy Statement

Arm boards used for any purpose other than for catheter stabilization are considered restraints and are not permitted.

## Policy Interpretation and Implementation

1. In general, areas of flexion should be avoided as insertion sites.
2. The use of an arm board can be used to facilitate infusion delivery when the catheter must be placed in or adjacent to an area of flexion.
3. An arm board that is used for the purpose of catheter stabilization at an area of flexion is not considered a restraint.
4. An arm board should be applied in a manner that will not obstruct the ongoing evaluation of the insertion site.
5. When arm board is in place, there must be established intervals for removal. This is to assess circulatory status, range of motion, insertion site, and skin condition.
6. The reason for the use of the arm board must be documented in the medical record. The only acceptable reason for the use of an arm board is for stabilization of the insertion site, which prevents catheter dislodgement.
7. Assessments and removal of arm board schedule are to be documented in resident's permanent medical record.
8. Report that is given to oncoming shift should include the use of arm board and location.

References	
OBRA Regulatory Reference Numbers	483.25(h)
Survey Tag Numbers	F694
Other References	INS 2011, Standard 37.1
Related Documents	<a href="#">Peripheral IV Catheter Insertion</a>
Version	1.1 (H5MAPL1020)

# Administration Set/Tubing Changes

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for aseptic administration set changes in order to prevent infections associated with contaminated IV therapy equipment.

## Preparation

1. Label new tubing with date, time, and initials. If facility requires, label may include the date and time that tubing was initiated and when tubing should be discontinued.
2. Assess if filter is to be used for medication, and attach to tubing with each new dose of medication.
3. Assemble equipment and supplies as needed. Assess equipment for sterile condition. Do not use if not sterile.

## General Guidelines

1. All IV equipment, including administration sets, shall be managed using aseptic technique and observing standard precautions.
2. Handwashing and non-sterile gloves are always to be used while working with IV equipment.
3. The schedule for changing the administration set is determined by the type of infusion that is being administered (see below).
4. Assess all equipment for sterility and product integrity when opening packaging.
5. Devices that are added to tubing such as extension sets, filters, stopcocks, end caps, or any other devices, should be changed when tubing is changed. All equipment should be of needleless design.
6. All tubing is labeled with start and change date and time. Any tubing that is observed not to have a label must be changed and then labeled accordingly.
7. Primary tubing should have a sterile end cap applied to end of tubing when it is disconnected from the catheter. The sterile end cap is discarded when tubing is to be reconnected to catheter.
8. Use the following guidelines for administration set changes.
9. Primary and secondary continuous infusion administration sets:
  - a. Change no more than every 96 hours, unless suspected contamination has occurred.
  - b. Change primary set if a new catheter is placed.
  - c. Once a secondary set is detached from the primary administration set, the secondary set is considered to be a primary intermittent administration set (changed every 24 hours).
10. Primary or secondary intermittent infusions administration sets:
  - a. Change every 24 hours, or if suspected contamination of tubing or catheter has occurred.
  - b. Blunt cannulas that are used to access needleless devices should be removed immediately after each use, and a new blunt cannula should be aseptically attached.
  - c. Sterile end caps are to be placed on the end of the intermittent tubing in between uses of the tubing. The sterile end cap is to be discarded when tubing is reattached to catheter.
11. Parenteral nutrition administration sets:
  - a. Parenteral nutrition (PN) containing amino acids/dextrose formulations – change tubing and 1.2 micron filter every 24 hours.
  - b. Lipids which contain intravenous fat emulsion – change tubing every 12 hours or with each new container.

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- c. Any tubing that is suspected to have been contaminated or compromised should be changed immediately.
12. Blood and blood components administration sets and add-on filters that are used for blood and blood components:
  - a. Administration sets used for blood and blood components should be dedicated to blood transfusion only, and changed every 4 hours.
  - b. If more than one unit can be infused in 4 hours, the transfusion set can be used for up to 4 hours.
  - c. Change tubing at any time if there is suspected contamination or product integrity is suspected.

## Equipment and Supplies

1. Non-sterile gloves;
2. Infusion administration sets (tubing and add-on devices);
3. Add-on devices:
  - a. catheter end cap, injection port;
  - b. filters (if necessary);
  - c. stopcock; and
  - d. extension tubing.
4. Infusate solution; and
5. Alcohol pads.

## Assessment

Inspect intravenous catheter for any signs/symptoms of IV related complications at scheduled intervals. Observe equipment for sterility or problems.

## Steps in the Procedure

1. Perform hand antisepsis.
2. Inspect new equipment (infusate, add-on devices and administration set).
3. Prepare equipment:
  - a. Attach add-on devices to administration set;
  - b. Clamp new administration tubing;
  - c. Spike access site of infusate container with new administration set; and
  - d. Hang infusate from IV pole.
4. Prime new administration set, including add-on devices and tubing:
  - a. Squeeze drip chamber to fill according to manufacturer's instructions ( $\frac{1}{3}$  to  $\frac{1}{2}$  full);
  - b. Remove cap from tubing, open roller clamp to prime tubing, then hold distal end of tubing over sink or trash can (keep tip sterile) and allow all of the air bubbles to leave tubing;
  - c. Ensure that no air bubbles remain in tubing; and
  - d. When primed, clamp tubing and replace cap.
5. Temporarily stop infusion and disconnect old administration set:
  - a. If continuous fluids are running, stop infusion, clamp tubing, and disconnect old set from catheter;
  - b. Clamp catheter; and
  - c. Dispose of old tubing in trash receptacle, along with infusate bag.
6. Don clean non-sterile gloves.

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7. Connecting new tubing:
  - a. Disinfect catheter hub with antiseptic solution (usually alcohol);
  - b. Remove cap from distal end of new tubing;
  - c. Attach primed tubing to catheter access cap; and
  - d. Secure connection by screwing tubing into catheter access cap. Tape connections if needed for extra security.
8. Resume infusion:
  - a. Unclamp catheter;
  - b. Open roller clamp;
  - c. Check pump program or flow regulator device for proper rate/volume; and
  - d. Observe flow rate for 1-2 minutes to ensure accuracy.
9. Discard used supplies.
10. Remove gloves and perform hand antisepsis.
11. Label administration set and tubing with date, time and initials.
12. Document procedure in resident's medical record.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time of the administration set change.
2. The type of flow-control device.
3. The type of solution or medication infusing.
4. The amount of solution or medication to be infused.
5. The rate of infusion.
6. The condition of the IV site.
7. Notification of the physician of any intravenous complications.
8. Resident's response to treatment.
9. The signature and title of the person recording the data.

## Reporting

1. Notify physician, supervisor and oncoming shift of resident refusal of procedure or any complications.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 42
<b>Related Documents</b>	
<b>Version</b>	2.1 (H5MAPR0013)

# Central Venous and Midline Catheter Flushing

Level III

## Purpose

The purposes of this procedure are to maintain patency of midline and central venous catheters (CVADS); to prevent mixing of incompatible medications and solutions; and to ensure entire dose of solution or medication is administered into the venous system.

## General Guidelines

1. No physician order is needed for this procedure.
2. The preferred choice for flushing and locking is single-use systems, such as single-dose vials and prefilled syringes.
3. Consult state Nurse Practice Act for RN/LPN scope of practice and functions.

## Flushing Protocol

1. Flush catheters at regular intervals to maintain patency AND before and after the following:
  - a. administration of intermittent solutions;
  - b. administration of medication;
  - c. administration of blood or blood products;
  - d. obtaining blood samples; and/or
  - e. converting from continuous to intermittent therapies.
2. For multi-lumen access devices, each lumen is considered a separate catheter and must be flushed according to established catheter protocols to prevent occlusion. Some catheters (per manufacturer guidelines or organization policy) may need to be flushed more often.
3. The minimum volume of flush solution should be equal to at least twice the volume capacity of the catheter and add on devices.
4. Use only preservative-free 0.9% sodium chloride for saline flushes.

## Flushing Technique

1. Use a syringe barrel size of 10 mL or greater when flushing an infusion catheter to avoid excessive pressure inside the catheter, to prevent potential rupture of the catheter, and to prevent dislodgement of clots.
2. Use a push-pause or pulsing motion for flushing technique.
3. Aspirate the CVAD catheter for blood return to confirm patency prior to administration of medications and solutions.

## Locking

1. Follow manufacturer instructions regarding the recommended solution (heparin vs. saline) for locking a midline or CVAD.
2. If heparin is recommended, obtain an order for the appropriate dilution and amount

## Complications

1. If resistance or lack of blood return arises at any time during flushing, STOP the flush and consult IV nurse specialist or physician.
2. Insertion site assessment should be done as part of flushing process to monitor for complications.

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3. If this procedure is not compatible with manufacturer guidelines for flushing individual catheters, refer to the manufacturer's instructions.

## Equipment and Supplies

1. Preservative-free 0.9% sodium chloride syringes (prefilled);
2. Heparin, as ordered;
3. Non-sterile gloves; and
4. Alcohol wipes.

## Steps in the Procedure

1. Perform hand antisepsis. Don non-sterile gloves.
2. Disinfect catheter device with antiseptic solution (usually alcohol).

### Flushing to maintain patency of catheter:

1. Disinfect needleless access device with alcohol wipe.
2. Remove air bubbles from syringe.
3. Connect 10 mL barrel size syringe containing saline (amount as ordered or per facility protocol) to catheter via needleless connection device.
4. Aspirate slowly for blood return to ensure patency of catheter. Blood return may be difficult to obtain on small gauge catheters.
5. Slowly administer appropriate amount of saline flush (per pharmacy or facility protocol) using the push-pause technique. Leave 0.5 mL of flush in syringe to avoid pushing air into catheter.
6. Disconnect syringe from needleless access device.
7. LOCK with heparin, if ordered.
8. Disinfect needleless connection device with alcohol wipe.
9. Repeat process on each lumen of multi-lumen catheter.

### Flushing when giving medications SAS method (saline, administer, saline):

1. Disinfect access device with alcohol wipe.
2. Remove air bubbles from syringe.
3. Connect 10 mL syringe containing saline (amount as ordered or per facility protocol) to catheter via injection or access device.
4. Unclamp catheter or lumen.
5. Aspirate slowly for blood return to ensure patency of catheter.
6. Flush with saline (amount established by pharmacy or facility protocol) using push-pause method.
7. Disinfect needleless connection device with alcohol wipe.
8. Connect primed medication tubing to injection/access device.
9. Administer medication.
10. Disconnect medication from access device.
11. Disinfect needleless connection device with alcohol wipe.
12. Connect another 10 mL syringe containing saline (amount and/or concentration as ordered or per facility protocol) to catheter via injection or access device.
13. Flush with saline (amount established by pharmacy or facility protocol). Flush at the same rate of injection as the medication.
14. Disconnect syringe.

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15. LOCK with heparin, if ordered.
16. Clamp catheter or lumen.
17. Monitor resident's response.
18. Monitor resident for any signs and symptoms of IV complications.
19. Discard used supplies in appropriate waste container.
20. Remove gloves.
21. Wash hands.
22. Document procedure in resident's medical record.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the medication was administered.
2. Total amount of flush administered.
3. The route and rate of medication administration.
4. The condition of the IV site before and after administration.
5. Notification of physician, if there are any complications.
6. Resident's response.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor, physician, and oncoming shift of any complications.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 40
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0133)

# Central Venous Catheter Dressing Changes

Level III

## Purpose

The purpose of this procedure is to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings.

## Preparation

1. Check the State's Nurse Practice Act for LPNs regarding scope of practice for changing a central venous catheter dressing.
2. A physician's order is not needed for this procedure.

## General Guidelines

1. Apply and maintain sterile dressing on intravenous access devices. Dressings must stay clean, dry, and intact. Explain to the resident that the dressing should not get wet.
2. Change dressings if any suspicion of contamination is suspected.
3. Catheter site care shall allow for the observation and evaluation of the catheter-skin junction and surrounding tissue.
4. After original insertion of CVAD, the dressing will consist of gauze and TSM. This must be changed within 24 hours.
  - a. Replace with sterile transparent dressing.
  - b. Use gauze under the TSM if there is drainage from the catheter insertion site.
5. Change transparent semi-permeable membrane (TSM) dressings at least every 5-7 days and PRN (when wet, soiled, or not intact).
6. If gauze is used, it must be changed every 2 days.
7. Approved antiseptic solutions for cleaning insertion site area include alcohol, povidone-iodine, chlorhexidine gluconate, and tincture of iodine as single agents or in combination. A formula containing alcohol and >0.5% chlorhexidine gluconate is preferred.
8. Allow the insertion site to air dry before placing dressing. Do not blow or wave over the site.
9. Removal of old dressing is an aseptic, non-sterile procedure.
10. With a well-healed tunneled central venous access device, consideration may be given to no dressing.

## Equipment and Supplies

### To remove dressing

1. Non-sterile gloves; and
2. Alcohol wipes.

### To replace sterile dressing

1. Sterile central venous catheter dressing change kit; and
2. Plastic Chux™ or clean towel.

## Assessment

Observe insertion site and surrounding area for complications.

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## Steps in the Procedure

### Procedure to remove old dressing:

1. Clean the over the bed table with soap and water, or alcohol.
2. Place equipment on table.
3. Perform hand antisepsis. Wear non-sterile gloves.
4. Resident should be lying on bed, with head facing opposite direction from dressing site. If resident is coughing or has a tracheostomy, apply mask to resident if he or she can tolerate it.
5. Ask resident to keep arms at side of body or have someone help him or her to do this.
6. The dressing can be rubbed with alcohol wipes to help dissolve the adhesive and loosen the dressing. *Never use scissors near the catheter.*
7. Remove any tape on the dressing.
8. While stabilizing the catheter, remove the dressing in the direction of the catheter insertion (from the hub of the catheter toward the head) to avoid dislodging the catheter. This is especially important with Midlines and PICC lines.

### Procedure to apply sterile dressing:

1. Open sterile dressing kit.
2. Apply mask.
3. Apply sterile gloves. Once the gloves are on, only the contents of the kit can be touched. *Do not pick up the catheter with the sterile gloves. The outside of the catheter is not sterile.* Use sterile gauze to pick up catheter when cleaning underneath the catheter to preserve the sterile gloves.
4. Clean catheter insertion site with approved antiseptic solution.
5. Allow antiseptic solution to air dry on skin. Do not blow or wave over site.
6. Apply sterile transparent dressing (with or without gauze) to area, making sure to center the dressing over the insertion site. Starting at the catheter, smooth dressing outward toward the edges to remove air. While removing the paper around edges of dressing, press down on the edges of the dressing. Label with initials, date and time.
7. The sterile tape from the kit may be used to secure edges if needed. Placing a piece of tape across the bottom of the dressing can help secure the catheter in place and keep the catheter from pulling on the dressing. The tape should not cover the insertion site.
8. If the resident has hair on the dressing site:
  - a. Shaving with a razor or cutting the hair with scissors is not permitted, as this may cut the skin and/or damage the catheter.
  - b. Instead, apply a skin protecting agent such as Skin Prep™ after the area has been cleaned with antimicrobial agents.
  - c. Apply only around the perimeter of the insertion site where the dressing will be placed. Do not apply directly to the insertion site.
  - d. Allow Skin Prep™ to dry completely before applying transparent dressing.
9. If catheter is inserted in neck or other area of flexion, place the dressing over the insertion site. Then, cut another dressing in two pieces and reinforce the edges of the original dressing with cut pieces of the second dressing.
10. Dispose of gloves, equipment and old dressing in appropriate containers.
11. Reposition resident for comfort.

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## Documentation

1. The following information should be recorded in the resident's medical record:
  - a. Date and time dressing was changed.
  - b. Location and objective description of insertion site.
  - c. Any complications, interventions that were done.
  - d. Condition of sutures (if present).
  - e. Any questions, education given to resident, resident's statement regarding IV therapy and response to procedure.
  - f. Signature and title of the person recording the data

## Reporting

1. Report any signs and symptoms of complications to physician, supervisor and oncoming shift.
2. Intervene as necessary.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 41
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0310)



# Changing the Needleless Connection Device and Extension Tubing

Level III

## Purpose

The purpose of this procedure is to provide guidelines to change needleless connection devices or extension tubing to prevent catheter related infections.

## General Guidelines

1. Needleless connection devices may also be referred to as end caps, pressure valves (positive, negative or neutral), or by brand names (e.g., Ultrasite Valve<sup>®</sup>).
2. All lumens of the catheter will have a needleless connection device on the hub to prevent intake of air embolus and/or prevention of outward blood flow.
3. All needleless connectors will have a Luer-loc<sup>®</sup> design to ensure a secure connection.
4. Change needleless connection device and extension tubing with administration set change, every 24 hours when TPN/PPN infusing (with new bag change) before obtaining blood for culture, and after blood draws.
5. For multi-lumen catheters, change needleless connection device every \_\_\_\_\_ hours for lumens not in use.
6. Change needleless connection devices using aseptic technique.
7. Clean the needleless connection device with an antiseptic solution prior to use. The antiseptic solution should be a single use package. Alcohol is the most commonly used solution.
8. Anytime that a needleless connection device is removed, discard and replace with a new sterile device.
9. The extension tubing should always have a needleless connection device on the end of the tubing.
10. Use extension tubing on peripheral catheters (saline locks) to avoid too much pressure on the vein during flushing. Change extension tubing with peripheral catheter site change.
11. Flush needleless connection device/extension tubing with preservative-free 0.9% normal saline before attaching to catheter.
12. Only use smooth clamps on catheters. Never use clamps with “teeth” to avoid tearing catheter.

## Equipment and Supplies

1. Non-sterile gloves;
2. Needleless connection device or extension tubing;
3. Alcohol wipes;
4. Preservative-free 0.9% normal saline flush to flush needleless connection device or extension tubing; and
5. Smooth clamps.

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## Steps in the Procedure

1. Stop any fluids that are infusing and disconnect IV tubing. The IV tubing should be replaced when new needleless connection device/extension tubing is placed.
2. Perform hand antisepsis. Wear non-sterile gloves.
3. Attach normal saline flush syringe to new needleless connection device/extension tubing. Prime with small amount of preservative-free 0.9% normal saline.
4. Clamp with smooth clamp or kink catheter and have resident hold his/her breath while removing and replacing old needleless connection device/extension tubing. Allow resident to breath after replacement.
5. Place new needleless connection device/extension tubing onto catheter. Unclamp/ unkink catheter.
6. Finish flushing catheter with preservative-free 0.9% normal saline (and heparin if required).
7. Remove syringe and clamp catheter (open-ended catheter).
8. Extension tubing may need to be coiled on side of catheter and taped in place.
9. Dispose of old equipment properly.
10. Remove gloves and perform hand antisepsis.
11. Don non-sterile gloves to reattach tubing if fluids were running previously.

## Documentation

1. Document on treatment kardex when procedure was done.
2. Document in resident's medical record if any complications of IV catheter were present and interventions necessary.
3. Document if physician was made aware of complications.

## Reporting

1. Report to physician, supervisor, and oncoming shift of any complications with catheter.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2011 Standard 27.2 INS 2011 Standard 27, Practice Criteria F
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	1.3 (H5MAPR0053)

# Disinfection of Catheter Insertion Site

Level III

## Purpose

The purpose of this procedure is to prevent bacteria from being introduced into the skin and vascular system.

## General Guidelines

1. Antiseptic solutions should be in a single-unit package.
2. If the intended insertion site is visibly soiled, the site should be cleaned with soap and water prior to the application of antiseptic solution.
3. Clipping of hair in insertion area should be done with sterile scissors or disposable head surgical clippers before cleaning the site.
4. Chlorhexidine solution (>5% chlorhexidine in alcohol) is preferred for skin cleaning.
5. If there is a contraindication to chlorhexidine solution, the following antiseptic agents are acceptable:
  - a. Iodine tincture;
  - b. Povidone iodine; and
  - c. 70% alcohol.
6. Chloraprep<sup>®</sup> is the trade name for 2% chlorhexidine gluconate (CHG)/70% isopropyl alcohol combination antiseptic.
7. Chloraprep<sup>®</sup> or other antiseptic solution is used for skin preparation pre-procedure or during dressing changes.
8. Advantages/features of Chloraprep<sup>®</sup> include the following:
  - a. A strong ability to bind to the skin and a high level of antibacterial activity.
  - b. Prolonged residual effects - prevents re-growth of microorganisms on the skin for at least 48 hours.
  - c. Broad spectrum - effective against gram positive and negative bacteria.
  - d. Remains active in the presence of blood, serum, and other protein rich biomaterials.
  - e. Can be used for residents with iodine allergy.
  - f. Available in many applicator sizes.
9. The cleaning process with Chloraprep<sup>®</sup> involves a back and forth scrubbing motion.
  - a. On dry sites – scrub back and forth for 30 seconds.
  - b. On a wet area – scrub for 2 minutes.
  - c. For IV dressing changes:
    - (1) pick up the catheter with sterile gauze; and
    - (2) scrub with Chloraprep<sup>®</sup> for 30 seconds on all four sides around the catheter.
  - d. Allow Chloraprep<sup>®</sup> to AIR DRY before placing any dressings on skin or doing a procedure.
10. When using other antiseptic solutions other than Chloraprep<sup>®</sup>, the technique of cleaning is circular motion starting at the intended insertion site and moving outward.

## Equipment and Supplies

1. Chloraprep<sup>®</sup> swab or sponge, or other antiseptic solution.
2. Sterile/non-sterile gloves, as indicated.
3. Sterile dressing change kit for CVAD (if needed), or alcohol pads for peripheral catheter.

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2. Chloraprep is a registered trademark of Enturia/Cardinal Health. [www.enturia.com/products/chloraprep](http://www.enturia.com/products/chloraprep).

## Steps in the Procedure

1. Wash hands, wear non-sterile or sterile gloves, as indicated.
2. If areas are visibly soiled or contaminated, wash with soap/water or alcohol first to remove dirt. Allow to air dry then clean with Chloraprep<sup>®</sup> or other antiseptic solution.
  - a. Remove Chloraprep<sup>®</sup> equipment from package, break medicine ampule that is inside by pushing on the wings or body part of equipment. There will be a “pop” sound.
  - b. Turn the Chloraprep<sup>®</sup> equipment upside down and allow fluid to go into sponge.
  - c. Do not touch the sponge.
  - d. Use a back and forth mild scrubbing action to clean skin.
3. Any type of antiseptic cleansing device is for single use only. After use, dispose of in trash container.

## Documentation

Document time and date of skin cleaning, stating what type of antiseptic was used on the skin, and type of catheter inserted.

## Reporting

Report to Physician (if needed) or oncoming shift regarding the condition of the skin and/or catheter site.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F694
Other References	INS 2016 Standard 33
Related Documents	
Version	1.2 (H5MAPR0329)

# Disinfection of Durable Medical Equipment for Intravenous Therapy

Level II

## Purpose

Durable medical equipment (DME) shall be cleaned and disinfected routinely and following resident use.

## General Guidelines

1. Clean and disinfect infusion-related DME when visibly soiled.
2. Clean and disinfect infusion-related DME that is in use for a single resident at least weekly.
3. Clean and disinfect infusion-related DME that is not in use at established intervals.
4. Examples of infusion-related DME include:
  - a. IV poles;
  - b. Electronic and mechanical infusion devices; and
  - c. Non-disposable infusion-related equipment.
5. Dedicate infusion-related DME for *single resident use* when resident is on contact precautions, and clean/disinfect before use on another resident.
6. Use high level germicides that are Environmental Protection Agency (EPA) registered, and use in accordance with manufacturers' labeled use and directions.
7. Do not use disinfection solutions that could alter the integrity or performance of the equipment. Avoid the sensor areas on electronic pumps.
8. Use standard precautions when handling DME. Place DME in a plastic bag or decontaminate before transporting to another location for cleaning and disinfection.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F880
Other References	INS 2016 Standard 21
Related Documents	
Version	1.2 (H5MAPR0318)

# Implanted Venous Port – Accessing

Level III

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## Policy

The medical personnel who access or de-access an implanted venous port must have additional training and proven clinical competency before performing this procedure.

## Definition

1. An implanted venous port is a surgically placed and surgically removed catheter that is placed in the subcutaneous layer of the skin in the mid chest area or upper arm. The catheter tubing ends in the vena cava. It generally is not sutured in place to avoid collection of bacteria at suture site.
2. The catheter consists of three parts – the septum, reservoir, and tubing. The self sealing septum is usually made of silicone.

## General Guidelines

1. Verify with state Nurse Practice Act the scope of practice for RNs and LPNs regarding this procedure.
2. Use only a non-coring needle to access the port. The needle can be different gauges and lengths according to the amount of subcutaneous tissue over port. The wings of the needle, when inserted, should be even (flush) with the septum of the port.
3. Ports may be single or double lumen. Each port is a separate catheter that must be flushed daily when accessed but not infusing.
4. Other types of ports may be placed (subdural, arterial, epidural, peritoneal) and are used per manufacturer instructions.
5. Topical anesthetic may be applied to skin access site per order to numb area before needle insertion.
6. Power injection capability should be verified before using the port for CT injection dye. CT injection dye requires a power port.
7. There must be **positive blood return** with aspiration before port can be used for infusion.
8. Preparing the insertion site and placing the non-coring needle is an aseptic procedure.

## Equipment and Supplies

1. Central line dressing change kit or the following:
  - a. Sterile gloves;
  - b. Mask;
  - c. Cleaning solution (chlorhexidine/alcohol or alcohol wipes); and
  - d. Transparent sterile dressing.
2. Port-a-Cath kit or the following:
  - a. Non-coring needle with attached extension set with clamp;
  - b. Needleless access device;
  - c. Two normal saline (preservative-free 0.9% sodium chloride) flushes; and
  - d. Topical anesthesia if ordered.

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## Steps in the Procedure

1. Explain procedure to resident or legal representative.
2. Position resident for comfort and expose port site. (Note: Most ports are accessed easier by placing the resident in a semi-fowler's or supine position.)
3. Apply topical anesthesia if prescribed. Wait about 15 to 20 minutes for the anesthetic to take effect. Remove residual with saline before cleaning.
4. Wash hands and assemble equipment on clean surface near resident.
5. Place a mask on yourself and on the resident.
6. Apply non-sterile gloves.
7. Palpate port under skin by locating between thumb, index and middle fingers of dominant hand.
8. Remove gloves.
9. Wash hands.
10. Open central line dressing kit or Port-a-Cath kit and prepare a sterile field.
11. Apply sterile gloves.
12. Flush air out of non-coring needle.
13. Hold saline syringe with sterile gauze (to preserve sterile gloves), attach syringe to needleless connection device and prime tubing and non-coring needle with saline.
14. Clean port area with antiseptic cleaning solution. Allow to air dry.
15. With non-dominant hand, palpate port. Hold port steady in place. Insert non-coring needle perpendicular (straight, not at an angle) into the center of the septum until it goes no further. You will feel slight resistance and "drag" until needle hits the bottom of the reservoir.
16. While holding needle steady, check for blood return by pulling back on the syringe plunger. If no blood return, attempt the following:
  - a. Pull needle up just slightly (needle may be "jammed" into the reservoir floor) and attempt aspiration again.
  - b. If there is still no blood return and you have ensured the needle is in the center of the port, have the resident perform a valsalva maneuver, lift arms above head, cough, or reposition.
  - c. If there is still no blood return, attempt access again using a new needle. Maintain aseptic procedure.
17. After blood return is established, flush with normal saline. Always leave the last 0.5 mL of saline in syringe to avoid pushing air into catheter.
18. Clamp the tubing, remove saline syringe and connect the needleless connector.
19. Cover needle with transparent sterile dressing, making sure that edges of the dressing are firm against the skin. Use Skin Prep™ on skin first, if necessary, and let dry before placing dressing on skin.
  - a. A folded 2 x 2 sterile gauze may be placed under the wings of the non-coring needle if it does not obscure the insertion site. This would be done if needle is not at same level as port to stabilize it, or for protection of the skin. This is not considered to be a gauze dressing and can stay in place for up to 7 days.
20. Label dressing with date, time, and initials of person who is performing procedure.
21. Secure extension set to skin with sterile tape from dressing kit.
22. Connect the IV medication/solution to the needleless connector and infuse as ordered.
23. When infusion is finished, flush according to protocol.

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## Documentation

1. Document the following in the resident's medical record:
  - a. Date and time of procedure.
  - b. Resident education.
  - c. Needle size (length and gauge).
  - d. Blood return.
  - e. Whether implanted venous access port flushed with ease.
  - f. Resident response to procedure.
2. Document the flushing agent(s) and amount(s), medication or solution infused, and any topical anesthetic in the Medication Administration Record.
3. If this is an access for flush only, mark on Treatment Administration Record and indicate next date procedure is to be done.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	INS 2016 Standard 28
<b>Related Documents</b>	<a href="#">Implanted Venous Port – Flushing Protocol</a> <a href="#">Implanted Venous Port – De-Accessing</a>
<b>Version</b>	1.2 (H5MAPR0320)



# Implanted Venous Port – De-Accessing

Level III

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## Policy

The medical personnel who access or de-access an implanted venous port must have additional training and proven clinical competency before performing this procedure.

## General Guidelines

1. Verify with state Nurse Practice Act the scope of practice for RNs and LPNs regarding this procedure.
2. De-accessing (taking the needle out of the port) is an aseptic procedure. Accessing the port is a sterile procedure.
3. Replace the non-coring needle every 5-7 days if port is being used for infusion therapy.
4. Replace the non-coring needle immediately if considered to be compromised.
5. Flush the port before the needle is removed.
6. The septum in the port is self-sealing. Resistance upon removal is normal.

## Equipment and Supplies

1. Non-sterile gloves;
2. One 10 mL syringe with normal saline (preservative-free 0.9% sodium chloride);
3. Chlorhexidine/alcohol or alcohol wipes; and
4. Sterile 2 x 2 gauze and tape, or adhesive bandage.

## Steps in the Procedure

1. Explain the procedure to the resident or legal representative.
2. Position resident as flat as tolerated. Expose port.
3. Perform hand antisepsis. Place equipment on clean surface near resident.
4. Don non-sterile gloves.
5. Discontinue any running IV fluids.
6. Clamp extension tubing on non-coring needle.
7. Clean end of needleless access device with chlorhexidine/alcohol or alcohol wipe.
8. Flush as ordered.
9. Remove syringe and clamp tubing.
10. Remove old dressing from distal to proximal (toward the head) being careful not to pull on non-coring needle. If the dressing cannot be removed completely without pulling on the needle, then gather the remainder on the top of the non-coring needle. The port should be free of any adhesive dressing.
11. Discard stabilizing gauze or bio-patch and gloves.
12. Stabilize port with thumb and index finger on sides of port.
13. With other hand, pull the non-coring needle straight upward out of port using a steady upward motion.
14. Slide safety device over non-coring needle. Discard with needle and dressing in sharps container.
15. Clean insertion site with chlorhexidine/alcohol or alcohol wipe.
16. Cover with sterile 2 x 2 gauze transparent dressing or adhesive bandage per protocol. Leave dressing in place for 24 hours.

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## Documentation

1. Document the date and time that port was de-accessed in the resident's medical record.
2. Document the flushing agent, flush amounts; and condition of site on the appropriate nursing document.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	INS 2016 Standard 28
<b>Related Documents</b>	<a href="#">Implanted Venous Port – Accessing</a>
<b>Version</b>	1.3 (H5MAPR0322)

# Implanted Venous Port – Flushing Protocol

Level III

## Purpose

The purposes of this procedure are to ensure that implanted venous ports are flushed to maintain patency; to prevent mixing of incompatible medications and solutions; and to ensure entire dose of solution or medication is administered into the venous system.

## General Guidelines

1. Verify with State Nurse Practice Act for RN/LPN scope of practice and function.
2. The implanted venous port is a central line.
3. Use aseptic technique when accessing an implanted port.
4. Use a syringe barrel size of 10 mL or greater when flushing an infusion catheter to avoid excessive pressure inside the catheter, to prevent potential rupture of the catheter, and to prevent dislodgement of clots.
5. When the port is accessed but not infusing, flush once a day with normal saline (preservative-free 0.9% sodium chloride).
6. When the port is used intermittently for medication administration, flush with preservative-free 0.9% sodium chloride before and after medication administration in addition to daily maintenance.
7. If the port is not accessed, refer to manufacturer's instructions for flushing protocol.
8. The volume of normal saline used for flushing should be equal to twice the internal volume of the catheter.<sup>3</sup>
9. Only specially designed non-coring safety needles are to be used when accessing an implanted port.
  - a. Use the smallest gauge non-coring needle that will accommodate the prescribed therapy.
  - b. A non-coring needle does not need to stay in place if no medications/solutions are being given.
10. When the non-coring needle is to stay in place, a sterile transparent semi-permeable dressing should be used to cover the needle and port area.
11. If contamination of the dressing is suspected, the dressing and needle must be changed.

## Equipment and Supplies

1. For daily maintenance:
  - a. One prefilled 10 mL barrel size syringes of preservative-free 0.9% sodium chloride (saline);
  - b. Chlorhexidine/alcohol or alcohol wipes; and
  - c. Gloves.
2. For intermittent medications:
  - a. Two prefilled 10 mL barrel size syringes of preservative-free 0.9% sodium chloride (saline);
  - b. Chlorhexidine/alcohol or alcohol wipes; and
  - c. Gloves.
3. Removal of needle at end of therapy:
  - a. One prefilled 10 mL barrel size syringe with 5 mL preservative-free 0.9% sodium chloride (saline);
  - b. Gloves;

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3. Infusion Nurses Society. 2016 Infusion Therapy Standards of Practice, S40(C)(1)

- c. Sharps container; and
- d. Alcohol wipes.

## Steps in the Procedure

1. Assemble supplies.
2. Perform hand antisepsis.
3. Explain procedure to resident.
4. Prime syringes.
5. For daily maintenance (accessed but not infusing):
  - a. Unclamp catheter.
  - b. Apply gloves.
  - c. Clean needleless access device with chlorhexidine or alcohol wipe.
  - d. Connect saline-filled syringe.
  - e. Check for catheter patency:
    - (1) Aspirate for blood return.
    - (2) If resistance is felt or there is no blood return, check for closed clamp.
  - f. Flush using push-pause technique. Remove syringe. Dispose of syringe in sharps container.
  - g. Clamp catheter.
6. For intermittent medications (in addition to daily maintenance):
  - a. Unclamp catheter.
  - b. Apply gloves.
  - c. Clean needleless access device with chlorhexidine or alcohol wipe.
  - d. Connect first saline-filled syringe.
  - e. Check for catheter patency:
    - (1) Aspirate for blood return.
    - (2) If resistance is felt or there is no blood return, check for closed clamp.
  - f. Flush with preservative-free 0.9% sodium chloride (saline).
  - g. Administer medication.
  - h. Connect second saline-filled syringe.
  - i. Flush with preservative-free 0.9% sodium chloride (saline).
  - j. Clamp catheter.
  - k. Dispose of syringes in sharps container.
  - l. Remove gloves.
7. Removal of non-coring needle at end of therapy: See *Implanted Venous Port – De-accessing*.

## Documentation

1. Document the following in the resident's medical record:
  - a. Location of the catheter, type and amount of flush used.
  - b. Result of blood return, any resistance felt.
  - c. Condition of insertion site and condition of dressing.
  - d. Any complications and interventions necessary.
  - e. Resident tolerance of procedure.
  - f. Any communication with physician, supervisor, or oncoming shift.
  - g. Any change in size of non-coring needle that was used.

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**Reporting**

1. Report any complications/interventions.
2. Report any communication with physician, supervisor, or oncoming shift.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standards 28 and 40
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0321)

# Intravenous Catheter Complications: Occlusion

Level III

## Purpose

The purpose of this procedure is to help the registered nurse identify and manage catheter occlusion.

## General Guidelines

1. Catheter occlusion management is to be performed by registered nurses who have documented/demonstrated clinical competency in this area.
2. A physician's order is required for this procedure and for the specific fibrinolytic agent.
3. Catheter occlusion presents as a loss of catheter patency. It can range from partial to complete occlusion.
  - a. Partial occlusion is likely if fluids can be infused, but aspiration of blood does not occur.
  - b. Total occlusion is likely if fluids cannot be infused and blood cannot be aspirated.
4. Do not attempt to infuse anything through a central venous catheter that appears to be partially or totally occluded.
5. For multi-lumen central venous catheters it is not acceptable to leave a lumen occluded and untreated just because other lumens are functioning.
6. Types of occlusions:
  - a. Thrombotic (blood clots, fibrin): Fibrin sheath/tail occurs when fibrin adheres to the tip of the catheter. This can allow infusion, but not withdrawal of blood;
  - b. Mechanical (kinks or closed clamps);
  - c. Precipitates (medication); or
  - d. Lipid deposits (parenteral nutrition).
7. Signs of occlusion:
  - a. Inability to flush, infuse fluids, or withdraw blood;
  - b. Sluggish flow or sluggish blood return;
  - c. Frequent occlusion alarms on pumps; or
  - d. Visual clots or precipitates in lumen of catheter.
8. Occlusions can lead to:
  - a. Delayed treatment;
  - b. Increased risk of infection;
  - c. Increased cost of care;
  - d. Increased risk of losing site; and/or
  - e. Increased risk of thrombus related complications.
9. When running multiple medications in sequence or using parenteral nutrition (PN), the catheter should be flushed with normal saline (preservative-free 0.9% sodium chloride) in between medications or when new PN bag is started. This will avoid buildup of precipitates in the lumen.
10. When treating thrombotic occlusions, catheter salvage is preferred over catheter replacement.

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## Steps in the Procedure

### Troubleshooting IV System for Occlusion:

1. Starting at tubing insertion site in fluid chamber of bag, follow tubing down to catheter insertion site checking for kinks and/or closed clamps.
2. Check pump to make sure that tubing is loaded and working properly.
3. When sutures are present, check to see if they are too tight causing pressure on catheter.
4. Check for clogged filter or needleless connector.
5. Check for visible blood in catheter or add-on device.
6. Verify medication compatibility to check for possible interaction precipitates.
7. Obtain chest X-ray for catheter tip position on central venous access catheters (per order).
8. Visually check for clots/precipitates in catheter.

### For Thrombotic Occlusion:

1. This treatment is not to be used on peripheral or midline catheters.
2. Take vital signs before and after procedure for baseline in case of any complications during procedure.
3. Explain procedure to the resident.
4. Ask resident to inform staff if any chest pain, shortness of breath, or any unusual symptoms develop. STOP procedure immediately if any of these signs or symptoms occur.
5. Position resident for comfort.
6. Prepare and administer thrombolytic agent according to the manufacturer's instructions and physician/practitioner order.
7. Use at least a 10mL syringe for administration.
8. Notify the physician or practitioner if catheter patency is not restored.

### For Medication Precipitate or Lipid Residue:

1. Explain procedure to the resident.
2. Position resident for comfort.
3. Prepare and administer catheter-clearance agent according to the manufacturer's instructions and physician/practitioner order.
4. Use at least a 10mL syringe for administration.
5. Notify the physician or practitioner if catheter patency is not restored.

## Documentation

The following information should be recorded in the resident's medical record:

1. Start and stop time of procedure.
2. Pre and post procedure vital signs.
3. Name of medication and volume infused. Instillation of 2<sup>nd</sup> dose if given.
4. Specific times and results of aspiration attempts (positive or negative blood return).
5. Resident response to procedure and any complications (if occurred).
6. Amounts of flush.
7. Any orders received to remove/replace catheter.

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## Reporting

1. Report to physician if procedure was not successful for restoration of blood return.
2. Report any new orders that are received to remove/replace catheter.
3. Report results of procedure to oncoming shift/supervisor.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	INS 2016 Standard 48
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0314)



# Midline Dressing Changes

Level III

## Purpose

The purpose of this procedure is to prevent catheter-related infections associated with contaminated, loosened or soiled catheter-site dressings.

## General Guidelines

1. Change midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way.
2. Use sterile technique when changing a midline catheter dressing.
3. Verify with state Nurse Practice Act as to LPN/RN scope of practice for this procedure.
4. Use a sterile, transparent, semipermeable membrane (TSM) or gauze dressing.
5. If gauze dressing is used, cover the gauze with a TSM dressing and change the dressing every 48 hours.

## Equipment and Supplies

1. To place new dressing:
  - a. Sterile dressing kit for catheters (sterile gloves, mask, TSM dressing, antiseptic cleaning solution, tape, label, gauze).
2. To remove old dressing:
  - a. Non-sterile gloves; and
  - b. Alcohol wipes.

## Steps in the Procedure

### Procedure to remove old dressing:

1. Clean the over the bed table with soap and water, or alcohol.
2. Place equipment on table.
3. Perform hand antisepsis. Wear non-sterile gloves.
4. Resident should be positioned with head facing away from dressing site. If resident is coughing or has a tracheostomy, apply mask to resident if he or she can tolerate it.
5. Ask resident to keep arms at side of body or have someone help him or her to do this.
6. The dressing can be rubbed with alcohol wipes to help dissolve the adhesive and loosen the dressing. Never use scissors near the catheter.
7. Remove any tape on the dressing.
8. While stabilizing the catheter, remove the dressing in the direction of the catheter insertion (from the hub of the catheter toward the head) to avoid dislodging the catheter. This is especially important with Midlines and PICC lines.

### Procedure to apply sterile dressing:

1. Open sterile dressing kit.
2. Apply mask.

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3. Apply sterile gloves. Once the gloves are on, only the contents of the kit can be touched. Do not pick up the catheter with the sterile gloves. The outside of the catheter is not sterile. Use sterile gauze to pick up catheter when cleaning underneath the catheter to preserve the sterile gloves.
  - a. Clean catheter insertion site with approved antiseptic solution.
  - b. Allow to air dry completely before placing dressing (at least 30 seconds for chlorhexidine/alcohol wipe).
4. Apply sterile transparent dressing or gauze with transparent dressing to area, making sure to center the dressing over the insertion site. Starting at the catheter, smooth dressing outward toward the edges to remove air. While removing the paper around edges of dressing, press down on the edges of the dressing. Label with initials, date and time.
5. The sterile tape from the kit may be used to secure edges if needed. Placing a piece of tape across the bottom of the dressing can help secure the catheter in place and keep the catheter from pulling on the dressing. The tape should not cover the insertion site.
6. If the resident has hair on the dressing site:
  - a. Do not shave with a razor or cut the hair with scissors, as this may cut the skin and/or damage the catheter.
  - b. Instead, apply a skin protecting agent (e.g., Skin Prep™) after the area has been cleaned with antimicrobial agents.
  - c. Apply skin protectant only around the perimeter of the insertion site where the dressing will be placed. Do not apply directly to the insertion site.
  - d. Allow skin protecting agent (e.g., Skin Prep™) to dry completely before applying transparent dressing.
7. If catheter is inserted in area of flexion, place the sterile TSM dressing over the insertion site. Then, cut sterile TSM dressing in two pieces and reinforce the edges of the original dressing with cut pieces of the second.
8. Dispose of gloves, equipment and old dressing in appropriate containers.
9. Reposition resident for comfort.

## Documentation

1. The following information should be recorded in the resident's medical record:
  - a. Date and time dressing was changed.
  - b. Location and objective description of insertion site.
  - c. Any complications, interventions that were done.
  - d. Condition of sutures (if present).
  - e. Any questions, education given to resident, resident's statement regarding IV therapy and response to procedure.
  - f. Signature and title of the person recording the data.

## Reporting

1. Report any signs and symptoms of complications to physician, supervisor and oncoming shift.
2. Intervene as necessary.

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References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 41
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	2.1 (H5MAPR0323)

# Peripheral IV Catheter Flushing

Level III

## Purpose

The purpose of this procedure is to ensure that the peripheral IV (over the needle, peripheral short) catheter will be flushed prior to each infusion to assess catheter patency and function, and after each infusion to clear the catheter lumen of medication and to prevent contact between incompatible medications.

## General Guidelines

1. Verify with State Nurse Practice Act the scope of practice for RNs and LPNs regarding this procedure.
2. A physician's order is not needed to flush a peripheral short catheter.
3. Use preservative-free 0.9% sodium chloride (normal saline) for flushing a peripheral catheter. If medication is incompatible with normal saline, use 5% dextrose in water and follow with normal saline.
4. Flush and lock the peripheral catheter used for intermittent infusion at least every 12 hours.
5. Do not flush or lock a peripheral catheter with heparin.
6. The volume of preservative-free 0.9% sodium chloride (normal saline) used for catheter flushing should be determined by the size of the catheter and type of infusion.
  - a. It is recommended that the volume of flushing solution be at least twice the volume of the catheter system.
  - b. For a peripheral catheter, 2 to 5 mL of preservative-free 0.9% sodium chloride (normal saline) before and after infusion is generally adequate.
7. Use a syringe barrel size of 10 mL or greater when flushing to avoid excessive pressure inside the catheter, prevent potential rupture of the catheter, and prevent dislodgement of clots.
8. Apply the push-pause technique to flush catheter.
9. Leave 0.5 mL of preservative-free 0.9% sodium chloride (normal saline) in the syringe to avoid pushing air into catheter.
10. If there is resistance or difficulty during flushing procedure, evaluate need for site rotation.
11. Monitor for infiltration of the vein during flushing procedure.
12. Follow manufacturer's instructions for flushing if different from above.

## Equipment and Supplies

1. 10 mL barrel syringe with preservative-free 0.9% sodium chloride (saline) (1 or 2);
2. Alcohol wipes; and
3. Non-sterile gloves.

## Steps in the Procedure

### Flushing to maintain patency of catheter:

1. Assemble supplies. Prime syringe.
2. Perform hand antisepsis. Don non-sterile gloves.
3. Clean end of needleless access device (end cap, access port) with alcohol wipe.
4. Attach prefilled saline syringe to access device.
5. Use push-pause technique to instill saline amount (per protocol). Leave 0.5 mL of saline in syringe.

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6. Remove syringe. Clamp catheter.
7. Remove gloves. Dispose of syringe in sharps container.

**Flushing before and after medication or fluid administration:**

1. Repeat steps 1-5 above.
2. Attach medication/fluid and infuse as prescribed.
3. When medication/fluid is completed, flush with preservative-free 0.9% sodium chloride. Push at the same ordered rate as the medication. Leave 0.5 mL saline in syringe.
4. Remove syringe. Clamp catheter.
5. Remove gloves. Dispose of syringes in sharps container.

**Documentation**

1. Document procedure in treatment administration record.
2. Note location of catheter, condition of insertion site, and dressing in nurse's notes.
3. Record any complications and/or communications with the physician in nurse's notes.

**Reporting**

1. Report any complications to supervisor, oncoming shift, and physician (if necessary).
2. Report any other information per facility protocol.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 40
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0313)

# Peripheral IV Catheter Insertion

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic insertion of a peripheral intravenous catheter for the administration of intravenous fluids and/or medications.

## Definition

1. A peripheral short catheter is defined as a catheter that is less than 3 inches (7.5cm) in length. The tip of a peripheral short catheter ends in the peripheral vein.
2. A peripheral catheter can be winged, non-winged, or over the needle.

## General Guidelines

### Use of Peripheral Catheters

1. Selection of peripheral short catheters is based on prescribed therapies, duration of treatments (typically less than one week), availability of peripheral access sites, diagnosis, potential complications, and staff experience.
2. Therapies not appropriate for peripheral short catheters include continuous vesicant therapy, parenteral nutrition, or osmolality >900 Osm/L.
3. The size of the cannula should be the smallest gauge and shortest length that will accommodate the therapy. This allows blood to circulate around catheter and helps to prevent phlebitis.

### Site Selection

1. Initiate site selection in the distal areas of the upper extremities. Subsequent cannulation should be made proximal to previous catheter site.
2. Sites that are generally considered for peripheral cannulation are the dorsal and ventral surfaces of the upper extremity (metacarpal, cephalic, basilic, and median cubital).
3. When selecting insertion site avoid areas of flexion around wrist (within 4-5 inches) and antecubital areas. The back of the wrist is not an acceptable site of insertion.
4. Do not use lower extremity routinely in adults due to risk of tissue damage, embolism, ulceration and thrombophlebitis.
5. Avoid inserting the catheter in the right or left arm if that side of the body has been affected by the following:
  - a. History of breast surgery (e.g., mastectomy) with axillary node dissection;
  - b. Radiation therapy;
  - c. Lymphedema;
  - d. Flaccidity related to CVA; or
  - e. Existing or previous AV dialysis fistula (Consult with nephrologist before inserting catheter in the same arm).

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6. Also avoid the following areas:
  - a. Previous venipuncture site;
  - b. Infiltrated, phlebitis, bruised areas;
  - c. Areas of pain on palpation;
  - d. Location of valves;
  - e. Areas of planned procedures;
  - f. Flexion areas; and/or
  - g. Bony prominences.

### **Hair Removal**

1. Avoid shaving the site with a razor. Shaving can cause micro-abrasions or cuts in the skin. This can cause an increased risk of infection, bacterial growth, cellulitis, or phlebitis.
2. Hair may be clipped with aseptic safety scissors or electric clippers.
3. Remove hair only with resident consent prior to site preparation and catheter insertion.
4. Do not use depilatories, which may cause skin irritation.

### **Catheter Insertion**

1. Catheter insertion is an aseptic procedure.
2. Do not attempt more than two cannulations per nurse.
3. Use one catheter for each cannulation attempt.
4. Methods to enlarge vein for easier visualization:
  - a. Place upper extremity below heart level to have more blood flow to area.
  - b. Place warm compress to area to dilate vein.
  - c. Have resident pump (open and close) the hand to make vein come closer to surface.
  - d. Lightly stroke the vein downward.
  - e. Do not slap the vein.
5. Apply tourniquet (single-resident use):
  - a. Should stay on less than 2 minutes to avoid vascular damage.
  - b. Should be snug-fitting, not tight.
  - c. Place 4 to 6 inches above insertion site to avoid too much pressure on the vein.

### **Dressings**

1. Use sterile dressings (transparent or gauze, as appropriate) to cover insertion site.
2. Label on dressing should include date and time of dressing placement, initials, gauge size, and length of catheter.

### **Flushing**

1. Use a syringe barrel size of 10 mL or larger when assessing patency of a peripheral short catheter.
2. Use normal saline (0.9% preservative-free sodium chloride) for flushing a peripheral short catheter. If medication is incompatible with NS, use 5% dextrose in water and follow with NS.
3. The volume of NS used for catheter flushing should be determined by the size of the catheter and type of infusion. It is recommended that the volume of flushing solution should equal at least twice the volume of the catheter system. For a peripheral short catheter, 2 to 5 mL of NS before and after infusion is generally adequate.
4. Lock (clamp) short peripheral catheters with normal saline, unless otherwise ordered.

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### **Catheter Replacement or Removal**

1. The decision to remove or replace the catheter should be based on an assessment of the resident and the situation, including:
  - a. Site;
  - b. Skin and vein integrity;
  - c. Length and type of therapy prescribed;
  - d. Integrity and patency of device;
  - e. Dressing; and
  - f. Stabilization device.
2. Remove the peripheral catheter if:
  - a. it has not been used for 24 hours;
  - b. there is suspected contamination;
  - c. there is an unresolved complication; and/or
  - d. therapy is discontinued.
3. If infection is suspected, notify the physician. Do not remove catheter until the need for culture or sampling is determined.
4. If the catheter was placed under emergency or suboptimal aseptic conditions, replace within 24-48 hours.

### **Equipment and Supplies**

#### **To start IV**

1. Peripheral short catheter (1 or 2) (gauge and size per assessment);
2. IV start kit (non-sterile gloves, tourniquet, cleaning solution, tape, sterile gauze, transparent dressing, label);
3. Extension tubing with needleless access device (primed with saline);
4. 10 mL syringe prefilled with preservative-free 0.9% sodium chloride (normal saline); and
5. Absorbent pad.

#### **If starting infusion**

1. Prescribed IV solution/medication, IV pole, tubing, pump (if necessary);
2. Non-sterile gloves;
3. Chlorhexidine or alcohol wipes; and
4. Tape.

### **Steps in the Procedure**

Note: There are several techniques for starting a catheter. All techniques include aseptic technique; using the best vein, smallest gauge and shortest length of catheter possible; proper securing of catheter; and using a sterile dressing. The steps that are listed below are to be used as a guide only.

1. Verify with state Nurse Practice Act for LPN/RN function and competency requirements.
2. A physician's order is necessary for this procedure.
3. Review the order and type of solution/medication to be infused.
4. Assemble equipment, open packages, prime extension tubing with saline (leave at least 3 mL of saline in syringe), tear tape, open catheter, and open cleaning solution packages.
5. Perform hand antisepsis.

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6. Select venipuncture site:
  - a. Apply tourniquet to upper extremity to inspect potential sites of insertion.
  - b. Palpate extremity distal to tourniquet to assess vein condition.
  - c. Choose the most distal site possible, but proximal to previous insertion sites.
  - d. Avoid areas of flexion, bony prominence, existing phlebitis, bruises, or previous sites of infiltration.
7. Apply non-sterile gloves.
8. Prepare insertion site with cleansing agent (e.g., chlorhexidine solution, 70% alcohol, or 1 to 2% tincture of iodine, or approved combination solution) using proper technique per type of cleansing agent. Allow to air dry.
9. Insert catheter:
  - a. Stabilize vein below intended venipuncture site with non-dominant hand.
  - b. Insert catheter (bevel up) at a 10 to 30 degree angle.
  - c. When blood return is observed in flashback chamber, lower the angle of the catheter to 15 degrees and carefully advance into the center of vein.
10. Place gloved finger over tip of catheter (which is now under the skin) with slight pressure to prevent retrograde bleeding. Remove stylet.
11. Remove tourniquet.
12. Attach primed extension tubing to open end on hub of catheter. Flush with saline.
13. Observe insertion site for swelling (infiltration). If site swells, IV is unsuccessful and must be removed. Monitor resident for pain.
14. Place dressing over insertion site.
15. Coil the extension tubing on the side of catheter to prevent pulling on the catheter. Tape in place.
16. Discard stylet and syringes in sharps container. Discard gloves and other equipment properly. Wash hands.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time of the procedure.
2. The number of venipuncture attempts (maximum of two).
3. The type, length and gauge of catheter, and type of cleansing agent used.
4. The site of insertion (be specific to name of vein, area of arm).
5. The type of solution or medication infusing (if being used at this time).
6. The amount of solution or medication to be infused (if being used at this time).
7. The rate of infusion (if being used at this time).
8. The condition of the IV site.
9. Notification of the physician (if any complications).
10. Resident's response to procedure.
11. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the procedure or if procedure is unsuccessful.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 33
<b>Related Documents</b>	<a href="#">Complications Associated with IV Therapy</a> <a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	1.3 (H5MAPR0162)

# Peripheral IV Dressing Changes

Level III

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## Purpose

This purpose of this procedure is to prevent catheter-related infections associated with contaminated, loosened or soiled catheter-site dressings.

## General Guidelines

1. Apply and maintain transparent semi-permeable membrane (TSM) dressing or sterile gauze for all peripheral intravenous catheter sites.
2. Change the dressing if it becomes damp, loosened or visibly soiled and at least every 5 to 7 days. Change dressing and perform site care if signs and symptoms of site infection are present.
3. Remove the dressing from distal to proximal (towards the head), in the direction of the catheter insertion, to avoid accidentally removing catheter.
4. Use clean technique when performing this procedure.

## Equipment and Supplies

1. Transparent semipermeable membrane (TSM) dressing;
2. Antiseptic cleaning solution; and
3. Non-sterile gloves.

## Steps in the Procedure

1. Assemble equipment.
2. Perform hand antisepsis.
3. Remove old dressing from distal to proximal (towards the head) while placing pressure on the catheter to prevent dislodgement.
4. Clean insertion site with antiseptic solution per protocol.
5. Allow area to air dry.
6. Place new TSM dressing (with or without gauze) over insertion site. Smooth out dressing.
7. Label dressing with date, time, and initials.

## Documentation

1. The following should be documented in the resident's medical record:
  - a. Date, time, type of dressing, and reason for dressing change.
  - b. Any complications/intervention related to insertion site or surrounding area.
  - c. Resident's response to procedure.

## Reporting

1. Notify physician, supervisor, and/or oncoming shift of any complications/ interventions that were done.
2. Report other information in accordance with facility policy or professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS 2016 Standard 41
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0211)

# Removal of a Peripheral IV (Over the Needle, Peripheral Short) Catheter

Level III

## Purpose

The purpose of this procedure is to provide guidelines for safe, aseptic removal of a peripheral IV catheter.

## General Guidelines

1. Verify with state Nurse Practice Act for LPN/RN scope of practice and function and if a physician's order is required.
2. Replace peripheral IV catheter in an adult no more frequently than every 72 to 96 hours unless there is suspected contamination or complication.
3. The peripheral IV catheter is also removed when therapy is discontinued.
4. A peripheral IV catheter is defined as a catheter that is less than 3 inches (7.5cm) in length. It is also referred to as a peripheral short catheter, an over the needle catheter, saline lock, and angiocath.
5. Removing the peripheral catheter is an aseptic procedure.

## Equipment and Supplies

1. Non-sterile gloves;
2. Alcohol wipes;
3. Sterile 2x2 gauze;
4. 1 syringe of normal saline (preservative-free 0.9% sodium chloride) per facility protocol for flush; and
5. Adhesive tape.

## Steps in the Procedure

1. Verify if catheter is to be removed.
2. Assemble equipment.
3. Explain procedure to resident.
4. Perform hand antisepsis. Don non-sterile gloves.
5. Clean end of needleless access device with alcohol wipe.
6. Attach saline syringe. Flush catheter leaving 0.5 mL of saline in syringe.
7. Remove any tape that is on dressing or tubing.
8. Stabilize catheter hub with a finger.
9. Remove transparent dressing from distal to proximal (towards the head).
10. Place sterile gauze over catheter insertion site. *Do not apply pressure over site* at this time.
11. Pull catheter and extension tubing straight out of vein in a backward motion.
12. Apply pressure to gauze over insertion site. Hold for approximately one minute or until bleeding stops.
13. Place piece of adhesive tape over dressing.
14. Leave dressing on for 24 hours.
15. Dispose of catheter and extension tubing in sharps container. Dispose of papers and gloves in trash.
16. Perform hand antisepsis.
17. Assess resident for tolerance of procedure.

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## Documentation

1. The following should be documented in the resident's medical record:
  - a. Date, time of procedure, and resident tolerance.
2. Location of catheter that was removed.
3. Reason for removal of catheter (end of treatment, complication, rotation of site, etc.).
4. Any complications and interventions taken.
5. Any communication with physician or oncoming shift.
6. Change any areas needed on treatment kardex.

## Reporting

1. Report to supervisor, physician, and oncoming shift any complications/problems.
2. Report any information per facility protocol.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Peripheral IV Catheter Insertion</a> <a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	1.3 (H5MAPR0234)

# Repairing Intravenous Catheters

Level III

## Purpose

The purpose of this procedure is to establish guidelines for repairing intravenous catheters.

## General Guidelines

1. Catheter repair is to be done only by Registered Nurses who have **proven clinical competency** in repairing intravenous access devices.
2. Verify with state Nurse Practice Act regulations regarding scope of practice and competency requirements for this procedure.
3. Not all catheter types can be considered for repair.
4. Access device repair is usually only considered for tunneled lines related to the fact that they are surgically placed and can stay in place for multiple years. Other types of catheters such as midline, non-tunneled, or PICC should be replaced rather than repaired.
5. Use only smooth clamps (without teeth) on catheters to avoid breaking the catheter.
6. Follow manufacturer's instructions on how to replace hub area on catheter if cracked or broken.
7. Catheter must stay clamped and not used until part is fixed due to a high potential of air emboli or outward bleeding from the catheter.
8. A total breakage of the catheter is a *medical emergency*. The catheter could potentially enter the venous system and create an embolus.

References	
MDS Items (CAAs)	
Survey Tag Numbers	
Other References	
Related Documents	<a href="#">Complications Associated with IV Therapy</a>
Version	1.2 (H5MAPR0315)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Medications**

Item # H50075

WINDSOR 002097



# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Medications**

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ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications

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#### **Sample Documentation**

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Evaluation for Self-Administration of Medications (MP5541)

Individual Resident's Controlled Substance Record (MP5211)

Medication Discrepancy Report (MP5427)

Medication Disposition Sheet (MP5213)

# Medication Utilization and Prescribing – Clinical Protocol

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## Assessment and Recognition

1. When a medication is prescribed for any reason, the physician and staff will identify the indications (condition or problem for which it is being given, or what the medication is supposed to do or prevent), considering the resident's age, medical and psychiatric conditions, risks, health status, and existing medication regimen.
  - a. Symptoms should be characterized in sufficient detail (onset, duration, frequency, intensity, location, etc.) to help identify whether a problem exists or whether a symptom is just a variation of normal.
  - b. A symptom (confusion, pain, etc.) may have diverse causes, so it is usually relevant to try to identify likely causes and pertinent non-pharmacologic interventions.
  - c. A diagnosis by itself may not be sufficient justification for prescribing a medication. The existence of a condition or risk does not necessarily require a treatment and the treatment may be something besides, or in addition to, medication.
2. As part of the overall review, the physician and staff will evaluate the rationale for existing medications that lack a clear indication or are being used intermittently on a PRN (as needed) basis.
3. The physician and staff will identify situations in which a resident is taking medications associated with potentially significant medication-related problems such as allergies, drug-drug interactions, drug-food interactions, and adverse drug reactions.
4. The physician and staff will identify significant factors that may affect medication effectiveness and medication-related problems; for example, someone with a high risk for falling who takes medications associated with an increased risk for falling, someone with impaired nutrition who is taking medications that affect appetite, or someone who cannot express thirst or is unable to drink without assistance who is taking diuretics and/or ACE inhibitors.
  - a. The consultant pharmacist can help by reviewing facility medication usage patterns and trends and by intensifying medication reviews of individuals taking medications that present clinically significant risks.

## Cause Identification

1. For any new onset or clinically significant symptom (for example, loss of appetite or unplanned weight loss, fall, change in mental status/behavior, or otherwise unexplained decline in function) the physician and staff will review the possible contribution of one or more medications to the problem.
  - a. Many medications and medication combinations are associated with adverse consequences that resemble medical illnesses.
  - b. Adverse consequences of medications should always be considered when causes of any symptoms cannot be identified readily.
  - c. When medical causes of a patient's symptoms are not readily identifiable, a review for possible adverse medication consequences should occur before ordering additional medications to treat the identified symptoms.
  - d. There may be occasional exceptions when side effects are relatively unimportant; for example, the terminally ill individual for whom symptomatic relief has been identified as the primary goal.

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2. The physician and staff will evaluate the effectiveness and effects of the medications in a resident's regimen.
3. The physician will participate in the facility's antibiotic stewardship protocols, including documentation of the clinical criteria for infection and laboratory reports of susceptibility, if necessary, when an antibiotic is ordered.
4. The consultant pharmacist should use the monthly and interim drug regimen review to help identify potentially problematic medications, including medication regimens that are not supported based on clinical signs or symptoms.

### **Treatment/Management**

1. Based on input from the staff and resident, the physician will adjust medications based on their efficacy, indications and the continued presence of clinically significant risks.
2. The physician will provide and/or document a rationale when the indication, dose, duration, or frequency of a prescribed medication is greater than commonly accepted practice or the manufacturer's recommendations or the medication is considered high-risk compared to other available, relevant alternatives.
3. The staff and practitioners in collaboration with the consultant pharmacist will take into account medication-related issues such as food-drug interactions, effects of medication combinations, and drug-drug interactions.
4. The staff and physician will identify and address unexpected, unintended, undesirable or excessive responses to a medication based on the severity of underlying conditions, the seriousness of any adverse drug reactions, risks of worsening of medical conditions, and other factors.
  - a. This may include changing doses, changing times of administration, switching to another medication, or stopping one or more medications.
  - b. For example, a necessary medication that is causing daytime sedation could instead be administered in the evening so that peak side effects occur during sleep.
5. The physician will document a clinically pertinent rationale for not modifying a medication in a situation where an adverse drug reaction is likely.
6. The staff and physician will manage complications of adverse drug reactions appropriately.
7. In addition to medication adjustments, appropriate interventions might include additional support for someone with medication-related delirium or intensified efforts to feed and hydrate the individual with medication-induced anorexia.

### **Monitoring**

1. The staff and physician will periodically re-evaluate the conditions and symptoms for which each resident is receiving medications to determine if the medication and doses are still relevant and are not causing undesired complications.
2. The staff and physician will monitor the progress of anyone with a probable adverse drug reaction and anyone for whom medications have been adjusted because of the possibility of an adverse drug reaction.
3. If the physician has stopped, tapered, or changed an existing medication, the staff will monitor for, document, and report any return of symptoms

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References	
<b>MDS Items (CAAs)</b>	Section N
<b>Survey Tag Numbers</b>	F550; F561; F605; F636; F656; F684; F692; F757; F710; F713; F836; F841; F770; F866
<b>Other References</b>	<p>Al-Jumaili AA, Doucette WR. Comprehensive literature review of factors influencing medication safety in nursing homes: Using a systems model. <i>J Am Med Dir Assoc</i> 18:470-488.</p> <p>Anathhanam S, Powis RA, Cracknell AL, Robson J. Impact of prescribed medications on patient safety in older people. <i>Ther Adv Drug Saf.</i> 2012;3(4):165-174.PubMedArticle.</p> <p>Beard K. Adverse reactions as a cause of hospital admission in the aged. <i>Drugs Aging</i> 1992;2(4):356-67.</p> <p>Budnitz DS, Lovegrove MC, Shehab N, Richards CL. Emergency hospitalizations for adverse drug events in older Americans. <i>N Engl J Med.</i> 2011;365(21):2002-2012.</p> <p>Denham MJ. Adverse drug reactions. <i>Br Med Bull</i> 1990;46(1):53-62.</p> <p>Field TS, Gurwitz JH, Avorn J, McCormick D, Jain S, Eckler M, Benser M, Bates DW. Risk factors for adverse drug events among nursing home residents. <i>Arch Intern Med</i> 2001;161:1629-1634.</p> <p>Gurwitz JH, Field TS, Avorn J, et al. Incidence and preventability of adverse drug events in nursing homes. <i>Am J Med</i> 2000; 109:87-94.</p> <p>Scott IA, Hilmer SN, Reeve E et al. Reducing inappropriate polypharmacy: the process of deprescribing. <i>JAMA Intern Med</i> 2015;175:827-834.</p> <p>Tjia J, Briesacher BA, Peterson D, Liu Q, Andrade SE, Mitchell SL. Use of medications of questionable benefit in advanced dementia. <i>JAMA Intern Med.</i> 2014;174(11):1763-1771.</p>
<b>Related Documents</b>	<a href="#">CMS-20082 Unnecessary Medications</a>
<b>Version</b>	2.0 (H5MACL0026)

# Accepting Delivery of Medications

## Policy Statement

1. All staff shall follow a consistent procedure in accepting medications.
2. Any errors noted in receiving medications shall be brought to the attention of the Pharmacist and Director of Nursing Services.

## Policy Interpretation and Implementation

1. A nurse shall personally accept each medication delivery.
2. Before signing to accept the delivery, the nurse must reconcile the medications in the package with the delivery ticket/order receipt.
3. If an error is identified when receiving medications from the pharmacy, the nurse verifying the order shall:
  - a. inform the delivery agent of any discrepancies and note them on the delivery ticket;
  - b. return incorrect medications (e.g., wrong strength, form, etc.) to the dispensing pharmacy and reorder the correct medication;
  - c. if the number of a medication or packages of medications is incorrect, and the medication is **not** an emergency order, return the order to the pharmacy; and
  - d. if the number of a medication or packages of medications is incorrect, and the medication **is** an emergency order, accept the order and write that information onto the delivery ticket/order receipt.
4. A nurse shall sign the delivery ticket, indicating review and acceptance of the delivery, and shall keep a copy of the delivery ticket. Both the receiving nurse and the delivery agent must sign any notations about errors.
5. The delivery ticket shall be archived in a designated location.
6. The dispensing pharmacy, consultant pharmacist, and director of nursing services shall be notified of medication order errors.

References	
OBRA Regulatory Reference Numbers	483.45(a)
Survey Tag Numbers	F755
Other References	
Related Documents	<a href="#">Storage of Medications</a>
Version	1.2 (H5MAPL0285)

# Administering Medications

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## Policy Statement

Medications are administered in a safe and timely manner, and as prescribed.

## Policy Interpretation and Implementation

1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so.
2. The director of nursing services supervises and directs all personnel who administer medications and/or have related functions.
3. Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions.
4. Medications are administered in accordance with prescriber orders, including any required time frame.
5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include:
  - a. enhancing optimal therapeutic effect of the medication;
  - b. preventing potential medication or food interactions; and
  - c. honoring resident choices and preferences, consistent with his or her care plan.
6. Medication errors are documented, reported, and reviewed by the QAPI committee to inform process changes and or the need for additional staff training.
7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).
8. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns.
9. The individual administering medications verifies the resident's identity before giving the resident his/her medications. Methods of identifying the resident include:
  - a. checking identification band;
  - b. checking photograph attached to medical record; and
  - c. if necessary, verifying resident identification with other facility personnel.
10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.
11. The following information is checked/verified for each resident prior to administering medications:
  - a. Allergies to medications; and
  - b. Vital signs, if necessary.
12. The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.

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13. Vials labeled as “single dose” or “single use” **are not** used on multiple residents. Such vials **are** used only for one resident in a single procedure.
14. Repackaging single use vials requires compliance with USP <797> standards. If there is a need to repackage unopened single dose/single use vials for use for more than one resident or procedure, the consultant pharmacist is contacted.
15. Medications that have been repackaged from unopened single-dose vials in accordance with USP <797> standards may be administered as repackaged single-dose/single use vials.
16. Insulin pens containing multiple doses of insulin are for single-resident use only. Changing the needle does not make it safe to use insulin pens for more than one resident.
17. Insulin pens **are** clearly labeled with the resident’s name or other identifying information. Prior to administering insulin with an insulin pen, the nurse verifies that the correct pen is used for that resident.
18. Post-exposure follow up procedures **are** conducted if an insulin pen is used for more than one resident.
19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident’s room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.
20. For residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be “flagged.” After completing the medication pass, the nurse will return to the missed resident to administer the medication.
21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose.
22. The individual administering the medication initials the resident’s MAR on the appropriate line after giving each medication and before administering the next ones.
23. As required or indicated for a medication, the individual administering the medication records in the resident’s medical record:
  - a. the date and time the medication was administered;
  - b. the dosage;
  - c. the route of administration;
  - d. the injection site (if applicable);
  - e. any complaints or symptoms for which the drug was administered;
  - f. any results achieved and when those results were observed; and
  - g. the signature and title of the person administering the drug.
24. Topical medications used in treatments are recorded on the resident’s treatment record (TAR).
25. Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.
26. Medications ordered for a particular resident may not be administered to another resident, unless permitted by state law and facility policy, and approved by the director of nursing services.
27. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.

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28. If a resident uses PRN medications frequently, the attending physician and interdisciplinary care team, with support from the consultant pharmacist as needed, shall reevaluate the situation, examine the individual as needed, determine if there is a clinical reason for the frequent PRN use, and consider whether a standing dose of medication is clinically indicated.
29. New personnel authorized to administer medications are not permitted to prepare or administer medications until they have been oriented to the medication administration system used by the facility.
30. The charge nurse must accompany new nursing personnel on their medication rounds for a minimum of three (3) days to ensure established procedures are followed and proper resident identification methods are learned.
31. Each nurses' station has a current *Physician's Desk Reference* (PDR) and/or other medication reference, as well as a copy of the surveyor guidance for F755-761 (Pharmacy Services) available. Manufacturer's instructions or user's manuals related to any medication administration devices are kept with the devices or at the nurses' station.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.; §483.30(a) Physician Supervision.; §483.30(b) Physician Visits.; §483.45 Pharmacy Services; §483.45(a) Procedures.; §483.45(c) Drug Regimen Review.; §483.80(a) Infection prevention and control program.; §483.70(f) Staff qualifications.
<b>Survey Tag Numbers</b>	F554; F710; F711; F755; F756; F880; F839
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Documentation of Medication Administration</a> <a href="#">Medication Administration Schedule</a> <a href="#">Security of Medication Cart</a>
<b>Version</b>	2.1 (H5MAPL0028)

# Adverse Consequences and Medication Errors

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## Policy Statement

The interdisciplinary team evaluates medication usage in order to prevent and detect adverse consequences and medication-related problems such as adverse drug reactions (ADRs) and side effects. Adverse consequences shall be reported to the attending physician and pharmacist, and to federal agencies as appropriate.

## Policy Interpretation and Implementation

1. Residents receiving any medication that has a potential for an adverse consequence will be monitored to ensure that any such consequences are promptly identified and reported.
2. An “adverse consequence” is defined as an unpleasant symptom or event that is due to or associated with a medication, such as an impairment or decline in an individual’s mental or physical condition or functional or psychosocial status. An adverse consequence may include:
  - a. adverse drug/medication reaction;
  - b. side effect;
  - c. medication-medication interaction; or
  - d. medication-food interaction.
3. An “adverse drug reaction” (ADR), a form of adverse consequences, is defined as a secondary and usually undesirable effect of a drug and is different from the therapeutic and helpful effects of the drug. An ADR is any noxious and unintended response to a drug and occurs in doses for prophylaxis, diagnosis or therapy.
4. The staff and practitioner shall strive to minimize adverse consequences by:
  - a. following relevant clinical guidelines and manufacturer’s specifications for use, dose, administration, duration, and monitoring of the medication;
  - b. defining appropriate indications for use; and
  - c. determining that the resident:
    - (1) has no known allergies to a medication;
    - (2) is not taking other medications, nutritional supplements including herbal products, or foods that would be incompatible with the prescribed medication; and
    - (3) has no condition, history, or sensitivities that would preclude use of that medication.
5. A “medication error” is defined as the preparation or administration of drugs or biological which is not in accordance with physician’s orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services.
6. Examples of medications errors include:
  - a. omission – a drug is ordered but not administered;
  - b. unauthorized drug – a drug is administered without a physician’s order;
  - c. wrong dose (*e.g., Dilantin 12 mL ordered, Dilantin 2 mL given*);
  - d. wrong route of administration (*e.g., ear drops given in eye*);
  - e. wrong dosage form (*e.g., liquid ordered, capsule given*);
  - f. wrong drug (*e.g., vibramycin ordered, vancomycin given*);
  - g. wrong time; and/or

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- h. failure to follow manufacturer instructions and/or accepted professional standards (e.g., failure to shake medication that is labeled “shake well,” crushing a medication on the “do not crush list” without an order).
7. The interdisciplinary team reviews the resident’s medication regimen for efficacy and actual or potential medication-related problems on an ongoing basis.
8. When a resident receives a new medication, the medication order is evaluated for the following:
  - a. The dose, route of administration, duration, and monitoring are in agreement with current clinical practice, clinical guidelines, and/or manufacturer’s specifications for use.
  - b. A written diagnosis/indication supporting the use of the medication.
  - c. The resident has no known allergies to the medication.
  - d. Presence of a boxed warning for specific side effect(s).
  - e. The resident is not taking other medications, nutritional supplements, including herbal products, or foods that would be incompatible with the prescribed medication.
  - f. The resident does not have a condition, history, or sensitivity that would preclude the use of the medication.
  - g. The prescriber documents the clinical rationale for using a medication outside these stated guidelines.
9. Facility staff monitor the resident for possible medication-related adverse consequences, including mental status and level of consciousness, when the following conditions occur:
  - a. A clinically significant change in condition/status:
    - (1) An unexplained decline in function or cognition.
    - (2) A worsening of an existing problem or condition.
    - (3) A new or worsening psychiatric manifestation or distressed behavior.
    - (4) Acute onset of signs or symptoms or worsening of a chronic problem or condition.
  - b. Addition or discontinuation of medications and/or non-pharmacologic interventions.
  - c. Change in dose.
  - d. Addition or discontinuation of care and services such as enteral feedings.
  - e. Significant changes in diet that may affect medication absorption.
  - f. Medication error, e.g., wrong or expired medication.
10. When any of the above occurs, the prescriber and/or staff rule out medication as a cause and document it in the resident’s clinical record.
  - a. A review of medications as potential causes of permanent significant change that requires a significant change of status MDS assessment should be performed within the required 14-day observation period.
11. The facility staff monitors residents taking certain combinations of medications (consult current list of dangerous medication interactions) for possible adverse consequences and/or the need to modify the dose of one or more medications. The prescriber documents why or how these medications’ benefits outweigh their risks in the resident’s clinical record.
12. In the event of a significant medication-related error or adverse consequence, immediate action is taken, as necessary, to protect the resident’s safety and welfare. Significant is defined as:
  - a. requiring medication discontinuation or dose modification (A current list of medications that should not be abruptly discontinued should be consulted before discontinuing a medication.);
  - b. requiring hospitalization, or extending a hospitalization;
  - c. resulting in disability;
  - d. requiring treatment with a prescription medication;

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- e. resulting in cognitive deterioration or impairment;
  - f. life threatening; and/or
  - g. resulting in death.
13. The attending physician is notified promptly of any significant error or adverse consequence.
    - a. The physician's orders are implemented, and the resident is monitored closely for 24 to 72 hours or as directed.
  14. The incident is described on the shift change report to alert staff of the need to monitor the resident.
  15. The following information is documented in an incident report and in the resident's clinical record:
    - a. Factual description of the error or adverse consequence.
    - b. Name of physician and time notified.
    - c. Physician's subsequent orders.
    - d. Resident's condition for 24 to 72 hours or as directed.
  16. Each incident report is forwarded to the:
    - a. director of nursing;
    - b. quality assurance nurse;
    - c. medical director; and
    - d. consultant pharmacist.
  17. Data regarding medication adverse consequences and errors (e.g., total number of incidents, number of incidents by category/type, trends) will be compiled and presented to the quality assurance and performance improvement committee on a monthly or quarterly basis.
  18. The QAPI committee will conduct a root cause analysis of medication administration errors to determine the source of errors, implements process improvement steps, and compare results over time to determine that system improvements are effective in reducing errors.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(d); 483.45(f); 483.45(c)
<b>Survey Tag Numbers</b>	F757; F759; F760; F756
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Medication Discrepancy Report (MP5427)</a>
<b>Version</b>	2.0 (H5MAPL0051)

# Controlled Substances

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## Policy Statement

The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications.

## Policy Interpretation and Implementation

1. Only authorized licensed nursing and/or pharmacy personnel have access to controlled drugs maintained on premises.
2. Personnel who are authorized to handle controlled substances are approved by the director of nursing services.
3. Controlled substances are stored in the medication room in a locked container, separate from containers for any non-controlled medications.
4. Access to controlled medications remains locked at all times and access is recorded.
5. The director of nursing services maintains a list of personnel who have access to medication storage areas and controlled substance containers.
6. Keys to controlled substance containers are kept on a single key ring separate from any other keys.
7. The charge nurse on duty maintains the keys to controlled substance containers. The director of nursing services maintains a set of back-up keys for all medication storage areas including keys to controlled substance containers.
8. Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift.
9. **Upon Receipt:**
  - a. The nurse receiving the medication and the individual delivering the medication verify the name, dose and quantity of each controlled substance being delivered.
  - b. Both individuals sign the controlled substance record of receipt.
  - c. An individual resident controlled substance record is made for each resident who is receiving a controlled substance. The record contains:
    - (1) name of the resident;
    - (2) name and strength of the medication;
    - (3) quantity received;
    - (4) number on hand;
    - (5) name of physician;
    - (6) prescription number;
    - (7) name of issuing pharmacy; and
    - (8) date and time received.
  - d. Controlled medications that are designated for emergency or on hand supply are recorded as such.
10. **Upon Administration:**
  - a. The nurse administering the medication is responsible for recording:
    - (1) name of the resident receiving the medication;
    - (2) name, strength and dose of the medication;

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- (3) time of administration;
- (4) method of administration;
- (5) quantity of the medication remaining; and
- (6) signature of nurse administering medication.

#### 11. Upon Disposition:

- a. Unless otherwise instructed by the director of nursing services, when a resident refuses a non-unit dose medication (or it is not given), or a resident receives partial tablets or single dose ampules (or it is not given), the medication may not be returned to the container.
- b. Medications that are opened and subsequently not given (refused or only partly administered) are destroyed. Waste and/or disposal of controlled medication are done in the presence of the nurse and a witness who also signs the disposition sheet.
- c. Medications returned to the pharmacy are recorded and signed by the director of nursing (or designee) and the receiving pharmacy.

#### 12. At the End of Each Shift:

- a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together.
  - b. Any discrepancies in the controlled substance count are documented and reported to the director of nursing services immediately.
  - c. The director of nursing services investigates all discrepancies in controlled medication reconciliation to determine the cause and identify any responsible parties, and reports the findings to the administrator.
  - d. The director of nursing services consults with the provider pharmacy and the administrator to determine whether further legal action is indicated.
13. In the event there is concern about controlled substances being discharged with the resident and/or resident's representative, the attending physician may choose not to discharge the resident with those medications.
14. Policies and procedures for monitoring controlled medications to prevent loss, diversion or accidental exposure are periodically reviewed and updated by the director of nursing services and the consultant pharmacist.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.45(h) Storage of Drugs and Biologicals
<b>Survey Tag Numbers</b>	F761
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Controlled Drug Record (MP5201)</a> <a href="#">Discarding and Destroying Medications</a> <a href="#">Individual Resident's Controlled Substance Record (MP5211)</a>
<b>Version</b>	1.3 (H5MAPL0155)

# Crushing Medications

## Policy Statement

Medications shall be crushed only when it is appropriate and safe to do so, consistent with physician orders.

## Policy Interpretation and Implementation

1. The medical director and director of nursing services, in conjunction with the consultant pharmacist, shall identify appropriate indications and procedures for crushing medications.
2. The nursing staff and/or consultant pharmacist shall notify any attending physician who gives an order to crush a drug that the manufacturer states should not be crushed (for example, long-acting or enteric coated medications).
  - a. The attending physician or consultant pharmacist must identify an alternative medication and/or dosage form; or
  - b. The attending physician must document (or provide the nurses with a clinically pertinent reason to document) why crushing the medication will not adversely affect the resident; or
  - c. The facility or practitioner must provide literature from the manufacturer or peer-reviewed journal to justify why modification of the dosage form will not compromise resident care; and
  - d. When such a medication is administered, the facility staff will observe the resident for pertinent adverse effects.
3. In addition, the following guidelines shall be followed when crushing medications:
  - a. The MAR or other documentation must indicate why it was necessary to crush the medication.
  - b. Use only the mortar and pestle or garlic-press type crusher in the drug preparation area to crush medications. If a paper cup is used, be sure that the paper cup is not ground into the medication.
  - c. Should it become necessary to crush a drug without a cup or other protective device, thoroughly clean the crusher after each use.
  - d. Crushing each medication separately and administering each with food is considered best practice. However, separating and administering crushed medication is not appropriate for all residents. Issues related to safety, needs, preferences, medication schedule, and functional ability will determine the most resident-centered approach.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(f)(2)
<b>Survey Tag Numbers</b>	F760
<b>Other References</b>	The Institute for Safe Medication Practices “Do Not Crush” <a href="http://www.ismp.org/tools/DoNotCrush.pdf">http://www.ismp.org/tools/DoNotCrush.pdf</a> .
<b>Related Documents</b>	<a href="#">Medication Crushing Guidelines</a>
<b>Version</b>	1.2 (H5MAPL0167)



# Discarding and Destroying Medications

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## Policy Statement

Medications will be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances.

## Policy Interpretation and Implementation

1. All unused controlled substances shall be retained in a securely locked area with restricted access until disposed of.
2. Non-controlled and Schedule V (non-hazardous) controlled substances will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications.
3. Unless otherwise prohibited under applicable federal or state laws, individual resident medications supplied in sealed unopened containers may be returned to the issuing pharmacy for disposition provided that:
  - a. all such medications are identified as to lot or control number; and
  - b. the receiving pharmacist and a registered nurse employed by the facility sign a separate log that lists the resident's name; the name, strength, prescription number (if applicable) and amount of the medication returned; and the date the medication was returned.
4. Schedule II, III, and IV (non-hazardous) controlled substances will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous controlled medications.
5. The facility may contract with a DEA registered collector for proper disposal of non-hazardous schedule II, III, IV and V controlled substances.
6. Should the facility contract with a DEA-registered collector, controlled substances may be disposed of in an authorized collection receptacle located at the facility.
  - a. If a resident is transferred to another facility, or dies while he or she is in lawful possession of controlled substances, the facility may dispose of the controlled substance(s) by depositing in the authorized on-site collection receptacle.
  - b. Family members, or other persons lawfully entitled to dispose of the resident's property may also dispose of the resident's controlled substances.
  - c. Disposal of controlled substances must take place immediately (no longer than three days) after discontinuation of use by the resident.
  - d. Both controlled and non-controlled substances may be disposed of in the collection receptacle.
  - e. The collector will be responsible for managing the collection receptacles, including picking up and properly disposing of medications collected in the receptacles and training facility staff on the procedures associated with collection and storage of controlled substances awaiting disposal.
7. For unused, non-hazardous controlled substances that are not disposed of by an authorized collector, the EPA recommends destruction and disposal of the substance with other solid waste following the steps below:
  - a. Take the medication out of the original containers.

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- b. Mix medication, either liquid or solid, with an undesirable substance. Undesirable substances include sand, coffee grounds, kitty litter, or other absorbent materials. Place the waste mixture in a sealable bag, empty can, or other container to prevent leakage.
  - c. Dispose with the solid waste (i.e., regular trash) in the presence of two witnesses.
  - d. Document the disposal on the medication disposition record.
  - e. Include the signature(s) of at least two witnesses.
8. Destruction of a controlled substance must render it “non-retrievable,” meaning that the process permanently alters the physical or chemical properties of the substance so that it is no longer available or usable, and cannot be illegally diverted.
9. Any controlled substance that is considered hazardous waste will be managed in accordance with federal, state and local hazardous waste regulations, as well as the Controlled Substance Act and DEA regulations.
10. Ointments, creams, and other like substances may be discarded into the trash receptacle in the medication room.
11. The medication disposition record will contain the following information:
  - a. The resident’s name;
  - b. Date medication disposed;
  - c. The name and strength of the medication;
  - d. The name of the dispensing pharmacy;
  - e. The quantity disposed;
  - f. Method of disposition;
  - g. Reason for disposition; and
  - h. Signature of witnesses.
12. Completed medication disposition records shall be kept on file in the facility for at least two (2) years, or as mandated by state law governing the retention and storage of such records.
13. For emergency kit controlled substances disposal, complete the appropriate portions of the controlled medication accountability form.
14. Staff shall contact the provider pharmacy if they are unsure of proper disposal methods for a medication.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
<b>Survey Tag Numbers</b>	F755
<b>Other References</b>	<a href="http://www.epa.gov/osw/hazard/index.htm">http://www.epa.gov/osw/hazard/index.htm</a> 21 CFR Parts 1317.80 (Disposal of Controlled Substances)
<b>Related Documents</b>	<a href="#">Medication Disposition Sheet (MP5213)</a>
<b>Version</b>	2.0 (H5MAPL0196)

# Discontinued Medications

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## Policy Statement

Staff shall destroy discontinued medications or shall return them to the dispensing pharmacy in accordance with facility policy.

## Policy Interpretation and Implementation

1. A practitioner's order to discontinue a resident's medication must be documented in the resident's clinical record and on the medication administration record (MAR).
2. The nurse receiving the order to discontinue a medication is responsible for recording the information (e.g., writing discontinued date, dating and initialing MAR) and notifying the dispensing pharmacy of the discontinuation.
3. Discontinued medications must be destroyed or returned to the issuing pharmacy in accordance with established policies.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.30(a)(1); 483.46(a)
<b>Survey Tag Numbers</b>	F710; F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Discarding and Destroying Medications</a>
<b>Version</b>	1.1 (H5MAPL0213)

# Dispensing Medications to Residents on Leave/Pass

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## Policy Statement

The facility shall provide residents with necessary medication(s) when they leave the facility temporarily.

## Policy Interpretation and Implementation

1. Residents who are away from the facility during medication passes will be given scheduled and essential PRN medication(s) to take with them. They will only be given the amounts and dosages needed for the length of the anticipated absence.
2. The charge nurse will provide verbal and written directions to the resident and/or the person signing out the resident regarding any dispensed medications.
3. The nursing staff will document the resident's absence from the facility on the resident's medication administration record (MAR), if the resident is absent during one or more medication passes.
4. If a resident is on leave or pass overnight or for more than three (3) consecutive days, the pharmacy shall prepare and dispense his/her medications.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.1 (H5MAPL0775)

# Documentation of Medication Administration

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## Policy Statement

The facility shall maintain a medication administration record to document all medications administered.

## Policy Interpretation and Implementation

1. A nurse or certified medication aide (where applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR).
2. Administration of medication must be documented immediately after (never before) it is given.
3. Documentation must include, as a minimum:
  - a. name and strength of the drug;
  - b. dosage;
  - c. method of administration (e.g., oral, injection (and site), etc.);
  - d. date and time of administration;
  - e. reason(s) why a medication was withheld, not administered, or refused (as applicable);
  - f. signature and title of the person administering the medication; and
  - g. resident response to the medication, if applicable (e.g., PRN, pain medication, etc.).

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(a); 483.45(b); 483.70(i)
<b>Survey Tag Numbers</b>	F755; F842
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0220)

# Hazardous Waste Pharmaceuticals

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## Policy Statement

Pharmaceutical waste that is designated as hazardous by the Environmental Protection Agency is managed in accordance with regulations governing hazardous waste pharmaceuticals (HWP).

## Policy Interpretation and Implementation

1. A “pharmaceutical” is defined as: “any drug or dietary supplement for use by humans or other animals; any electronic nicotine delivery system; or any liquid nicotine packaged for retail sale for use in electronic nicotine delivery systems. This definition includes, but is not limited to: over the counter drugs, homeopathic drugs, compounded drugs, investigational new drugs, pharmaceuticals remaining in non-empty containers, personal protective equipment contaminated with pharmaceuticals, and clean-up material from spills of pharmaceuticals.”
2. Waste is considered “hazardous” if it meets a listing or exhibits a characteristic (ignitability, corrosivity, reactivity, or toxicity) described in 40 CFR Part 261 Subpart C or D.
3. Hazardous waste pharmaceuticals generated by this facility are managed in accordance with the *Resource Conservation and Recovery Act* regulations at 40 CFR Part 266 (Subpart P) specific to healthcare facilities.
4. Unused and expired pharmaceuticals may be disposed of through a contracted reverse distributor, which is defined as: “any person that receives and accumulates prescription pharmaceuticals that are potentially creditable hazardous waste pharmaceuticals for the purpose of facilitating or verifying manufacturer credit. Any person, including forward distributors, third-party logistics providers, and pharmaceutical manufacturers, that processes prescription pharmaceuticals for the facilitation or verification of manufacturer credit is considered a reverse distributor.”
5. Any HWP that is to be sent off site for reverse distribution is managed as hazardous waste while still at the facility.
6. No HWP may be discarded down the toilet or the drain. Although over the counter nicotine replacement therapies (patches, gum or lozenges) are not considered HWP, disposing of these into the sewer system is discouraged.
7. The environmental services director, in addition to the administrator, is responsible for determining the presence and amount of HWP generated by the facility, its status as a generator, and its subsequent obligations under 40 CFR Part 266 (Subpart P).
  - a. A very small quantity generator (VSQG) generates less than 220 pounds (100 kg) of hazardous waste OR 2.2 pounds (1 kg) of acute hazardous waste<sup>1</sup> and is not subject to the requirements.
  - b. A large quantity generator (LQG) accumulates more than 100 kg of hazardous waste OR more than 1 kg of acute hazardous waste and is subject to the requirements.

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1. “Acute Hazardous Waste” is a HWP found to be particularly toxic or is otherwise capable of causing or significantly contributing to an increase in serious (irreversible or incapacitating reversible) illness. All P-listed wastes and certain F-listed wastes—F020, F021, F022, F023, F026, and F027—are “acute.”

8. If the facility is subject to the requirements under 40 CFR Part 266 (Subpart P), the following are established under the hazardous waste pharmaceutical management program:
  - a. How quantities of HWP generation are calculated;
  - b. Electronic notification to the EPA that the facility is subject to the requirements of Subpart P;
  - c. Training on the handling of HWP, including emergency procedures, that is specific and relevant to responsibilities;
  - d. Physical properties and labeling requirements for containers that are intended to store HWPs;
  - e. Methods for determining accumulation time (maximum one year);
  - f. Shipping requirements, including:
    - (1) packaging, labeling and marking;
    - (2) placarding according to DOT requirements;
    - (3) manifest forms;
    - (4) interstate requirements; and
    - (5) managing rejected shipments.
  - g. Recordkeeping;
  - h. Response and management of spills; and
  - i. Managing potentially creditable HWPs.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<a href="https://www.govinfo.gov/content/pkg/CFR-2017-title40-vol28/xml/CFR-2017-title40-vol28-part261.xml">https://www.govinfo.gov/content/pkg/CFR-2017-title40-vol28/xml/CFR-2017-title40-vol28-part261.xml</a>
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL1466)

# Irrigation Solutions

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## Policy Statement

Irrigation solutions shall be stored, used, and destroyed in accordance with directions on the container label.

## Policy Interpretation and Implementation

1. Irrigation solution containers must be labeled immediately upon opening. The label must contain the **date** and **time** the container was opened.
2. Irrigation solutions prepared by the pharmacy must contain an expiration date not to exceed seven (7) days from the date of its preparation.
3. Unused irrigation solutions must be disposed of within seventy-two (72) hours of opening the container.
4. Unused irrigation solutions not containing preservatives must be disposed of within twenty-four (24) hours of opening the container.
5. Irrigation solutions may be poured down the commode or lavatory. Unless otherwise instructed, it is not necessary to record the disposal of partial containers.

References	
OBRA Regulatory Reference Numbers	483.45
Survey Tag Numbers	F755
Other References	
Related Documents	
Version	1.0 (H5MAPL0436)



# Labeling of Medication Containers

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## Policy Statement

All medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations.

## Policy Interpretation and Implementation

1. Medication labels must be legible at all times.
2. Any medication packaging or containers that are inadequately or improperly labeled are returned to the issuing pharmacy.
3. Labels for individual resident medications include all necessary information, such as:
  - a. the resident's name;
  - b. the prescribing physician's name;
  - c. the name, address, and telephone number of the issuing pharmacy;
  - d. the name, strength, and quantity of the drug;
  - e. the prescription number (if applicable);
  - f. the date that the medication was dispensed;
  - g. appropriate accessory and cautionary statements;
  - h. the expiration date when applicable; and
  - i. directions for use.
4. Labels for stock medications include all necessary information, such as:
  - a. the name and strength of the drug;
  - b. the lot and control number;
  - c. the expiration date when applicable;
  - d. appropriate accessory and cautionary statements; and
  - e. directions for use.
5. Labels for each single unit dose package include all necessary information, such as:
  - a. the name and strength of the drug;
  - b. the lot or control number;
  - c. the date drug dispensed;
  - d. appropriate accessory and cautionary statements;
  - e. the expiration date when applicable;
  - f. the name of the resident and physician. (Note: The names of the resident and physician do not have to be on each unit dose package, but they must be identified with the package in such a manner as to ensure that the drug is administered to the right resident);
  - g. the prescription number;
  - h. the name, address, and telephone number of pharmacy dispensing the drug; and
  - i. directions for use.

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6. Labels for over-the-counter drugs include all necessary information, such as:
  - a. the original label indicating the name, strength and quantity of the medication;
  - b. the expiration date when applicable; and
  - c. directions for use and appropriate accessory/cautionary statements.
7. Only the dispensing pharmacy can label or alter the label on a medication container or package.
8. Medications may not be transferred between containers.
9. The nursing staff must inform the pharmacy of any changes in physician orders for a medication.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.45(g) Labeling of Drugs and Biologicals
<b>Survey Tag Numbers</b>	F761
<b>Other References</b>	<a href="https://www.ismp.org/guidelines">https://www.ismp.org/guidelines</a>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0455)

# Medication/Food Interaction

## Policy Statement

Medication orders shall be reviewed for possible food/medication interactions.

## Policy Interpretation and Implementation

1. The consultant pharmacist, nurses, and physician shall review medications ordered for each resident to determine if medications interact with food, beverages, or another medication that has been prescribed for the resident.
2. If a medication is identified as having a known interaction with food or medications currently prescribed for the resident, the individual who identifies the interaction shall contact the attending physician about the potential interaction.
3. Nursing staff will record on the resident's care plan any foods that could cause clinically significant interaction.
4. Food services staff will assure that foods that may cause clinically significant interactions are omitted from meals for those individuals with medication-food interactions.
5. When a resident has an order allowing him/her to drink alcoholic beverages, the pharmacist shall identify any of the resident's current medications that interact with alcohol, and shall notify the nursing staff and/or physician with that information.
6. The nursing staff shall contact the resident's attending physician and inform him/her of any food/medication interactions that occur with the resident.
7. The staff shall document the attending physician's instructions about how to avoid or manage any interactions.
8. The medical director shall periodically review significant adverse medication consequences, including major food/medication interactions, and discuss them with attending physicians and the consultant pharmacist, as needed.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(f); 483.45(c)
<b>Survey Tag Numbers</b>	F760; F756
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Adverse Consequences and Medication Errors</a>
<b>Version</b>	2.0 (H5MAPL0517)

# Medication Administration Schedule

## Policy Statement

Medications are administered according to established schedules.

## Policy Interpretation and Implementation

1. Medications are administered according to the following routine schedule:

Ordered Times	Administration Schedule
q8h (every eight hours)	___ a.m. / ___ p.m. / ___ p.m.
q6h (every six hours)	___ a.m. / ___ a.m. / ___ p.m. / ___ p.m.
q4h (every four hours)	___ a.m. / ___ a.m. / ___ a.m. / ___ p.m. / ___ p.m. / ___ p.m.
qid (four times daily)	___ a.m. / ___ a.m. / ___ p.m. / ___ p.m.
tid (three times daily)	___ a.m. / ___ p.m. / ___ p.m.
bid (two times daily)	___ a.m. / ___ p.m.
ac (before meals)	___ a.m. / ___ a.m. / ___ p.m.
pc (after meals)	___ a.m. / ___ p.m. / ___ p.m.
Daily	___ a.m.
Every morning	___ a.m.
Insulin (daily)	___ a.m.
Insulin (twice daily)	___ a.m. / ___ p.m.

2. Routine medication administration schedules may be changed by the quality assurance and performance improvement committee.
3. Scheduled medications are administered within one (1) hour of their prescribed time, unless otherwise specified.
4. Scheduled medications designated as time-critical (medications that may cause harm or sub-therapeutic effect if administered before or after the scheduled time) are administered at the scheduled time (for example, rapid-acting insulin) or within 30 minutes of the scheduled time.
5. Time critical medications are designated by the pharmacy and include:
  - a. medications that are scheduled more than every four hours;
  - b. scheduled opioids used for chronic pain or palliative care;
  - c. immunosuppressive agents used for organ transplant rejection or to treat myasthenia gravis;
  - d. medications that need to be administered apart from other medications; and
  - e. medications that need to be administered before, with, or after meals.
6. Scheduled medications that must be given around mealtimes may fluctuate based on delivery and consumption of meals.

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7. The exact time of medication administration is documented in the MAR. If medication is administered early, late (beyond the allowable interval), or is omitted, the reason is also documented.
8. A physician's order for specific times supersedes any routine schedule.
9. Residents may request alternate medication schedules. Such times must be documented on the resident's medication administration record and care plan.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.45(f) Medication Errors; §483.45(a) Procedures.
<b>Survey Tag Numbers</b>	F760; F755
<b>Other References</b>	<a href="#">ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications</a>
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.3 (H5MAPL0509)

# Medication Holds

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## Policy Statement

Temporary medication holds may be ordered by the resident's attending physician.

## Policy Interpretation and Implementation

1. A hold order for a medication must be accompanied by a restart date or time. Hold orders without a restart date or time will be considered discontinued.
2. When medications are held, they must be stored in a separate location in the medication room or returned to the issuing pharmacy.
3. The nursing staff must document in the resident's medication administration record (MAR) that such medication(s) is being held.
4. The attending physician must provide an explicit order as to when to restart a medication that has been held, either at the time the order is given to hold the medication or subsequently. If the medication was discontinued, a new order must be given.

References	
OBRA Regulatory Reference Numbers	483.45(a)
Survey Tag Numbers	F755
Other References	
Related Documents	<a href="#">Discarding and Destroying Medications</a>
Version	1.1 (H5MAPL0512)

# Medication Recalls

## Policy Statement

Our facility shall honor medication recall notifications.

## Policy Interpretation and Implementation

1. The dispensing pharmacy and/or consultant pharmacist will notify the facility of any medication recalls.
2. Upon receiving a medication recall notification from any reliable source:
  - a. the director of nursing services or the consultant pharmacist will inspect the facility's medical supplies for the recalled item; and
  - b. if the recall item is in stock, it will be removed from the inventory and returned to the supplier in accordance with the recall notice.
3. The director of nursing services, or designee, will document inventory records concerning removal of such supplies.
4. In conjunction with the consultant pharmacist, the director of nursing services and medical director will ensure that all nurses and attending physicians are informed that a medication has been recalled, and will identify any specific precautions that should be followed, or symptoms that might result from the medication.
5. Nursing staff will withhold known recalled medications and will notify a physician promptly. They will ask the physician for an order to discontinue the medication, and discuss whether another medication is indicated and whether they should take any measures (e.g., intensified monitoring, lab tests, etc.) related to the recalled medication.
6. The nursing staff will closely monitor individuals who have been taking a recalled medication for problematic signs and symptoms for at least 24 hours after the last dose is given, or longer if indicated by the recall notice or the anticipated duration of effects or side effects of the recalled medication.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(a)
<b>Survey Tag Numbers</b>	F755
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0225)

# Medication Therapy

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## Policy Statement

1. Each resident's medication regimen shall include only those medications necessary to treat existing conditions and address significant risks.
2. Medication use shall be consistent with an individual's condition, prognosis, values, wishes, and responses to such treatments.
3. All medication orders will be supported by appropriate care processes and practices.

## Policy Interpretation and Implementation

1. The resident's clinical record must contain a written order for all prescription and over-the-counter medications taken by the resident.
2. All decisions related to medications shall include appropriate elements of the care process, such as:
  - a. adequately detailed assessment;
  - b. review of causes of symptoms;
  - c. consideration of the clinical relevance of symptoms and abnormal diagnostic test results;
  - d. principles of prescribing for the elderly; and
  - e. each resident's wishes, values, goals, condition, and prognosis.
3. Upon or shortly after admission, and periodically thereafter, the staff and practitioner (assisted by the consultant pharmacist) will review an individual's current medication regimen, to identify whether:
  - a. there is a clear indication for treating that individual with the medication;
  - b. the dosage is appropriate;
  - c. the frequency of administration and duration of use are appropriate; and
  - d. potential or suspected side effects are present.
4. Periodically, and when circumstances are present that represent a greater risk for medication-related complications, the staff and practitioner will review the medication regimen for continued indications, proper dosage and duration, and possible adverse consequences.
5. The physician will identify situations where medications should be tapered, discontinued, or changed to another medication, for example:
  - a. when a medication is being given in excessive doses, for excessive periods of time, without adequate monitoring, or in the absence of a valid clinical rationale;
  - b. when the results of ongoing assessment, or the presence of clinically significant adverse consequences monitoring, suggest that a medication should be reduced or discontinued entirely; and
  - c. when a medication is being prescribed to treat, or in anticipation of, an adverse consequence of another prescribed drug.
6. The consultant pharmacist shall review each resident's medication regimen monthly, as requested by the staff or practitioner, or when a clinically significant adverse consequence is confirmed or suspected.
7. The facility shall review medication-related issues as part of its quality assurance and performance improvement committee and activities.

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8. The medical director and consultant pharmacist shall collaborate to address issues of medication prescribing and monitoring with the practitioners and staff.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(d); 483.45(c)
<b>Survey Tag Numbers</b>	F757; F756
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Medication Utilization and Prescribing – Clinical Protocol</a>
<b>Version</b>	1.1 (H5MAPL0229)

# Safety Data Sheets (SDS) – Pharmacy

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## Policy Statement

The dispensing pharmacy shall provide a copy of the safety data sheets (SDSs) for all hazardous medications dispensed by the dispensing pharmacy, as defined by the Occupational Safety and Health Administration (OSHA).

## Policy Interpretation and Implementation

1. The pharmacy shall provide SDSs and informational updates, as appropriate, for all medications that are considered hazardous.
2. An SDS must accompany the first delivery of the medication.
3. After the initial delivery, the SDS does not have to be redistributed unless there is a change in the SDS.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	OSHA Hazard Communications Standard at 29 CFR 1910
Related Documents	<a href="#">Some Common Drugs that are Considered Hazardous</a>
Version	1.2 (H5MAPL0961)

# Security of Medication Cart

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## Policy Statement

The medication cart shall be secured during medication passes.

## Policy Interpretation and Implementation

1. The nurse must secure the medication cart during the medication pass to prevent unauthorized entry.
2. The medication cart should be parked in the doorway of the resident's room during the medication pass. The cart doors and drawers should be facing the resident's room.
3. When it is not possible to park the medication cart in the doorway, the cart should be parked in the hallway against the wall with doors and drawers facing the wall. The cart must be locked before the nurse enters the resident's room.
4. Medication carts must be securely locked at all times when out of the nurse's view.
5. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room.

References	
OBRA Regulatory Reference Numbers	483.45(h)
Survey Tag Numbers	F761
Other References	
Related Documents	
Version	1.1 (H5MAPL0810)

# Self-Administration of Medications

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## Policy Statement

Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so.

## Policy Interpretation and Implementation

1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident.
2. The IDT considers the following factors when determining whether self-administration of medications is safe and appropriate for the resident:
  - a. The medication is appropriate for self-administration;
  - b. The resident is able to read and understand medication labels;
  - c. The resident can follow directions and tell time to know when to take the medication;
  - d. The resident comprehends the medication's purpose, proper dosage, timing, signs of side effects and when to report these to the staff;
  - e. The resident has the physical capacity to open medication bottles, remove medications from a container and to ingest and swallow (or otherwise administer) the medication; and
  - f. The resident is able to safely and securely store the medication.
3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is re-assessed periodically based on changes in the resident's medical and/or decision-making status.
4. If the team determines that a resident cannot safely self-administer medications, the nursing staff administer the resident's medications. The IDT evaluates options which allow residents to safely participate in the medication administration process if they wish to do so.
5. Residents who are identified as being able to self-administer medications are asked whether they wish to do so.
6. For self-administering residents, the nursing staff determines who is responsible (the resident or the nursing staff) for documenting that medications are taken.
7. If the resident is able and willing to take responsibility for documenting self-administration of medications, the resident is instructed on how to complete a record indicating the administration of the medication.
8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart or in the medication room. A licensed nurse transfers the unopened medication to the resident when the resident requests them.
9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.

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10. The facility reorders self-administered medications in the same manner as other medications.
11. The nursing staff routinely checks self-administered medications and removes expired, discontinued, or recalled medications.
12. Nursing staff reviews the self-administered medication record for each nursing shift, and transfers pertinent information to the medication administration record (MAR) kept at the nursing station, appropriately noting that the doses were self-administered.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.; §483.45 Pharmacy Services
<b>Survey Tag Numbers</b>	F554; F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Evaluation for Self-Administration of Medications (MP5541)</a>
<b>Version</b>	1.3 (H5MAPL0812)

# Storage of Medications

## Policy Statement

The facility stores all drugs and biologicals in a safe, secure, and orderly manner.

## Policy Interpretation and Implementation

1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications.
2. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers.
3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.
4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.
5. Hazardous drugs are clearly marked and stored separately from other medications.
6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended.
7. Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses' station or other secured location. Medications are stored separately from food and are labeled accordingly.
8. Schedule II-V controlled medications are stored in separately locked, permanently affixed compartments. Access to controlled medication is separate from access to non-controlled medications.
  - a. Controlled medications that are part of a single unit dose distribution system may be stored with non-controlled medications when the supply is minimal and shortages are readily detectable.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.45(h) Storage of Drugs and Biologicals
<b>Survey Tag Numbers</b>	F761
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Labeling of Medication Containers</a>
<b>Version</b>	1.3 (H5MAPL0851)

# Administering Medications by IV Push

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic administration of a medication bolus directly into the venous system through a vascular access device.

## Preparation

1. A physician's order is necessary to administer medication via this route.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.
4. The licensed nurse responsible for IV medications shall be knowledgeable of:
  - a. indications for use;
  - b. appropriate routes of administration, doses and diluents;
  - c. side effects;
  - d. toxicities;
  - e. incompatibilities;
  - f. stability;
  - g. storage requirements;
  - h. potential complications; and
  - i. length of time needed to administer drug.

## General Guidelines

1. Verify scope of practice and competency requirements for this procedure with state Nurse Practice Act.
2. Administer the first dose of intravenous medication in a situation in which close observation of the resident and the ability to intervene in the case of complications is possible.
3. Obtain anaphylaxis protocols/orders.
4. Follow manufacturer recommendations and pharmacy/facility guidelines for approved routes of medication administration for particular medications. *Some medications cannot be administered via IV push.*

## Equipment and Supplies

1. Medication vial or ampule;
2. Medication labels for syringe;
3. Saline (preservative-free 0.9% sodium chloride) or heparin for flush per facility protocol;
4. Needleless connection device/adaptor, if needed;
5. Sterile syringe to withdraw medication;
6. Filter straw if withdrawing medicine from glass ampule;
7. Non-sterile gloves;
8. Alcohol wipes, tape; and
9. Mini-bag of flush solution, if needed.

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## Assessment

1. Inspect intravenous catheter site for signs of complications at scheduled intervals, upon routine site care and during administration set changes.
2. Prior to administration of intravenous medications assess resident's:
  - a. overall health status;
  - b. cardiovascular status;
  - c. history of allergies;
  - d. baseline vital signs, height and weight; and
  - e. laboratory/test results and appropriateness of therapy.
3. Review physician's order to confirm type of medication, amount, route, and rate of administration.
4. Verify the identity of the resident.
5. Inspect medication label and verify against the order.
6. Check vial for leaks, cracks, precipitate and expiration date.
7. Use a separate syringe for each medication. Give one medicine at a time, flushing with saline in between medications.

## Steps in the Procedure

1. Perform hand antisepsis. Apply non-sterile gloves.
2. Withdraw medication from vial or glass ampule (use filter straw to withdraw medication from glass ampule).
  - a. Vials labeled as "single dose" or "single use" will not be used on multiple residents. Such vials will be used only for one resident in a single procedure.
3. Dilute medication with appropriate diluent (follow manufacturer guidelines or consult pharmacy).
  - a. When diluting or reconstituting medications, follow USP <797> guidelines for compounding sterile preparations.

### To administer medication directly through an IV catheter:

1. Disinfect catheter port;
2. Attach saline-filled syringe and flush the catheter;
3. Disinfect catheter connection device again;
4. Attach medication-filled syringe and administer medication according to prescribed rate. If no rate is specified, administer over 1-2 minutes;

To calculate mL/minute	
$\frac{\text{mL to be infused}}{\text{number of minutes}} = \text{mL/min}$	
<p><i>Example: Order is for 25 mg of medication "A" to be administered over 5 minutes. Vial contains 25 mg/mL and must be diluted in 5 mL of sterile water. Total amount to be infused is 6 mL (1 mL of medication + 5 mL diluent).</i></p>	
$\frac{6 \text{ mL}}{5 \text{ mins}} = 1.2 \text{ mL/min}$	

5. Monitor time with second hand on watch (It is important to push at a controlled rate to avoid too high of a concentration of drug in a short period of time.);
6. Disinfect catheter connection device;

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7. Flush catheter with appropriate flush (saline or dextrose) at the same rate that medication had been given to avoid giving a fast bolus dose;
8. Observe to make sure that medication has cleared the catheter;
9. Finish flushing catheter with saline, and heparin (if required);
10. Discard used supplies in appropriate receptacle; and
11. Perform hand antisepsis.

**To administer through the side (Y) port of the administration set tubing:**

1. Open IV clamp and allow primary solution to flow freely;
2. Disinfect the Y port;
3. Attach medication-filled syringe to Y port and administer medication per calculated rate. Stop intermittently to allow primary solution to flow;
4. After medication is administered, allow the IV solution to flush the tubing and catheter;
5. Return infusion to prescribed rate;
6. Discard used supplies in appropriate receptacle; and
7. Perform hand antisepsis.

## Documentation

Document the following in the resident's medical record:

1. Medication;
2. Dose;
3. Total amount infused;
4. Total time infused;
5. Condition of the catheter site; and
6. Resident response to the procedure, including any results of the medication (adverse or desired).

## Reporting

Report to physician, supervisor and the oncoming shift any results, problems or complications (if any) that occurred during the medication administration.

References	
<b>MDS Items (CAAs)</b>	Section K; Section N; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	1.2 (H5MAPR0010)

# Administering Medications via Secondary Tubing

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic administration of medications intravenously through a secondary (“piggy back”) line.

## Preparation

1. A physician’s order is necessary to administer medication.
2. Check for medication allergies.
3. Assemble the equipment and supplies as needed.
4. The licensed nurse responsible for IV medications shall be knowledgeable of:
  - a. indications for use;
  - b. appropriate routes of administration, doses and diluents;
  - c. side effects;
  - d. toxicities;
  - e. incompatibilities;
  - f. stability;
  - g. storage requirements;
  - h. potential complications; and
  - i. allergies.

## General Guidelines

1. First Dose of medication should be given in a situation in which close observation of the resident and the ability to intervene in the case of complications is possible.
2. Consult manufacturer’s recommendations regarding recommended monitoring and potential side effects of medication.
3. Obtain order for anaphylaxis protocol, or note if there is a standing protocol for intervention.
4. Observe resident during infusion and for a minimum of one hour after completion of the infusion.
5. Primary and secondary **continuous sets** are changed no more frequently than every 96 hours or upon suspected contamination.
6. Primary **intermittent sets** are changed every 24 hours.
7. If a secondary administration set is disconnected from a primary administration set, the secondary administration set is considered intermittent and is then changed every 24 hours.

## Equipment and Supplies

1. Prescribed medication in IV bag, saline flush bag, or prescribed hydration fluid bag;
  - a. Medication may need to be reconstituted or mixed first. When diluting or reconstituting medications, follow USP <797> guidelines for compounding sterile preparations.
2. Primary and secondary tubing;
3. Needleless access device/adaptor;
4. Gloves;
5. Alcohol wipes; and

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6. Tape (optional).

## Assessment

1. Inspect insertion site and catheter for any signs or symptoms of IV-related complications before hanging solution. This should be done at least once a shift and during infusion procedure.
  - a. If any complications are noted, intervene as appropriate according to facility protocol.
2. Prior to administering IV solutions, assess the following:
  - a. general assessment of resident health status, and cardiac and respiratory status;
  - b. allergies;
  - c. baseline vital signs, weight, height (for pharmacy dosing needs); and
  - d. the physician's rationale for ordering treatment, laboratory results, and appropriateness of treatment.
3. Review physician's order and confirm the "5 Rights" of medication administration (right resident, medication name, dose, route, rate). If no rate is ordered, calculate rate according to dose, volume and time ordered.
4. Check medication bag for leaks, sterility, precipitate, and expiration date.
5. Ensure compatibility of secondary solution and primary solution.
6. If multiple medications are being placed on secondary tubing, check with pharmacy to determine if separate tubing is needed for each medication.

## Steps in the Procedure

1. Perform hand antisepsis and don non-sterile gloves.
2. Connect secondary administration set to piggy back medication solution bag.
3. Prime primary tubing with ordered solution or normal saline. Prime secondary tubing with ordered medication. All air bubbles must be removed from tubing before attaching to resident.
4. Hang both IV bags on the IV pole.
  - a. **If infusing via gravity:** The secondary (smaller) bag is hung higher than the primary bag.
  - b. **If infusing via pump:** Both bags can be hung at the same level.
5. Disinfect Y injection/access port.
6. Attach secondary administration line to primary line at the Y port using needleless access device/adaptor.
7. Administer medication according to prescribed rate using pump or gravity flow-regulator tubing.
  - a. **If infusing via gravity:** Only the secondary solution should be infusing. The primary solution should start running after the secondary solution has been infused.
  - b. **If infusing via pump:** The primary and secondary solutions should be individually set for rate and volume. This prevents the bag from either running dry or infusing too much fluid.
8. After the secondary infusion is completed, the secondary tubing should be clamped.
  - a. **If infusing via gravity:** Primary bag needs to have the rate readjusted after secondary bag has been infused.
  - b. **If infusing via pump:** Primary bag will automatically change back to set rates. Monitor pump actions.
9. Leave secondary administration set in place until next medication is scheduled to be administered. If medication is given every 24 hours, the secondary bag should be disconnected and discarded in appropriate receptacle.
10. Discard used supplies in appropriate receptacles.
11. Perform hand antisepsis.

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## Documentation

1. Document the following in the resident's medical record.
  - a. Medication;
  - b. Dose;
  - c. Total amount infused;
  - d. Total time infused;
  - e. Condition of the catheter site; and
  - f. Resident response to the procedure, including any results of the medication (adverse or desired).

## Reporting

1. Notify Physician (or supervisor per facility policy) and oncoming shift if medication was not infused or refused by resident.
2. Any complications with insertion site and interventions that were done.

References	
<b>MDS Items (CAAs)</b>	Section K; Section N; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	INS-Standards 2011, Standard 43
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a> <a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	2.1 (H5MAPR0009)

# Administering Medications through a Metered Dose Inhaler Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe administration of inhaled medications.

## Preparation

1. Verify that there is a practitioner's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

Follow the medication administration guidelines in the policy entitled *Administering Medications*.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Medication Administration Record;
2. Medication cart or tray;
3. Metered dose inhaler mouthpiece;
4. Prescribed medication canister;
5. Gargling solution; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash hands.
2. Arrange supplies in the medication room or move the medication cart outside the resident's room.
3. Place the MAR within easy viewing distance.
4. Unlock the medication cart.
5. Select the drug from the unit dose drawer or stock supply.
6. Check the label on the inhaler and confirm the medication name and dose with the MAR.
7. Check the expiration date on the inhaler. Return any expired medications to the pharmacy.
8. Confirm the identity of the resident.
9. Explain the procedure to the resident.
10. Place inhaler(s) on the bedside table or tray.
11. Assess the resident, if indicated:
  - a. Lung sounds;
  - b. Respiratory rate and depth;
  - c. Cough (amount, color, and character of expectorate);
  - d. Presence of dyspnea; and
  - e. Vital signs.
12. Determine if assessment data prohibits administration of medication.
13. Assist the resident to a sitting or side lying position.

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14. Administer medication:
  - a. Shake the inhaler gently to mix the medication with aerosol propellant.
  - b. Remove cap from mouthpiece.
  - c. If the inhaler has a spacer, pull it away from the inhaler until it clicks into place.
  - d. Ask the resident to inhale and exhale deeply for a few breath cycles. On the last cycle, instruct the resident to exhale deeply.
  - e. Place the mouthpiece in the mouth and instruct resident to close his or her lips to form a seal around the mouthpiece.
  - f. Firmly depress the mouthpiece against the medication canister to administer medication.
  - g. Instruct the resident to inhale deeply and hold for several seconds.
  - h. Remove the mouthpiece from the mouth and instruct the resident to exhale slowly through pursed lips.
15. Repeat inhalation, if ordered. Allow at least one (1) minute between inhalations of the same medication and at least two (2) minutes between inhalations of different medications.
16. Rinse the mouthpiece with warm water to remove medication residue.
17. Discard all disposable items into designated containers.
18. Wash hands.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section N; (CAA 17)
<b>Survey Tag Numbers</b>	F684; F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.1 (H5MAPR0003)

# Administering Medications through a Small Volume (Handheld) Nebulizer

Level III

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## Purpose

The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the resident's airway.

## Preparation

1. Obtain a physician's order as needed.
2. Review the resident's care plan, current orders, and diagnoses to determine resident needs.
3. Check the treatment record.
4. Assemble the equipment and supplies as needed.

## General Guidelines

1. Follow the medication administration guidelines in the policy entitled *Administering Medications*.
2. If the resident suffers from Chronic Obstructive Pulmonary Disease (COPD), refer to the *Chronic Obstructive Pulmonary Disease (COPD), Clinical Protocol* in addition to this procedure.

## Equipment and Supplies

1. Medication, as ordered;
2. Dropper or syringe (capacity to be determined by amount of medication);
3. Diluent, as ordered;
4. Nebulizer kit, including nebulizer, medication cup, T-piece, mouthpiece (or facemask), and tubing; and
5. Pressurized gas source (e.g., compressor).

## Steps in the Procedure

1. Assemble equipment and supplies on the resident's overbed table.
2. Wash and dry hands.
3. Provide for the resident's privacy.
4. Explain the procedure to the resident.
5. Position the resident in semi-fowler's position.
6. Obtain baseline pulse, respiratory rate and lung sounds.
7. Wash and dry hands.
8. Draw up the medication to be nebulized.
9. Dispense medication into nebulizer cup.
10. Add the diluent, if ordered.
11. Assemble nebulizer equipment and attach to the source of gas per manufacturer's instructions.
12. After attaching the tubing to the source of gas, adjust the flow rate as ordered or per facility protocol.
13. Turn on the nebulizer and check the outflow port for visible mist.

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14. Ask the resident to hold the mouthpiece gently between his/her lips (or apply face mask).
15. Instruct the resident to take a deep breath, pause briefly and then exhale normally.
16. Encourage the resident to repeat the above breathing pattern until the medication is completely nebulized, or until the designated time of treatment has been reached.
17. Remain with the resident for the treatment.
18. Approximately five minutes after treatment begins (or sooner if clinical judgment indicates) obtain the resident's pulse.
19. Monitor for medication side effects, including rapid pulse, restlessness and nervousness throughout the treatment.
20. Stop the treatment and notify the physician if the pulse increases 20 percent above baseline or if the resident complains of nausea or vomits.
21. Tap the nebulizer cup occasionally to ensure release of droplets from the sides of the cup.
22. Encourage the resident to cough and expectorate as needed.
23. Administer therapy until medication is gone.
24. When treatment is complete, turn off nebulizer and disconnect T-piece, mouthpiece and medication cup.
25. Wash and dry hands.
26. Obtain post-treatment pulse, respiratory rate and lung sounds.
27. Rinse and disinfect the nebulizer equipment according to facility protocol, or:
  - a. wash pieces with warm, soapy water;
  - b. rinse with hot water;
  - c. place all pieces in a bowl and cover with isopropyl (rubbing) alcohol. Soak for five minutes;
  - d. rinse all pieces with sterile water (NOT tap, bottled, or distilled); and
  - e. allow to air dry on a paper towel.
28. Wash and dry hands.
29. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it.
30. Change equipment and tubing every seven days, or according to facility protocol.
31. Disinfect outside of the compressor between residents, according to manufacturer's instructions.

## Documentation

The following information should be recorded in the resident's medical record.

1. The name, title and initials of the person administering the treatment.
2. The date, time and length of treatment (treatment administration record).
3. The type and amount of medication administered (medication administration record).
4. The type and source of gas.
5. Pulse, respiratory rate and lung sounds before and after the treatment.
6. Pulse during treatment.
7. Amount and characteristics of sputum production.
8. The resident's tolerance of the treatment.
9. Any adverse effects of the medication and/or treatment and physician notification, if applicable.

## Reporting

1. Notify the Nurse Supervisor (or the physician) if the resident refuses the treatment.
2. Notify the Physician if nausea or vomiting occurs during treatment.

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3. Notify the Physician if the resident experiences adverse effects from the medication.
4. Notify the Physician if the pulse rate during treatment increases 20 percent above baseline.
5. Follow any other orders for physician notification pertinent to the resident.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section N; Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Chronic Obstructive Pulmonary Disease (COPD) – Clinical Protocol</a>
<b>Version</b>	1.1 (H5MAPR0303)

# Administering Medications through an Enteral Tube

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube.

## Preparation

1. Verify that there is a physician's medication order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

Follow the medication administration guidelines in the policy entitled *Administering Medications*.

1. Request liquid forms of medications from the pharmacy, if possible.
2. Do not add medication directly to the enteral feeding formula.
3. Administer each medication separately and flush between medications.
4. Do not crush or split medications for administration through an enteral tube unless first checking with the pharmacy or facility approved "Do Not Crush Medication List."
  - a. Tablets that must be crushed prior to administration through an enteral tube require a specific order related to crushing.
  - b. Do not crush enteric coated, sustained release, buccal, sub-lingual, or enzyme-specific medications.
  - c. Do not crush the contents of an opened capsule.
5. Do not administer oily medications through an enteral tube.
6. Use warm, purified water for diluting medications and for flushing.
7. Use a clean enteral syringe with an ENFit connector to administer medications through an enteral tube.
8. This procedure is contraindicated if the tube is obstructed or improperly positioned or if the resident is vomiting.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Medication Administration Record;
2. Medication cart or tray;
3. Prescribed medication;
4. Disposable medication cups;
5. Purified warm water for diluting medications;
6. Purified warm water for flushing;
7. Towel or Chux® pad;
8. 60 mL enteral syringe (with transition adapter if necessary);
9. Clamp;
10. Pill-crushing device, as needed;

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11. Gauze pads;
12. Stethoscope; and
13. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Wash your hands.
2. Retrieve the medication:
  - a. Arrange supplies in the medication room or move the medication cart outside the resident's room.
  - b. Place the MAR within easy viewing distance.
  - c. Unlock the medication cart.
  - d. Select the drug from the unit dose drawer or stock supply.
  - e. Check the expiration date on the medication. Return any expired medications to the pharmacy.
3. Prepare the medication:
  - a. Check the label and confirm the medication name and dose with the MAR.
  - b. Confirm that the medication dosage form is compatible with enteral administration (check Do Not Crush Medication List and other pharmacy references).
  - c. Confirm that the medication and formulation are appropriate based on the distal end of the enteral tube (e.g., site of absorption).
  - d. Follow USP <795> (compounding non-sterile preparations) procedures for crushing, diluting and/or mixing prior to administration.
  - e. Calculate the medication dose. Re-check the calculation.
  - f. Place medications on the bedside table or tray.
4. Prepare the resident:
  - a. Confirm the identity of the resident.
  - b. Explain the procedure to the resident.
  - c. Assist the resident to semi-Fowler's position (30° to 45°), if tolerated by the resident's physical or medical condition.
  - d. Fold bed linens to the resident's waist and cover the chest with a towel or Chux® pad.
5. Check compatibility with feeding tube formula:
  - a. If the resident is on continuous tube feedings and the medication(s) are to be given on an empty stomach and/or are associated with medication-feeding formula incompatibility, stop the feeding at least 30 minutes prior to medication administration and restart at least 30 minutes after medication administration.
    - (1) Recommended timeframes between medication and enteral formula administration should be determined by the manufacturers of these products, or specified in the order.
    - (2) Consult the physician if there are any questions regarding compatibility, or if going this time period without feedings may compromise the resident.
6. Verify placement of feeding tube:
  - a. If you suspect improper tube positioning, do not administer feeding or medication. Notify the Charge Nurse or Physician.
7. Stop feeding and flush tubing with at least 15 mL warm purified water (or prescribed amount).
8. Remove the syringe and clamp tubing. Place the end of the tubing on a clean gauze pad positioned on the abdomen or chest of the resident.

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9. Dilute medication:
  - a. Remove plunger from syringe. Add medication and appropriate amount of water to dilute.
  - b. Dilute crushed (powdered) medication with at least 30 mL purified water (or prescribed amount).
  - c. Dilute liquid medication with 30 mL or more (depending on viscosity) purified water.
10. Administer each medication separately.
11. Reattach syringe (without plunger) to the end of the tubing.
12. Administer medication by gravity flow:
  - a. Pour diluted medication into the barrel of the syringe while holding the tubing slightly above the level of insertion.
  - b. Open the clamp and deliver medication slowly.
  - c. Begin flush before the tubing drains completely.
13. If administering more than one medication, flush with 15 mL warm purified water (or prescribed amount) between medications.
14. When the last of the medication begins to drain from the tubing, flush the tubing with 15 mL of warm purified water (or prescribed amount).
15. Quickly clamp the tubing when the flush is complete. Remove syringe.
16. Cap the tube and fasten to the resident's gown, or reconnect to feeding formula if appropriate.
17. Remove towel or Chux® pad and reposition the bed covers.
18. Have the resident maintain the semi-Fowler's position for at least 30 minutes, if tolerated by the resident's physical or medical condition. Alternatively, place resident on right side with the head of the bed partially elevated.
19. Discard all disposable items into designated containers.
20. Wash your hands.
21. Place the call light within easy reach of the resident.
22. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Follow documentation guidelines in the policy entitled *Documentation of Medication Administration*.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section N; Section O; (CAA 17)
<b>Survey Tag Numbers</b>	F693; F684; F760
<b>Other References</b>	American Society for Parenteral and Enteral Nutrition, 2009. Enteral Nutrition Practice Recommendations.
<b>Related Documents</b>	<a href="#">Crushing Medications</a> <a href="#">Confirming Placement of Feeding Tubes</a> <a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	2.3 (H5MAPR0004)

# Administering Oral Medications

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe administration of oral medications.

## Preparation

1. Verify that there is a physician's medication order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

Follow the medication administration guidelines in the policy entitled *Administering Medications*.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Medication Administration Record;
2. Medication cart or tray;
3. Disposable medication cups;
4. Disposable drinking cups;
5. Water pitcher;
6. Drinking straws;
7. Pill-crushing device, if needed; and
8. Pill-cutting device, if needed.

## Steps in the Procedure

1. Wash your hands.
2. Arrange supplies in the medication room or move the medication cart outside the resident's room.
3. Place the MAR within easy viewing distance.
4. Unlock the medication cart.
5. Select the drug from the unit dose drawer or stock supply.
6. Check the label on the medication and confirm the medication name and dose with the MAR.
7. Check the expiration date on the medication. Return any expired medications to the pharmacy.
8. Check the medication dose. Re-check to confirm the proper dose.
9. Prepare the correct dose of medication:
  - a. For **liquid medications**. Remove the cap from the bottle and place cap upside down on the work surface. Hold the medication cup at eye level and use your thumb to mark the desired level on the cup. Fill to the bottom of the meniscus at the desired level. Place cup on a level surface and read the poured amount at eye level to check accuracy.
  - b. For **narcotics**. Check the narcotic record for the previous drug count and compare with the supply on hand. Report any discrepancies to the nurse supervisor.
  - c. For **powdered medications**. Mix with liquids at the bedside.

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- d. **For effervescent medications.** Dissolve immediately before administration.
  - e. **For tablets or capsules from a bottle.** Pour the desired number into the bottle cap and transfer to the medication cup. Do not touch the medication with your hands. Return extra capsules/tablets to the bottle. All medications to be given at the same time can be placed in the same cup except those that require assessment (e.g., vital signs) prior to administration.
  - f. **For unit dose tablets or capsules.** Place packaged medications directly into the medication cup.
10. Confirm the identity of the resident.
  11. Explain the procedure to the resident.
  12. Place medications on the bedside table or tray.
  13. Perform any pre-administration assessments.
  14. Assist the resident to a sitting or side lying position.
  15. Offer water to assist the resident in swallowing medications.
  16. Allow the resident to swallow **oral tablets or capsules** at his or her comfortable pace.
  17. If the resident cannot hold his or her own medications, place the cup near the lips and gently introduce each medicine one at a time, followed by a sip of water. Do not rush the resident.
  18. Instruct the resident to place **sublingual medications** under the tongue and allow the drug to dissolve.
  19. Instruct the resident to place **buccal medications** against either cheek and allow the drug to dissolve.
  20. If a medication falls to the floor, discard and document per facility protocol. Repeat the preparation.
  21. Remain with the resident until all medications have been taken.
  22. Discard all disposable items into designated containers.
  23. Perform hand antisepsis.
  24. Reposition the bed covers. Make the resident comfortable.
  25. Place the call light within easy reach of the resident.
  26. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section N; Section O; (CAA 17)
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.2 (H5MAPR0005)

# Administering Rectal or Vaginal Medications

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe administration of rectal and vaginal medications.

## Preparation

1. Verify that there is a physician's medication order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

Follow the medication administration guidelines in the policy entitled *Administering Medications*.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Medication Administration Record;
2. Medication cart or tray;
3. Suppositories (rectal or vaginal);
4. Cream, gel, or ointment (vaginal);
5. Lubricant;
6. Applicator, as indicated; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Perform hand antisepsis.
2. Arrange supplies in the medication room or move the medication cart outside the resident's room.
3. Place the MAR within easy viewing distance.
4. Unlock the medication cart.
5. Select the drug from the unit dose drawer or stock supply.
6. Check the label on the medication and confirm the medication name and dose with the MAR.
7. Check the expiration date on the medication. Return any expired medications to the pharmacy.
8. Check the medication dose. Re-check the dose.
9. Prepare the correct dose of medication.
10. Confirm identity of the resident.
11. Explain the procedure to the resident.
12. Place medications on the bedside table or tray.
13. Provide for privacy of the resident.
14. Insert medication:

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### Rectal Suppositories

- a. Assist the resident to a lateral position with the leg flexed at the hip and knee, if possible.
- b. Fold bed sheets back so that only the buttocks are exposed.
- c. Unwrap the suppository and place it on the open wrapper.
- d. Put on clean gloves.
- e. Lubricate the insertion point of the suppository. (**Note:** The smooth, rounded tip of the suppository is the insertion point.)
- f. Lubricate gloved index finger.
- g. Gently insert the suppository into the anus with the lubricated, gloved index finger. Insert approximately 10 cm (4 inches) deep along the wall of the rectum.
- h. Instruct resident to remain in a left lateral or lying position for at least five (5) minutes.
- i. Remove gloves and turn inside out to contain rectal bacteria. Wash and dry hands thoroughly.

### Vaginal Suppositories

- a. Ask the resident to void.
- b. Help her to a lithotomy position.
- c. Expose the perineum.
- d. Remove suppository from the wrapper and lubricate the tip.
- e. Put on gloves.
- f. With applicator or gloved index finger, insert the medication approximately 5 cm (2 inches). When the suppository reaches the distal wall of the vagina, depress the applicator plunger.
- g. Remove the applicator with plunger still depressed.
- h. Remove gloves. Wash and dry hands thoroughly.

### Vaginal Creams, Ointments, Gels

- a. Insert plunger into applicator.
  - b. Attach the applicator to the medication tube.
  - c. Squeeze the tube to inject prescribed amount of medication into the applicator.
  - d. Detach from tube and lubricate applicator end.
  - e. Put on gloves.
  - f. Assist resident to lithotomy position and expose the perineum.
  - g. Insert the applicator approximately 5 cm (2 inches) into the vagina or until applicator touches the distal wall of the vagina.
  - h. Administer the medication by depressing the plunger. Remove applicator from the vagina with the plunger still depressed.
  - i. Remove gloves. Wash and dry hands thoroughly.
15. Discard all disposable items into designated containers.
  16. Perform hand antisepsis.
  17. Reposition the bed covers. Make the resident comfortable.
  18. Place the call light within easy reach of the resident.
  19. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

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## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section N; Section O
<b>Survey Tag Numbers</b>	F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.1 (H5MAPR0007)

# Administering Topical Medications

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe administration of topical medications.

## Preparation

1. Verify that there is a physician's medication order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Follow the medication administration guidelines in the policy entitled *Administering Medications*.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Medication Administration Record;
2. Medication cart or tray;
3. Solution or solvent for cleaning, as indicated;
4. Gauze for cleaning, as indicated;
5. Dressing, as indicated or ordered;
6. Applicator tube, as needed;
7. Tongue blade; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Perform hand antisepsis by either washing with soap and water or applying alcohol-based hand rub.
2. Arrange supplies in the medication room or move the medication cart outside the resident's room.
3. Place the MAR within easy viewing distance.
4. Unlock the medication cart.
5. Select the drug from the unit dose drawer or stock supply.
6. Check the label on the medication and confirm the medication name and dose with the MAR.
7. Check the expiration date on the medication. Return any expired medications to the pharmacy.
8. Calculate the medication dose. Re-check the calculation.
9. Prepare the correct dose of medication.
10. Confirm identity of the resident.
11. Explain the procedure to the resident.
12. Place medications on the bedside table or tray.
13. Apply glove to your dominant hand. If exposure to blood or body fluids is likely, glove both hands.
14. Position the resident comfortably while providing exposure to the area to be treated.
15. Assess the area for broken skin, drainage, debris, rashes, allergic reaction, or signs of infection.
16. Remove excessive hair, if indicated.

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17. Clean the skin. Remove old medication residue, debris, scales, dried blood, etc. If necessary, saturate a gauze pad with solvent and wipe in the direction of hair growth to remove paste, cream or ointment from the area.
18. Don clean gloves, if necessary.

**Apply medication:**

1. **Paste, cream, ointment, or lotion**
  - a. Open the container and place the tube upside down on the table surface.
  - b. Apply clean gloves.
  - c. Remove tongue blade from sterile wrapper.
  - d. Place medication on the tongue blade and transfer to gloved hands.
  - e. Warm the medication in gloved hands and apply gently to the skin in the direction of hair growth.
  - f. Repeat as necessary to cover the entire area, using a new tongue blade for each application.
  - g. Remove gloves. Wash and dry hands thoroughly.
2. **Powder**
  - a. Clean and dry the skin surface.
  - b. Sprinkle the site with a fine, thin layer of powder, spreading any folds of skin, as necessary.
  - c. Remove gloves. Wash and dry hands thoroughly.
3. **Suspension-based lotion**
  - a. Shake the container well to distribute all suspended particles in the solution.
  - b. Apply lotion to a sterile gauze pad.
  - c. Apply lotion in the direction of hair growth.
  - d. Repeat with new gauze pad until entire area is covered.
  - e. Remove gloves. Wash and dry hands thoroughly.
4. **Aerosol spray**
  - a. Shake the container.
  - b. Hold at recommended distance from affected area (typically 6 to 12 inches).
  - c. Cover the resident's face with a towel if spraying the head or neck.
  - d. Apply spray evenly to affected area.
  - e. Remove gloves. Wash and dry hands thoroughly.
5. **Trans-dermal patches**
  - a. Clean and dry a selected area that is approved for application of the patch. Rotate sites with each new application, if possible.
  - b. Remove old patch.
  - c. Remove wrapper from the patch. Do not touch the adhesive surface.
  - d. Apply to the skin, pressing firmly for approximately ten (10) seconds.
  - e. Remove gloves. Wash and dry hands thoroughly.
6. Don gloves and apply sterile dressing, as necessary.
7. Discard all disposable items into designated containers.
8. Perform hand antisepsis.
9. Reposition the bed covers. Make the resident comfortable.
10. Place the call light within easy reach of the resident.
11. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

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## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section N; Section O; (CAA 16)
<b>Survey Tag Numbers</b>	F684; F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.1 (H5MAPR0008)

# Application of Eye Ointment

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the instillation of eye ointment to treat eye infections and to soothe or lubricate the eye.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Allow the resident as much privacy as possible.
2. Should both eyes require ointment, wash and dry your hands thoroughly before treating each eye.
3. To steady the ointment tube during the application process, rest your hand on the bridge of the resident's nose or on his/her forehead.
4. When administering two or more different eye ointments allow five minutes between each application.
5. Do not force the procedure. Take your time and be gentle with the resident.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Ointment (as prescribed);
2. Gauze pads;
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
4. Other as may be necessary or appropriate.

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. If the resident is sitting up, tilt his/her head backward slightly.
5. If the resident is bedfast, position the resident's head on the pillow and tilt the head backward slightly.
6. Gently pull the lower eyelid down. Instruct the resident to look up.
7. Apply a thin line of ointment along the surface of the retracted lower lid. (**Note:** Do not let the tip of the ointment tube touch the eye or eyelid.)
8. Instruct the resident to close his/her eyelid and rotate his/her eyeball to allow for even distribution of the ointment. Instruct the resident not to blink or squeeze the eyelids shut, as this will force the medication out of the eye.
9. Wipe off the tip of the ointment tube with a clean gauze pad and replace cap.
10. Gently wipe off excess ointment in the eye area with a clean gauze pad.
11. Discard used gauze pads into designated container.

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12. If the resident complains of pain, cease the procedure and summon the nurse supervisor.
13. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
14. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
15. Discard disposable equipment and supplies in designated containers.
16. Clean the overbed table and return it to its proper position.
17. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
18. Reposition the bed covers. Make the resident comfortable.
19. Place the call light within easy reach of the resident.
20. Wash and dry your hands thoroughly.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the eye ointment was administered.
2. The name and title of the individual(s) who administered the eye ointment.
3. The type of ointment administered.
4. All assessment data obtained concerning the resident's eye.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section N
<b>Survey Tag Numbers</b>	F684; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0018)

# Instillation of Ear Drops

Level III

## Purpose

The purposes of this procedure are to treat ear infections, to administer medications into the auditory canal, and to soften wax deposits.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Medicine dropper;
2. Cotton balls;
3. Solution (as prescribed);
4. Bowl (one-half full of warm water);
5. Cotton applicators; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Place the ear solution bottle into the bowl of warm water. Allow the solution to warm. DO NOT administer a cold solution in the ear unless ordered by the physician.
5. If the resident is sitting up, instruct the resident to tilt his/her head with the affected side up.
6. If the resident is bedfast, position the resident's head on the pillow so that the affected side is facing up.
7. Gently cleanse the external auditory canal with cotton applicators.
8. Draw medication into the dropper. Test it on the wrist to be sure it is warm.
9. Gently drop the medication into the ear. (**Note:** Do not let the tip of the ear dropper touch the ear or any other surface.) Replace the cap and keep the bottle tightly closed.
10. Grasp the auricle (flap of the ear) to straighten the canal and allow the medication to enter the ear.
11. If the resident complains of pain, cease the procedure and summon the nurse supervisor.
12. Place a small amount of cotton into the external auditory canal. (**Note:** This is to catch any medication that may run out. However, do not block the ear canal. Keep cotton in the lower part of the ear.)
13. Instruct the resident to remain in this position for 10-15 minutes.
14. Gently dry the ear with cotton balls if dripping occurs. (**Note:** Use only one cotton ball per wipe.)
15. Discard used cotton balls into designated container.
16. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
17. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).

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18. Discard disposable equipment and supplies in designated containers.
19. Clean the overbed table and return it to its proper position.
20. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. Wash and dry your hands thoroughly.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the ear drops were instilled.
2. The name and title of the individual(s) who instilled the ear drops.
3. The type of solution instilled in the ear.
4. All assessment data obtained concerning the resident's ear.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section N
<b>Survey Tag Numbers</b>	F684; F755
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0163)



# Instillation of Eye Drops

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for instillation of eye drops to treat medical conditions, eye infections and dry eyes.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Allow the resident as much privacy as possible.
2. Should both eyes require instillation, wash and dry your hands thoroughly before treating each eye.
3. To steady the eye dropper during the instillation process, rest your hand on the bridge of the resident's nose or on his/her forehead.
4. When administering two or more different eye drops allow three to five minutes between each application.
5. Do not force the procedure. Take your time and be gentle with the resident.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Eye dropper;
2. Cotton balls;
3. Solution (as prescribed);
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
5. Other as may be necessary or appropriate.

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. If the resident is sitting up, tilt his/her head backward slightly.
5. If the resident is bedfast, position the resident's head on the pillow and tilt the head backward slightly.
6. Draw medication into the dropper.
7. Gently pull the lower eyelid down. Instruct the resident to look up.
8. Drop the medication into the mid lower eyelid (fornix). (**Note:** Do not touch the eye or eyelid with the dropper.) Recap the medication bottle.
9. Instruct the resident to slowly close his/her eyelid to allow for even distribution of the drops. Instruct the resident not to blink or squeeze the eyelids shut, which forces the medicine out of the eye.
10. Gently dry the eyelid with cotton ball if dripping occurs. (**Note:** Use only one cotton ball per wipe.)

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11. Discard used cotton balls into designated container.
12. If the resident complains of pain, cease the procedure and summon the nurse supervisor.
13. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
14. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
15. Discard disposable equipment and supplies in designated containers.
16. Clean the overbed table and return it to its proper position.
17. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
18. Reposition the bed covers. Make the resident comfortable.
19. Place the call light within easy reach of the resident.
20. Wash and dry your hands thoroughly.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the eye drops were instilled.
2. The name and title of the individual(s) who instilled the eye drops.
3. The type of solution instilled in the eye.
4. All assessment data obtained concerning the resident's eye.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section N
<b>Survey Tag Numbers</b>	F684; F755; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0164)

# Intradermal Injections

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the administration of medication by intradermal injection.

## Preparation

1. Verify that there is a physician's medication order for this procedure. Verify the order for resident's name, drug name, dose, time, and route of administration.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Follow the medication administration guidelines in the policy entitled *Administering Medications*.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. 1mL tuberculin syringe with preattached 26 or 27 gauge needle;
2. Alcohol swabs;
3. Prescribed medication;
4. Medication administration record;
5. Sharps container; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Perform hand antisepsis.
2. Put on gloves.
3. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
4. Assist resident to a comfortable position with the elbow and forearm extended and supported on a flat surface.
5. Select appropriate injection site approximately 3 to 4 finger-widths below the antecubital space and a hand-width above the wrist.
6. Clean the site with an alcohol swab using a circular motion from the proposed site of injection outward.
7. Remove needle cap by pulling it straight off.
8. Hold syringe between thumb and forefinger of dominant hand with bevel of needle pointing up. With nondominant hand, stretch skin over site with forefinger or thumb.
9. Insert the needle into the resident's skin at a 5° to 15° angle. Advance the needle through the epidermis approximately one-eighth (1/8) of an inch below the skin's surface. The needle tip can be seen through the skin.
10. Inject medication slowly. You should see a small bubble appear as the medication is injected.

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11. Withdraw needle while applying alcohol swab gently over the site. Do not massage the site.
12. Discard uncapped needle and syringe into designated sharps container.
13. Discard all disposable items into designated containers.
14. Remove gloves and discard in designated container. Perform hand antisepsis.
15. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
16. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N
<b>Survey Tag Numbers</b>	F760
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.1 (H5MAPR0166)

# Intramuscular Injections

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the administration of medication by intramuscular injection.

## Preparation

1. Verify that there is a physician's medication order for this procedure. Verify the order for resident's name, drug name, dose, time, and route of administration.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Follow the medication administration guidelines in the policy entitled *Administering Medications*.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. 3mL syringe;
2. Needle (19 to 23 gauge, 1 to 1½ inch);
3. Alcohol swabs;
4. Prescribed medication;
5. Medication administration record;
6. Sharps container; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Perform hand antisepsis.
2. Put on gloves.
3. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
4. Select appropriate injection site.
5. Assist resident to a comfortable position depending on the site chosen for the injection.
  - a. Vastus Lateralis – The resident lies flat, supine with knee slightly flexed.
  - b. Ventrogluteal – The resident lies on back or side, flexes knee and hip on side to be injected.
  - c. Dorsogluteal – The resident lies prone with feet turned inward or lies on side with upper knee and hip flexed and placed in front of lower leg.
  - d. Deltoid – The resident may sit or lie flat with lower arm flexed but relaxed across abdomen or hip.
6. Clean the site with an alcohol swab using a circular motion from the proposed site of injection outward.
7. Remove needle cap by pulling it straight off.
8. Hold syringe between thumb and forefinger of dominant hand as if grasping a dart. Hold it with palm down at a 90° angle.

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9. Position nondominant hand at appropriate anatomic landmark and spread skin tightly.
10. Inject needle quickly and firmly at 90° angle into muscle.
11. After needle enters the site, grasp the lower end of the syringe barrel with nondominant hand. Move dominant hand to end of plunger. Avoid moving the syringe.
12. Slowly inject medication.
13. Withdraw needle quickly while placing alcohol swab gently above or over site.
14. Massage site lightly.
15. Discard uncapped needle and syringe into designated sharps container.
16. Discard all disposable items into designated containers.
17. Remove gloves and discard in designated container. Perform hand antisepsis.
18. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
19. Wash and dry your hands thoroughly.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.2 (H5MAPR0167)

# Subcutaneous Injections

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the administration of medication by subcutaneous injection.

## Preparation

1. Verify that there is a physician's medication order for this procedure. Verify the order for resident's name, drug name, dose, time, and route of administration.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Follow the medication administration guidelines in the policy entitled Administering Medications.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. 3mL syringe;
2. Needle (27 to 25 gauge, 3/8 to 5/8 inch);
3. Alcohol swabs;
4. Prescribed medication;
5. Medication administration record;
6. Sharps container; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Perform hand antisepsis.
2. Put on gloves.
3. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
4. Select appropriate injection site.
5. Assist resident to a comfortable position and ask him/her to relax arm, leg, or abdomen depending on the site chosen for the injection.
6. Clean the site with an alcohol swab using a circular motion from the proposed site of injection outward.
7. Remove needle cap by pulling it straight off.
8. Hold syringe between thumb and forefinger of dominant hand as if grasping a dart.
9. Spread skin tightly across injection site or pinch skin with nondominant hand.
10. Inject needle quickly and firmly at 45° to 90° angle.
11. After needle enters the site, grasp the lower end of the syringe barrel with nondominant hand. Move dominant hand to end of plunger. Avoid moving the syringe.

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12. Slowly inject medication.
13. Withdraw needle quickly while placing alcohol swab gently above or over site.
14. Massage site lightly. (**Note:** Do not massage site after injecting subcutaneous heparin.)
15. Discard uncapped needle and syringe into designated sharps container.
16. Discard all disposable items into designated containers.
17. Remove gloves and discard in designated container. Perform hand antisepsis.
18. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
19. Wash and dry your hands thoroughly.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Follow documentation guidelines in the procedure entitled *Documentation of Medication Administration*.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N
<b>Survey Tag Numbers</b>	F756
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a>
<b>Version</b>	1.2 (H5MAPR0263)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Orders, Receiving and Transcribing**

Item # H50075

WINDSOR 002170

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Orders, Receiving and Transcribing**

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**Nursing Services**  
**Policy and Procedure Manual for Long-Term Care**  
**Orders, Receiving and Transcribing**  
**Appendices - Flash Drive Only**

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**Sample Documentation**

Physician/Prescriber Telephone Orders (MP5013)

# Medication and Treatment Orders

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## Policy Statement

Orders for medications and treatments will be consistent with principles of safe and effective order writing.

## Policy Interpretation and Implementation

1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state.
2. Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record.
3. Drug and biological orders must be recorded on the physician's order sheet in the resident's chart. Such orders are reviewed by the consultant pharmacist on a monthly basis.
4. All drug and biological orders shall be written, dated, and signed by the person lawfully authorized to give such an order.
5. The signing of orders shall be by signature or a personal computer key. Signature stamps may not be used.
6. The staff and practitioner shall use only approved abbreviations and symbols when ordering and/or charting medications.
7. Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order.
8. Verbal orders must be signed by the prescriber at his or her next visit.
9. Orders for medications must include:
  - a. name and strength of the drug;
  - b. number of doses, start and stop date, and/or specific duration of therapy;
  - c. dosage and frequency of administration;
  - d. route of administration;
  - e. clinical condition or symptoms for which the medication is prescribed; and
  - f. any interim follow-up requirements (pending culture and sensitivity reports, repeat labs, therapeutic medication monitoring, etc.).
10. Only authorized personnel shall call in orders for prescribed medications to the pharmacy.
11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available.
12. Orders not specifying the number of doses, or duration of medication, shall be subject to automatic stop orders.
  - a. Drugs not specifically limited to duration of use and number of doses when ordered will be controlled by automatic stop orders.
  - b. One (1) day prior to the date the stop order is to become effective, the nurse supervisor/charge nurse on duty must contact the prescriber or attending physician to determine if the medication is to be continued.

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13. Orders for withholding food prior to a test or treatment (“NPO”) shall be made by the attending physician as necessary.
  - a. Nursing will use a diet change notification form to inform the food services staff when it is necessary to hold the resident’s food tray, and when the tray delivery can resume.
  - b. Nursing staff will review the overall situation for a resident for whom one or more meals is to be held to ensure that any related issues are addressed (e.g., adjustment of insulin doses, maintenance of adequate hydration).
14. Orders for anti-coagulants will be prescribed only with appropriate clinical and laboratory monitoring.
  - a. The attending physician must periodically record in the progress notes the results of the laboratory monitoring and the review for potential complications.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.30(b)
<b>Survey Tag Numbers</b>	F711
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Medication Utilization and Prescribing – Clinical Protocol</a> <a href="#">Verbal Orders</a> <a href="#">National Patient Safety Goals Effective January 2020 – Nursing Care Center Accreditation Program</a>
<b>Version</b>	2.0 (H5MAPL0647)

# Medication and Treatment Orders, Dental Services

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## Policy Statement

Orders for the treatment of the resident's dental problems must be signed by the attending dentist.

## Policy Interpretation and Implementation

1. All orders for the treatment of the resident's dental problems must be in writing and signed and dated by the dentist providing the service.
2. Medication orders and treatment will be administered by nursing service personnel as soon as the order has been received.
3. All orders must be charted and made a part of the resident's medical record and care plan.
4. The resident's attending physician must be informed of the treatment and medications ordered by the dentist.
5. Any conflict in treatment or medication must be brought to the attention of the dentist, attending physician, and the director of nursing services prior to the performance or administration of such treatment or medication.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	
Related Documents	<a href="#">Dental Examination/Assessment</a>
Version	1.1 (H5MAPL0514)

# Telephone Orders

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## Policy Statement

Verbal telephone orders may be accepted from each resident's attending physician.

## Policy Interpretation and Implementation

1. Verbal telephone orders may only be received by licensed personnel (e.g., RN, LPN/LVN, pharmacist, physician, etc.). Orders must be reduced to writing, by the person receiving the order, and recorded in the resident's medical record.
2. The entry must contain the instructions from the physician, date, time, and the signature and title of the person transcribing the information.
3. Telephone orders must be countersigned by the physician during his or her next visit.
4. Unless otherwise prohibited by law, verbal telephone orders for schedule II drugs will be permitted in accordance with facility policy.

References	
OBRA Regulatory Reference Numbers	483.30(b); 483.45(a)
Survey Tag Numbers	F711; F755
Other References	
Related Documents	<a href="#">National Patient Safety Goals Effective January 2020 – Nursing Care Center Accreditation Program</a>
Version	1.2 (H5MAPL0873)

# Verbal Orders

## Policy Statement

1. Verbal orders shall only be given in an emergency or when the attending physician is not immediately available to write or sign the order.
2. Verbal orders will always be based on verbal exchange with the prescribing practitioner or on approved written protocols.

## Policy Interpretation and Implementation

1. Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record.
2. Verbal orders are those given by an authorized practitioner directly to a person authorized to receive and transcribe orders on his or her behalf. A telephone order is a verbal order given over the telephone.
3. Text messaging is not an acceptable method of communicating an order.
4. The individual receiving the verbal order must write it on the physician's order sheet as "v.o." (verbal order) or "t.o." (telephone order).
5. The individual receiving the verbal order will:
  - a. read the order back to the practitioner to ensure that the information is clearly understood and correctly transcribed;
  - b. record the ordering practitioner's last name and his or her credentials (MD, NP, PA, etc.); and
  - c. record the date and time of the order.
6. The practitioner will review and countersign verbal orders during his or her next visit.
7. If a treatment, test, or another intervention is included in a written protocol that has been reviewed and approved by the medical director, then a verbal order may be written for a situation that is covered by the protocol. Otherwise a verbal order will not be written that is not based on a conversation with the practitioner.
8. Anyone writing an unauthorized verbal order will be subject to disciplinary action.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(e)(f); 483.30(b); 483.45
<b>Survey Tag Numbers</b>	F758; F760; F711; F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">National Patient Safety Goals Effective January 2020 – Nursing Care Center Accreditation Program</a>
<b>Version</b>	1.2 (H5MAPL0931)



# Medication Orders

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## Purpose

The purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders.

## Supervision by a Physician

1. Each resident must be under the care of a Licensed Physician authorized to practice medicine in this state and must be seen by the Physician at least every sixty (60) days.
2. A current list of orders must be maintained in the clinical record of each resident.
3. Orders must be written and maintained in chronological order.
4. Physician Orders/Progress Notes must be signed and dated every thirty (30) days. (Note: This may be changed to every sixty (60) days after the first ninety (90) days of the resident's admission, provided it is approved by the Attending Physician and the Utilization Review Committee.)

## Recording Orders

1. **Medication Orders** – When recording orders for medication, specify the type, route, dosage, frequency and strength of the medication ordered. A placebo is considered a medication and must also have specific orders.

Example: *Dilantin 100mg by mouth three times per day.*

2. **PRN Medication Orders** – When recording PRN medication orders, specify the type, route, dosage, frequency, strength and the reason for administration.

Example: *Tylenol 500mg by mouth every 4 hours as needed for mild pain or temp greater than 101°F.*

3. **Oxygen Orders** – When recording orders for oxygen, specify the rate of flow, route and rationale.

Example: *oxygen 3L/min per nasal cannula as needed for shortness of breath.*

4. **Enteral Orders** – When recording orders for enteral tube feedings, specify the type of feeding, amount, frequency of feeding and rationale if prn. The order should always specify the amount of flush following the feeding.

Example: *Isocal 250cc followed by H<sub>2</sub>O 50 cc every 4hours via NG tube.*

5. **Intravenous Orders** – When recording orders for IV solutions, specify the type of solution, rate of flow and volume to be infused.

Example: *1000cc D5W IV @50cc/hr. Discontinue when infused.*

6. **Treatment Orders** – When recording treatment orders, specify the treatment, frequency and duration of the treatment.

Example: *Apply 4X4" duoderm with border to stage 1 ulcer on coccyx; change every 3 days and as needed per wound care protocol.*

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7. **Commercial Dietary Supplements** – When recording orders for commercial dietary supplements, specify the type, amount and frequency.

Example: *Ensure 3 ounces three times per day, between meals.*

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F710; F711; F712; F755
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Telephone Orders</a> <a href="#">Verbal Orders</a> <a href="#">National Patient Safety Goals Effective January 2017 – Nursing Care Center Accreditation Program</a>
<b>Version</b>	2.0 (H5MAPR0183)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



**Personal Care**

Item # H50075

WINDSOR 002180

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Personal Care**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20065 Activities

CMS-20066 Activities of Daily Living

CMS-20069 Communication and Sensory Problems

CMS-20070 Dental Status and Services

#### **Sample Documentation**

Activities Evaluation (MP5450)

Resident Care Flow Record (MP4111)

# Sensory Impairments – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the staff and physician will help identify individuals with sensory impairments, including hearing, taste, vision, smell, and touch.
2. The staff and physician will identify risk factors for sensory deficits or complications of sensory deficits; for example, a history of glaucoma or early cataracts, peripheral neuropathies, diabetic retinopathy, chronic sinusitis or other conditions that affect smell or taste, and medications that affect taste or have potential ototoxicity (for example, aminoglycoside antibiotics).

## Cause Identification

1. The physician will help the staff identify causes of sensory impairments, especially potentially correctable ones such as medication side effects or previously unrecognized or unmanaged medical conditions.
2. The physician will order appropriate consultations (for example, ophthalmology or podiatry evaluations) to help define causes and complications of sensory impairments.

## Treatment/Management

1. The physician will address treatable underlying causes of sensory impairments; for example, correct nutritional deficiencies (such as vitamin B12 or mineral deficiency) affecting sensation or taste, treat glaucoma, and reduce, stop, or change medications with side effects that significantly alter taste or impair hearing.
2. The staff will try to minimize complications of sensory impairments; for example, optimize lighting in the resident's room and the hallway, refer for corrective lenses, assist with foot care, limit the temperature of hot liquids served, and season food adequately.
3. The staff and physician will identify approaches to help the resident improve or compensate for sensory deficits.
  - a. For example, they may refer visually impaired individuals for a vision evaluation and/or corrective lenses.
  - b. For a resident with impaired hearing, the staff should check for cerumen, and may (as indicated) help the individual obtain a hearing evaluation, hearing aid, or employ written or other means to communicate with the individual.
4. The physician will identify and order appropriate consultations to help manage the causes, complications, and risks of sensory impairment.

## Monitoring

1. The staff and physician will monitor the function and symptoms of individuals with sensory impairments, and the status of any underlying causes and complications.
2. The physician and staff will adjust interventions based on the results of these interventions and on subsequent changes in the resident's condition, prognosis, and function.

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References	
<b>MDS Items (CAAs)</b>	Section B; (CAA 3; CAA 4)
<b>Survey Tag Numbers</b>	F550; F561; F636; F656; F675; F689; F758; F710
<b>Other References</b>	Watson GR. Low Vision in the Geriatric Population: Rehabilitation and Management. J Am Geriatr Soc 49:317-330, 2001.
<b>Related Documents</b>	<a href="#">CMS-20069 Communication and Sensory Problems</a>
<b>Version</b>	2.1 (H5MACL0036)



# Sleep Disorders – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will identify individuals with sleep disturbances and those at risk.
2. Nursing staff (especially night shift staff) will describe any sleep disturbance in detail; for example, patterns over time, associated behavior, daytime sleepiness and factors that appear to improve or worsen the situation.
  - a. Early bedtime (e.g., between 7 p.m. and 10 p.m. may lead to early awakening after getting adequate sleep.
  - b. While communication with a physician may be necessary to discuss the status of an acute medical illness that is also disrupting an individual's sleep, it is generally unnecessary to request sleep medication overnight for uncomplicated night time wakefulness. Instead, report concerns to the day staff and request that the provider help clarify the nature and severity of any sleep disturbance.

## Cause Identification

1. The staff will consider various causes of sleep disturbance such as noise level, room temperature, lighting levels, bed comfort, roommate distractions, and staff intrusion.
2. The physician will help identify medical causes of sleep disturbance by reviewing the resident's history, discussing the situation with the resident and staff, and examining the resident directly, as indicated.
  - a. This evaluation should include a review of any conditions that can affect sleep; for example, congestive heart failure that is causing orthopnea (dyspnea related to lying down) or nocturia (increased nighttime urination), COPD or esophageal reflux that is causing nocturnal dyspnea or cough, pain that awakens an individual, medications that cause daytime drowsiness or affect sleep, sleep disorders such as periodic limb movement in sleep (PLMS) or sleep apnea, etc.
  - b. Based on the assessment, the physician may order diagnostic studies to rule out specific causes such as sleep apnea.
3. The physician and staff will try to minimize sleep disruptions, for example, by minimizing orders to check vital signs or administer treatments during sleeping hours.

## Treatment/Management

1. Staff will institute general measures to address sleep issues, for example, by identifying individuals to encourage out of bed when unsuccessful at falling asleep and by suggesting that the resident limit time spent in bed during the day.
2. The physician will order appropriate interventions to address sleep disturbances.
  - a. If sleep medications are indicated, they should be prescribed judiciously, in the lowest possible doses for the shortest possible time. Intermittent or short-term use is preferable to continuous nightly use.
  - b. Other strategies to reduce the use of sleep medications should be considered. For example, non-sleep medications that tend to cause drowsiness can be administered closer to bedtime and medications that may cause symptoms such as nocturia that interfere with sleep can be given earlier in the day. In addition, evaluating caffeine intake and overall activity level of the resident may present opportunities for adjustments in lifestyle that may improve the quality of sleep.

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## Monitoring

1. The physician and staff will monitor the resident's progress toward improving sleep, and adjust interventions accordingly.
2. If sleep medications have been initiated, the physician will periodically attempt to reduce the doses and/or frequency of administration; for example, by switching a short-term standing order to PRN and observing how often the medication is used, or substituting a shorter-acting or less potent medication.
  - a. The physician will document if such reduction is not indicated or not tolerated; for example, a cognitively intact individual has developed a dependency prior to coming to the facility and cannot sleep without taking medication.

References	
<b>MDS Items (CAAs)</b>	Section D; Section I
<b>Survey Tag Numbers</b>	F550; F561; F604; F636; F656; F684; F757; F710; F836; F841
<b>Other References</b>	<p>AMDA. Sleep Disorders in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.</p> <p>Ancoli-Israel S. Insomnia in the elderly: A review for the primary care practitioner. Sleep 2000;23:S23-S38.</p> <p>Feinsilver SH. Sleep in the elderly: what is normal? Clin Geriatr Med 2003;19:177-188.</p> <p>Lamberg L. Illness, not age itself, most often the trigger of sleep problems in older adults. JAMA. 2003;290:319-323.</p> <p>Ramar K, Olson E. Management of common sleep disorders. Am Fam Physician. 2013 Aug 15;88(4):231-8.</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0037)

# Activities of Daily Living (ADL), Supporting

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## Policy Statement

Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).

Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.

## Policy Interpretation and Implementation

1. Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable.
  - a. The existence of a clinical diagnosis or condition does not alone justify a decline in a resident's ability to perform ADLs.
  - b. "Unavoidable decline" may occur if he or she:
    - (1) has a debilitating disease with known functional decline;
    - (2) has suffered the onset of an acute episode that caused physical or mental disability and is receiving care to restore or maintain functional abilities; and/or
    - (3) refuses care and treatment to restore or maintain functional abilities and:
      - (a) the resident and or representative has been informed of the risk and benefits of the proposed care or treatment; and
      - (b) he or she has been offered alternative interventions to minimize further decline; and
      - (c) the refusal and information are documented in the resident's clinical record.
2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:
  - a. hygiene (bathing, dressing, grooming, and oral care);
  - b. mobility (transfer and ambulation, including walking);
  - c. elimination (toileting);
  - d. dining (meals and snacks); and
  - e. communication (speech, language, and any functional communication systems).
3. Care and services to prevent and/or minimize functional decline will include appropriate pain management, as well as treatment for depression and symptoms of depression.
4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time, or having another staff member speak with the resident may be appropriate.
5. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS. Functional decline or improvement will be evaluated in reference to the assessment reference date (ARD) and the following MDS definitions:
  - a. **Independent** – Resident completed activity with no help or staff oversight at any time during the last 7 days.

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- b. **Supervision** – Oversight, encouragement or cueing provided 3 or more times during the last 7 days.
  - c. **Limited Assistance** – Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days.
  - d. **Extensive Assistance** – While resident performed part of activity over the last 7 days, staff provided weight-bearing support.
  - e. **Total Dependence** – Full staff performance of an activity with no participation by resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look-back period.
6. Interventions to improve or minimize a resident’s functional abilities will be in accordance with the resident’s assessed needs, preferences, stated goals and recognized standards of practice.
  7. The resident’s response to interventions will be monitored, evaluated and revised as appropriate.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.24(a)(1); 483.24(a)(2)
<b>Survey Tag Numbers</b>	F676; F677
<b>Other References</b>	<a href="#">CMS-20066 Activities of Daily Living</a>
<b>Related Documents</b>	<a href="#">Functional Impairment – Clinical Protocol</a> <a href="#">Sensory Impairments – Clinical Protocol</a> <a href="#">Sleep Disorders – Clinical Protocol</a>
<b>Version</b>	1.0 (H5MAPL1454)

# Activity Evaluation

## Policy Statement

In order to promote the physical, mental and psychosocial well-being of residents, an activity evaluation is conducted and maintained for each resident at least quarterly and with any change of condition that could affect his/her participation in planned activities.

## Policy Interpretation and Implementation

1. An activity evaluation is conducted as part of the comprehensive assessment to help develop an activities plan that reflects the choices and interests of the resident.
2. The resident's activity evaluation is conducted by activity department personnel, in conjunction with other staff who evaluate related factors such as functional level, cognition and medical conditions that may affect activities participation.
3. The activities director is responsible for completing, directing and/or delegating the completion of the activities component of the comprehensive assessment.
4. The resident's lifelong interests, spirituality, life roles, goals, strengths, needs and activity pursuit patterns and preferences are included in the evaluation.
5. Nursing staff communicates with a resident's attending physician to discuss and address medical conditions or medications that may affect a resident's participation in activities (for example, the resident's level of pain, the scheduling of medications that affect alertness or the need for supplemental oxygen so that a resident with pulmonary or heart disease can participate more comfortably in an activity involving movement).
6. The activity evaluation is used to develop an individual activities care plan (separate from or as part of the comprehensive care plan) that will allow the resident to participate in activities of his/her choice and interest.
7. Each resident's activities care plan relates to his/her comprehensive assessment and reflects his/her individual needs.
8. Through the interdisciplinary process, the activity evaluation and activities care plan identify if a resident is capable of pursuing activities independently, or if supervision and assistance are needed.
9. The completed activity evaluation is part of the resident's medical record and is updated as necessary, but at least quarterly..

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(f) Self-determination.; §483.24(c) Activities
<b>Survey Tag Numbers</b>	F561; F558; F679; F680
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Activities Evaluation (MP5450)</a>
<b>Version</b>	1.3 (H5MAPL0021)

# Dental Examination/Assessment

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## Policy Statement

Each resident shall undergo a dental assessment prior to or within ninety (90) days of admission.

## Policy Interpretation and Implementation

1. Resident shall be offered dental services as needed.
2. Dental examinations will be made by the resident's personal dentist or by the facility's consultant dentist.
3. Records of dental care provided shall be made a part of the resident's medical record.
4. Upon conducting a dental examination, a resident needing dental services will be promptly referred to a dentist.

References	
OBRA Regulatory Reference Numbers	§483.20(b) Comprehensive Assessments; §483.55(a) Skilled Nursing Facilities; §483.55(b) Nursing Facilities
Survey Tag Numbers	F636; F790; F791
Other References	
Related Documents	
Version	1.1 (H5MAPL0183)

# Dental Services

## Policy Statement

Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care.

## Policy Interpretation and Implementation

1. Routine and 24-hour emergency dental services are provided to our residents through:
  - a. a contract agreement with a licensed dentist that comes to the facility monthly;
  - b. referral to the resident's personal dentist;
  - c. referral to community dentists; or
  - d. referral to other health care organizations that provide dental services.
2. A list of community dentists available to provide dental services to our residents is posted at each nurses' station and the list is also available from social services.
3. Residents have the right to select dentists of their choice when dental care or services are needed.
4. Selected dentists must be available to provide follow-up care. Failure of a dentist to provide follow-up services will result in the facility's right to use its consultant dentist to provide the resident's dental needs.
5. Medicare and Medicaid residents will be billed for routine and emergency dental services.
6. Social services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible.
7. Direct care staff will assist residents with denture care, including removing, cleaning and storing dentures.
8. Dentures will be protected from loss or damage, to the extent practicable, while being stored.
9. Lost or damaged dentures will be replaced at the resident's expense unless an employee or contractor of the facility is responsible for accidentally or intentionally damaging the dentures.
10. If dentures are damaged or lost, residents will be referred for dental services within 3 days. If the referral is not made within 3 days, documentation will be provided regarding what is being done to ensure that the resident is able to eat and drink adequately while awaiting the dental services; and the reason for the delay.
11. All dental services provided are recorded in the resident's medical record. A copy of the resident's dental record is provided to any facility to which the resident is transferred.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.55 Dental services.
<b>Survey Tag Numbers</b>	F790; F791
<b>Other References</b>	<a href="#">CMS-20070 Dental Status and Services</a>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0185)

# Foot Care

## Policy Statement

Residents will receive appropriate care and treatment in order to maintain mobility and foot health.

## Policy Interpretation and Implementation

1. Residents will be provided with foot care and treatment in accordance with professional standards of practice.
2. Overall foot care will include the care and treatment of medical conditions associated with foot complications (e.g., diabetes, peripheral vascular disease, etc.).
3. Residents will be assisted in making transportation appointments to and from specialists (podiatrist, endocrinologist, etc.) as needed.
4. Trained staff may provide routine foot care (e.g., toenail clipping) within professional standards of practice for residents without complicating disease processes. Residents with foot disorders or medical conditions associated with foot complications will be referred to qualified professionals.

References	
OBRA Regulatory Reference Numbers	483.25(b)(2)
Survey Tag Numbers	F687
Other References	
Related Documents	<a href="#">Fingernails/Toenails, Care of</a>
Version	1.0 (H5MAPL1455)



# Hearing Impaired Resident, Care of

## Policy Statement

Staff will assist hearing impaired residents to maintain effective communication with clinicians, caregivers, other residents and visitors.

## Policy Interpretation and Implementation

1. This facility does not provide comprehensive audiological evaluations or devices to assist with hearing, such as hearing aids and amplifiers.
2. Staff will assist the resident (or representative) with locating available resources, scheduling appointments and arranging transportation to obtain needed services.
3. Staff will assist residents with care and maintenance of hearing devices.
4. Staff will help residents who have lost or damaged hearing devices in obtaining services to replace the devices.
5. When interacting with the hearing impaired or deaf resident, staff will implement the following:
  - a. Evaluate the resident's preferred method of communication (signing, lip reading, tablet, etc.) with staff and other residents.
  - b. Determine the resident's awareness of and adaptation to hearing loss.
  - c. Evaluate and address avoidable obstacles to effective communication.
  - d. Regularly engage the resident in conversation using whatever communication method he or she prefers.
  - e. Encourage the resident to participate in activities that he or she enjoys.
  - f. Directly face the resident when speaking so he/she can follow facial expressions and lip read, if possible.
  - g. When speaking, enunciate clearly, slowly, and in a normal tone.
  - h. Provide pencil and paper or tablet to communicate in writing, if the resident is able.
  - i. Provide a sign language translator and written material to explain care and treatment information, as appropriate.
  - j. Evaluate resident's adaptive needs and progress at regular intervals.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.25(a)
<b>Survey Tag Numbers</b>	F685
<b>Other References</b>	<a href="#">Activities of Daily Living Critical Element Pathway</a> <a href="#">Communication-Sensory Critical Element Pathway</a>
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL1453)

# Visually Impaired Resident, Care of

## Policy Statement

Residents with visual impairment will be assisted with activities of daily living as appropriate.

## Policy Interpretation and Implementation

1. Assistive devices to maintain vision include glasses, contact lenses, magnifying lens and any other device used by the resident to assist with visual impairment.
2. While it is not required that our facility provide devices to assist with vision, it is our responsibility to assist the resident and representatives in locating available resources (e.g., Medicare, Medicaid or local organizations), scheduling appointments and arranging transportation to obtain needed services.
3. Residents who have lost or damaged their devices will be assisted in obtaining services to replace the devices.
4. When interacting with the visually impaired resident implement the following procedures:
  - a. Use the resident's name when speaking to him/her so he/she will know you are speaking to him/her.
  - b. Introduce anyone else who may be with you.
  - c. Always speak directly to the resident.
  - d. Assist with ADLs as needed or requested.
  - e. Let the resident know when you leave the room.
  - f. Use large lettering on any distributed written information.
5. To help the resident orient and avoid accidents in the environment implement the following practices:
  - a. Use nightlights to help the resident with dark adaptation problems.
  - b. When the resident dines, describe the location of the place setting and food on the plate according to the clock face (e.g., meat at 12 o'clock, potato at 6 o'clock, etc.).
  - c. Leave doors in the open or closed positions only. A partially closed door may be difficult for the resident to see.
  - d. Be sure that travel paths in the resident's room are clear and present no accident hazards.
  - e. Attempt to keep the environment consistent by leaving objects in their designated locations.
  - f. Keep lighting bright and at consistent levels. Eliminate as much glare and reflection as possible.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(a)(1)-(2)
<b>Survey Tag Numbers</b>	F685
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1456)

# Answering the Call Light

Level I

## Purpose

The purpose of this procedure is to ensure timely responses to the resident's requests and needs.

## General Guidelines

1. Upon admission and periodically as needed, explain and demonstrate use of the call light to the resident.
2. Ask the resident to return the demonstration.
3. Explain to the resident that a call system is also located in his/her bathroom.
4. Be sure that the call light is plugged in and functioning at all times.
5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.
6. Some residents may not be able to use their call light. Be sure you check these residents frequently.
7. Report all defective call lights to the nurse supervisor promptly.

## Steps in the Procedure

1. When answering from the call light station, turn off the signal light.
2. Identify yourself and politely respond to the resident by his/her name (e.g., "This is Mrs. Smith. Mr. Harris, how may I help you?").
  - a. If the resident needs assistance, indicate the approximate time it will take for you to respond.
  - b. If the resident's request requires another staff member, notify the individual.
  - c. If the resident's request is something you can fulfill, complete the task within five minutes if possible.
  - d. If you are uncertain as to whether or not a request can be fulfilled or if you cannot fulfill the resident's request, ask the nurse supervisor for assistance.
3. If assistance is needed when you enter the room, summon help by using the call signal.

## Documentation

1. Document any significant requests or complaints made by the resident and how the request or complaint was addressed.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F600
Other References	
Related Documents	
Version	1.2 (H5MAPR0016)

# Backrub

## Level II

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### Purpose

The purposes of this procedure are to provide comfort to the resident, to stimulate circulation, to relax the muscles, and to observe the resident's skin condition.

### Preparation

1. Review the resident's care plan to determine if a physician's order is necessary for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Wash basin with warm water;
2. Body lotion as permitted;
3. Bath towels; and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Place the body lotion into the basin of warm water to warm the body lotion.
3. Wash and dry your hands thoroughly.
4. Assist the resident to the side-lying or prone position. Raise the side rail on the opposite side of the bed.
5. Raise the bed to a comfortable working height.
6. Half-fold the bedspread, blanket, and sheet toward the foot of the bed.
7. Loosen or remove the resident's gown or shirt.
8. Place a towel (lengthwise on the bottom sheet) close to the resident's back.
9. Pour a small amount of warm lotion into the palm of your hand.
10. Rub the palms of your hands together to spread and warm the lotion.
11. With the palms of both hands gently massage the back from the buttocks upward to the shoulder and back of the neck using long, firm circular strokes.
12. Assess the resident's skin condition for any redness, rashes, broken skin, or tender places as you perform this procedure.
13. Dry the resident's back by gently patting the skin with a towel.
14. Redress the resident.
15. Remove the towel from the bedding.
16. Discard disposable supplies in designated containers.
17. Discard towels in soiled laundry container.
18. Reposition the bed covers. Make the resident comfortable.
19. Lower the bed into lowest position and place the side rails in the appropriate position as indicated in the resident's plan of care.

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20. Place the call light within easy reach of the resident.
21. Clean wash basin and return to designated storage area.
22. Clean the bedside stand.
23. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the backrub was performed.
2. The name and title of the individual(s) who performed the backrub.
3. All assessment data obtained during the backrub, including resident's reported level of pain and condition of the skin.
4. How the resident tolerated the backrub.
5. If the resident refused the backrub, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F675; F684; F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0149)

# Bath, Bed

## Level II

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### Purpose

The purposes of this procedure are to promote cleanliness, provide comfort and to observe the condition of the resident's skin.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Wash basin with warm water;
2. Soap;
3. Body lotion as permitted;
4. Deodorant;
5. Wash cloth and bath towel;
6. Clean gown or pajamas;
7. Clean bed linens;
8. Bath towel, as indicated;
9. Comb and/or hairbrush; and
10. Personal protective equipment, as needed.

### Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Lower the headrest and/or the knee rest of the bed as tolerated.
4. Put on gloves.
5. Raise the bed level to a working position that is comfortable for both you and the resident.
6. Loosen all bedding from underneath the mattress.
7. Remove blanket and place it on the back of the chair.
8. Place the bath blanket over the top sheet.
9. Without exposing the resident, remove the top sheet from underneath the bath blanket.
10. Place the top sheet into the soiled laundry container.
11. Keeping the resident covered as much as possible, remove his/her gown or pajamas. Place soiled gown or pajamas into the soiled laundry container.
12. Fill the wash basin two-thirds full of warm water.
13. Using your elbow, test the water temperature.
14. Wash and dry hands thoroughly.
15. Place wash basin on the overbed table.

#### Face, Ears and Neck:

- a. Place the bath towel over the resident's chest.
- b. Make a "mitten" out of the wash cloth.
- c. Wash the resident's eyes from the nose to the outside of the face using water only.
- d. After washing one eye, fold the wash cloth and wash the other eye.

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- e. Wash the resident's face. Use soap only if requested by the resident.
- f. Rinse the face. Dry the face by gently patting it with the bath towel.
- g. Wash the resident's ears and neck. Rinse well and dry.

**Arms and Hands:**

- a. Place a towel (lengthwise) under the resident's arm farthest from you.
- b. Wash the resident's shoulder, underarm, and arm. Rinse well and pat dry.
- c. Place the wash basin on the towel.
- d. Place the resident's hand into the water. Wash, rinse and dry the hand.
- e. Check the resident's fingernails, nail beds, and between the fingers. Provide nail care only when instructed.
- f. Repeat for the other arm.

**Chest and Abdomen:**

- a. Place the bath towel over the resident's chest. Fold the top of the bath blanket down to the abdomen.
- b. Raise the bath towel and wash the resident's chest. Rinse well and dry.
- c. Cover the resident's entire chest area with a bath towel.
- d. Fold the bath blanket down to the pubic area.
- e. Wash the resident's abdomen.
- f. Rinse the abdomen well and pat dry.
- g. Pull the bath blanket back above the abdomen and chest.
- h. Remove the bath towel from the abdomen. Do not expose the resident.
- i. Change the bath water.

**Legs and Feet:**

- a. Fold the bath blanket back from the resident's leg farthest from you. Expose only the one leg.
- b. Place a bath towel (lengthwise) under the leg and foot.
- c. Wash and rinse the leg and thigh. Pat dry. (Note: If the resident's condition allows, place the wash basin on the towel and gently flex the knee. Place the foot directly into the wash basin.)
- d. Wash the foot with the leg and thigh if the resident's medical condition prohibits bending the knee.
- e. Observe the toenails and the skin between the toes for redness and cracking of the skin.
- f. Dry the foot and between the toes carefully.
- g. Put the bath blanket back over the leg.
- h. Change the bath water.
- i. Repeat for the other leg.

**Back:**

- a. Instruct the resident to turn on his/her side with his/her back toward you. (Note: Be sure the side rail is up on the opposite side of the bed to prevent the resident from rolling out of bed.)
- b. If the resident cannot turn by himself or herself, assist as needed.
- c. Place a bath towel (lengthwise) close to the resident's back. Wash the back from the hairline to the waist using long, firm, circular strokes. Rinse well and pat dry. Wash, rinse and pat dry the buttocks.
- d. When washing the resident's back, pay particular attention to bony prominences (e.g., shoulder blades, hips, and elbows).
- e. Massage (at least 90 seconds) the back and buttocks with warm body lotion. (Note: Place the body lotion into the basin of warm water to warm the body lotion.)
- f. Remove the towel and reposition the resident on his or her back.
- g. Change the bath water.

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### Perineum:

- a. Wash, rinse well, and dry the genital and anal areas.
- b. Always wash the anal area last to avoid contaminating the urinary tract with fecal matter.
- c. If the resident can perform this task, he/she may do so. Allow for privacy at all times.
16. Empty and clean the wash basin with hot, soapy water.
17. Discard disposable supplies and laundry in the designated containers.
18. Remove gloves and discard in the designated container.
19. Wash and dry your hands thoroughly.
20. Put clean clothes or pajamas on the resident.
21. Comb/brush the resident's hair if he/she cannot do so.
22. Make the resident's bed.
23. Reposition the bed covers.
24. Lower the bed into lowest position and place the side rails in the appropriate position.
25. Place the call light within easy reach of the resident.
26. Return wash basin to designated storage area.
27. Clean the overbed table and return it to its proper position.
28. Wash and dry your hands thoroughly.

### Documentation

1. The date and time the bed bath was performed.
2. The name and title of the individual(s) who performed the bed bath.
3. All assessment data obtained during the bed bath.
4. How the resident tolerated the bed bath.
5. If the resident refused the bed bath, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

### Reporting

1. Notify the supervisor if the resident refuses the bed bath.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G
<b>Survey Tag Numbers</b>	F676; F677
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0150)



# Bath, Shower/Tub

## Level II

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### Purpose

The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin.

### General Guidelines

1. Be sure that the bath area is at a comfortable temperature for the resident.
2. Stay with the resident throughout the bath. Never leave the resident unattended in the tub or shower.
3. Use the emergency call signal for assistance, if needed.
4. When transporting the resident to and from the bath area, make sure that the resident is covered and his or her privacy is maintained.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Portable bath chair;
2. Lotion, deodorant, etc.;
3. Robe and slippers;
4. Face cloth and bath towels;
5. Clean gown, pajamas, or street clothing;
6. Disinfectant solution;
7. Bath thermometer;
8. Bath blanket, as indicated;
9. Comb and/or hairbrush; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Offer the resident the bedpan or urinal.
4. Put a robe and slippers on the resident.
5. Assist the resident into the bath chair, if applicable. Be sure the wheels are locked, and/or the chair is steady to prevent the resident from falling.
6. Cover the resident from the neck down with the bath blanket.
7. Return the cubicle curtain to the open position.
8. Transport the resident to the bath area.
9. Be sure the tub or shower is clean.
10. Fill the tub approximately one-half (1/2) full with warm water (105°F). Test the water with the bath thermometer or your elbow. If using a shower regulate the temperature and the flow of the water.
11. Place one (1) towel in the tub for the resident to sit on.

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12. Place a non-skid bath mat on the floor where the resident will step in/out of the tub or shower.
13. Roll the bath chair next to the tub or shower.
14. Be sure the bath chair is firmly positioned and locked.
15. Remove the resident's slippers and the bath blanket from around the resident.
16. Instruct the resident to stand. Assist as needed. Remove the resident's robe.
17. Assist the resident into the tub or shower.
18. If feasible, the resident may bathe him- or herself. Assist as needed.
19. When the resident has finished his or her bath, ensure his or her skin is free of soap.
20. Dry the resident from the head to the waist before assisting him or her from the tub or shower. Observe skin for any rashes, reddened areas, skin discoloration, etc.
21. Assist the resident out of the tub or shower. Hold firmly to the resident. Move slowly.
22. Place a towel in the bath chair for the resident to sit on.
23. Assist the resident into the chair. Dry lower torso (i.e., thighs, legs, feet, etc.). Observe skin for any rashes, reddened areas, swelling, etc.
24. Once the resident's skin has been dried ask him or her to stand. Assist as needed.
25. Assist the resident back into his or her robe. Remove the towel from the bath seat.
26. Be sure the bath chair seat is dry. Ask the resident to sit down. Put slippers on the resident's feet.
27. Cover the resident, from the neck down, with the bath blanket.
28. Pick up all towels, bath cloths, soiled clothing, etc. Discard in the soiled laundry container inside the bath area.
29. Transport the resident back to his or her room.
30. Pull the cubicle curtain around the resident's bed for privacy.
31. Assist with dressing and grooming as needed.
32. Assist the resident into bed or chair.
33. Place the call signal within easy reach of the resident.
34. Wash and dry your hands thoroughly.
35. Clean the bath tub with a disinfectant solution.

## Documentation

1. The date and time the shower/tub bath was performed.
2. The name and title of the individual(s) who assisted the resident with the shower/tub bath.
3. All assessment data (e.g., any reddened areas, sores, etc., on the resident's skin) obtained during the shower/tub bath.
4. How the resident tolerated the shower/tub bath.
5. If the resident refused the shower/tub bath, the reason(s).

## Reporting

1. Notify the supervisor if the resident refuses the shower/tub bath.
2. Notify the physician of any skin areas that may need to be treated.
3. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F550; F676; F677
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0252)

# Bathroom, Assisting a Resident to

Level II

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## Purpose

The purpose of this procedure is to assist the resident with ambulating to the bathroom.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Position the bed so that the resident can get out of and back into the bed easily.
3. Ask the resident to sit up on the edge of the bed. Assist as necessary.
4. If assisting the resident to a wheelchair, be sure the wheels are locked.
5. Assist the resident in putting on his or her slippers/shoes, as necessary.
6. Assist the resident to a standing position. Move slowly. Allow the resident time to maintain his or her balance.
7. Walk on the resident's weak side. Provide support as necessary.
8. Walk next to the resident with one arm supporting the resident's bent arm and the other arm around the resident's back at waist level.
9. If necessary for support, use a gait belt for safety.
10. Assist the resident to the bathroom. Close the bathroom door.
11. Assist the resident with removing clothing as necessary.
12. If recording the resident's output, ensure the commode hat is properly positioned.
13. Help the resident sit down on the commode. Ask him or her to use safety bars as necessary.
14. Provide the resident with as much privacy as possible.
15. Wait outside the door, if safety permits. Ask the resident to signal when done.
16. When the resident has signaled or called for you, return to the bathroom.
17. If the resident needs help in cleaning himself or herself, put on gloves. Clean the perineum from front to back with toilet tissue. Wash the area with soap and water as necessary. Dry the area with a towel.
18. Remove and discard gloves into designated container.
19. Wash your hands.
20. Assist the resident to stand. Move slowly. Allow the resident an opportunity to maintain his or her balance.
21. Reposition the resident's clothing.
22. Allow the resident to wash his or her hands.
23. Assist the resident back into the bed or chair.
24. Position the resident into a comfortable position.
25. Place the call light within easy reach of the resident.
26. Clean the bathroom as necessary (i.e., flush commode, wipe up spills, etc.).
27. Wash and dry your hands thoroughly.

*continues on next page*

## Documentation

The following information should be recorded on the resident's ADL record and/or in the resident's medical record:

1. The date and time the resident was assisted to the bathroom.
2. The name and title of the individual(s) who assisted the resident.
3. Any changes in the resident's ability to ambulate to the bathroom.
4. If recording output, document the amount of urine.
5. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676; F677; F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0027)

# Bed, Making an Occupied

Level II

## Purpose

The purpose of this procedure is to provide the resident with a clean and comfortable environment and to prevent skin irritation and breakdown.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the linen supplies that will be needed.

## General Guidelines

### Infection Control:

1. Take only the linen supplies that you need. Do not take extra supplies with you. Once they are taken into the room they become contaminated (dirty) and cannot be used elsewhere.
2. Do not shake the bed linen. Shaking the linen will spread germs throughout the room.
3. Do not allow soiled linen to come into contact with your clothing.
4. Do not put soiled linen on the floor. As you remove it, place it into the container you are using for soiled laundry/linen.

### Protecting the resident's skin:

1. Smooth wrinkles from the bottom sheet.
2. Do not let the plastic touch the resident's skin. Cover plastic draw sheets and mattress protectors with a cotton sheet.
3. Do not use torn linen. Place it in the torn linen box inside the linen closet.
4. Position sheets so the seams and hem are kept away from the resident's skin.
5. Do not use pins of any type on the linen.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. One (1) pillowcase;
2. Two (2) sheets;
3. One (1) blanket, if necessary;
4. One (1) bedspread, if necessary;
5. One (1) plastic draw sheet, per facility policy;
6. One (1) cotton draw sheet, if necessary;
7. Disposable bed liners, if necessary;
8. Laundry bag or container for soiled laundry/linen; and
9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure: Occupied Bed

1. Wash and dry your hands thoroughly.
2. Wear clean gloves.
3. Place clean linen on a chair in the order in which the linens will be used.

### Positioning the Resident:

1. If the resident's physical or medical condition permits, lower the headrest and/or the knee rest of the bed.
2. Remove the pillow from under the resident's head, if clinically appropriate. Remove the soiled case and put the clean case on the pillow. Put the pillow on the chair. Put the soiled linen in the soiled pillowcase.
3. Raise the bed to a comfortable working height and lock in place. Maintain good body mechanics.
4. Loosen all bedding from underneath the mattress. Leave the bedding hanging loose on all sides.
5. If the bedspread and/or blanket are to be reused, fold toward the foot of the bed. Fold again (quarter-fold). Remove and place on the back of the chair. Leave the resident covered with the top sheet.
6. Raise the bedside rail on the opposite side of the bed from where you will be working. Lock it in place.
7. Ask the resident to turn on his or her side away from you and face the side rail.
8. If the resident cannot turn by himself/herself, assist as needed.

### Removing/Replacing Linens:

1. Fold/roll the bottom sheet toward the resident (lengthwise from top to bottom). Tuck the sheet against the resident's back. The top sheet should keep the soiled linen from coming into contact with the resident's skin.
2. With the mattress exposed, check for any soiling or wetting. Wash and dry it with a paper towel as necessary.
3. Take one of the clean sheets and fold it in half lengthwise, exposing the bottom of the sheet. Do not let the sheet touch your clothing or the floor.
4. Place the clean sheet on the mattress with the fold running along the middle of the mattress. The small hem end should be at the foot of the mattress.
5. Fold the top quarter of the sheet toward the resident's back.
6. Beginning at the head of the bed, tuck the portion of the sheet closest to you under the mattress starting with the top and then moving to bottom.
7. Miter the corners and tuck in the side. Smooth the sheet.
8. Flatten the roll sheet (the part touching the resident's back) as much as possible.
9. Raise the bedside rails on your side and lock into position.
10. Go to the opposite side of the bed. Lower the bedside rails.
11. Ask the resident to turn over to his or her other side. Assist as needed.
12. Remove the soiled bottom sheet. Roll it up without touching your clothing. Discard it in the soiled laundry container or biohazard container (e.g., red bags).
13. Check the mattress for any soiling or wetting. Clean as necessary.
14. Pull the clean bottom sheet towards you until it is completely unfolded.
15. Tuck in and miter corners.

### Repositioning the Resident:

1. Ask the resident to roll over on his or her back to the center of the bed. Assist as necessary.
2. Place the pillow back under the resident's head. Remove the top sheet and put it into the soiled laundry container.
3. Remove gloves and discard into designated container.

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4. Wash and dry your hands thoroughly.
5. Spread the clean top sheet over the resident with the wide hem at the head of the bed.
6. Tuck the clean top sheet under the mattress at the foot of the bed leaving enough room for the resident to move his or her feet freely. Miter the corners.
7. Spread the blanket/bedspread over the top sheet.
8. Lower the bed into lowest position and place the side rails in the appropriate position as indicated in the resident's plan of care.
9. Reposition the head of the bed to a comfortable position for the resident, unless otherwise instructed.
10. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded on the resident's ADL record and/or in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the supervisor if faulty equipment or unsafe conditions (e.g., loose wheels, broken latches, loose side rails, etc.) are observed.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F584; F684; F689; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0178)



# Bed, Making an Unoccupied

Level I

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## Purpose

The purpose of this procedure is to provide the resident who is able to get out of bed with a clean, comfortable bed.

## Preparation

Assemble the linen supplies that will be needed.

## General Guidelines

### Infection Control:

1. Take only the linen supplies that you need. Do not take extra supplies with you. Once they are taken into the room they become contaminated (dirty) and cannot be used elsewhere.
2. Do not shake the bed linen. Shaking the linen will spread germs throughout the room.
3. Do not allow soiled linen to come into contact with your clothing.
4. Do not put soiled linen on the floor. As you remove it, place it into the container you are using for soiled laundry/linen.

### Protecting the resident's skin:

1. Smooth wrinkles from the bottom sheet.
2. Do not let the plastic touch the resident's skin. Cover plastic draw sheets and mattress protectors with a cotton sheet.
3. Do not use torn linen. Place it in the torn linen box inside the linen closet.
4. Positioned sheets so the seams and hem are kept away from the resident's skin.
5. Do not use pins of any type on the linen.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. One (1) pillowcase;
2. Two (2) sheets;
3. One (1) blanket, if necessary;
4. One (1) bedspread, if necessary;
5. One (1) plastic draw sheet, per facility policy;
6. One (1) cotton draw sheet, if necessary;
7. Disposable bed liners, if necessary;
8. Laundry bag or container for soiled laundry/linen;
9. Soap and water;
10. Paper towels; and
11. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Wear clean gloves.
3. Place clean linen on a chair in the order in which the linens will be used.

### Removing Soiled Linen:

1. Put the bed in a flat position.
2. Remove the pillow from the bed. Remove the soiled case and put the pillow on the chair. (Note: Put the soiled linen in the soiled pillowcase.)
3. Raise the bed to a comfortable working height and lock in place. Maintain good body mechanics.
4. Loosen all bedding from underneath the mattress. Leave the bedding hanging loose on all sides.
5. If the bedspread and/or blanket are to be reused, fold toward the foot of the bed. Fold again (quarter-fold). Remove and place on the back of the chair.
6. Remove the soiled linen. Roll it up without touching your clothing. Do not let the soiled linen touch the floor. Discard it in the soiled laundry container or biohazard bags.
7. If the mattress has slipped out of place, move it back until the top of the mattress touches the head of the bed.
8. If soiled or wet, wash and dry it with a paper towel.
9. Remove gloves and discard into designated container.
10. Wash and dry your hands thoroughly.

### Placing Clean Linen:

1. Take one of the clean sheets and fold it in half lengthwise, exposing the bottom of the sheet. Do not let the sheet touch your clothing or the floor.
2. Place the clean sheet on the mattress with the fold running along the middle of the mattress. The small hem end should be at the foot of the mattress.
3. Unfold the sheet. It should now hang evenly over each side of the bed.
4. Miter the corners at the head and foot of the bed. Tuck in the clean bottom sheet on your side from the head to the foot of the mattress.
5. Move to the other side of the bed. Pull the sheet tight. Miter the corners and tuck the sheet under the mattress. Be sure the sheet is free of wrinkles to prevent skin irritation.
6. If a plastic draw sheet is used, pull it tightly over the clean bottom sheet. Tuck it under the mattress.
7. Place a clean cotton draw sheet over the plastic draw sheet (if used). Pull it tight. Tuck it under the mattress. Be sure the fold of the draw sheet is facing the head of the bed.
8. Take the remaining sheet and fold it in half lengthwise. Place the clean sheet on the mattress with the fold running along the middle of the mattress.
9. Open the top sheet. It should now hang evenly over each side of the bed. The excess sheet will be over the foot of the bed.
10. Place the spread over the top sheet.
11. Tuck in the top sheet and spread at the foot of the bed. Miter the corners.
12. Smooth the top sheet and spread from the foot to the head. Fold down the top hem of the top sheet over the spread.
13. Go to the opposite side of the bed. Finish making the bed. Pull the bottom sheet tight before each tuck to remove any wrinkles.

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14. Put the blanket (folded) on the foot of the resident's bed, or store it in the resident's closet, whichever the resident chooses.
15. Put the pillowcase on the pillow.
16. Lower the bed to the lowest position.
17. Remove the soiled linen from the room and discard in its designated container.
18. Wash and dry your hands thoroughly.

## Reporting

1. Notify the supervisor if faulty equipment or unsafe conditions (e.g., loose wheels, broken latches, loose side rails, etc.) are observed. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F584; F684; F689; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0179)

# Bedpan/Urinal, Offering/Removing

Level II

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## Purpose

The purpose of this procedure is to provide the resident with bedpan and/or urinal assistance.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Check to see if the resident is on intake and output before discarding the urine and feces.
2. Do not allow the resident to sit on a bedpan for extended periods. This is not only uncomfortable to the resident, it also causes skin breakdown.
3. If the resident prefers to keep a urinal at his bedside, check it frequently. Empty and clean it as necessary. Note on the resident's care plan his request to keep the urinal at his bedside.
4. Collect specimens as required.
5. Check the feces or urine for unusual appearance. Report findings to your supervisor.
6. Encourage the resident to assist in the procedure as much as possible.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Bedpan or urinal (or fracture pan if the resident's condition requires);
2. Disposable bedpan cover or paper towel;
3. Toilet tissue;
4. Wash basin;
5. Soap;
6. Towel;
7. Wash cloth;
8. Cleaning disinfectant and cleaning cloth; and
9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. If the resident's medical condition permits, raise the head of the bed until the resident is in a comfortable position.
4. Put on gloves.

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**Assistance with a Urinal:**

1. Remove the urinal from the bedside stand. Be sure that it is clean and dry.
2. Fold the bedspread or blanket toward the foot of the bed.
3. Fold the sheet down to the lower part of the body.
4. Raise the gown (or lower the pajamas).
5. If the resident can place or position the urinal on his own, allow him to do so.
6. If the resident cannot place or position the urinal, gently lift his penis and place it inside the urinal. Position the urinal at an angle between his legs.
7. Position the sheet back over the resident.
8. Put the toilet tissue and call light within easy reach of the resident.
9. Allow the resident as much privacy as possible. Tell the resident to call you when he has finished.
10. Remove gloves. Discard into designated container. Wash and dry your hands thoroughly. If permitted, leave the room to give the resident privacy.
11. When the resident calls that he has finished, return to the room.
12. Wash and dry your hands thoroughly. Put on gloves.
13. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
14. Fold back the sheet. Remove the urinal. Place it on a paper towel on the floor next to the bedside stand. Cover the urinal immediately with a urinal cover or paper towel. Be careful of spills.
15. If the resident cannot clean himself, clean the perineal area from front to back with toilet tissue. Wash area with soap and water as necessary. Dry with towel.

**Assistance with a Bedpan:**

1. Remove the bedpan from the bedside stand. Take it to the bathroom and run warm water over it to warm the bedpan before putting it underneath the resident.
2. Dry the bedpan with a paper towel. Discard paper towels into designated container.
3. Take the bedpan back to the bedside.
4. Fold the bedspread or blanket toward the foot of the bed.
5. Fold the sheet down to the lower part of the body.
6. Raise the gown (or lower the pajamas).
7. Instruct the resident to bend his or her knees and put his or her feet flat on the mattress. Assist as necessary.
8. Instruct the resident to raise his or her hips. (Note: If necessary assist the resident in raising the buttocks by slipping your hand under the lower part of the resident's back.)
9. With your free hand, position the bedpan with the seat of the bedpan under the buttocks. (Note: Be sure that the bedpan is comfortable to the resident and positioned in such a manner to adequately collect the urine or feces.)
10. If the resident is unable to lift his or her buttocks to get on or off the bedpan, turn the resident on his or her side with the back facing you. Put the bedpan against the resident's buttocks. Roll the resident back onto the bedpan.
11. Position the sheet over the resident.
12. Put the toilet tissue and call light within easy reach of the resident.
13. Allow the resident as much privacy as possible. Tell the resident to call you when he or she has finished.
14. Remove gloves. Discard into designated container. Wash and dry your hands thoroughly. If permitted, leave the room to give the resident privacy.
15. When the resident calls that he or she has finished, return to the room.

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16. Wash and dry your hands thoroughly. Put on gloves.
17. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
18. Fold back the sheet. Assist the resident in raising his or her hips. (Note: If the resident was rolled onto the bedpan, it may require two (2) assistants to remove the bedpan and clean the resident. Summon assistance as necessary.)
19. Remove the bedpan. Place it on a paper towel on the floor next to the bedside stand. Cover the bedpan immediately with a bedpan cover or paper towel. Be careful of spills.

#### **After Assisting the Resident:**

1. If the resident cannot clean himself or herself, clean the perineum from front to back with toilet tissue. Wash area with soap and water as necessary. Dry with towel.
2. Return gown (or pajamas) to appropriate position.
3. Reposition the bed covers. Make the resident comfortable. (Note: If bedmaking is to be completed, follow such procedures after this procedure has been completed.)
4. Place the call light within easy reach of the resident.
5. Take the bedpan or urinal into the bathroom. Check the feces or urine for unusual appearance.
6. Measure and record output as necessary. Collect specimens as instructed.
7. Empty the bedpan or urinal into the commode. Flush the commode.
8. Clean the bedpan or urinal. Wipe dry with a clean paper towel. Discard paper towel into designated container. Store the bedpan or urinal per facility policy. Do not leave it in the bathroom or on the floor.
9. Remove gloves. Discard into designated container. Wash and dry your hands thoroughly.
10. Allow the resident to wash his or her hands. (Note: Use wash basin or clean wash cloth. Be sure water in basin is clean.)
11. Position the bed as tolerated by the resident or as resident's medical condition requires.
12. Discard soiled towels, wash cloth, etc., in the soiled laundry container.
13. Discard disposable items into designated containers.
14. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
15. Clean wash basin and return to designated storage area.
16. Clean the bedside table.
17. Wash and dry your hands thoroughly.

#### **Documentation**

The following information should be recorded on the resident's ADL and/or in the resident's medical record:

1. The date and time the bedpan/urinal was offered.
2. The name and title of the individual(s) who offered the bedpan/urinal to the resident.
3. The amount and character of output.
4. If a specimen was collected.
5. All assessment data (e.g., skin condition) obtained during the procedure.
6. How the resident tolerated the procedure or any changes in the resident's ability to participate in the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the bedpan/urinal.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676; F677; F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0031)

# Bedside Commode, Offering/Removing

Level II

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## Purpose

The purpose of this procedure is to assist the resident with using a bedside commode.

## Preparation

1. Review the resident's care plan and assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Portable bedside commode;
2. Bedpan;
3. Disposable bedpan cover or paper towel;
4. Toilet tissue;
5. Wash basin;
6. Soap;
7. Towel;
8. Wash cloth; and
9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Position the bed so that the resident can get out of and back into the bed easily.
4. Place the portable commode next to the resident's bed and lock the wheels. Open the cover.
5. Put on gloves.
6. Insert a clean bedpan or commode pail under the toilet seat.
7. Assist the resident in putting on his or her shoes/slippers.
8. Assist the resident in getting out of the bed and onto the commode using appropriate transfer technique. Put the toilet tissue and call light within easy reach of the resident.
9. Allow the resident as much privacy as possible. Tell the resident to call you when he or she has finished.
10. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
11. If permitted, leave the room to give the resident privacy.
12. When the resident calls that he or she has finished, return to the room.
13. Wash your hands. Put on gloves.
14. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach. This water will be used to wash the resident's hands.
15. Help the resident clean him or herself with toilet tissue or warm water and a washcloth.
16. Remove gloves and wash your hands.

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17. Assist the resident back into bed using appropriate transfer technique.
18. Close the cover on the commode.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. Apply gloves.
22. Allow the resident to wash his or her hands. (Use wash basin or clean wash cloth. Be sure water in basin is clean.)
23. Take the bedpan into the bathroom. Check the feces or urine for unusual appearance.
24. Measure and record output. Collect specimens as instructed.
25. Empty and clean the bedpan.
26. Wipe down the portable commode. Store it in its designated storage area.
27. Remove gloves. Wash and dry your hands.
28. Clean wash basin and return to designated storage area.
29. Wash and dry your hands.

## Documentation

The following information should be recorded in the resident's ADL record and/or the medical record:

1. The date and time the bedside commode was offered.
2. The name and title of the individual(s) who offered the bedside commode to the resident.
3. The amount and character of output.
4. If a specimen was collected.
5. All assessment data (e.g., skin condition) obtained during the procedure.
6. How the resident tolerated the procedure or any changes in the resident's ability to participate in the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676; F677; F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0032)

# Brushing and Combing Hair

Level II

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## Purpose

The purpose of this procedure is to provide hair and scalp care.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. The resident's hair should be brushed and combed every morning before breakfast and whenever necessary throughout the day.
2. Encourage the resident to brush and comb his or her hair. (This is a good range of motion exercise for the resident's hands, arms, and shoulders and it promotes independence and dignity.)

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Hair brush;
2. Comb;
3. Towel(s), as necessary for comatose or bedfast residents;
4. Hand mirror; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Place a towel across the pillow under the resident's head as necessary to prevent hair accumulation in the bed.
4. If the resident can sit up in bed, drape the towel around his or her shoulders as necessary.
5. If the resident is wearing glasses, ask him or her to remove them. Place them on the bedside stand or overbed table.
6. Brush the resident's hair carefully, gently, and thoroughly. Style the hair according the resident's wishes.
7. Comb only small amounts of hair at a time.
8. If the resident cannot sit up in bed, separate the hair into small sections. Comb each section separately using a downward motion.
9. Remove the towel. Discard into the soiled linen container.
10. Take the hand held mirror and let the resident see his or her hair. Allow the resident to hold the mirror if possible.
11. Clean the brush and comb as necessary. Store the brush, comb and mirror in the bedside stand.

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12. Clean the overbed table and return it to its proper position.
13. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
14. Reposition the bed covers. Assist the resident to a comfortable position.
15. Place the call light within easy reach of the resident.
16. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that hair and scalp care was given.
2. The name and title of the individual(s) who assisted with the hair and scalp care.
3. The condition of the resident's scalp (i.e., any redness, scaling, sores, etc.).
4. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
5. Any problems or complaints made by the resident related to the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676; F677
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0040)

# Compress or Soak, Applying Cold

Level II

## Purpose

The purposes of this procedure are to prevent and/or reduce swelling, relieve pain, control bleeding, and/or help lower the body temperature.

## General Guidelines

1. This procedure requires an order or facility protocol.
2. Do not apply a cold compress to a resident who is a diabetic or has circulatory impairment unless there is an order from the practitioner.

## Equipment and Supplies

The following equipment and supplies will be necessary:

1. Soak basin;
2. Pitcher of cold water (with ice cubes if ordered);
3. Bath towel;
4. Bath blanket;
5. Bed protector (disposable or plastic);
6. Personal protective equipment, as needed; and
7. Compress (towel, washcloth or gauze).

## Steps in the Procedure

1. Wash your hands thoroughly.
2. Assist the resident into a safe, comfortable position.

### Applying a Cold Soak:

1. Position the soak basin so that the limb can rest easily in the solution.
2. Place the bed protector on the bed.
3. Fill the water pitcher with cold water.
4. Pour the water into the basin.
5. Place the resident's arm or leg into the soak basin.
6. Change the water as needed to keep it cold.
7. While changing the water, wrap the affected area in a towel.
8. Check the skin that is soaking every five (5) minutes. If the skin appears white or blue, stop treatment and wrap the affected area in a towel. Notify the nurse.
9. If the resident complains of being cold cover him or her with a blanket.
10. Unless otherwise instructed, or the resident does not tolerate, soak the limb for twenty (20) minutes.

### Applying a Cold Compress:

1. Place the bed protector on the bed.
2. Fill the water pitcher with cold water.
3. Pour the water into the basin.

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4. Dip the compress into the water and wring it out thoroughly.
5. Apply the compress to the area to be treated.
6. Do not cover the compress.
7. If the resident complains of being cold or chilled, cover him or her with a blanket.
8. Change the compress as often as necessary to keep it cold.
9. Check the skin every five (5) minutes. If the skin appears white or blue, stop treatment and wrap the affected area in a towel. Notify the nurse.

#### **After Treatment:**

1. Remove the soak or compress after the ordered timeframe.
2. Pat the area dry with a towel. Do not rub the skin.
3. Reposition the bed covers. Make the resident comfortable.
4. Discard waste and clean the area.
5. Wash and dry your hands thoroughly.

#### **Documentation**

Record the following information in the resident's medical record, as indicated:

1. The date and time that the procedure was given.
2. The name and title of the individual(s) who performed the procedure.
3. The type of treatment administered (soak or compress).
4. Length of time applied.
5. The condition of the resident's skin.
6. How the resident tolerated the procedure.
7. Any relevant information about the resident's condition obtained during the procedure.
8. The signature and title of the person recording the data.

#### **Reporting**

Report the following to the resident's nurse, as indicated:

1. Any changes in the resident's condition noted during the procedure.
2. Unusual changes to the skin.
3. If the resident did not tolerate the procedure.
4. If the procedure was not completed for any reason.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section M
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0019)

# Compress or Soak, Applying Warm

Level II

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## Purpose

The purposes of this procedure are to ease the body of pain caused by inflammation and congestion, to aid in the treatment of the resident's condition, to promote drainage in infections, to improve circulation and to apply heat to an area.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Be sure that the resident is in a safe and comfortable position to prevent falls and/or accidents.
2. Avoid spilling warm water on the resident, bed and the floor.
3. Check the resident's skin often for redness or discoloration.
4. Should you observe any of the above conditions, cease the treatment, cover the resident and summon the Staff/Charge Nurse at once.
5. Listen to the resident's complaints. Report them to the Staff/Charge Nurse.
6. Should you have reason to believe that the resident is being burned from the application, cease the procedure, cover the resident, and summon the Staff/Charge Nurse.
7. Unless otherwise instructed, do not apply a warm compress to a resident who is a diabetic or has circulatory impairments.

## Equipment and Supplies

The following equipment and supplies will be necessary when applying a **warm soak**:

1. Soak basin (arm or foot, as indicated);
2. Pitcher of warm water (105°F);
3. Bath thermometer;
4. Bath towel;
5. Bath blanket;
6. Bed protector (disposable or plastic); and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

The following equipment and supplies will be necessary when applying a **warm compress**:

1. Basin;
2. Compress (towel, wash cloth, or gauze pad);
3. Pitcher of warm water (115°F);
4. Bath thermometer;
5. Bath towel;
6. Bath blanket;
7. Bed protector (disposable or plastic); and

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8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Assist the resident into a safe, comfortable position.

### If applying a warm soak:

1. Position the soak basin so that the limb can rest easily in the solution.
2. Place the bed protector under the part of the body that will be treated with the warm application. (Note: If using a plastic sheet or pad, keep the plastic from touching the resident's skin.)
3. Fill the water pitcher with warm water (105°F).
4. Fill the soak basin until it is one-half full of warm water.
5. Gradually place the resident's arm or leg into the warm solution.
6. Change the water as often as necessary to keep it warm. Pour used water down the commode. Flush the commode.
7. When changing soak water, remove the limb being treated. Wrap it in a towel to keep it warm.
8. Unless otherwise instructed, check the skin of the limb being soaked every five (5) minutes. (Note: If the skin appears to be reddened or discolored, cease the treatment. Cover the area with a towel. Summon the Staff/Charge Nurse.)
9. Should the resident become weak or complain of being cold, cease the treatment, cover the resident with a blanket and summon the Staff/Charge Nurse.
10. Unless otherwise instructed, soak the limb for twenty (20) minutes.

### If applying a warm compress:

1. Expose the area to be treated. Avoid unnecessary exposure.
2. Place the bed protector under the part of the body that will be treated with the warm application. (Note: If using a plastic sheet or pad, keep the plastic from touching the resident's skin.)
3. Fill the pitcher with warm water (115°F). Check the water temperature with the bath thermometer.
4. Pour the water into the basin.
5. Dip the compress (towel, wash cloth, or gauze pad) into the water and wring it out thoroughly.
6. Gently apply the compress to the area to be treated. Avoid spilling water on the resident.
7. Wrap the entire area with the bath towel.
8. Wrap the plastic sheet around the towel and compress. (Note: Keep the plastic from touching the resident's skin.)
9. If the resident complains of being cold or chilled, cease the procedure, cover the resident with a blanket, and summon the Staff/Charge Nurse.
10. Change the compress as often as necessary to keep the application warm.
11. Unless otherwise instructed, check the skin under the application every five (5) minutes. (Note: If the skin appears red, remove the compress. Cover the area with a towel. Summon the Staff/Charge Nurse.)
12. Unless otherwise instructed apply the warm compress for twenty (20) minutes.

### After Treatment

1. After the treatment has been completed, pat the area dry with a towel. Do not rub the skin.
2. Reposition the bed covers. Make the resident comfortable.
3. Place the call light within easy reach of the resident.
4. Discard soiled towels and linen into the soiled laundry container. Red bag as necessary.

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5. Discard all disposables into designated containers.
6. Pour liquids down the commode. Flush the commode.
7. Wash and rinse the basin. If stored in the resident's room, store in the proper place.
8. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.
9. Clean and sanitize all reusable equipment. Store in designated areas.
10. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The type of treatment administered (soak or compress).
4. The condition of the resident's skin.
5. If and how the resident participated in the procedure.
6. All assessment data obtained during the procedure.
7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section M
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0021)



# Dentures, Cleaning and Storing

## Level II

### Purpose

The purposes of this procedure are to cleanse and freshen the resident's mouth, to clean the resident's dentures, to prevent infections of the mouth, to protect the resident's dentures from breakage when dentures are out of the resident's mouth, and to store dentures at bedtime.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. Provide denture care before breakfast and at bedtime. Encourage and assist the resident as needed to rinse his or her mouth after each meal.
2. Handle dentures carefully to prevent loss or breakage. Store dentures whenever they are not in the resident's mouth.
3. Loose or poor fitting dentures can cause gum sores and prevent the resident from chewing his or her food properly. If a resident is not chewing his or her food thoroughly, report it to your supervisor.
4. Encourage the resident to keep dentures in his or her mouth as much as possible. When dentures are left out of the mouth for several days, the bone structure to the mouth changes and the gums will shrink causing the dentures to fit improperly.
5. As you provide denture care examine the resident's mouth and gums for any paleness of the gums, mouth sores, bleeding, or areas of discoloration.
6. Encourage the resident to perform as much of the procedure as possible.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Toothbrush (soft bristles);
2. Toothpaste or denture cleaner;
3. Clean emesis basin;
4. Towel;
5. Fresh water;
6. Mouthwash;
7. Disposable denture cup/container (with cover);
8. Straw (flexible);
9. Tissue or gauze pads;
10. Paper towels;
11. Denture adhesive, as requested; and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Spread the towel under the resident's chin and across the chest to protect the resident's clothing and/or bed covers.
4. Place tissue/gauze pads into the emesis basin.
5. Ask the resident to remove his or her dentures. If the resident cannot remove his or her dentures:
  - a. Put on gloves.
  - b. Instruct the resident to rinse his or her mouth with water.
  - c. Place a tissue/gauze pad over the fingers of the hand you are using to remove the dentures.
  - d. Remove the upper dentures. Gently move the dentures from side to side and pull down. Place dentures in the emesis basin.
  - e. Remove the lower dentures. Use an upward motion. Move the dentures to the inside of the mouth then remove them. Place dentures in the emesis basin.
6. Take the lined emesis basin to the sink.
7. Clean the dentures by brushing them with a denture cleaner or toothpaste.
8. Hold the dentures in the palm of your hand and over the sink while brushing to prevent them from dropping on the floor. Rinse dentures thoroughly.
9. Fill the denture cup one-half (1/2) full with fresh water and one-half (1/2) full of mouthwash. Place dentures into the denture cup.
10. Take the denture cup and emesis basin to the bedside table. Leave dentures in the cup until the resident is ready to replace them in his or her mouth.
11. Instruct the resident to rinse out his or her mouth thoroughly with fresh water or with a mouthwash solution.
12. Instruct the resident to spit the rinse solution into the emesis basin. Provide mouth care as necessary.
13. Dry the resident's face and chin area.
14. If the resident wishes to replace the dentures into his or her mouth, moisten the dentures so that they will fit easily. Use adhesive paste as requested. When handling the dentures hold with a tissue or gauze pad.
15. To assist the resident in replacing the dentures:
  - a. Ask the resident to rinse his or her mouth with water. Assist as necessary.
  - b. Apply denture adhesive or paste as requested by the resident.
  - c. Pick dentures up with a tissue or gauze pad.
  - d. Replace the upper/lower dentures. Ask resident to assist you in properly fitting the dentures.
  - e. Dry the resident's face and chin area as necessary.
16. Remove gloves and discard into designated container. Wash your hands.
17. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
18. Leave the denture cup, with the cleaning solution, on the resident's bedside stand. Put it within easy reach of the resident. Be sure the denture cup is properly labeled with the resident's name and room number.
19. Discard disposable equipment and supplies in designated containers.
20. Discard towels in soiled laundry container.
21. Clean the overbed table and return it to its proper position.
22. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.

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23. Reposition the bed covers. Help the resident to a comfortable position.
24. Place the call light within easy reach of the resident.
25. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the denture care was performed. (Note "a.m." or "p.m." care on the ADL record.)
2. The name and title of the individual(s) who performed the denture care. Initial the appropriate area on the ADL record.
3. All assessment data obtained concerning the resident's mouth. The certified nursing assistant should report to the licensed nurse to record in the medical record.
4. Complaints of pain or discomfort of mouth related to dentures. The certified nursing assistant should report to the licensed nurse to record in the medical record.
5. Damaged, broken, ill-fitting, or lost dentures. The certified nursing assistant should report to the licensed nurse or social services, as required by facility policy.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the denture care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section L
<b>Survey Tag Numbers</b>	F636; F790
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0095)

# Dressing and Undressing, Assisting the Resident with

Level II

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## Purpose

The purposes of this procedure are to assist the resident as necessary with dressing and undressing and to promote cleanliness.

## General Guidelines

1. Allow the resident as much privacy as possible while he or she is dressing or undressing.
2. Dress the resident in his or her own clothing. Do not swap clothing among residents.
3. Report clothing needs and repairs to the Staff/Charge Nurse or to social services.
4. During the procedure, observe the resident's skin for any redness, discoloration, rashes, sores, etc.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.

### Assisting the resident with undressing:

1. While undressing, support the resident from his or her strong side.
2. Ask the resident to sit down in a chair or on the edge of the bed.
3. Remove the resident's shoes and socks/stockings.
4. Assist the resident as necessary in unbuttoning or unzipping his or her top.
5. If the resident is wearing a dress:
  - a. Ask her to stand.
  - b. Pull the dress and slip above the buttocks and ask her to return to sitting on the bed.
  - c. Pull the dress and slip over the resident's head. Slide the sleeves from the strong side first.
6. If the resident is wearing pants:
  - a. Ask him or her to stand (or lie back on the bed).
  - b. Assist the resident as necessary in unbuttoning and/or unzipping the slacks.
  - c. Slide the slacks below the buttocks.
  - d. If the resident is standing, ask him or her to sit on the edge of the bed.
  - e. Slide the slacks from the strong leg first.
7. Proceed with steps for assisting the resident with dressing (below), or if the resident is ready for bed and prefers to sleep in undergarments, help him or her into bed.
8. Place the call light within easy reach of the resident.
9. Discard all soiled clothing and linen into the soiled laundry container. Red bag as necessary.
10. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
11. Wash and dry your hands thoroughly.

### Assisting the resident with dressing:

1. While dressing, support the resident from his or her weak side.
2. If the resident is lying down, assist him or her in putting on clean undergarments, socks/stockings and slacks while he or she is in a lying position.
3. Assist the resident to a sitting position. Allow the resident a moment to get used to sitting up.

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4. Assist the resident with his or her shirt, blouse, dress, etc.
5. Assist the resident with putting on his or her shoes.
6. Assist the resident to his or her feet as necessary.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. If and how the resident participated in the procedure.
4. How the resident tolerated the procedure or any changes in the resident's ability to participate in the procedure.
5. Any problems or complaints made by the resident related to the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676, F677
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0114)

# Ear Irrigation

Level III

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## Purpose

The purposes of this procedure are to soften and remove ear wax, to supply heat and relieve pain.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. The irrigation solution should not exceed 100°F (37.7°C).
2. Cotton packed tightly into the ear canal obstructs the flow of discharge.
3. Lying on the affected side after irrigation aids drainage by gravity.
4. Force of heat or cold on the eardrum can produce dizziness or nausea.
5. Should both ears require irrigation, wash and dry your hands thoroughly before irrigating each ear.
6. Do not force the procedure. Take your time and be gentle with the resident. Too forceful a flow may carry infections further into the auditory canal.

## Equipment and Supplies

The following equipment and supplies are necessary when performing this procedure.

1. Sterile ear syringe;
2. Emesis basin;
3. Sterile basin for solution;
4. Solution (as prescribed);
5. Cotton balls;
6. Towel;
7. Plastic cape (optional); and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Put on gloves.
3. If the resident is sitting up, tilt his/her head backward slightly. Position yourself so the affected side is toward you.
4. If the resident is bedfast, position the resident's head on the edge of the pillow. Position yourself so the affected side is toward you.
5. Place the plastic protector where it will protect the resident and his/her bed linen.
6. Place the towel over the plastic protector.
7. Position the emesis basin against the cheek to catch the return flow.
8. Fill the syringe with warm solution.

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9. Expel the air from the syringe.
10. Cleanse outer ear.
11. Grasp the auricle (flap of the ear). Pull upward and backward to straighten ear canal.
12. Place the tip of the syringe at ear opening. Direct the stream of fluid against the side of canal. Gentle pressure should be used.
13. Irrigate the ear. Observe for any unusual symptoms (i.e., dizziness, nausea, etc.).
14. If the resident complains of pain or discomfort, stop the procedure and notify the nurse.
15. Continue until all of the solution is used or until treatment is completed.
16. Observe the character of the return discharge.
17. Upon completion of the irrigation process, instruct the resident to turn his/her head to the affected side to allow all the fluid to drain.
18. Dry the external ear with a cotton ball. Use only one (1) cotton ball per wipe.
19. Discard used cotton balls into designated container.
20. Remove the towel and bed protector and discard into designated containers.
21. Pour the solution down the commode. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
22. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
23. Discard disposable equipment and supplies in designated containers.
24. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the ear was irrigated.
2. The name and title of the individual(s) who irrigated the ear.
3. The type of solution used to irrigate the ear.
4. All assessment data obtained concerning the resident's ear.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section N
<b>Survey Tag Numbers</b>	F676; F760
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0118)

# Eye, Care of Artificial

Level II

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## Purpose

The purposes of this procedure are to prevent infection and to promote cleanliness when providing artificial eye care to residents.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Cleaning solution (water and/or prescribed solution) should not exceed 100°F (37.7°C).
2. If the resident is able, permit the resident to remove and replace the artificial eye.
3. **Do not use alcohol, ether, or acetone.** These may cause the plastic on the artificial eye to discolor and dim the luster of the eye.
4. If an eye cup is not available, use a clean denture cup.
5. Be sure the eye cup is clearly labeled with the resident's name and room number.
6. Be sure that gauze pads are in the eye cup to protect the eye when placing it in the cup.
7. If the artificial eye is washed in the resident's bathroom, fill the sink one-half full of lukewarm water to prevent breakage should the eye be accidentally dropped.
8. Handle the eye carefully to avoid scratching the eye.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Gauze;
2. Washcloths (2);
3. Clean cloth;
4. Mild soap;
5. Normal saline;
6. Bulb syringe, as necessary; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. If the resident is ambulatory, instruct the resident to lie down on his or her bed. Assist as necessary. (Note: Having the resident lie down may prevent accidental dropping of the artificial eye.)
3. Wash and dry your hands thoroughly.
4. Put on gloves.
5. Gently retract the lower eyelid with your thumb. (Note: Allow the resident to remove his/her own artificial eye, if possible.)

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6. Apply gentle pressure below eyelid. If necessary use the bulb syringe to apply suction to the eye.
7. Carefully hold the artificial eye in the palm of your hand.
8. Wash the artificial eye with mild soap and water or plain normal saline by rubbing between the thumb and index finger.
9. Rinse the eye well under running tap water.
10. Dry the eye with a clean cloth.
11. If the resident does not desire to have the eye reinserted, store the eye in sterile saline or water in a plastic storage case lined with gauze. (Note: Be sure that the eye cup is clearly labeled with the resident's name and room number.)
12. Place the storage container in the bedside stand.
13. Retract the upper and lower eyelids with the thumb and index finger.
14. Wash eye socket with washcloth or gauze moistened with warm water or saline. (Note: Do not use soap to clean the socket because it may cause skin irritation.)
15. Dry socket well with gauze.
16. Wash eyelid margins with mild soap and water, wiping from inner to outer canthus. (Note: Use a clean section of the washcloth for each stroke.)
17. Dry eyelids by wiping from inner to outer canthus.
18. If the eye is to be replaced, dampen it in clean water. (Note: Allow the resident to replace the eye, if possible.)
19. Retract the resident's upper eyelid with the index finger or thumb of your nondominant hand.
20. With your dominant hand hold the eye so that the notched or pointed edge is positioned toward the nose.
21. Slide the eye up and under the eyelid as far as possible. Then, push down the lower lid to allow the eye to slip into place. (Note: Do not force the eye into the socket. Should you experience difficulty, summon the nurse supervisor.)
22. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
23. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
24. Discard disposable equipment and supplies in designated containers.
25. Discard washcloths in soiled laundry container.
26. Clean the overbed table and return it to its proper position.
27. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position **as indicated in the resident's plan of care**.
28. Reposition the bed covers. Make the resident comfortable.
29. Place the call light within easy reach of the resident.
30. Wash and dry your hands thoroughly.
31. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that artificial eye care was given.
2. The name and title of the individual(s) who assisted with the artificial eye care.
3. All assessment data obtained concerning the resident's eye.
4. The condition of the artificial eye and socket.
5. How the resident participated in the procedure.

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6. How the resident tolerated the procedure or any changes in the resident's ability to tolerate or participate in the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the artificial eye care.
2. Notify the supervisor if the resident complains of pain or discomfort of the eye socket.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F676; F696; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0042)

# Eye Compress, Cold

## Level II

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### Purpose

The purposes of this procedure are to reduce inflammation and to promote comfort.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. If both eyes require treatment, wash and dry your hands thoroughly before treating each eye.
2. If discharge is present, or should both eyes require treatment, use a new compress for each application.
3. Change the eye compress when the eye compress is no longer cool.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Solution (as prescribed);
2. Gauze eye compresses;
3. Large basin (one-half full of ice);
4. Cotton balls;
5. Thumb forceps (2);
6. Sterile container (one-half full with prescribed solution); and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Put the sterile solution container into the basin of ice.
5. Allow the solution to cool.
6. Place the eye compress into the sterile container. Allow the compress to soak.
7. Using the thumb forceps, wring the eye compress as dry as possible.
8. Tell the resident that the compress is cold. Place the compress on the eyelid.
9. If the resident reports pain, stop the procedure and notify the nurse.
10. Change the compress after 5 minutes, or if the compress is no longer cool to the touch.
11. Discard used eye compresses into designated container.
12. When the last compress has been used, dry the eye from the nose to the outside of the eye with cotton balls. (Note: Use only one (1) cotton ball per wipe.)
13. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.

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14. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
15. Discard disposable equipment and supplies in designated containers.
16. Clean the overbed table and return it to its proper position.
17. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
18. Reposition the bed covers. Make the resident comfortable.
19. Place the call light within easy reach of the resident.
20. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the cold compress was applied.
2. The name and title of the individual(s) who applied the cold compress.
3. The type of solution used to treat the eye.
4. All assessment data obtained concerning the resident's eye.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0086)

# Eye Compress, Hot

## Level II

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### Purpose

The purposes of this procedure are to improve circulation, reduce inflammation and promote comfort.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. Wash and dry your hands before and after treating each eye.
2. Use a new compress for each application.
3. Hot compress solution should not exceed 110°F (43.3°C), unless otherwise ordered.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Lubricant;
2. Solution (as prescribed);
3. Gauze eye compresses;
4. Emesis basin;
5. Cotton balls;
6. Thumb forceps (2);
7. Bath thermometer;
8. Sterile container; and
9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Put on gloves.
3. If the resident is sitting up, turn his/her head slightly toward the affected side.
4. If the resident is bedfast, position the resident's head on the pillow and turn the head slightly toward the affected side.
5. Apply the lubricant to area in which the compress is to be applied.
6. Pour heated solution in sterile container.
7. Check temperature with the bath thermometer.
8. Place the eye compress into the sterile container. Allow the compress to soak.
9. Using the thumb forceps, wring the eye compress as dry as possible.
10. Place the compress on the eye.
11. If pain is experienced, cease the procedure and notify the nurse.

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12. Change the compress when the heat is lost. Unless otherwise ordered, continue the treatment for five (5) minutes.
13. When the last compress has been used, dry the eye from the nose to the outside of the eye with cotton balls. (Note: Use only one (1) cotton ball per wipe.)
14. Discard used cotton balls into designated container.
15. Apply clean or sterile eye dressing as ordered.
16. Remove gloves and discard into designated container.
17. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the cold compress was applied.
2. The name and title of the individual(s) who applied the cold compress.
3. The type of solution used to treat the eye.
4. All assessment data obtained concerning the resident's eye.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0158)

# Eye Irrigation

Level III

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## Purpose

The purposes of this procedure are to remove irritants, moisten, soothe, and disinfect the eye.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Irrigation solution should not exceed 100°F (37.7°C). Using a cold solution will intensify pain. Use lukewarm solutions unless otherwise instructed.
2. The cornea has many nerves and is very sensitive. Do not use pressure when irrigating the eye. Allow the solution to flow in a steady stream.
3. Wash and dry your hands before and after irrigating each eye.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Sterile irrigating syringe;
2. Emesis basin;
3. Small basin for solution;
4. Solution (as prescribed);
5. Sterile 4x4 gauze pads;
6. Cotton balls;
7. Towel;
8. Plastic cape (optional);
9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
10. Other as may be necessary or appropriate.

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Put on gloves.
3. Fill the irrigating syringe with solution and set aside.
4. If the resident is sitting up, tilt his/her head backward slightly.
5. If the resident is bedfast, position the resident's head on the edge of the pillow.
6. Position yourself so the affected side is toward you.
7. Place the plastic protector where it will protect the resident and his/her bed linen.
8. Place the towel over the plastic protector.
9. Cover the opposite eye with a sterile pad.
10. Position the emesis basin against the cheek to catch the return flow.

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11. Remove any encrustations from the eyelids with moist sterile cotton balls. Wipe from the nose to the outside of the eye. Use only one (1) cotton ball per wipe.
12. Separate the eyelids with the thumb and index finger.
13. Using the filled irrigation syringe, irrigate the eye by allowing the fluid to flow in a steady stream. Irrigate from the nose to the outside of the eye to avoid contamination of the opposite eye. Do not touch the eye or eyelid with the syringe.
14. Be sure the solution is draining into the emesis basin.
15. Observe the character of the return flow.
16. Irrigate the eye until the solution has been used.
17. Dry the eye from the nose to the outside of the eye with the sterile pad.
18. Remove the sterile pad from the opposite eye. Discard the gauze pad.
19. Remove the towel and bed protector and discard.
20. Pour the solution down the commode.
21. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the eye was irrigated.
2. The name and title of the individual(s) who irrigated the eye.
3. The type of solution used to irrigate the eye.
4. All assessment data obtained concerning the resident's eye.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice

References	
<b>MDS Items (CAAs)</b>	Section N
<b>Survey Tag Numbers</b>	F676; F760; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0127)



# Fingernails/Toenails, Care of

## Level II

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### Purpose

The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. Nail care includes daily cleaning and regular trimming.
2. Proper nail care can aid in the prevention of skin problems around the nail bed.
3. Unless otherwise permitted, do not trim the nails of diabetic residents or residents with circulatory impairments.
4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.
5. Watch for and report any changes in the color of the skin around the nail bed, blueness of the nails, any signs of poor circulation, cracking of the skin between the toes, any swelling, bleeding, etc.
6. Stop and report to the nurse supervisor if there is evidence of ingrown nails, infections, pain, or if nails are too hard or too thick to cut with ease.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Nail clippers;
2. Nail file or emery board;
3. Towel;
4. Rinse basin with clear, warm water;
5. Wash basin one-half full of warm soapy water;
6. Orange sticks;
7. Linen protector (disposable or plastic), as necessary;
8. Hand lotion (as permitted or prescribed);
9. Paper towels; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half full of warm soapy water.
4. Allow the first hand or foot to soak in the warm soapy water for approximately five (5) minutes. Encourage the resident to exercise his or her fingers or toes while they are soaking.

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5. If the wash basin is to be placed on the bed, place the linen protector under the wash basin to protect the linen and to keep the resident dry.
6. Rinse the hand or foot that has been in the soapy water with clear, warm water.
7. Dry the hand or foot with the towel.
8. Place the towel under the resident's dried hand or foot.
9. Place the second hand or foot in the soak basin.
10. Gently, remove the dirt from around and under each nail with an orange stick.
11. Wipe the dirt from the orange stick with a paper towel. Discard the paper towel into the trash receptacle.
12. Do not trim nails below the skin line or cut the skin.
13. Trim fingernails in an oval shape and toenails straight across.
14. Smooth the nails with a nail file or emery board. Apply lotion as permitted.
15. Repeat the procedure for the second hand or foot.
16. If the resident becomes tired, weak, or faint during the procedure, cease the procedure and summon the nurse supervisor by using the call system.
17. When the nails have been trimmed, remove the wash basin. Empty the water into the commode.
18. Discard disposable equipment and supplies in designated containers.
19. Remove the towel and discard into the soiled laundry container.
20. Clean reusable equipment and supplies and return to designated storage areas.
21. Clean the overbed table and return it to its proper position.
22. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
23. Reposition the bed covers. Make the resident comfortable.
24. Place the call light within easy reach of the resident.
25. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that nail care was given.
2. The name and title of the individual(s) who administered the nail care.
3. The condition of the resident's nails and nail bed, including:
  - a. Redness or irritation of skin of hands and feet;
  - b. Breaks or cracks in skin, especially between toes;
  - c. Pale, bluish, or gray discoloration of feet;
  - d. Bluish or dark color of nail beds;
  - e. Corns or calluses;
  - f. Ingrown nails;
  - g. Bleeding; and/or
  - h. Pain.
4. Any difficulties in cutting the resident's nails.
5. Any problems or complaints made by the resident with his/her hands or feet or any complaints related to the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676; F677; F687
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0043)

# Hearing Aid, Care of

Level II

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## Purpose

The purpose of this procedure is to maintain the resident's hearing at the highest attainable level.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## General Guidelines

### Checking the Batteries:

1. If the hearing aid is not functioning properly, check the battery. Make sure it is the proper size for the device.
2. To test the battery:
  - a. Place the control switch in the ON position.
  - b. Turn the volume control UP.
  - c. Cup your hand over the hearing aid. You should now be able to hear a whistle sound. If not, change the batteries.

### Placement of the Hearing Aid:

1. Turn the hearing aid off and the volume all the way down before placing the hearing aid into the ear.
2. The hearing aid should fit securely, but comfortably, into the ear.
3. After the hearing aid is in place turn it on and adjust the volume until the resident reports that he or she can hear sufficiently.
4. If the resident complains of an unpleasant squeal or whistle sound, check the placement in the ear and check for any breaks or cracks in the hearing device.

### Care of the Hearing Aid:

1. Never clean or immerse any part of a hearing aid (other than the ear mold) in water. The device must be returned to the dealer or to an audiologist to be cleaned properly.
2. Handle the hearing aid carefully. Dropping the hearing aid can damage the unit.
3. Do not expose a hearing aid to heat, moisture or aerosol vapors.

### Storage of the Hearing Aid:

1. Turn the hearing aid OFF when not in use.
2. Remove the battery from the battery case when the unit is not in use. Leave the case open.
3. Be sure that the hearing container is clearly labeled with the resident's name and room number.

### Miscellaneous:

1. Assess the resident's knowledge of operating the hearing aid.
2. Explain the controls and adjustments to the resident and his or her family members.
3. Be sure that spare batteries are available.
4. Even though a resident is wearing a hearing aid, he or she may still not hear well. Face the resident when speaking to him or her.
5. Report complaints to the nurse supervisor.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the hearing aid was checked and/or battery was replaced.
2. The name and title of the individual(s) who checked the hearing aid and changed the battery.
3. If the resident refused the procedure, the reason(s) why and the intervention taken.
4. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if hearing aid is damaged or needs to be sent to the dealer for cleaning.
2. Notify the supervisor if the resident complains of problems related to hearing and/or the hearing aid or has a wax build up in the ear.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section B
<b>Survey Tag Numbers</b>	F676; F685
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0044)

# Mouth Care

## Level II

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### Purpose

The purposes of this procedure are to keep the resident's lips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent oral infection.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Toothbrush (soft bristles);
2. Toothpaste;
3. Emesis basin;
4. Towel;
5. Fresh water;
6. Mouthwash, if permitted;
7. Disposable cup;
8. Straw (flexible);
9. Tongue depressor;\*
10. Applicators or gauze sponges;\*
11. Lubricants (petroleum jelly, etc.);\* and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

\*These items are available in a disposable mouth care kit.

### Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Allow the resident who is able to provide his/her own mouth care to do so.
5. Gently turn the resident's head toward you.
6. Spread the towel under the resident's chin and across the pillow to protect the resident's clothing and/or bed covers.
7. Position the emesis basin on the towel under the resident's chin.
8. Gently open the resident's mouth. (Place one hand on the chin and gently press downward.)
9. Hold the tongue in place with the tongue depressor.
10. With your free hand, moisten the applicators with the mouthwash solution.
11. Insert the applicator into the resident's mouth.

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12. Thoroughly wipe the roof of the resident's mouth, inside the cheeks, the tongue, and the teeth with the applicator. (**Note:** Change the applicator frequently.)
13. Place all used applicators into the emesis basin.
14. Rinse the resident's mouth by using fresh water on the applicators.
15. Dry the resident's face and chin area. Remove the towel.
16. Moisten the inside of the resident's mouth, tongue and lips. Use a prepared swab or a water soluble lubricant.
17. Remove gloves and discard into designated container. Wash your hands.
18. Clean your equipment and return it to its designated storage area.
19. Discard disposable equipment and supplies in designated containers.
20. Discard towels in soiled laundry container.
21. Clean the overbed table and return it to its proper position.
22. Reposition the bed covers. Make the resident comfortable.
23. Place the call light within easy reach of the resident.
24. Wash and dry your hands thoroughly.
25. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the mouth care was provided. The name and title of the individual(s) who provided the mouth care. All assessment data obtained concerning the resident's mouth. The certified nursing assistant should report to the licensed nurse to record in the medical record.
2. Complaints of pain or discomfort of mouth. The certified nursing assistant should report to the licensed nurse to record in the medical record.
3. If the resident refused the treatment, the reason(s) why and the intervention taken.
4. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the mouth care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section L
<b>Survey Tag Numbers</b>	F636
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0186)

# Perineal Care

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## Purpose

The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Wash basin;
2. Towels;
3. Washcloth;
4. Soap (or other authorized cleansing agent); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
4. Fold the bedspread or blanket toward the foot of the bed.
5. Fold the sheet down to the lower part of the body. Cover the upper torso with a sheet.
6. Raise the gown or lower the pajamas. Avoid unnecessary exposure of the resident's body.
7. Put on gloves.
8. Ask the resident to bend his or her knees and put his or her feet flat on the mattress. Assist as necessary.

### For a female resident:

- a. Wet washcloth and apply soap or skin cleansing agent.
- b. Wash perineal area, wiping from front to back.
  - (1) Separate labia and wash area downward from front to back. (Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.)
  - (2) Continue to wash the perineum moving from inside outward to the thighs. Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth.
  - (3) If the resident has an indwelling catheter, hold the tubing to one side and support the tubing against the leg to avoid traction or unnecessary movement of the catheter.
  - (4) Gently dry perineum.
- c. Ask the resident to turn on her side with her top leg slightly bent, if able.
- d. Rinse wash cloth and apply soap or skin cleansing agent.

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- e. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks.
- f. Rinse and dry thoroughly.

**For a male resident:**

- a. Wet washcloth and apply soap or skin cleansing agent.
  - b. Wash perineal area starting with urethra and working outward.
  - c. If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.
  - d. Retract foreskin of the uncircumcised male.
  - e. Wash and rinse urethral area using a circular motion.
  - f. Continue to wash the perineal area including the penis, scrotum and inner thighs.
  - g. Thoroughly rinse perineal area in same order, using fresh water and clean washcloth.
  - h. If the resident has an indwelling catheter, hold the tubing to one side and support the tubing against the leg to avoid traction or unnecessary movement of the catheter.
  - i. Gently dry perineum following same sequence.
  - j. Reposition foreskin of uncircumcised male.
  - k. Ask the resident to turn on his side with his upper leg slightly bent, if able.
  - l. Rinse washcloth and apply soap or skin cleansing agent.
  - m. Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus, and the buttocks.
  - n. Dry area thoroughly.
9. Discard disposable items into designated containers.
  10. Remove gloves and discard into designated container.
  11. Wash and dry your hands thoroughly.
  12. Reposition the bed covers. Make the resident comfortable.
  13. Place the call light within easy reach of the resident.
  14. Clean wash basin and return to designated storage area.
  15. Clean the bedside stand.
  16. Wash and dry your hands thoroughly.

**Documentation**

1. The date and time that perineal care was given.
2. The name and title of the individual(s) giving the perineal care.
3. Any discharge, odor, bleeding, skin care problems or irritation, complaints of pain or discomfort.
4. Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain.
5. How the resident tolerated the procedure or any changes in the resident's ability to participate in the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

**Reporting**

1. Notify the supervisor if the resident refuses the perineal care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0210)

# Prosthesis (Artificial Limb), Care of

## Level II

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

When providing care to the resident with a prosthesis, follow these guidelines:

1. If the amputation was recent and the resident is still adjusting to the prosthesis, carefully follow all instructions from the prosthetist.
2. Be sure that the prosthesis is clean in order to prevent skin problems.
3. Wash, rinse and dry the socket of the prosthesis every day according to manufacturer's instructions.
4. Keep lint and dirt from accumulating in the joints of the prosthesis.
5. Follow manufacturer's guidelines for any special care of the prosthesis (i.e., oiling, etc.).
6. Inspect the prosthesis for loose or worn parts at least once each week. Report such findings to the staff/charge nurse.
7. Report any changes, problems or complaints the resident has concerning the fitting of the prosthesis.
8. Wear personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).
9. Wash the residual limb daily with soap and water.
10. Thoroughly rinse soap and water from the limb. Allow it to dry completely before donning the prosthesis.
11. Avoid using any creams, ointments, or preparations that contain alcohol.
12. Do not soak or shave the limb.
13. If applying a limb sock, be sure that it is free of wrinkles and that it fits well.
14. If a sock is used, make sure it is cleaned daily with cool water and mild soap. It should be completely dry before reusing.
15. Do not pad the limb or prosthesis with cotton, towels, washcloths, etc. Any uneven distribution of pressure could cause pressure sores and infection.
16. Inspect the skin of the residual limb daily. Report redness, pressure points, blisters, irritation or abrasions.

### Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The name and title of the individual(s) who provided the care.
3. If the resident refused the procedure, the reason(s) why and the intervention taken.
4. The signature and title of the person recording the data.

### Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F696
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPR0025)

# Shampooing Hair

## Level II

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### Purpose

The purpose of this procedure is to clean the resident's hair and scalp.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Chair;
2. Basin of warm water;
3. Pitcher of water;
4. Shampoo;
5. Resident's personal hair care products;
6. Large basin or pail;
7. Bed protector (plastic or disposable);
8. Waterproof trough (shampoo tray or plastic sheet);
9. Pillow (waterproof case or plastic cover);
10. Bath towels (3);
11. Wash cloth;
12. Cup (plastic, paper, or styrofoam);
13. Bath blanket;
14. Hand towels;
15. Cotton balls;
16. Hair dryer (as permitted); and
17. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.

#### Shampooing a resident's hair during a shower or tub bath:

1. If able, have the resident tip his or her head backward. Support the resident's neck with one hand while shampooing. Use a washcloth folded across the resident's eyes, if tolerated by the resident.
2. If the resident is unable to tilt head back, ask him or her to lean forward and hold a wash cloth over the eyes to keep soap out.
3. Adjust water to a comfortably warm temperature. Test water temperature on wrist or forearm.
4. Direct a stream of comfortably warm water on the resident's hair while holding the sprayer close to the scalp and away from the resident's face.

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5. Apply selected shampoo and lather. Using both hands, gently wash the hair and massage the scalp with fingertips (not fingernails).
6. Rinse hair thoroughly.
7. Use resident's personal hair care products as requested.

**Shampooing a bedfast resident's hair:**

1. Adjust the bed to a comfortable position.
2. Place the chair at the head of the bed. The chair should be lower than the mattress with the seat touching the mattress.
3. Place the small hand towel on the chair.
4. Place the large basin or pail on the towel.
5. Unless otherwise instructed, put small amounts of cotton in the resident's ears.
6. Assist the resident in a position so that his or her head will be close to where you will be standing.
7. Remove the pillow from under the resident's head, cover and Place the pillow under the small of the resident's back so that his or her head will be tilted back.
8. Place the bath blanket over the resident without exposing the resident.
9. Place the disposable or plastic bed protector on the mattress under the resident's head.
10. If a shampoo trough is used, place it under the resident's head.
11. If a shampoo trough is not used, make a trough from the plastic bed protector by:
  - a. Rolling each side of the plastic sheet three (3) times;
  - b. Place one end of the channel under the resident's head; and
  - c. Hang the opposite end off the bed into the large basin or pail.
12. Loosen the resident's gown or pajama top. Turn the neckband under.
13. Fill the small basin with warm water and place on the bedside stand or overbed table.
14. Place the cup beside the basin of water.
15. Fill the pitcher with warm water and place within easy reach.
16. Place a wash cloth over the resident's eyes for protection.
17. Comb the resident's hair to remove tangles.
18. Fill the cup with warm water from the basin. Pour it over the resident's hair. Repeat this procedure until the hair is completely wet.
19. Apply a small amount of shampoo to the hair.
20. Using both hands, gently wash the hair and massage the scalp with fingers (not fingernails).
21. Rinse the shampoo from the hair by pouring water from the cup. Be sure the hair is completely rinsed of all shampoo. Be sure the water is draining into the large basin or pail in the chair.
22. Use resident's personal hair care products as appropriate.
23. Dry the resident's forehead and ears with the towel.
24. Remove the cotton from the resident's ears. Discard used cotton into designated containers.
25. Raise the resident's head and wrap his or her head with a bath towel.
26. Rub the resident's hair with the bath towel to dry it as much as possible. Leave the towel on the resident's head.
27. Take the large basin or pail of water from the chair into the bathroom. Pour the contents down the commode. Flush the commode.
28. Pour any remaining water down the sink. Rinse the sink.

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29. Remove the bed or pillow protectors and shampoo trough from the bed. (Note: If reusable, place them into the large basin or pail.)
30. Remove the towel from the resident's head. If permitted, use a hair dryer to dry and style the resident's hair.

**If using a portable hair dryer:**

1. Be sure the dryer is set on low.
2. Hold the dryer 8 to 10 inches from the resident's head.
3. Keep the dryer moving.
4. Direct the air-flow to the resident's hair—not the scalp.
5. Do not place a hair dryer in a resident's lap.

**After shampooing:**

1. Comb and style the resident's hair.
2. Change the resident's gown as needed.
3. Remove the bath blanket and cover the resident with his or her bed linen.
4. Help the resident to a comfortable position.
5. Lower the bed and place the siderails and the head of the bed in the position as indicated in the plan of care.
6. Place the call light within easy reach of the resident.
7. Discard disposable equipment and supplies in designated containers.
8. Discard soiled laundry and linen into soiled laundry container.
9. Clean equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
10. Clean the overbed table and return it to its proper position.
11. Position the chair in its proper place.
12. Wash and dry your hands thoroughly.

**Documentation**

1. The date and time the resident's hair was shampooed.
2. The name and title of the individual(s) who shampooed the resident's hair.
3. The condition of the resident's scalp (i.e., any redness, scaling, sores, etc.).
4. Any problems or complaints made by the resident related to the hair care.
5. If the resident refused the care, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

**Reporting**

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section G
<b>Survey Tag Numbers</b>	F676; F677
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0250)



# Shaving the Resident

## Level II

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### Purpose

The purpose of this procedure is to promote cleanliness and to provide skin care.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Wash basin or warm water (115°F);
2. Razor (electric or disposable);
3. Shaving cream or lotion;
4. After-shave lotion or powder (as permitted);
5. Towel and washcloth;
6. Mirror; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. Put on gloves.

#### **If using a safety or disposable razor:**

1. Fill the basin one-half full of warm water (115°F). Take it to the resident's bedside and place it on the bedside stand or overbed table.
2. If the resident can sit up, raise the head of the bed.
3. If the resident is wearing eyeglasses, ask him to remove them. Place them on the bedside stand or overbed table.
4. If the resident is a denture wearer, encourage the resident to wear them. This will aid in shaving the resident.
5. Spread the towel under the resident's chin.
6. Soak the washcloth in the water. Dampen the resident's face with the washcloth to aid in softening the beard.
7. Apply the shaving cream. Use a generous amount, as this will eliminate razor cuts, hair pulling, and skin irritation.
8. Begin at the sideburns and work downward over the cheek, chin, lips and nose. Keep the skin tight as you shave. Rinse the razor after each stroke.
9. Use an upward stroke under the chin and jaws. Keep the skin tight. Rinse the razor often.

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10. Once you have completely shaved the resident, rinse the shaving cream from the resident's face. Dry the face and remove the towel from under the resident's chin.
11. Dispose of the razor in a designated sharps container.
12. If there is a sharps container designated "For Disposable Razors Only" and that container is outside the resident's room, the razor must be transported to this destination in a puncture-resistant, closed, and marked container.

**If using an electric razor:**

1. Apply pre-shave lotion if desired.
2. Plug the razor in and turn to "on." (Note: Do not use an electric razor if the resident is using oxygen.)
3. Shave the cheek areas first, then around the mouth, and down the neck last. Encourage the resident to draw skin taut or pull skin taut with free hand. Have the resident tilt head back while shaving neck, if able.
  - a. For a razor with flat or flexible head, use short up-and-down motion with the grain of beard.
  - b. For a razor with circular head, use small, circular motions.
4. Apply after-shave lotion or powder as permitted.
5. Reposition the bed covers. Make the resident comfortable.
6. Place the call light within easy reach of the resident.
7. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
8. Remove gloves. Wash and dry your hands thoroughly.

**Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
4. Any problems or complaints made by the resident related to the procedure.
5. If the resident refused the treatment, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

**Reporting**

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0251)

# Teeth, Brushing

## Level II

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### Purpose

The purpose of this procedure is to assist the resident with oral hygiene.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Toothbrush (soft bristles);
2. Toothpaste;
3. Emesis basin;
4. Towel;
5. Fresh water;
6. Mouthwash, if permitted;
7. Disposable cup;
8. Straw (flexible);
9. Dental floss (unwaxed), as needed; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Unless otherwise indicated, assist the resident to a sitting position.
4. Put on gloves.
5. Spread the towel under the resident's chin and across the chest to protect the resident's clothing and/or bed covers.
6. Pour water or mouthwash in a disposable cup.
7. Instruct the resident to take a small amount of the solution into his or her mouth. Use a straw if necessary. Instruct the resident to swish the solution around in his or her mouth and spit into the emesis basin.
8. Moisten the toothbrush with fresh water or with the mouthwash solution and apply toothpaste.
9. If the resident cannot independently brush his or her teeth:
  - a. Ask the resident to open his or her mouth.
  - b. Place the toothbrush at the gumline (45° angle) with the bristles pointed toward the gums.
  - c. Brush the teeth gently downward from the gumline for the top teeth, and upward from the gums on the bottom teeth.
10. Allow the resident to take small amounts of water, or mouthwash from time to time to rinse his or her mouth. Ask the resident to floss. Assist as necessary.

*continues on next page*

11. Ask the resident to rinse again.
12. Instruct the resident to spit the rinse solution into the emesis basin.
13. Dry the resident's face and chin area. Remove the towel.
14. Remove gloves and discard into designated container. Wash your hands.
15. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
16. Discard disposable equipment and supplies in designated containers.
17. Discard towels in soiled laundry container.
18. Clean the overbed table and return it to its proper position.
19. Lower the bed into lowest position and place the siderails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. Wash and dry your hands thoroughly.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the resident's teeth were brushed. Indicate a.m. or p.m. on the ADL record.
2. The name and title of the individual(s) who assisted brushing the resident's teeth. Initial in the appropriate area on the ADL record.
3. All assessment data obtained concerning the resident's mouth. The certified nursing assistant should report to the licensed nurse to record in the medical record.
4. Any complaints of pain or discomfort of mouth. If the resident refused the treatment, the reason(s) why and the intervention taken.
5. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G
<b>Survey Tag Numbers</b>	F636; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0273)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Personnel and Staffing**

Item # H50075

WINDSOR 002262

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Personnel and Staffing**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Personnel and Staffing**

### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20062 Sufficient and Competent Nurse Staffing

#### **Sample Documentation**

Record of In-Service (CP1808)

#### **Tools**

Employee Orientation Checklist

Nursing Staff Directly Responsible for Resident Care

Nursing Staff Directly Responsible for Resident Care (Example)

Payroll-Based Journal Manual Log (Worksheet)

Payroll-Based Journal Manual Log (Worksheet – Example)

Payroll-Based Journal Manual Log (Worksheet – E-Version)

# Accidents/Incidents (Employee)

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## Policy Statement

Our facility shall provide a safe and secure environment for staff and residents. Therefore, all accidents or incidents occurring on facility premises or to facility employees while performing their jobs shall be reported and investigated.

## Policy Interpretation and Implementation

### Reporting Accidents/Incidents:

1. For reporting purposes, an “accident/incident” is defined as the occurrence of injury, illness, fire, explosion, water damage, altercation, etc., or any similar event that results in personal injury or illness to a resident, employee, or visitor or in damage to the building, equipment, or property of this facility.
2. An employee who witnesses an accident/incident involving a resident, employee, or visitor or who is involved in an accident/incident shall report the accident/incident to his/her immediate supervisor as soon as practicable. However, an employee shall not leave an accident victim unattended unless it is absolutely necessary in order to summon assistance.
3. Supervisors shall report any accident/incident involving a resident, employee, or visitor to the director of the department in which the accident/incident occurred as soon as practicable.
4. Staff who witness an accident/incident shall report it to the nursing supervisor as soon as practicable after the occurrence so that he/she can ensure that an appropriate assessment occurs and that medical attention is obtained, as needed.

### Assisting Accident Victims:

1. Staff who witness an accident or find it necessary to aid an accident victim should follow first-aid procedures and summon help as needed to evaluate and manage the situation.

### Medical Attention:

1. The nurse supervisor and/or charge nurse shall:
  - a. examine all accident/incident victims;
  - b. notify a resident’s attending physician about the accident or incident; and
  - c. If necessary, obtain an order to transfer the injured person to the emergency room or medical treatment center.

### Investigation and Reporting:

1. The nurse supervisor and/or department director shall conduct an immediate investigation of the accident/incident and use information obtained during the investigation to complete a *Report of Incident/Accident* form.
2. A *Report of Incident/Accident* form shall be completed and submitted to the business office within 24 hours of the occurrence of the accident/incident.

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3. The following data, as it may apply, shall be included on the *Report of Incident/Accident* form:
  - a. The date and time the accident/incident occurred;
  - b. The nature of the injury or illness (e.g., needlestick, bruise, fall, nausea, etc.);
  - c. The circumstances surrounding the accident/incident;
  - d. Where the accident/incident occurred;
  - e. Name(s) of any witnesses and their account of the accident/incident;
  - f. The injured person's account of the accident/incident;
  - g. The time the injured person's attending or personal physician was notified as well as the time the physician responded and his/her instructions;
  - h. The date and time the injured person's family was notified and by whom;
  - i. The condition of the injured person, to include his/her vital signs;
  - j. Disposition of the injured person (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);
  - k. Corrective action taken;
  - l. Follow-up information;
  - m. Other pertinent data as necessary or required; and
  - n. Signature and title of the person completing the report.
4. The *Report of Incident/Accident* form shall be submitted to the director of nursing services no later than 24 hours after the occurrence of the accident/incident.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	
Related Documents	<a href="#">Injuries (On-the-Job)</a> <a href="#">Report of Incident/Accident (MP5415)</a>
Version	1.1 (H5MAPL0011)

# Background Screening Investigations

## Policy Statement

Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents (“direct access employees”).

## Policy Interpretation and Implementation

1. For purposes of this policy “direct access employee” means any individual who has access to a resident or patient of a long term care (LTC) facility or provider through employment or through a contract and has duties that involve (or may involve) one-on-one contact with a patient or resident of the facility or provider, as determined by the state for purposes of the national background check program.
2. The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment.
3. For any individual applying for a position as a certified nursing assistant, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property have been entered into the applicant’s file.
4. For any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board is contacted to determine if any sanctions have been assessed against the applicant’s license.
5. Should the background investigation disclose any misrepresentation on the application form or information indicating that the individual has been convicted of abuse, neglect, mistreatment of individuals, and/or misappropriation of property, the applicant is not employed or contracted.
6. Any information (e.g., court actions) discovered through the course of the background investigation that indicates that the applicant is unfit for employment in a nursing home (for example, convictions involving child abuse, sexual assault, theft, assault with a deadly weapon, etc.) is reported to the individual’s appropriate licensing boards.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.12(a)(3) Not employ or otherwise engage individuals who-; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. §483.70(f) Staff qualifications.
<b>Survey Tag Numbers</b>	F606; F836; F839
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Credentialing of Nursing Service Personnel</a>
<b>Version</b>	1.3 (H5MAPL0086)

# Credentialing of Nursing Service Personnel

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## Policy Statement

Nursing service personnel who require a license or certification to provide resident care or treatment without direction or supervision within the scope of the individual's license or certification must present verification of such license or certification prior to or upon employment.

## Policy Interpretation and Implementation

1. Nursing personnel who require a license or certification to perform resident care or treatment without direction or supervision must present verification of such license/certification to the director of nursing services prior to or upon employment.
2. Nursing personnel requiring a license/certification are not permitted to perform direct resident care services until all licensing/background checks have been completed.
3. Upon obtaining the applicants informed consent to conducting a license/certification/background investigation, the director of nursing services, or designee, will:
  - a. contact the appropriate state licensing board(s) to obtain a letter of verification/computer printout of such license/certification;
  - b. contact appropriate schools/universities to obtain written verification of the individual's relevant education background;
  - c. contact previous employers to obtain written/oral verification of previous work experience and qualifications; and
  - d. contact the facility's authorized vendor/service organization to perform a background check in accordance with current state law and facility policy.
4. A copy of all documents obtained during the verification and background check are filed in the employee's personnel file. Such records are filed in accordance with current federal and state law and facility policy to protect the confidentiality of information.
5. Should the investigation reveal inconsistencies in information obtained and information provided by the applicant that would prevent the applicant's further employment, the director of nursing services, or designee, will provide the applicant with a copy of such information and the name of the agency providing such report(s).
6. Should the investigation reveal the applicant does not hold a valid license or certification, appropriate state licensing boards and authorities will be notified of the applicant's attempt to practice without a license/certification.
7. Employment investigations are conducted in accordance with current federal and state laws governing such actions. Violations of this policy must be reported to the administrator immediately.
8. A copy of annual license renewals/certifications (as applicable) must be presented to the director of nursing services no later than February 1st of each year.
9. Inquiries concerning credentialing should be referred to the administrator or to the director of nursing services.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.12(a) The facility must-; §483.21(b)(3) Comprehensive Care Plans; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.; §483.70(c) Relationship to Other HHS Regulations.; §483.35(d) Requirement for facility hiring and use of nurse aides-; §483.70(f) Staff qualifications.; §483.95(g) Required in-service training for nurse aides.
<b>Survey Tag Numbers</b>	F606; F659; F836; F728; F729; F730; F947; F839
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Background Screening Investigations</a>
<b>Version</b>	1.1 (H5MAPL0166)

# Daily Work Assignments

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## Policy Statement

All nursing service personnel shall follow daily work assignments and perform assigned duties in accordance with professional standards of practice and facility policy.

## Policy Interpretation and Implementation

1. Work assignments are prepared from the residents' care plan by the nurse supervisor/charge nurse.
2. Certified nursing assistants (CNAs) and trainees are expected to carry out their daily assignments in a professional manner and in accordance with established nursing procedures.
3. Trainees must work under the supervision of a CNA, licensed nurse, or instructor and may only perform duties in accordance with the facility's nurse aide training program guidelines governing the use of trainees.
4. Paid feeding assistants are under the supervision of the nurse on the unit in which the feeding assistant is working.
5. All licensed nursing personnel and other support staff must perform all assigned duties in accordance with their respective job description and facility policy.
6. Changes in work assignments may not be made for personal reasons. Changes in work assignments must be approved by the nurse supervisor/charge nurse.

References	
OBRA Regulatory Reference Numbers	§483.20; §483.35(b); §483.35(d)
Survey Tag Numbers	F639; F725; F727; F728
Other References	
Related Documents	
Version	1.0 (H5MAPL0170)

# Department Duty Hours, Nursing Services

## Policy Statement

Our facility has developed and assigned duty hours for the nursing services department.

## Policy Interpretation and Implementation

1. Nursing service is provided twenty-four (24) hours per day, seven days per week. Our department's duty hours are:

Shift	Work Hours	
First Shift	From:	To:
Second Shift	From:	To:
Third Shift	From:	To:

2. Staggered work hours may be assigned by the director of nursing services when necessary.

Position/Title	Staggered Hours		Reason
	From:	To:	
	From:	To:	

3. Departmental work schedules may be revised by the director of nursing services when deemed necessary and appropriate to ensure that each resident's needs are met.
4. Insofar as practical, nursing personnel will be informed of changes in their work schedule at least twenty-four (24) hours in advance of the change.
5. Department personnel are expected and required to work their scheduled shifts. Failure to report to work as scheduled may result in disciplinary action.
6. Exchanging of work assignments/schedules among the nursing staff must be approved by the director of nursing services, or his/her designee, prior to such exchange taking place.
7. Staff making the exchange is responsible for working the assigned schedule. Failure to do so may result in disciplinary action.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.35(a) Sufficient Staff.; §483.60(h) Paid feeding assistants
<b>Survey Tag Numbers</b>	F725; F811
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0188)

# Departmental Supervision

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## Policy Statement

The nursing services department shall be under the direct supervision of a registered or licensed practical/vocational nurse at all times.

## Policy Interpretation and Implementation

1. A registered or licensed practical/vocational nurse (RN/LPN/LVN) is on duty twenty-four hours per day, seven (7) days per week, to supervise the nursing services activities in accordance with physician orders and facility policy.
2. A registered nurse (RN) is employed as the director of nursing services (DNS). The DNS is on duty during the day shift Monday through Friday. During the absence of the DNS, a nurse supervisor/charge nurse is responsible for the supervision of all nursing department activities including the supervision of direct care staff.
3. The nurse supervisors/charge nurses are registered nurses (RN), or licensed practical (vocational) nurses (LPN/LVN), and are duly licensed by this state.
4. The director of nursing services and/or the nurse supervisor/charge nurse, as a minimum, is responsible for:
  - a. making daily resident visits to observe and evaluate the resident's physical and emotional status;
  - b. reviewing medication cards for completeness of information, accuracy in the transcription of physician orders, and adherence to stop order policies;
  - c. reviewing individual resident care plans for appropriate goals, problems, approaches, and revisions based on nursing needs;
  - d. assuring that the resident's plan of care is being followed;
  - e. arranging schedule to allow time for supervision and evaluation of performance of nursing personnel and paid feeding assistants;
  - f. informing attending physicians and resident families of changes in the resident's medical condition;
  - g. charting and documenting medical records as necessary;
  - h. keeping nursing service personnel informed of status of residents and other related matters through written reports and verbal communication;
  - i. assigning work schedules and staffing to meet the needs of residents;
  - j. providing direct resident care as necessary or appropriate; and
  - k. other tasks and functions that may become necessary.
5. Job descriptions for all nursing service personnel are on file in the business office and office of the director of nursing services.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.35(a); 483.70(f)
<b>Survey Tag Numbers</b>	F725; F839
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL0191)



# Director of Nursing Services

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## Policy Statement

The nursing services department is under the direct supervision of a registered nurse.

## Policy Interpretation and Implementation

1. The nursing services department is managed by the director of nursing services. The director is a registered nurse (RN), licensed by this state, and has experience in nursing service administration, rehabilitative and geriatric nursing.
2. The director is employed full-time (40-hours per week) and is responsible for, but is not necessarily limited to:
  - a. developing and periodically updating the nursing service objectives and statements of philosophy;
  - b. developing standards of nursing practice;
  - c. developing and maintaining nursing policy and procedure manuals;
  - d. developing and maintaining written job descriptions for each level of nursing personnel;
  - e. scheduling of daily rounds to visit residents;
  - f. developing methods for coordination of nursing services with other resident services;
  - g. recruiting and retaining the number and levels of nursing personnel necessary to meet the nursing care needs of each resident;
  - h. developing staff training programs for nursing service personnel;
  - i. participating in the planning and budgeting for nursing services;
  - j. ensuring that all health services notes are informative and descriptive of the supervision and care rendered including the resident's response to his or her care;
  - k. assessing the nursing requirements for each resident admitted and assisting the attending physician in planning for the resident's care;
  - l. participating in the development and implementation of the resident assessment (MDS) and comprehensive care plan;
  - m. establishing resident selection criteria for determining which residents may be fed by paid feeding assistants; and
  - n. assuring that nursing care personnel are administering care and services in accordance with the resident's assessment and care plan.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.35(b); 483.70(f)
<b>Survey Tag Numbers</b>	F727; F839
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL0202)

# Employee Identification and Employment Eligibility

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## Policy Statement

Individuals who are not authorized to work in the United States or are not eligible for employment in long-term care facilities are not offered employment.

## Policy Interpretation and Implementation

1. The facility verifies each employee's employment eligibility.
2. The IRS Form I-9 (Section 1) is completed by the employee no later than the first day of employment.
3. The IRS Form I-9 (Section 2) is completed by the facility within 3 days of the employee's first day of employment.
4. If an employee is hired for fewer than 3 business days, the form is completed in its entirety by the first day of employment.
5. Upon completion of I-9 Section 1, the HR director or his/her designee will examine the employee's Form I-9 to insure that it is legible, dated, fully completed, and signed.
6. All personnel employed by this facility must provide to the HR director proof of employment authorization and identity within three business days of the date employment begins.
7. No later than 3 business days after the employee's completion of the Form I-9 Section 1, the HR director, or his/her designee, will:
  - a. physically examine eligibility and identity documentation to ensure that it reasonably appears to be genuine and relates to the person presenting the form;
  - b. complete the employment verification portion of the Form I-9 (Section 2) by recording the required information from the documents presented; and
  - c. verify and attest, based upon an examination of the documents, the employee's eligibility for employment.
8. The employee will be present with the individual examining the documentation. The individual verifying the documentation will be the same individual who completes and signs Section 2.
9. The employee may choose which document(s) he or she presents as proof of employment authorization and identity (documents must be unexpired).
10. The following documents may be used to establish proof of identity **and** employment authorization:
  - a. U.S. Passport or U.S. Passport Card;
  - b. Permanent Resident Card or Alien Registration Receipt Card (Form I-551);
  - c. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa (MRIV);
  - d. Employment Authorization Document (EAD) that contains a photograph (Form I-766). Form I-766 expired on its face combined with Form I-797 based on an automatic EAD extension in certain circumstances qualifies as unexpired Form I-766 (see Section 4.2 Automatic Extensions of Employment Authorization Documents in Certain Circumstances);

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- e. For a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form; and/or
  - f. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.
11. The following documents may be used to establish proof of identity (for those 18 years of age and older):
- a. Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address;
  - b. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address;
  - c. School ID card with a photograph;
  - d. Voter's registration card;
  - e. U.S. military card or draft record;
  - f. Military dependent's ID card;
  - g. U.S. Coast Guard Merchant Mariner Card;
  - h. Native American tribal document; or
  - i. Driver's license issued by a Canadian government authority.
12. The following documents may be used to establish proof of identity (for those under 18 years of age):
- a. School record or report card;
  - b. Clinic, doctor, or hospital record; or
  - c. Day-care or nursery record.
13. The following documents may be used to establish employment authorization:
- a. A Social Security Account Number card unless the card includes one of the following restrictions:  
 (1) NOT VALID FOR EMPLOYMENT;  
 (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION; or  
 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION.
  - b. Certification of report of birth issued by the U.S. Department of State (Forms DS-1350, FS-545, FS-240);
  - c. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying territory of the United States bearing an official seal;
  - d. Native American tribal document;
  - e. U.S. Citizen Identification Card (Form I-197);
  - f. Identification Card for Use of Resident Citizen in the United States (Form I-179); or
  - g. Employment authorization document issued by the Department of Homeland Security. For examples see [www.uscis.gov/i-9-central](http://www.uscis.gov/i-9-central).
14. An employee is NOT required to provide a social security card, or any document containing his or her social security number. If an employee has applied for, and has not yet received a social security number, he or she may work while awaiting his or her number if all Form I-9 requirements are met.
15. Social security numbers (if one has been issued) are only required for E-verify purposes.

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16. Employees who fail to provide documentation as outlined above will be terminated.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	<a href="https://www.uscis.gov/i-9">https://www.uscis.gov/i-9</a>
Related Documents	
Version	1.2 (H5MAPL0264)

# Hazard Communication Program

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## Policy Statement

The purpose of the hazard communication program is to ensure that the hazards of all chemicals used in this facility have been classified and that the information concerning the hazard is communicated to employees.

## Policy Interpretation and Implementation

1. Certain chemicals and substances with which the employees of this facility come in contact have the potential to cause or contribute to serious health conditions and may cause fires, explosions, or other serious accidents.
2. The hazard communication standard applies to any chemical that is known to be present in the workplace, which employees may be exposed to under normal working conditions or during a foreseeable emergency.
3. This facility's hazard communication program has been developed to ensure that:
  - a. hazardous chemicals and substances with which employees may come in contact are identified and classified;
  - b. hazards are properly labeled and recognizable;
  - c. information about hazards is communicated to employees; and
  - d. employees are given sufficient information regarding protective measures.
4. The hazard communication program includes:
  - a. a written hazard communication plan;
  - b. lists of hazardous chemicals used in the workplace;
  - c. labels on containers of hazardous chemicals shipped to and stored in the workplace;
  - d. preparation and distribution of safety data sheets to employees; and
  - e. employee training programs regarding hazardous substances and protective measures.
5. The hazard communication program coordinator will ensure that hazardous substances are labeled in accordance with OSHA requirements, and consistent with the provisions of United Nations *Globally Harmonized System of Classification and Labeling of Chemicals* (GHS).
6. Additional GHS labeling of the following chemicals is not required, as long as these substances are subject to the labeling requirements of the agencies that regulate them (EPA, Department of Agriculture, etc.):
  - a. Pesticides;
  - b. Agricultural or vegetable seed treated with pesticides;
  - c. Drugs (in solid, final form) that are intended for direct administration to a resident, or intended for personal consumption by employees in the workplace;
  - d. Ionizing or non-ionizing radiation;
  - e. Biological hazards/ hazardous waste;
  - f. Tobacco or tobacco products intended for use by residents or staff;
  - g. Wood or wood products (unless treated with a hazardous chemical covered by the hazard communication standard);
  - h. Alcoholic beverages;

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- i. Foods sold, used or prepared on site, or intended for personal consumption by staff; and
  - j. Food additives or color additives.
7. Inquiries concerning hazardous chemicals and substances should be referred to the program coordinator or to the safety officer.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	29 CFR 1910.1200(a) - OSHA Hazard Communication Standard <i>Globally Harmonized System of Classification and Labeling of Chemicals (GHS)</i>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0363)

# Identification Name Badges

## Policy Statement

In order to promote safety and security measures established by our facility, each employee must wear his/her identification name badge at all times while on duty.

## Policy Interpretation and Implementation

1. All personnel are required to wear identification name tags or badges during their work shift.
2. An identification name tag or badge must be clearly visible and contain a picture of the employee (optional), the employee's first name initial, last name and job title (i.e., J. Doe, RN; S. Day, Activity Director, etc.).
3. The personnel/human resources director, or designee, will be responsible for preparing the employee's identification tag or badge. Department directors or supervisors will issue a newly hired or reassigned employee his/her identification tag or badge upon reporting for work.
4. Employees will be responsible for maintaining their identification tags or badges and wearing them to work. Employees who chronically lose or forget their identification tags or badges may be subject to disciplinary action. (Note: Chronically losing or forgetting an identification tag or badge is defined as three (3) or more times during a pay period.)
5. Employees must report lost identification tags or badges to their supervisors so that replacement tags/badges can be issued.
6. The facility will provide the initial identification name tag or badge at no cost to the employee. However, the employee will be required to pay for lost identification name tags or badges.
7. Payment for a replacement tag or badge may be made to the personnel/human resources director at the time of reissue, or payment may be deducted from the employee's paycheck, whichever the employee chooses.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(e); 483.70(b)(c)
<b>Survey Tag Numbers</b>	F557; F836
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0387)



# Injuries (On-the-Job)

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## Policy Statement

All injuries that occur to an employee while performing his/her job shall be reported to the employee's department director and/or supervisor.

## Policy Interpretation and Implementation

1. Regardless of the nature or severity of the injury, all on-the-job injuries occurring on our premises or to our employees while performing their jobs shall be reported to the injured employee's department director and/or supervisor.
2. On-the-job injuries include, but are not limited to, the following events:
  - a. Needlesticks/sharps accidents;
  - b. Minor cuts, abrasions, and bruises;
  - c. Lacerations;
  - d. Severe bruises/contusions (with or without fracture);
  - e. Muscle strains or sprains;
  - f. Severe pain or discomfort, which may or may not be related to performance of job duties;
  - g. Episodes of loss of consciousness or seizures; and
  - h. Falls.
3. Emergency first aid treatment will be provided to an injured employee, unless the employee refuses such treatment.
4. Injuries shall be reported on the shift in which the injury occurred. Accident/incident reports shall be completed for all on-the-job injuries. The supervisor or department head shall forward such reports to the administrator for review and filing in the employee's medical record.
5. Failure to report an on-the-job injury to the appropriate individual in a timely fashion may result in disciplinary action.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	29 CFR 1904 - OSHA Recording and Reporting Occupational Injuries and Illnesses
Related Documents	<a href="#">Accidents/Incidents (Employee)</a>
Version	1.1 (H5MAPL0411)

# In-Service Training Program, Nurse Aide

## Policy Statement

All nurse aide personnel participate in regularly scheduled in-service training classes.

## Policy Interpretation and Implementation

1. All personnel are required to attend regularly scheduled in-service training classes.
2. The facility completes a performance review of nurse aides at least every 12 months.
3. In-service training is based on the outcome of the annual performance reviews, addressing weaknesses identified in the reviews.
4. Annual in-services:
  - a. ensure the continuing competence of nurse aides;
  - b. are no less than 12 hours per employment year;
  - c. address areas of weakness as determined by nurse aide performance reviews;
  - d. address the special needs of the residents, as determined by the facility assessment;
  - e. include training that addresses the care of residents with cognitive impairment; and
  - f. include training in dementia management and abuse prevention.
5. Insofar as practical, notice of in-service training classes, their time, place, date, etc., are posted on the employee bulletin board at least seven (7) days prior to the scheduled class.
6. Attendance of in-service training classes is considered working time for pay purposes.
7. Only the personnel director may excuse an employee from an in-service training class.
8. All training classes attended by the employee are entered on the respective employee's *Record of In-Service* by the department supervisor or other person(s) as designated by the supervisor.
9. Records are filed in the employee's personnel file or are maintained by the department supervisor.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.35(d)(7) Regular in-service education.
<b>Survey Tag Numbers</b>	F730
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPL0417)

# Latex Allergies

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## Policy Statement

The facility shall provide non-latex equipment and supplies for individuals with latex sensitivities.

## Policy Interpretation and Implementation

1. Latex exposure shall be minimized or eliminated among latex sensitive individuals.
2. The facility is responsible for providing latex-free supplies to residents or staff with latex sensitivity.
3. The nursing staff will have knowledge of guidelines from the Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) regarding the prevention of allergic reactions to latex in the workplace.
4. Staff and resident education will be available concerning latex allergies.
5. The pharmacy shall be available to help facility staff identify any products that may contain latex (such as rubber lids on tops of bottles).

References	
<b>OBRA Regulatory Reference Numbers</b>	483.90(d); 483.70(b)
<b>Survey Tag Numbers</b>	F907; F836
<b>Other References</b>	<a href="http://www.cdc.gov/niosh/pdfs/98-113.pdf">http://www.cdc.gov/niosh/pdfs/98-113.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0457)

# Legal Documents

## Policy Statement

Nursing service personnel are not permitted to witness legal documents unless authorized by the administrator, or his/her designee.

## Policy Interpretation and Implementation

1. Nursing personnel asked by the resident or the resident's family members to witness legal documents must inform them that such actions must be authorized by administration.
2. Should the administrator permit witnessing procedures, it must be duly witnessed by a notary public. (Note: In unusual or critical circumstances, the administrator may waive this rule and permit the director of nursing services to witness the document.)
3. Law enforcement officials must be accompanied by a staff member when serving legal documents on residents or employees.
4. Should the facility be served with a subpoena during non-business office hours/holidays, the nurse supervisor/charge nurse receiving the subpoena must place the subpoena in the business office mail slot or secure the subpoena in the drug room until the next business day. Subpoenas must be delivered to the business office as soon as possible.
5. The administrator must be informed of (and delivered) the subpoena as soon as possible. The nurse supervisor/charge nurse may email the administrator or business office that a subpoena has been received and is stored at the nurses' station.
6. Staff personnel observing violations of this policy must immediately report such action to their supervisor.
7. All requests for the serving of legal documents and/or the witnessing of legal documents should be referred to the business office.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(b); 483.10(g); 483.40(d)
<b>Survey Tag Numbers</b>	F550; F572; F745
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0466)

# Lost and Found

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## Policy Statement

Our facility shall assist all personnel and residents in safe-guarding their personal property.

## Policy Interpretation and Implementation

1. All items found on the premises must be turned over to the business office within 24 hours after the items are found.
2. Items left by discharged residents must be reported to the director of nursing services.
3. A receipt, describing the lost item(s), will be provided to the person turning in lost items. If items are not claimed within 30 days, items will be returned to the person to whom the receipt was issued.
4. Our facility assumes no responsibility or liability for employee valuables. If an employee suspects that he/she has lost items on our premises, he/she must report such to his/her supervisor.
5. Department directors and supervisors should discourage employees from bringing large sums of money or other valuables to work with them.
6. Resident or family complaints of missing items must be reported to the director of nursing services.
7. Lost and found records will be maintained for one (1) year, then destroyed.
8. Reports of misappropriation or mistreatment of resident property are immediately investigated.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.12; §483.12(b)
<b>Survey Tag Numbers</b>	F602; F607
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0473)

# Nurse Aide Qualifications and Training Requirements

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## Policy Statement

Nurse aides must undergo a state-approved training program.

## Policy Interpretation and Implementation

1. “Nurse aide” is defined as any individual providing nursing or nursing-related services to residents in our facility who is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay.
2. Individuals applying for the position of nurse aide must:
  - a. be a minimum of 18 years of age;
  - b. possess a sincere desire to serve the ill, aged, and infirm;
  - c. be able to read, write, and speak the English language in an understandable manner;
  - d. give the facility written permission to conduct a background reference check; and
  - e. meet the Department of Labor’s employment eligibility requirements.
3. In keeping with the Omnibus Budget Reconciliation Act of 1987 (OBRA), our facility will only employ those nurse aides who meet the requirements set forth in the federal and state statutes concerning the staffing of long-term care facilities.
4. Our facility will not employ any individual as a nurse aide for more than four (4) months full-time, temporary, per diem, or otherwise, unless:
  - a. that individual is competent to provide designated nursing care and nursing related services; and
  - b. that individual has completed a training program and competency evaluation program, or a competency evaluation program approved by the state; or
  - c. that individual has been deemed competent as provided in §483.150(a) and (b) of the requirements of participation.
5. Our facility will not use any individual as a nurse aide who has worked less than four (4) months unless the individual:
  - a. is a full-time employee and participating in a state-approved training and competency evaluation program; or
  - b. has demonstrated competence through satisfactory participation in a state-approved nurse aide training and competency evaluation program; or
  - c. has been determined competent as provided in §483.150(a) and (b) of the requirements of participation.

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6. Applicants who meet the qualifications for a nurse aide and are in training will have a minimum of 16 hours of training in the following areas prior to direct contact with the residents:
  - a. Communication and interpersonal skills;
  - b. Infection control;
  - c. Safety/emergency procedures;
  - d. Promoting residents' independence;
  - e. Respecting residents' rights;
  - f. Basic nursing skills (including):
    - (1) Taking and recording vital signs;
    - (2) Measuring and recording height and weight;
    - (3) Caring for the residents' environment;
    - (4) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and
    - (5) Caring for residents when death is imminent.
  - g. Personal care skills (including):
    - (1) Bathing;
    - (2) Grooming, including mouth care;
    - (3) Dressing;
    - (4) Toileting;
    - (5) Assisting with eating and hydration;
    - (6) Proper feeding techniques;
    - (7) Skin care; and
    - (8) Transfers, positioning, and turning.
  - h. Mental health and social service needs (including):
    - (1) Modifying aide's behavior in response to residents' behavior;
    - (2) Awareness of developmental tasks associated with the aging process;
    - (3) How to respond to resident behavior;
    - (4) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; and
    - (5) Using the resident's family as a source of emotional support.
  - i. Care of cognitively impaired residents (including):
    - (1) Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others);
    - (2) Communicating with cognitively impaired residents;
    - (3) Understanding the behavior of cognitively impaired residents;
    - (4) Appropriate responses to the behavior of cognitively impaired residents; and
    - (5) Methods of reducing the effects of cognitive impairments.
  - j. Basic restorative services (including):
    - (1) Training the resident in self care according to the resident's abilities;
    - (2) Use of assistive devices in transferring, ambulation, eating, and dressing;
    - (3) Maintenance of range of motion;
    - (4) Proper turning and positioning in bed and chair;
    - (5) Bowel and bladder training; and
    - (6) Care and use of prosthetic and orthotic devices.

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- k. Resident rights (including):
  - (1) Providing privacy and maintenance of confidentiality;
  - (2) Promoting the residents' rights to make personal choices to accommodate their needs;
  - (3) Giving assistance in resolving grievances and disputes;
  - (4) Providing needed assistance in getting to and participating in resident and family groups and other activities;
  - (5) Maintaining care and security of residents' personal possessions;
  - (6) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff; and
  - (7) Avoiding the need for restraints in accordance with current professional standards.
- 7. Nursing assistants failing to successfully complete the required training program within the first four (4) months of their date of employment may be terminated from employment or may be reassigned to non-nursing related services.
- 8. Any person who has not performed nursing or nursing-related services for pay for a continuous twenty-four (24) month period after completion of a training and competency evaluation program, must complete a new training and competency evaluation program.
- 9. Inquiries concerning nurse aide training should be referred to the personnel director or to the director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.35(d) Requirement for facility hiring and use of nurse aides; 483.150-483.154; 483.158
<b>Survey Tag Numbers</b>	F728
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0282)



# Nursing Services Policy and Procedure Manual

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## Policy Statement

Services provided to our residents are performed in accordance with current acceptable standards of clinical practice.

## Policy Interpretation and Implementation

1. A nursing services policy and procedure manual is available for use by all personnel providing resident care.
2. Our facility's nursing services policy and procedure manuals contain step-by-step guidance for each type of nursing care rendered. Staff are encouraged to reference such manual(s) when needed to assure that appropriate protocols are followed in accordance with established procedures.
3. Our procedure manual is developed using current resource data from approved textbooks on nursing care/treatments, professional journals, and practice guidelines from government agencies (e.g., CMS, CDC, OSHA, etc.).
4. Our procedure manuals are updated on a continuous basis. Staff are encouraged to make recommendations and to participate in such revisions. Staff are informed of revisions via in-service training programs, email notices, and staff meetings.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.21(b)(3)
<b>Survey Tag Numbers</b>	F659
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL0557)

# On-the-Job Training

## Policy Statement

On-the-job training programs will be conducted when necessary to assist employees in performing their assigned tasks.

## Policy Interpretation and Implementation

1. On-the-job training is provided to train each employee in his/her respective job assignment and our methods of performing such tasks.
2. Department directors will be responsible for on-the-job training to assure that our established training schedules are followed. (Note: Non-supervisory personnel may be assigned as on-the-job trainers.)
3. On-the-job training begins on the first day of employment and is completed when the department director is satisfied that the employee can perform his/her assigned duties, within the time frame allotted for each particular function, without any further supervision.
4. Insofar as practical, on-the-job training will be conducted during the employee's normal working hours.
5. Each employee is required to participate in our on-the-job training program, unless otherwise excused by the department director and HR director.
6. All training programs and classes attended by an employee shall be entered on his/her *Employee Training Attendance Record*.
7. Training records will be filed in the employee's personnel file or may be maintained by the department supervisor.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.1 (H5MAPL0563)

# Orientation Program for Newly Hired Employees, Transfers, Volunteers

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## Policy Statement

An orientation program shall be conducted for all newly hired employees, transfers from other departments, those providing services under contractual arrangements, and volunteers.

## Policy Interpretation and Implementation

1. All newly hired personnel/volunteers/transfers/contactors must attend a 10-hour orientation program within their first five (5) days of hire.
2. The orientation program is separate from the required state-approved nurse aide training program, and the role-specific training and/or in-service training of new and existing staff.
3. Our orientation program includes, but is not limited to the following:
  - a. A tour of the facility, which includes:
    - (1) a description of the resident population;
    - (2) an overview of the resident's daily routine; and
    - (3) a demonstration of the use of the resident's call light and intercom system.
  - b. Instructions in procedures to be followed in an emergency which includes, but is not limited to:
    - (1) unusual occurrences with residents (i.e., accidents, wandering, missing, etc.);
    - (2) fire safety;
    - (3) disaster preparedness; and
    - (4) accident prevention and emergency first aid procedures.
  - c. An introduction to resident care procedures, which includes, but is not limited to:
    - (1) a review of the facility's Nursing Services Policy and Procedure Manual;
    - (2) a review of the facility's Nursing Assistant's Training Program;
    - (3) a review of the facility's In-Service Training Program;
    - (4) a review of the facility's infection control practices; and
    - (5) a review of the facility's philosophy of care.
  - d. An introduction of our administrative structure, which includes:
    - (1) a review of our organized staff including an introduction to each department supervisor;
    - (2) an overview of each department's services;
    - (3) a review of the employee's job description;
    - (4) a review of resident rights; and
    - (5) a review of personnel policies.
4. In addition to our general orientation, each department orients the newly hired employee/transfer/volunteer/contractor to his or her department's policies and procedures, as well as other data that will aid him/her in understanding the team concept, attitudes and approaches to resident care.
5. Our orientation program is an in-depth review of our facility's policies and procedures. A checklist is used to record materials reviewed.
6. A written record is maintained of each participant's orientation program.

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7. Orientation records include the date reviewed, participant's initials, subject matter reviewed, and other information deemed necessary or appropriate.
8. Records of orientation are filed in the personnel file upon completion of the orientation program.
9. Completed copies of *Employee Orientation Checklists* are filed in the employee's personnel file.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0584)

# OSHA Forms 300, 300A, and 301

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## Policy Statement

Our facility will record OSHA recordable injuries and illnesses on an OSHA Form 300 within seven (7) calendar days of receiving information about the occupational injury/illness.

## Policy Interpretation and Implementation

1. Within seven (7) working days from the time an injury is reported to management (e.g., employee supervisor, department supervisor, etc.), an accident/incident report will be submitted to the safety officer to determine if such injury is recordable (work-related) under the OSHA program requirements.
2. The OSHA Form 301 (Injury and Illness Incident Report) or a facility-approved form may be used to record work-related injuries or illnesses.
3. An injury or illness is considered work-related (recordable) if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-related is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace.
4. On February 1st of each year, OSHA Form 300A (Summary of Work-Related Injuries and Illnesses) will be posted on the employee bulletin board. This report will remain on the bulletin board until April 30th of that year. Such report will be posted even if no work-related injuries or illnesses occurred.
5. OSHA Forms 300, 300A and 301 will be kept on file in the business office for a period of five (5) years.
6. Inquiries concerning the recording of work-related occupational injuries and illnesses should be referred to the safety and health program coordinator or his/her designee.
7. If OSHA forms are voluntarily disclosed to persons other than government representatives, employees, former employees or authorized representatives (as required by §§1904.35 and 1904.40), employees' names and other personally identifying information shall be removed or hidden, except under the circumstances listed below.
8. Forms with personally identifying information may be disclosed only:
  - a. to an auditor or consultant hired by the employer to evaluate the safety and health program;
  - b. to the extent necessary for processing a claim for workers' compensation or other insurance benefits; or
  - c. to a public health authority or law enforcement agency for uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required under Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information (45 CFR 164.512).

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.70(b)
<b>Survey Tag Numbers</b>	F836
<b>Other References</b>	29 CFR 1904 - OSHA Recording and Reporting Occupational Injuries and Illnesses
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0589)

# Paging System

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## Policy Statement

The facility is equipped with an overhead paging system for use during emergencies.

## Policy Interpretation and Implementation

1. Our facility is equipped with a paging system for the purpose of relaying emergency information, conducting fire and disaster drills, and for relaying urgent information to employees, residents, and visitors.
2. Department directors, supervisors and other personnel responsible for paging functions are trained in the use of our paging system.
3. Emergency codes for paging personnel have been established. A listing of these codes is posted at each nurses' station.
4. Emergency paging codes are reviewed during employee orientation and annual in-service training programs.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(i) Safe Environment.; §483.10(i)(7) For the maintenance of comfortable sound levels.; §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition
<b>Survey Tag Numbers</b>	F584; F908
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0598)

# Posting Direct Care Daily Staffing Numbers

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## Policy Statement

Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents.

## Policy Interpretation and Implementation

1. Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.
2. *Directly responsible for resident care* means that individuals are responsible for residents' total care or some aspect of the residents' care including, but not limited to, assisting with activities of daily living (ADLs), performing gastrointestinal feeds, giving medications, supervising care given by CNAs, and performing nursing assessments to admit residents or notify physicians of changes of condition.
3. Shift staffing information shall be recorded on the *Nursing Staff Directly Responsible for Resident Care* form for each shift. The information recorded on the form shall include the following:
  - a. The name of the facility.
  - b. The date for which the information is posted.
  - c. The resident census at the beginning of the shift for which the information is posted.
  - d. Twenty-four (24)-hour shift schedule operated by the facility.
  - e. The shift for which the information is posted.
  - f. Type (RN, LPN, LVN, or CNA) and category (licensed or non-licensed) of nursing staff working during that shift.
  - g. The actual time worked during that shift for each category and type of nursing staff.
  - h. Total number of licensed and non-licensed nursing staff working for the posted shift.
4. When computing hours of direct care staff working split shifts, count only the *total* number of hours the individual is actually scheduled to work for the shift information being posted. (Example: You are posting data for the *day shift*. A CNA reports to work and is scheduled to work four (4) hours on the *day shift* and four (4) hours on the *evening shift*. In computing the number of hours worked for that shift, count only the four (4) hours scheduled for the *day shift*. The remaining four (4) hours would then be counted toward the totals on the *evening shift*.)
5. Within two (2) hours of the beginning of each shift, the shift supervisor shall compute the number of direct care staff and complete the *Nursing Staff Directly Responsible for Resident Care* form. The shift supervisor shall date the form, record the census and post the staffing information in the location(s) designated by the administrator.
6. The form may be typed or handwritten. If completed by typewriter or word processor, the recorded information shall be a minimum font size of 12 points. Should the information be handwritten, it must be legibly printed in *black ink* and must be written so that staffing data can be easily seen and read by residents, staff, visitors or others who are interested in our facility's daily staffing information.

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7. The previous shift's forms shall be maintained with the current shift form for a total of 24 hours of staffing information in a single location. Once a form is removed, it shall be forwarded to the director of nursing services' office and filed as a permanent record.
8. Records of staffing information for each shift will be kept for a minimum of eighteen (18) months or as required by state law (whichever is greater).
9. Staffing information during the recorded time period shall be made available to residents, family members, and the public within 24 hours of a written or verbal request. The fee for the requested information shall not exceed the cost of copying and clerical time to retrieve the information.
10. Direct care staffing information will be reported quarterly to CMS through the QIES Payroll-Based Journal electronic reporting system.
11. Inquiries concerning our direct care staffing information should be referred to the director of nursing services or to the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.35(a); 483.35(g); 483.70(b)(c)
<b>Survey Tag Numbers</b>	F725; F732; F836
<b>Other References</b>	Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA)
<b>Related Documents</b>	<a href="#">Nursing Staff Directly Responsible for Resident Care Reporting Direct-Care Staffing Information (Payroll-Based Journal)</a>
<b>Version</b>	1.1 (H5MAPL0656)

# Registry of Nurse Aides

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## Policy Statement

Certified nurse aide licenses shall be verified through the registry of nurse aides before individuals may serve as nurse aides or nursing assistants.

## Policy Interpretation and Implementation

1. Each certified nurse aide applying for a nurse aide position must present to the HR director, or other designee, a copy of his/her registration number.
2. The HR director, or other designee, is responsible for contacting the state nurse aide registry to determine the validity of the individual's certification status.
3. Should the facility find that an individual is not in the registry, that individual must enroll in a nurse aide training program prior to serving as a nurse aide, unless:
  - a. the individual is a full-time employee who is in a state-approved training and competency evaluation program; or
  - b. the individual can prove that he or she has recently completed a state-approved training and competency evaluation program and has not yet been included in the registry.
4. If there is reason to believe that an individual may be registered with more than one state registry, then information about the individual will be requested from each state that he or she may be registered with.
5. If the individual has been terminated from another facility for resident abuse, the nurse aide will not be employed and/or will be terminated from employment, whichever case may apply.
6. If there has been a period of 24 months or more since the individual completed a training and competency evaluation program and during that period has not provided nursing-related services for monetary evaluation, that individual must complete another competency evaluation program (with or without training) before serving as a nurse aide. The nurse aide will be furnished with a copy of the report obtained from the registry so that he/she has an opportunity to correct any inaccurate data on the file in the registry.
7. The state nurse aide registry contains, as a minimum, the following information on each certified nurse aide:
  - a. The individual's full name;
  - b. Information necessary to identify each individual;
  - c. The date the individual became eligible for placement in the registry through successfully completing a nurse aide training and competency evaluation program or competency evaluation program or by meeting the requirements of §483.150; and
  - d. The following information on any finding by the state survey agency of abuse, neglect, or misappropriation of property by the individual:
    - (1) Documentation of the state's investigation, including the nature of the allegation and the evidence that led the state to conclude that the allegation was valid;
    - (2) The date of the hearing, if the individual chose to have one, and its outcome; and
    - (3) A statement by the individual disputing the allegation, if he or she chooses to make one.

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8. Information concerning any finding by the state survey agency of abuse, neglect, or misappropriation of property by an individual must be included in the registry within 10 working days of the finding and must remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or the State is notified of the individual's death.
9. The HR director, or other designee, is responsible for notifying the state registry of:
  - a. the date the certified nurse aide was hired;
  - b. the date the certified nurse aide was terminated from employment; and
  - c. the reason for the termination of employment.
10. Inquiries concerning the nurse aide registry should be referred to the HR director, or to the director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.35(d)(4); §483.35(d)(5); §483.35(d)(6); 483.156
<b>Survey Tag Numbers</b>	F729
<b>Other References</b>	<a href="https://www.ncsbn.org/Directory_of_Nurse_Aide_Registries.pdf">https://www.ncsbn.org/Directory_of_Nurse_Aide_Registries.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0725)

# Reporting Direct-Care Staffing Information (Payroll-Based Journal)

## Policy Statement

Staffing and census information will be reported electronically to CMS through the Payroll-Based Journal system in compliance with 6106 of the Affordable Care Act.

## Policy Interpretation and Implementation

1. Beginning with the fiscal quarter of 2016 (beginning July 1, 2016), direct-care staffing and census information will be reported electronically to CMS through the Payroll-Based Journal (PBJ) system.
2. Direct-care staffing information includes staff hired directly by the facility, those hired through an agency, and contract employees.
3. Providers who are employed by the facility (including physicians) are included in direct-care staffing information; providers who bill Medicare directly are not included.
4. For auditing purposes, reported staffing information is based on payroll records, or other verifiable information.
5. Information may be uploaded to the PBJ system manually, or through a payroll time and attendance system, or a combination of both.
6. The PBJ system is accessed through the QIES at <https://www.qtso.com/>.
7. Manual entries are made only by designated personnel with training on the PBJ user interface.
8. Technical specifications for uploading data directly from a payroll or time and attendance system will be accessed through: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.
9. Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. Dates are as follows:

Fiscal Quarter	Date Range	Submission Deadline
1	October 1- December 31	February 14
2	January 1- March 31	May 15
3	April 1 – June 30	August 14
4	July 1 – September 30	November 14

10. Staffing data includes the number of hours worked each day by each staff member.
11. Census data is reported each fiscal quarter and includes resident census on the last day of each month of the quarter.

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12. Definitions, instructions and examples of the PBJ user interface can be found in CMS' *Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual*. A current copy of this manual can be accessed at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
13. A manual log is available to record information should the facility experience temporary internet outage and cannot record staffing data directly to the PBJ system. This log may also serve as a tool to record data that will be manually uploaded quarterly.

References	
<b>OBRA Regulatory</b>	§483.70(q)
<b>Survey Tag Numbers</b>	F851
<b>Other References</b>	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1444)

# Reporting Musculoskeletal Disorders

## Policy Statement

Our facility shall strive to reduce the number and severity of musculoskeletal disorders (MSDs) caused by exposure to risk factors associated with tasks performed while providing care or services to our residents.

## Policy Interpretation and Implementation

1. Our facility has developed an ergonomics program that provides our staff with information relative to the prevention of musculoskeletal disorders.
2. Employees should report any of the following signs and symptoms to their supervisor:
  - a. Painful joints;
  - b. Pain in wrists, shoulders, forearms, knees;
  - c. Pain, tingling or numbness in hands or feet;
  - d. Fingers or toes turning white;
  - e. Shooting or stabbing pains in arms or legs;
  - f. Back or neck pain;
  - g. Swelling or inflammation;
  - h. Stiffness; and/or
  - i. Burning sensation.
3. Any injury or illness suffered while on duty shall be reported to the supervisor and recorded in accordance with OSHA's occupational injury and illness recording and reporting regulations (29 CFR 1904).
4. Prior to or upon employment, all employees undergo an orientation program that includes information relative to our facility's ergonomics program.
5. Inquiries relative to our ergonomics program should be referred to the administrator or director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.70(b)(c)
<b>Survey Tag Numbers</b>	F836
<b>Other References</b>	29 CFR 1904 - OSHA Recording and Reporting Occupational Injuries and Illnesses OSHA's Guidelines for Nursing Homes at: <a href="http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.pdf">http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0743)

# Safety of Employees

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## Policy Statement

As part of our efforts to provide a safe and healthful environment for all employees, residents, and visitors, the facility shall comply with applicable governmental health and safety requirements.

## Policy Interpretation and Implementation

1. The facility shall verify compliance with all federal, state, and local health and safety regulations and shall take steps to correct any violations thereof.
2. The facility shall investigate all accidents, incidents, and on-the-job injuries and shall complete any required reports pertaining to any such investigation.
3. The facility shall investigate and correct any work conditions that are unsafe, unhealthy, or not in compliance with governing regulations and shall complete any required reports pertaining to such investigations.
4. To help ensure that the facility remains in compliance with all applicable regulations, each employee of this facility is expected to report any accidents, incidents, on-the-job injuries, safety or health violations, and unsafe or unhealthy working conditions to his/her supervisor or the human resources director. Employees may also make recommendations pertaining to the facility's safety and health issues.
5. The facility shall provide orientation programs and training for employees regarding the safety program.
6. Department directors shall review departmental safety precautions, rules, regulations, and procedures with their assigned personnel upon assignment and periodically thereafter.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.2 (H5MAPL0795)

# Smoking Policy – Employees

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## Policy Statement

It is the policy of this facility to provide our employees with as near a smoke-free environment as possible and to ensure safe smoking practices for those who smoke.

## Policy Interpretation and Implementation

### Smoking Provisions—Employees.

1. Employee smoking is permitted only in places where it is designated. Smoking is prohibited in all other areas.
2. Areas where smoking is permitted are posted with a “Designated Smoking Area” sign.
3. Only the administrator has the authority to designate an area of the facility as a smoking area.
4. Smoking is prohibited in any area where oxygen is being used or stored, in any area that bears a “No-Smoking” sign, or in any area that would create a hazardous or unsafe condition.
5. Smoking is prohibited in public areas or where groups of people frequently gather. They include, but are not limited to the following areas:
  - a. Reception areas;
  - b. Open office areas;
  - c. Elevators;
  - d. Stairwells;
  - e. Restrooms;
  - f. Conference/training rooms;
  - g. Corridors;
  - h. Computer room; and
  - i. Others as may be designated.

### Resolving Conflicts.

1. Any employee who is dissatisfied with our smoking policies may file a complaint without fear of reprisal.
2. Grievance procedures should be followed as outlined in a separate manual.
3. Should an employee present a written, signed and dated physicians’ certification that exposure to smoke causes severe reactions, all reasonable efforts will be taken to accommodate the employee.

### Residents and Visitors.

1. While this policy applies primarily to our staff, certain smoking restrictions apply to our residents and visitors.
2. Residents and visitors are not permitted to smoke in any area that is not designated as a smoking area. Smoking is not permitted in resident rooms.

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**Reporting Violations.**

1. It is the responsibility of all personnel to report smoking violations. Violations should be reported to the department director as soon as practical.
2. Inquiries concerning smoking regulations should be referred to the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.90(h) Dining and Resident Activities
<b>Survey Tag Numbers</b>	F920
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Smoking Policy – Residents</a>
<b>Version</b>	1.1 (H5MAPL0827)

# Staff Development Program

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## Policy Statement

All personnel must participate in initial orientation and regularly scheduled in-service training classes.

## Policy Interpretation and Implementation

1. “Staff development” is defined as initial orientation, followed by regularly scheduled in-service training programs.
2. The primary objective of our facility’s staff development program is to ensure that staff have the knowledge, skills and critical thinking necessary to provide excellent resident care.
3. Training materials are provided at no cost to those attending.
4. Training methods and teaching materials are appropriate to the level of education and expected roles of those attending.
5. Required training topics include the following:
  - a. Effective communication with residents and family (direct care staff);
  - b. Resident rights and responsibilities;
  - c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including:
    - (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property;
    - (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and
    - (3) dementia management and resident abuse prevention.
  - d. Elements and goals of the facility QAPI program;
  - e. The infection prevention and control program standards, policies and procedures; and
  - f. The compliance and ethics program standards, policies and procedures.
6. Compliance and ethics training is conducted annually when this organization is operating five or more facilities.
7. In addition to the in-service training requirements outlined above, nurse aides (CNAs) are required to complete no less than 12 hours annually of in-service training that is sufficient to ensure the continuing competency of nurse aides and address any specific areas of weakness identified in performance evaluations and through the facility assessment.
8. Insofar as practical, notice of in-service training classes, their time, place, date, etc., will be posted on the employee bulletin board at least seven (7) days prior to the scheduled class.
9. Attendance at staff development classes is considered working time for pay purposes.
10. Only the HR director may excuse an employee from attending a staff development class.
11. All staff development classes attended by the employee are entered on the respective employee’s employee training attendance record by the department director or other person(s) designated by that director.
12. Records are filed in the employee’s personnel file or maintained by the department director.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.95 Training Requirements
<b>Survey Tag Numbers</b>	F940; F941; F942; F943; F944; F945; F946
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">In-Service Training Program, Nurse Aide</a> <a href="#">Nurse Aide Qualifications and Training Requirements</a> <a href="#">Orientation Program for Newly Hired Employees, Transfers, Volunteers</a>
<b>Version</b>	1.3 (H5MAPL0416)

# Staffing

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## Policy Statement

Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.

## Policy Interpretation and Implementation

1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services.
2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care.
3. Other support services (e.g., dietary, activities/recreational, social, therapy, environmental, etc.) are also staffed to ensure that resident needs are met.
4. Direct care staffing information per day (including agency and contract staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter.
5. Inquiries or concerns relative to our facility's staffing should be directed to the administrator or his/her designee.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.35(a); §483.70(q)
<b>Survey Tag Numbers</b>	F851
<b>Other References</b>	<a href="#">CMS-20062 Sufficient and Competent Nurse Staffing</a>
<b>Related Documents</b>	<a href="#">Posting Direct Care Daily Staffing Numbers</a>
<b>Version</b>	1.1 (H5MAPL0842)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Positioning and Moving**

Item # H50075

WINDSOR 002310

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Positioning and Moving**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Positioning and Moving**

### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20120 Positioning, Mobility and Range of Motion (ROM)

#### **Guidelines**

*FDA Patient Lifts Safety Guide*

# Safe Lifting and Movement of Residents

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## Policy Statement

In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.

## Policy Interpretation and Implementation

1. Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents.
2. Manual lifting of residents shall be eliminated when feasible.
3. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include the following:
  - a. Resident's preferences for assistance;
  - b. Resident's mobility (degree of dependency);
  - c. Resident's size;
  - d. Weight-bearing ability;
  - e. Cognitive status;
  - f. Whether the resident is usually cooperative with staff; and
  - g. The resident's goals for rehabilitation, including restoring or maintaining functional abilities.
4. Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices.
5. Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary.
6. Only staff with documented training on the safe use and care of the machines and equipment used in this facility will be allowed to lift or move residents.
7. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques.
8. Mechanical lifts shall be made readily available and accessible to staff 24 hours a day. Back-up battery packs on remote chargers shall be provided as needed so that lifts can be used 24 hours a day while batteries are being recharged.
9. Enough slings, in the sizes required by residents in need, will be available at all times. As an alternative, residents with lifting and movement needs will be provided with single-resident use disposable slings.
10. Maintenance staff shall perform routine checks and maintenance of equipment used for lifting to ensure that it remains in good working order.
11. All equipment design and use will meet or exceed guidelines and regulations concerning resident safety and the use of restraints.

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12. Safe lifting and movement of residents is part of an overall facility employee health and safety program, which:
- involves employees in identifying problem areas and implementing workplace safety and injury-prevention strategies;
  - addresses reports of workplace injuries;
  - provides training on safety, ergonomics and proper use of equipment; and
  - continually evaluates the effectiveness of workplace safety and injury-prevention strategies.

References	
<b>OBRA Regulatory</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	FDA Patient Lifts Safety Guide OSHA Ergonomics for the Prevention of Musculoskeletal Disorders <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Bed Safety</a> <a href="#">Lifting Machine, Using a Mechanical</a> <a href="#">Use of Restraints</a>
<b>Version</b>	1.3 (H5MAPL0970)

# Dorsal Recumbent Position

Level II

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## Purpose

The purpose of the dorsal recumbent position is to allow for examination of the head, neck, anterior thorax, lungs, breasts, axillae and heart.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Position the resident on his or her back.
3. Lock arms with the resident to position the pillow under his or her head.
4. Drape the resident with a blanket. Avoid unnecessary exposure of the resident's body.
5. Encourage the resident to assist you as much as possible.
6. Instruct or assist the resident to bend his/her knees with the feet flat on the bed surface.
7. Reposition the bed covers. Make the resident comfortable.
8. Place the call light within easy reach of the resident.
9. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
10. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS Items (CAAs)	Section G; (CAA 5; CAA 16)
Survey Tag Numbers	F676
Other References	
Related Documents	
Version	1.1 (H5MAPR0113)

# Fowler's Position

## Level II

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### Purpose

The purpose of the Fowler's position is to allow the resident to sit upright in bed.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.

### Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Position the resident on his or her back.
3. Lock arms with the resident to position the pillow under his or her head.
4. Drape the resident with a blanket. Avoid unnecessary exposure of the resident's body.
5. Encourage the resident to assist you as much as possible.
6. Bend or assist the resident to bend his or her knees slightly.
7. Raise the head of the bed to a 45° angle.
8. Reposition the bed covers. Make the resident comfortable.
9. Place the call light within easy reach of the resident.
10. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
11. Wash and dry your hands thoroughly.

### Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

### Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
MDS Items (CAAs)	Section G; (CAA 5; CAA 16)
Survey Tag Numbers	F676
Other References	
Related Documents	
Version	1.1 (H5MAPR0139)

# Lifting Machine, Using a Mechanical

## Level II

### Purpose

The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions.

### General Guidelines

1. At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift.
2. Mechanical lifts may be used for tasks that require:
  - a. Lifting a resident from the floor;
  - b. Transferring a resident from bed to chair;
  - c. Lateral transfers;
  - d. Lifting limbs;
  - e. Toileting or bathing; or
  - f. Repositioning.
3. Types of lifts that may be available in the facility are:
  - a. Floor-based full body sling lifts;
  - b. Overhead full body sling lifts; and
  - c. Sit-to-stand lifts.
4. Lift design and operation vary across manufacturers. Staff must be trained and demonstrate competency using the specific machines or devices utilized in the facility.

### Steps in the Procedure

1. Before using a lifting device, assess the resident's current condition, including:
  - a. Physical:
    - (1) Can the resident assist with transfer?
    - (2) Is the resident's weight and medical condition appropriate for the use of a lift?
  - b. Cognitive/Emotional:
    - (1) Can the resident understand and follow instructions?
    - (2) Does the resident express fear or appear anxious about the use of a lift?
    - (3) Is the resident agitated, resistant, or combative?
2. Measure the resident for proper sling size and purpose, according to manufacturer's instructions.
3. Select a sling bar that is appropriate for the resident's size and the task.
4. Prepare the environment:
  - a. Clear an unobstructed path for the lift machine;
  - b. Ensure there is enough room to pivot;
  - c. Position the lift near the receiving surface; and
  - d. Place the lift at the correct height.
5. Make sure the battery is charged.
6. Test the lift controls. Ensure the emergency release feature works.
7. Make sure the lift is stable and locked.
8. Make sure that all necessary equipment (slings, hooks, chains, straps and supports) is on hand and in good condition.

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9. Double check the sling and machine's weight limits against the resident's weight.
10. Place the sling under the resident. Visually check the size to ensure it is not too large or too small.
11. Lower the sling bar closer to the resident.
12. Attach sling straps to sling bar, according to manufacturer's instructions.
  - a. Make sure the sling is securely attached to the clips and that it is properly balanced.
  - b. Check to make sure the resident's head, neck and back are supported.
  - c. Before resident is lifted, double check the security of the sling attachment.
  - d. Examine all hooks, clips or fasteners.
  - e. Check the stability of the straps.
  - f. Ensure that the sling bar is securely attached and sound.
13. Lift the resident 2 inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution.
14. Check the resident's comfort level by asking or observing for signs of pinching or pulling of the skin.
15. Slowly lift the resident. Only lift as high as necessary to complete the transfer.
16. Gently support the resident as he or she is moved, but do NOT support any weight.
17. When the transfer destination is reached, slowly lower the resident to the receiving surface.
18. Once the resident's weight is released, stop the lowering and ensure that the sling bar does not hit the resident.
19. Detach the sling from the lift.
20. Carefully remove the sling from under the resident. Be mindful of the resident's position and balance, and skin.

**Sling Care:**

1. Disinfect slings between residents (unless disposable).
2. Wash and sanitize according to manufacturer's instructions.
3. Discard any worn, frayed or ripped slings.

**Lift Care:**

1. Disinfect lift surfaces.
2. Wipe with a clean towel until dry.

**Documentation**

Document the following in the medical record:

1. The reason for the transfer.
2. The type of lift used.
3. Equipment size and condition.
4. The names and titles of staff assisting.
5. The resident's physical and mental condition before and after the procedure.
6. How the resident tolerated the procedure.

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References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Safe Lifting and Movement of Residents</a>
<b>Version</b>	1.3 (H5MAPR0172)



# Locking Arms with the Resident

Level II

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## Purpose

The purposes of this procedure are to raise the resident's head and shoulders from the pillow so that the pillow can be adjusted and to assist the resident in moving to the head of the bed.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## General Guidelines

When moving a resident who cannot assist you, two (2) nursing assistants will be needed to lift the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Adjust the bed to a comfortable working position. (Note: Be sure the wheels are locked.)
3. Lower the bedside rails on the side you are working, if up. Lower the bed covers as necessary.
4. Face the head of the bed.
5. Stand with your feet approximately 12 inches apart with one foot ahead of the other.
6. Bend slightly at the knees.
7. Instruct the resident to place his or her arm under your arm and behind your shoulder. The resident's hand should be over the top of your shoulder. (Note: If you are standing on the resident's right, the resident's right arm will be locked with your right arm. The resident's right arm should be under your right arm, behind your shoulder with his or her hand on top of your right shoulder.)
8. Place your arm under the resident's arm with your hand on his or her shoulder.
9. **Count "1, 2, 3, go,"** so that you and the resident will be working together. This will allow the resident to pull himself or herself up as you support the resident. The resident should now have his or her head and shoulders raised.
10. With your free hand, turn or replace the pillow.
11. When you have repositioned or replaced the pillow, support the head and shoulder with your free hand while the resident gently eases himself or herself down.
12. Should the resident become weak or faint during the procedure, cease the procedure and summon the staff/charge nurse.
13. Reposition the bed to its lowest position for the safety of the resident.
14. Reposition the bed covers. Make the resident comfortable.
15. Place the call light within easy reach of the resident.
16. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
17. Wash and dry your hands thoroughly.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0174)

# Log Rolling a Resident

Level II

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## Purpose

The purpose of this procedure is to turn a resident as a unit while keeping his/her spine straight.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Adjust the bed to a comfortable working position. (**Note:** Be sure the wheels are locked.)
3. Lower the side rails on the side of the bed you are working, if up.
4. Loosen the covers as necessary. Avoid unnecessary exposure of the resident's body.
5. Using a turning sheet move the resident toward the side of the bed where you are standing. Move the resident's body as a unit keeping the spine straight.
6. Place a pillow lengthwise between the resident's knees.
7. Cross the resident's arms across his/her chest.
8. Raise the side rail on your side of the bed and go to the other side. Lower this side rail.
9. Reach over the resident and roll the turning sheet as close to the resident as possible.
10. Turn the resident toward you with the turning sheet. Move the resident's body as a unit keeping the spine straight. Do not bend the resident's hips, joints or back.
11. Do not rush the procedure. Be gentle in rolling the resident.
12. Place pillows behind the resident's back to keep his/her body in proper alignment.
13. Reposition the bed covers. Make the resident comfortable.
14. Lower the bed to its lowest position.
15. Place the call light within easy reach of the resident.
16. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
17. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0176)

# Moving a Mattress to the Head of the Bed

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## Purpose

The purpose of this procedure is to provide the steps necessary to reposition the mattress.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

**Note:** This procedure will require two (2) persons.

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Raise the height of the bed to a comfortable work level so that good body mechanics can be maintained. Unless otherwise instructed, lower the head of the bed.
3. Lower the side rails on both sides of the bed, if up.
4. Loosen the covers as necessary. Avoid unnecessary exposure of the resident's body.
5. One person stands on each side of the bed.
6. Lock arms with the resident and remove the pillow. Place the pillow on the chair or the foot of the bed. Lower resident down on the bed.
7. If the resident is able to assist, instruct him or her to:
  - a. Grasp the side rails with both hands.
  - b. Bend his or her knees and brace his or her feet firmly on the mattress.
  - c. On the count of "**1, 2, 3, go,**" push toward the head of the bed with his or her hands and push against the mattress with his or her feet.
8. Stand straight and turn slightly toward the head of the bed.
9. Keep your feet flat on the floor, approximately twelve (12) inches apart.
10. The foot nearest the head of the bed should be turned in that direction.
11. Grasp the mattress loops or sides of the mattress.
12. On the count of "**1, 2, 3, go,**" slide the mattress toward the head of the bed.
13. Flex your knees and shift the weight to the front foot.
14. Lock arms with the resident and reposition the pillow under the resident's head.
15. Reposition the bed covers. Make the resident comfortable.
16. Reposition the bed to its lowest horizontal position for the safety of the resident.
17. Place the call light within easy reach of the resident.
18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
19. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.

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2. The name and title of the individual(s) who assisted with the care.
3. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
4. How the resident tolerated the procedure.
5. Any problems or complaints made by the resident related to the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0187)

# Prone Position

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## Purpose

The purpose of this procedure is to place the resident on his or her stomach. The resident's head is turned to one side and the arms are bent at the elbows toward the resident's head or positioned at the resident's side.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Raise the height of the bed to a comfortable working level. Unless otherwise instructed, lower the head and foot rest of the bed.
3. Lower the side rails on the side of the bed you are working, if up.
4. Avoid unnecessary exposure of the resident's body.
5. Encourage the resident to assist you as much as possible.
6. Instruct or assist the resident to turn on his or her stomach.
7. Position the resident's head on the pillow so that it is turned to the left or right side.
8. Position the resident's arms so that they are bent at the elbows toward the head or positioned at the resident's side.
9. Reposition the bed to its lowest horizontal position for the safety of the resident.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
13. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0225)



# Repositioning

Level II

## Purpose

The purpose of this procedure is to provide guidelines for the evaluation of resident repositioning needs, to aid in the development of an individualized care plan for repositioning, to promote comfort for all bed- or chair-bound residents and to prevent skin breakdown, promote circulation and provide pressure relief for residents.

## Preparation

1. Review the resident's care plan to evaluate for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Repositioning is a common, effective intervention for preventing skin breakdown, promoting circulation, and providing pressure relief.
2. Evaluation of a resident's skin integrity after pressure has been reduced or redistributed should guide the development and implementation of repositioning plans. Such plans should be addressed in the comprehensive plan of care consistent with the resident's needs and goals.
3. Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning.
4. The care plan for a resident at risk of friction or shearing during repositioning may require the use of lifting devices for repositioning.
5. Positioning the resident on an existing pressure ulcer should be avoided since it puts additional pressure on tissue that is already compromised and may impede healing.

## Evaluation

1. Evaluate residents who can reposition independently to determine the following:
  - a. Is a positioning device needed to maintain independent positioning?
  - b. Does the resident need instruction about why turning is important?
  - c. Does the resident need encouragement to reposition?
  - d. Does the resident require monitoring to assure that turning occurs?
2. Evaluate the resident for an existing pressure ulcer. If present, positioning the resident on the existing ulcer should be avoided.
3. Evaluate residents who sit or recline in a chair with the back of the chair (or the back of the bed) elevated to or above a 30 degree angle:
  - a. Does the resident need scheduled position changes?
  - b. Does the resident need position changes more frequently than hourly?
4. Components to evaluate when a resident is in a chair:
  - a. Does the resident need intervention to maintain postural alignment?
  - b. Is the resident's weight distribution even?
  - c. Does the resident need devices to maintain sitting balance?
  - d. Is the resident able to learn? If so, teach resident to shift his/her weight every 15 minutes while in the chair.

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5. Does the resident have a Stage I pressure ulcer?
6. What is the support surface in use?

## Interventions

1. A turning/repositioning program includes a continuous consistent program for changing the resident's position and realigning the body. A program is defined as a specific approach that is organized, planned, documented, monitored and evaluated.
2. Frequency of repositioning a bed- or chair-bound resident should be determined by:
  - a. The type of support surface used;
  - b. The condition of the skin;
  - c. The overall condition of the resident;
  - d. The response to the current repositioning schedule; and
  - e. Overall treatment objectives.
3. Residents who are in bed should be on at least an every two hour (q2 hour) repositioning schedule.
4. For residents with a Stage I or above pressure ulcer, an every two hour (q2 hour) repositioning schedule is inadequate.
5. Residents who are in a chair should be on an every one hour (q1 hour) repositioning schedule.
6. If ineffective, the turning and repositioning frequency will be increased.
7. Avoid placing resident on the greater trochanter for more than momentary placement.

## Preparation

1. Review the resident's care plan to evaluate for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when repositioning.

1. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Repositioning the Resident in Bed

1. Check the care plan, assignment sheet or the communication system to determine resident's specific positioning needs including special equipment, resident level of participation and the number of staff required to complete the procedure.
2. Wash and dry hands thoroughly.
3. Apply gloves.
4. Raise the bed to waist level.
5. Lower the side rail, if applicable, on the side where you are standing.
6. Encourage the resident to participate if able.
7. Lower the sheets.
8. Check for incontinence. Follow steps to care for the incontinent resident, if necessary.
9. Use two people and a draw sheet to avoid shearing while turning or moving the resident up in bed. Encourage resident to place feet flat on bed and assist with pushing up. Encourage the use of an overhead trapeze if resident is able to use one.

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10. Raise the head of the bed as little and for as short of a time as possible, and only as necessary for meals, treatments and as medically necessary.
11. Move the resident to his or her back.
12. Move the resident's top leg and shoulder in the direction of the turn.
13. Encourage resident to hold the side rail with the top arm in the direction of the turn, if possible.
14. Place the resident in a comfortable position in accordance with the resident's individualized care plan.
15. Prevent skin-to-skin contact with use of sheets, pillows or positioning devices.
16. Lower the bed into lowest position and place the side rails in the appropriate position as indicated in the resident's plan of care.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. Wash and dry hands thoroughly.
20. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

### **Repositioning the Resident in the Chair**

1. Encourage the chair-bound resident, who is able to move, to change positions or shift weight at least every fifteen (15) minutes, or as often as possible.
2. Check the care plan, assignment sheet or the communication system to determine resident-specific positioning needs including special equipment; resident level of participation and the number of staff required to complete the procedure.
3. Ask the resident's permission to reposition or assist in repositioning. Take the resident to a private location, if indicated.
4. Assist the resident to change his or her position in the chair. Monitor the need for toileting or incontinence care when changing position.
5. Place resident in a comfortable position in accordance with the resident's individualized care plan.
6. Prevent skin to skin contact with use of sheets, pillows or positioning devices.
7. Wash and dry your hands thoroughly.

### **Documentation**

The following information should be recorded in the resident's medical record:

1. The position in which the resident was placed. This may be on a flow sheet.
2. The name and title of the individual who gave the care.
3. Any change in the resident's condition.
4. Any problems or complaints made by the resident related to the procedure.
5. If the resident refused the care and the reason(s) why.
6. Observations of anything unusual exhibited by the resident.
7. The signature and title of the person recording the data.

### **Reporting**

1. Notify the supervisor if the resident refuses the procedure.
2. If the resident refuses care, an evaluation of the basis for refusal, and the identification and evaluation of potential alternatives is indicated.
3. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 16)
<b>Survey Tag Numbers</b>	F677; F684; F686
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0237)

# Sims' Position

Level II

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## Purpose

The purpose of this procedure is to position the resident for a rectal examination or enema administration.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Raise the height of the bed to a comfortable working level.
3. Lower the side rails on the side of the bed you are working, if up.
4. Drape the resident with a blanket. Avoid unnecessary exposure of the resident's body.
5. Encourage the resident to assist you as much as possible.
6. Turn the resident on his or her left side.
7. Extend the left leg and arm. The left arm rests behind the resident.
8. Flex the right leg and arm.
9. Position the resident's head on the pillow.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
13. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
Survey Tag Numbers	Section G; (CAA 5; CAA 16)
Other References	F676
Related Documents	
Version	
MDS Items (CAAs)	1.1 (H5MAPR0253)

# Supine Position

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## Purpose

The purpose of this procedure is to place the resident on his or her back with the legs together and the knees slightly bent. This position is used primarily for physical examinations and assessments. This position is also called the horizontal recumbent position.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Lock arms with the resident to position the pillow under his or her head.
3. Drape the resident with a blanket. Avoid unnecessary exposure of the resident's body.
4. Encourage the resident to assist you as much as possible.
5. Instruct the resident to turn on his/her back. Assist as necessary.
6. Bring or instruct the resident to bring his or her legs together.
7. Bend or instruct the resident to bend his or her knees slightly to relax the stomach muscles.
8. Reposition the bed covers. Make the resident comfortable.
9. Place the call light within easy reach of the resident.
10. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
11. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0268)



# The Side-Lying Position

Level II

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## Purpose

The purpose of this procedure is to relieve pressure points on the bedfast resident to prevent pressure ulcers. The resident is positioned on his or her side (left or right) with pillows placed under the resident's head, against the back, between the resident's legs to support the weight of the leg and foot, and under the arm to support the weight of the arm.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Raise the height of the bed to a comfortable working level. Unless otherwise instructed, lower the head and footrest of the bed.
3. Lower the side rails on the side of the bed you are working, if up.
4. Avoid unnecessary exposure of the resident's body.
5. Encourage the resident to assist you as much as possible.
6. Turn the resident on his or her side.
7. Position the top leg by bending it at the knee and bringing it to a 90° angle. Keep the bottom leg straight or slightly bent.
8. Place a pillow between the resident's legs to support the weight of the leg and foot.
9. Place a pillow under the top arm. Be sure the bottom arm is placed in a comfortable position.
10. Position a pillow (or pillows) against the resident's back.
11. Place a pillow under the resident's head.
12. When the procedure has been completed, reposition the bed covers. Make the resident comfortable.
13. Reposition the bed to its lowest horizontal position for the safety of the resident.
14. Place the call light within easy reach of the resident.
15. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
16. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.

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8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0279)

# Turning a Resident on His/Her Side Away From You

Level II

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## Purpose

The purposes of this procedure are to provide comfort to the resident, to prevent skin irritation and breakdown, and to promote good body alignment.

## Preparation

Review the resident's care plan to assess for any special needs of the resident.

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Unless otherwise instructed, lower the head and footrest of the bed.
3. Lower the side rails on the side of the bed you are working, if up.
4. Loosen the covers as necessary. Avoid unnecessary exposure of the resident's body.
5. Slide both your arms under the resident's back to his/her far shoulder.
6. Slide the resident's shoulders toward you on your arms. (Note: Keep your knees bent and your back straight as you slide the resident toward you.)
7. Slide both your arms (as far as you can) under the resident's buttocks.
8. Slide the resident's buttocks toward you. (Note: Keep your knees bent and your back straight as you slide the resident's buttocks toward you.)
9. Slide both arms under the resident's feet and ankles.
10. Slide the resident's feet toward you. (Note: Keep your knees bent and your back straight as you slide the resident's feet toward you.)
11. Cross the resident's arms over his/her chest.
12. Cross the resident's leg nearest you over the leg farthest from you.
13. Stand with your weight evenly distributed on both feet. (Note: Your feet should be approximately 12 inches apart.)
14. Keep your back straight.
15. Place one hand on the resident's shoulder nearest you.
16. Place your second hand under the resident's buttocks.
17. Gently turn the resident away from you.
18. Should the resident become weak or faint during the procedure, cease the procedure and summon the staff/charge nurse.
19. Place pillows behind the resident's back to keep his/her body in proper alignment.
20. Support the resident's head with the palm of your hand.
21. With the second hand, position a pillow under the resident's neck and head.
22. Position the resident's arms and legs in a comfortable position and free from pressure.
23. Place a pillow between the resident's knees if this is comfortable to him/her.
24. Reposition the bed covers. Make the resident comfortable.
25. Reposition the bed.
26. Place the call light within easy reach of the resident.

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27. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
28. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. The position in which the resident was placed.
4. The reason for changing the resident's position.
5. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
6. Any problems or complaints made by the resident related to the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; (CAA 5; CAA 16)
<b>Survey Tag Numbers</b>	F676
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0283)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Rehabilitative and Restorative Care**

Item # H50075

WINDSOR 002342

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Rehabilitative and Restorative Care**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20080 Specialized Rehabilitative and Restorative Services

CMS-20120 Positioning, Mobility and Range of Motion (ROM)

#### **Sample Documentation**

Joint Mobility Screening (MP5478)

Restorative Service Delivery Record (MP4801)

# Functional Impairment – Clinical Protocol

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## Assessment and Recognition

1. Upon admission to the facility, whenever a significant change of condition occurs, and periodically during a resident/patient's stay, the physician and staff will assess the resident/patient's function along with their physical condition.
2. As part of the physical examination, the physician will include items that relate to function as well as potential to benefit from rehabilitative services; for example, proprioception, sensation, muscle tone, range of motion, gait, balance, joint swelling and abnormalities, strength, edema, and cognition.
3. The staff and physician will identify individuals with potential for significant improvement in function or significant decline in function, including the ability to perform activities of daily living (ADLs).

## Cause Identification

1. As appropriate, the physician will identify and evaluate medical conditions and medications that impact a resident/patient's function (for example, muscle weakness or pain due to adverse medication effects, persistence of complications from recent hospitalization, and sedation or confusion due to fluid/electrolyte imbalance).
2. The physician and staff will review and analyze the preceding information to evaluate the influence of medical factors on function and vice-versa, to help guide subsequent treatment and care planning.
3. The physician will identify and document the impact of medical conditions on function and identify a resident/patient's potential to benefit from rehabilitative services such as physical and occupational therapy.

## Treatment/Management

1. The physician will manage medical issues that affect function, to the extent possible; for example, treat medical conditions or adjust medications causing lethargy, confusion, pain, or weakness.
2. The staff and physician will collaborate to identify a rehabilitative or restorative care plan to help improve function and quality of life and meet a resident/patient's goals and needs and attain other desired outcomes such as discharge to the community.
3. Based on a review of available information (including results of the evaluation), the physician will determine if a resident/patient meets the criteria for skilled therapy services.
4. The physician and staff will address risk factors related to exercise or activity, and consider any relevant precautions.
5. The physician will order any therapy services based on the above considerations.
6. The physician will pay attention to the relevance and effectiveness of such interventions and will not just sign off therapy orders perfunctorily.

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## Monitoring and Follow-Up

1. The staff will monitor and document the resident/patient's function (for example, evidence of reduced ADL dependency, improved ambulation, improved balance and gait, etc.) and will discuss this with the physician periodically in conjunction with a discussion of medical interventions and plans of care.
2. The physician will identify the subsequent relevance of therapy services, based on reviewing the resident/patient's progress relative to his/her care goals (e.g., functional stabilization or improvement) and the status of conditions and the current treatment regimen that have been identified as affecting his/her function.

References	
<b>MDS Items (CAAs)</b>	Section G
<b>Survey Tag Numbers</b>	F550; F561; F636; F656; F684; F696; F757
<b>Other References</b>	<p>American Medical Directors Association. Determination of medical necessity of rehabilitation therapy services: Guidance on using therapy services in the long-term care setting. AMDA: Columbia, Maryland. 2003.</p> <p>Bernardini B, Meinecke C, Pagani M, et al. Comorbidity and adverse clinical events in the rehabilitation of older adults after hip fracture. <i>J Amer Geriatr Soc</i> 1995;43:894-898.</p> <p>Hoenig H, Nusbaum N, Brummel-Smith K. Geriatric rehabilitation: State of the Art. <i>J Am Geriatr Soc</i> 1997;45:1371-1381.</p> <p>Patrick L, Knoefel F, Gaskowski P, Rexroth D. Medical comorbidity and rehabilitation efficiency in geriatric inpatients. <i>J Am Geriatr Soc</i> 2001;49:1471-1477.</p> <p>Williamson JD, Fried LP. Characterization of older adults who attribute functional decrements to "old age." <i>J Am Geriatr Soc</i> 1996;44:1429-1434.</p>
<b>Related Documents</b>	<a href="#">CMS-20080 Specialized Rehabilitative and Restorative Services</a>
<b>Version</b>	1.2 (H5MACL0019)

# Surgery-Related (Pre- and Postoperative) Management – Clinical Protocol

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## Assessment and Recognition

1. As needed, the physician will evaluate a resident who is scheduled to undergo surgery.
  - a. The assessment will focus on pertinent items including a recent medical history, level of cognition and function, controlling active medical co-morbidities (such as congestive heart failure and hypertension), estimating operative risk, identifying a baseline for comparing possible postoperative changes or complications, and identifying significant medication-related risks (for example, stopping anticoagulation or adjusting insulin preoperatively).

## Cause Identification

1. The physician will order appropriate preoperative diagnostic tests, as indicated.
  - a. Lab testing will focus on detecting significant, treatable asymptomatic conditions, undetectable by history or exam, that impact surgical risk. Tests should be fairly sensitive and specific; for example, hemoglobin/hematocrit and electrolytes; chest x-ray or blood gases where indicated; and PT/INR in an anticoagulated individual.
2. Operative risk estimation may be based on the American Society of Anesthesiologists classification:
  - a. Class 1: Normal healthy patient
  - b. Class 2: Mild systemic disease
  - c. Class 3: Severe, but not incapacitating, systemic disease
  - d. Class 4: Incapacitating, constantly life-threatening systemic disease
  - e. Class 5: Moribund patient

## Treatment/Management

1. As much as possible, the physician will address modifiable risk factors and potentially treatable active medical conditions prior to the individual's transfer for surgery; for example, stabilize blood sugar and blood pressure, correct heart failure, optimize nutritional status, reduce or stop medications that may be problematic while hospitalized, stabilize renal function, etc.
2. Post-operative pain management interventions will be implemented according to the established plan of care.

## Monitoring

1. After readmission to the facility postoperatively, the physician and staff will maintain appropriate communication with the referring surgeon to ensure that the resident receives adequate postoperative care and that the staff and Attending Physician receive relevant medical information.
2. The staff and physician will review the continuing relevance of the preoperative medications and treatments, along with those added postoperatively, and adjust them accordingly.
3. The staff will assess the resident for pain and continue to monitor the resident for changes in level of pain.

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4. The staff and physician will monitor for, and address, postoperative risks and complications such as infection, deep vein thrombosis, cardiac arrhythmia, bleeding, failure of surgical wounds to heal, urosepsis from indwelling catheters inserted in the hospital, delirium, depression, etc.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F550; F636; F684; F757; F710; F713
<b>Other References</b>	<p>Arora VM, McGory ML, Fung CH. Quality indicators for hospitalization and surgery in vulnerable elders. <i>JAGS</i> 55:S347–S358, 2007.</p> <p>Djokovic JL, Hedley-White J. Prediction of outcome of surgery and anesthesia in patients over 80. <i>JAMA</i> 1979;242:2301-2306.</p> <p>Thomas DR, Ritchie CR. Progress in geriatrics: preoperative assessment of elderly patients. <i>Jl Amer Geriatr Soc</i> 1995;43:811-821.</p>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MACL0039)

# Assistive Devices and Equipment

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## Policy Statement

Our facility maintains and supervises the use of assistive devices and equipment for residents.

## Policy Interpretation and Implementation

1. Certain devices and equipment that assist with resident mobility, safety and independence are provided for residents. These may include (but are not limited to):
  - a. specialized eating utensils and equipment;
  - b. safety devices for the bathroom (grab bars, toilet risers, bedside commodes, etc.); and
  - c. mobility devices (wheelchairs, walkers and canes).
2. The facility provides the resident with assistance in locating available resources to obtain assistive devices that are not provided by the facility, including (but not limited to):
  - a. glasses, contact lenses, or magnifying devices; and
  - b. hearing aids, amplifiers, etc.
3. Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the resident care plan.
4. Staff and volunteers are trained and demonstrate competency on the use of devices and equipment prior to assisting or supervising residents.
5. Residents, family and visitors are trained, as indicated, on the safe use of equipment and devices.
6. The following factors are addressed to the extent possible to decrease the risk of avoidable accidents associated with devices and equipment.
  - a. Appropriateness for resident condition – the resident is assessed for lower extremity strength, range of motion, balance and cognitive abilities when determining the safest use of devices and equipment.
  - b. Personal fit – the equipment or device is used only according to its intended purpose and is measured to fit the resident's size and weight.
  - c. Device condition – devices and equipment are maintained on schedule and according to manufacturer's instructions. Defective or worn devices are discarded or repaired.
  - d. Staff practices – staff are required to demonstrate competency on the use of devices and equipment and are available to assist and supervise residents as needed.
7. If residents provide their own assistive devices, these items are documented as personal property and made available for that resident's use only.
8. Equipment maintained for the general use of all residents are not permanently assigned to any resident.
9. Requests or the need for special equipment are referred to the social services department.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.15(a) Admission policy; §483.25(a) Vision and Hearing; §483.25(d) Accidents; §483.60(g)
<b>Survey Tag Numbers</b>	F620; F685; F689; F810
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Visually Impaired Resident, Care of</a> <a href="#">Hearing Impaired Resident, Care of</a>
<b>Version</b>	1.2 (H5MAPL0281)

# Resident Mobility and Range of Motion

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## Policy Statement

1. Residents will not experience an avoidable reduction in range of motion (ROM).
2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM.
3. Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable.

## Policy Interpretation and Implementation

1. As part of the resident's comprehensive assessment, the nurse will identify the resident's:
  - a. current range of motion of his or her joints;
  - b. current mobility status (per current MDS assessment tool), including his or her ability to:
    - (1) move to and from the lying position;
    - (2) turn and move side-to-side in bed;
    - (3) change body positions;
    - (4) transfer to and from bed or chair; and
    - (5) walk.
  - c. limitations in movement or mobility;
  - d. opportunities for improvement; and
  - e. previous treatment and services for mobility.
2. As part of the comprehensive assessment, the nurse will also identify conditions that place the resident at risk for complications related to ROM and mobility, including:
  - a. pain;
  - b. skin integrity issues;
  - c. muscle wasting and atrophy;
  - d. gait and balance issues that may lead to falls or fractures;
  - e. contractures; or
  - f. other complications that could cause or contribute to immobility, impaired ROM or injury from falls (i.e., postural hypotension, urinary incontinence, etc.).
3. During the resident's assessment, the nurse will identify the underlying factors that contribute to his or range of motion or mobility problems, if any, including:
  - a. immobilization (bedfast, chair or wheelchair usage);
  - b. neurological conditions (e.g., cerebral palsy, cerebral-vascular accident, etc.);
  - c. conditions in which movement may lead to pain; and/or
  - d. conditions that limit or immobilize movement of limbs or digits (e.g., splints).
4. The care plan will be developed by the interdisciplinary team based on the comprehensive assessment, and will be revised as needed.
5. The care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and range of motion.

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6. Interventions may include therapies, the provision of necessary equipment, and/or exercises and will be based on professional standards of practice and be consistent with state laws and practice acts.
7. The care plan will include the type, frequency, and duration of interventions, as well as measurable goals and objectives. The resident and representative will be included in determining these goals and objectives.
8. Documentation of the resident's progress toward the goals and objectives will include attempts to address any changes or decline in the resident's condition or needs.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(c)
<b>Survey Tag Numbers</b>	F688
<b>Other References</b>	<a href="#">CMS-20120 Positioning, Mobility and Range of Motion (ROM)</a>
<b>Related Documents</b>	<a href="#">Range of Motion Exercises</a> <a href="#">Assistive Devices and Equipment</a> <a href="#">Joint Mobility Screening (MP5478)</a>
<b>Version</b>	1.0 (H5MAPL1451)

# Restorative Nursing Services

## Policy Statement

Residents will receive restorative nursing care as needed to help promote optimal safety and independence.

## Policy Interpretation and Implementation

1. Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g., physical, occupational or speech therapies).
2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care.
3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care.
4. The resident or representative will be included in determining goals and the plan of care.
5. Restorative goals may include, but are not limited to supporting and assisting the resident in:
  - a. adjusting or adapting to changing abilities;
  - b. developing, maintaining or strengthening his/her physiological and psychological resources;
  - c. maintaining his/her dignity, independence and self-esteem; and
  - d. participating in the development and implementation of his/her plan of care.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.65(a)
<b>Survey Tag Numbers</b>	F825
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Restorative Service Delivery Record (MP4801)</a>
<b>Version</b>	1.2 (H5MAPL0354)



# Scheduling Therapy Services

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## Policy Statement

Therapy services shall be scheduled in accordance with the resident's treatment plan.

## Policy Interpretation and Implementation

1. The therapist shall interview the resident and consult with the attending physician as to the type of treatment to be administered.
2. Therapy is scheduled in coordination with nursing service and is documented in the resident's medical records.
3. A listing of residents receiving therapy is posted at each nurses' station. The listing contains:
  - a. the name of the resident;
  - b. the room number of the resident;
  - c. the type of therapy scheduled;
  - d. the time therapy is scheduled;
  - e. where therapy is scheduled (resident's room, recreation area, etc.);
  - f. the name of the resident's attending physician; and
  - g. other information as necessary or appropriate.
4. Nursing service shall be responsible for preparing and escorting the resident to the therapy area unless such treatment is scheduled in the resident's room.

References	
OBRA Regulatory Reference Numbers	483.65(a); 483.65(b)
Survey Tag Numbers	F825; F826
Other References	
Related Documents	<a href="#">Restorative Service Delivery Record (MP4801)</a>
Version	1.1 (H5MAPL0807)

# Range of Motion Exercises

## Level II

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### Purpose

The purpose of this procedure is to exercise the resident's joints and muscles.

### Preparation

1. Verify that there is a physician's order for this procedure. If there is no order for treatment, contact the attending physician to obtain treatment orders. (Note: Document the receipt of telephone orders in the resident's medical record.)
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### General Guidelines

1. Be gentle with the resident. Do not rush the procedure.
2. If the resident becomes weak, or complains of pain, cease the exercise and summon the staff/charge nurse.
3. Support the extremity at the joint as it is being exercised.
4. Move each joint through its range of motion three (3) times unless otherwise instructed.
5. Move each joint gently, smoothly and slowly through its range of motion.
6. Remember to stop an exercise before the point of pain.

### Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. If the resident is bedfast, position the resident in the supine position. If permitted, remove the pillow.
3. Loosen the top covers as necessary. Avoid unnecessary exposure of the resident's body.
4. Lower the side rails on the side of the bed you are working, if up.
5. If the resident is in a chair, instruct the resident to slide back into the chair so that his or her back is against the chair. Position the resident's head in a normal upright position.

#### To Exercise the Neck:

1. If ROM exercise is passive, you will need to support the resident's neck with your hands over the resident's ears.
2. Turn the head to the right.
3. Turn the head to the left.
4. Bend the head to the right.
5. Bend the head to the left.
6. Tilt the head to the back.
7. Bend the head down.
8. Return the head to an upright position.
9. Unless otherwise instructed, repeat this step three (3) times.

#### To Exercise the Shoulder:

1. If ROM exercise is passive, you will need to support the resident's arm at the elbow and wrist.
2. Place one hand on the resident's elbow to keep it straight.

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3. Place your second hand in the resident's hand.
4. Keeping the elbow straight, gently lift the resident's arm up until the resident's hand is pointing toward the ceiling.
5. Gently, lower the arm down to the resident's side.
6. Unless otherwise specified, repeat this step three (3) times.
7. Keeping the elbow straight, gently move the resident's arm away from the body and toward you.
8. Next, move the arm back to the resident's side.
9. Unless otherwise instructed, repeat this step three (3) times.
10. Repeat steps 1 through 9 for the second shoulder.

**To Exercise the Elbow:**

1. If ROM exercise is passive, you will need to support the resident's arm at the wrist and elbow.
2. Position the hand with the palm facing up.
3. Bend the elbow by moving the hand toward the shoulder.
4. Bring the arm down to the starting position.
5. Make a fist.
6. Rotate the fist to the left and then to the right.
7. Unless otherwise instructed, repeat the step three (3) times.
8. Repeat steps 1 through 7 for the second elbow.

**To Exercise the Wrist:**

1. If ROM exercise is passive, you will need to support the resident's arm and hand.
2. Position the hand with the palm facing up.
3. Bend the elbow by moving the hand toward the shoulder.
4. Bend the hand down.
5. Straighten the hand up.
6. Bend the hand back.
7. Straighten the hand up.
8. Turn the hand toward the thumb.
9. Turn the hand toward the little finger.
10. Return to the starting position.
11. Unless otherwise instructed repeat this step three (3) times.
12. Repeat steps 1 through 11 for the second wrist.

**To Exercise the Thumb and Fingers:**

1. If ROM exercise is passive, you will need to support the resident's wrist and arm.
2. Move the arm outward from the resident's side toward you.
3. Bend the elbow so that the resident's hand is pointing toward the ceiling.
4. Hold the resident's wrist with one hand.
5. Instruct the resident to open his or her hand keeping the fingers together and extending the thumb outward.
6. Place your second hand behind the resident's hand for support. (Note: This hand should be the same hand as the resident's and should be directly behind or touching the resident's hand.)
7. Bend the thumb forward inside the palm to the small finger.
8. Bend the fingers over the top of the thumb.
9. Raise the fingers up to the starting position.
10. Spread the fingers and thumb apart.

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11. Touch the thumb to each finger.
12. Keep the fingers together and extend the thumb outward. (Note: This is the starting position.)
13. Unless otherwise instructed, repeat this procedure three (3) times.
14. Repeat steps 1 through 14 for the second hand.

#### **To Exercise the Hip and Knee:**

1. If ROM exercise is passive, you will need to support the resident's leg and ankle.
2. Fanfold the bottom of the blanket back to the mid thighs.
3. Slide one hand under the knee--palm up.
4. Slide the second hand under the ankle--palm up.
5. Lift the leg, bending it at the knee.
6. Move the knee backward toward the resident as far as possible.
7. Bring the knee down to a position where it is pointing to the ceiling.
8. Turn the leg **outward** by rotating the foot toward you.
9. Rotate the foot back in and extend (straighten) the leg.
10. Bring the leg down to a point where it almost touches the bed.
11. Turn the leg **inward** by rotating the foot inward and crossing the legs at the ankles.
12. Bring the leg back toward you, straightening the leg and foot.
13. Lower the leg on the bed.
14. Allow the resident to rest for a moment.
15. Unless otherwise instructed, repeat this procedure three (3) times.
16. Repeat steps 1 through 15 for the second leg.

#### **To Exercise the Feet and Toes:**

1. If ROM exercise is passive, you will need to support the resident's foot.
2. Fanfold the bottom of the blanket back to the knees.
3. Position one hand on top of the resident's foot. (**Note:** Your fingers should be under the foot, palm on the arch and thumb over the top of the foot.)
4. With the second hand, grasp the top of the toes.
5. Gently curl the toes down.
6. Straighten the toes.
7. Gently curl the toes backward.
8. Straighten the toes.
9. Beginning with the big toe, move each toe away from the next toe.
10. Beginning with the little toe, move each toe toward the little toe.
11. Unless otherwise instructed, repeat this procedure three (3) times.
12. Repeat steps 1 through 11 for the second foot.

#### **When Exercises are Complete**

1. Reposition the bed covers. Make the resident comfortable.
2. If a blanket was used to cover the resident, remove the blanket and store it in its designated storage area.
3. Place the call light within easy reach of the resident.
4. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
5. Wash and dry your hands thoroughly.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the exercises were performed.
2. The name and title of the individual(s) who performed the procedure.
3. The type of ROM exercise given.
4. Whether the exercise was active or passive.
5. How long the exercise was conducted.
6. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
7. Any problems or complaints made by the resident related to the procedure.
8. If the resident refused the treatment, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the exercises.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; Section O
<b>Survey Tag Numbers</b>	F688
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0229)

# Speech Therapy

## Level III

### Purpose

The purpose of this procedure is to identify, assess and treat speech and language problems including swallowing disorders.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. Speech therapists treat stroke survivors and other brain injury survivors who experience impaired ability to swallow or have difficulty expressing thought or understanding language. These residents may experience:
  - a. Aphasia—*Expressive aphasia* is a problem with what to say. *Receptive aphasia* is a problem with understanding what has been said.
  - b. Anomia—a word finding problem.
  - c. Dysarthria—muscles of the lips, tongue and other body parts used for speech are weaker than normal.
  - d. Dysphagia—difficulty in chewing or swallowing.
  - e. Apraxia—a disorder of the nervous system that affects the ability to sequence and say sounds, syllables and words.
2. The speech therapist works with other rehabilitation and medical professionals and families to provide a comprehensive evaluation and treatment plan for residents with any of the problems in speech listed in paragraph one (1) above.
3. Communicating with the elderly will sometimes require extra time and patience due to physical, psychological and social changes of normal aging.

### Speech and Language Evaluation

The speech therapist completes an evaluation of the following speech and language skills:

1. Fluency, vocal quality and loudness, and the pronunciation and clarity of speech.
2. Strength and coordination of the speech muscles.
3. Understanding and use of vocabulary (semantics) and understanding and use of grammar (syntax).
4. Understanding and answering both yes/no and *Who, What, When, Where, How* questions (e.g., What do you do with a hammer?).
5. Understanding extended speech. The resident listens to a short story or factual passage and answers fact-based (the answers are in the passage) and inferential (the resident must arrive at a conclusion based on information gathered from the reading) questions about the material.
6. Ability to follow directions that increase in both length and complexity.
7. Ability to tell an extended story (language sample), both verbal and written form.
8. Ability to describe the "plot" in an action picture.
9. Coherence of narrative.
10. Ability to recall words he/she needs to express ideas.
11. Expression of thoughts (complete sentences, telegraphic sentences or phrases, or single words).

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12. Clarity of speech (slurred speech/difficult to understand or intelligible).
13. Social communication skills (pragmatic language).
14. Ability to interpret or explain jokes, sarcastic comments, absurdities in stories or pictures (e.g., what is strange about a person using an umbrella on a sunny day?).
15. Proficiency with initiating conversation and conversational topics, taking turns during a discussion, and expressing thoughts clearly using a variety of words and grammatical constructions.
16. Ability to clarify communication when his/her conversational partner does not understand.
17. Ability to read and write letters, words, phrases, sentences and paragraphs. The speech therapist may look at the quality of the language expression, accuracy of spelling, and letter formation and spacing of words and letters on the page (to identify or rule out possible movement and/or visual-perceptual difficulties).
18. Ability to swallow.
19. Ability to use an alternative communication aid (as needed).

### **Speech Therapy Treatment**

1. The speech therapist works on drills and exercises to improve specific language skills affected by damage to the brain (e.g., the resident may practice naming objects, following directions, answering questions about stories, etc.). These exercises vary depending on the resident's needs.
2. The speech therapist teaches the resident ways to make use of stronger language skills to compensate for weaker language skills. (e.g., Some residents may find it easier to express their ideas through gestures and writing than with speaking. The speech therapist may teach this resident to use both writing and gestures to help remember words for conversation.)
3. The speech therapist uses a communication board to help the resident who cannot speak to express his/her ideas.
4. If there is weakness of speech muscles, the speech therapist teaches exercises to strengthen these muscles.
5. Before you begin your conversation, reduce background noises that may be distracting (turn off the television or radio, close the door, etc.).
6. Begin conversation with casual topics (e.g., weather).
7. Continue conversation with familiar subjects such as family members.
8. Be consistent with the topic of conversation. Avoid quick shifts from topic to topic.
9. Keep your sentences and questions short.
10. Allow extra time for responding. Don't rush the resident.
11. Be an active listener.
12. After your visit, tell others who visit (family members, physicians, nurses, aides, etc.) what you've learned to improve communication with the resident.

### **Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time the speech therapy was provided.
2. The name and title of the individual(s) who provided the speech therapy.
3. All assessment data obtained during the speech therapy.
4. If the resident refused the therapy, the reason(s) why and the intervention taken.
5. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the speech therapy.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F825; F826
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0256)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Resident Rights and Dignity**

Item # H50075

WINDSOR 002362

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Resident Rights and Dignity**

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# **Nursing Services**

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# Abuse and Neglect – Clinical Protocol

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1. “**Abuse**” is defined at §483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”
2. “**Neglect**,” as defined at §483.5, means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”
3. “**Sexual abuse**” is defined at §483.5 as “non-consensual sexual contact of any type with a resident.”
4. “**Willful**,” as defined at §483.5 and as used in the definition of “abuse,” means “the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

## Assessment and Recognition

1. The nurse will assess the individual and document related findings. Assessment data will include:
  - a. Injury assessment (bleeding, bruising deformity, swelling etc.);
  - b. Pain assessment;
  - c. Current behavior;
  - d. Patient’s age and sex;
  - e. All current medications, especially anticoagulants, NSAIDs, salicylate;
  - f. Other platelet inhibitors;
  - g. Vital signs;
  - h. Behavior over last 24 hours (bruise could be related to movement disorder or aggressive behavior);
  - i. History of any tendency towards bruising;
  - j. All active diagnoses; and
  - k. Any recent labs.
2. The nurse will report findings to the physician. As needed, the physician will assess the resident/patient to verify or clarify such findings, especially if the cause or source of the problem is unclear.
3. The physician will help identify individuals with a history of having been abused or neglected, or those showing evidence of possible abuse or neglect; for example, someone admitted from home or the hospital with multiple pressure ulcers and severe under-nutrition.
4. The physician and staff will help identify risk factors for abuse within the facility; for example, significant numbers of residents/patients with unmanaged problematic behavior; significant injuries in physically dependent individuals; problematic family relationships; issues related to staff knowledge and skill; or performance that might affect resident care.

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5. Along with staff and management, the physician will help identify situations that might constitute or could be construed as neglect; for example, inadequate prevention or care of pressure ulcers, inattention to advance directives and resident wishes, inappropriate management of problematic behavior, recurrent failure to provide incontinence care, failure to report or evaluate significant weight loss, repeated failure to check for correct application of restraints, etc.
  - a. As indicated, the physician will evaluate the resident or refer him or her for evaluation; for example, to rule out sexual assault or fracture, or to assess the possible causes of bruises.

### **Cause Identification**

1. The staff, with the physician's input as needed, will investigate alleged abuse and neglect to clarify what happened and identify possible causes.
2. The physician will provide adequate documentation regarding significant negative outcomes that have resulted from a resident's underlying medical illnesses or conditions, despite appropriate care.

### **Treatment/Management**

1. The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect.
2. The management and staff, with physician support, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations.
3. The physician will order measures required to address the consequences of an abuse situation, such as psychological evaluation or suturing of a laceration.
4. The physician and staff will address appropriately causes of problematic resident behavior where possible, such as mania, psychosis, and medication side effects.

### **Monitoring and Follow-Up**

1. The staff and physician will monitor individuals who have been abused to address any issues regarding their medical condition, mood, and function.
2. The medical director will advise facility management and staff about ways to ensure that basic medical, functional, and psychosocial needs are being met and that potentially preventable or treatable conditions affecting function and quality of life are addressed appropriately.
3. The physician will advise the facility and help review and address abuse and neglect issues as part of the quality assurance process.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F600; F684
<b>Other References</b>	<p>Carney MT, Kahan FS, Paris BE. Elder abuse: is every bruise a sign of abuse? Mt Sinai J Med 2003 Mar;70(2):69-74.</p> <p>Ferrah N, Murphy BJ, Ibrahim JE et al. Resident-to-resident physical aggression leading to injury in nursing homes: a systematic review. Age Ageing 2015;44:356-364.</p> <p>Gibbs LM, Young L. The medical director's role: neglect in long-term care. J Am Med Dir Assoc 2007;8:194-196.</p> <p>Lachs MS, Teresi JA, Ramirez M et al. The Prevalence of Resident-to-Resident Elder Mistreatment in Nursing Homes. Ann Intern Med 2016;165:229-236.</p> <p>Lindbloom EJ, Brandt J, Hough LD, Meadows SE. Elder mistreatment in the nursing home: a systematic review. J Am Med Dir Assoc 2007;8:610-616.</p> <p>Marshall CE, Benton D, Brazier JM. Elder abuse. Using clinical tools to identify clues of mistreatment. Geriatrics 2000;55:42-50, 53.</p> <p>Smith D, Bugeja L, Cunningham N, Ibrahim JE. A Systematic Review of Sexual Assaults in Nursing Homes. Gerontologist 2017 Apr 12. doi: 10.1093/geront/gnx022.</p>
<b>Related Documents</b>	<p><a href="#">Abuse Investigation and Reporting</a></p> <p><a href="#">CMS-20059 Abuse</a></p> <p><a href="#">CMS-20130 Neglect</a></p>
<b>Version</b>	1.3 (H5MACL0004)

# Resident Rights Guidelines for All Nursing Procedures

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## Purpose

To provide general guidelines for resident rights while caring for the resident.

## Preparation

1. Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including:
  - a. Preventing, recognizing and reporting resident abuse;
  - b. Resident dignity and respect;
  - c. Resident notification of rights, services, and health/medical condition;
  - d. Protection of resident funds and personal property;
  - e. Confidentiality of protected health information;
  - f. Resident right of refusal (medications and treatments);
  - g. Use of restraints;
  - h. Resident freedom of choice;
  - i. Resident/Family participation in care planning;
  - j. Resident access to information; and
  - k. Visitation.

## General Guidelines

1. For any procedure that involves direct resident care, follow these steps:
  - a. Knock and gain permission before entering the resident's room.
  - b. If the resident is sleeping, and the procedure is not urgent or scheduled, return when the resident is awake.
  - c. Verify the identity of the resident.
  - d. Introduce yourself to the resident if he/she is unfamiliar with you, or if he/she may not recognize you due to memory loss.
  - e. If visitors are present, ask them to wait outside unless the resident requests that they remain in the room.
  - f. Close the room entrance door and provide for the resident's privacy.
  - g. Explain the procedure to the resident. Answer any questions he/she may have.
  - h. Ask permission to implement the procedure. If the resident refuses, notify your supervisor.
  - i. If permission is obtained, proceed with the procedure.
  - j. Upon completing the procedure, place the side rails in the appropriate position as indicated in the plan of care.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F550; F583; F562; F602; F607; F943
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Confidentiality of Information and Personal Privacy</a> <a href="#">Health, Medical Condition and Treatment Options, Informing Residents of Requesting, Refusing and/or Discontinuing Care or Treatment</a>
<b>Version</b>	1.2 (H5MACL0002)



# Abuse Investigation and Reporting

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## Policy Statement

All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (“abuse”) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.

## Policy Interpretation and Implementation

### Role of the Administrator:

1. If an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the administrator will assign the investigation to an appropriate individual.
2. The administrator will provide any supporting documents relative to the alleged incident to the person in charge of the investigation.
3. The administrator will keep the resident and his/her representative (sponsor) informed of the progress of the investigation.
4. The administrator will suspend immediately any employee who has been accused of resident abuse, pending the outcome of the investigation.
5. The administrator will ensure that any further potential abuse, neglect exploitation or mistreatment is prevented.
6. The administrator will inform the resident and his/her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident.

### Role of the Investigator:

1. The individual conducting the investigation will, as a minimum:
  - a. review the completed documentation forms;
  - b. review the resident’s medical record to determine events leading up to the incident;
  - c. interview the person(s) reporting the incident;
  - d. interview any witnesses to the incident;
  - e. interview the resident (as medically appropriate);
  - f. interview the resident’s attending physician as needed to determine the resident’s current level of cognitive function and medical condition;
  - g. interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident;
  - h. interview the resident’s roommate, family members, and visitors;
  - i. interview other residents to whom the accused employee provides care or services; and
  - j. review all events leading up to the alleged incident.
2. The following guidelines will be used when conducting interviews:
  - a. Each interview will be conducted separately and in a private location.

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- b. The purpose and confidentiality of the interview will be explained thoroughly to each person involved in the interview process.
  - c. Should a person disclose information that may be self-incriminating, that individual will be informed of his/her rights to terminate the interview until such time as his/her rights are protected (e.g., representation by legal counsel).
  - d. Witness reports will be obtained in writing. Either the witness will write his/her statement and sign and date it, or the investigator may obtain a statement, read it back to the member and have him/her sign and date it.
3. The investigator will notify the ombudsman that an abuse investigation is being conducted. The ombudsman will be invited to participate in the review process.
    - a. If the ombudsman declines the invitation to participate in the investigation, that information will be noted in the investigation record. The ombudsman will be notified of the results of the investigation as well as any corrective measures taken.
  4. The investigator will consult daily with the administrator concerning the progress/findings of the investigation.
  5. Upon conclusion of the investigation, the investigator will record the results of the investigation on approved documentation forms and provide the completed documentation to the administrator.

## Reporting

1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility administrator, or his/her designee, to the following persons or agencies:
  - a. The State licensing/certification agency responsible for surveying/licensing the facility;
  - b. The local/State Ombudsman;
  - c. The Resident's Representative (Sponsor) of Record;
  - d. Adult Protective Services (where state law provides jurisdiction in long-term care);
  - e. Law enforcement officials;
  - f. The resident's attending physician; and
  - g. The facility medical director.
2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:
  - a. two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or
  - b. twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.
3. Verbal/written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone.
4. Notices will include, as appropriate:
  - a. the name of the resident;
  - b. the number of the room in which the resident resides;
  - c. the type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.);
  - d. the date and time the alleged incident occurred;
  - e. the name(s) of all persons involved in the alleged incident; and
  - f. what immediate action was taken by the facility.

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5. The administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.
6. If the investigation reveals findings of abuse, such findings will be reported to the State Abuse Registry.
7. The State Abuse Registry will:
  - a. notify the employee when he/she has been implicated in any investigation;
  - b. inform the employee of the nature of the allegation;
  - c. inform the employee of the time and date of occurrence;
  - d. inform the employee of his/her right to a hearing;
  - e. inform the employee of the state's intent to record findings of resident abuse into the abuse registry; and
  - f. inform the employee of his/her right to file a statement disputing the allegation.
8. If the investigation reveals that the allegation(s) of abuse are founded, the employee(s) will be terminated.
9. If the investigation reveals that the allegation(s) of abuse are unfounded, the employee(s) will be reinstated to his/her/their former position with back pay.
10. Any allegations of abuse will be filed in the accused employee's personnel record along with any statement by the employee disputing the allegation, if the employee chooses to make one. Records concerning unfounded allegations will be destroyed.
11. Appropriate professional and licensing boards will be notified when an employee is found to have committed abuse.
12. The resident and/or representative will be notified of the outcome immediately upon conclusion of the investigation.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.12(c)
<b>Survey Tag Numbers</b>	F609
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Reporting Suspicion of a Crime</a>
<b>Version</b>	2.0 (H5MAPL0005)

# Abuse Prevention Program

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## Policy Statement

Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.

## Policy Interpretation and Implementation

As part of the resident abuse prevention, the administration will:

1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual.
2. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has:
  - a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;
  - b. had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or
  - c. a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.
3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.
4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior.
5. Implement measures to address factors that may lead to abusive situations, for example:
  - a. provide staff with opportunities to express challenges related to their job and work environment without reprimand or retaliation;
  - b. instruct staff regarding appropriate ways to address interpersonal conflicts; and
  - c. help staff understand how cultural, religious and ethnic differences can lead to misunderstanding and conflicts.
6. Identify and assess all possible incidents of abuse.
7. Investigate and report any allegations of abuse within timeframes as required by federal requirements.
8. Protect residents during abuse investigations.
9. Establish and implement a QAPI review and analysis of abuse incidents; and implement changes to prevent future occurrences of abuse.
10. Involve the resident council in monitoring and evaluating the facility's abuse prevention program.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.12(a); 483.12(b)
<b>Survey Tag Numbers</b>	F600; F606; F607
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Background Screening Investigations</a> <a href="#">Credentialing of Nursing Service Personnel</a>
<b>Version</b>	1.1 (H5MAPL0006)

# Accommodation of Needs

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## Policy Statement

Our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity and well-being.

## Policy Interpretation and Implementation

1. The resident's individual needs and preferences will be accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered.
2. The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an ongoing basis.
3. In order to accommodate individual needs and preferences, adaptations may be made to the physical environment, including the resident's bedroom and bathroom, as well as the common areas in the facility. Examples of such adaptations may include:
  - a. providing access to assistive devices, such as grab bars and toilet risers in the bathroom;
  - b. installing mirrors at a height at which a wheelchair-bound resident can see;
  - c. labeling toiletry items with large print so a visually impaired resident can distinguish one from another;
  - d. installing adaptive handles or providing assistive devices so that drawers are easily opened and closed;
  - e. installing longer cords or providing remote controlled overhead or task lighting so that they are easily accessible;
  - f. moving furniture or large items in rooms and common areas that may obstruct the path of a resident using a walker;
  - g. providing a variety of types (for example, chairs with and without arms), sizes (height and depth), and firmness of furniture in rooms and common areas so that residents with varying degrees of strength and mobility can independently arise to a standing position; and/or
  - h. arranging furniture as the resident requests, providing the arrangement is safe, his or her roommate agrees and space allows.
4. In order to accommodate individual needs and preferences, staff attitudes and behaviors must be directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible and in accordance with the residents' wishes.
  - a. Staff will interact with the residents in a way that accommodates the physical or sensory limitations of the residents, promotes communication, and maintains dignity. (For example, staff shall face the resident and speak to him or her at eye level if the resident is hearing impaired and can read lips.)
  - b. Staff will arrange toiletries and personal items so that they are in easy reach of the resident.
  - c. Staff will help to keep hearing aids, glasses and other adaptive devices clean and in working order for the resident.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.
<b>Survey Tag Numbers</b>	F558
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1200)

# Choice of Attending Physician

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## Policy Statement

The resident has the right to choose his or her own attending physician.

## Policy Interpretation and Implementation

1. Residents are not required to choose an attending physician.
2. A physician selected by the resident is not obligated to provide services to the resident.
3. The facility may not interfere with the process by which the resident chooses his or her physician.
4. The resident is informed in writing of the name and contact information for his or her attending physician:
  - a. during the admission process;
  - b. any time the information changes; and
  - c. upon the resident's/representative's request.
5. If the resident subsequently chooses another attending physician who meets the requirements and responsibilities of an attending physician, the facility will honor that choice.
6. The attending physician must be:
  - a. licensed to practice medicine in the state where the resident resides;
  - b. willing to provide services for the resident at this facility; and
  - c. able to fulfill his or her responsibilities as an attending physician.
7. The attending physician requirements and responsibilities include:
  - a. participating in the resident assessments and care planning;
  - b. monitoring changes in the resident's medical status;
  - c. providing consultation or treatment when called by the facility;
  - d. overseeing the plan of care;
  - e. prescribing an appropriate medical regimen;
  - f. providing timely information about the resident's condition and medical needs to the resident, representative and interdisciplinary team;
  - g. visiting the resident at appropriate intervals; and
  - h. ensuring adequate alternative coverage.
8. The medical director identifies attending physician qualifications and additional responsibilities, based on clinical and regulatory requirements and the recommendations of relevant professional associations.
9. If the resident (or representative) declines to choose an attending physician, or if the resident's chosen physician fails to fulfill his or her responsibilities, the facility may choose another physician to oversee medical care of the resident after informing the resident or representative.
  - a. The facility informs the resident if it is determined that the physician chosen by the resident is unable or unwilling to meet the requirements and responsibilities of an attending physician.
  - b. The facility discusses the alternate physician choice(s) with the resident or representative and honors the resident's preferences, if any.

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10. If it is a condition for admission to choose a personal physician among those who have practice privileges at the facility (e.g. a nursing home within a CCRC), this is still considered honoring resident choice.
11. Physician orders and progress notes are maintained in accordance with current OBRA regulations and facility policy.
12. Physician visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current OBRA regulations and facility policy.
13. Consultative services are made available from community-based consultants or from a local hospital or medical center.

References	
OBRA Regulatory Reference Numbers	483.10(d) Choice of Attending Physician
Survey Tag Numbers	F555
Other References	
Related Documents	<a href="#">Physician Services</a>
Version	1.0 (H5MAPL1502)

# Confidentiality of Information and Personal Privacy

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## Policy Statement

Our facility will protect and safeguard resident confidentiality and personal privacy.

## Policy Interpretation and Implementation

1. The facility will safeguard the personal privacy and confidentiality of all resident personal and medical records.
2. The facility will strive to protect the resident's privacy regarding his or her:
  - a. accommodations;
  - b. medical treatment;
  - c. written and telephone communications;
  - d. personal care;
  - e. visits; and
  - f. family and resident group meetings.
3. Providing a private room for each resident is not required to maintain or protect resident privacy.
4. Access to resident personal and medical records will be limited to authorized staff and business associates.
5. Representatives of state and federal regulatory agencies may have access to resident information without the resident's consent.
6. Only authorized staff and business associates will have access to resident financial data.
7. Release of resident information, including video, audio, or computer stored information, will be handled in accordance with resident rights and privacy policies.
8. Residents may initiate a request to release information contained in their records and charts to themselves or anyone they wish. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor).
9. Residents may refuse a request for the release of (and the facility must keep confidential) medical and personal records, unless the release is required by law or:
  - a. for treatment, payment or health care operations (see 45 CFR 164.506);
  - b. for public health activities;
  - c. for the reporting of abuse, neglect or domestic violence;
  - d. for health oversight activities;
  - e. for judicial or administrative proceedings;
  - f. for law enforcement purposes;
  - g. for organ donation purposes;
  - h. for research purposes;
  - i. to coroners, medical examiners, or funeral directors; or
  - j. to avert a serious threat to health or safety (see 45 CFR 164.512).

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10. If the resident is transferred to another facility, medical information pertaining to the resident's treatment, plan of care, diagnosis, etc., will be released to the other facility in accordance with current transfer/discharge requirements.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.; §483.70(i) Medical records.
<b>Survey Tag Numbers</b>	F583; F842
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0148)

# Dignity

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## Policy Statement

Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.

## Policy Interpretation and Implementation

1. Residents are treated with dignity and respect at all times.
2. The facility culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident's facility stay.
3. Individual needs and preferences of the resident are identified through the assessment process.
4. Residents may exercise their rights without interference, coercion, discrimination or reprisal from any person or entity associated with this facility.
5. When assisting with care, residents are supported in exercising their rights. For example, residents are:
  - a. groomed as they wish to be groomed (hair styles, nails, facial hair, etc.);
  - b. encouraged to attend the activities of their choice, including religious, political, civic, recreational, or social activities;
  - c. encouraged to dress in clothing that they prefer;
  - d. allowed to choose when to sleep, eat and conduct activities of daily living; and
  - e. provided with a dignified dining experience.
6. Residents' private space and property are respected at all times. Staff do not handle or move a resident's personal belongings without the resident's permission.
7. Staff are expected to knock and request permission before entering residents' rooms.
8. Staff speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not "labeling" or referring to the resident by his or her room number, diagnosis, or care needs.
9. Staff inform and orient residents to their environment. Procedures are explained before they are performed and residents will be told in advance if they are going to be taken out of their usual or familiar surroundings.
10. Staff protect confidential clinical information. Examples include the following:
  - a. Verbal staff-to-staff communication (e.g., change of shift reports) are conducted outside the hearing range of residents and the public.
  - b. Signs indicating the resident's clinical status or care needs are not openly posted in the resident's room unless specifically requested by the resident or family member. Discreet posting of important clinical information for safety reasons is permissible (e.g., taped to the inside of the closet door).
  - c. In the interest of public health, posting the resident's isolation status or transmission-based precautions is permissible as long as the type of infection remains confidential.
  - d. The display of the resident's name on the door or the presence of memorabilia among the resident's belongings is not considered a violation of the resident's privacy or dignity.

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11. Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.
12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example:
  - a. helping the resident to keep urinary catheter bags covered;
  - b. promptly responding to a resident's request for toileting assistance; and
  - c. allowing residents unrestricted access to common areas open to the public, unless this poses a safety risk for the resident.
13. Staff are expected to treat cognitively impaired residents with dignity and sensitivity; for example:
  - a. addressing the underlying motives or root causes for behavior; and
  - b. not challenging or contradicting the resident's beliefs or statements.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(a) Resident Rights; §483.10(b) Exercise of Rights
<b>Survey Tag Numbers</b>	F550
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Rights</a> <a href="#">Residents Involved with the Criminal Justice System</a>
<b>Version</b>	1.2 (H5MAPL1201)

# Experimental Research

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## Policy Statement

Residents have the right to participate in or refuse to participate in experimental research.

## Policy Interpretation and Implementation

1. Residents may participate in or refuse to participate in any experimental research. (Note: Collective resident statistics that do not identify individual residents may be used for studies without obtaining residents' permission.)
2. "Experimental Research" is defined as the development, testing and use of a clinical treatment, such as an investigational drug or therapy that has not yet been approved by the FDA or medical community as effective and conforming to accepted medical practice.
3. Any resident being considered for participation in experimental research must be fully informed (in writing, by the researcher) of:
  - a. the nature of the research (i.e., medication, treatment, etc.);
  - b. the potential benefits of the experiment; and
  - c. the risks or possible consequences of the experiment.
4. Residents will be informed specifically of their rights to agree or decline to participate in experimental research, or to withdraw consent to participate at any time.
5. When the resident lacks decision-making capacity, an appropriate substitute decision-maker may exercise the resident's right to participate or to refuse, based on careful consideration of the resident's best interests.
6. Any experimental research involving residents of the facility will be subject to prior approval of the administrator and board of directors, and to oversight by a committee established specifically for this purpose.
7. The facility staff and physician will monitor for, and identify, situations where the resident may be suffering adverse consequences from participating in experimental research, and will advise the administrator and the resident and/or family.
8. The frequency and scope of monitoring for adverse consequences will be based on the severity of potential adverse consequences as well as the type and duration of the research. Monitoring parameters and guidelines for physician notification will be established by the research protocol and communicated to the nursing staff.
9. The administrator, director of nursing services, and medical director/attending physician maintain the right to recommend that any research activity be modified or stopped if they have valid clinical reason to believe that participants in a study may be adversely affected.
10. A copy of a signed consent form will be filed in the resident's medical record prior to participation in an experimental research project.
11. Inquiries concerning experimental research activities should be referred to the administrator, the director of nursing services, or to the medical director, as appropriate.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.
<b>Survey Tag Numbers</b>	F578
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0297)

# Health, Medical Condition and Treatment Options, Informing Residents of

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## Policy Statement

Every resident is informed of his or her total health status, medical condition and options for treatment and/or care.

## Policy Interpretation and Implementation

1. Each resident is informed of his/her total health status and medical condition, including diagnosis, treatment recommendations and prognosis, in advance of treatment and on an on-going basis. If a resident has an appointed representative, the representative is also informed.
2. The resident's attending physician, the facility's medical director, or the director of nursing services is responsible for informing the resident of his or her medical condition. Such information includes providing the resident/representative with information about the resident's:
  - a. functional status;
  - b. nutritional status;
  - c. rehabilitation and restorative potential;
  - d. activities potential;
  - e. cognitive status;
  - f. oral health status;
  - g. psychosocial status;
  - h. sensory and physical impairments;
  - i. type of care or treatment recommended (based on the assessment and care plan);
  - j. type of care professional who will be providing the care or treatment;
  - k. risks and benefits of proposed care or treatment;
  - l. treatment alternatives or options;
  - m. right to participate in the development and implementation of his or her plan of care;
  - n. right to discontinue or refuse care or treatment;
  - o. right to request changes to the proposed care plan;
  - p. right to review any changes to an existing care plan; and
  - q. right to formulate an advance directive.
3. The person informing the resident/representative of his or her medical condition is required to present such information in a format, language and cultural context that the resident/representative can easily understand. This includes, but is not limited to:
  - a. communicating in plain language;
  - b. explaining technical and medical terminology in a way that makes sense to the resident;
  - c. offering language assistance services to residents who have limited English proficiency; and
  - d. providing qualified sign language interpreters or auxiliary aids if hearing is impaired.
4. Information about the resident's health status is presented at times that are convenient and useful for the resident/representative such as when he or she is asking questions, raising concerns or when a change of treatment is proposed.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c) Planning and Implementing Care
<b>Survey Tag Numbers</b>	F552; F553; F578; F655
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Translation and/or Interpretation of Facility Services</a> <a href="#">Resident Participation – Assessment/Care Plans</a> <a href="#">Advance Directives</a>
<b>Version</b>	1.3 (H5MAPL0368)

# Homelike Environment

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## Policy Statement

Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.

## Policy Interpretation and Implementation

1. Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences.
2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include:
  - a. clean, sanitary and orderly environment;
  - b. comfortable (minimum glare) yet adequate (suitable to the task) lighting;
  - c. inviting colors and décor;
  - d. personalized furniture and room arrangements;
  - e. clean bed and bath linens that are in good condition;
  - f. pleasant, neutral scents;
  - g. plants and flowers, where appropriate;
  - h. comfortable and safe temperatures (71°F - 81°F); and
  - i. comfortable sound levels.
3. The facility staff and management minimizes, to the extent possible, the characteristics of the facility that reflect a depersonalized, institutional setting. These characteristics include:
  - a. overhead paging;
  - b. institutional odors;
  - c. institutional signage (for example, labeled storage closets and work rooms in common areas);
  - d. medication carts; and
  - e. chair and bed alarms.
4. Comfortable and adequate lighting is provided in all areas of the facility to promote a safe, comfortable and homelike environment. The lighting design emphasizes:
  - a. sufficient general lighting in resident-use areas;
  - b. task lighting as needed;
  - c. reduction in glare (through use of light filters, no wax floors);
  - d. even light levels;
  - e. maximum use of daylight;
  - f. night lighting to promote safety and independence; and
  - g. dimming switches, where feasible.
5. Contrasting colors (for example, plates that contrast with the table linens and toilets that contrast with the bathroom wall color) may be used to promote a homelike environment and to aid visually impaired residents.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(i) Safe Environment.
<b>Survey Tag Numbers</b>	F584
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL1202)

# Noise Control

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## Policy Statement

This facility strives to maintain comfortable sound levels that enhance privacy when privacy is desired, that encourage interaction when social participation is desired, and that do not interfere with residents' hearing.

## Policy Interpretation and Implementation

1. Resident care and services should be provided in a manner that promotes calm, organized and comfortable sound levels.
2. Personnel should refrain from making loud noises or talking in a loud voice when communicating with coworkers and during shift changes. Personnel shall refrain from shouting from one room or section to another.
3. Sound level of radios and televisions shall not disturb other residents, their families, or visitors.
4. Excessive noise from equipment should be reported to the maintenance department (e.g., squeaky medication/food carts, cleaning equipment, laundry hampers, etc.).
5. Paging systems shall not be used unless during emergency conditions.
6. Complaints of noise levels should be referred to the nurse supervisor/charge nurse, director of nursing services, or to the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(i)
<b>Survey Tag Numbers</b>	F584
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0538)

# Private Duty Sitters

## Policy Statement

The use of private duty sitters will be permitted when approved by the resident's attending physician and the facility's director of nursing services.

## Policy Interpretation and Implementation

1. Residents/family members desiring the use of private duty sitters must first obtain written approval of the attending physician and the director of nursing services.
2. The director of nursing services must consult with the administrator when private duty sitters have been requested.
3. Private duty nursing personnel must follow the facility's established nursing care policies and procedures, instructions issued by the nurse supervisor/charge nurse, and may not administer direct care to the resident unless authorized in writing by the attending physician.
4. Medications may only be administered by authorized facility personnel.
5. Private duty sitters must report to the nurse supervisor/charge nurse when coming on and going off duty.
6. Private duty sitters must report changes in a resident's condition to the nurse supervisor/charge nurse immediately.
7. Private duty sitters may not serve for more than twelve (12) hours during a twenty-four (24) hour period.
8. The resident/representative (sponsor) will be responsible for all expenses relative to the use of private duty sitters.
9. Failure of private duty sitters to follow established procedures or instructions from the director of nursing services or other designated individual will be grounds for termination of the service.
10. Our facility's nursing staff may serve as a private duty sitter when approved by the director of nursing services.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(a); §483.10(b); §483.10(g)(17); §483.10(g)(18)
<b>Survey Tag Numbers</b>	F550; F551; F582
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0671)

# Requesting, Refusing and/or Discontinuing Care or Treatment

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## Policy Statement

Residents and resident representatives have the right to request, refuse and/or discontinue treatment. “Treatment” refers to medical care, nursing care, and interventions provided to maintain or restore health and well-being, improve functional level, or relieve symptoms.

## Policy Interpretation and Implementation

1. Residents/representatives are informed (in advance) of:
  - a. the care that will be furnished or made available to the resident based on his or her assessment and plan of care;
  - b. the risks and benefits of the proposed care, treatment, treatment alternatives or treatment options;
  - c. the type of caregiver or professional that will provide the care; and
  - d. any changes to the resident’s care plan.
2. Residents/representatives are informed of his or her rights to:
  - a. request, refuse and/or discontinue treatment;
  - b. refuse to participate in experimental research; and
  - c. formulate an advance directive.
3. The resident is not forced to accept any care or treatment and may refuse or discontinue care or treatment at any time. This includes care or treatment prescribed by a physician, care or treatment that has been administered previously, and/or care or treatment that the resident previously agreed to but has not yet been administered.
4. The resident/representative has the right to request treatment or care that the resident wishes. However, this facility is not obligated to provide medical treatment or medical services deemed medically unnecessary or inappropriate.
5. If a resident/representative requests, discontinues or refuses care or treatment, an appropriate member of the interdisciplinary team (IDT) will meet with the resident/representative to:
  - a. determine why he or she is requesting, refusing or discontinuing care or treatment;
  - b. try to address his or her concerns and discuss alternative options; and
  - c. discuss the potential outcomes or consequences (positive and negative) of the decision.
6. During the meeting, the IDT member will reiterate the right to request, refuse or discontinue care at any time.
  - a. The resident/representative will not, under any circumstances, be coerced, intimidated, manipulated or threatened for refusing, discontinuing or requesting care or treatment.
  - b. The IDT will assess the resident’s needs and offer the resident/representative alternative treatments, if available and pertinent, while continuing to provide other services outlined in the care plan.
7. If the decision to refuse or discontinue treatment results in a significant change of condition, a reassessment will occur and appropriate changes will be made to the resident’s care plan.

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8. Detailed information relating to the request, refusal or discontinuation of treatment are documented in the resident's medical record.
9. Documentation pertaining to a resident's request, discontinuation or refusal of treatment includes at least the following:
  - a. The date and time the care or treatment was attempted;
  - b. The type of care or treatment;
  - c. The resident's response and stated reason(s) for request, discontinuation or refusal;
  - d. The name of the person who attempted to administer the care or treatment;
  - e. That the resident was informed (to the extent of their ability to understand) of the purpose of the treatment and the potential outcome of not receiving the medication/or treatment;
  - f. The resident's condition and any adverse effects due to the request;
  - g. The date and time the practitioner was notified as well as the practitioner's response;
  - h. All other pertinent observations; and
  - i. The signature and title of the person recording the data.
10. The healthcare practitioner must be notified of refusal of treatment, in a time frame determined by the resident's condition and potential serious consequences of the request. For example, a resident's refusal to take a diuretic while experiencing acute congestive heart failure should be reported immediately, while a refusal to take a blood pressure medication while the blood pressure is well controlled can be reported within 24 hours.
11. The resident is entitled to refuse to participate in experimental research at any time. This includes the right to discontinue any experimental treatment that may have begun with the resident's consent.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c) Planning and Implementing Care
<b>Survey Tag Numbers</b>	F552; F553
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Health, Medical Condition and Treatment Options, Informing Residents of Resident Participation – Assessment/Care Plans</a> <a href="#">Resident Representative</a> <a href="#">Advance Directives</a>
<b>Version</b>	2.0 (H5MAPL0724)

# Resident Council

## Policy Statement

The facility supports residents' rights to organize and participate in the resident council.

## Policy Interpretation and Implementation

1. The purpose of the resident council is to provide a forum for:
  - a. residents, families and resident representatives to have input in the operation of the facility;
  - b. discussion of concerns and suggestions for improvement;
  - c. consensus building and communication between residents and facility staff; and
  - d. disseminating information and gathering feedback from interested residents.
2. All residents are eligible to participate in the resident council. The facility staff encourages residents who are willing to participate. Staff, visitors, or other guests may attend resident council meetings if invited by the respective resident group.
3. The resident council group is provided with space, privacy and support to conduct meetings.
4. The council is encouraged to elect a president or chair to act as a liaison and facilitate communication between the council and a designated staff person who has been approved by the council.
5. Council meetings are scheduled monthly or more frequently if requested by residents. The date, time and location of the meetings are noted in the activities calendar.
6. A *Resident Council Response Form* will be utilized to track issues and their resolution. The facility department related to any issues will be responsible for addressing the item(s) of concern.
7. The quality assurance and performance improvement (QAPI) committee will review information and feedback from the resident council as part of their quality review. Issues documented on council response forms may be referred to the QAPI committee, if applicable (i.e., the issue is of serious nature or if there is a pattern, etc.).

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.; §483.10(f)(6) The resident has a right to participate in family groups.; §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.
<b>Survey Tag Numbers</b>	F565
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0757)



# Resident Representative

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## Policy Statement

The facility treats the decisions of the resident representative as the decisions of the resident to the extent delegated by the resident or to the extent required by the court, in accordance with applicable law.

## Policy Interpretation and Implementation

1. A resident who has not been found to be incompetent by the state court has the right to appoint a resident representative who may exercise the resident's rights to the extent provided by state and federal law.
2. If the resident is determined to be incompetent under the laws of the state by a court of competent jurisdiction, the rights of the resident will devolve to and will be exercised by the resident representative appointed to act on the resident's behalf.
  - a. The court-appointed resident representative will exercise the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with state law.
  - b. In the case of a resident representative whose decision-making authority is limited by state law or court appointment, the resident retains the right to make those decisions outside the representative's authority.
  - c. The resident's wishes and preferences are considered in the exercise of rights by the representative.
  - d. To the extent practicable, the resident is provided with opportunities to participate in the care planning process.
3. The term "resident representative" is defined as:
  - a. an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
  - b. a person authorized by state or federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
  - c. legal representative, as used in section 712 of the Older Americans Act; or
  - d. the court-appointed guardian or conservator of a resident.
4. The same-sex spouse of a resident is afforded treatment equal to that of an opposite-sex spouse.
5. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative.
  - a. The facility will treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or authorized by the resident (in accordance with applicable laws).
  - b. If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility will report such concerns when and in the manner required under state law.
  - c. The facility will not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident (in accordance with applicable laws).

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6. Documentation designating that the representative has been delegated the necessary authority to exercise the resident's rights for decision-making issues is obtained by the director of nursing or a designee.
  - a. To the degree permitted by state law, the facility staff respects the delegated resident representative's decisions regarding the resident's wishes and preferences so long as the resident representative is acting within the scope of authority contemplated by the agreement authorizing the person to act as the resident's representative.
  - b. Whether or not the resident has been judged incompetent by a court of law, if it is determined that the resident understands the risks, benefits, and alternatives to a proposed health care decision and expresses a preference, the resident's wishes are considered to the degree practicable.
7. The resident may exercise his or her rights not delegated to a resident representative, including the right to revoke a delegation of rights (except as limited by state law).
8. The director of nursing (or designee) is responsible for making reasonable efforts to obtain updates or changes that are made by the resident, including the resident's revocation of delegated rights, to ensure that the resident's preferences are being upheld.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(b)(3); 483.10(b)(4); 483.10(b)(5); 483.10(b)(6); 483.10(b)(7)
<b>Survey Tag Numbers</b>	F551
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Participation – Assessment/Care Plans</a>
<b>Version</b>	1.1 (H5MAPL0052)

# Resident Rights

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## Policy Statement

Employees shall treat all residents with kindness, respect, and dignity.

## Policy Interpretation and Implementation

1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:
  - a. a dignified existence;
  - b. be treated with respect, kindness, and dignity;
  - c. be free from abuse, neglect, misappropriation of property, and exploitation;
  - d. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms;
  - e. self-determination;
  - f. communication with and access to people and services, both inside and outside the facility;
  - g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States;
  - h. be supported by the facility in exercising his or her rights;
  - i. exercise his or her rights without interference, coercion, discrimination or reprisal from the facility;
  - j. be informed about his or her rights and responsibilities;
  - k. appoint a legal representative of his or her choice, in accordance with state law;
  - l. revoke the delegation of a legal representative, in accordance with state law;
  - m. exercise rights not delegated to a legal representative;
  - n. have his or her same-sex spouse (if applicable) afforded treatment equal to that of an opposite-sex spouse<sup>1</sup>;
  - o. be notified of his or her medical condition and of any changes in his or her condition;
  - p. be informed of, and participate in, his or her care planning and treatment;
  - q. access personal and medical records pertaining to him or herself;
  - r. manage his or her personal funds, or have the facility manage his or her funds (if he or she wishes);
  - s. choose an attending physician and participate in decision-making regarding his or her care;
  - t. privacy and confidentiality;
  - u. voice grievances to the facility, or other agency that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal;
  - v. have the facility respond to his or her grievances;
  - w. examine survey results;
  - x. communicate with outside agencies (e.g., local, state, or federal officials, state and federal surveyors, state long-term care ombudsman, protection or advocacy organizations, etc.) regarding any matter;
  - y. work or not work;
  - z. perform services for the facility if he or she chooses, or refuse to perform services for the facility;
  - aa. visit and be visited by others from outside the facility;

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<sup>1</sup>. Marriages that are considered valid in the jurisdiction in which they were celebrated are to be recognized as legal and valid, regardless of the laws that apply where the facility is located.

- ab. be informed of safety or clinical restriction or limitations of visitation;
  - ac. access to a telephone, mail and email;
  - ad. communicate in person and by mail, email and telephone with privacy;
  - ae. retain and use personal possessions to the maximum extent that space and safety permit;
  - af. share a room with a spouse, if that is mutually agreeable;
  - ag. share a room with his or her roommate of choice when practicable, both residents live in the same facility and both residents agree;
  - ah. self-administer medication, if the interdisciplinary care planning team determines it is safe;
  - ai. refuse a transfer from a distinct part within the institution; and
  - aj. equal access to quality care, regardless of source of payment.
2. Copies of our resident rights are posted throughout the facility, and a copy is provided to each employee, provider and contracted staff member. In addition, staff will have appropriate in-service training on resident rights prior to having direct-care responsibilities for residents.
  3. The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA compliance officer.
  4. Orientation and in-service training programs are conducted quarterly to assist our employees in understanding our residents' rights.
  5. Inquiries concerning residents' rights should be referred to the social services director.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10
<b>Survey Tag Numbers</b>	F550-F586
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Resident Representative</a> <a href="#">Resident Rights Guidelines for All Nursing Procedures</a>
<b>Version</b>	1.2 (H5MAPL0768)

# Resident Self Determination and Participation

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## Policy Statement

Our facility respects and promotes the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life.

## Policy Interpretation and Implementation

1. Each resident is allowed to choose activities, and schedule health care and healthcare providers, that are consistent with his or her interests, values, assessments and plans of care, including:
  - a. daily routine, such as sleeping and waking, eating, exercise and bathing schedules;
  - b. personal care needs, such as bathing methods, grooming styles and dress;
  - c. health care scheduling, such as times of day for therapies and certain treatments;
  - d. providers of healthcare services;
  - e. activities, hobbies and interests; and
  - f. religious affiliation and worship preferences.
2. In order to facilitate resident choices, the administration and staff:
  - a. inform the residents and family members of the residents' right to self-determination and participation in preferred activities;
  - b. gather information about the residents' personal preferences on initial assessment and periodically thereafter, and document these preferences in the medical record;
  - c. include information gathered about the resident's preferences in the care planning process; and
  - d. document and communicate any medical conditions or limitations that may inhibit or interfere with participation in preferred activities.
3. Residents are encouraged to make choices about aspects of their lives in the facility, including:
  - a. rooming with the person of his or her choice, providing both individuals consent to the choice;
  - b. organizing and participating in resident groups;
  - c. interacting with other residents, family and members of the community; and
  - d. participating in community activities inside and outside the facility.
4. Residents are provided assistance as needed to engage in their preferred activities on a routine basis. For example:
  - a. if the resident enjoys reading, the facility will provide access to books (in large print if needed);
  - b. if the resident enjoys regular exercise, he or she will be assisted in attending exercise classes or given access to open areas for walks; and
  - c. if the resident wants to participate in community activities, transportation is arranged.
5. Residents are encouraged to interact with members of the community and participate in community activities inside and outside the facility. Examples of accommodations that support community participation include:
  - a. noting which events or activities the resident expresses an interest in;
  - b. scheduling treatments or therapies so that they do not interfere with activities or events;
  - c. arranging transportation to community events; or
  - d. assisting the resident with planning (tickets, reminders, etc.).

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6. The administration and staff supports the organization of and participation in resident and family groups by:
  - a. providing a private meeting space for the group;
  - b. helping the group to make family members and other residents aware of the upcoming meeting times in a timely manner;
  - c. respecting that staff, visitors and guests may not attend the resident/family group without invitation;
  - d. supporting the right of resident representatives and families to meet with the representatives and families of other residents within the facility; and
  - e. appointing a staff member (who is approved by the group) to assist the group and respond to written requests resulting from group meetings.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(f)
<b>Survey Tag Numbers</b>	F561
<b>Other References</b>	<a href="#">CMS-20057 Resident Council</a>
<b>Related Documents</b>	<a href="#">Activities Evaluation (MP5450)</a> <a href="#">Summary of Spiritual Needs (MP5455)</a>
<b>Version</b>	1.3 (H5MAPL1203)

# Resident-to-Resident Altercations

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## Policy Statement

All altercations, including those that may represent resident-to-resident abuse, shall be investigated and reported to the nursing supervisor, the director of nursing services and to the administrator.

## Policy Interpretation and Implementation

1. Facility staff will monitor residents for aggressive/inappropriate behavior towards other residents, family members, visitors, or to the staff. Occurrences of such incidents shall be promptly reported to the nurse supervisor, director of nursing services, and to the administrator.
2. If two residents are involved in an altercation, staff will:
  - a. separate the residents, and institute measures to calm the situation;
  - b. identify what happened, including what might have led to aggressive conduct on the part of one or more of the individuals involved in the altercation;
  - c. notify each resident's representative and attending physician of the incident;
  - d. review the events with the nursing supervisor and director of nursing, and possible measures to try to prevent additional incidents;
  - e. consult with the attending physician to identify treatable conditions such as acute psychosis that may have caused or contributed to the problem;
  - f. make any necessary changes in the care plan approaches to any or all of the involved individuals;
  - g. document in the resident's clinical record all interventions and their effectiveness;
  - h. consult psychiatric services as needed for assistance in assessing the resident, identifying causes, and developing a care plan for intervention and management as necessary or as may be recommended by the attending physician or interdisciplinary care planning team;
  - i. complete a *Report of Incident/Accident* form and document the incident, findings, and any corrective measures taken in the resident's medical/clinical record;
  - j. if, after carefully evaluating the situation, it is determined that care cannot be readily given within the facility, transfer the resident; and
  - k. report incidents, findings, and corrective measures to appropriate agencies as outlined in our facility's abuse reporting policy.
3. Inquiries concerning resident-to-resident altercations should be referred to the director of nursing services or to the administrator.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.12(b)-(c)
<b>Survey Tag Numbers</b>	F607; F609; F610
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Abuse Investigation and Reporting</a>
<b>Version</b>	1.2 (H5MAPL0777)



# Residents Involved with the Criminal Justice System

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## Policy Statement

Residents involved in the justice system are entitled to the same rights as all other residents in the facility. The facility does not impose any restrictions on justice-involved residents that violate their resident rights, as described in 42 CFR 483 Subpart B (Requirements of Participation).

## Policy Interpretation and Implementation

1. All residents, including justice-involved residents, have the right to a dignified existence, self-determination, communication and access to persons and services inside and outside the facility.
2. “Justice-involved residents” include:
  - a. residents under the care of (taken into custody by) law enforcement;
  - b. residents under community supervision, including those on parole, probation, or ongoing supervision and treatment as an alternative to criminal prosecution; or
  - c. inmates of a public institution, such as prisons, jails, detention facilities, or other penal institutions.
3. The facility does not admit or accept responsibility for justice-involved individuals whose terms of release or placement (as stipulated by the department of corrections or law enforcement) are contrary to CMS requirements of participation.
4. Law enforcement jurisdiction is not integrated with facility operations. This facility maintains control over the conditions under which the resident receives care.
5. Justice involved residents are screened prior to and upon admission according to federal requirements. Only individuals for whom the facility can provide necessary care and services are admitted.
6. An individual with a mental health diagnosis receives screening for mental health services (Pre-Admission Screening and Resident Review) to ensure the most appropriate setting and the availability of services for his or her needs. If it is determined that the facility cannot meet those needs, the individual is not accepted for admission, but referred to the setting(s) that can better serve him or her.
7. If admitting a particular individual compromises the health, safety and rights of other residents, visitors and staff he or she will not be admitted.
8. If a justice-involved individual is admitted, the following measures are taken:
  - a. Reviewing the medical records and other pertinent documentation from correctional providers;
  - b. Conducting a comprehensive assessment and resident-centered care plan by the interdisciplinary team;
  - c. Providing staff training specific to care of a resident under the jurisdiction of law enforcement or a correctional institution; and
  - d. Ensuring that the safety, rights and quality of care are maintained for all residents and staff.
9. Physical restraints, chemical restraints and/or involuntary seclusion are not used for any resident, including justice-involved residents, unless the requirements for the use of restraints or seclusion at 42 CFR 483.12 are met.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(b); 483.12
<b>Survey Tag Numbers</b>	F550; F603; F604; F605
<b>Other References</b>	S&C: 16-21 ALL; SHO #16-007
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL1463)

# Translation and/or Interpretation of Facility Services

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## Policy Statement

This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility.

## Policy Interpretation and Implementation

1. In general, the types of language access services provided by this facility shall be determined by the following factors:
  - a. The size (number and proportion) of the eligible LEP population served by the facility;
  - b. The frequency with which the particular LEP population is in contact with the facility;
  - c. The nature and/or importance of the information or service that needs to be conveyed; and
  - d. The resources (funds and personnel) available to ensure the provision of language access services to LEP individuals.
2. When encountering LEP individuals, staff members will conduct the initial language assessment (e.g., "I Speak Cards") and notify the staff person in charge of the language access program.
3. The coordinator of this facility's language access program is the director of social services, or his/her designee.
4. All LEP persons shall receive a written notice in their primary language of their rights to obtain competent oral translation services free of charge. If written notice is not possible, such notice shall be given orally.
5. Written notification of language access rights may be provided by signs posted in the lobbies; and/or pamphlets provided during admission.
6. This facility shall provide written translation of vital information pertaining to health services, resident rights and facility policy if the limited English proficiency (LEP) population represents at least five (5) percent of the population or 1000 people eligible to be served by the facility (whichever is fewer).
7. Written translation of vital information is available in the following languages at this time:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
8. "Vital information" includes the following:
  - a. Eligibility for services or benefits (including language access);
  - b. Admission information (including financial responsibility);
  - c. Advance directives;
  - d. Resident rights;
  - e. Authorization for use or disclosure of protected health information;
  - f. Consent for treatment;
  - g. Denial, loss, or decreases in Medicaid or Medicare benefits;
  - h. Social services information; and
  - i. Notice of pending discharge and discharge instructions.

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9. “Non-vital” information includes:
  - a. dietary (e.g., menus) and activity services information;
  - b. public service information;
  - c. admission handbooks; and
  - d. general information about the facility programs and services.
10. When written translation of vital information is unavailable, or impractical (i.e., an infrequently encountered language), the facility shall attempt to provide oral translation of vital documents.
11. Competent oral translation of vital information that is not available in written translation, and non-vital information shall be provided in a timely manner and at no cost to the resident through the following means (as available to the facility):
  - a. A staff member who is trained and competent in the skill of interpreting;
  - b. A staff interpreter who is trained and competent in the skill of interpreting;
  - c. Contracted interpreter service;
  - d. Voluntary community interpreters who are trained and competent in the skill of interpreting; and
  - e. Telephone interpretation service.
12. Interpreters and translators must be appropriately trained in medical terminology, confidentiality of protected health information, and ethical issues that may arise in communicating health-related information.
13. Family members and friends shall not be relied upon to provide interpretation services for the resident, unless explicitly requested by the resident. If family or friends are used to interpret, the resident must provide written consent for disclosure of protected health information.
14. It is understood that providing meaningful access to services provided by this facility requires also that the LEP resident’s needs and questions are accurately communicated to the staff. Oral interpretation services therefore include interpretation from the LEP resident’s primary language back to English.
15. It is understood that in order to provide meaningful access to services provided by this facility, translation and/or interpretation must be provided in a way that is culturally relevant and appropriate to the LEP individual.
16. The quality assurance and performance improvement committee shall assess bi-annually the LEP population in the surrounding community. The QAPI committee shall determine whether the current language access program serves the needs of eligible populations and make adjustments as necessary.
17. Staff shall be trained upon hire and at least annually on how to provide language access services to LEP residents.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(g)
<b>Survey Tag Numbers</b>	F572; F574; F575; F579; F582
<b>Other References</b>	Title VI of the Civil Rights Act of 1964 (28 CFR 42.101)
<b>Related Documents</b>	<a href="#">Resources for Language Access Programming</a>
<b>Version</b>	2.0 (H5MAPL0897)

# Videotaping, Photographing, and Other Imaging of Residents

## Policy Statement

Residents will be protected from invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recordings during resident care or other facility activities.

## Policy Interpretation and Implementation

1. For the purpose of this policy, “resident image” means the likeness of a resident captured through still photography, videotaping, digital imaging, scans, audio recording, etc.
2. Staff may not take or release images or recordings of any resident without explicit written consent. Written consent must be obtained from the resident or representative *prior* to obtaining images or recordings of the resident for any purposes other than investigation of abuse, neglect or emergencies, and photography obtained for personal/family use at the verbal request of the resident or family.
3. Transmitting unauthorized images of any resident through email, internet or social media is considered a violation of resident rights. Any image or recording taken that may be construed as humiliating or demeaning to a resident or residents is considered resident abuse and will be reported and investigated as such.
4. Resident photographs are considered health care records and will be retained and released in accordance with current applicable regulations and statutes governing the release of protected health information.
5. Should resident photographs be used for the purposes of teaching, education, or research, all reasonable efforts will be taken to protect the anonymity of the resident.
6. Resident photographs taken in the facility will not include identifiable images of other residents from whom similar approval to photograph has not been obtained.
7. All resident photographs and consents will be retained in accordance with facility policy governing the safekeeping and retention of resident medical records.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(h); 483.70(i)
<b>Survey Tag Numbers</b>	F583; F842
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0933)

# Visitation

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## Policy Statement

Our facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility.

## Policy Interpretation and Implementation

1. Residents are permitted to have visitors of their choosing at the time of their choosing.
2. The facility provides 24-hour access to individuals visiting with the consent of the resident. Some visitation may be subject to reasonable restrictions that protect the safety, security and/or rights of the facility's residents such as:
  - a. denying or providing limited supervised visits from persons who are known or suspected to be abusing, exploiting or coercive to the resident; until an investigation into the allegation has been completed;
  - b. denying access to individuals who are found to have committed criminal acts;
  - c. denying access to visitors who are inebriated or disruptive; and/or
  - d. protecting residents from a community-associated infection or communicable disease outbreak in the community.
3. Visitors may include, but are not limited to:
  - a. spouses (including same-sex and transgender spouses);
  - b. domestic partners (including same-sex and transgender domestic partners);
  - c. other family members; and
  - d. friends.
4. Family members are designated as such by the resident or representative. Immediate family is not restricted to individuals related by blood, adoption, marriage or common law.
5. All lawful marriages and spouses are recognized for purposes of this and all other policies, regardless of any contradictory state or local laws.
6. The facility does not restrict visitors based on the request of family members or the healthcare power of attorney. If a family member (or HPOA) requests that a certain individual be denied access to resident based on safety or security concerns, the staff will protect resident safety while allowing visitor access until the allegations are investigated.
7. Residents, family and/or resident representatives are informed upon admission of their visitation rights, and related policies.
8. Residents are permitted to visit with representatives from federal and state survey agencies, resident advocates, the state long-term care ombudsman, protection and advocacy agencies for individuals with developmental disabilities or mental illness, clergy and/or their personal physicians at any time. Space and privacy are provided for such visits.
9. Visitors are never denied, restricted or limited on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. All visitors are given full and equal visitation privileges consistent with resident preferences.

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10. The resident has the right to deny visitation at any time. If a resident chooses to withdraw consent for visitation by a particular individual, the name of that person and the date of withdrawn consent are documented in the resident's medical record.
11. The facility reserves the right to limit the number of visitors in the room at one time to protect the rights of the person sharing the room.
12. A critically ill resident may have visitors of his/her choice at any time, as long as visitation is not medically contraindicated. The rationale for medically-restricted visitation is documented in the resident's medical record.
13. The facility does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
14. The facility reserves the right to change the location of a visit if such visit infringes upon the rights of the resident's roommate or other residents in the facility.
15. Unless otherwise permitted by the resident, visitors are required to wait outside the room or in the lobby while the resident is receiving treatment, undergoing examinations, and/or receiving personal care.
16. Incidents of any visitor's disruptive behavior are documented in the resident's medical record or other facility approved form.
17. Space is available in the lobby/lounge for residents to receive guests in reasonable comfort and privacy.
18. Inquiries concerning visitation and access to the facility should be referred to the administrator or his/her designee.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(f)(4)
<b>Survey Tag Numbers</b>	F562; F563; F564
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.1 (H5MAPL0934)

# Voting Rights

## Policy Statement

Residents are encouraged to exercise their right to vote in local, state and national elections.

## Policy Interpretation and Implementation

1. The facility assists residents expressing a desire to vote.
2. The resident exercises his or her right to vote without interference, coercion, discrimination or reprisal from the facility or facility staff.
3. A resident's voting decisions are considered private and not discussed with other residents or staff.
4. The social services department helps residents to vote by:
  - a. assisting with voter registration;
  - b. obtaining and distributing absentee ballots;
  - c. providing writing tools, stamps and assistance with sending mail-in ballots; and/or
  - d. providing transportation to voting sites or ballot drop boxes.
5. If a state has a specific program that enables residents to vote, the social services department engages with these programs to facilitate resident voting.
6. Residents or staff who believe that a resident's right to vote has been impeded are encouraged to file a complaint with the state survey agency, which can be located at the link below.
7. All requests for voting information should be directed to the social services department.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	Compliance with Residents' Rights Requirement related to Nursing Home Residents' Right to Vote QSO-21-02-NH at <a href="https://www.cms.gov/files/document/qso-21-02-nh.pdf">https://www.cms.gov/files/document/qso-21-02-nh.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0940)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



**Resident Safety**

Item # H50075

WINDSOR 002410

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Resident Safety**

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Notice to Employees: Right to File Complaint for Retaliation

# Accidents and Incidents – Investigating and Reporting

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## Policy Statement

All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator.

## Policy Interpretation and Implementation

1. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.
2. The following data, as applicable, shall be included on the *Report of Incident/Accident* form:
  - a. The date and time the accident or incident took place;
  - b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);
  - c. The circumstances surrounding the accident or incident;
  - d. Where the accident or incident took place;
  - e. The name(s) of witnesses and their accounts of the accident or incident;
  - f. The injured person's account of the accident or incident;
  - g. The time the injured person's attending physician was notified, as well as the time the physician responded and his or her instructions;
  - h. The date/time the injured person's family was notified and by whom;
  - i. The condition of the injured person, including his/her vital signs;
  - j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);
  - k. Any corrective action taken;
  - l. Follow-up information;
  - m. Other pertinent data as necessary or required; and
  - n. The signature and title of the person completing the report.
3. This facility is in compliance with current rules and regulations governing accidents and/or incidents involving a medical device.
4. This facility will adhere to the definitions in the Medical Device Reporting Act when filing the Food and Drug Administration MED-WATCH Forms (3500).
5. The nurse supervisor/charge nurse and/or the department director or supervisor shall complete a *Report of Incident/Accident* form and submit the original to the director of nursing services within 24 hours of the incident or accident.
6. The director of nursing services shall ensure that the administrator receives a copy of the *Report of Incident/Accident* form for each occurrence.
7. Incident/accident reports will be reviewed by the safety committee for trends related to accident or safety hazards in the facility and to analyze any individual resident vulnerabilities.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">First Aid Treatment</a> <a href="#">Reporting Suspicion of a Crime</a> <a href="#">OSHA Forms 300, 300A, and 301</a> <a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	2.2 (H5MAPL0010)

# Bed Safety

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## Policy Statement

Our facility shall strive to provide a safe sleeping environment for the resident.

## Policy Interpretation and Implementation

1. The resident's sleeping environment shall be assessed by the interdisciplinary team, considering the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family regarding previous sleeping habits and bed environment.
2. To try to prevent deaths/injuries from the beds and related equipment (including the frame, mattress, side rails, headboard, footboard, and bed accessories), the facility shall promote the following approaches:
  - a. Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks;
  - b. Review that gaps within the bed system are within the dimensions established by the FDA (Note: The review shall consider situations that could be caused by the resident's weight, movement or bed position.);
  - c. Ensure that when bed system components are worn and need to be replaced, components meet manufacturer specifications;
  - d. Ensure that bed side rails are properly installed using the manufacturer's instructions and other pertinent safety guidance to ensure proper fit (e.g., avoid bowing, ensure proper distance from the headboard and footboard, etc.); and
  - e. Identify additional safety measures for residents who have been identified as having a higher than usual risk for injury including entrapment (e.g., altered mental status, restlessness, etc.).
3. The maintenance department shall provide a copy of inspections to the administrator and report results to the QA committee for appropriate action. Copies of the inspection results and QA committee recommendations shall be maintained by the administrator and/or safety committee.
4. The facility's education and training activities will include instruction about risk factors for resident injury due to beds, and strategies for reducing risk factors for injury, including entrapment.
5. If side rails are used, there shall be an interdisciplinary assessment of the resident, consultation with the attending physician, and input from the resident and/or legal representative.
6. The staff shall obtain consent for the use of side rails from the resident or the resident's legal representative prior to their use.
7. After appropriate review and consent as specified above, side rails may be used at the resident's request to increase the resident's sense of security (e.g., if he/she has a fear of falling, his/her movement is compromised, or he/she is used to sleeping in a larger bed).
8. Side rails may be used if assessment and consultation with the attending physician has determined that they are needed to help manage a medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified.

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9. Before using side rails for any reason, the staff shall inform the resident and family about the benefits and potential hazards associated with side rails.
10. When using side rails for any reason, the staff shall take measures to reduce related risks.
11. Side rails shall not be used as protective restraints. Should a protective restraint be used, our facility's protocol for the use of restraints shall be followed.
12. The use of physical restraints on individuals in bed shall be limited to situations where they are needed to treat a resident's medical symptoms, and only after being reviewed by authorized individuals.
13. The staff shall report to the director of nursing and administrator any deaths, serious illnesses and/or injuries resulting from a problem associated with a bed and related equipment including the bed frame, bed side rails, and mattresses. The administrator shall ensure that reports are made to the Food and Drug Administration or other appropriate agencies, in accordance with pertinent laws and regulations including the Safe Medical Devices Act.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.25(n); §483.90(d)(2); §483.90(d)(3)
<b>Survey Tag Numbers</b>	F700; F908; F909
<b>Other References</b>	<p>FDA's <i>Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment</i></p> <p>The Hospital Bed Safety Workgroup's <i>Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities and Home Care Settings</i></p>
<b>Related Documents</b>	<p><a href="#">Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings</a></p> <p><a href="#">Evaluation for Use of Bed Rails (MP5475)</a></p> <p><a href="#">Evaluation for Use of Bed Rails (MP5475)</a></p> <p><a href="#">Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment Use of Restraints</a></p>
<b>Version</b>	1.1 (H5MAPL0088)

# Closed-Circuit TVs

## Policy Statement

Our facility uses closed-circuit TVs in common areas of the facility (hallways, dining rooms, employee work areas, outside areas, etc.) to monitor the safety and well-being of our staff and residents. The facility will use video cameras in accordance with applicable laws and regulations.

## Policy Interpretation and Implementation

1. All employees are informed about our facility's use of closed-circuit TVs to monitor the safety and well-being of our staff and residents. Employees must sign consent forms allowing the facility to tape them during duty hours.
2. Prior to or upon admission, residents are informed of the facility's use of closed-circuit TVs throughout common areas of the building. Consent forms are obtained allowing the facility to view residents while in these areas of the building.
3. Unless approved by the administrator, and with the consent of the resident, surveillance equipment may not be installed in any resident room or treatment area.
4. Facility management and the QAPI committee may review videos for content and to identify ways to improve care and services. Videotapes will be kept for 30 days and then destroyed unless the video content is needed for investigative, legal or other purposes approved by the administrator. The administrator will ensure that any tapes are stored in an appropriately secure location with limited access.
5. Only the administrator may authorize archiving or copying of videotapes. If a video is kept beyond 30 days or a copy is made, there will be documentation as to why the video was archived or a copy was made, where it will be stored, to whom the copy was provided, and the date provided.
6. Inquiries concerning the use of closed-circuit TVs, obtaining copies of videotapes, security concerns, consents, etc., should be referred to the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(h)(l)
<b>Survey Tag Numbers</b>	F583
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Videotaping, Photographing, and Other Imaging of Residents</a>
<b>Version</b>	1.2 (H5MAPL0134)



# Electrical Safety for Residents

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## Policy Statement

The resident will be protected from injury associated with the use of electrical devices, including electrocution, burns and fire.

## Policy Interpretation and Implementation

1. Orient the resident to basic electrical safety precautions as part of the admission process, and reinforce the following guidelines with the resident as indicated and/or appropriate:
  - a. Ensure that hands are dry before using an electrical device;
  - b. Do not use electrical devices while standing on a wet floor;
  - c. Pull electrical cords out by the plug and never yank the cord;
  - d. Report electrical devices if they cause even minor shocks;
  - e. Unplug any electrical device that appears to be overheating by smell or touch;
  - f. Do not use any electrical device that has been dropped or abused, or if liquid has spilled into it. Wait until it has been checked and declared safe for use; and
  - g. Do not use electrical appliances where oxygen is being administered or stored.
2. Inspect electrical outlets, extension cords, power strips, and electrical devices as part of routine fire safety and maintenance inspections.
3. Portable space heaters are not permitted in the facility.
4. Halogen lamps shall be used with caution and away from combustible items in the resident's environment.
5. Extension cords shall not be used as a substitute for adequate wiring in the facility.
6. When extension cords are used, the following precautions must be taken:
  - a. Secure extension cords and do not place overhead, under carpets, or where they can cause trips, falls, or overheat;
  - b. Connect extension cords to only one device;
  - c. Ensure that the type of cord used is appropriate of the size and type of electrical load;
  - d. Ensure that cords have proper grounding; and
  - e. Inspect regularly for fraying, cuts, or breakage.
7. Power strips shall not be used as a substitute for adequate electrical outlets in the facility. Power strips may be used for a computer, monitor, and printer.
8. Power strips shall not be used with medical devices in resident-care areas.
9. When power strips are used, the following precautions must be taken:
  - a. Install internal ground fault and over-current protection devices;
  - b. Secure power strips so that they do not cause trips or falls; and
  - c. Use power strips that are adequate for the number and types of devices used.
10. Ground fault circuit interruption devices shall be used in locations near water sources to prevent electrocution of residents and staff.
11. The use of electric blankets and electric heating pads is discouraged.

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12. When electric blankets are used, the following precautions must be taken to prevent thermal injury and fires:
- Follow manufacturer's instructions for use;
  - Do not allow residents to sleep with electric blankets or heating pads turned on;
  - Do not "tuck" electric blankets into the residents' bedding;
  - Do not allow the blanket or pad to be squeezed or become constricted;
  - Encourage residents to report redness, pain, or burning sensation on or near the areas exposed to heat; and
  - Inspect residents' skin often for signs of thermal injury. Severe burns can result from prolonged exposure to one area of the body, even at low temperatures.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1000)

# Hazardous Areas, Devices and Equipment

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## Policy Statement

All hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible.

## Policy Interpretation and Implementation

1. As part of the facility's overall safety and accident prevention program, hazardous areas and objects in the resident environment will be identified and addressed by the safety committee.
2. The safety committee will consist of members from the interdisciplinary team, which will include a representative from the clinical, leadership, maintenance, and environmental services teams.

## Identification of Hazards

1. A hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include, but are not limited to the following:
  - a. Equipment and devices that are left unattended or are malfunctioning;
  - b. Devices and equipment that are improperly used or poorly maintained;
  - c. Sharp objects that are accessible to vulnerable residents;
  - d. Open areas or items that should be locked when not in use;
  - e. Irregular floor surfaces (cords, buckled carpeting, etc.);
  - f. Objects in the hallways that obstruct a clear path;
  - g. Access to toxic chemicals;
  - h. Insufficient lighting or glare;
  - i. Unsafe exposure to heating elements or water temperatures;
  - j. Furniture that is unstable or positioned at an improper height for residents; or
  - k. Disabled locks, latches or alarms.

## Assessment and Analysis of Hazards

1. Assessment and analysis of hazardous areas and equipment will include resident-specific information including identification of vulnerable residents.
2. Any element of the resident environment that has the potential to cause injury and that is accessible to a vulnerable resident is considered hazardous.
3. Resident vulnerability is based on risk factors including the individual resident's functional status, medical condition, cognitive abilities, mood, and health treatments (e.g., medications).
4. Resident vulnerability to hazards may change over time. Ongoing assessment helps identify when elements in the environment pose hazards to a particular resident.
5. Improper or inappropriate use of equipment and devices will be identified as part of the hazards assessment and analysis.

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6. Data from accident and incident reports will be used as part of the hazards assessment and analysis, including trends in accident types, areas in the facility, associations with particular staff or shifts, and equipment use.

## **Interventions**

1. Once identified, the safety committee will document recommendations for areas and equipment that can be changed or adapted to lessen the potential for accidents, such as hazardous areas that are not adequately secured or supervised, equipment that is defective, and/or devices that are used improperly due to lack of training.
2. Interventions will address the specific hazards identified, and may be facility-specific or resident-specific.
3. Facility-specific interventions may include staff training or repairing equipment.
4. Resident-specific interventions may include changes to the plan of care and/or increased supervision.
5. Hazardous areas in the facility that cannot be eliminated, adapted or corrected will be marked clearly and identified on floor plans posted throughout the facility.
6. The safety committee will recommend measures to ensure that vulnerable residents cannot access hazardous areas in the facility (locks, alarms, supervision, etc.).
7. The safety committee will periodically check for the implementation and integrity of measures intended to prevent residents from accessing hazardous areas.
8. Interim safety measures for temporary hazards, such as painting or construction work, may be necessary. These may include posting warning signs, redirecting foot traffic, increasing supervision and if necessary, limiting access to anyone but authorized personnel.
9. Interventions will be documented in the committee meeting minutes, memos to leadership staff, training materials, or as part of the QAPI program.
10. Interventions will be accompanied by communication with staff and leadership, residents, family and visitors.
11. The administrator is responsible for communicating all safety recommendations adopted by the safety committee to the appropriate departments within the facility.
12. Training on safety and interventions to reduce hazard risks will be ongoing.
13. As part of an overall culture of safety, staff, residents and family will be encouraged to report anything that appears to be an environmental hazard or a safety concern.

## **Monitoring**

1. Monitoring to ensure that recommendations are implemented consistently and correctly will be a component of the safety and accident prevention program.
2. The safety committee will assess the effectiveness of interventions and make changes as necessary based on monitoring data.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	OSHA Standard 29 CFR 1910.1200
<b>Related Documents</b>	<a href="#">Safety and Supervision of Residents</a>
<b>Version</b>	1.2 (H5MAPL0366)

# Poison Control

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## Policy Statement

Poison control information shall be readily available throughout the facility.

## Policy Interpretation and Implementation

1. Information about poisoning and poison control, including key contact information, is located at \_\_\_\_\_. This information shall be posted at each nurses' station and other areas of the facility where hazardous and poisonous substances may be used or stored.
2. Antidote information is also available at each nurses' station.
3. If a resident is suspected of taking poison, nursing staff will notify the attending physician and director of nursing services immediately.
4. Administer treatment as ordered by the physician, based on poison control recommendations.
5. Nursing staff will document the resident's condition, in detail, in the resident's clinical record, and the interventions that were made.
6. Staff will complete an incident report per the appropriate policy.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0652)

# Recall of Equipment/Drugs

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## Policy Statement

The administrator, consultant pharmacist, director of nursing, and safety committee shall collaborate when equipment, medical supplies, or drugs have been recalled.

## Policy Interpretation and Implementation

1. Upon receiving notice of a recall of equipment or medical supplies, the director of nursing services, or designee, shall oversee the removal of such supplies from immediate use.
2. The safety committee and administrator shall help the director of nursing ensure that such equipment, supplies, or medications have been removed from use and are destroyed, returned, or otherwise managed as requested or required by the vendor, manufacturer, government agencies, etc.

References	
OBRA Regulatory Reference Numbers	§483.25(d);§483.90(d)(2)
Survey Tag Numbers	F689; F908
Other References	
Related Documents	
Version	1.1 (H5MAPL0708)

# Reporting Suspicion of a Crime

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## Policy Statement

The administrator, director of nursing services, or any other designated individual will report (within the required time frames) any reasonable suspicion of a crime against a resident to the state survey agency and local law enforcement agency.

Employees will be protected against retaliation for reporting any reasonable suspicion of a crime against a resident.

## Policy Interpretation and Implementation

1. Once a year, the governing board will determine whether or not the facility received at least \$10,000 in federal funds during the preceding fiscal year. If it received at least \$10,000 in federal funds in the preceding year, all facility reporting obligations in this policy apply.
2. Once a year, each “covered individual” shall be notified in writing of his or her obligations to report any reasonable suspicion of a crime to the state survey agency and at least one local law enforcement agency.
  - a. A “covered individual” is defined as anyone who is an owner, operator, employee, manager, agent, or contractor of the facility.
3. Each covered individual must report to the state survey agency and at least one local law enforcement agency any reasonable suspicion of a crime against a resident of the facility.
  - a. A “crime” is defined by the laws of the political subdivision where the facility is located.
  - b. The administrator and governing board shall coordinate with local law enforcement agencies to determine what actions are considered crimes within the political subdivision.
  - c. Law enforcement may include police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, or coroners.
  - d. Examples of crimes that would be reportable in any jurisdiction include but are not limited to:
    - (1) murder;
    - (2) manslaughter;
    - (3) rape;
    - (4) assault/battery;
    - (5) sexual abuse;
    - (6) theft/robbery;
    - (7) drug diversion for personal gain or use;
    - (8) identity theft; and
    - (9) fraud and forgery.
4. The timing of reporting will be based on the events that cause suspicion and will be as follows:
  - a. If the event results in serious bodily injury, the suspicion will be reported immediately but not more than two hours after the individual first suspects that a crime has occurred.
  - b. If the event does not result in serious bodily injury, the suspicion will be reported not more than twenty-four hours after the individual first suspects that a crime has occurred.
  - c. “Serious bodily injury” is defined as an injury involving:
    - (1) serious physical pain;
    - (2) substantial risk of death;

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- (3) protracted loss or impairment of a bodily member, organ or mental faculty;
  - (4) sexual abuse or aggravated sexual abuse; and/or
  - (5) medical intervention requirement such as hospitalization, surgery or physical rehabilitation.
5. If multiple individuals intend to report the same incident, these individuals may file a single report to the state survey agency as long as the report contains information about the suspected crime from each covered individual's perspective and the report includes each covered individual's name.
  6. Additional information or suspicions that are formed after the report is made may be included as a supplement to the report. The supplement will include the names of individuals reporting a suspicion, as well as the date and time that they became aware of the incident.
  7. No report that has already been submitted (single or multiple-person) will preclude an individual from reporting his or her own suspicion independently, in his or her own words.
  8. Employees (covered individuals or not) are encouraged to report any reasonable suspicion of a crime and will be protected against any retaliation for their reporting.
  9. Any of the following could be considered retaliation against an employee and will not be condoned:
    - a. Discharging;
    - b. Demoting;
    - c. Suspending;
    - d. Threatening;
    - e. Harassing; or
    - f. Denying promotion or other employment-related benefit.
  10. If the employee/covered individual suspects retaliation by the facility for reporting his or her reasonable suspicion of a crime, the employee may file a complaint with the state survey agency.
  11. Employees will be notified, by the conspicuous posting of a sign or signs, of their right to file a complaint against the facility to the state survey agency if the facility retaliated against the employee after the employee reported a reasonable suspicion of a crime.
  12. All staff will receive training on the following points related to this policy:
    - a. Who is considered a "covered individual";
    - b. Examples of "crimes" as defined by the political subdivision in which the facility is located;
    - c. The obligation to report a reasonable suspicion of a crime;
    - d. Time frames required for reporting;
    - e. Definitions of and how to recognize "serious bodily injury";
    - f. Possible (but not required) formats for reporting;
    - g. Employee rights to be free of retaliation for reporting; and
    - h. Employee rights to file a complaint against the facility for retaliation.
  13. Notification of covered individuals and completed training on reporting reasonable suspicion of a crime will be documented and maintained by the human resources department.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.12(b)
<b>Survey Tag Numbers</b>	F608
<b>Other References</b>	Section 1150B of the Social Security Act; Survey and Certification Letter 11-30
<b>Related Documents</b>	<a href="#">Abuse Investigation and Reporting</a> <a href="#">Accidents and Incidents – Investigating and Reporting</a> <a href="#">Notice to Employees: Right to File Complaint for Retaliation</a>
<b>Version</b>	1.2 (H5MAPL1424)

# Resident Identification System

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## Policy Statement

A resident identification system is used to help facility personnel provide medical and nursing care.

## Policy Interpretation and Implementation

1. Our facility has adopted a photo and/or wristband identification system to help assure that medication and treatments are administered to the right resident.
2. Data contained on the photo identification card is confidential and is used by nursing service personnel when administering medications and treatments.
3. Information contained on resident identification cards may only be released to authorized personnel in accordance with facility policy and current state/federal regulations governing the release of resident information.
4. Prior to or upon admission, the resident or his/her representative (sponsor) must authorize the facility in writing to photograph the resident and to release data contained in the identification file.
5. Nursing staff will review and update resident identification information as necessary, in conjunction with the business office.
6. Inquiries about our resident identification system should be referred to the director of nursing services.

References	
OBRA Regulatory Reference Numbers	483.10(h); 483.25; 483.45(f)
Survey Tag Numbers	F583; F684; F760
Other References	
Related Documents	
Version	1.1 (H5MAPL0762)

# Routine Resident Checks

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## Policy Statement

Staff shall make routine resident checks to help maintain resident safety and well-being.

## Policy Interpretation and Implementation

1. To ensure the safety and well-being of our residents, nursing staff shall make a routine resident check on each unit at least once per each 8-hour shift.
2. Routine resident checks involve entering the resident's room and/or identifying the resident elsewhere on the unit to determine if the resident's needs are being met, identify any change in the resident's condition, identify whether the resident has any concerns, and see if the resident is sleeping, needs toileting assistance, etc.
3. The person conducting the routine check shall report promptly to the nurse supervisor/charge nurse any changes in the resident's condition and medical needs.
4. The nursing supervisor/charge nurse shall keep documentation related to these routine checks, including the time, identity of the person making checks, and any outcomes of each check. (Note: CNAs may also record this information and provide it to the nurse supervisor/charge nurse.)

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(e)(3); §483.35(a)
<b>Survey Tag Numbers</b>	F558; F725
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0794)

# Safety and Supervision of Residents

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## Policy Statement

Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.

## Policy Interpretation and Implementation

### Facility-Oriented Approach to Safety

1. Our facility-oriented approach to safety addresses risks for groups of residents.
2. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QAPI reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization.
3. When accident hazards are identified, the QAPI/safety committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate or remove the hazards to the extent possible.
4. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents.
5. The QAPI committee and staff shall monitor interventions to mitigate accident hazards in the facility and modify as necessary.

### Individualized, Resident-Centered Approach to Safety

1. Our individualized, resident-centered approach to safety addresses safety and accident hazards for individual residents.
2. The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for individual residents.
3. The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices.
4. Implementing interventions to reduce accident risks and hazards shall include the following:
  - a. Communicating specific interventions to all relevant staff;
  - b. Assigning responsibility for carrying out interventions;
  - c. Providing training, as necessary;
  - d. Ensuring that interventions are implemented; and
  - e. Documenting interventions.
5. Monitoring the effectiveness of interventions shall include the following:
  - a. Ensuring that interventions are implemented correctly and consistently;
  - b. Evaluating the effectiveness of interventions;
  - c. Modifying or replacing interventions as needed; and
  - d. Evaluating the effectiveness of new or revised interventions.

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## Systems Approach to Safety

1. The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual resident risk factors, and then adjusts interventions accordingly.
2. Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.
3. The type and frequency of resident supervision may vary among residents and over time for the same resident. For example, resident supervision may need to be increased when there are temporary hazards in the environment (such as construction) or if there is a change in the resident's condition.

## Resident Risks and Environmental Hazards

1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include the following:
  - a. Bed Safety;
  - b. Safe Lifting and Movement of Residents;
  - c. Falls;
  - d. Smoking;
  - e. Unsafe Wandering;
  - f. Poison Control;
  - g. Electrical Safety; and
  - h. Water Temperatures.
2. Other topics related to resident risk and environmental hazards may be addressed within related policies and procedures (for example, adequate lighting is addressed under the topic of falls).

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	<a href="#">CMS-20127 Accidents</a>
<b>Related Documents</b>	<a href="#">Accidents and Incidents – Investigating and Reporting</a> <a href="#">Falls and Fall Risk, Managing</a> <a href="#">Poison Control</a> <a href="#">Resident-to-Resident Altercations</a> <a href="#">Smoking Policy – Residents</a> <a href="#">Wandering, Unsafe Resident</a>
<b>Version</b>	1.2 (H5MAPL0796)

# Safety of Hot Liquids

## Policy Statement

Residents will be evaluated for safety concerns and potential for injury from hot liquids upon admission, readmission and on change of condition. Appropriate precautions will be implemented to maximize choice of beverages while minimizing the potential for injury.

## Policy Interpretation and Implementation

1. The potential for burns from hot liquids is considered an ongoing concern among residents with weakened motor skills, balance issues, impaired cognition, and nerve or musculoskeletal conditions.
2. Residents with these or other conditions may suffer from accidental burns and related complications stemming from thinner, more fragile skin that may burn quickly and severely and take longer to heal.
3. Residents who prefer hot beverages with meals (i.e., coffee, tea, soups, etc.) will not be restricted from these options. Instead, staff will conduct regular hot liquids safety evaluations as indicated, and document the risk factors for scalding and burns in the care plan.
4. Once risk factors for injury from hot liquids are identified, appropriate interventions will be implemented to minimize the risk from burns. Such interventions may include:
  - a. maintaining a hot liquids serving temperature of not more than 180 degrees Fahrenheit;
  - b. serving hot beverages in a cup with a lid;
  - c. encouraging residents to sit at a table while drinking or eating hot liquids;
  - d. providing protective lap covering or clothing to protect skin from accidental spills; and
  - e. staff supervision or assistance with hot beverages.
5. Food service staff will monitor and maintain foods temperatures that comply with food safety requirements but do not exceed recommended temperatures to prevent scalding.

References	
<b>OBRA Regulatory</b>	483.25(d); 483.25(g)
<b>Survey Tag Numbers</b>	F689; F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Hot Liquids Safety Evaluation (CP1729)</a>
<b>Version</b>	1.0 (H5MAPL1438)

# Signing Residents Out

## Policy Statement

All residents leaving the premises must be signed out.

## Policy Interpretation and Implementation

1. Each resident leaving the premises (excluding transfers/discharges) must be signed out.
2. A sign-out register is located at each nurses' station. Registers must indicate the resident's expected time of return.
3. Unless otherwise prohibited by law, medications that must be administered while the resident is out will be given to the resident/person signing the resident out.
4. Written and/or oral instructions on when and how to administer the medication will be provided to the resident or to the person signing the resident out. Only medications that must be administered while the resident is out will be issued.
5. The nurse supervisor/charge nurse is responsible for notifying the dietary manager when the resident will be away from the facility during meal hours and when the resident has returned. Such notification may be through oral, written or electronic communication.
6. Staff observing a resident leaving the premises, and having doubts about the resident being properly signed out, should notify their supervisor at once.
7. Restrictions noted on the resident's chart concerning who may not sign the resident out must be honored unless otherwise prohibited by facility policy or state/federal law governing such releases.
8. If the resident chooses to go with the individual, the director of nursing services and/or administrator must be contacted and informed of the situation.
9. Residents must be signed in upon return to the facility.
10. Inquiries concerning the signing out of residents should be referred to the director of nursing services or to the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(f)
<b>Survey Tag Numbers</b>	F561
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL0822)



# Smoking Policy – Residents

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## Policy Statement

This facility shall establish and maintain safe resident smoking practices.

## Policy Interpretation and Implementation

1. Prior to, and upon admission, residents shall be informed of the facility smoking policy, including designated smoking areas, and the extent to which the facility can accommodate their smoking or non-smoking preferences.
2. Smoking is only permitted in designated resident smoking areas, which are located outside of the building. Electronic cigarettes may be permitted inside in designated areas only. Otherwise, smoking is not allowed inside the facility under any circumstances.
3. Oxygen use is prohibited in smoking areas.
4. Metal containers, with self-closing cover devices, are available in smoking areas.
5. Ashtrays are emptied only into designated receptacles.
6. The resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker, the evaluation will include:
  - a. current level of tobacco consumption;
  - b. method of tobacco consumption (traditional cigarettes; electronic cigarettes; pipe, etc.);
  - c. desire to quit smoking, if a current smoker; and
  - d. ability to smoke safely with or without supervision (per a completed *Safe Smoking Evaluation*).
7. The staff shall consult with the attending physician and the director of nursing services to determine if safety restrictions need to be placed on a resident's smoking privileges based on the *Safe Smoking Evaluation*.
8. A resident's ability to smoke safely will be re-evaluated quarterly, upon a significant change (physical or cognitive) and as determined by the staff.
9. Any smoking-related privileges, restrictions, and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to these issues.
10. The facility may impose smoking restrictions on a resident at any time if it is determined that the resident cannot smoke safely with the available levels of support and supervision.
11. Any resident with restricted smoking privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor or volunteer worker at all times while smoking.
12. Residents who have independent smoking privileges are permitted to keep cigarettes, e-cigarettes, pipes, tobacco, and other smoking articles in their possession. Only disposable safety lighters are permitted. All other forms of lighters, including matches, are prohibited.
13. Residents are not permitted to give smoking articles to other residents.
14. Residents without independent smoking privileges may not have or keep any smoking articles, including cigarettes, tobacco, etc., except when they are under direct supervision.

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15. Staff members and volunteer workers are not permitted to purchase and/or provide any smoking articles for residents.
16. This facility maintains the right to confiscate smoking articles found in violation of our smoking policies.
17. Confiscated resident property will be itemized and ultimately returned to the resident, or his or her legal representative. When the property is returned will be determined during a meeting with the resident or representative regarding the circumstances that led to the confiscation.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(f); 483.25(d); 483.90(i)
<b>Survey Tag Numbers</b>	F561; F689; F921
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Safe Smoking Evaluation (MP5456)</a> <a href="#">Smoking Policy – Employees</a>
<b>Version</b>	2.0 (H5MAPL0828)

# Suicide Threats

## Policy Statement

Resident suicide threats shall be taken seriously and addressed appropriately.

## Policy Interpretation and Implementation

1. Staff shall report any resident threats of suicide immediately to the nurse supervisor/charge nurse.
2. The nurse supervisor/charge nurse shall immediately assess the situation and shall notify the charge nurse/supervisor and/or director of nursing services of such threats.
3. A staff member shall remain with the resident until the nurse supervisor/charge nurse arrives to evaluate the resident.
4. After assessing the resident in more detail, the nurse supervisor/charge nurse shall notify the resident's attending physician and responsible party, and shall seek further direction from the physician.
5. All nursing personnel and other staff involved in caring for the resident shall be informed of the suicide threat and instructed to report changes in the resident's behavior immediately.
6. As indicated, a psychiatric consultation or transfer for emergency psychiatric evaluation may be initiated.
7. If the resident remains in the facility, staff will monitor the resident's mood and behavior and update care plans accordingly, until a physician has determined that a risk of suicide does not appear to be present.
8. Staff shall document details of the situation objectively in the resident's medical record.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b)(2)(ii); §483.21(b); §483.10(c)(2); §483.40(b)
<b>Survey Tag Numbers</b>	F637; F656; F553; F742
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Change in a Resident's Condition or Status</a> <a href="#">Use of Restraints</a>
<b>Version</b>	1.1 (H5MAPL0859)

# Unusual Occurrence Reporting

## Policy Statement

As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors.

## Policy Interpretation and Implementation

1. Our facility will report the following events to appropriate agencies:
  - a. Earthquakes, floods, gas explosions, severe fires, power outages or other calamities that damage the facility or threaten the welfare, safety or health of residents, employees or visitors;
  - b. An outbreak of any communicable disease;
  - c. Poisonings;
  - d. Death of a resident, employee or visitor because of unnatural causes (e.g., suicide, homicide, accidents, etc.);
  - e. Actual or threatened employee walkouts/strikes, or other curtailment of services, or interruption of essential services (e.g., heating, air conditioning, food, water, linens, sewage or needed medical supplies) provided by the facility;
  - f. Inoperable emergency systems, equipment or resident call systems, which if not corrected could readily become life-threatening;
  - g. Allegations of abuse, neglect and misappropriation of resident property; and
  - h. Other occurrences that interfere with facility operations and affect the welfare, safety, or health of residents, employees or visitors.
2. Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations.
3. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and other appropriate agencies as required by law) within forty-eight (48) hours of reporting the event or as required by federal and state regulations.
4. The administration will keep a copy of written reports on file.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.12; 483.25(d); 483.70(b)
<b>Survey Tag Numbers</b>	F600; F602; F604; F606; F607; F689; F836
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0913)

# Water Temperatures, Safety of

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## Policy Statement

Tap water in the facility shall be kept within a temperature range to prevent scalding of residents.

## Policy Interpretation and Implementation

1. Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than \_\_\_\_\_° F ( \_\_\_\_\_° C), or the maximum allowable temperature per state regulation.
2. Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log.
3. Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log.
4. If at any time water temperatures feel excessive to the touch (i.e., hot enough to be painful or cause reddening of the skin after removal of the hand from the water), staff will report this finding to the immediate supervisor.
5. Direct-care staff shall be informed of risk factors for scalding/burns that are more common in the elderly, such as:
  - a. decreased skin thickness;
  - b. decreased skin sensitivity;
  - c. peripheral neuropathy;
  - d. reduced reaction time;
  - e. decreased cognition;
  - f. decreased mobility; and
  - g. decreased communication.
6. The length of exposure to warm or hot water, the amount of skin exposed, and the resident's current condition affect whether or not exposure to certain temperatures will cause scalding or burns. Therefore, ongoing resident observation and assessment during prolonged exposure to warm or hot water will help to determine the safety of the situation.
7. Nursing staff will be educated about signs and symptoms of burns (first, second, and third degree) so that such injuries can be recognized and treated appropriately.
8. If a resident is scalded or burned, nursing staff shall follow pertinent first aid and physician notification protocols and report the injury to his or her direct supervisor.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(d)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Safety and Supervision of Residents</a>
<b>Version</b>	1.1 (H5MAPL0998)

# Proper Use of Side Rails

Level II

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## Purpose

The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms.

## Definition

**Physical restraints** are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. *(Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.)*

## General Guidelines

1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.)
2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents.
3. An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:
  - a. Bed mobility;
  - b. Ability to change positions, transfer to and from bed or chair, and to stand and toilet;
  - c. Risk of entrapment from the use of side rails; and
  - d. That the bed's dimensions are appropriate for the resident's size and weight.
4. The use of side rails as an assistive device will be addressed in the resident care plan.
5. Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol.
6. Less restrictive interventions that will be incorporated in care planning include:
  - a. Providing restorative care to enhance abilities to stand safely and to walk;
  - b. Providing a trapeze to increase bed mobility;
  - c. Placing the bed lower to the floor and surrounding the bed with a soft mat;
  - d. Equipping the resident with a device that monitors attempts to arise;
  - e. Providing staff monitoring at night with periodic assisted toileting for residents attempting to arise to use the bathroom; and/or
  - f. Furnishing visual and verbal reminders to use the call bell for residents who can comprehend this information.
7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails.
8. The risks and benefits of side rails will be considered for each resident.

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9. Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks. (Note: Federal regulations do not require written consent for using restraints. Signed consent forms do not relieve the facility from meeting the requirements for restraint use, including proper assessment and care planning. While the resident or family (representative) may request a restraint, the facility is responsible for evaluating the appropriateness of that request.)
10. Manufacturer instructions for the operation of side rails will be adhered to.
11. The resident will be checked periodically for safety relative to side rail use.
12. If side rail use is associated with symptoms of distress, such as screaming or agitation, the resident's needs and use of side rails will be reassessed.
13. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used).
14. Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders, but are still restraints if they meet the definition of a restraint.
15. Facility staff, in conjunction with the Attending Physician, will assess and document the resident's risk for injury due to neurological disorders or other medical conditions.

References	
<b>MDS Items (CAAs)</b>	Section G; Section J; Section P; (CAA 11; CAA 18)
<b>Survey Tag Numbers</b>	F604; F700
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Bed Safety</a>
<b>Version</b>	1.3 (H5MAPR0226)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Specimen Collection**

Item # H50075

WINDSOR 002442

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Specimen Collection**

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**Nursing Services**  
**Policy and Procedure Manual for Long-Term Care**  
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**Appendices - Flash Drive Only**

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**Guidelines**

Guidelines for Reporting Abnormal Test Results to Physicians

# Lab and Diagnostic Test Results – Clinical Protocol

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## Assessment and Recognition

1. The physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs.
2. The staff will process test requisitions and arrange for tests.
3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility.

## Review by Nursing Staff

1. When test results are reported to the facility, a nurse will first review the results.
  - a. If staff who first receive or review lab and diagnostic test results cannot follow the remainder of this procedure for reporting and documenting the results and their implications, another nurse in the facility (supervisor, charge nurse, etc.) should follow or coordinate the procedure.
2. Before contacting the physician, the person who is to communicate results to a physician will gather, review, and organize the information and be prepared to discuss the following (to the extent that such information is available):
  - a. The individual's current condition and details of any recent changes in status, including vital signs and mental status;
  - b. Major diagnoses, allergies, current medications, any recent pertinent lab work, actions already taken to address results and treat the resident/patient, and pertinent aspects of advance directives (for example, limitations on testing and treatment);
  - c. Why the lab and diagnostic tests were obtained (for example, as a routine screen or follow-up; to assess a condition change or recent onset of signs and symptoms, or to monitor a serum medication level;
  - d. How test results may relate to the individual's current condition and treatment; and
  - e. Any concerns and questions the physician will be expected to address regarding the resident.
3. A nurse will identify the urgency of communicating with the Attending Physician based on physician request, the seriousness of any abnormality, and the individual's current condition.
4. A nurse will try to determine whether the test was done:
  - a. As a routine screen or follow-up;
  - b. To assess a condition change or recent onset of signs and symptoms; or
  - c. To monitor a drug level.
    - (1) The reason for getting a test often affects the urgency of acting upon the result.
    - (2) If the reason for performing the test cannot be identified, the nurse should proceed as though the tests were ordered to assess a condition change or recent onset of signs and symptoms.

## Identifying Situations that Warrant Immediate Notification

1. Nursing staff will consider the following factors to help identify situations requiring prompt physician notification concerning lab or diagnostic test results:
  - Whether the physician has requested to be notified as soon as a result is received.

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- Whether the result should be conveyed to a physician regardless of other circumstances (that is, the abnormal result is problematic regardless of any other factors).
  - Whether the resident/patient's clinical status is unclear or he/she has signs and symptoms of acute illness or condition change and is not stable or improving, or there are no previous results for comparison.
2. *High or toxic serum medication levels.* If a test was obtained to monitor the blood level of a medication and the level is reported as high (above therapeutic range) or toxic, the nurse will notify the physician promptly and will not give the next dose until the situation has been reviewed with the physician.
- Laboratories may differ in their ranges of abnormal and their criteria for “panic” results.

### **Possible Exceptions to Immediate Notification**

1. The following may potentially constitute exceptions to situations that would otherwise require immediate notification of abnormal results:
  - a. It is documented that the individual is terminally ill or is receiving only palliative care.
  - b. The results are similar to (or better than) previous results associated with chronic conditions (for example, chronic anemia or high BUN and creatinine associated with chronic renal failure) and a physician has previously been aware of those chronic abnormal results.
  - c. The physician previously left specific guidance or orders about how to deal with subsequent test results.
  - d. The results are the same as or better than previous ones, treatment has already been instituted for an acute condition change, and the individual is stable or improving.
  - e. However, nursing staff may sometimes determine that an individual's condition warrants immediate reporting of lab results despite these exceptions.

### **Determining the Reason for Testing**

1. If the results do not meet the preceding criteria for immediate notification, then the nursing staff will review why the test was obtained, as well as the resident's current clinical status including the presence of any signs and symptoms.
  - a. If the resident has signs and symptoms of acute illness or condition change and he/she is not stable or improving, or there are no previous results for comparison, then the nurse will notify the physician promptly to discuss the situation, including a description of relevant clinical findings as well as the test results.
  - b. If the individual is stable or improving and the results do not warrant immediate notification, then the nursing staff may notify the physician routinely (for example, a stable individual with slightly abnormal follow-up test results, or low or therapeutic drug blood levels)..

### **Options for Physician Notification**

1. A physician can be notified by phone, fax, voicemail, e-mail, mail, pager, or a telephone message to another person acting as the physician's agent (for example, office staff).
  - a. Facility staff should document information about when, how, and to whom the information was provided and the response. This should be done in the Progress Notes section of the medical record and not on the lab results report, because test results should be correlated with other relevant information such as the individual's overall situation, current symptoms, advance directives, prognosis, etc.

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- b. Direct voice communication with the physician is the preferred means for presenting any results requiring immediate notification, especially when the resident's clinical status is unstable or current treatment needs review or clarification.
  - c. For information that does not need immediate physician response, staff may use alternatives such as faxing, voice mail, or a clipboard in the facility.
2. Alternatively, the staff and physician may also establish designated times during the day when they will review test results with the physician by phone.

### **Physician Responses**

1. Time frames. A physician will respond within an appropriate time frame, based on the request from nursing staff and the clinical significance of the information.
  - a. A physician should respond within one hour regarding a lab test result requiring immediate notification, and by the end of the next office day to a non-emergency message regarding non-immediate lab test notification with a request for response (for example, by late Wednesday afternoon for a call made on Tuesday).
  - b. If the Attending or Covering Physician does not respond to immediate notification within an hour, the nursing staff should contact the Medical Director for assistance.
2. Physician decisions. When responding to notification of test results, the physician and staff will discuss the implications of the test results for the resident, as well as subsequent actions; for example, obtaining additional tests, new or modified medication orders, additional monitoring, etc.
3. When necessary to help explain clinical decisions, a physician or mid-level practitioner should document the basis for conclusions about how the results were addressed; for example, at the next scheduled or interim visit. The following are examples of potentially pertinent documentation:
  - a. Dilantin level "sub-therapeutic": "Individual is stable, has been seizure free for the past year. Therefore, current Dilantin dose is adequate despite low blood level."
  - b. BUN 32, creatinine 0.7: "BUN is mildly elevated, but individual shows no clinical signs of fluid or electrolyte imbalance and eats and drinks adequately. Still needs vigorous diuretic therapy because of recurrent congestive heart failure. Will recheck in case of change in condition and may consider diuretic adjustment if BUN continues to rise."
  - c. Hematocrit 32: "Hematocrit is low but has been stable. No evidence of GI bleeding. Not on any medications that could be causing blood loss. Has no symptoms that might be related to anemia. Iron levels normal; ferritin levels slightly increased. Probable diagnosis is anemia of chronic disease. No treatment indicated at present."

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### **Referral of Problems and Concerns About the Process**

1. Physicians or nurses who have concerns about how test results have been handled or reported should communicate such concerns to the DON and/or Medical Director.
  - a. Such concerns or disagreements should not prevent timely, clinically appropriate management of a current result or clinical situation.

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References	
<b>MDS Items (CAAs)</b>	Section I; Section O
<b>Survey Tag Numbers</b>	F636; F684; F710; F713; F836; F841; F770; F776
<b>Other References</b>	<p>Brooks S, Warshaw G, Hasse L, Kues JR. The physician decision-making process in transferring nursing home patients to the hospital. <i>Arch Intern Med</i> 1994 Apr 25;154(8):902-908.</p> <p>Joseph C, Lyles Y. Routine laboratory assessment of nursing home patients. <i>J Am Geriatr Soc</i> 1992 Jan ;40(1):98-100.</p> <p>Levenson SA and Crecelius CC. To test or not to test. <i>Caring for the Ages</i>. October 2004; 17-18,21. (Available at <a href="http://www.amda.com/caring/october2004/evidencebased.htm">http://www.amda.com/caring/october2004/evidencebased.htm</a>).</p> <p>Levinstein MR, Ouslander JG, Rubenstein LZ, Forsythe SB. Yield of routine annual laboratory tests in a skilled nursing home population. <i>JAMA</i> 1987;258:1909-1915.</p>
<b>Related Documents</b>	<a href="#">Guidelines for Reporting Abnormal Test Results to Physicians</a>
<b>Version</b>	1.3 (H5MACL0025)

# Culture Tests

## Policy Statement

Culture tests will only be performed when ordered by a physician.

## Policy Interpretation and Implementation

1. Should the attending physician order cultures, they shall be obtained and completed as soon as practical. All test results shall be reported to the physician as soon as the results are obtained.
2. Cultures of purulent exudate at a break in the skin may be obtained by the charge nurse. An order from the physician must be obtained before the specimen is sent to the laboratory.
3. Urine cultures may be obtained by the charge nurse if a resident develops cloudy urine or other signs of urinary tract infection. An order from the physician must be obtained before the specimen is sent to the laboratory.
4. Cultures necessary for the investigation of known or suspected *Methicillin Resistant Staphylococcus aureus* (MRSA) and following eradication protocols may be ordered by the infection preventionist under the direction of the medical director.
5. Following acute diarrheal illness in employees, stool cultures may be obtained by the infection preventionist under the direction of the medical director.
6. *Salmonella* and *Shigella* follow-up stool cultures may be obtained by the infection preventionist, under the direction of the medical director, forty-eight (48) hours after the discontinuance of antimicrobials.
7. In emergency situations, the medical director shall have the administrative authority, accountability, and responsibility to:
  - a. request and order screening, surveillance and follow-up cultures as necessary.
  - b. report laboratory findings to the health department, as appropriate.
8. Completed culture reports shall be reviewed by the infection preventionist and the infection control committee and filed in accordance with established recordkeeping requirements.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(h)(1); §483.70(h)(2); §483.50(a)
<b>Survey Tag Numbers</b>	F841; F771; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0168)



# Test Results

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## Policy Statement

The resident's attending physician will be notified of the results of diagnostic tests.

## Policy Interpretation and Implementation

1. Results of laboratory, radiological, and diagnostic tests shall be reported in writing to the resident's attending physician or to the facility.
2. Should the test results be provided to the facility, the attending physician shall be promptly notified of the results.
3. The director of nursing services, or charge nurse receiving the test results, shall be responsible for notifying the physician of such test results.
4. Signed and dated reports of all diagnostic services shall be made a part of the resident's medical record.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.50(a)(2); §483.50(b)(2)(i)-(ii)
<b>Survey Tag Numbers</b>	F773; F777
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Guidelines for Reporting Abnormal Test Results to Physicians</a> <a href="#">Lab and Diagnostic Test Results – Clinical Protocol</a>
<b>Version</b>	1.0 (H5MAPL0881)

# 24-Hour Urine Specimen

## Level II

### Purpose

The purpose of this procedure is to collect a 24-hour urine specimen for laboratory analysis.

### Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Bedpan or urinal (with cover);
2. Graduate (measuring container);
3. Urine specimen container (1 gallon plastic bottle w/lid);
4. Funnel (if bottle opening is small);
5. Label;
6. Pen/Pencil;
7. Paper towels;
8. Bucket with ice;
9. "24-Hour Urine Specimen" tag (2); and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is able, allow him/her to collect the specimen.
4. Instruct the resident to urinate in the bedpan, urinal or specipan.
5. Instruct the resident not to put any toilet tissue into the specipan, bedpan or urinal. (Note: If the resident wishes to use toilet tissue, instruct the resident to discard the used tissue into the trash receptacle beside the bed.)
6. Prepare the label for the gallon container. Record the resident's name, room number, date and time.
7. Attach the label to the gallon container. Place the container in the resident's bathroom.
8. Place one "24-Hour Urine Specimen" tag in the resident's bathroom, and the second tag on the resident's bed to alert all personnel that a 24-hour urine specimen is to be collected.
9. Put on gloves.
10. Once the resident has finished using the bedpan or urinal, take the container into the resident's bathroom. (Note: If this is the first specimen of the 24-hour period, pour it down the commode. Do not pour it into the gallon container.)
11. Pour the urine from the bedpan, specipan or urinal into the measuring container. Observe the urine for color, sediments, blood, odor, etc.

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12. If the resident is on output, record this data on the intake and output record.
13. Pour the urine into the gallon container. Use the funnel as necessary.
14. Place the lid securely on the specimen container.
15. Save all the urine during the 24-hour period.
16. Place the gallon container into a bucket and fill the bucket with ice.
17. Rinse the bedpan, specimen or urinal. Store in designated area.
18. Rinse the measuring cup and funnel. Store in designated area.
19. Check to see if the resident needs any assistance in cleaning himself or herself. Assist as necessary.
20. Allow the resident to wash his/her hands.
21. Remove gloves. Discard into the designated container. Wash and dry your hands thoroughly.
22. Reposition the bed covers. Make the resident comfortable.
23. Place the call light within easy reach of the resident.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
25. Wash and dry your hands thoroughly.
26. Repeat the procedure for each urine specimen collected.
27. When the last specimen of the 24-hour period has been collected, add this to the gallon container.
28. Take the gallon container, ice bucket, measuring container and funnel to the soiled utility room at the nurses' station.
29. Clean, sanitize and store all reusable equipment.
30. Send the 24-hour urine specimen to the laboratory for testing as ordered.
31. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. The character, clarity and color of urine.
4. All assessment data obtained during the procedure.
5. The date and time the 24-hour period began and ended.
6. The time each specimen was collected.
7. The date and time the specimen was sent to the lab.
8. How the resident tolerated the procedure.
9. If the resident refused the procedure, the reason(s) why and the intervention taken.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F770; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0001)

# Blood Sampling – Capillary (Finger Sticks)

Level III

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## Purpose

The purpose of this procedure is to guide the safe handling of capillary-blood sampling devices to prevent transmission of bloodborne diseases to residents and employees.

## Equipment and Supplies

1. Alcohol pledgets;
2. Disinfected blood glucose meter (glucometer) with sterile lancet; *or* single-resident use spring-loaded device (e.g., Penlet) *or* automatic or safety type lancet;
3. Disposable lancet;
4. Personal protective equipment (e.g., gloves);
5. Sharps container; and
6. Approved EPA registered disinfectant for cleaning of sampling device.

## General Guidelines

1. Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses. Single-resident use fingerstick devices (pen-like devices) should never be used by more than one resident.
2. The lancets and platforms must always be changed after use on each resident.
3. Handle the lancet as a used needle.

## Steps in the Procedure

1. Wash hands.
2. Don gloves.
3. Place blood glucose monitoring device on clean field.
4. Place a new lancet and disposable platform on the spring-loaded finger-stick device.
5. Wipe the area to be lanced with an alcohol pledget.
6. Obtain the blood sample, following the manufacturer's instructions for the device.
7. Discard lancet and platform into the sharps container.
8. Following the manufacturer's instructions, clean and disinfect reusable equipment, parts, and/or devices after each use.
9. Remove gloves, and discard into appropriate receptacle.
10. Wash hands.
11. Replace blood glucose monitoring device in storage area after cleaning.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Nursing Care of the Resident with Diabetes Mellitus</a> <a href="#">Obtaining a Fingerstick Glucose Level</a> <a href="#">CDC Clinical Reminder - Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens</a>
<b>Version</b>	2.1 (H5MAPR0035)

# Clean Catch Urine Specimen

Level III

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## Purpose

The purpose of this procedure is to collect a clean catch urine specimen for laboratory analysis.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Do not catch the initial flow or the last few drops of urine. (Note: The initial flow of urine washes out the urethral opening and contains debris. The last few drops may contain other body secretions.)
2. Remove the specimen container from the flow of urine before the flow of the urine stops.
3. If the resident is collecting the specimen, be sure that clear instructions are given to the resident on how to collect the specimen.
4. Do not touch the inside of the specimen container or the inside of the lid.
5. Place the lid on the specimen container as soon as the specimen is obtained.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. 4x4 sponges or towelettes (3);
2. Antiseptic solution;
3. Label;
4. Pen/pencil;
5. Urine specimen container (with lid);
6. Paper towels;
7. Tissue paper;
8. Clear plastic specimen bag;
9. Bedpan/urinal (if resident is unable to leave bed); and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is able, allow him or her to collect the specimen. Assist the resident as necessary. (Note: Instruct the resident not to touch the inside of the specimen container.)
4. If the resident cannot leave the bed, instruct the resident to urinate into the bedpan or urinal.
5. Remove the lid from the specimen container. Do not touch the inside of the lid.

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**6. Preparing the female resident:**

- a. Instruct the resident to separate the labia.
- b. Using a 4x4 sponge soaked with an antiseptic or soap solution (or towelette), wipe from the front to the back on one side. Discard the sponge or towelette into the designated container. (Note: Use the sponge or towelette only once.)
- c. Follow the same procedure for the other side. Again, wipe from front to back. Discard the towelette into the designated container.
- d. Follow the same procedure for wiping down the middle. Again, wipe from the front to the back. Discard the sponge or towelette into the designated container.
- e. Keep the labia separated until the urine specimen has been obtained.

**7. Preparing the male resident:**

- a. If the resident is not circumcised, retract the foreskin.
  - b. Using a circular motion, wash the glans with a 4x4 sponge soaked with an antiseptic or soap solution. After each circle, discard the sponge or towelette into the designated container.
  - c. Keep the foreskin retracted until the urine specimen has been obtained.
8. If the resident is collecting the specimen, instruct him or her not to catch the specimen until after he or she begins urinating.
  9. Place the lid on the specimen container. Be sure that you do not touch the inside of the lid. Secure the lid.
  10. Prepare the label for the container. Record the resident's name, room number, and the date and time.
  11. Place the label on the specimen container.
  12. Put the specimen container into the clear plastic bag. Seal the bag.
  13. Record output as indicated. Pour the remaining urine down the commode. Flush the commode.
  14. Check to see if the resident needs assistance in cleaning himself or herself. Assist as necessary.
  15. Allow the resident to wash his or her hands.
  16. Rinse the bedpan or urinal. Store in designated area.
  17. Remove gloves. Discard into the designated container.
  18. Wash your hands.
  19. Reposition the bed covers. Make the resident comfortable.
  20. Place the call light within easy reach of the resident.
  21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
  22. Send the specimen to the lab for testing as ordered.
  23. Wash and dry your hands thoroughly.

**Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. The character, clarity and color of urine.
4. All assessment data obtained during the procedure.
5. The data and time the specimen was sent to the lab.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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**Reporting**

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F770; F773; F775
Other References	
Related Documents	
Version	1.1 (H5MAPR0058)

# Collecting a Urine Specimen from a Closed Drainage System

Level III

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## Purpose

The purpose of this procedure is to obtain an uncontaminated urine specimen from a resident with a catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Do not touch the inside of the specimen container or the inside of the lid.
2. Place the lid on the specimen container as soon as the specimen is obtained.
3. Do not leave the bedside after you have clamped the catheter tubing.
4. Do not leave clamps on the catheter tube any longer than necessary to collect the specimen.
5. Use caution when handling needles to avoid needlestick injuries.

## Equipment and Supplies

The following equipment and supplies will be necessary when collecting a urine specimen from a closed drainage system:

1. Alcohol swab;
2. Needle and syringe (capped);
3. Specimen container (with lid);
4. Label;
5. Pen or pencil;
6. Clear plastic specimen bag;
7. Plastic trash bag;
8. Paper towel;
9. Sharps container; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

**Note:** In most facilities, a disposable collection kit is used to obtain this specimen. However, the equipment is listed to familiarize you with the equipment should a kit not be available.

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## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place equipment on the bedside stand or overbed table. Arrange your supplies so that they can be easily reached.
3. Close the clamp on the drainage tube below the speci-port. (Note: Do not leave the resident after you have clamped the tube. Leave the clamp in place only long enough to collect the specimen.)
4. Cleanse the speci-port with the alcohol swab. Discard the swab into the designated container.
5. Remove the needle cover from the syringe.
6. Insert the needle into the speci-port. Pull gently back on the plunger to obtain the required amount of urine. (Note: Usually two [2] ccs are required.)
7. Remove the needle and syringe from the speci-port. Cleanse the speci-port with an alcohol swab.
8. Open the clamp from drainage tubing. Be sure the urine is now running freely down the tubing into the collection bag.
9. Place the needle of the syringe into the specimen container. Push the plunger to expel the urine into the specimen container. Do not touch the inside of the specimen container.
10. Place the lid on the specimen container. Do not touch the inside of the lid.
11. Prepare the label for the container. Record the resident's name, room number, and the date and time.
12. Place the label on the container.
13. Put the specimen container into the clear plastic bag. Seal the bag.
14. Discard the needle and syringe into designated sharps container. (Note: Do not recap the needle.)
15. Remove protective clothing, if worn. Discard into the designated container.
16. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the door and curtains to the open position.
20. Discard all used disposable supplies into designated containers. Remove from room and discard into designated containers.
21. Place soiled reusable equipment into a plastic trash bag. Tie the bag.
22. As you leave the room, take the trash bags with you to the soiled utility room.
23. If the resident desires and if visitors are waiting, tell them that they may now enter the room.
24. Give the specimen to the staff/charge nurse.
25. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. The character, clarity and color of urine.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690; F770; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0087)

# Cultures for MRSA (Staphylococcus Screening)

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for proper culturing of residents known or suspected to have Methicillin Resistant Staphylococcus Aureus (MRSA) infection, or who may be exposed to MRSA. (This is not a routine procedure but may be needed during an outbreak or upon advice of the local or state health department.)

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

### For Nasal Culture

1. Clean gloves; and
2. Sterile culture swab.

### For Wound Culture

1. Sterile gloves;
2. Sterile culture swab;
3. Sterile general purpose tray;
4. Alcohol sponges; and
5. Betadine sponges (or ACU-dyne).

## Procedure Guidelines

1. Mark the laboratory request with the following:
  - a. The exact location of the wound; or
  - b. "Anterior nares," if appropriate;
  - c. "Staphylococcus screen, R/O MRSA";
  - d. Resident's name and room number;
  - e. Name of person taking culture; and
  - f. Date.

### Nasal Culture

1. Validate Physician's order for the culture.
2. Wash hands and put on clean gloves.
3. Using thumb, gently elevate nares by pushing up on tip of nose.
4. Insert sterile culture swab into anterior tips of nares, rotate swab to collect any moisture.
5. Remove swab from nose and replace in sheath.
6. Squeeze capsule to release culture medium. Be sure swab is in medium.
7. Discard gloves and other protective equipment into appropriate receptacle. Wash hands.
8. Label specimen and send to lab.

### Wound Culture

1. Validate Physician's order for the culture.
2. Wash hands, open the general equipment tray and put on sterile gloves.
3. Using sterile forceps, remove the dressings to expose the wound.

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4. Cleanse the area around the wound with alcohol and then cleanse with Betadine sponges (if resident not allergic). Remove all old drainage from site.
5. Allow the area to dry.
6. Using the sterile culture swab, collect as much fresh drainage as possible, or insert the swab gently into any open, draining area of the wound and rotate it to obtain drainage. Never collect drainage from the outside and then insert the same swab into the wound.
7. Place the swab back into the sheath and squeeze the capsule to release the culture medium.
8. Remove the sterile gloves and discard into appropriate receptacle. Wash hands.
9. Label specimen and send to lab.

**(Note:** A swab culture is not recommended for a pressure ulcer. All pressure ulcers are colonized with bacteria and the culture will only detect surface colonization and may not reflect the organism responsible for the infection. Notify the physician if infection is suspected.)

### Miscellaneous

1. Implement Contact Precautions on a case-by-case basis as determined by risks for transmission including uncontrolled secretions, stool incontinence, draining wounds, diarrhea, and total dependence for activities of daily living.
2. Do not treat or continue to culture asymptomatic colonized individuals unless the realistic clinical goal is to decolonize the individual.
3. A resident who has recently had MRSA bacteremia does not need additional blood cultures once his/her clinical condition has improved.
4. Prioritize known MRSA residents for placement with like MRSA individuals, or a low risk individual.
5. When notification of previous MRSA infection or colonization comes after admission, make decisions on surveillance and precautions based on the individual's ability to contain infected/colonized body fluids or body sites, personal hygiene (e.g., handwashing, keeping hands away from infected/colonized areas) and risk to other residents.
6. Place culture tubes in clear plastic bags for transport.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cultures, Specimen Collection for Multidrug-Resistant Organisms</a> <a href="#">Reporting Communicable Diseases</a>
<b>Version</b>	1.2 (H5MAPR0092)

# Cultures, Specimen Collection for

Level III

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## Purpose

Correct collection and handling of culture specimens helps ensure more accurate and timely results and subsequent treatment.

## Procedure Guidelines

1. Labeling of the specimen must include:
  - a. Resident name;
  - b. Location of resident (room and bed number);
  - c. Physician ordering;
  - d. Date and time specimen collected;
  - e. Source of specimen;
  - f. Test desired; and
  - g. Name of person collecting specimen.
2. Explain the procedure completely to the resident.
3. Stay with the resident during the specimen collection if practical.
4. Use a sterile container (except for stool cultures).
5. Label the specimen correctly and send it to the laboratory.
6. Avoid contamination of the container.
7. Place all specimens in a secondary plastic bag with an appropriate biohazard label to contain spills.

## Equipment and Supplies

### For Throat Culture

1. Gloves;
2. Mask and goggles/face shield (if indicated);
3. Sterile culture swab;
4. Tongue blade; and
5. Penlight.

### For Nasopharyngeal Culture

1. Flexible cotton tipped wire;
2. Penlight;
3. Lab personnel at bedside with culture plates (or sterile container if lab unavailable); and
4. Clean gloves.

### For Nasal Culture

1. Sterile culture swab; and
2. Clean gloves.

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**For Eye Culture**

1. Sterile gloves;
2. Sterile culture swab;
3. Sterile normal saline solution; and
4. Sterile 2 x 2 gauze pads.

**For Ear Culture**

1. Clean gloves;
2. Sterile culture swab;
3. Sterile normal saline solution; and
4. Sterile 2 x 2 gauze pads.

**For Rectal Culture**

1. Clean gloves;
2. Sterile culture swab; and
3. Washcloth, soap, and water.

**For Wound Culture**

1. Sterile gloves;
2. Sterile general purpose tray;
3. Alcohol sponges;
4. Betadine sponges (or ACU-dyne); and
5. Sterile culture swab.

**For Vaginal Culture**

1. Clean gloves;
2. Sterile culture swab;
3. Sterile normal saline solution; and
4. Antiseptic solution.

**Swabs of Skin Surfaces**

1. Sterile culture swab;
2. Sterile normal saline solution; and
3. Clean gloves.

**Stool Culture**

1. Clean specimen container with lid;
2. Bedpan or bedside commode; and
3. Clean gloves.

**Urine Culture From Indwelling Catheter**

1. Alcohol sponge;
2. Syringe;
3. Sterile needle;
4. Sterile specimen container; and
5. Clean gloves.

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## Steps in the Procedure

### Throat Culture

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves. (Use a mask and eyewear if splashing, spraying, or spattering of blood or saliva is likely.)
4. Explain to the resident that he/she may gag during collection.
5. Ask the resident to sit up if possible.
6. Ask the resident to tilt head back, if possible.
7. Depress the tongue using the tongue blade and illuminate the throat using a penlight.
8. Swab the tonsillar areas from side to side, including any inflamed or purulent sites. Do not touch the tongue, cheeks, or teeth with the swab.
9. Withdraw the swab and place it in the sheath, immediately crush the ampule of culture medium at the bottom of the tube. Push the swab into the medium to keep it moist.
10. Label the specimen.
11. Discard gloves and other protective equipment into appropriate receptacles. Wash hands.
12. Label the specimen and send to the lab.

### Nasopharyngeal Culture

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Tell the resident he/she may gag or feel the urge to sneeze during the procedure.
5. Ask the resident to sit up if possible.
6. Ask the resident to blow his/her nose if possible.
7. Tell the resident to occlude one nostril and then the other as he/she exhales. Insert the swab tube into the more patent nostril.
8. Ask the resident to cough.
9. Open the package containing the swab and carefully bend the wire into a curve, maintaining sterility.
10. Ask the resident to tilt his/her head back and then pass the swab through the nostril about 3–4 inches, keeping it near the nasal septum and floor of the nose.
11. Rotate the swab quickly, then withdraw it and give to the lab person standing at bedside, or insert contaminated end of wire into sterile container and break, seal cap.
12. Discard gloves and other protective equipment into an appropriate receptacle. Wash hands.
13. Label the specimen and send to the lab.

### Nasal Culture

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Using your thumb, gently elevate the nares by pushing up on the tip of the nose.
5. Insert a sterile culture swab into the anterior tips of the nares, and rotate the swab to collect any moisture.
6. Remove the swab from the nose and replace in the sheath.
7. Squeeze the capsule to release the culture medium. Be sure the swab is in the medium.
8. Discard gloves and other protective equipment into an appropriate receptacle. Wash hands.
9. Label the specimen and send to the lab.

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**Eye Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on sterile gloves.
4. Gently clean excess debris from the outside of the eye with sterile normal saline solution and gauze pads, wiping from inner to outer corners.
5. Retract the lower eyelid to expose the conjunctival sac. Gently rub a sterile swab over the conjunctiva (hold the swab parallel to the eye, rather than pointing it directly at the eye).
6. Place the swab immediately into the sheath and squeeze the ampule to release the culture medium.
7. Remove gloves and discard into appropriate receptacle. Wash hands.
8. Label the specimen and send immediately to the lab.

**Ear Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Clean excess debris from the ear with sterile normal saline solution and gauze pads.
5. Insert the swab into the ear canal and rotate it gently along the walls of the canal.
6. Withdraw the swab, being careful not to touch any other surfaces.
7. Place the swab into the sheath and squeeze the capsule to release the culture medium.
8. Remove gloves and discard into an appropriate receptacle. Wash hands.
9. Label the specimen and send to the lab.

**Rectal Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands, put on clean gloves.
4. Clean the area around the anus with soap and water.
5. Insert the swab, moistened with sterile normal saline into the anus and advance it (about 1 1/2 inches). While withdrawing the swab, gently rotate it against the walls of the lower rectum.
6. Place the swab into the sheath and squeeze the capsule to release the culture medium. Be sure the swab is in the medium.
7. Remove gloves and discard into appropriate receptacle. Wash hands.
8. Label the specimen and send to the lab.

**Wound Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on gloves.
4. Remove the dressings to expose the wound.
5. Cleanse the wound area with normal saline, removing all old drainage from wound bed.
6. Allow the area to dry.
7. Using the sterile culture swab, collect as much fresh drainage as possible, or insert the swab gently into any open, draining area of the wound and rotate it to obtain drainage. Never collect drainage from the outside and then insert the same swab into the wound. Don't just swab the surface of the wound.
8. Place the swab back into the sheath and squeeze the capsule to release the culture medium.

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9. Remove the sterile gloves and discard into appropriate receptacle. Wash hands.
10. Label the specimen and send to the lab.

### **Vaginal Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on gloves.
4. With gloved hand, separate labia and cleanse the area with antiseptic solution (if the resident not allergic).
5. Moisten the swab with sterile saline.
6. Insert the swab into vagina with labia still separated and obtain culture.
7. In withdrawing the swab, take care not to contaminate with rectal organisms.
8. Place the swab in sheath and squeeze capsule to release culture medium. Be sure the swab is in medium.
9. Remove gloves and discard into appropriate receptacle. Wash hands.
10. Label the specimen and send to the lab.

### **Swabs of Skin Surfaces**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Moisten sterile swab with sterile normal saline solution.
5. Roll moistened sterile swab over surface to be cultured.
6. If lesion is purulent, clean it out first with sterile swab sticks, then use a sterile specimen swab to take the specimen.
7. Place the swab in sheath and squeeze capsule to release culture medium. Be sure the swab is in medium.
8. Remove gloves and discard into appropriate receptacle. Wash hands.
9. Label the specimen and send to the lab.

### **Stool Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Tell the resident to notify you when he has the urge to defecate.
4. Have the resident defecate into a clean, dry bedpan or commode.
5. Instruct the resident to try to avoid contaminating the specimen with urine or toilet tissue.
6. Put on clean gloves.
7. Use a scoop attached to top of stool specimen container to obtain stool. A specimen the size of a pea pod is sufficient.
8. Place the specimen in container and close cap tightly.
9. Label the container.
10. Remove gloves and discard into appropriate receptacle. Wash hands.
11. Label the specimen and send to lab.

### **Urine Culture From Indwelling Catheter**

1. Validate the Physician's order for culture.
2. Approximately 30 minutes prior to collecting the specimen, clamp the collection tube to allow urine to accumulate.
3. Put on gloves.
4. Wipe the sampling port with an alcohol sponge.

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5. Connect a needle to a syringe and uncap the needle.
6. Insert the needle into the sampling port at a 90° angle to the tubing.
7. Aspirate the specimen into the syringe.
8. Transfer the specimen to a sterile container.
9. Unclamp the drainage tube.
10. Remove gloves and discard into appropriate receptacle.
11. Wash hands.
12. Label the specimen and send to the lab.

### Special Considerations

1. For a wound specimen, although you would normally cleanse the area around the wound to prevent contamination by normal skin flora, do not cleanse a perineal wound area with alcohol, to avoid irritating sensitive tissue.
2. Be sure antiseptic does not enter the wound.
3. Document the time, date, and site of the specimen collection. Note any unusual appearance or odor of the specimen.
4. Dry swabs from dry wounds are not acceptable; surface swabs from wounds are of little if any value.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cultures for MRSA (Staphylococcus Screening)</a> <a href="#">Multidrug-Resistant Organisms</a> <a href="#">Reporting Communicable Diseases</a>
<b>Version</b>	2.0 (H5MAPR0093)

# Culturing for Catheter-Related Infections

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the aseptic culturing of a suspected source of contamination in order to supply the microbiology lab with information needed to identify the microorganisms associated with catheter-related infections.

## Preparation

1. A physician's order is required to draw blood for culture or to culture the catheter tip after removal of catheter.
2. Follow laboratory specific procedures for collection of specimen.
3. Verify with state Nurse Practice for RN/LPN scope of practice for this procedure.

## General Guidelines

1. This is a sterile procedure. Use only sterile scissors and collection container for specimen collection. If the collection bottle is not part of a sterile collection kit, disinfect the rubber stopper of the bottle with alcohol swab prior to collecting the specimen.
2. Obtain blood cultures from a peripheral venipuncture site. If a catheter-related blood stream infection is suspected, another culture may be taken from the CVAD. Do not obtain blood cultures from peripheral or mid line catheters. Obtain blood specimen for culture before obtaining blood for other tests.
3. Include catheter segments (tip and/or subcutaneous segment), the delivery system, the access site, and infusate solution in cultures for suspected infusion-related and/or catheter-related infection. To obtain specimen from suspected contaminated catheter, remove the catheter by holding the hub to avoid touching the portion of the catheter that has been under the skin.
4. When culturing drainage from insertion site:
  - a. Culture drainage before removing catheter.
  - b. *Do not clean* area before culturing drainage.
  - c. Keep the sterile swab that is used to collect culture from touching anything except the drainage.
5. Routine culturing of all central vascular access device tips upon removal is not recommended.
6. Removal of a functioning CVAD based on temperature elevation alone is not recommended.
7. Salvaging the catheter should be a decision made by the practitioner, the nurse and the resident or representative based on the following criteria:
  - a. The type of vascular access device;
  - b. Anticipated difficulty of inserting a new device;
  - c. Whether the resident has a bleeding disorder;
  - d. The infecting organism, determined by blood cultures; and
  - e. Other complicating conditions, such as sepsis, suppurative thrombophlebitis, endocarditis, or the presence of any vascular hardware (i.e., pacemaker).
8. Infection of the implanted port or a tunneled catheter requires removal of the CVAD. However, uncomplicated infection of the exit site (i.e., no systemic infection, positive blood culture, or purulence) may be treated with topical antimicrobial ointment, as indicated by the culture results and practitioner order.

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## Equipment and Supplies

1. Central line dressing change kit;
2. Sterile scissors (suture removal kit);
3. Sterile container for placing culture to send to lab;
4. Sterile cotton swabs for drainage culture (this may come with culture tube);
5. Labels for sterile containers;
6. Venipuncture equipment, sterile gauze, tourniquet, antiseptic cleaning solution for blood cultures;
7. Saline flushes, Vacutainer® lab tubes and holder, alcohol wipes for catheter blood draws; and
8. Lab biohazard bags to place samples.

## Steps in the Procedure

1. Perform hand antisepsis. Wear non-sterile gloves.
2. Discontinue any infusions for at least two minutes before obtaining blood cultures. Flush with at least 5 mL of 0.9% sodium chloride to clear catheter of medications.
3. Remove old dressing if catheter insertion site drainage is to be cultured.

### To obtain blood sample from central venous access device:

1. Refer to procedure for obtaining blood specimens from a central venous catheter.
2. If cultures of drainage and/or tip are also ordered, obtain blood sample from CVAD before removing dressing or catheter.

### To obtain culture from drainage at catheter-skin junction:

1. Do not cleanse the affected area.
2. Swab any drainage with sterile swab.
3. Uncap culture tube.
4. Drop swab into culture tube using aseptic technique.
5. Recap tube.

### To obtain culture from catheter tip:

1. Verify order to remove catheter.
2. Verify with State Nurse Practice Act if LPN/RN with clinical competency is allowed to remove catheter.
3. Using sterile technique and supplies, remove catheter, avoiding contact with surrounding skin and environment.
4. Have second person uncap culture container, making sure that cap and container stay sterile.
5. Place catheter tip into container, and using sterile scissors cut approximately 2 inches of catheter tip into container.
6. Replace container lid tightly.
7. Finish placing pressure dressing to exit site of catheter.

### To obtain culture from infusate container:

1. Disinfect injection/access port of infusate container.
2. Insert needle with syringe into access port.
3. Withdraw 3 mL of infusion solution.
4. Uncap culture tube.
5. Inject contents of syringe.
6. Recap tube.

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**To obtain blood culture (venipuncture):**

1. Refer to procedure for obtaining blood specimens from a direct venipuncture.

**When culture(s) are obtained:**

1. Label culture with:
  - a. resident's name;
  - b. resident's medical record number or ID;
  - c. date and time specimen was collected; and
  - d. contents of the culture tube.
2. Place labeled cultures in lab biohazard bag and send to lab.
3. Discard used supplies.
4. Remove gloves. Perform hand antisepsis.
5. Notify physician when culture results are received.

**Documentation**

1. The following information should be recorded in the resident's medical record:
  - a. The signs and symptoms of catheter-related infection, when the signs and symptoms were first discovered, and location of catheter and type of culture sent (tip, drainage, blood).
  - b. The date and time of the culture.
  - c. The condition of the resident, including vital signs and his or her response to the procedure.
  - d. Results of the culture, notification of the physician and actions taken when the results were received.
  - e. The signature and title of the person recording the data.
2. Complete an incident report if indicated by facility policy.

**Reporting**

1. Notify physician, Infection Preventionist, and oncoming shift of type of culture sent and results.

References	
<b>MDS Items (CAAs)</b>	Section I; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694; F880
<b>Other References</b>	INS 2016 Standards 43 and 49
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	2.2 (H5MAPR0094)

# Fresh Fractional Urine Specimen

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the collection of a fresh fractional urine specimen.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Collect the fresh fractional urine specimen at the exact time it is ordered. (Note: Normally, these specimens are collected one-half hour before meal times and at bedtime.)
2. The label must be printed clearly so that it is easy to read.
3. The label must be attached to the specimen container after the specimen has been collected, not before.
4. Record the date and time you obtained the specimen on the label.
5. Fresh fractional urine specimens (collecting small amounts of fresh urine) are primarily used for conducting diabetic testing for glucose and ketones.
6. A fresh urine specimen will be needed for each time the tests are conducted.
7. Because the urine must be fresh, the resident must be instructed to urinate at least one-half hour before collecting the fresh urine. If the resident is on intake and output, the urine must be measured and recorded on the resident's intake and output record.
8. If the resident cannot void again at the time you need to collect the fresh urine specimen (thirty minutes before meal time and bedtime), inform the staff/charge nurse.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Bedpan or urinal (with cover);
2. Graduate (measuring container);
3. Urine specimen container (with lid);
4. Label;
5. Pen/Pencil;
6. Paper towels; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is able, allow him/her to collect the specimen.

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4. Instruct the resident to urinate in the bedpan, urinal or specipan. (Note: If this is the first voiding, it cannot be used as the fresh urine specimen. Take this urine into the bathroom. If the resident is on intake and output, measure the urine and record this data on the intake and output record. Pour the urine down the commode. Flush the commode. Rinse the bedpan or urinal and take it back to the bedside.) Have the resident urinate again in about 30 minutes.
5. Instruct the resident not to put any toilet tissue into the bedpan, urinal or specipan. (Note: If the resident wishes to use toilet tissue, instruct the resident to discard the used tissue into the trash receptacle beside the bed.)
6. Prepare the label for the container. Record the resident's name, room number, date and time.
7. Once the resident has finished using the bedpan, urinal or specipan take the container into the resident's bathroom.
8. Pour the urine into the measuring container (graduate).
9. If the resident is on output, record the amount on the intake and output sheet.
10. Pour the specified amount of urine from the measuring container into the specimen container.
11. Place the lid securely on the specimen container.
12. Place the label on the container.
13. Pour the remaining urine into the commode. Flush the commode.
14. Rinse the bedpan, urinal or specipan. Store in designated area.
15. Rinse the measuring cup.
16. Check to see if the resident needs any assistance in cleaning himself or herself. Assist as necessary.
17. Allow the resident to wash his/her hands.
18. Remove gloves. Discard into the designated container. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
22. Take the urine specimen to the soiled utility room for testing.
23. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. The character, clarity and color of urine.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F770; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0140)

# Obtaining Blood Specimens from a Central Venous Catheter

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic sampling of the resident's blood from a central venous catheter.

## Preparation

1. A physician order is required to obtain blood samples.
2. Verify in state Nurse Practice Act regarding scope of practice for this procedure.

## General Guidelines

1. All four categories of central catheters (tunneled, non-tunneled, implanted port, PICC) can be used to draw blood.
2. Always use needleless systems and aseptic technique when drawing and transferring blood.
3. Replace the needleless connection device after blood draws to prevent infection.
4. Use only 10 mL or larger barrel size syringes to draw blood from a central venous catheter to avoid too much pressure on catheter.
5. Do not attach Vacutainer® barrels directly onto a catheter, especially the PICC, as this may cause increased pressure and damage the catheter.
6. Keep the needleless connection device in place while drawing blood to avoid the possibility of air embolus while changing syringes.
7. Prior to blood sampling, verify the identity of the resident by at least two means of identification.
8. Do not obtain blood sample through an infusion administration set (IV tubing).
9. Use the pull-stop technique when obtaining blood samples from a central venous catheter.
10. Do not draw blood for therapeutic drug monitoring through the same lumen used to administer the medication.
11. Draw blood from a dedicated lumen, if possible.
12. For blood sampling through a multi-lumen catheter use the largest lumen and the lumen farthest from the heart.
13. Do not draw blood from a lumen that is being used for parenteral nutrition.
14. Do not use central lines for obtaining cultures unless there is limited peripheral vein access or the culture is to determine a catheter-related blood stream infection.

## Equipment and Supplies

1. Three 10 mL syringes prefilled with normal saline;
2. One or more sterile syringes (10 mL or larger barrel size);
3. Chlorhexidine or alcohol wipes;
4. Sterile end cap/injection device;
5. Blood transfer kit (needleless);
6. Vacutainer® tubes; and
7. Non-sterile gloves.

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## Steps in the Procedure

### Helpful Tips When Drawing Blood

1. All central lines can be used to draw blood. When using a PICC line, at least a 4 FR size is recommended.
2. To facilitate blood return, gently reposition the resident to a sitting or lying down position, or ask him/her to cough. If using a PICC line, you may also ask the resident to straighten his/her arm.

### Obtaining Blood Specimen

1. Stop any infusions for at least 2 minutes prior to accessing the catheter.
2. Assemble supplies. Remove any air bubbles from syringes.
3. Perform hand antisepsis. Apply non-sterile gloves.
4. Attach primed saline syringe to new needleless access device (end cap, valve). Prime with 0.5 mL flush and place in clean area for use after blood draw.
5. Leave needleless access device on end of catheter. Clean end of access device with alcohol wipe.
6. Only use syringes to draw blood from catheter. Do not attach vacuum tube.
7. Attach saline syringe to end of catheter and use push-pause flush method to infuse 10 mL saline. Stop flushing when there is 0.5 mL of saline in the syringe.
8. With same saline syringe attached, withdraw 3-5 mL of blood (for waste) using pull-stop method. (Note: For cultures, do not withdraw and waste initial blood sample.)
9. Disconnect syringe with blood waste from catheter (clamp catheter if necessary).
10. Discard blood waste syringe in sharps container. Do not re-infuse blood into resident.
11. Attach 10 mL (or larger) sterile empty syringe to access device. Withdraw necessary amount of blood for needed samples. This process may be repeated with as many sterile syringes as necessary to get needed amount of blood. Place filled syringes in clean area.
12. Post blood draw, flush with 10-20 mL of normal saline using push-pause flush technique.
13. Attach new needleless connection device (end cap, valve) to catheter hub:
  - a. Clamp or kink catheter;
  - b. Ask resident to hold his/her breath;
  - c. Remove old access device;
  - d. Place new access device (screw into place);
  - e. Ask resident to release breath; and
  - f. Unclamp catheter.
14. Finish flushing with saline.
15. Remove syringe and clamp (if necessary).
16. Dispose of flush syringes in sharps container.
17. Transfer blood sample into tubes to send to lab (see below)..

### Transferring Blood Sample into Laboratory Tubes:

1. Never use a needle to transfer blood. Use a needleless transfer device (according to manufacturer's instructions).
2. Transfer blood into tubes in a sequence according to lab protocol. Contact lab to see what sequence the tubes are to be filled. Some tubes have additives that could be transferred into other tubes through the transfer system and interfere with lab results.
3. Label tubes with resident's information (per lab requirements), date, time, and initials of person drawing blood.
4. Place lab paperwork and tubes into lab biohazard transport bag. Send to lab.

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## Documentation

The following information should be recorded in the resident's medical record:

1. Date, time of specimen collection, type of tests.
2. Site of collection.
3. Condition of resident post blood draw.
4. Laboratory results and notification of physician of results.
5. Signature and title of person who is recording/reporting data.

## Reporting

1. Notify physician, supervisor, and oncoming shift of any problems or inability to get blood sample.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694; F770
<b>Other References</b>	INS 2016 Standard 43
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	2.2 (H5MAPR0205)

# Obtaining Blood Specimens from a Direct Venipuncture Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic sampling of the resident's blood via direct venipuncture.

## Preparation

1. A physician order is required to obtain blood samples.
2. Verify in state Nurse Practice Act regarding scope of practice for this procedure

## General Guidelines

1. If the resident has an intravenous catheter, perform venipuncture on the opposite extremity.
2. If upper extremity is edematous, paralyzed, or affected by a stroke, or has poor circulation due to radiation therapy, avoid venipuncture at this site.
3. Use the dorsum of the hand in residents with a dialysis fistula or graft.
4. Use a straight or winged needle for phlebotomy at the antecubital fossa.
5. When obtaining venipuncture blood specimen for culture, consider using a phlebotomy team or individual(s) specially trained to reduce contamination of the specimen

## Equipment and Supplies

1. Straight or winged needle;
2. Chlorhexidine or alcohol wipes;
3. Tourniquet;
4. Vacutainer® tubes; and
5. Non-sterile gloves.

## Steps in the Procedure

1. Disinfect venipuncture site with anti-microbial solution. Repeat two more times.
2. Allow to air dry.
3. Apply tourniquet proximal to venipuncture site.
4. Perform venipuncture:
  - a. Position resident with arm extended, in dependent position.
  - b. Select vein (antecubital fossa is preferred for blood specimen collection).
  - c. Insert phlebotomy needle (butterfly) in vein. The needle should be connected to a sterile syringe to collect blood.
  - d. If obtaining blood for culture, withdraw 5 mL of blood for waste.
  - e. Collect at least 20 mL of blood and put into two culture bottles (aerobic and anaerobic). This constitutes one blood culture. (Note: Split the 20 mL between the two bottles using a needleless transfer system.)
5. Remove tourniquet.

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6. Remove needle and apply pressure to exit site.
7. Apply sterile dressing to venipuncture site.

#### **Transferring Blood Sample into Laboratory Tubes:**

1. Never use a needle to transfer blood. Use a needleless transfer device (according to manufacturer's instructions).
2. Transfer blood into tubes in a sequence according to lab protocol. Contact lab to see what sequence the tubes are to be filled. Some tubes have additives that could be transferred into other tubes through the transfer system and interfere with lab results.
3. Label tubes with resident's information (per lab requirements), date, time, and initials of person drawing blood.
4. Place lab paperwork and tubes into lab biohazard transport bag. Send to lab.

### **Documentation**

The following information should be recorded in the resident's medical record:

1. Date, time of specimen collection, type of tests.
2. Site of collection.
3. Condition of resident post blood draw.
4. Laboratory results and notification of physician of results.
5. Signature and title of person who is recording/reporting data.

### **Reporting**

1. Notify physician, supervisor, and oncoming shift of any problems or inability to get blood sample.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694; F770
<b>Other References</b>	INS Standard 43
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	1.0 (H5MAPR0338)

# Obtaining Blood Specimens from a Peripheral Catheter

## Level III

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### Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic sampling of the resident's blood from a peripheral catheter.

### Preparation

1. A physician order is required to obtain blood samples.
2. Verify in state Nurse Practice Act regarding scope of practice for this procedure.

### General Guidelines

1. Always use needleless systems and aseptic technique when drawing and transferring blood.
2. Replace the needleless connection device after blood draws to prevent infection.
3. Use only 10 mL or larger barrel size syringes to draw blood from a peripheral catheter to avoid too much pressure on catheter.
4. Do not attach Vacutainer® barrels directly onto a catheter hub, as this may cause increased pressure and damage the catheter.
5. Keep the needleless connection device in place while drawing blood to avoid the possibility of air embolus while changing syringes.
6. Prior to blood sampling, verify the identity of the resident by at least two means of identification.
7. Do not obtain blood sample through an infusion administration set (IV tubing).
8. Do not obtain blood for cultures through a peripheral catheter, either at insertion or while indwelling.
9. Do not obtain a blood sample for any purpose at the time of catheter insertion.
10. Use the pull-stop technique when obtaining blood samples.

### Equipment and Supplies

1. Two 10 mL syringes prefilled with normal saline;
2. One or more sterile syringes (10 mL or larger barrel size);
3. Chlorhexidine or alcohol wipes;
4. Sterile end cap/injection device;
5. Blood transfer kit (needleless);
6. Vacutainer® tubes; and
7. Non-sterile gloves.

### Steps in the Procedure

1. Stop any infusions for at least 2 minutes prior to accessing the catheter.
2. Assemble supplies. Remove any air bubbles from syringes.
3. Perform hand antisepsis. Apply non-sterile gloves.
4. Attach primed saline syringe to new needleless access device (end cap, valve). Prime with 0.5 mL flush and place in clean area for use after blood draw.
5. Leave needleless access device on end of catheter. Clean end of access device with alcohol wipe.

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6. Only use syringes to draw blood from catheter. Do not attach vacuum tube.
7. Attach saline syringe to end of catheter and use push-pause flush method to infuse 10 mL saline. Stop flushing when there is 0.5 mL of saline in the syringe.
8. With same saline syringe attached, withdraw 1-2 mL of blood (for waste) using pull-stop method.
9. Disconnect syringe with blood waste from catheter (clamp catheter if necessary).
10. Discard blood waste syringe in sharps container. Do not re-infuse blood into resident.
11. Attach 10 mL (or larger) sterile empty syringe to access device. Withdraw necessary amount of blood for needed samples. This process may be repeated with as many sterile syringes as necessary to get needed amount of blood. Place filled syringes in clean area.
12. Post blood draw, flush with 10-20 mL of normal saline using push-pause flush technique.
13. Attach new needleless connection device (end cap, valve) to catheter hub:
  - a. Clamp or kink catheter;
  - b. Remove old access device;
  - c. Place new access device (screw into place); and
  - d. Unclamp catheter.
14. Finish flushing with saline.
15. Remove syringe and clamp (if necessary).
16. Dispose of flush syringes in sharps container.
17. Transfer blood sample into tubes to send to lab (see below).

#### **Transferring Blood Sample into Laboratory Tubes:**

1. Never use a needle to transfer blood. Use a needleless transfer device (according to manufacturer's instructions).
2. Transfer blood into tubes in a sequence according to lab protocol. Contact lab to see what sequence the tubes are to be filled. Some tubes have additives that could be transferred into other tubes through the transfer system and interfere with lab results.
3. Label tubes with resident's information (per lab requirements), date, time, and initials of person drawing blood.
4. Place lab paperwork and tubes into lab biohazard transport bag. Send to lab.

#### **Documentation**

The following information should be recorded in the resident's medical record:

1. Date, time of specimen collection, type of tests.
2. Site of collection.
3. Condition of resident post blood draw.
4. Laboratory results and notification of physician of results.
5. Signature and title of person who is recording/reporting data.

#### **Reporting**

1. Notify physician, supervisor, and oncoming shift of any problems or inability to get blood sample.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section I; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F694; F770
<b>Other References</b>	INS 2016 Standard 43
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a>
<b>Version</b>	1.0 (H5MAPR0339)

# Routine Urinalysis Specimen

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the collection of a urine specimen for urinalysis.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Bedpan (with cover) or urinal;
2. Measuring container (graduated if intake and output are being recorded);
3. Urine specimen container (with lid);
4. Label;
5. Paper towels;
6. Tissue paper;
7. Pen/Pencil;
8. Clear plastic specimen bag; and
9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident is able, allow him or her to collect the specimen. Assist the resident as necessary.
4. Instruct the resident to urinate into the bedpan or urinal.
5. Instruct the resident not to put any toilet tissue into the bedpan or urinal. (Note: If the resident wishes to use toilet tissue, instruct the resident to discard the used tissue into the trash receptacle beside the bed.)
6. Prepare the label for the container. Record the resident's name, room number, and the date and time.
7. Once the resident has finished urinating, take the bedpan or urinal into the bathroom. (**Note:** Cover the bedpan when removing it from the bedside.)
8. Pour the urine into the measuring container.
9. If the resident requires a measurement of output, record the amount measured on the intake and output sheet.
10. Pour the urine from the measuring container into the specimen container. Unless otherwise instructed, fill the container approximately three-fourths (3/4) full, if possible.
11. Place the lid securely on the specimen container.
12. Place the label on the specimen container.
13. Put the specimen container into the clear plastic bag. Seal the bag.

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14. Pour the remaining urine down the commode. Flush the commode.
15. Check to see if the resident needs assistance in cleaning himself or herself. Assist as necessary.
16. Allow the resident to wash his or her hands.
17. Rinse the bedpan or urinal. Store in designated area.
18. Clean and rinse out the measuring container. (Note: Store in room or take to soiled utility room as you leave the room.)
19. Remove gloves. Discard into the designated container.
20. Wash and dry your hands thoroughly.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
24. Send the specimen to the laboratory for testing as ordered.
25. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. The character, clarity and color of urine.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F770; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0245)

# Sputum Specimen

Level III

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## Purpose

The purpose of this procedure is to collect a sputum specimen for laboratory testing.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sputum container (with lid);
2. Label;
3. Pen or pencil;
4. Paper towels; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident has recently eaten, instruct the resident to rinse his or her mouth. Provide assistance as necessary.
4. If the resident can hold the sputum container, ask him or her to take three (3) deep breaths and on the third exhalation, to cough deep from the lungs to bring up the sputum.
5. Instruct the resident to spit into the container. (Note: If the resident cannot hold the container, hold the container up to the resident's mouth.)
6. Once the resident has produced the sputum, cover the container immediately. (Note: The resident may need to cough several times to bring up enough sputum for the specimen.)
7. Do not touch the inside of the container or the lid.
8. Label the container. Record the resident's name, room number, and the date and time you collected the specimen.
9. Remove gloves. Discard into the designated container. Wash and dry your hands thoroughly.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
13. Send the specimen to the laboratory for testing as ordered.
14. Wash and dry your hands thoroughly.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F770; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0257)

# Stool Specimen

Level III

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## Purpose

The purpose of this procedure is to collect a stool specimen for laboratory testing.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Bedpan (with cover);
2. Stool specimen container (with cover);
3. Label;
4. Pen or pencil;
5. Wooden tongue depressor;
6. Paper towels;
7. Toilet tissue; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash your hands thoroughly before beginning the procedure.
2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
3. If the resident cannot move his or her bowels for the stool specimen, instruct him or her to signal the nurses' station when he or she can.
4. Instruct the resident to defecate into the bedpan. (**Note:** Instruct the resident not to urinate or place toilet tissue into the bedpan. Instruct the resident to put used toilet tissue into the trash receptacle.)
5. Prepare the label for the specimen container. Record the resident's name, room number, and the date and time the specimen was collected.
6. Put on disposable gloves.
7. Once the resident has had a bowel movement, remove the bedpan and cover it.
8. Take the bedpan to the resident's bathroom.
9. Using the wooden tongue depressor, remove 1-2 tablespoons of feces from the bedpan and place it into the specimen container.
10. Place the label on the container. Cover the container immediately. (**Note:** Avoid touching the inside of the specimen container and cover.)
11. Wrap the wooden tongue depressor in a paper towel. Discard the tongue depressor into the same trash receptacle as the used toilet tissue.
12. Empty the remaining feces into the commode. Flush the commode.

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13. Cleanse and rinse the bedpan. Store in assigned area.
14. Allow the resident to wash his or her hands.
15. Remove gloves. Discard into the designated container. Wash and dry your hands thoroughly.
16. Reposition the bed covers. Make the resident comfortable.
17. Place the call light within easy reach of the resident.
18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
19. Send the specimen to the lab for testing as ordered.
20. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the specimen was collected.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F770; F773; F775
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0261)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Volume 2**

Item # H50075

WINDSOR 002490



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Behavior, Mood and Cognition**

Item # H50075

WINDSOR 002491

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Behavior, Mood and Cognition**

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#### **Sample Documentation**

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Behavior/Intervention Monthly Flow Record (MP5945)

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24-Hour Restraint Observation Record

Care Area Assessment #2 Cognitive Loss/Dementia

Care Area Assessment #9 Behavioral Symptoms

Emergency Use of Restraints

Review of Care and Services for a Resident with Dementia Checklist

# Delirium – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial and subsequent assessments, the physician and staff will identify individuals who have or recently had delirium, psychosis, or other significant acute change from baseline cognition and mental function.
2. Many individuals with a recent hospitalization still have delirium for some time after discharge. Delirium may be especially problematic in individuals with underlying dementia.
3. Prominent symptoms may include reduction in alertness, appetite, attention span, function, and responsiveness; alternating agitation and lethargy, fluctuation in level of consciousness, hallucinations, and delusions.
4. The staff and physician will identify individuals who are at increased risk for delirium and institute appropriate preventive measures; for example, a quiet, supportive environment; reduction of existing medications with anticholinergic properties or CNS side effects; maintenance of adequate food and fluid intake; monitoring for fluid and electrolyte imbalance; and so on.
5. Delirium can often be prevented and primary prevention is the preferred treatment strategy, rather than trying to affect the course of delirium after its onset.
6. The staff will define the nature (onset, frequency, and other exact details), severity, and extent of problematic behavior or related symptoms.
7. The physician will help clarify the situation; for example, distinguish delirium (an acute confusional state) from psychosis or agitated behavior related to dementia, etc.

## Cause Identification

1. The physician will help identify causes and contributing factors related to delirium and acute changes in function and behavior, or document doing so is not indicated.
2. A systematic approach to evaluating individuals with delirium should be used, including consideration of common causes such as adverse medication consequences, fluid and electrolyte imbalance, and infections.
3. Many medications and medication combinations (for example, those with anticholinergic properties or side effects and others that affect the central nervous system) can cause or complicate delirium. In conjunction with the consultant pharmacist, the practitioner and staff should carefully review the existing medication regimen for medications or medication combinations that may be associated with delirium, altered level of consciousness, impaired cognition, or acute or intermittent confusion.

## Treatment/Management

1. The physician will help identify appropriate treatments; for example, stop medications that may be affecting mental status and behavior, correct fluid and electrolyte imbalance, treat infection, correct hypothyroidism, etc.
2. The physician and staff will provide supportive care for a resident with delirium; for example, supplemental food and fluids, additional help with activities of daily living, and injury prevention measures.

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## Monitoring and Follow-Up

1. The physician will help review the progress of individuals with delirium and other acute or subacute altered mental status until stable.
2. This should include a review of whether appropriate preventive and supportive measures have been implemented and the impact of any changes to the medication regimen.
3. The physician may obtain appropriate consultative support, as indicated, for complex residents, those with recurrent symptoms, or those who do not improve or stabilize readily.
4. If a consultant is called to help manage acute confusional states or related behavioral issues, the attending physician will retain an active role by reviewing the consultant's recommendations, addressing related medical issues, monitoring for complications related to treatment, and evaluating subsequent progress. The physician should not simply defer to the consultant for everything related to delirium.

References	
<b>MDS Items (CAAs)</b>	Section C; (CAA 1)
<b>Survey Tag Numbers</b>	F604; F605; F636; F744; F710; F713; F836; F757; F758
<b>Other References</b>	<p>AMDA. Delirium and Acute Problematic Behavior. Clinical Practice Guideline. Columbia, Maryland. 2008.</p> <p>Lyons WL. Delirium in long-term and postacute care. <i>J Am Med Dir Assoc</i> 2006;7:254-261.</p> <p>Seymour D, Henschke P, Cape R et al. Acute confusional states and dementia in the elderly: The role of dehydration, volume depletion, physical illness, and age. <i>Age Ageing</i> 1980;9:137-146.</p> <p>Zelevnik J. Delirium: Still searching for risk factors and effective preventive measures. <i>J Amer Geriatr Soc</i> 2001;49:1729-1732.</p>
<b>Related Documents</b>	<a href="#">Care Area Assessment (CAA) Resources (MDS RAI – Appendix C)</a>
<b>Version</b>	1.3 (H5MACL0012)

# Dementia – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician will help identify individuals who have been diagnosed as having dementia and those with otherwise impaired cognition.
2. The IDT will evaluate individuals with new or progressive cognitive impairment and help identify symptoms and findings that differentiate dementia from other causes.
  - a. Dementia will be differentiated from delirium to the extent possible in residents presenting with impaired cognition. Delirium may be especially problematic in individuals with underlying dementia.
  - b. Prominent symptoms of delirium may include reduction in alertness, appetite, attention span, function, and responsiveness; confusion, alternating agitation and lethargy, fluctuation in level of consciousness, hallucinations, and delusions.
3. The physician will identify individuals taking cholinesterase inhibitors or other medications used to try to stabilize cognitive function, or medications such as antipsychotic medications and mood stabilizers that are commonly ordered to try to manage problematic behavior and disturbed mood.
4. The staff and physician will evaluate individuals with new or worsening cognitive impairment and behavior and differentiate dementia from other causes (see policy on Delirium/Altered Mental States).
5. The staff and physician will review the current physical, functional, and psychosocial status of individuals with dementia, and will summarize the individual's condition, related complications, and functional abilities and impairments.
6. The staff and physician will collaborate to stage dementia and identify prognosis.
7. The staff and physician will collaborate to define the decision-making capacity of someone with dementia, including the extent to which the individual can participate in making everyday decisions and in considering healthcare treatment options including life-sustaining treatments.
8. The staff and physician will collaborate to stage dementia and identify prognosis.

## Cause Identification

1. The physician and staff will identify to the extent possible the neurological basis of the resident's dementia or cognitive loss, including:
  - a. Mental retardation/developmental disability;
  - b. Alzheimer's disease;
  - c. Parkinson's disease;
  - d. Traumatic brain injury;
  - e. Brain tumor; and/or
  - f. Normal pressure hydrocephalus.
2. As needed (for example, when the diagnosis is unclear, a basis for the diagnosis cannot be readily identified, or the individual's cognitive function is borderline normal or better), the physician will help verify or reconsider the diagnosis of dementia and identify other possible causes and coexisting psychiatric conditions.

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- a. Individuals with dementia can also have a personality disorder, mental illness, psychosis, delirium, depression, adverse drug reactions (ADRs), or other conditions causing or contributing to impaired cognition and problematic behavior.
  - b. As needed, the physician may obtain a psychiatrist or neurologist consultation to assist with diagnosis, treatment selection, monitoring of responses to treatment, and adjustment of medications.
3. As needed, the physician will document the basis for conclusions about the category and causes of a resident's dementia or impaired cognition; for example, multi-infarct disease, Alzheimer's disease, Lewy Body Disease, etc.
4. The physician will order any diagnostic tests indicated to clarify the nature or causes of dementia and identify other co-existing or alternative causes of cognitive impairment and problematic behavior; for example:
  - a. Thyroid dysfunction;
  - b. Adverse drug reactions;
  - c. Hypoxia;
  - d. Liver or renal failure;
  - e. Electrolyte imbalance;
  - f. Malnutrition;
  - g. Constipation; and/or
  - h. Diabetes.
5. The staff and physician will determine any relationship between the resident's level of pain and cognitive loss.

### **Treatment/Management**

1. For the individual with confirmed dementia, the IDT will identify a resident-centered care plan to maximize remaining function and quality of life.
2. Nursing assistants will receive initial training in the care of residents with dementia and related behaviors. In-services will be conducted at least annually thereafter. Additionally, performance reviews will be conducted annually and in-service education will be based on the results of the reviews.
3. The facility will strive to optimize familiarity through consistent staff-resident assignments.
4. Direct care staff will support the resident in initiating and completing activities and tasks of daily living.
  - a. Bathing dressing, mealtimes, and therapeutic and recreational activities will be supervised and supported throughout the day as needed.
5. The IDT will identify and document the resident's condition and level of support needed during care planning and review changing needs as they arise.
  - a. Resident needs will be communicated to direct care staff through care plan conferences, during change of shift communications and through written documentation (nurses' notes and documentation tools).
  - b. Progressive or persistent worsening of symptoms and increased need of staff support will be reported to the IDT.
6. The physician will help define potential benefits and risks of medical interventions (including cholinesterase inhibitors and other medications used to enhance or stabilize cognition) based on individual risk factors, current conditions, history and details of current symptoms.

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7. The physician and staff will identify and address with the resident and family ethical issues and any related life-sustaining treatment issues; for example, options for life-sustaining treatments in case of acute change in condition or anorexia and unplanned weight loss.
8. The physician will order appropriate interventions to address significant behavioral and psychiatric symptoms, based on pertinent clinical guidelines and consistent with regulatory requirements.
  - a. Medications will be targeted to specific symptoms and will be used in the lowest possible doses for the shortest possible time, unless a clinical rationale for higher doses or longer-term use is documented.
9. If a psychiatric consultant is called to help manage behavioral or psychiatric symptoms in the individual with dementia, the IDT will retain an active role by reviewing and implementing the consultant's recommendations, addressing issues that affect mood, cognition, and function, monitoring for complications related to treatment, and evaluating progress.

### Monitoring and Follow-Up

1. The staff will monitor the individual with dementia for changes in condition and decline in function and will report these findings to the physician.
2. The IDT will adjust interventions and the overall plan depending on the individual's responses to those interventions, progression of dementia, development of new acute medical conditions or complications, changes in resident or family wishes, and other relevant factors.
3. The physician and staff will review the effectiveness and complications of medications used to try to enhance cognition and manage behavioral and psychiatric symptoms and will adjust, stop, or change such medications as indicated.

References	
<b>MDS Items (CAAs)</b>	Section I; (CAA 2)
<b>Survey Tag Numbers</b>	F604; F605; F636; F744; F757; F758
<b>Other References</b>	<p>AMDA. Dementia clinical practice guideline. Columbia, Maryland.</p> <p>Chow TW, MacLean CH. Quality indicators for dementia in vulnerable community-dwelling and hospitalized elders. <i>Ann Intern Med</i> 2001;135:668-676.</p> <p>Christensen MD, White HK. Dementia assessment and management. <i>J Am Med Dir Assoc</i> 2006;7:109-118.</p> <p>Cummings JL. Use of cholinesterase inhibitors in clinical practice: Evidence-based recommendations <i>Am J Geriatr Psychiatry</i> 2003;11:131-45.</p> <p>Finucane TE, Christmas C, Travis K. Tube feeding in patients with advanced dementia: a review of the evidence. <i>JAMA</i> 1999;282:1365-70.</p> <p>Levenson SA and Crecelius CC. Cholinesterase inhibitors: appropriate use in LTC. <i>Caring for the Ages</i> April 2004;28-29.</p> <p>Sachs GA. Dementia and the goals of care. <i>J Am Geriatr Soc</i> 1998;46:782-3.</p>
<b>Related Documents</b>	<p><a href="#">Antipsychotic Medication Use</a></p> <p><a href="#">Behavioral Assessment, Intervention and Monitoring</a></p> <p><a href="#">Review of Care and Services for a Resident with Dementia Checklist</a></p>
<b>Version</b>	2.0 (H5MACL0013)

# Depression – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will review available information and inquire further to identify and document individuals who have a history of depression or another mood disorder, other psychiatric disorder(s), psychiatric treatment or hospitalizations, or suicide attempts.
  - a. The staff and physician will document in the admission medical record the presence of these conditions or events in the resident's history.
2. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. Description of affect, level of activity and responsiveness;
  - c. Whether mood decline is associated with anorexia, crying, sleeplessness;
  - d. Pain assessment;
  - e. Suicidal ideation (If present, follow facility policy/protocol for suicide threats);
  - f. Resident's age and sex;
  - g. Onset, duration, frequency, severity of signs and symptoms;
  - h. All current medications, especially those known to be associated with depression;
  - i. All active diagnoses;
  - j. Recent or current medical, psychological or social episodes related to condition; and
  - k. Any previous psychiatric consults or treatments.
3. The staff will screen residents/patients for depression, using appropriate screening tools, on admission and subsequently, if suggested by changes in mood, function, or behavior.
4. Staff will evaluate residents/patients (especially, those with a high-risk history) for possible evidence of a mood disorder.
  - a. Signs and symptoms may include, among others, depressed mood most of the day, almost every day; diminished interest or pleasure in most activities, most of the time; thoughts of death or suicide; feelings of helplessness, worthlessness or hopelessness; psychomotor agitation or retardation not attributable to other causes; change in sleep patterns or appetite; or avoidance of social interactions.
  - b. Examples of risk factors for depression include alcohol or substance abuse, current use of a medication associated with a high risk of depression, hearing or vision impairment severe enough to affect function, history of attempted suicide, history of psychiatric hospitalization, a personal or family history of depression or mood disorder, a medical diagnosis associated with a high risk of depression, new admission or change in environment, and new stressful losses including loss of autonomy, privacy, function, a body part, or a family member or friend.

## Cause Identification

1. The physician will evaluate underlying causes of mood disorder, including depression, and contributing factors; for example, based on coexisting medical conditions, availability of recent diagnostic data, and findings from assessments and consultations.

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- a. Examples of conditions that may increase the likelihood of depression or that may cause depressive symptoms include neurodegenerative disorders (for example, Alzheimer's disease, Parkinson's disease, multiple sclerosis), substance abuse, cancer, chronic pain, and endocrine disorders (for example, thyroid disease).
  - b. The physician and staff will evaluate the current medication regimen to identify medications that could be causing or contributing to depression; for example, clonidine and beta blockers.
2. The physician will identify the need for additional testing and/or consultation (psychiatric, psychological, etc.) to help define the nature, severity, causes, and complications (for example, psychosis or suicide risk) of any mood disorder.
  - a. If a psychiatric consultant is called to help diagnose and manage depression, the attending physician will retain an active role by reviewing the consultant's recommendations, addressing medical issues that affect mood, helping monitor for complications related to treatment, and evaluating subsequent progress.
  - b. The physician should not simply defer to the consultant for everything related to depression or mood disorders.

### **Treatment/Management**

1. The staff will provide pertinent individualized non-pharmacologic interventions for the individual with depression; for example, addressing related psychological, spiritual, and family issues.
2. The physician will address underlying causes and related comorbidities.
  - a. For example, if the resident/patient has been taking medications that are known to cause depression or another mood disorder, the physician will adjust or stop the medication, consider alternatives, or otherwise try to minimize the risk of those medications.
  - b. The physician (with consultative support as needed) will identify and order appropriate non-pharmacological and pharmacological interventions, based on the preceding assessments.
3. The staff and physician should also identify target symptoms and an approximate treatment timetable for any medications.
4. Medications are not routinely or uniformly effective in individuals with depression or other mood disorders. Their value in individuals with dementia is questionable. Their effectiveness may depend on the severity of depression (see *Boyce et al* and *Fournier et al* in references). The challenge is to identify a medication which helps improve symptoms and quality of life while minimizing side effects.

### **Monitoring and Follow-Up**

1. The staff and physician will monitor the resident's response to treatment for a mood disorder and will document approaches, timetables, and goals of treatment in the interdisciplinary care plan and progress notes.
  - a. Examples of monitoring criteria include improvement or resolution of symptoms, improved quality of life and enjoyment of usual activities, and improved sleep.
2. The staff and physician will monitor the resident/patient carefully for side effects of any medications used to treat a mood disorder as well as interactions between antidepressants and other classes of medications.
  - a. For example, antidepressants may increase fall risk; also, excessive serotonin stimulation due to antidepressants and other medications can cause the "serotonin syndrome," which can result in symptoms such as increasing agitation, change in mental function, seizures, or death.

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3. If antidepressant medications have been used, the physician will identify the possibility of tapering or stopping them, based on efficacy (i.e., whether there has been any clinically significant improvement), side effects, and pertinent protocols (for example, tapering after 6 months to 1 year of treatment for a first episode of uncomplicated depression).

References	
<b>MDS Items (CAAs)</b>	Section D; Section I; (CAA 8)
<b>Survey Tag Numbers</b>	F636; F684; F757; F758
<b>Other References</b>	<p>AMDA. Depression in Long-Term Care. Columbia, Maryland.</p> <p>Arean PA. Advances in psychotherapy for mental illness in late life. <i>Am J Geriatr Psychiatry</i> 2003;11:4 –6.</p> <p>Boyce RD, Hanlon JT, Karp JF, Kloke J, Saleh A, Handler SM. A Review of the Effectiveness of Antidepressant Medications for Depressed Nursing Home Residents. <i>J Am Med Dir Assoc</i> 2012;13:326-331</p> <p>Fournier JC, DeRubeis RJ, Hollon SD, et al. Antidepressant drug effects and depression severity: a patient-level meta-analysis. <i>JAMA</i>. 2010;303(1):47-53.</p> <p>Kallenbach LE, Rigler SK. Identification and management of depression in nursing facility residents. <i>J Am Med Dir Assoc</i> 2006;7:448-455.</p> <p>Pollock BG. Adverse reactions of antidepressants in elderly patients. <i>J Clin Psychiatry</i> 1999;60(S20):4 –8.</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0014)

# Antipsychotic Medication Use

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## Policy Statement

Antipsychotic medications may be considered for residents with dementia but only after medical, physical, functional, psychological, emotional psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed.

Antipsychotic medications will be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review.

## Policy Interpretation and Implementation

1. Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective.
2. The attending physician and other staff will gather and document information to clarify a resident's behavior, mood, function, medical condition, specific symptoms, and risks to the resident and others.
3. The attending physician will identify, evaluate and document, with input from other disciplines and consultants as needed, symptoms that may warrant the use of antipsychotic medications.
4. The attending physician and facility staff will identify acute psychiatric episodes, and will differentiate them from enduring psychiatric conditions.
5. Residents who are admitted from the community or transferred from a hospital and who are already receiving antipsychotic medications will be evaluated for the appropriateness and indications for use. The interdisciplinary team will:
  - a. complete PASRR screening (preadmission screening for mentally ill and intellectually disabled individuals), if appropriate; or
  - b. re-evaluate the use of the antipsychotic medication at the time of admission and/or within two weeks (at the initial MDS assessment) to consider whether or not the medication can be reduced, tapered, or discontinued.
  - c. based on assessing the resident's symptoms and overall situation, the physician will determine whether to continue, adjust, or stop existing antipsychotic medication.
6. Diagnosis of a specific condition for which antipsychotic medications are necessary to treat will be based on a comprehensive assessment of the resident.
7. Antipsychotic medications shall generally be used only for the following conditions/diagnoses as documented in the record, consistent with the definition(s) in the Diagnostic and Statistical Manual of Mental Disorders (current or subsequent editions):
  - a. Schizophrenia;
  - b. Schizoaffective disorder;
  - c. Schizophreniform disorder;
  - d. Delusional disorder;
  - e. Mood disorders (e.g. bipolar disorder, depression with psychotic features, and treatment refractory major depression);
  - f. Psychosis in the absence of dementia;

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- g. Medical illnesses with psychotic symptoms and/or treatment-related psychosis or mania (e.g., high-dose steroids);
  - h. Tourette's Disorder;
  - i. Huntington Disease;
  - j. Hiccups (not induced by other medications); or
  - k. Nausea and vomiting associated with cancer or chemotherapy.
8. Diagnoses alone do not warrant the use of antipsychotic medication. In addition to the above criteria, antipsychotic medications will generally only be considered if the following conditions are also met:
- a. The behavioral symptoms present a danger to the resident or others; AND:
    - (1) the symptoms are identified as being due to mania or psychosis (such as auditory, visual, or other hallucinations; delusions, paranoia or grandiosity); or
    - (2) behavioral interventions have been attempted and included in the plan of care, except in an emergency (see below).
9. In the case of an emergency situation (that is, an acute onset or exacerbation of symptoms or immediate threat to the health or safety of a resident or others) related to one or more of the above conditions or diagnoses, the use of antipsychotic medications must meet following additional requirements:
- a. The acute treatment period is limited to seven days or less; and
  - b. A clinician in conjunction with the interdisciplinary team must evaluate and document the situation within 7 days, to identify and address any contributing and underlying causes of the acute psychiatric condition and verify the continuing need for antipsychotic medication; and
  - c. Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation.
10. For enduring psychiatric conditions, antipsychotic medications will not be used unless behavioral symptoms are:
- a. not due to a medical condition or problem (e.g., headache or joint pain, fluid or electrolyte imbalance, pneumonia, hypoxia, unrecognized hearing or visual impairment, medication side effect, or polypharmacy) that can be expected to improve or resolve as the underlying condition is treated or the offending medication(s) are discontinued; and
  - b. persistent or likely to reoccur without continued treatment; and
  - c. not sufficiently relieved by non-pharmacological interventions; and
  - d. not due to environmental stressors (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the psychotic symptoms or maintain safety; and
  - e. not due to psychological stressors (e.g., loneliness, taunting, abuse), or anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his or her clothes or glasses) that can be expected to improve or resolve as the situation is addressed.
11. Antipsychotic medications will not be used if the only symptoms are one or more of the following:
- a. Wandering;
  - b. Poor self-care;
  - c. Restlessness;
  - d. Impaired memory;
  - e. Mild anxiety;
  - f. Insomnia;

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- g. Inattention or indifference to surroundings;
  - h. Sadness or crying alone that is not related to depression or other psychiatric disorders;
  - i. Fidgeting;
  - j. Nervousness; or
  - k. Uncooperativeness.
12. All antipsychotic medications will be used within the dosage guidelines listed in F757, or clinical justification will be documented for dosages that exceed the listed guidelines for more than 48 hours.
  13. Residents will not receive PRN doses of psychotropic medications unless that medication is necessary to treat a specific condition that is documented in the clinical record.
  14. The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order.
  15. PRN orders for antipsychotic medications will not be renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of that medication.
  16. The staff will observe, document, and report to the attending physician information regarding the effectiveness of any interventions, including antipsychotic medications.
  17. Nursing staff shall monitor for and report any of the following side effects and adverse consequences of antipsychotic medications to the attending physician:
    - a. General/anticholinergic: constipation, blurred vision, dry mouth, urinary retention, sedation;
    - b. Cardiovascular: orthostatic hypotension, arrhythmias;
    - c. Metabolic: increase in total cholesterol/triglycerides, unstable or poorly controlled blood sugar, weight gain; or
    - d. Neurologic: Akathisia, dystonia, extrapyramidal effects, akinesia; or tardive dyskinesia, stroke or TIA.
  18. The physician shall respond appropriately by changing or stopping problematic doses or medications, or clearly documenting (based on assessing the situation) why the benefits of the medication outweigh the risks or suspected or confirmed adverse consequences.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.45(c)-(e)
<b>Survey Tag Numbers</b>	F756; F757; F758
<b>Other References</b>	FDA Black Box Warnings for Antipsychotic Medications at <a href="http://www.fda.gov/drugs/default.htm">http://www.fda.gov/drugs/default.htm</a>
<b>Related Documents</b>	<a href="#">Behavioral Assessment, Intervention and Monitoring</a>
<b>Version</b>	1.2 (H5MAPL0062)

# Behavioral Assessment, Intervention and Monitoring

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## Policy Statement

1. The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care.
2. Behavioral symptoms will be identified using facility-approved behavioral screening tools and the comprehensive assessment.
3. Residents who do not display symptoms of, or have not been diagnosed with, mental, psychiatric, psychosocial adjustment, substance abuse or post-traumatic stress disorder(s) will not develop behavioral disturbances that cannot be attributed to a specific clinical condition that makes the pattern unavoidable.
4. Behavioral health services will be provided by qualified staff who have the competencies and skills necessary to provide appropriate services to the residents.
5. Residents will have minimal complications associated with the management of altered or impaired behavior.
6. The facility will comply with regulatory requirements related to the use of medications to manage behavioral changes.

## Policy Interpretation and Implementation

### General Guidelines

1. “Behavior” is the response of an individual to a wide variety of factors. These factors may include medical, physical, functional, psychosocial, emotional, psychiatric, or environmental causes.
  - a. Behavior is regulated by the brain and is influenced by past experiences, personality traits, environment, and interactions with other people.
  - b. Behavior can be a way for an individual in distress to communicate unmet needs, indicate discomfort, or express thoughts that cannot be articulated.
2. “Behavioral or Psychological Symptoms of Dementia (BPSD)” describes behavioral symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause.
  - a. Appropriate assessment and treatment of behavioral symptoms requires differentiating between behavioral symptoms that can be managed by treating underlying factors, and those that cannot.
3. Current guidelines recommend the use of non-pharmacological interventions for BPSD.

### Assessment

1. As part of the initial assessment, the nursing staff and attending physician will identify individuals with a history of impaired cognition, altered behavior, substance use disorder, or mental disorder.
  - a. All residents will receive a Level I PASARR screen prior to admission.
  - b. If the level I screen indicates that the individual may meet the criteria for a mental disorder, intellectual disability or related condition he or she will be referred to the state PASARR representative for the Level II (evaluation and determination) screening process.

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- c. The Level II evaluation report will be used when conducting the resident assessment and developing the care plan.
2. As part of the comprehensive assessment, staff will evaluate, based on input from the resident, family and caregivers, review of medical record and general observations:
  - a. the resident's usual patterns of cognition, mood and behavior;
  - b. the resident's usual method of communicating things like pain, hunger, thirst, and other physical discomforts;
  - c. the resident's typical or past responses to stress, fatigue, fear, anxiety, frustration and other triggers; and
  - d. the resident's previous patterns of coping with stress, anxiety, and depression.
3. The nursing staff will identify, document, and inform the physician about specific details regarding changes in an individual's mental status, behavior, and cognition, including:
  - a. onset, duration, intensity and frequency of behavioral symptoms;
  - b. any recent precipitating or relevant factors or environmental triggers (e.g., medication changes, infection, recent transfer from hospital); and
  - c. appearance and alertness of the resident and related observations.
4. New onset or changes in behavior will be documented regardless of the degree of risk to the resident or others.
5. New onset or changes in behavior that indicate newly evident or possible serious mental disorder, intellectual disability, or a related disorder will be referred for a PASARR Level II evaluation.
6. Current Level II residents will be referred for an additional PASARR Level II evaluation upon a significant change in status assessment.

### Cause Identification

1. The interdisciplinary team will *thoroughly evaluate* new or changing behavioral symptoms in order to identify underlying causes and address any modifiable factors that may have contributed to the resident's change in condition, including:
  - a. physical or medical changes (for example):
    - (1) infection;
    - (2) dehydration;
    - (3) pain or discomfort;
    - (4) constipation;
    - (5) change related to medications; and/or
    - (6) worsening of or complications related to other conditions.
  - b. emotional, psychiatric and/or psychological stressors (for example):
    - (1) depression;
    - (2) boredom;
    - (3) loneliness;
    - (4) anxiety; and/or
    - (5) fear.

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- c. functional, social or environmental factors (for example):
  - (1) alteration in routine;
  - (2) change in caregivers;
  - (3) sleep disturbances;
  - (4) decline in ability to perform self-care or tasks that he or she could previously complete without help;
  - (5) poor or excessive lighting;
  - (6) noise; and/or
  - (7) uncomfortable temperatures.

## Management

1. The interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm.
  - a. Atypical behavior will be differentiated from behavior that is dangerous or problematic for the resident(s) or staff, or behavior that signals underlying distress.
  - b. If the behavior is atypical but not problematic or dangerous and the resident does not appear to be in distress, then the IDT will monitor for changes but not necessarily intervene to “normalize” the behavior.
2. The care plan will incorporate findings from the comprehensive assessment and PASARR Level II determinations (as appropriate), and be consistent with current standards of practice.
3. The resident and family or representative will be involved in the development and implementation of the care plan. Resident and family involvement, or attempts to include the resident and family in care planning and treatment, will be documented.
4. The resident and family/representatives will be informed of the resident’s condition as well as the potential risks and benefits or proposed interventions.
5. The resident and/or resident surrogate will have the right to refuse treatment.
6. If the resident lacks decision-making capacity and does not have effective family support, the IDT will contact social services to provide assistance to the resident.
7. Interventions will be individualized and part of an overall care environment that supports physical, functional and psychosocial needs, and strives to understand, prevent or relieve the resident’s distress or loss of abilities.
8. Interventions and approaches will be based on a detailed assessment of physical, psychological and behavioral symptoms and their underlying causes, as well as the potential situational and environmental reasons for the behavior. The care plan will include, as a minimum:
  - a. a description of the behavioral symptoms, including:
    - (1) frequency;
    - (2) intensity;
    - (3) duration;
    - (4) outcomes;
    - (5) location;
    - (6) environment; and
    - (7) precipitating factors or situations.

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- b. targeted and individualized interventions for the behavioral and/or psychosocial symptoms;
  - c. the rationale for the interventions and approaches;
  - d. specific and measurable goals for targeted behaviors; and
  - e. how the staff will monitor for effectiveness of the interventions.
9. Non-pharmacologic approaches will be utilized to the extent possible to avoid or reduce the use of antipsychotic medications to manage behavioral symptoms.
10. When medications are prescribed for behavioral symptoms, documentation will include:
  - a. rationale for use;
  - b. potential underlying causes of the behavior;
  - c. other approaches and interventions tried prior to the use of antipsychotic medications;
  - d. potential risks and benefits of medications as discussed with the resident and/or family;
  - e. specific target behaviors and expected outcomes;
  - f. dosage;
  - g. duration;
  - h. monitoring for efficacy and adverse consequences; and
  - i. plans (if applicable) for gradual dose reduction.
11. The director of nursing, or designee, will evaluate whether the staffing needs have changed based on acuity of the residents and their plans of care. Additional staff and/or staff training will be provided if it determined that the needs of the residents cannot be met with the current level of staff or staff training

## Monitoring

1. If the resident is being treated for altered behavior or mood, the IDT will seek and document any improvements or worsening in the individual's behavior, mood, and function.
2. The IDT will monitor the progress of individuals with impaired cognition and behavior until stable. New or emergent symptoms will be documented and reported.
3. Interventions will be adjusted based on the impact on behavior and other symptoms, including any adverse consequences related to treatment.
4. If antipsychotic medications are used to treat behavioral symptoms, the IDT will monitor their indication and implement a gradual dose reduction, or document why this cannot or should not be done (for example, recurrence of psychotic symptoms after several previous attempts to taper medications).
  - a. The IDT will monitor for side effects and complications related to psychoactive medications; for example, lethargy, abnormal involuntary movements, anorexia, or recurrent falling.
  - b. If such symptoms are identified, and some medication is still needed, the IDT will adjust the current regimen to try to minimize side effects while maintaining therapeutic effectiveness.
5. If any devices (restraints) are prescribed, the IDT will monitor the situation to ensure that they are beneficial to the individual (for example, enhancing function and improving symptoms) and are not causing complications or disabling the individual.
  - a. This will be done frequently when such devices are first employed and regularly thereafter for as long as they are used.
  - b. Over time, the staff will reduce the use or remove such devices, or will document why such attempts are not feasible.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(e) Respect and Dignity.; §483.12(a) The facility must-;§483.20(b) Comprehensive Assessments; §483.20(e) Coordination; §483.25(k) Pain Management.; 483.40 Behavioral Health Services; 483.40(b)(3); §483.45(d) Unnecessary Drugs-General.; §483.45(e) Psychotropic Drugs.
<b>Survey Tag Numbers</b>	F604; F605; F636; F644; F697; F740; F744; F757; F758
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Antipsychotic Medication Use</a> <a href="#">Behavioral Health Services</a> <a href="#">Use of Restraints</a> <a href="#">Admission Criteria</a>
<b>Version</b>	2.1 (H5MAPL0971)

# Behavioral Health Services

## Policy Statement

1. The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care.

## Policy Interpretation and Implementation

1. Behavioral health services are provided to residents as needed as part of the interdisciplinary, person-centered approach to care.
2. Residents who exhibit signs of emotional/psychosocial distress receive services and support that address their individual needs and goals for care.
3. Residents who do not display symptoms of, or have not been diagnosed with, mental, psychiatric, psychosocial adjustment, substance abuse or post-traumatic stress disorder(s) will not develop behavioral disturbances that cannot be attributed to a specific clinical condition that makes the pattern unavoidable.
4. Staff must promote dignity, autonomy, privacy, socialization and safety as appropriate for each resident and are trained in ways to support residents in distress.
5. Staff training regarding behavioral health services includes, but is not limited to:
  - a. recognizing changes in behavior that indicate psychological distress;
  - b. implementing care plan interventions that are relevant to the resident's diagnosis and appropriate to his or her needs;
  - c. monitoring care plan interventions and reporting changes in condition; and
  - d. protocols and guidelines related to the treatment of mental disorders, psychosocial adjustment difficulties, history of trauma and post-traumatic stress disorder.
6. Behavioral health services are provided by staff who are qualified and competent in behavioral health and trauma-informed care.
7. Staff are scheduled in sufficient numbers to manage resident needs throughout the day, evening and night.

References	
OBRA Regulatory Reference Numbers	§483.40 Behavioral health services.
Survey Tag Numbers	F740; F741; F742; F743
Other References	
Related Documents	<a href="#">Behavioral Assessment, Intervention and Monitoring</a>
Version	1.0 (H5MAPL1461)

# Unmanageable Residents

## Policy Statement

Each resident will be provided with a safe place of residence.

## Policy Interpretation and Implementation

1. Should a resident's behavior become abusive, hostile, assaultive, or unmanageable in any way that would jeopardize his or her safety or the safety of others, the nurse supervisor/charge nurse must immediately:
  - a. provide for the safety of all concerned (i.e., move resident, equipment, etc.);
  - b. notify the resident's attending physician for instructions;
  - c. notify the director of nursing services; and
  - d. notify the resident's representative (sponsor).
2. The director of nursing services has the authority to order emergency restraint use in accordance with our facility's established restraint policy.
3. Should the resident pose an immediate danger, or become violent or beyond the control of the facility, local law enforcement agencies may be called for assistance.
4. Every effort shall be made to calm the resident. However, personal safety must always be considered.
5. Unmanageable residents may not be retained by the facility. Discharge proceedings will be implemented as instructed by the attending physician or medical director in accordance with current laws and regulations governing such discharges.
6. Should a resident's behavior become uncontrollable, the nurse supervisor/charge nurse shall have the authority to contact the resident's representative (sponsor) and require that a member of the family remain with the resident until the resident calms down or is transferred.
7. Complete documentation of the incident must be recorded in the resident's medical record and an incident report must be filed with the administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.15(c); 483.10(e)(3)
<b>Survey Tag Numbers</b>	F622; F623; F558
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Use of Restraints</a>
<b>Version</b>	1.0 (H5MAPL0912)

# Use of Restraints

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## Policy Statement

Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully.

Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls.

When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented.

## Policy Interpretation and Implementation

1. "Physical Restraints" are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body.
2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition (i.e., side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint.
3. Examples of devices that are/may be considered physical restraints include leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars, geri-chairs, and lap cushions and trays that the resident cannot remove.
4. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including:
  - a. using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed;
  - b. tucking sheets so tightly that a bed-bound resident cannot move;
  - c. placing a resident in a chair that prevents the resident from rising; and
  - d. placing a resident who uses a wheelchair so close to the wall that the wall prevents the resident from rising.
5. Restraints may only be used if/when the resident has a specific medical symptom that cannot be addressed by another less restrictive intervention AND a restraint is required to:
  - a. treat the medical symptom;
  - b. protect the resident's safety; and
  - c. help the resident attain the highest level of his/her physical or psychological well-being.
6. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms.

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7. Emergency use of restraints is permitted if their use is immediately necessary to prevent the resident from injuring himself/herself or others and/or to prevent the resident from interfering with life-sustaining treatment, and no other less-restrictive interventions are feasible.
  - a. The director of nursing services has the authority to order the use of emergency restraints. The attending physician must be notified of such use and the reason for the order.
  - b. Orders for emergency restraints may be received by telephone, and shall be signed by the physician within forty eight (48) hours.
  - c. The emergency use of restraints must not extend beyond the immediate episode.
8. Treatment restraints may be used for the protection of the resident during treatment and diagnostic procedures **if the resident and/or representative has consented to the treatment or procedure and the use of treatment restraints**. Treatment restraints shall be applied for no longer than the time required to complete the treatment.
9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following:
  - a. The specific reason for the restraint (as it relates to the resident's medical symptom);
  - b. How the restraint will be used to benefit the resident's medical symptom; and
  - c. The type of restraint, and period of time for the use of the restraint.
10. Orders for restraints will not be enforced for longer than twelve (12) hours, unless the resident's condition requires continued treatment.
11. Reorders are issued **only** after a review of the resident's condition by his or her physician.
12. The following safety guidelines shall be implemented and documented while a resident is in restraints:
  - a. Restraints shall be used in such a way as not to cause physical injury to the resident and to insure the least possible discomfort to the resident.
  - b. Physical restraints shall be applied in such a manner that they can be speedily removed in case of fire or other emergency. Restraints with locking devices shall **not** be used.
  - c. A resident placed in a restraint will be observed at least every thirty (30) minutes by nursing personnel and an account of the resident's condition shall be recorded in the resident's medical record.
  - d. The opportunity for motion and exercise is provided for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed.
  - e. Restrained residents must be repositioned at least every two (2) hours on all shifts.
13. Seclusion, which is defined as the placement of a resident alone in a room, shall not be employed.
14. Residents and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use.
15. Should a resident not be capable of making a decision, the surrogate or sponsor may exercise the right of the use or non-use of a restraint. (Note: The surrogate/sponsor may not give permission to use restraints for the sake of discipline or staff convenience or when the restraint is not necessary to treat the resident's medical symptoms.)
16. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination.
17. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s).

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18. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.
19. Documentation regarding the use of restraints shall include:
  - a. full documentation of the episode leading to the use of the physical restraint. This includes not only the resident symptoms but also the conditions, circumstances, and environment associated with the episode
  - b. a description of the resident's medical symptoms (i.e., an indication or a characteristic of a physical or psychological condition) that warranted the use of restraints;
  - c. how the restraint use benefits the resident by addressing the medical symptom;
  - d. the type of the physical restraint used;
  - e. the length of effectiveness of the restraint time; and
  - f. observation, range of motion and repositioning flow sheets.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(e)(1); 483.12(a)
<b>Survey Tag Numbers</b>	F604
<b>Other References</b>	<a href="#">CMS-20077 Physical Restraints</a>
<b>Related Documents</b>	<a href="#">24-Hour Restraint Observation Record</a> <a href="#">Risk-Benefit Acknowledgement Form (MP5540)</a>
<b>Version</b>	1.3 (H5MAPL0919)

# Wandering and Elopements

## Policy Statement

The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents.

## Policy Interpretation and Implementation

1. If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety.
2. If an employee observes a resident leaving the premises, he/she should:
  - a. attempt to prevent the resident from leaving in a courteous manner;
  - b. get help from other staff members in the immediate vicinity, if necessary; and
  - c. instruct another staff member to inform the charge nurse or director of nursing services that a resident is attempting to leave or has left the premises.
3. If a resident is missing, initiate the elopement/missing resident emergency procedure:
  - a. Determine if the resident is out on an authorized leave or pass;
  - b. If the resident was not authorized to leave, initiate a search of the building(s) and premises; and
  - c. If the resident is not located, notify the administrator and the director of nursing services, the resident's legal representative, the attending physician, law enforcement officials, and (as necessary) volunteer agencies (i.e., emergency management, rescue squads, etc.).
4. When the resident returns to the facility, the director of nursing services or charge nurse shall:
  - a. examine the resident for injuries;
  - b. contact the attending physician and report findings and conditions of the resident;
  - c. notify the resident's legal representative (sponsor);
  - d. notify search teams that the resident has been located;
  - e. complete and file an incident report; and
  - f. document relevant information in the resident's medical record.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b); §483.21(b); §483.25(d); §483.25(d)(1); §483.25(d)(2); §483.40(b)
<b>Survey Tag Numbers</b>	F636; F656; F689; F742
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Elopement/Wandering Monitoring Form (MP5473)</a> <a href="#">Risk of Elopement/Wandering Review (MP5472)</a> <a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.2 (H5MAPL0944)

# Neurological Assessment

Level III

## Purpose

The purpose of this procedure is to provide guidelines for a neurological assessment: 1) upon physician order; 2) when following an unwitnessed fall; 3) subsequent to a fall with a suspected head injury; or 4) when indicated by resident condition.

## General Guidelines

1. Neurological assessments are indicated:
  - a. Upon physician order;
  - b. Following an unwitnessed fall;
  - c. Following a fall or other accident/injury involving head trauma; or
  - d. When indicated by resident's condition.
2. When assessing neurological status, always include frequent vital signs. Particular attention should be paid to widening pulse pressure (difference between systolic and diastolic pressures). This may be indicative of increasing intracranial pressure (ICP).
3. Any change in vital signs or /neurological status in a previously stable resident should be reported to the physician immediately.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Flashlight;
2. Stethoscope and sphygmomanometer;
3. Thermometer;
4. Watch with second hand; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
3. Perform neurological checks with the frequency as ordered or per falls protocol.
4. Determine resident's orientation to time, place and person.
5. Observe resident's patterns of speech and speech clarity.
6. Take temperature, pulse, respirations, blood pressure.
  - a. Use oral thermometer only if safe with this type of resident.
  - b. Respirations are increased and shallow with ICP.
  - c. Pulse usually increases with ICP.
  - d. Blood pressure usually increases with widening pulse pressure with ICP.
7. Check pupil reaction:
  - a. Darken room.
  - b. Open eyelid with your fingers.

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- c. Turn on flashlight and observe size and reaction of pupil.
  - d. Repeat for the other eye.
8. Determine motor ability:
  - a. Have resident move all extremities.
  - b. Ask resident to squeeze your fingers. Note strength bilaterally.
  - c. Have resident plantar and dorsiflex. Note strength bilaterally. Ask resident if he/she has any numbness or tingling in legs/feet/toes and document accordingly.
9. Determine sensation in extremities. Rub resident's arms at the same time to see if resident has decreased sensation in either arm. Check sensation in lower extremities also and document accordingly.
10. Check gag reflex with tongue depressor, if safe for resident.
11. Have the resident smile to determine if there is any facial drooping and document accordingly.
12. Check eye opening, verbal, and motor responses using the **Glasgow Coma Scale**. Record observations.
13. Reposition the bed covers. Make the resident comfortable. Use seizure precautions if indicated.
14. Place the call light within easy reach of the resident.
15. Clean reusable equipment according to the manufacturer's instructions.
16. Clean the bedside stand.
17. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
18. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the physician of any change in a resident's neurological status.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section O; (CAA 11)
<b>Survey Tag Numbers</b>	F636
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Neurological Evaluation Flow Sheet (MP5435)</a>
<b>Version</b>	1.1 (H5MAPR0199)

# Physical Restraint Application

Level III

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## Purpose

The purpose of this procedure is to provide safety or postural support of a resident to prevent injury to the resident or others when the resident has medical symptoms that warrant the use of restraints.

## Definition

**Physical restraints** are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint. The resident must be physically and cognitively able to self-release devices such as velcro lap trays or tables, seat belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint.)

## Preparation

1. Verify physician's order for the use of restraints.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble equipment and supplies needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Restraint, as ordered;
2. Soap;
3. Water;
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
5. Other equipment or supplies as necessary or appropriate.

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Apply the ordered restraint using the appropriate procedure. ***Follow the instructions provided by the manufacturer of the restraint.***
4. Method of application for **Cloth Vests**:
  - a. Apply vest over arms and shoulders. "V" is in the front.
  - b. Cross ties behind the resident to allow for movement.
  - c. Tie behind wheelchair and under the armrests or to moveable part of the bed frame with a slip knot to allow for speedy removal in an emergency.
  - d. Place one hand under edge of vest to be sure it is not too tight.
  - e. Never tie to or around the side rails or the lowest part of the bedframe.

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5. Method of application for **Soft Tie Belt**:
  - a. Place soft tie belt across the resident's waist.
  - b. Cross tie behind the resident to allow for movement.
  - c. Tie behind wheelchair and under the armrests or to moveable part of the bed frame with a slip knot to allow for speedy removal in an emergency.
  - d. Place one hand under edge of soft tie belt to be sure it is not too tight.
  - e. Never tie to or around the side rails or the lowest part of the bedframe.
6. Method of application for **Soft Cloth Mittens**:
  - a. Place mitten on resident's hand.
  - b. Secure the mitten at the resident's wrist loose enough to insert two fingers between the mitten and the wrist.
  - c. If the wrist is to be restrained also, follow wrist restraint directions below.
7. Method of application for **Wrist Restraints**:
  - a. Place soft cloth cuff of the wrist restraint around the resident's wrist. Allow sufficient room to insert three fingers between the resident's wrist and the restraint.
  - b. Tie in such a manner that restraint will not tighten when pulled.
  - c. Secure tie to arm of the wheelchair or to moveable part of the bed frame allowing adequate length of tie for movement.
  - d. Never tie to or around the side rails or lowest part of the bed frame.
8. Method of application for **Seat Belt**:
  - a. Position the resident's arms and hands free from restriction by the seat belt.
  - b. Straighten the seat belt; no irritating twists or wrinkles should be present.
  - c. Position seat belt around resident's waist and secure clasp. Place one hand under edge of seat belt to be sure it is not too tight.
  - d. Check to be sure that clasp does not cause pressure to any part of the resident's body.
9. Method of application for **Trays**:
  - a. Position the resident's arms and hands free from restriction by the tray.
  - b. Place the tray in proper position on top of the wheelchair/chair arms.
  - c. Secure the tray with spring release clamps or velcro fasteners.
  - d. Position the resident's arms comfortably on top of the tray.
  - e. Place one hand between the resident and the tray to be sure tray is not causing pressure on any part of the resident's body.
10. Be gentle with the resident. Do not rush the procedure.
11. Secure all types of restraints in a slip knot to allow for speedy removal in an emergency.
12. Make the resident comfortable (e.g., reposition bed covers, position comfortably in wheelchair, etc.).
13. Place the call light within easy reach of the resident.
14. If used, clean the bedside stand and/or overbed table and return the overbed table to its proper position.
15. If the resident desires, return the door and curtains to an open position and if visitors are waiting, tell them they may now enter the room.
16. Check the resident every 30 minutes.
17. Remove the restraint every 2 hours for at least 10 minutes and change the resident's position. Exercise the resident.
18. Take the resident to the bathroom at regular intervals.
19. Wash and dry your hands thoroughly before and after care.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the restraint was applied.
2. The name and title of the individual(s) who applied the restraint.
3. The type of physical restraint applied.
4. The specific reason the restraint was applied.
5. The length of time the restraint will be used.
6. Each time the device is released for resident exercise, toileting, and position change.
7. Each time the resident is monitored, per facility policy.
8. All assessment data (e.g., bruises, rashes, sores, etc.) observed during the procedure.
9. If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure.
10. Any problems or complaints made by the resident related to the restraint application.
11. If the resident refused the treatment and the reason(s) why.
12. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section P; (CAA 18)
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Use of Restraints</a>
<b>Version</b>	1.1 (H5MAPR0216)

# Trauma Informed Care

## Level III

### Purpose

To guide staff in appropriate and compassionate care specific to individuals who have experienced trauma.

### Preparation

1. All staff are provided in-service training about trauma, its impact on health, and post-traumatic stress disorder in the context of the healthcare setting.
2. Nursing staff are trained on screening tools, trauma assessment and how to identify triggers associated with re-traumatization.
3. All staff are guided in evidence-based organizational and interpersonal strategies that support trauma informed care.

### General Guidelines

1. This facility supports a culture of emotional well-being and physical safety for staff, residents and visitors.
2. Trauma-informed care is culturally sensitive and person-centered.
3. Caregivers are taught strategies to help eliminate, mitigate or sensitively address a resident's triggers.

### Steps in the Procedure

#### Organizational Strategies

1. Develop an organizational culture that supports trauma-informed care.
2. Use trauma-informed principles in strategic planning.
3. Include trauma-informed care as part of the QAPI plan, so that needs and problem areas are identified and addressed.
4. Evaluate trauma-informed practices as part of the facility assessment.
5. Develop relationships with community support organizations for services, referrals, training and information.
6. Implement universal screening of residents for trauma.
7. Establish an environment of physical safety; for example, well lit entrances and parking lots, security systems or personnel.
8. Provide staff members with opportunities to seek professional support and counseling to resolve their own experiences with trauma.
9. Promote organizational strategies to recognize and reduce caregiver burnout.

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### Resident-Care Strategies

1. As part of the comprehensive assessment, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools.
2. Utilize trained and qualified staff members who have established a rapport with the resident to assess him or her for previous trauma.
3. Interact with all residents and visitors in a manner that is welcoming and kind, without being intrusive.
4. Reduce or eliminate unnecessary stimuli (noise, lighting, unwanted or sudden physical contact, etc.).

References	
MDS Items (CAAs)	
Survey Tag Numbers	F699
Other References	National Center for Trauma-Informed Care <a href="http://www.samhsa.gov/ctnic">http://www.samhsa.gov/ctnic</a>
Related Documents	
Version	1.0 (H5MAPR0343)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Cardiovascular Conditions**

Item # H50075

WINDSOR 002523

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Cardiovascular Conditions**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Cardiovascular Conditions**

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#### **Sample Documentation**

PT/INR/Coumadin (Warfarin) Flowsheet (MP5583)

#### **Tools**

AHA Pacemaker Identification – Wallet Card

Know Stroke (NIH Stroke Scale Booklet)

# Anticoagulation – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician and staff will identify individuals who are currently anticoagulated; for example, those with a recent history of deep vein thrombosis (DVT), or heart valve replacement, atrial fibrillation or those who have had recent joint replacement surgery.
  - a. Assess for any signs or symptoms related to adverse drug reactions due to the medication alone or in combination with other medications.
  - b. Assess for evidence of effects related to the subtherapeutic or greater than therapeutic drug level related to that particular drug (for example, a resident with an above therapeutic level of an anticoagulation medication should be assessed for bleeding).
2. In addition, the nurse shall assess and document/report the following:
  - a. Current anticoagulation therapy, including drug and current dosage;
  - b. Recent labs, including therapeutic dose monitoring;
  - c. Other current medications; and
  - d. All active diagnoses.
3. The staff and physician will identify situations where an individual is not anticoagulated but where anticoagulation may be indicated; for example, new onset deep vein thrombosis (DVT), or new or previously unrecognized carotid artery stenosis or atrial fibrillation.

## Cause Identification

1. The physician will seek or verify underlying causes of conditions requiring anticoagulation (for example, hyperthyroidism or atrial fibrillation related to mitral stenosis related to atrial fibrillation), and identify potentially reversible causes.

## Treatment/Management

1. The physician will prescribe anticoagulation therapy (for example, low molecular weight heparin, warfarin, or other oral anticoagulant) appropriately, consistent with recognized guidelines.
  - a. In general, long-term subcutaneous administration of heparin in chronically bed-bound individuals is not indicated or of proven benefit for long-term DVT prophylaxis.
2. The physician will collaborate with the consultant pharmacist and nursing staff to identify potentially serious medication interactions with anticoagulants; for example, digoxin, dilantin, amiodarone, and many antibiotics.
  - a. The physician should adjust the anticoagulant dose or stop, taper, or change medications that interact with the anticoagulant, and/or monitor the PT/INR very closely while the individual is receiving warfarin, to ensure that the PT/INR stabilizes within a therapeutic range.

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## Monitoring and Follow-Up

1. The physician will order appropriate lab testing to monitor anticoagulant therapy and potential complications; for example, periodically checking hemoglobin/hematocrit, platelets, PT/INR, and stool for occult blood.
2. If warfarin is used, staff should use a warfarin flow sheet or some comparable means to follow trends in anticoagulant dosage and response in individuals on warfarin.
3. The physician will review the progress of individuals who are being anticoagulated; for example, to see whether recent-onset atrial fibrillation has resolved or to evaluate the status of any deep vein thrombosis.
4. The physician will periodically identify individuals whose anticoagulant can be discontinued or reduced (for example, resolved atrial fibrillation or sufficient time has elapsed since resolution of a deep vein thrombosis), and will document a rationale for continuing anticoagulation over time, including the medication and current dosage.
5. The staff and physician will monitor for possible complications in individuals who are being anticoagulated, and will manage related problems.
  - a. If an individual on anticoagulation therapy shows signs of excessive bruising, hematuria, hemoptysis, or other evidence of bleeding, the nurse will discuss the situation with the physician before giving the next scheduled dose of anticoagulant.
  - b. The physician will order measures to address any complications, including holding or discontinuing the anticoagulant as indicated.
  - c. In individuals receiving anticoagulation who are bleeding or who have a markedly elevated PT/INR, it may suffice to stop the anticoagulant and recheck the PT/INR if the individual is stable, there is no more than minor bleeding, and the INR is not more than 9. Once Vitamin K is given to try to reverse the effects of warfarin, it can hamper subsequent resumption of anticoagulation for a week or more.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F684; F757; F710
<b>Other References</b>	<p>American Geriatrics Society Clinical Practice Committee. The use of oral anticoagulants (warfarin) in older people. <i>J Am Geriatr Soc</i> 1996;44:1112-1113.</p> <p>Ansell J, Hirsh J, Dalen J, Bussey H, Anderson D, Poller L, Jacobson A, Deakin D, Matcher D. Managing oral anticoagulant therapy. <i>Chest</i> 2001;119(1, Suppl):22S-38S.</p> <p>Hart RG et al. Antithrombotic therapy to prevent stroke in patients with atrial fibrillation: a meta-analysis. <i>Ann Intern Med</i> 1999;131:492-501.</p> <p>Hirsh J, Dalen JE, Anderson DR, Poller L, Bussey H, Ansell J, Deykin D. Oral anticoagulants: Mechanism of action, clinical effectiveness, and optimal therapeutic range. <i>Chest</i> 2001;119(1, Suppl):8S-21S.</p> <p>McCormick D, Gurwitz JH, Goldberg RJ, Becker R, Tate JP, Elwell A, Radford MJ. Prevalence and quality of warfarin use for patients with atrial fibrillation in the long-term care setting. <i>Arch Intern Med</i> 2001;161(20):2458-2463.</p>
<b>Related Documents</b>	<a href="#">PT/INR/Coumadin (Warfarin) Flowsheet (MP5583)</a>
<b>Version</b>	1.2 (H5MACL0007)

# Atrial Fibrillation – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify individuals who have a history of atrial fibrillation including those who are currently receiving treatment related to a history of atrial fibrillation, such as antiarrhythmic medication and anticoagulation.
  - a. Based on reviewing available information (for example, hospital discharge summary or discussion with a treating cardiologist), the physician will try to differentiate new onset from chronic atrial fibrillation.
2. The physician and staff will assess and document the resident's heart rate, rhythm and characteristics, as well as any related findings, and clarify the rhythm where necessary (for example, by obtaining a rhythm strip or EKG).
  - a. Definitive identification of heart rhythm requires an EKG, rhythm strip, or other means, and cannot be done via physical examination alone.
3. In addition, the nurse shall assess and document/report the following:
  - a. Respiratory function, observing in particular for diaphoresis and difficulty breathing (dyspnea);
  - b. Onset, duration, frequency, intensity of symptoms;
  - c. Pain assessment. If chronic, comparison of pain to usual;
  - d. Relieving factors (such as antacids or nitroglycerin);
  - e. All current standing and PRN All current medications; and
  - f. Allergies.

## Cause Identification

1. The physician will consider atrial fibrillation or another cardiac arrhythmia as a possible cause of, or contributing factor to, new symptoms or exacerbation of existing problems such as dyspnea, syncope, and congestive heart failure.
2. For new onset atrial fibrillation, the physician will determine whether causes have been identified and/or will evaluate further for possible causes such as hyperthyroidism and valvular heart disease.
  - a. The physician may wish to obtain a cardiology consultation, if needed.

## Treatment/Management

1. The physician will treat atrial fibrillation, as indicated, in accordance with pertinent guidelines.
  - a. In residents with persistent atrial fibrillation or with atrial fibrillation that is likely to be recurrent, ventricular rate control combined with anticoagulation appears to be at least equivalent to a strategy of maintaining sinus rhythm by using currently available antiarrhythmic drugs in preventing clinical outcomes.
  - b. In most elderly residents with chronic or recurrent atrial fibrillation, and those with contraindications to antiarrhythmic medications, the preferred approach is rate control and anticoagulation, unless contraindicated.
  - c. Rhythm control may be helpful in individuals with new onset atrial fibrillation with a low risk for recurrence and those who have refractory congestive heart failure when they are not in sinus rhythm.

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2. The physician will address the underlying cause(s) of acute atrial fibrillation where possible.
3. The physician will select medications, including anticoagulation, based on indications, efficacy, adverse effects, and contraindications, and also by considering the impact of—and interactions of—antiarrhythmic medications relative to the total current medication regimen.
4. The physician will select medications, including anticoagulation, based on indications, efficacy, adverse effects, and contraindications, and also by considering the impact of—and interactions of—antiarrhythmic medications relative to the total current medication regimen.
  - a. For rate control, atenolol, metoprolol, diltiazem, and verapamil may be most effective. Digoxin controls rate only at rest, so it should be considered a secondary medication to manage arrhythmias.
  - b. For individuals receiving amiodarone who cannot benefit from rate control and/or anticoagulation alone, long-term dosing should be as low as possible; for example, 50-100 mg per day if feasible. Toxicity increases with both the dosage and the duration of treatment. Serious complications can occur even at lower doses.
5. The physician will identify and adjust, stop, or change medications as needed to address any complications.

### **Monitoring and Follow-Up**

1. The staff and physician will monitor closely for complications related to atrial fibrillation; for example, heart failure and stroke.
2. The staff and physician will monitor for side effects and complications related to treatments for atrial fibrillation; for example, bleeding related to anticoagulation, or confusion, dyspnea, heart failure, pneumonitis, or lung, eye, thyroid, and liver complications due to amiodarone or other antiarrhythmic medications.
  - a. For individuals receiving amiodarone, monitoring should include at least a yearly electrocardiogram and chest x-ray, semiannual liver enzymes and thyroid profile, and pulmonary function tests in those with significant pulmonary disease. The physician should also monitor for interactions with other drugs, such as digoxin and warfarin.
  - b. Complications due to amiodarone or other antiarrhythmic medications can include fatigue, dyspnea, cough, palpitations, falling, syncope, visual changes, skin changes, weight change, paresthesias, weakness, or sleep disturbances. Hypersensitivity pneumonitis should be suspected in individuals with new or progressive pulmonary symptoms or atypical pneumonia.
3. If another cause of those symptoms cannot readily be identified, then it may be prudent to taper or stop amiodarone or other antiarrhythmic medications based on review of the overall situation.

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References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F636; F684; F757; F710; F841
<b>Other References</b>	<p>Denus S, Sanoski CA, Carlson J, Opolski G, Spinler SA. Rate vs rhythm control in patients with atrial fibrillation: A meta-analysis. Arch Intern Med 2005;165:258-262.</p> <p>Snow V, Weiss KB, LeFevre M, McNamara R, Bass E, Green LA, Michi K, Owens DK, Susman J, Allen DL, Mottur-Pilkson C, the Joint AAFP/ACP Panel on Atrial Fibrillation. Management of Newly Detected Atrial Fibrillation: A Clinical Practice Guideline from the American Academy of Family Physicians and the American College of Physicians. Ann Intern Med 2003;139:1009-1017.</p> <p>Van Gelder IC, Hagens VE, Bosker HA, Kingma JH, Kamp O, Kingma T, Said SA, Darmanate JI, Timmermans AJ, Tijssen JGP, Crijns HJ for the Rate Control versus Electrical Cardioversion for Persistent Atrial Fibrillation Study Group. A comparison of rate control and rhythm control in patient with recurrent persistent atrial fibrillation. N Engl J Med 2002; 347:1834-40.</p> <p>Wijffels MC, Crijns HJ. Rate versus rhythm control in atrial fibrillation. Cardiol Clin 2004;22:63-6</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0008)

# Heart Failure – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician will help identify individuals with a history of heart failure (HF) and will clarify, as much as possible, its severity and underlying causes.
  - a. For example, an echocardiogram can help define valvular heart disease as well as systolic and diastolic left ventricular function and ejection fraction.
2. In addition, the nurse will assess and document/report the following:
  - a. Vital signs;
  - b. General physical assessment, including level of consciousness, abnormal neurological signs, diaphoresis;
  - c. Resident's age and sex;
  - d. All current medications, especially antihypertensive therapy;
  - e. Recent or current history of chest pain, headache, change in level of consciousness, dizziness, diaphoresis;
  - f. All active diagnoses;
  - g. Allergies; and
  - h. Resident's code status, plus any other advance directives and ethical decisions.
3. The physician will identify individuals who are receiving medications, or medication combinations, associated with treatment for HF; for example, diuretics, ACE inhibitors, and vasodilators.
4. The physician will help identify individuals at risk for having cardiac decompensation; for example, because of arrhythmia, decreased ejection fraction, chronic obstructive pulmonary disease, or hyperthyroidism.

## Cause Identification

1. The physician will help identify or clarify causes of congestive heart failure; for example, valvular or hypertensive cardiovascular disease, hyperthyroidism, anemia, cardiomyopathy, etc., as well as the extent to which those causes are treatable or correctable.

## Treatment/Management

1. The physician will review and make recommendations for relevant aspects of the nursing care plan; for example, what symptoms to expect, how often and what (weights, renal function, digoxin level, etc.) to monitor, when to report findings to the physician, etc.
2. The physician will address related medical issues; for example, adjust or stop medications that may be precipitating heart failure, modify doses of diuretics, determine whether oxygen is needed, etc.
3. The physician will document information related to the individual's prognosis and current signs and symptoms; for example, whether there is end-stage heart disease, the likelihood of the individual remaining stable or worsening in the near future, the presence of edema or lung findings, etc.
4. The physician will prescribe treatments for residents with heart failure that are consistent with relevant guidelines and protocols; for example, those of the American Heart Association and American Medical Directors Association (AMDA).

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5. The physician will help address ethical issues that arise in individuals with end-stage heart disease, such as the futility of CPR or the potential risks and benefits of hospitalization

### Monitoring and Follow-Up

1. The physician will help monitor the progress of individuals with HF, including ongoing evaluation and documentation of signs, symptoms, and condition changes.
2. The physician will monitor the individual for adverse effects of medications used to treat HF; for example, digoxin toxicity or fluid and electrolyte imbalance in individuals receiving both diuretics and ACE inhibitors.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F550; F561; F636; F656; F678; F684; F757
<b>Other References</b>	<p>AGS Clinical Practice Guidelines. Heart failure: evaluation and treatment of patients with left ventricular systolic dysfunctions. <i>Jl Amer Geriatr Soc</i> 1998;46:525-29.</p> <p>AMDA. Heart Failure Clinical Practice Guideline. Columbia, Maryland.</p> <p>Constantini O et al. Impact of a guideline-based disease management team on outcomes of hospitalized patients with heart failure. <i>Arch Int Med</i> 2000 161:177-82.</p> <p>Packer M, Cohn JN. Consensus recommendations for management of chronic heart failure. <i>Am J Cardiol</i> 1999;83(Supp 2A):1-38.</p>
<b>Related Documents</b>	<a href="#">Pacemaker, Care of a Resident with</a>
<b>Version</b>	1.3 (H5MACL0022)

# Hypertension – Clinical Protocol

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## Assessment and Recognition

1. The staff and physician will identify individuals with a history of hypertension, those receiving antihypertensive medications, and those with identified complications of hypertension.
2. The staff and physician will identify individuals with possibly undiagnosed hypertension and those with poorly controlled hypertension.
  - a. Blood pressure should be measured correctly, including use of a properly sized cuff, in both arms, and where possible, in the upright position.
  - b. It is desirable to monitor and to report trends or patterns in blood pressure over a period of time, instead of reporting or responding to isolated or intermittent readings. Isolated or intermittent blood pressure elevations may warrant additional monitoring, but they rarely warrant immediate reporting or interventions.
3. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. General physical assessment, including level of consciousness, abnormal neurological signs, diaphoresis;
  - c. Resident's age and sex;
  - d. All current medications, especially antihypertensive therapy;
  - e. Recent or current history of chest pain, headache, change in level of consciousness, dizziness, diaphoresis;
  - f. All active diagnoses; and
  - g. Allergies.
4. The staff and physician will identify complications related to hypertension, such as a history of stroke, cardiomegaly, heart failure, retinal hemorrhages, renal failure, history of myocardial infarction, or aortic aneurysm.
  - a. Pertinent tests may include an electrocardiogram, renal function tests, electrolytes, calcium, and urinalysis. Other more specialized tests (for example, plasma aldosterone or renal arteriogram) may be ordered when an underlying cause is suspected based on clinical grounds.
5. The physician will help classify the severity of hypertension based on established criteria; for example:
  - a. Level 1: Systolic BP 140-159; diastolic BP 90-99.
  - b. Level 2: Systolic BP 160-179; diastolic BP 100-110.
  - c. Level 3: Systolic BP >180; diastolic BP >110.
  - d. Malignant or accelerated: sustained or sudden rise in systolic blood pressure above 220 mm Hg or diastolic blood pressure above 120 mm Hg, with accompanying evidence of end organ damage such as decreased renal function or encephalopathy.
  - e. Systolic: systolic pressure consistently greater than 140 mm Hg, with diastolic BP remaining below 90.

## Cause Identification

1. The physician will confirm the diagnosis of hypertension if it was not previously verified, and help identify pertinent causes and contributing factors.

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2. The physician will identify factors that may be causing or are associated with elevated or poorly controlled blood pressure; for example, hypercalcemia, excess salt intake, renovascular disease (such as renal artery stenosis), parenchymal renal disease (for example, glomerulonephritis), or endocrine disorders (for example, primary aldosteronism or pheochromocytoma).

### **Treatment/Management**

1. In conjunction with the patient, family, and staff, the physician will establish targets for blood pressure treatment, monitoring, and reporting.
2. The physician will identify situations where hypertension should be treated, and will try to individualize treatment goals and blood pressure targets.
  - a. Treatment goals and blood pressure target ranges should be individualized based on considerations of causes, prognosis, comorbidities, risks of treatment-related complications, resident wishes, function, and quality of life.
  - b. In very old individuals, and in other individuals with additional risk factors the risks of aggressive blood pressure reduction may outweigh the benefits.
3. The physician will treat hypertension based on established guidelines.
  - a. As much as possible, medications should be selected based on underlying causes, comorbidities, risk factors, and potential or actual adverse consequences. For example, clonidine is not recommended in the elderly because of its significant side effects in older individuals such as depression and lethargy.
4. In conjunction with the patient or substitute decision maker, the physician and staff will identify pertinent additional measures such as no added salt diets, weight reduction, smoking cessation, and increased exercise and activity.
  - a. Except in complicated or hard-to-control hypertension, markedly reduced (2 to 4 gram) sodium diets are rarely helpful and usually not well tolerated.

### **Monitoring and Follow-Up**

1. The staff and physician will periodically monitor the individual's blood pressure control and cardiac function (including complications) and the physician will adjust treatments accordingly.
  - a. This should generally be based on blood pressure measurements over time, not just on isolated readings or fluctuations.
2. For any individual whose blood pressure is not well controlled despite receiving three or more antihypertensive medications, the physician will reassess the situation and review the existing blood pressure treatment regimen carefully before prescribing any additional medications.
  - a. Existing medications may not be effective and/or other medications or medical conditions may be causing or contributing to inadequate control. In such cases, adding more medications to a regimen that is not effective may increase side effects rather than help control blood pressure.
3. The physician will identify situations where consultative assistance in managing blood pressure is desired; for example, labile hypertension and/or identification or suspicion of less common, complex, or multiple underlying causes.
  - a. If a consultant is requested to help manage hypertension, the Attending Physician will retain an active role by reviewing the consultant's recommendations, addressing relevant medical issues, helping monitor for complications related to treatment, and evaluating subsequent progress.
  - b. The physician should not simply defer to the consultant for everything related to hypertension management.

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4. The staff and physician will monitor for complications of blood pressure treatments such as fluid and electrolyte imbalance, postprandial or orthostatic hypotension, dizziness, falling, anorexia, bradycardia, and depression.
  - a. Over-treating blood pressure may increase the risk of significant side effects and complications, such as falling and fractures, especially in compromised or frail individuals.
5. If treatment-related complications are identified, the physician should review the situation carefully and consider adjusting, stopping, or switching medications to those with a lower risk of clinically significant complications, or document why the current treatments are still warranted despite the risks.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F636; F684; F757; F710; F713; F836; F841
<b>Other References</b>	<p>Auseon A, Ooi WL, Hossain M, and Lipsitz LA. Blood pressure behavior in the nursing home: Implication for diagnosis and treatment of hypertension. <i>J Amer Geriatr Soc</i> 1999;47:285-90.</p> <p>Froom J and Trilling J. Reducing antihypertensive medication use in nursing home patients. <i>Arch Fam Med</i> 2000;9:378-83.</p> <p>Gambassi G et.al. Prevalence, clinical correlates, and treatment of hypertension in elderly nursing home residents. <i>Arch Intern Med</i> 1998;158:2377-2385.</p> <p>Levenson SA and Crecelius CC. Identifying and managing hypertension in the elderly. <i>Caring for the Ages</i>. May 2003;3-16 (Available at <a href="http://www.amda.com/caring/may2003/evidencebased.htm">http://www.amda.com/caring/may2003/evidencebased.htm</a>).</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0003)

# Stroke/TIA – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify individuals who have had or who are at risk for having a transient ischemic attack (TIA) or stroke.
2. The staff will identify and report individuals with symptoms that could indicate a current transient ischemic attack or stroke.
3. Signs and symptoms of acute ischemic stroke may include:
  - a. Sudden onset of confusion;
  - b. Difficulty speaking;
  - c. Difficulty understanding speech;
  - d. Sudden loss of vision in one eye;
  - e. Sudden difficulty walking;
  - f. Severe dizziness, loss of balance or coordination;
  - g. Sudden numbness or unilateral weakness of the face, arm or leg; or
  - h. Sudden severe headache without another identifiable cause.
4. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. Neurological abnormalities;
  - c. Change in mental status and level of consciousness;
  - d. Resident's age and sex;
  - e. Onset, duration, severity, scope of abnormality;
  - f. History of stroke, other neurological disorder, oropharyngeal surgery or tumors;
  - g. All active diagnoses; and
  - h. All current medications.
5. The physician will identify whether symptoms could represent a stroke or another condition or problem.
  - a. Staff should carefully describe signs and symptoms including the resident's current level of consciousness, cognitive ability, speech, physical function, overall physical condition, and should compare the resident's current status to his/her usual (baseline) level of consciousness, cognition, physical function and overall physical condition.
  - b. Many symptoms associated with stroke are not specific, and could represent other causes such as adverse drug reactions, seizure disorder, fluid and electrolyte imbalance or infection.
  - c. Unilateral facial weakness, unilateral limb weakness, or difficulty with speech that is new or represents a decline from previous function may be more specific indicators of acute stroke.
  - d. Diagnosis of acute stroke, and recommendations for treatment, are based on current recognized standards of practice (e.g., American Heart Association/American Stroke Association).
6. If a new stroke is suspected, the physician will evaluate whether hospital transfer is indicated for additional evaluation and treatment. Factors that may influence the appropriateness of hospitalization include:
  - a. Medical instability or presence of significant complications;
  - b. Level of function prior to symptom onset;
  - c. Resident and family perception of quality of life and treatment goals;

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- d. Resident wishes as expressed in advance directives or discussions;
- e. Ready availability of emergency and hospital services; and
- f. The facility's ability to provide timely and appropriate evaluation, treatment, and monitoring for an acute stroke..

### **Cause Identification**

1. For individuals with a new stroke who are not hospitalized, or for individuals who have a completed stroke, the physician will order appropriate tests to help confirm the diagnosis, rule out other causes of symptoms, clarify the category of the stroke (if it can be confirmed), define causes and modifiable risk factors, and identify the nature and severity of stroke-related deficits and complications.
  - a. Where appropriate testing is available, strokes may be classified by location and/or as thrombotic, embolic, or hemorrhagic based on their underlying cause.
  - b. Depending on the clinical situation, examples of potentially relevant tests could include serum creatinine, BUN, electrolytes, glucose, complete blood count (CBC), and platelets; transcranial Doppler, brain CT scan, carotid duplex ultrasound examination, echocardiogram, chest x-ray, electrocardiogram, prothrombin time/INR, magnetic resonance imaging (MRI) or magnetic resonance arteriography (MRA) of the brain; liver function tests, toxicology screen, lumbar puncture, serum ammonia, or blood alcohol level..

### **Treatment/Management**

1. The staff and physician will identify appropriate interventions related to acute stroke, post-stroke care for someone who has recently had a stroke, and measures to try to prevent first or recurrent stroke.
  - a. Examples of preventive measures might include anticoagulation therapy in individuals with chronic atrial fibrillation, controlling hypertension, stabilizing blood sugars, encouraging smoking cessation, modifying diet, and optimizing mobility and physical activity.
  - b. Examples of appropriate post-stroke interventions might include rehabilitation therapies, communication support, measures to try to prevent skin breakdown and contractures, aspiration precautions, additional assistance with activities of daily living (ADLs), and safety measures while ambulating.
2. The staff and physician will identify and treat stroke-related complications such as pain, urinary tract infections, deep vein thrombosis, and depression.

### **Monitoring**

1. The staff and physician will monitor the medical, functional, and psychological status of individuals with a new or old stroke and modify interventions accordingly and consistent with the resident's wishes and prognosis.
2. The staff and physician will review the status of modifiable risk factors such as elevated blood pressure, glucose, and lipids and institute or adjust treatments accordingly.
  - a. The physician and staff will identify and address ethical issues related to individuals with new or old strokes; for example, whether to resuscitate, hospitalize, or provide artificial nutrition and hydration.

*continues on next page*



References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F550; F561; F636; F656; F684; F689; F696; F810; F710; F713; F836; F771; F776
<b>Other References</b>	<p>AMDA. Stroke Management and Prevention in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland. 2005.</p> <p>American Heart Association/American Stroke Association. Guidelines for the early management of patients with acute ischemic stroke: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. Online <a href="http://stroke.ahajournals.org">http://stroke.ahajournals.org</a>. Published January 31, 2013.</p> <p>Gurwitz JH, Monette J, Rochon PA, Eckler MA, Avorn J. Atrial fibrillation and stroke prevention with warfarin in the long-term care setting. <i>Arch Intern Med</i> 1997;157(9):978-984.</p> <p>Thomson R, Parkin D, Eccles M, Sudlow M, Robinson A. Decision analysis and guidelines for anticoagulant therapy to prevent stroke in patients with atrial fibrillation. <i>Lancet</i> 2000;355(9208):956-962.</p>
<b>Related Documents</b>	<a href="#">Know Stroke (NIH Stroke Scale Booklet)</a>
<b>Version</b>	2.1 (H5MACL0038)

# Administration of Inotropic Therapy

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic administration of intravenous inotropic drug therapy in order to increase cardiac contractility, promote vasoconstriction and increase heart rate for residents with end-stage heart failure.

## Preparation

1. A physician's order is necessary for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.
4. The licensed nurse responsible for administering inotropic therapy shall be knowledgeable of:
  - a. indications for use;
  - b. appropriate doses and diluents;
  - c. side effects;
  - d. monitoring parameters;
  - e. toxicities;
  - f. incompatibilities;
  - g. stability;
  - h. storage requirements; and
  - i. potential complications.

## General Guidelines

1. Administer dopamine, a vesicant, through a central venous access device only.
2. When administering inotropic medications, use an electronic infusion device to monitor rate of infusion.
3. Whenever practical, the first dose of any intravenous medication should be administered in a controlled environment (e.g., hospital, ambulatory clinic, or physician's office).
4. If the medication to be infused is the first dose, obtain an order for an anaphylactic protocol before administering the medication and observe the resident for a minimum of one hour after completion of the infusion.
5. Use a separate administration set for each medication.

## Equipment and Supplies

1. Prescribed medication;
2. Administration set;
3. Saline or heparin for flush, as appropriate;
4. Needleless access device/adaptor;
5. Electronic infusion pump;
6. Gloves;
7. Alcohol swabs or pledgets; and
8. Tape.

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## Assessment

1. Inspect intravenous catheter site for signs of infection and/or complications at scheduled intervals and upon routine site care and administration set changes.
2. Prior to administration of inotropic medications assess resident's:
  - a. cardiovascular status;
  - b. baseline vital signs, height and weight;
  - c. blood pressure and pulse parameters;
  - d. code status;
  - e. laboratory results, including electrolytes, BUN, and serum creatinine (assess for appropriateness of therapy); and
  - f. history of allergies.
3. Assess resident every 15 minutes during the first hour of infusion and every four hours during infusion.
4. Weigh resident daily.
5. Monitor mental status.
6. Review physician's order. Confirm type of medication, route, and rate of administration.
7. Verify the identity of the resident.
8. Check medication label and verify against the order.
9. Inspect medication for any leaks, cracks, precipitate, and expiration date.

## Steps in the Procedure

1. Perform hand antisepsis and don gloves.
2. Prime tubing of administration set.
3. Disinfect catheter injection/access port.
4. Flush catheter, if appropriate.
5. Connect primed administration set to catheter injection/access port. (**Note:** Administer dopamine through a central venous access device only.)
6. Open roller clamp.
7. Establish prescribed rate of flow using an electronic infusion pump.
  - a. Follow orders for amount to be infused and duration.
  - b. Follow manufacturer's directions to program pump.
  - c. Program to achieve desired flow rate.
8. Begin infusion.
9. Administer inotropic medications continuously as ordered.
10. Change administration set as indicated, per protocol.
11. Instruct resident on expected outcomes and potential side effects.
12. Document procedure in the resident's medical record.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the medication was administered.
2. The type of medication administered.
3. The amount of medication administered.
4. The route of administration.
5. The rate of administration.

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6. Notification of the physician, if any.
7. Resident's response.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N; Section O
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administration Set/Tubing Changes</a> <a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a> <a href="#">Heart Failure – Clinical Protocol</a>
<b>Version</b>	1.1 (H5MAPR0012)

# Applying a Pneumatic Compression Device (PCD)

Level III

## Purpose

The purpose of this procedure is to increase venous return to the heart, to decrease venous pooling and stasis, reduce edema, and to prevent complications associated with deep vein thrombosis (DVT) and pulmonary embolism (PE).

## Preparation

1. Verify that there is a physician's order for PCD application and removal. If there is no order for the procedure, contact the Attending Physician to obtain orders. (Note: Document the receipt of telephone orders in the resident's medical record.)
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.
4. Always follow manufacturer's instructions and physician orders when applying PCDs.

## General Guidelines

1. PCDs should be worn at all times during treatment cycle (i.e., sitting in chair).
2. If PCD is removed for longer than three (3) hours, do not reapply without notifying physician.
3. PCDs may be applied over anti-emboli stockings for added support and to reduce skin irritation from the PCD.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Tape measure;
2. PCD sleeves (knee-length or thigh-length);
3. Pump;
4. Tubing;
5. Anti-emboli stockings, if ordered; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Assessment

1. Prior to initiating treatment with a PCD:
  - a. Assess the resident for the following conditions, in which PCDs are contraindicated:
    - (1) Acute or pre-existing DVT or PE;
    - (2) Peripheral vascular ischemia;
    - (3) Open wounds, including surgical, skin grafts, infection, gangrene, and dermatitis;
    - (4) Malignancy in the leg(s);
    - (5) Deformity of the leg(s); and/or
    - (6) Congestive Heart Failure, including heart and lung sounds.
  - b. Notify physician if the resident is observed with any condition in which PCD is contraindicated.
  - c. Measure the circumference of the thigh.
  - d. Obtain correct size sleeves.

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2. Every four hours after application:
  - a. Assess diastolic blood pressure, pulses, and subjective data from resident. Assess for signs and symptoms of DVT or PE.
    - (1) Remove the PCD if resident's diastolic blood pressure falls below 35 mmHg.
    - (2) Remove PCD if resident experiences numbness, tingling, or leg pain.
    - (3) Remove if pulses (dorsalis pedis and/or posterior tibial) are absent on maximum inflation of the PCD.
    - (4) If signs or symptoms of DVT or PE develop, discontinue use and notify physician.
3. Every eight hours after application:
  - a. Assess the position of the sleeves and tubing. Check connections to the air pump.
  - b. Check cooling unit and alarm.
  - c. Remove device and assess condition of the legs and skin.
  - d. Assess resident's level of comfort.
  - e. Check maximum inflation pressure setting.

### Steps in the Procedure

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. Assist the resident to a semi-Fowler's position.
4. Apply anti-emboli stockings, if ordered.
5. Attach tubing to the sleeves.
6. Apply compression sleeves according to manufacturer's instructions.
7. Attach tubing to the air pump ensuring that there are no kinks in the tubing.
8. Plug air pump into power outlet.
9. Turn power switch to the ON position.
10. Adjust the inflation pressure as ordered. Ankle pressure should be set no higher than 55 mmHg unless specifically ordered by physician.
11. Turn the cooling unit and alarm to their ON positions.
12. Discard all disposable items in designated receptacles.
13. Discard personal protective equipment (if used) in designated receptacles.
14. Perform hand antisepsis.
15. Reposition the bed covers. Make the resident comfortable.
16. Place the call light within easy reach of the resident.
17. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

### Documentation

The following information should be recorded in the resident's medical record:

1. The date and time of application.
2. Type of sleeves used.
3. Whether sleeves are applied bilaterally or unilaterally.
4. Assessment data gathered before and after the procedure.
5. The resident's response to the procedure.
6. The schedule of removal and reapplication.

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7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The name and title of the individual(s) who performed the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0020)

# Applying Anti-Emboli Stockings (TED Hose)

Level III

## Purpose

The purpose of this procedure is to improve venous return to the heart, to improve arterial circulation to the feet, to minimize edema to the legs and feet, and to prevent complications associated with deep vein thrombosis and pulmonary embolism.

## Preparation

1. Verify that there is a physician's order for anti-emboli stockings. If there is no order for anti-emboli stockings, contact the Attending Physician to obtain orders. (Note: Document the receipt of telephone orders in the resident's medical record.)
2. Review the resident's care plan to assess for any special needs of the resident, including any potential or existing circulatory problems.
3. Follow the manufacturer's instructions for measuring and fitting anti-emboli stockings. Stockings that are sized incorrectly can increase the risk of pressure and skin irritation, causing harmful pressure gradients which impede blood flow.
4. Measure the resident for the appropriate size stockings.
  - a. **Thigh-length stockings.** Measure from the gluteal fold to the heel.
  - b. **Knee-length stockings.** Measure from the popliteal fossa (bend of the knee) to the heel.
  - c. Measure the circumference of both calves and both thighs (at the widest point).
5. Choose the appropriate size stocking from the manufacturer's chart. (Note: Use different size stockings for each leg, if necessary, to obtain as accurate a size as possible.)
6. Assemble the equipment and supplies as needed.

## General Guidelines

1. If possible, anti-emboli stockings should be applied in the morning, prior to the resident getting out of bed.
2. Remove the stockings every eight (8) hours and inspect the skin. Leave the stockings off for 30 minutes and then reapply, as ordered.
3. Wash stockings every 2 to 3 days with warm water and mild soap.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Tape measure;
2. Anti-emboli stockings; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Assessment

1. Assess the lower extremities for:
  - a. posterior tibial and dorsalis pedis pulses (e.g., rate, volume, rhythm);
  - b. skin color, temperature and condition, skin irritation, and open areas;
  - c. presence of edema (unilateral or bilateral), distended veins, or pain; and/or
  - d. pain or tenderness in the calf.

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## Steps in the Procedure

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. If the resident has been ambulating, instruct him/her to lie down in bed with feet elevated for 15 to 30 minutes prior to applying the stockings.
4. If the resident has been sitting, assist him/her to a lying position in bed.
5. Wash and dry the legs.
6. Apply the stockings:
  - a. With one hand inside the stocking, hold onto the ankle and invert the stocking so that the upper portion is folded back and the foot portion of the stocking is inside the fold.
  - b. Instruct the resident to point his/her toes to facilitate proper positioning.
  - c. Ease the stocking over the toes and position the heel and toe portions of the stocking appropriately.
  - d. Smooth folds and creases along the legs. Do not roll down or bunch the stocking at the top.
  - e. The top of **knee length** stockings should be 1 to 2 inches below the popliteal fossa.
  - f. The top of **thigh length** stockings should be at the gluteal fold. The gusset should be rotated toward the anterior portion of the leg so that it rests above the femoral artery.
7. Discard all disposable items in designated receptacles.
8. Discard personal protective equipment (if used) in designated receptacles.
9. Perform hand antisepsis.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that anti-emboli stockings were applied.
2. The stocking size and length.
3. The assessment data gathered prior to the procedure.
4. The resident's response to the procedure.
5. The schedule of removal and reapplication.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The name and title of the individual(s) who performed the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0023)

# Pacemaker, Care of a Resident with

Level III

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## Purpose of the Procedure

The purpose of this procedure is to provide information about and guidance for the care of a resident with a pacemaker.

## Definitions

1. An abnormality in the conduction of electrical impulses that affects the normal heart rhythm is an *arrhythmia*.
2. The two most common arrhythmias that require a pacemaker are sinus bradycardia and heart block.
  - a. *Sinus bradycardia* occurs when the sinoatrial node is not functioning properly, resulting in an abnormally slow rhythm.
  - b. *Heart block* occurs when there is a slowing or complete blockage of the electrical conductivity in the heart.
3. Pacemakers are electronic devices that artificially stimulate the heart muscle with electrical impulses when the heart rhythm is too slow (bradycardia).
4. Pacemakers are programmed to sense the heart and respiratory rate and to administer electrical pulses when the heart rate falls below a set threshold.
5. Pacemakers can be permanently implanted or temporary.
  - a. Permanent pacemakers are surgically implanted when the cause of arrhythmia is chronic and it has been determined that the cause is not transient.
  - b. Typically pacemakers are implanted just below the clavicle, under the skin but above the pectoral muscle. The leads run through the veins and are secured at the heart muscle. The other ends of the leads are attached to the pulse generator.
  - c. Note: Implanted pacemakers are NOT THE SAME as implantable cardioverter.

## Complications

1. If the pulse generator or battery fails, or if the leads become displaced the pacemaker may not work properly, leading to bradyarrhythmias.
2. The following devices or procedures MAY interfere with pacemaker functioning:
  - a. Cell phones and MP3 players (for example, iPods);
  - b. Household appliances, such as microwave ovens;
  - c. High-tension wires;
  - d. Metal detectors;
  - e. Industrial welders;
  - f. Electrical generators;
  - g. Magnetic resonance imaging (MRI) machines;
  - h. Radiation machines for treating cancer;
  - i. Shock-wave lithotripsy; and
  - j. Electrocauterization.

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3. The following items will NOT interfere with pacemaker functioning:
  - a. CB radios;
  - b. Electric drills;
  - c. Electric blankets;
  - d. Electric shavers;
  - e. Ham radios;
  - f. Heating pads;
  - g. TV transmitters;
  - h. TV remote controls; and
  - i. X-ray machines.

## Monitoring

1. Monitor the resident for pacemaker failure by monitoring for signs and symptoms of bradyarrhythmias.
2. Symptoms associated with bradyarrhythmias may include:
  - a. Syncope (fainting);
  - b. Shortness of breath;
  - c. Dizziness;
  - d. Fatigue; and/or
  - e. Confusion.
3. The pacemaker battery will be monitored remotely through the telephone or an internet connection. The resident's cardiologist will provide instructions on how and when to do this.
4. The resident will have an EKG annually, or as ordered, to monitor for changes in the heart's electrical activity.
5. Make sure the resident has a medical identification card that indicates he or she has a pacemaker. The medical record must contain this information as well. When the resident is transferred to another facility, this information must be communicated to the receiving facility in the discharge summary.
6. Pacemaker batteries and generator will be replaced by a cardiologist as needed, usually every five to eight years.

## Documentation

1. For each resident with a pacemaker, document the following in the medical record and on a pacemaker identification card upon admission:
  - a. The name, address and telephone number of the cardiologist;
  - b. Type of pacemaker;
  - c. Type of leads;
  - d. Manufacturer and model;
  - e. Serial number;
  - f. Date of implant; and
  - g. Paced rate.

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2. When the resident's pacemaker is monitored by the Physician, document the date and results of the pacemaker surveillance, including:
  - a. How the resident's pacemaker was monitored (phone, office, internet);
  - b. Type of heart rhythm;
  - c. Functioning of the leads;
  - d. Frequency of utilization; and
  - e. Battery life.

References	
<b>MDS Items (CAAs)</b>	Section I; (CAA 3; CAA 16)
<b>Survey Tag Numbers</b>	F678
<b>Other References</b>	<a href="http://www.nhlbi.nih.gov/health/health-topics/topics/pace/lifestyle">http://www.nhlbi.nih.gov/health/health-topics/topics/pace/lifestyle</a>
<b>Related Documents</b>	<a href="#">AHA Pacemaker Identification – Wallet Card</a>
<b>Version</b>	1.0 (H5MAPR0337)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Diabetic Care**

Item # H50075

WINDSOR 002551

**Nursing Services**  
**Policy and Procedure Manual For Long-Term Care**  
**Diabetic Care**  
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# **Nursing Services**

## **Policy and Procedure Manual For Long-Term Care**

### **Diabetic Care**

#### **Appendices - Flash Drive Only**

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#### **Guideline**

Older Adults: Standards of Medical Care in Diabetes - 2020 (Chapter 12)  
Standards of Medical Care in Diabetes – 2015: Summary of Revisions

#### **Sample Documentation**

Diabetes: Injectable Medications (A96969RCK)  
Diabetic Record (MP5581)

#### **Tools**

CDC Clinical Reminder - Use of Fingertick Devices on More than One Person Poses Risk for Transmitting Blood-borne Pathogens



# Diabetes – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician will help identify individuals with elevated blood sugar, impaired glucose tolerance, or confirmed diabetes, as well as factors that may influence glucose tolerance; for example, medications including prednisone, thiazide diuretics or some antipsychotic medications.
2. For residents who meet the criteria for diabetes testing, the physician will order pertinent screening; for example, A1C, fasting plasma glucose, or 2-hour plasma glucose with oral glucose load.
3. For residents with confirmed diabetes, the nurse shall assess and document/report the following during the initial assessment:
  - a. Resident's age and sex;
  - b. Level of consciousness, change in orientation;
  - c. Dose and time of most recent anti-hyperglycemic given;
  - d. All other current medications;
  - e. Any signs or symptoms of infection (urine, skin/wound, upper respiratory, etc.) or other acute illnesses;
  - f. Usual patterns of eating and drinking;
  - g. Approximate intake over last 24 hours;
  - h. Recent change in intake/thirst;
  - i. Resident's blood sugar history over 48 hours;
  - j. Usual patterns (fluctuations, trends) of blood sugar over recent months;
  - k. Onset, duration of any changes; and
  - l. Recent labs.
4. Criteria for the diagnosis of diabetes will be based on current American Diabetes Association guidelines.
5. The Physician will evaluate findings to distinguish individuals with diabetes from those having impaired glucose tolerance or impaired fasting glucose ("pre-diabetes").
6. The Physician and staff will identify significant comorbidities (e.g., heart failure or stroke) that may influence to approach to diabetes for that patient, as well as complications or risk of complications that may be related to diabetes; for example, impaired renal function, impaired vision or peripheral neuropathy.
7. In addition to physical assessment, pertinent lab tests might include renal function, serum lipid profile, and urinalysis (especially, looking for glycosuria and proteinuria).

## Cause Identification

1. The Physician and staff will summarize factors that are contributing to, or conditions that are affected by, the resident's diabetes or glucose intolerance and will assess the impact of diabetes on the individual's function and quality of life.

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## **Treatment/Management**

1. Based on the preceding assessment, including causes and complications, the Physician will order appropriate interventions, which may include:
  - a. Treatment of underlying conditions causing impaired glucose tolerance;
  - b. Physical activity, diet and lifestyle modifications, where feasible and accepted by the resident;
  - c. Oral hypoglycemia agents; and/or
  - d. Insulin.
2. These treatments should be consistent with applicable guidelines. For example, insulin may be indicated when:
  - a. diet, exercise, and oral medication combinations have failed to adequately control blood glucose levels; or
  - b. oral medications are contraindicated.
3. Resident preferences should be taken into account; for example, if someone who understands the risks chooses to take oral medication but will not accept insulin injections.
4. The Physician will address complications such as dyslipidemia, coronary artery disease, neuropathy, and nephropathy based on the individual's overall condition, prognosis, function, and treatment preferences.
5. Based on factors including the individual's overall condition, prognosis, function, and treatment preferences, the physician will address, to the extent possible, complications such as dyslipidemia, coronary artery disease, neuropathy, and nephropathy.

## **Related Considerations**

1. Risk of hypoglycemia should be considered in any treatment plan, as it is a significant and high-risk complication of treatment. It may be necessary to accept somewhat higher blood sugars in order to minimize the risk of hypoglycemia.
2. As a general rule, primary or sole use of sliding scale insulin is not a preferred way to handle diabetes over the long term. If short-acting insulin has to be administered frequently, the physician should consider initiating or adjusting the dose of an intermediate- or long-acting insulin.
3. The idea of a “diabetic diet” is outdated and dietary restrictions may be liberalized in most patients.
4. Where insulin is indicated, simplified treatment regimens are preferred, using long-acting insulin and – if necessary – routine supplemental (not sliding scale) intermediate- or shorter-acting insulin.

## **Monitoring and Follow-Up**

1. The Physician will follow up on any acute episodes associated with a significant sustained change in blood sugars or significant deterioration of previous glucose control and document resident status at subsequent visits until the acute situation is resolved.

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2. As indicated, the Physician will order appropriate lab tests (for example, periodic finger sticks or A1C) and adjust treatments based on these results and other parameters such as glycosuria, weight gain or loss, hypoglycemic episodes, etc.
  - a. Examples of blood glucose monitoring for various situations might include the following:
    - (1) For the resident on oral medication(s) who is well controlled: monitor blood glucose levels at least twice weekly (or more frequently if there is a change in drugs or drug dosages); monitor A1C on admission (if no results from a previous test are available) or when diabetes is diagnosed and every 3 to 6 months thereafter.
    - (2) For the resident receiving oral medication(s) who is poorly controlled: monitor blood glucose levels twice to four times daily as needed; monitor A1C on admission (if no results from a previous test are available) or when diabetes is diagnosed, and every 3 months thereafter until stable.
    - (3) For the resident receiving insulin who is well controlled: monitor blood glucose levels twice a day if on insulin (for example, before breakfast and lunch and as necessary); monitor 3 to 4 times a day if on intensive insulin therapy or sliding-scale insulin; monitor as indicated if the individual is fasting before a medical procedure, has returned to the facility after a significant absence, or has an acute infection or illness. Monitor A1C on admission (if no results from a previous test are available) or when diabetes is diagnosed, and every 6 months thereafter. Adjust monitoring frequency depending on glucose control and resident preference.
3. The Physician will authorize pertinent periodic evaluations such as ophthalmology and nephrology, as indicated.
4. The Physician will order desired parameters for monitoring and reporting information related to blood sugar management.
  - a. The staff will incorporate such parameters into the Medication Administration Record and care plan.
5. The staff will identify and report issues that may affect, or be affected by, a patient's diabetes and diabetes management such as foot infections, skin ulceration, increased thirst, or hypoglycemia.
  - a. For example, urgent notification may be indicated if the individual has not eaten well or consumed sufficient fluids for 2 or more days and has fever, hypotension, lethargy or confusion.
  - b. The Physician will help the staff clarify and respond to these episodes.
6. The staff and Physician will manage hypoglycemia appropriately.
  - a. It is important to avoid excessive diabetes management that leads to recurrent episodes of hypoglycemia. For example, a realistic target for A1C in frail older individuals is between approximately 7 and 8, while A1C consistently under 7 is unlikely to provide significant additional benefits, but may expose the individual to recurrent hypoglycemia.
  - b. It is important to avoid over-treatment of hypoglycemia, which can result in rebound hyperglycemia and hamper subsequent glucose control.
    - (1) For example, a borderline low blood sugar in the absence of signs and symptoms may not need any acute intervention, and may or may not suggest the need to modify oral hypoglycemia medications or insulin.
    - (2) An example of appropriate treatment of hypoglycemia for a responsive individual would be 15 g to 20 g of carbohydrate in the form of glucose, sucrose tablets, or juice, combined with a sandwich, crackers, or other light snack containing protein.
    - (3) For someone who is lethargic but not comatose, treatment might include oral glucose paste rubbed onto the buccal mucosa, intramuscular glucagon, or intravenous 50% dextrose.

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7. The IDT will monitor the resident for conditions that are frequently associated with diabetes, including:
- depression;
  - sleep apnea;
  - cancer;
  - fractures;
  - cognitive impairment; and
  - periodontal disease.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F692; F800; F806; F808; F813
<b>Other References</b>	<p>American Diabetes Association. Older Adults: Standards of Medical Care in Diabetes-2020. <i>Diabetes Care</i> 2020; 43:S152-162.</p> <p>American Medical Directors Association. Managing Diabetes in the Long-Term Care Setting: Clinical Practice Guideline. Columbia, MD. 2015 update.</p> <p>Management of Diabetes in Long-term Care and Skilled Nursing Facilities: A Position Statement of the American Diabetes Association. <i>Diabetes Care</i> 2016;39:308–318.</p> <p>Pandya N, Thompson S, Sambamoorthi U. The Prevalence and Persistence of Sliding Scale Insulin Use Among Newly Admitted Elderly Nursing Home Residents With Diabetes Mellitus [abstract] Pandya N, Thompson S, Sambamoorthi U. <i>J Am Med Dir Assoc</i> 2008;9:663-669.</p> <p>Zarowitz BJ, Tangalos EG, Hollenack K, O'Shea T. The application of evidence-based principles of care in older persons (issue 3): Management of diabetes mellitus. <i>J Am Med Dir Assoc</i> 2006;7:234-240.</p>
<b>Related Documents</b>	
<b>Version</b>	2.2 (H5MACL0015)

# Insulin Administration

## Level III

### Purpose

To provide guidelines for the safe administration of insulin to residents with diabetes.

### Preparation

1. Only appropriately licensed or certified personnel shall draw and administer insulin.
2. Only the person who draws up the insulin for injection can inject it.
3. The type of insulin, dosage requirements, strength, and method of administration must be verified before administration, to assure that it corresponds with the order on the medication sheet and the physician's order.
4. The nurse shall notify the Director of Nursing Services and Attending Physician of any discrepancies, before giving the insulin.
5. The nursing staff will have access to specific instructions (from the manufacturer if appropriate) on all forms of insulin delivery system(s) prior to their use.
6. Residents who are capable of managing their glucose monitoring and/or insulin administration must be assessed periodically for their ongoing willingness and ability to do so safely and effectively.
7. Any resident who is actively involved in glucose monitoring and insulin administration will be provided with diabetes self-care education (as appropriate), and supported by the staff person designated for diabetes teaching and management.

### General Guidelines

#### Characteristics and Types of Insulin

1. The three key characteristics of insulin are:
  - a. Onset of action – how quickly the insulin reaches the bloodstream and begins to lower blood glucose;
  - b. Peak effects – the time when the insulin is at its maximum effectiveness; and
  - c. Duration of effects – the length of time during which the insulin is effective.
2. The four types of insulin and their characteristics are:

Type	Onset*	Peak*	Duration*
Rapid-acting	10-15 min	0.5-3 hrs	3-6 hrs
Regular/short-acting	0.5-1hr	2.5-5 hrs	8-12 hrs
NPH/Intermediate-acting	1-1.5 hrs	4-12 hrs	24 hrs
Long-acting	1-2 hrs	up to 8 hrs	up to 24 hrs
(*varies with manufacturer – see package inserts)			

3. Premixed insulins (products that combine different types of insulin) are also available. Insulin may be premixed in an insulin pen or syringe.
4. Injectable insulin comes in concentrations of 100 units per mL liquid. Orders for insulin should always be written as “Units,” rather than “U.”

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## **Insulin Delivery**

The forms of insulin delivery include:

1. Syringes – insulin syringes must match the unit dose (e.g., 100 unit/mL insulin must be administered in a 100 unit/mL insulin syringe).
2. Pumps – provide continuous insulin delivery (basal insulin) and manual or programmed surges (bolus insulin) at mealtime or other times via a catheter.
3. Pens – containing insulin cartridges deliver insulin subcutaneously through a needle.
4. Jet Injectors – inject insulin as a fine stream into the skin. (These may be advantageous for residents who fear needles, but long-term use is not recommended.)
5. Inhaled – powdered inhalable insulin (Exubera®) is rapid-acting insulin that may be prescribed to replace injectable rapid-acting insulin for some residents.

## **Equipment and Supplies (Insulin Injections via Syringe)**

1. Glucose monitoring device
2. 100-unit insulin syringe (0.3, 0.5, 1, or 2mL capacity)
3. Insulin vial
4. Alcohol wipes

## **Steps in the Procedure (Insulin Injections via Syringe)**

1. Wash hands.
2. Check blood glucose per physician order or facility protocol.
3. Remove insulin vial from storage point.
4. Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening).
5. Inspect the vial for frosting, precipitation, change in color/clarity, or clumping (if any of these are present, discard the vial and open a new one). Rapid-, short-, and long-acting insulins should all be clear. Intermediate-acting (isophane insulin) and combinations should be cloudy.
6. Gently roll the insulin vial between the palms of both hands to resuspend the insulin.
7. Check and re-check that the type of insulin on the vial matches the type of insulin ordered.
8. Check the order for the amount of insulin.
9. Disinfect the top of the vial with an alcohol wipe.
10. Create a vacuum in the vial by injecting air into the vial in the amount equal to the dose of insulin.
11. When mixing rapid- or short-acting insulin with intermediate- or long-acting insulin, draw the rapid- or short-acting insulin into the syringe first.
12. Double check the order for the amount of insulin.
13. Insert the syringe into the vial and pull back on the plunger until the ordered amount of insulin is in the syringe.
14. Inspect the syringe for air bubbles. Tap gently on the upright syringe to remove air.
15. Re-check that the amount of insulin drawn into the syringe matches the amount of insulin ordered.
16. Select an injection site.
  - a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.
  - b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm).

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17. Clean the injection site with an alcohol wipe and allow to air dry.
18. Lightly grasp a fold of skin and insert the needle into the skin at a 90° angle. For very thin residents, insert at a 45° angle to avoid intramuscular injection.
19. Depress the plunger and remove the needle after approximately five (5) seconds.
20. Dispose of the needle in a designated container.
21. Wash hands.

## Documentation

1. The resident's blood glucose result, as ordered;
2. The dose and concentration of the insulin injection;
3. Size and gauge of the needle used for injection;
4. Injection site (presence or absence of any bruising, pain, redness, swelling or unusual marks on or near the injection site); and
5. How well the resident tolerated the procedure.

## Reporting

1. Notify your supervisor if the resident refuses the insulin injection.
2. Notify the physician if the resident has signs and symptoms of hypoglycemia that are not resolved by following the facility protocol for hypoglycemia management.
3. Report excessive bruising, swelling, pain, redness, or unusual marks on or around the injection site.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Diabetes: Injectable Medications (A96969RCK)</a> <a href="#">Nursing Care of the Resident with Diabetes Mellitus</a> <a href="#">Self-Administration of Medications</a>
<b>Version</b>	1.2 (H5MAPR0302)

# Management of Hypoglycemia

Level III

## Purpose

To provide guidelines for managing hypoglycemia secondary to insulin therapy or therapy with oral hypoglycemic agents (sulfonylureas, meglitinides, biguanides, thiazolidinediones,  $\alpha$ -glucosidase inhibitors, or DPP-4 inhibitors) in the diabetic resident.

## Symptoms of Hypoglycemia

1. Signs and symptoms of hypoglycemia usually have a sudden onset and may include the following:
  - a. Weakness, dizziness, or faintness;
  - b. Restlessness and/or muscle twitching;
  - c. Tachycardia (increased heart rate);
  - d. Pale, cool, moist skin;
  - e. Excessive perspiration;
  - f. Irritability or bizarre changes in behavior;
  - g. Blurred or impaired vision;
  - h. Headaches;
  - i. Numbness of the tongue and lips/thick speech;
  - j. (More severe) stupor, unconsciousness and/or convulsions; and
  - k. (More severe) coma.

## Management of Hypoglycemia

The following is a suggested protocol that should not be implemented without the approval of the Medical Director and Director of Nursing. If there is already a protocol in place, disregard this and follow the existing approved protocol instead.

1. Classification of hypoglycemia:
  - a. Level 1 hypoglycemia: blood glucose  $<70$  mg/dL but  $> 54$  mg/dL;
  - b. Level 2 hypoglycemia: blood glucose is  $<54$  mg/dL; and
  - c. Level 3 hypoglycemia: altered mental and/or physical status requiring assistance for treatment of hypoglycemia.
2. For Level 1 hypoglycemia ( $<70$  mg/dl):
  - a. Give the resident an oral form of rapidly absorbed glucose (15-20 grams);
  - b. Notify the provider immediately;
  - c. Remain with the resident;
  - d. Recheck blood glucose in 15 minutes:
    - (1) If blood glucose is within established reference range, provide the resident with a meal or snack;
    - (2) If blood glucose is greater than established reference range (rebound hyperglycemia) administer diabetic medications as ordered; or
    - (3) If blood sugar remains  $< 70$  mg/dL repeat oral glucose and notify physician for further orders.

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3. For Level 2 hypoglycemia (<54 mg/dL):
  - a. Administer glucagon (intranasal, intramuscular, or as provided);
  - b. Notify the provider immediately;
  - c. Remain with the resident;
  - d. Place resident in a comfortable and safe place (bed or chair);
  - e. Monitor vital signs; and
  - f. Recheck blood glucose in 15 minutes (as above).
4. If a resident has Level 3 hypoglycemia and is unresponsive:
  - a. Call 911 (in accordance with resident's advance directives);
  - b. Administer glucagon (intranasal, intramuscular, or as provided);
  - c. Notify the provider immediately;
  - d. Remain with the resident;
  - e. Place resident in a comfortable and safe place (bed or chair); and
  - f. Monitor vital signs.

## Documentation

1. Document the resident's blood glucose before intervention.
2. Note blood sugar after each administration of rapid-acting glucose and the follow-up blood sugar.
3. Record the resident's level of consciousness before and after intervention.
4. Document provider instructions.

References	
<b>MDS Items (CAAs)</b>	Section I; (CAA 3; CAA 16)
<b>Survey Tag Numbers</b>	F760; F687
<b>Other References</b>	American Diabetes Association (ADA) website at <a href="http://www.diabetes.org">www.diabetes.org</a>
<b>Related Documents</b>	<a href="#">Diabetes: Injectable Medications (A96969RCK)</a> <a href="#">Insulin Administration</a> <a href="#">Obtaining a Fingerstick Glucose Level</a> <a href="#">Pain Assessment and Management</a>
<b>Version</b>	1.0 (H5MAPR0352)

# Nursing Care of the Older Adult with Diabetes Mellitus

Level III

## Purpose

To provide an overview of diabetes in the older adult, its symptoms and complications, and the principles of glucose monitoring. For further diabetes education and guidelines, refer to the provider orders and instructions as well as the American Diabetes Association, *Standards of Medical Care in Diabetes*.

## Symptoms Associated with Diabetes

1. Hyperglycemia. Uncontrolled diabetes from lack of insulin or inadequate insulin results in hyperglycemia (blood sugar above target levels). Signs and symptoms of hyperglycemia may include the following:
  - a. Increased thirst;
  - b. Frequent urination;
  - c. Sugar in the urine;
  - d. Fatigue;
  - e. Headache; and
  - f. Blurred vision.
2. Diabetic ketoacidosis (DKA) (diabetic coma). Ketoacidosis occurs when hyperglycemia is untreated and the cells begin to metabolize fat for energy. The byproduct of fat metabolism is ketones, which build up quickly in the blood. Diabetic ketoacidosis is a life-threatening emergency that needs immediate medical attention. Symptoms include:
  - a. High blood sugar;
  - b. Ketones in the urine;
  - c. Nausea and/or vomiting;
  - d. Weakness and fatigue;
  - e. Shortness of breath;
  - f. Sweet or fruity odor or breath;
  - g. Confusion; and/or
  - h. Coma.

## Complications Associated with Diabetes

Complications associated with diabetes can be attributed to: (1) uncontrolled hyperglycemia and subsequent damage to the vasculature; (2) over treatment of diabetes resulting in hypoglycemia; or (3) common co-morbidities of diabetes.

1. Hyperglycemia and vascular damage can lead to:
  - a. cardiovascular and cerebrovascular disease, including heart disease and stroke;
  - b. cognitive impairment;
  - c. kidney disease;
  - d. glaucoma, cataracts, retinopathy, blindness;
  - e. nerve damage (diabetic neuropathy);
  - f. foot complications – neuropathy, dry skin, calluses, poor circulation, ulcers;
  - g. skin problems – fungal/bacterial infections, itching, diabetic dermopathy; and/or
  - h. gastroparesis (delayed stomach emptying).

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2. Hypoglycemia can lead to:
  - a. cognitive impairment;
  - b. functional impairment;
  - c. falls;
  - d. fractures; and
  - e. pain.
3. Comorbidities associated with diabetes:
  - a. hypertension;
  - b. obesity;
  - c. autoimmune disease;
  - d. cognitive impairment;
  - e. poor nutrition;
  - f. sleep apnea; and
  - g. periodontal disease.
4. Older adults with diabetes are at higher risk for functional impairment, cognitive decline, pain, falls, depression, muscle loss and urinary incontinence than other older adults.
5. Screening for diabetes complications in older adults should concentrate on those most likely to cause or contribute to functional impairment.
6. Older adults with diabetes should be regularly screened for cognitive impairment. Cognitive decline is associated with increased risk of hypoglycemia, and severe hypoglycemia is linked to increased risk of dementia.<sup>1</sup>

## Glycemic Targets

1. Use a glucometer for capillary blood sampling to measure current blood glucose levels.
2. The target range for healthy older adults is considered 90-130 mg/dl (fasting or pre-prandial glucose).<sup>2</sup>
3. Glycemic targets for older adults with chronic illnesses, functional decline, or cognitive impairment may be less stringent. (See Table 12.1)
4. The provider will order the frequency of glucose monitoring and establish appropriate glycemic targets for individual residents.
5. Manage hypoglycemia according to protocols and provider orders (see *Management of Hypoglycemia*).
6. Establish provider notification protocols, for example:
  - a. Call provider immediately if resident is hypoglycemic (<70 mg/dL).
  - b. Call as soon as possible when:
    - (1) blood glucose values are regularly 70–100 mg/dL (for possible regimen adjustment);
    - (2) blood glucose values are >250 mg/dL more than once within a 24-hr period;
    - (3) blood glucose values are >300 mg/dL more than once over two consecutive days;
    - (4) reading is too high for glucometer; or
    - (5) the resident is vomiting, has symptomatic hyperglycemia or poor oral intake.

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<sup>1</sup>American Diabetes Association. 2020. Older Adults: Standards of Medical Care in Diabetes – 2020. *Diabetes Care* 43(S1): S153

<sup>2</sup>IBID: S155.

## Blood Glucose Monitoring

Follow the provider orders for blood glucose monitoring. Examples for various situations may include:

1. For the resident on oral medication(s) who is well controlled, monitor blood glucose levels at least twice weekly (or more frequently if there is a change in drugs or drug dosages).
2. For the resident receiving oral medication(s) who is poorly controlled:
  - a. monitor blood glucose levels twice to four times daily as needed.
3. For the resident receiving insulin who is well controlled:
  - a. monitor blood glucose levels twice a day if on insulin (for example, before breakfast and lunch and as necessary);
  - b. monitor 3 to 4 times a day if on intensive insulin therapy or sliding-scale insulin; and/or
  - c. monitor as indicated if the individual is fasting before a medical procedure, has returned to the facility after a significant absence, or has an acute infection or illness.

## Medication Management

1. Insulin is required for individuals with type I diabetes.
2. Insulin (injectable) can be administered via syringe, pump, or pen.
3. Medication management of type II diabetes may include oral hypoglycemic agents with or without insulin.
4. Follow the policies for *Self-Administration of Medications* and *Storage of Medications* for residents who are capable of self-monitoring blood glucose levels and self-administering insulin.
5. Closely monitor the diabetes management of cognitively impaired residents.
6. Assist the resident with his or her specific medication regimen, as ordered and as needed.

## Nutritional Support

1. Support optimal nutrition and protein intake for diabetic residents.
2. Dietary restrictions for diabetic residents in long-term care are not recommended as the cornerstone of diabetes management.
3. Monitor the resident for nutritional problems and unintended weight loss and notify the health care provider if this appears to be related to any dietary restrictions.

## Exercise Considerations

1. Exercise often helps to improve blood sugar control.
2. The extent of allowable activity levels for any resident is based on his/her overall functioning and well-being, co-morbidities, cardiovascular and respiratory status, musculoskeletal function, and blood glucose control.
3. The health care provider and associates, in conjunction with the resident/family, shall determine appropriate levels of activity for the resident and whether exercise is a suitable intervention for that resident.

## Skin and Foot Care

1. Skin should be kept as dry and clean as possible.
  - a. Apply lotion to dry skin as needed, unless contraindicated.
2. Use aseptic technique in caring for any lacerations, abrasions or breaks in skin integrity, and report the condition immediately to your supervisor.

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3. Bathe feet in warm (not hot) water as necessary to keep clean.
4. Keep feet dry, especially between toes.
5. Encourage the use of non-constricting, well-fitting shoes, slippers and hose.
6. Keep feet warm without the use of external heat sources (e.g., heating pads).
7. Toenails should only be trimmed by personnel qualified to do so (this can be regular associates, and does not have to be a podiatrist).
8. Care of corns and/or calluses should be referred to qualified individuals (which may require health care provider or podiatrist intervention).

### Educational and Teaching Considerations

1. Attend diabetes in-service education and demonstrate competency before caring for a resident with diabetes.
2. Assess and document the resident's diabetes knowledge and ability to perform specific tasks of self-care.

### Documentation

1. For residents with confirmed diabetes, the nurse shall assess and document/report the following during the initial assessment:
  - a. Resident's age and sex;
  - b. Level of consciousness, change in orientation;
  - c. Dose and time of most recent anti-hyperglycemic given;
  - d. All other current medications;
  - e. Any signs or symptoms of infection (urine, skin/wound, upper respiratory, etc.) or other acute illnesses;
  - f. Usual patterns of eating and drinking;
  - g. Approximate intake over last 24 hours;
  - h. Recent change in intake/thirst;
  - i. Resident's blood sugar history over 48 hours;
  - j. Usual patterns (fluctuations, trends) of blood sugar over recent months;
  - k. Onset, duration of any changes; and
  - l. Recent labs.

References	
<b>MDS Items (CAAs)</b>	Section I; (CAA 3; CAA 16)
<b>Survey Tag Numbers</b>	F760; F687
<b>Other References</b>	American Diabetes Association (ADA) website at <a href="http://www.diabetes.org">www.diabetes.org</a>
<b>Related Documents</b>	<a href="#">Management of Hypoglycemia</a> <a href="#">Diabetes: Injectable Medications (A96969RCK)</a> <a href="#">Insulin Administration</a> <a href="#">Obtaining a Fingerstick Glucose Level</a> <a href="#">Pain Assessment and Management</a>
<b>Version</b>	2.2 (H5MAPR0201)

# Obtaining a Fingertick Glucose Level

Level III

## Purpose

The purpose of this procedure is to obtain a blood sample to determine the resident's blood glucose level.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.
4. Ensure that the equipment and devices are working properly by performing any calibrations or checks as instructed by the manufacturer or this facility.
5. Depending on the type of equipment used, a timer or watch with a second hand may be needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water (individual wash basin with soap and warm water for a non-ambulatory resident);
2. Wash cloth and towel;
3. Disinfected blood glucose meter (glucometer) with sterile lancet; *or* single-resident use spring-loaded device (e.g., Penlet) *or* automatic or safety type lancet;
4. 1-2 Cotton balls;
5. Reagent strip with color chart (e.g., Chemstrip) *or* blood glucose monitoring system (meter with test strips and calibration supplies);
6. Single use alcohol swab; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
2. If using the blood glucose monitoring system (blood glucose meter with test strips), use test strips before their expiration date. Do not use test strips that have been wet, bent or otherwise damaged.
3. Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses. Single-resident use fingertick devices (pen-like devices) should never be used by more than one resident.
4. Encourage and assist the resident, as needed, to increase the blood flow to his or her fingers by brisk hand washing with warm water and soap, followed by thorough drying and resting his or her arms in a dependent position (i.e., arms relaxed at the sides of the body, below the heart level, etc.).
5. Wear clean gloves.
6. Assess the resident's fingertips for good blood supply. Choose a site on the lateral surface of the fingertip that does not have callous formation or bruising. Rotate sites when frequent punctures are to be performed.
7. Wash the selected fingertip, especially the side of the finger, with warm water and soap. (Note: If alcohol is used to clean the fingertip, allow it to dry completely because the alcohol may alter the reading. Repeated use of alcohol may toughen the skin.)

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8. Obtain a blood sample by using a sterile lancet (a spring-loaded lancet or manual lancet). Discard the first drop of blood if alcohol is used to clean the fingertips because alcohol may alter the results.
9. If using an automatic or safety type lancet, use moderate pressure to hold the lancet against the side of the finger, depress the plunger and then release.
10. If a drop of blood is not present at the puncture site, hold the finger downward and gently massage the finger from the base to the puncture site. Do not squeeze or apply pressure to the site.
11. Place a drop of blood on the reagent strip, covering the test area completely.
12. Wipe the fingertip with a cotton ball to seal the puncture site.
13. If bleeding persists, apply a bandage.
14. Follow the instructions provided by the manufacturer of the glucose monitoring system to obtain a blood glucose reading. If the resident is experiencing symptoms that are not consistent with the blood glucose results obtained, contact the physician immediately.
15. Point the spring-loaded device down and away from the face and body and carefully remove the lancet.
16. Dispose of the lancet in the sharps disposal container.
17. Discard disposable supplies in the designated containers.
18. Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice.
19. Remove gloves and discard into designated container.
20. Wash hands.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The blood sugar results. Follow facility policies and procedures for appropriate nursing interventions regarding blood sugar results (if resident is on sliding scale coverage, and/or physician intervention is needed to adjust insulin or oral medication dosages), etc.
7. The signature and title of the person recording the data.

## Reporting

1. Report results promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F880; F770
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Blood Sampling – Capillary (Finger Sticks)</a> <a href="#">CDC Clinical Reminder - Use of Fingertick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens</a>
<b>Version</b>	1.2 (H5MAPR0204)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Emergency and First Aid**

Item # H50075

WINDSOR 002570

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Emergency and First Aid**

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# Seizures and Epilepsy – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will help identify individuals who have a history of seizure or epilepsy, and individuals who are receiving antiepileptic medications for any reason; for example, seizure prophylaxis after a recent stroke or treatment for behavioral symptoms related to dementia.
  - a. Seizures and epilepsy are not identical, as seizures may occur in individuals without epilepsy.
  - b. Acute seizures may occur in relation to a metabolic disturbance (for example, hypoglycemia, hyponatremia, or hypocalcemia) or an acute central nervous system (CNS) illness such as a stroke or head injury. Epilepsy refers to repeated, unprovoked seizures.
2. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. Neurological assessment;
  - c. Change in level of consciousness;
  - d. Any seizure activity in detail (location, duration, severity, recurrence, etc.);
  - e. Injury occurring with seizure;
  - f. Resident's age and sex;
  - g. Whether resident has a known seizure disorder or history of actual seizure activity;
  - h. Date of most recent actual seizure activity, if occurred;
  - i. How current seizure activity relates to usual patterns; and
  - j. Last blood level of any anticonvulsants being given.
3. The staff will identify and report individuals who may be having a seizure.
  - a. Examples of signs and symptoms include sudden onset of confusion, aura, visual or auditory hallucinations, difficulty speaking or understanding speech, severe dizziness, loss of consciousness, loss of balance or coordination; sudden numbness, tingling, or weakness of the face or in an arm or leg; or sudden headache, without another identifiable cause. Generalized tonic/clonic activity may or may not be present.
  - b. Staff should carefully describe signs and symptoms including the resident's vital signs, current level of consciousness, cognitive ability, speech, physical function, abnormal motor activity, tremors, overall physical condition, and a comparison of the resident's current status to his/her usual (baseline) level of cognition and physical function. They should not just document or report that the individual is "having a seizure" (which is a diagnosis, not a description).
  - c. The physician should help the staff distinguish seizure activity from other abnormal movements (for example, myoclonus) and reasons for change in mental status or level of consciousness.
4. If a new or recurrent seizure is identified or suspected, the physician will evaluate the need to transfer the individual to a hospital for additional evaluation and treatment.
  - a. Hospital transfer may not be necessary if the individual has a known seizure disorder or if the diagnosis is apparent, the seizure can be readily controlled, vital signs are stable, major complications are not present, it is possible to obtain diagnostic tests to rule out other causes, or if hospital transfer is contrary to the wishes of the resident or substitute decision-maker as identified through an advance directive or other care instructions.

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## Cause Identification

1. For someone with a new or recurrent seizure who is not to be hospitalized, the physician will obtain information and order tests (as needed) to help confirm the diagnosis, rule out other causes of symptoms, (e.g., transient ischemic attack due to cardiovascular problems), seek to identify causes of the seizure, and identify the nature and severity of any complications.
  - a. For example, seizures may be caused by central nervous system (CNS) and systemic infections (for example, pneumonia, meningitis, and sepsis), metabolic disorders (for example, hyponatremia, uremia, and hypocalcemia); abrupt discontinuation of antipsychotics, sedatives, anxiolytics, barbiturates, benzodiazepines, and other medications; or medications that can lower the seizure threshold or precipitate seizures (for example, theophylline, antipsychotic medications, tricyclic antidepressants, opioid analgesics, and some antibiotics); and primary or metastatic CNS cancer.
  - b. Depending on clinical evidence, examples of potentially relevant tests may include serum creatinine, BUN, electrolytes, glucose, urinalysis, complete blood count (CBC), and platelets; brain CT or MRI scan, echocardiogram, electrocardiogram, liver function tests, toxicology screen, lumbar puncture, serum ammonia, blood alcohol level, or blood levels of current medications.

## Treatment/Management

1. The physician will treat underlying causes and risk factors, where possible; for example, correct sodium or calcium imbalances, or taper, stop, or change medications associated with an increased seizure risk.
2. The physician will identify and order appropriate treatment for an acute seizure and a seizure disorder.
  - a. Antiepileptic medications should be instituted if there is a reasonable chance that seizures will recur, but may not be necessary if a single seizure with an identified cause (for example, hyponatremia or an adverse drug reaction) does not indicate an underlying tendency toward recurrent seizures. The physician will explain and/or document when an antiepileptic medication is not indicated.
  - b. The physician will select antiepileptic medications based on the category of seizure, existing medication regimen, other risk factors, and (where feasible) discussion with the resident about acceptable level of risk for recurrent seizures.
  - c. Antiepileptic medications should be used in the lowest possible dose, consistent with seizure control. Most antiepileptic medications have prominent side effects, including lethargy, dizziness, and ataxia.

## Monitoring

1. The staff and physician will monitor the progress of individuals with a new seizure or a seizure disorder, and will modify interventions accordingly.
  - a. They should document periodically and objectively the presence or absence of seizure activity.
2. The physician will monitor antiepileptic medication blood levels periodically, where applicable.
  - a. Not all antiepileptic medications have identifiable ranges of therapeutic concentrations. Laboratory ranges for “therapeutic” levels are not universally applicable; some individuals may have seizures with a “therapeutic” level of medication, while others may have good seizure control, toxicity, or significant side effects with a “therapeutic” or “low” blood level. “Low” blood levels do not by themselves indicate the need to increase medication doses or add medications.
  - b. Additional doses of antiepileptic medications should ordinarily not be ordered based on blood levels alone, especially in a seizure-free individual. This may cause additional side effects or toxicity without improving seizure control.

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- c. The physician should document why additional doses may not be needed to address “low” blood levels.
3. The staff and physician will monitor for complications related to antiepileptic medications; for example, dizziness, ataxia, somnolence, headache, diplopia, blurred vision, nausea, vomiting, and rash.
  - a. The staff, consultant pharmacist, and physician will also monitor for drug interactions between antiepileptic medications and other categories of medications; for example, phenytoin and amiodarone, salicylates, warfarin, and trazodone.
4. If seizures are complex, not readily responsive to medication dosage adjustments, or persist despite treatment with up to three antiepileptic medications, the physician should consider a referral to a neurologist.
5. For individuals who have been seizure-free for an extended time, the physician will periodically consider tapering antiepileptic medications especially when their initial use was for idiopathic seizures, an underlying acute medical cause was corrected, or seizure prophylaxis had been initiated in the absence of an identifiable structural cortical lesion.
  - a. The physician will document clinically valid reasons for maintaining a current dose without attempting any reduction.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F636; F684; F710; F713; F836; F841
<b>Other References</b>	<p>Crecelius CC, Levenson SA. Use of antiepileptics for seizure disorders. <i>Caring for the Ages</i> Dec 2003;4,9 (Available at <a href="http://www.amda.com/caring/december2003/evidencebased.htm">http://www.amda.com/caring/december2003/evidencebased.htm</a>).</p> <p>Ettinger AB, Shinnar S. New-onset seizures in an elderly hospitalized population. <i>Neurology</i> 1993;43:489-492.</p> <p>Thomas RJ. Seizures and epilepsy in the elderly. <i>Arch Intern Med</i> 1997;157:605-617.</p> <p>Van Cott AC, Pugh, MJ. Epilepsy and the elderly. <i>Ann of LTC</i> 2008;16(1):28-32.</p>
<b>Related Documents</b>	<a href="#">Emergency Procedure – Seizure Management</a>
<b>Version</b>	1.3 (H5MACL0035)

# Automatic External Defibrillator, Use and Care of

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## Policy Statement

Personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest.

## Policy Interpretation and Implementation

1. During a sudden cardiac arrest event, follow guidelines outlined in the procedure for *Cardiopulmonary Resuscitation and Basic Life Support*.
2. If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR immediately unless:
  - a. it is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or
  - b. there are obvious signs of irreversible death (e.g., rigor mortis).
3. The automatic external defibrillator (AED) will be used to try to restore normal cardiac rhythm when arrhythmia is strongly suspected. Recognizing the signs and symptoms of arrhythmia (and when to use the AED) is part of the CPR/BLS training.
4. In general, SCA should be suspected if:
  - a. the victim's symptoms appeared very suddenly;
  - b. he or she is unresponsive; and
  - c. his or her breathing has stopped.
5. If an individual is found unconscious and SCA is suspected, begin the AED Protocol below.

## Initial Assessment and Safety Precautions

1. Call (or direct someone to call) 911.
2. Apply personal protective equipment.
3. Assess the victim:
  - a. Responsiveness – if unresponsive, retrieve (or direct someone to retrieve) the AED from its location and bring it to the victim.
  - b. Breathing – open airway and look, listen, feel for breathing. If breathing is absent, deliver two rescue breaths.
  - c. Circulation – if signs of circulation are absent, begin CPR until the AED is available.
4. Remove any flammable gases (e.g., oxygen) from the immediate environment.

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**Device Setup**

1. Remove the device from its case.
2. Check the battery cartridge to ensure it is in place.
3. Remove the film seal from pads.
4. Turn on the device and follow the prompts.

**Applying Pads to the Victim**

1. Remove clothing from the victim's chest.
2. Wipe chest dry (do not use alcohol wipes).
3. Remove any patches or adhesives from the chest.
4. Shave hair from the chest if necessary.
5. Check the adhesive on pads to make sure they are sticky. If not, replace the pads.
6. Attach two AED pads to the victim's bare chest (one on the upper right, one on the left).
  - a. Apply away from any metal that is already in contact with the victim.
  - b. Avoid applying over an existing implanted pacemaker or defibrillator.
7. Plug in the connector.

**Defibrillation**

1. After applying pads and during initial setup, keep the victim still and do not touch him or her. The AED will analyze the heart rhythm and indicate whether a shock is needed. Movement or noise may interfere with the analysis.
2. If a shock is indicated, make sure no one is touching the victim when administering the shock.
3. Administer additional shocks as prompted by the AED.
4. After delivering shocks (if signs of circulation are still absent) administer CPR for approximately 2 minutes.
5. Follow the AED prompts until the emergency medical service arrives.

**EMS Arrival**

1. Communicate the following information to EMS personnel:
  - a. Name of the victim;
  - b. Any known medical history, allergies or conditions;
  - c. The condition in which the victim was found;
  - d. Time the victim was found;
  - e. Number of shocks delivered; and
  - f. Approximate length of CPR administration.
2. Assist EMS as requested.

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## Storing the AED

1. Replace used accessories, including pads.
2. Clean and inspect the device.
3. If the device has internal memory, download any data according to device instructions and clear memory.
4. Store the AED in its original case. Do not put anything in the case other than the original equipment, instructions, backup battery and spare pads.
5. Keep the instructions in a place that makes them visible upon opening the case.
6. Follow all other manufacturer guidelines for proper storage.
7. Keep the device in a high-traffic, visible location.

## Maintaining the AED

1. Keep a spare battery and adhesive pads in the case, as instructed. Record the expiration date of the battery and the pads on the maintenance log or tag.
2. Check the device and perform maintenance tasks, as directed.
3. Document checks, maintenance steps and date performed on maintenance log and store log with the device.

## Documentation

1. Complete a defibrillation event report within 24 hours of the event.
2. If the victim is a resident of the facility, document details of the event in the resident's medical record.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.24(a)(3); 483.21(b)(3); 483.70
<b>Survey Tag Numbers</b>	F678; F658; F835
<b>Other References</b>	<i>2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care</i>
<b>Related Documents</b>	<a href="#">Do Not Resuscitate Order</a> <a href="#">Emergency Procedure – Cardiopulmonary Resuscitation</a> <a href="#">Defibrillation Event Report</a>
<b>Version</b>	1.0 (H5MAPL1439)

# Do Not Resuscitate Order

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## Policy Statement

Our facility will not use cardiopulmonary resuscitation and related emergency measures to maintain life functions on a resident when there is a *Do Not Resuscitate Order* in effect.

## Policy Interpretation and Implementation

1. Do not resuscitate orders must be signed by the resident's attending physician on the physician's order sheet maintained in the resident's medical record.
2. A *Do Not Resuscitate (DNR)* order form must be completed and signed by the attending physician and resident (or resident's legal surrogate, as permitted by State law) and placed in the front of the resident's medical record.
  - a. Use only State-approved DNR forms.
  - b. If no State form is required, use facility-approved form.
3. In addition to the advance directive and DNR order form, state-specific forms may be used to specify whether to administer CPR in case of a medical emergency. State-specific forms include:
  - a. Physician Orders for Life-Sustaining Treatment (POLST);
  - b. Physician Orders for Scope of Treatment (POST);
  - c. Medical Orders for Life-Sustaining Treatment (MOLST);
  - d. Medical Orders for Scope of Treatment (MOST);
  - e. Clinicians Orders for Life Sustaining Treatment (COLST); and
  - f. Transportable Physician Orders for Patient Preference (TPOPP).
4. Should the resident be transferred to the hospital, a photocopy of the DNR order form must be provided to the personnel transporting the resident to the hospital.
5. Do not resuscitate (DNR) orders will remain in effect until the resident (or legal surrogate) provides the facility with a signed and dated request to end the DNR order.
  - a. Verbal orders to cease the DNR will be permitted when two (2) staff members witness such request.
  - b. Both witnesses must have heard the request and both individuals must document such information on the physician's order sheet.
  - c. The attending physician must be informed of the resident's request to cease the DNR order.
6. The interdisciplinary care planning team will review advance directives with the resident during quarterly care planning sessions to determine if the resident wishes to make changes in such directives.
7. The resident's attending physician will clarify and present any relevant medical issues and decisions to the resident or legal representative as the resident's condition changes in an effort to clarify and adhere to the resident's wishes.

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8. Inquiries concerning do not resuscitate orders/requests should be referred to the administrator, director of nursing services, or to the social services director.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(b); 483.10(c)(1); 483.10(c)(4)-(6); 483.10(g)(12); §483.24(a)(3)
<b>Survey Tag Numbers</b>	F550; F552; F578; F678
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Advance Directives</a>
<b>Version</b>	1.3 (H5MAPL0218)

# Emergency Dental Care

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## Policy Statement

Emergency dental care is available to all residents of this facility.

## Policy Interpretation and Implementation

1. Emergency dental care is available on a twenty-four (24) hour basis.
2. Should a resident need emergency dental care, the dental consultant shall be notified so that arrangements for the emergency care can be made.
3. Social services shall contact the consultant dentist to set up the appointment. (Note: Should social services be unavailable, the charge nurse shall contact the consultant dentist.)
4. Emergency dental services include services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any problem of the oral cavity appropriately treated by a dentist that requires immediate attention.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.55
<b>Survey Tag Numbers</b>	F790; F791
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL0246)

# Emergency Physician Care

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## Policy Statement

Emergency physician care is available to all residents when their attending physicians are unavailable.

## Policy Interpretation and Implementation

1. Emergency physician care is available to all residents on a twenty-four (24) hour basis.
2. Should the resident's attending physician be unavailable, the nurse supervisor/charge nurse must first attempt to contact the physician's designated referral physician or practitioner.
3. Should the designated referral physician be unavailable to assist in the emergency, the on-call physician or medical director shall be contacted.
4. A listing of on-call physicians, their phone numbers, and the day that each is on call is posted at each nurses' station.

References	
OBRA Regulatory Reference Numbers	483.30(d); 483.70(f)
Survey Tag Numbers	F713; F839
Other References	
Related Documents	
Version	1.2 (H5MAPL0253)

# First Aid Treatment

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## Policy Statement

Residents and employees who experience minor injuries shall be treated at the facility. If the injuries cannot be treated with basic Red Cross first aid intervention, the emergency medical system (EMS) will be activated.

## Policy Interpretation and Implementation

1. As part of the initial orientation and training, all licensed staff will complete an American Red Cross basic life support and first aid training course (or similar program that has been approved by the quality assurance and performance improvement committee).
  - a. Instructor-led, “hands-on” training will occur initially upon hire and periodically thereafter. Skills for basic first aid shall be reviewed as needed.
  - b. Training shall be up to date with current first aid techniques and knowledge.
  - c. Training and reference materials shall be replaced as necessary.
2. The goal of staff training is to enable employees to provide basic life support and/or first aid intervention to injured residents or employees. In the case of life-threatening injuries or situations, the goal is patient stabilization until the EMS arrives.
3. Basic first aid intervention includes (but is not limited to) interventions for the following situations:
  - a. Choking, breathing emergencies;
  - b. Burns (chemical, heat, electrical);
  - c. Cuts, lacerations;
  - d. Bleeding (mild and moderate);
  - e. Shock;
  - f. Joint, bone and musculoskeletal injuries;
  - g. Allergic reactions and anaphylaxis; and/or
  - h. Bites and stings.
4. The goal of emergency intervention is to stabilize the resident and the situation until further treatment is available.
5. In addition to providing basic first aid intervention, contact the emergency medical system (EMS) or advanced medical personnel immediately for the following situations:
  - a. Unconsciousness or altered consciousness;
  - b. Difficulty or absence of breathing;
  - c. Chest pain;
  - d. Persistent abdominal pain or pressure;
  - e. Severe bleeding;
  - f. Vomiting blood or blood in stool;
  - g. Severe burns;
  - h. Suspected poisoning;
  - i. Seizures;
  - j. Suspected stroke (sudden unilateral weakness, slurred speech or severe headache);

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- k. Suspected head, neck or spine injury;
  - l. Suspected broken bone or open fracture; or
  - m. Condition is not clear or is worsening.
6. Procedures for basic first aid intervention are located in the facility first aid manual/guide book. A copy of this manual is kept at each nurse's station with the first aid kit.
7. A first aid kit shall be maintained at each nurse's station for use in treating minor injuries. Each kit contains, as a minimum, the following supplies:
- a. Assorted bandages (50-75);
  - b. Fingertip fabric bandages (10);
  - c. Knuckle fabric bandages (10);
  - d. 2" x 2" gauze pads (5) – packs of 2;
  - e. 3" x 3" gauze pads (5) – packs of 2;
  - f. 2" gauze roll bandage (1) – 2" roll;
  - g. 3" gauze roll bandage (1) – 3" roll;
  - h. Elastic wrap bandage (1) – 2" x 5 yd. bandage;
  - i. Triangular sling/bandage (1);
  - j. 5" x 9" trauma pad (1);
  - k. Butterfly wound closure bandages (10);
  - l. Alcohol cleansing pads (20);
  - m. Antiseptic cleansing wipes (10);
  - n. First aid/burn cream packs (10);
  - o. First aid antibiotic ointment packs (10);
  - p. Burn relief gel 3.5 gm. packs (6);
  - q. Eye wash 1 oz. bottle (1);
  - r. Castile soap towelettes (10);
  - s. Moleskin – 2" square (10);
  - t. CPR face shield and vinyl gloves (1) shield, (1) pair gloves;
  - u. Vinyl gloves (2) pairs;
  - v. First aid tape (1) – 1/2" x 10 yd. roll;
  - w. Cloth first aid tape (1) – 1" x 5 yd. roll;
  - x. Bandage protectant/finger cot (50);
  - y. Nickel plated scissors (1) 4-1/2" scissor;
  - z. Stainless steel tweezers, slanted (1) 3"; and
  - aa. First aid guide (1) guidebook.
8. The director of nursing services, or his/her designee, shall be responsible for ensuring that first aid kits are inspected quarterly and that adequate supplies are on-hand at all times.
9. First aid kits may not be removed from their assigned locations except for treatment of the injured, drill exercises, and/or the replenishment of supplies.
10. Emergency first aid treatment will be provided to injured residents and employees. However, residents and employees have the right to refuse such medical treatment. Such information must be recorded in the resident's medical record or the employee's personnel file. For residents who refuse the treatment, the charge nurse and attending physician shall be notified of the refusal.

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11. Regardless of the nature or severity, any resident's injury/situation shall be reported to the resident's attending physician and family, and documented in the resident's medical record. If the resident's attending physician is not available, follow the facility policy for *Emergency Physician Care*.
12. An injured employee may seek medical attention from his/her personal physician, the facility's medical director, or from a medical treatment center.
13. Regardless of the nature or severity of an employee's injury, all on-the-job injuries must be reported to the employee's department director or supervisor.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(g)(14); 483.30(d); 483.70(a)
<b>Survey Tag Numbers</b>	F580; F713; F836
<b>Other References</b>	OSHA Standard 29 CFR 1910.1030(a) <i>2010 American Heart Association and American Red Cross Guidelines for First Aid</i>
<b>Related Documents</b>	<a href="#">Accidents and Incidents – Investigating and Reporting</a> <a href="#">Accidents/Incidents (Employee)</a> <a href="#">Emergency Procedure – Cardiopulmonary Resuscitation</a> <a href="#">Emergency Procedure – Choking</a> <a href="#">Emergency Physician Care</a> <a href="#">Transfer or Discharge, Emergency</a> <a href="#">Emergency Procedure – Seizure Management</a> <a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.3 (H5MAPL0329)



# Emergency Procedure – Cardiopulmonary Resuscitation

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## Policy Statement

Personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest.

## General Guidelines

1. Sudden cardiac arrest is a loss of heart function due to abnormal heart rhythms (arrhythmias). Cardiac arrest occurs soon after symptoms appear. It is a leading cause of death among adults.
2. A “heart attack” refers to impaired blood flow to the heart which leads to damage of the heart muscle. A heart attack can cause sudden cardiac arrest. Typically heart attacks are less sudden than SCA.
3. Victims of cardiac arrest may initially have gasping respirations or may appear to be having a seizure. Training in BLS includes recognizing presentations of SCA.
4. The chances of surviving SCA may be increased if CPR is initiated immediately upon collapse.
5. Early delivery of a shock with a defibrillator plus CPR within 3-5 minutes of collapse can further increase chances of survival.
6. If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless:
  - a. it is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or
  - b. there are obvious signs of irreversible death (e.g., rigor mortis).
7. If the resident’s DNR status is unclear, CPR will be initiated until it is determined that there is a DNR or a physician’s order not to administer CPR.
8. If the first responder is not CPR-certified, that person will call 911 and follow the 911 operator’s instructions until a CPR-certified staff member arrives.

## Preparation for Cardiopulmonary Resuscitation

1. Obtain and/or maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR) for key clinical staff members who will direct resuscitative efforts, including non-licensed personnel.
2. The facility’s procedure for administering CPR shall incorporate the steps covered in the 2010 *American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care* or facility BLS training material.
3. Provide periodic Mock Codes (simulations of an actual cardiac arrest) for training purposes.
4. Select and identify a CPR Team for each shift in the case of an actual cardiac arrest. To the extent possible, designate a team leader on each shift who is responsible for coordinating the rescue effort and directing other team members during the rescue effort.

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5. The CPR Team in this facility shall include at least one nurse, one LPN/LVN and two CNAs, all of whom have received training and certification in CPR/BLS.
6. Maintain equipment and supplies necessary for CPR/BLS in the facility at all times.
7. Provide information on CPR/BLS policies and advance directives to each resident/representative upon admission.

### Emergency Procedure – Cardiopulmonary Resuscitation

1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR:
  - a. Instruct a staff member to activate the emergency response system (code) and call 911.
  - b. Instruct a staff member to retrieve the automatic external defibrillator.
  - c. Verify or instruct a staff member to verify the DNR or code status of the individual.
  - d. Initiate the basic life support (BLS) sequence of events.
2. The BLS sequence of events is referred to as “C-A-B” (chest compressions, airway, breathing).
3. **Chest compressions:**
  - a. Following initial assessment, begin CPR with chest compressions;
  - b. Push hard to a depth of at least 2 inches (5 cm) at a rate of at least 100 compressions per minute;
  - c. Allow full chest recoil after each compression; and
  - d. Minimize interruptions in chest compressions.
4. **Airway:** Tilt head back and lift chin to clear airway.
5. **Breathing:** After 30 chest compressions provide 2 breaths via ambu bag or manually (with CPR shield).
6. All rescuers, trained or not, should provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide ventilations with a compression-ventilation ratio of 30:2.
7. When the AED arrives, assess for need and follow AED protocol as indicated.
8. Continue with CPR/BLS until emergency medical personnel arrive.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.; 483.10(c)(8); §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).; §483.21(b) Comprehensive Care Plans
<b>Survey Tag Numbers</b>	F578; F656
<b>Other References</b>	2010 <i>American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care</i>
<b>Related Documents</b>	<a href="#">Advance Directives</a> <a href="#">Automatic External Defibrillator, Use and Care of</a> <a href="#">Do Not Resuscitate Order</a>
<b>Version</b>	1.3 (PEMAPR0298)

# Emergency Procedure – Choking

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## Policy Statement

Trained staff will assist the resident who is choking by attempting to expel the foreign body from the airway.

## Emergency Procedure - Choking

### Conscious Resident—Standing or Sitting

1. Ask the resident if he or she is choking. Remember, a choking victim cannot speak or breathe and needs your help immediately.
2. Ask the resident to cough or speak if at all possible to determine if his or her airway is obstructed.
3. If able to cough, instruct and encourage the resident to continue coughing to dislodge or expel any foreign object.
4. Call for help, but stay with the resident.
5. Quickly assure the resident that you are going to stay and assist him or her.
6. If the resident cannot cough, only then should abdominal thrusts be performed as follows:
  - a. Stand behind the resident.
  - b. Wrap your arms around the resident's waist.
  - c. Make a fist with one hand.
  - d. Place the thumb side of your fist against the resident's upper mid-abdomen, below the ribcage and above the navel.
  - e. Grasp your clenched fist with your other hand.
  - f. Press your fist into the resident's upper abdomen with a quick upward thrust.
  - g. Do not squeeze the ribcage. Contain the force of the thrust to your hands.
  - h. Repeat the thrusts until the foreign body is expelled or the resident loses consciousness.

### Unconscious Resident—Lying Down (or When Unable to Reach Around the Resident)

1. Ease the resident as gently as possible to the floor.
2. Call for help if assistance is not already present but do not leave the resident unattended.
3. Position the resident on his or her back with the arms at his or her side.
4. Perform abdominal thrusts as follows:
  - a. Facing the resident, kneel down and straddle the resident's upper thighs with your body.
  - b. Place the heel of one hand on the resident's upper mid-abdomen, below the rib cage and above the navel and with fingers pointed toward the resident's chest.
  - c. Place the other hand directly over the positioned hand.
  - d. Bring your shoulders forward over your hands.
  - e. Use your body weight to press your hands into the resident's upper abdomen with a quick upward thrust.
5. Perform the finger sweep maneuver to check for a foreign body as follows:
  - a. Keep the resident's face up.

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- b. Perform the tongue-jaw lift to open the resident's mouth. (Note: Moving the lower jaw moves the tongue off the throat and opens the airway.)
- c. Perform the finger sweep using your index finger as a hook.
  - (1) Insert your index finger into the resident's mouth along side of the cheek and across the base of the tongue.
  - (2) Try to remove any foreign objects.
  - (3) Avoid pushing foreign objects deeper into the throat.
  - (4) Turn the resident's head to one side if needed to sweep an object from the mouth.
6. Alternate steps four (4) and five (5) until the object is expelled. Arrange for the resident to be evaluated by a physician immediately after the foreign body airway obstruction has been removed.
7. If unable to clear the foreign body from obstructing the airway, arrange emergency transport of the resident to the nearest acute care medical facility.
8. Proceed with CPR immediately if the resident has no pulse or respirations.

### Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The exact time the choking began.
4. The exact time of any unconsciousness.
5. All assessment data obtained during the procedure.
6. The time the procedure was started and stopped.
7. The resident's response to the procedure.
8. The signature and title of the person recording the data.

### Reporting

1. Report results promptly to the supervisor and the attending physician.
2. Notify the resident's personal physician of all assessment data, observations and results.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>OBRA Regulatory</b>	§483.25(d) Accidents.
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0156)

# Emergency Procedure – Seizure Management

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## Policy Statement

Personnel will assist in safety measures for a resident who is having a seizure.

## General Guidelines

1. A generalized tonic/clonic (grand mal) seizure usually lasts 2-5 minutes and is characterized by one or more of the following:
  - a. Crying out;
  - b. Loss of consciousness;
  - c. Convulsive activity;
  - d. Incontinence; and/or
  - e. Postictal phase (sleepiness, confusion, amnesia).
2. Seizures may occur without convulsions (rigidity and jerking movements). Other symptoms of seizure activity may include:
  - a. Sudden onset of confusion;
  - b. Aura (sometimes a smell, taste or bright light);
  - c. Visual or auditory hallucinations;
  - d. Difficulty speaking or understanding speech;
  - e. Severe dizziness;
  - f. Loss of consciousness;
  - g. Loss of balance or coordination;
  - h. Sudden numbness, tingling, or weakness of the face or in an arm or leg; and/or
  - i. Sudden headache, without another identifiable cause.

## Preparation for Managing Residents with Seizure History

1. During the initial assessment, screen residents for a history of seizures or conditions that place the resident at risk for seizures.
2. For residents with identified risk of seizures, review the resident's history and note any situations or conditions that precipitate seizures.
3. Obtain and have on hand equipment and supplies, including suction equipment and artificial airway, to help manage an active seizure.

## Emergency Procedure - Seizure Management

1. Have at least one person stay with the resident, while having another staff member get needed equipment and notify an RN or LPN.
2. If convulsions are tonic/clonic (grand mal), monitor the airway and take steps as needed to maintain an open airway.
3. If the resident is having a seizure while standing, try to guide the resident to the floor and protect his/her head.

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4. If the resident is having a seizure while in bed, take measures to prevent the resident from falling out of bed and do not leave the resident unattended.
5. As much as possible, remove loose objects near the resident.
6. If possible, turn the resident on his/her side.
7. Tilt the head forward (i.e., chin towards the chest).
8. Loosen clothing.
9. Do not attempt to place objects in the resident's mouth.
10. Do not attempt to restrain the resident.
11. Note the time and duration of the seizure activity.
12. When the episode is over, tell the resident what happened.
13. If the tonic/clonic convulsions last longer than 5 minutes, or are followed by subsequent seizures, this may constitute status epilepticus, which is a medical emergency. If this is suspected, notify the physician. If the physician is not immediately available to discuss the situation, initiate emergency transfer.
14. Monitor the resident's vital signs every 15 minutes for at least two hours following seizure activity, and then as ordered by the physician.
15. Notify the physician during or as soon as possible after the seizure, and notify the family of the event subsequently.

### Documentation

Document the seizure, per facility protocol, in the medical record.

References	
<b>OBRA Regulatory</b>	§483.21(b) Comprehensive Care Plans
<b>Survey Tag Numbers</b>	F656
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Seizures and Epilepsy – Clinical Protocol</a>
<b>Version</b>	1.2 (H5MAPR0299)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **End of Life Care**

Item # H50075

WINDSOR 002592

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **End of Life Care**

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CMS-20073 Hospice and End of Life

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#### **Guideline**

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Record of Death and Mortician's Receipt (MP5409)

#### **Tool**

Hospice Services Agreement

# Palliative/End-of-Life Care – Clinical Protocol

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## Assessment and Recognition

1. Upon admission, the attending physician will help identify the prognosis for each resident.
2. The physician and staff will identify individuals who desire or are likely candidates for palliative care; for example, those with a known terminal illness or end-stage condition (that is, a condition that has resulted in substantial functional dependency, impairment and/or medical instability and continued decline anticipated, regardless of whether medical treatments are rendered).
3. The physician will review the resident's decision-making capacity and support the resident's participation in the care plan to the extent possible.
4. The interdisciplinary assessment of the resident and the family is the basis of the individualized care plan. The assessment will include at least:
  - a. Documentation of disease status, including diagnosis and prognosis;
  - b. Documentation of co-morbid medical and/or psychiatric conditions;
  - c. Functional status;
  - d. Strengths;
  - e. Concerns, goals and values of the resident and family;
  - f. Preferences and documentation for end of life decisions and care; and
  - g. Appropriateness of hospice referral.
5. The comprehensive assessment will recur on a regular basis and in response to significant changes of condition, or a change in resident and family goals and wishes.

## Cause Identification

1. The physician will help identify or verify underlying causes of a resident's decline or end-stage or terminal status, including causes of complications such as anorexia or lethargy. Palliative care focuses on physical, psychological, social and spiritual quality of life for the resident and family. It is not uncommon for patients to have a potentially treatable condition or have potential for improved function and quality of life that has not been identified or treated adequately.

## Treatment/Management

1. The physician will order appropriate interventions for symptom relief, including pain management.
2. To the extent possible, the physician will advise the resident/patient, family, and facility staff about the prognosis and overall medical plan periodically, including any impact of significant changes of condition.
3. The physician will order a hospice evaluation if indicated; for example, rapid progression of an end-stage condition or based on resident/patient or family request.
4. If hospice becomes involved, both the attending physician and staff will retain an active role in the resident/patient's care and will not simply defer everything to the hospice staff and practitioner.

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## Monitoring

1. The physician and staff will assess the resident's course, identify complications or additional decline, and adjust approaches accordingly.
2. The physician will help update the staff, resident/patient and family about the medical situation and will continue to integrate the medical approaches with the overall plan of care.
3. The staff and physician will guide and support the family after the resident/patient's death, as indicated.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J
<b>Survey Tag Numbers</b>	F550; F636; F642; F698; F710; F841
<b>Other References</b>	<p>American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians. J Am Geriatr Soc 2012;60:E1-E25.</p> <p>Field MJ and Cassel CK (eds). Approaching Death: Improving care at the end of life. Washington DC: National Academy Press. 1997.</p> <p>Holtzman J, Pheley AM, Lurie N. Changes in orders limiting care and the use of less aggressive care in a nursing home population. J Am Geriatr Soc 1994;42:275-9.</p> <p>Parker-Oliver D, Porock D, and Zweig S. End-of-life care in U.S. nursing homes; a review of the evidence. J Am Med Dir Association 2004;5:147-155.</p> <p>Zimmermann C, Riechelmann R, Krzyzanowska M, Rodin G, Tannock I. Effectiveness of Specialized Palliative CareA Systematic Review. JAMA. 2008;299(14):1698–1709. doi:10.1001/jama.299.14.1698.</p>
<b>Related Documents</b>	<a href="#">CMS-20073 Hospice and End of Life Hospice Program</a> <a href="#">Terminal/Dying Resident, Caring for the</a>
<b>Version</b>	2.2 (H5MACL0030)

# Autopsy Requests

## Policy Statement

Requests for autopsies must be submitted to the administrator in writing and must be in accordance with current state statutes governing autopsy consents.

## Policy Interpretation and Implementation

1. Request for an autopsy must be submitted to the administrator.
2. An autopsy requested by the family must be accompanied by a written consent signed by the resident's representative.
3. The autopsy consent must be in compliance with current state statutes governing the performance of an autopsy.
4. The administrator shall seek legal counsel should he/she have reason to believe a fraudulent consent has been obtained.
5. Should the resident's advance directive indicate that no autopsy is to be performed the entity/individual requesting the autopsy will be informed of such directive.
6. If the autopsy is required by law the coroner or medical examiner may perform the autopsy without the consent of the family or representative.
7. When an autopsy is to be performed, the nurse supervisor/charge nurse releasing the body shall inform the mortician that an autopsy is to be performed. Such an entry will be made in the resident's clinical record.
8. The cost of autopsies performed at the request of the family will be billed to the family.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(b); §483.70(a)-(c)
<b>Survey Tag Numbers</b>	F550; F836
<b>Other References</b>	Coroner/Medical Examiner Laws by State <a href="https://www.cdc.gov/phlp/publications/topic/coroner.html">https://www.cdc.gov/phlp/publications/topic/coroner.html</a>
<b>Related Documents</b>	<a href="#">Organ and Tissue Donation</a>
<b>Version</b>	1.1 (H5MAPL0080)

# Death of a Resident, Documenting

## Policy Statement

Appropriate documentation shall be made in the clinical record concerning the death of a resident.

## Policy Interpretation and Implementation

1. A resident may be declared dead by a licensed physician or registered nurse with physician authorization in accordance with state law.
2. All information pertaining to a resident's death (i.e., date, time of death, the name and title of the individual pronouncing the resident dead, etc.) must be recorded on the nurses' notes.
3. The attending physician must record the cause of death in the progress notes, and must complete and file a death certificate with the appropriate agency within twenty-four (24) hours of the resident's death or as may be prescribed by state law.
4. The nurse supervisor/charge nurse will inform the resident's family of the resident's death.
5. Nursing services will be responsible for preparing the deceased resident for discharge.
6. The nurse supervisor/charge nurse must notify the mortician, as identified in the resident's medical record, to pick up the deceased resident.
  - a. Inform the mortician if the deceased resident was on isolation precautions or if an autopsy is to be performed.
  - b. Other than the information supplied on the death certificate, do not release details concerning the resident's diagnosis or specific infectious agent without consent from the resident's representative or as indicated in the resident's advance directive.
7. The name of the mortician and person removing the deceased resident must be entered in the resident's medical record.
8. The person removing the deceased resident from the facility must sign the release for the body, and the release must be filed in the resident's medical record.
9. All records must be completed and forwarded to medical records for disposition.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(g)(14); 483.70(a)-(c)
<b>Survey Tag Numbers</b>	F580; F836; F842
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Autopsy Requests</a>
<b>Version</b>	1.2 (H5MAPL0173)

# Hospice Program

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## Policy Statement

Hospice services are available to residents at the end of life.

## Policy Interpretation and Implementation

1. Our facility has an agreement in place with at least one Medicare-certified hospice to ensure that residents who wish to participate in a hospice program may do so.
2. In order for a resident to qualify for the hospice benefit under Medicare, he or she must be:
  - a. entitled to Medicare Part A; and
  - b. certified as being terminally ill in accordance with §418.22.
3. Residents who are not eligible for Medicare hospice services may elect to receive hospice services with contracted providers and pay for these services privately.
4. Upon admission and periodically during their stay, residents are informed of the availability of hospice services coordinated through the facility.
5. Hospice providers who contract with this facility:
  - a. must have a written agreement with the facility outlining (in detail) the responsibilities of the facility and the hospice agency; and
  - b. are held responsible for meeting the same professional standards and timeliness of service as any contracted individual or agency associated with the facility.
6. The agreement with the hospice provider will be signed by the facility representative and a representative from the hospice agency before hospice services are furnished to any resident.
7. A copy of the agreement is available through the facility business office and the hospice agency.
8. When a resident has been diagnosed as terminally ill, the director of nursing services will contact the hospice agency and request that a visit/interview with the resident/family be conducted to determine the resident's wishes relative to participation in the hospice program.
9. In general, it is the **responsibility of the hospice** to manage the resident's care as it relates to the terminal illness and related conditions, including the following:
  - a. Determining the appropriate hospice plan of care;
  - b. Changing the level of services provided when it is deemed appropriate;
  - c. Providing medical direction, nursing and clinical management of the terminal illness;
  - d. Providing spiritual, bereavement and/or psychosocial counseling and social services as needed; and
  - e. Providing medical supplies, durable medical equipment, and medications necessary for the palliation of pain and symptoms.

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10. In general, it is the **responsibility of the facility** to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. These responsibilities include the following:
  - a. Twenty-four hour room and board care;
  - b. Administering prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care;
  - c. Notifying the hospice about the following:
    - (1) A significant change in the resident's physical, mental, social, or emotional status.
    - (2) Clinical complications that suggest a need to alter the plan of care.
    - (3) A need to transfer the resident from the facility for any condition.
    - (4) The resident's death.
  - d. Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day; and
  - e. Reporting any alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of resident property by hospice personnel, to the hospice administrator immediately upon awareness of the alleged violation.
11. The resident may choose to specify his or her attending physician, or another physician/practitioner, as the hospice attending physician.
12. Our facility has designated \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) to coordinate care provided to the resident by our facility staff and the hospice staff. (Note: this individual is a member of the IDT with clinical and assessment skills who is operating within the state scope of practice act). He or she is responsible for the following:
  - a. Collaborating with hospice representatives and coordinating facility staff participation in the hospice care planning process for residents receiving these services;
  - b. Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the resident and family;
  - c. Ensuring that the LTC facility communicates with the hospice medical director, the resident's attending physician, and other practitioners participating in the provision of care to the resident as needed to coordinate the hospice care with the medical care provided by other physicians;
  - d. Obtaining the following information from the hospice:
    - (1) The most recent hospice plan of care specific to each resident;
    - (2) Hospice election form;
    - (3) Physician certification and recertification of the terminal illness specific to each resident;
    - (4) Names and contact information for hospice personnel involved in hospice care of each resident;
    - (5) Instructions on how to access the hospice's 24-hour on-call system;
    - (6) Hospice medication information specific to each resident; and
    - (7) Hospice physician and attending physician (if any) orders specific to each resident.
  - e. Ensuring that our facility staff provides orientation on the policies and procedures of the facility, including resident rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to the residents.
13. Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility (including the responsible provider and discipline assigned to specific tasks) in order to maintain the resident's highest practicable physical, mental and psychosocial well-being.

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14. The coordinated care plan will reflect the resident's goals and wishes, as stated in his or her advance directives and during ongoing communication with the resident or representative, including:
  - a. palliative goals and objectives;
  - b. palliative interventions; and
  - c. medical treatment and diagnostic tests.
15. The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status including, but not limited to:
  - a. diagnosis;
  - b. problem list;
  - c. symptom management (pain, nausea, vomiting, etc.);
  - d. bowel and bladder care;
  - e. nutrition and hydration needs;
  - f. oral health;
  - g. skin integrity;
  - h. spiritual, activity and psychosocial needs; and
  - i. mobility and positioning.
16. If our facility suspends or terminates its contract with the hospice provider(s):
  - a. residents who are receiving hospice services will be notified within 24 hours;
  - b. all other residents will be notified promptly;
  - c. residents who elect the hospice benefit will be assisted (at their request) with transferring to the facility of their choice where hospice services are provided;
  - d. residents may elect to remain in the facility and revoke their hospice benefit; or
  - e. our facility may enter into an agreement with another hospice provider.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(o)
<b>Survey Tag Numbers</b>	F849
<b>Other References</b>	<a href="#">CMS-20073 Hospice and End of Life</a>
<b>Related Documents</b>	<a href="#">Palliative/End-of-Life Care – Clinical Protocol</a>
<b>Version</b>	2.0 (H5MAPL0381)



# Organ and Tissue Donation

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## Policy Statement

Residents who wish to have their organs/tissues donated to medical science for research, transplantation or other scientific use must have such information recorded in their medical record.

## Policy Interpretation and Implementation

1. Residents have the right to donate their organs/tissues to medical science for research, transplantation or other scientific use.
2. Documentation (e.g., advance directive, living will, etc.) of the resident's wish to be an organ donor must be placed in the medical record to ensure that such request is honored in a timely manner.
3. Upon the resident's death, the designated recipient of the organ/tissue donation will be notified and the facility will follow the protocol established in the advance directive.
4. Inquiries relative to organ/tissue donation should be referred to the administrator and/or director of nursing services.

References	
OBRA Regulatory Reference Numbers	§483.10(c)(6); §483.10(c)(8); §483.10(g)(12)
Survey Tag Numbers	F578
Other References	
Related Documents	
Version	1.2 (H5MAPL0583)

# Palliative Care Program

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## Policy Statement

1. Palliative care is provided to all residents with persistent or recurring health conditions that adversely affect daily functioning or reduce life expectancy.
2. Palliative care is defined as “patient and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs to facilitate [resident] autonomy, access to information and choice” (Centers for Medicaid and Medicare Services).

## Policy Interpretation and Implementation

### General Palliative Care

1. Access to palliative care is available to residents and families 24 hours a day, seven days a week.
2. The palliative plan of care is based on a comprehensive interdisciplinary assessment of the resident and family.
3. The palliative plan of care is based on the expressed values, goals and needs of the resident and family. *Family* is defined by the resident.
4. Residents and family are provided with information regarding the disease process and prognosis to support informed decision-making regarding care and potential interventions.
5. An interdisciplinary team of qualified palliative care professionals provides services to the resident and family that are consistent with the palliative plan of care.
6. Education, training and support are available to the interdisciplinary team.
7. Volunteers are appropriately trained and supervised.
8. Palliative care outcomes are collected and measured as part of this facility’s commitment to quality assessment and performance improvement.
9. Community resources are identified and utilized to ensure continuity of care throughout the illness trajectory. This includes establishing ongoing collaborative relationships with hospice and acute care providers.
10. The physical environment in which care is provided is consistent with the preferences and needs of the resident and family.

### Physical Aspects of Care

1. Pain and physical symptoms (dyspnea, constipation, nausea, anorexia, etc.) are measured and documented using standardized tools.
2. The interdisciplinary team utilizes evidence-based care to manage pain and physical symptoms in residents.

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3. The goal of pain and symptom management is safe and timely reduction in symptoms to a level that is acceptable to the resident (or to the family if the resident is unable to communicate clearly).
4. The management of pain and symptoms are considered within the context of the disease and the expressed goals and wishes of the resident and family.

### **Psychological Aspects of Care**

1. Psychological symptoms (anxiety, depression, delirium, behavioral disturbances, etc.) are measured and documented using standardized tools.
2. The interdisciplinary team assesses and manages psychological and psychiatric aspects of palliative care in order to maximize the quality of life and coping skills of the resident and family.
3. The goal of psychological symptom management is safe and timely reduction in symptoms to a level that is acceptable to the resident (or to the family if the resident is unable to communicate clearly).
4. The palliative care program provides education, grief and bereavement support for residents and families. The support is individualized to the resident and family's developmental, cultural and spiritual preferences.
5. Grief and bereavement support for the family does not abruptly end with the death of the resident. Support for the family will continue, as needed, after the death of the resident.

### **Social Aspects of Care**

1. The interdisciplinary team will assess the resident and family's social needs and goals and identify resident-family strengths during the initial assessment.
2. Through education, discussion, support and individualized care, the interdisciplinary team will maximize resident-family strengths and well-being.
3. The individualized care plan will address social concerns of the resident and family, including support for legal decision-making, advanced care-planning, financial concerns, sexuality, and caregiver stress.

### **Spiritual Aspects of Care**

1. The interdisciplinary team will assess the spiritual and religious needs of the resident and family as part of the comprehensive assessment.
2. The interdisciplinary team will identify symptoms of spiritual distress, such as despair, resentment, guilt or hopelessness in residents and families.
3. Support for end-of-life spiritual care is provided in a manner that is consistent with the resident and family's spiritual, religious and cultural values.
4. Communication with the resident and family is respectful of religious and spiritual beliefs, practices and rituals.
5. Spiritual practices are allowed and/or supported to the degree that they are not disruptive to or do not interfere with the safety or well-being of other residents.
6. Palliative care providers do not impose their spiritual or religious values, beliefs or practices on the resident or family.

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## Cultural Aspects of Care

1. The palliative care program provides services to the resident, family and the community in a manner that is culturally and linguistically appropriate.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.25
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	CMS-20073 Hospice and End of Life CMS-20074 Death
<b>Related Documents</b>	Palliative/End-of-Life Care – Clinical Protocol Hospice Program Terminal/Dying Resident, Caring for the
<b>Version</b>	1.1 (H5MAPL1429)

# Notifying Funeral Home Director of Contagious Disease Level III

## Purpose

The purpose of this procedure is to alert funeral home personnel if blood/body fluid precautions should be implemented.

## Preparation

Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Body tag:
  - a. \_\_\_\_\_ (Airborne Precautions);
  - b. \_\_\_\_\_ (Contact Precautions); or
  - c. \_\_\_\_\_ (Droplet Precautions).
2. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## General Guidelines

1. In the event that a resident confined to Airborne, Contact, or Droplet Isolation Precautions dies, the Funeral Home Director must be notified of the confinement by the Nurse Supervisor on duty so that the same precautions may be implemented by funeral home personnel.
2. Apply personal protective equipment as indicated.
3. Place the appropriate body tag onto the great toe of the right foot of the resident's body.
4. Wash and dry your hands thoroughly.
5. Other than what is listed on the death certificate, information concerning the resident's diagnosis or specific infectious agent may not be released to funeral home personnel without consent of the resident representative or permission from the resident as indicated in the advance directive.
6. Information concerning the resident or his/her diagnosis requested by funeral home personnel must be directed to administration.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	See CDC Guidelines for Isolation Precautions at: <a href="https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf">https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0200)

# Post Mortem Care

## Level III

### Purpose

The purposes of this procedure are to prepare the body for viewing by the family and to prepare the body for transfer to the mortuary.

### Preparation

Assemble the equipment and supplies as needed.

### General Guidelines

1. Do not perform post mortem care until the resident has been pronounced dead.
2. Should a resident of the Catholic faith die without seeing a priest, the Staff/Charge Nurse must summon a priest to the room before releasing the deceased resident to the mortuary.
3. Do not perform any post mortem care on residents of the Jewish faith. A representative of the Chevra Kadisha, Jewish Burial Society, will come and perform the service. Wait for this representative. The family or the Staff/Charge Nurse will inform the society of the death.
4. The Staff/Charge Nurse must fill out and complete the body identification tags.
5. Unless otherwise instructed, remove all jewelry from the deceased resident. If jewelry cannot be removed, or the resident's family requests that jewelry remain on the resident, inform the Staff/Charge Nurse of such request so that this information can be recorded in the resident's medical record.
6. Pack and give all belongings to the resident's family. (Note: If the resident's family cannot pick up the resident's personal belongings at the time of death, store such items until the family members can do so.)
7. Close resident room doors and clear the hallways before transporting the deceased resident through the corridors.
8. Treat the deceased resident with respect and dignity.
9. Handle the deceased resident carefully to prevent distortion, discoloration or scarring of the body.
10. Do not leave the deceased resident's body alone. Remain with the resident until the deceased is released to the mortuary.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Identification tags;
2. Disposable pads;
3. Dressings and adhesive strips;
4. Bath towel and wash cloth;
5. Wash basin filled one-half full of warm water (115°F [46.1°C]);
6. Cotton balls;
7. Brush and comb;
8. Shroud (sheet or clear plastic);
9. Red bag (if necessary);
10. Solvent (for removing old adhesive tape residue);
11. Bag for personal belongings; and

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12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Wash and dry your hands thoroughly before beginning the procedure.
2. Obtain the equipment and supplies that will be necessary to perform the procedure. Take them to the resident's room.
3. Obtain additional assistance as necessary.
4. If family members or visitors are present, ask them to wait outside until the procedure has been completed. If possible, the resident's roommate (if any) should be assisted out of the room.
5. Lower the backrest of the bed.
6. Put on gloves.
7. Remove all pillows except one. Place the one pillow under the resident's head.
8. Place the deceased resident in the supine position. Unless otherwise instructed, disconnect all tubes, IV lines, etc.
9. Straighten the arms and legs. (Note: Handle the resident gently to avoid bruising the skin.)
10. If the resident's eyes are open, close them by taking the **eyelashes** and gently pulling them down over the eyes. (Note: Avoid touching the eyelids as this may cause an unnatural appearance.)
11. Bathe and cleanse the body. (Note: Avoid exposing the resident. Keep the resident's body covered as much as possible.)
12. Close the resident's mouth by cupping your hand under the resident's chin and applying slight pressure. (Note: If the mouth will not stay closed, place a rolled towel under the chin.)
13. Comb the resident's hair as necessary.
14. Remove all soiled dressings and bandages and discard into designated containers.
15. Cover all wounds with clean dressings. Use adhesive tape to hold them in place.
16. Unless otherwise instructed, remove all jewelry and give it to the Staff/Charge Nurse.
17. Cover the resident with a sheet. (Note: Place the sheet up over the chest for family viewing.)
18. Position the resident's arms to his or her side.
19. Remove all post mortem care equipment and supplies from the room.
20. Arrange the bedside table and room in a neat manner.
21. Allow the resident's family to view the deceased.
22. Unless otherwise instructed, leave the family alone with the resident.
23. After the family leaves, remain with the deceased until the mortuary personnel arrive.
24. Tie the body identification tag around the resident's ankle or big toe.
25. When the representative from the mortuary arrives, close all resident room doors and clear hallways before moving the deceased resident to the pickup area.
26. Strip the bed and discard all laundry and linen into the soiled laundry container. Red bag as necessary.
27. Pour the bath water and all other used liquids down the commode. Flush the commode.
28. Cleanse and return all reusable equipment to designated storage areas.
29. Return the cubicle curtain to an open position.
30. Permit the roommate to return to the room.
31. Wash and dry your hands thoroughly.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who performed the procedure.
3. What was done with the resident's personal effects, especially jewelry and dentures.
4. The signature and title of the person recording the data.

## Reporting

Report information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0217)



# Terminal/Dying Resident, Caring for the

Level II

## Purpose

The purpose of this procedure is to provide guidelines for the personal care needs of a dying resident.

## The Resident's Family

Family participation in end-of-life-care is encouraged. This can sometimes require you to work around the family. As the caregiver you should:

1. Respect the family's need for privacy during their visit.
2. Be courteous and understanding of the family's concerns. Answer questions as permitted.
3. Refer all medical questions to the Nurse.
4. Insofar as permitted by facility policy or the resident's advance directives, honor the family and resident's requests.

## The Resident's Personal Care Needs

1. Continue to provide the resident with routine personal care (i.e., bathing, mouth care, etc.).
2. Provide routine skin care and repositioning to make the resident comfortable.
3. Keep the resident's body clean and dry at all times.
4. As the resident approaches death, monitor him or her frequently. Report all changes in the resident's condition to the Nurse promptly.
5. Speak to the resident in a normal tone of voice. Even if the resident appears to be unconscious, he or she may be able to hear and understand what you say.
6. Keep the resident's room well-lighted and ventilated. A dark room may be frightening to the resident.
7. Provide food and liquids to the resident as instructed.
8. Provide routine mouth care. Observe for dry mouth and lips and provide comfort as needed.
9. If the resident is on oxygen (nasal tube or mask), check on the condition of the resident's nostrils. Be sure they do not become dry or encrusted. Report such conditions to the Nurse.
10. If the resident's mouth has a buildup of secretions, report it promptly to the Nurse.
11. Report all changes in the resident's breathing to the Nurse promptly.
12. Keep the resident's room free from distractions.

## Signs of Approaching Death

Death may come suddenly or slowly. The following observations are normally signs that death may be near. It is important that you be observant of these signs and report such observations to the Nurse promptly.

1. Due to slowed circulation the resident's hands and feet will feel cold to the touch and appear pale. He or she may complain of being cold. Keep the resident as warm as possible. Conversely, the resident may perspire heavily.
2. The resident may stare blankly into space.
3. There may be minimal eye movement.
4. Due to decreased muscle tone, the resident's jaw may drop and his or her mouth may stay partially open.
5. Respirations may become slower and more difficult.

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6. The resident's pulse is often rapid, but may become irregular and weak.
7. Mucus collecting in the resident's throat may cause a gurgling sound.
8. Try to be with the resident as much as possible during this time. Do not leave the dying resident alone if possible.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Death of a Resident, Documenting Hospice Program</a> <a href="#">Palliative/End-of-Life Care – Clinical Protocol</a>
<b>Version</b>	2.0 (H5MAPR0278)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



### **Falls and Fall Risk**

Item # H50075

WINDSOR 002612

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Falls and Fall Risk**

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# Falls – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify individuals with a history of falls and risk factors for falling.
  - a. Staff will ask the resident and the caregiver or family about a history of falling.
  - b. The staff and physician will document in the medical record a history of one or more recent falls (for example, within 90 days).
  - c. While many falls are isolated individual incidents, a few individuals fall repeatedly. Those individuals often have an identifiable underlying cause.
2. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. Recent injury, especially fracture or head injury;
  - c. Musculoskeletal function, observing for change in normal range of motion, weight bearing, etc.;
  - d. Change in cognition or level of consciousness;
  - e. Neurological status;
  - f. Pain;
  - g. Frequency and number of falls since last physician visit;
  - h. Precipitating factors, details on how fall occurred;
  - i. All current medications, especially those associated with dizziness or lethargy; and
  - j. All active diagnoses.
3. The staff and practitioner will review each resident's risk factors for falling and document in the medical record.
  - a. Examples of risk factors for falling include lightheadedness or dizziness, multiple medications, musculoskeletal abnormalities, peripheral neuropathy, gait and balance disorders, cognitive impairment, weakness, environmental hazards, confusion, visual impairment, hypotension, and medical conditions affecting the central nervous system.
  - b. After a first fall, the staff (and physician, if possible) should watch the individual rise from a chair without using his or her arms, walk several paces, and return to sitting. If the individual has no difficulty or unsteadiness, additional evaluation may not be needed. If the individual has difficulty or is unsteady in performing this test, additional evaluation should occur.
4. The physician will identify medical conditions affecting fall risk (for example, a recent stroke or medications that cause dizziness or hypotension) and the risk for significant complications of falls (for example, increased fracture risk in someone with osteoporosis or increased risk of bleeding in someone taking an anticoagulant).
  - a. Falls often have medical causes; they are not just a "nursing issue."
5. The staff will evaluate and document falls that occur while the individual is in the facility; for example, when and where they happen, any observations of the events, etc.
6. Falls should be categorized as:
  - a. Those that occur while trying to rise from a sitting or lying to an upright position;
  - b. Those that occur while upright and attempting to ambulate; and
  - c. Other circumstances such as sliding out of a chair or rolling from a low bed to the floor.
7. Falls should also be identified as witnessed or unwitnessed events.

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### **Cause Identification**

1. For an individual who has fallen, the staff and practitioner will begin to try to identify possible causes within 24 hours of the fall.
  - a. Often, multiple factors contribute to a falling problem.
2. If the cause of a fall is unclear, or if a fall may have a significant medical cause such as a stroke or an adverse drug reaction (ADR), or if the individual continues to fall despite attempted interventions, a physician will review the situation and help further identify causes and contributing factors.
  - a. After a fall, the physician should review the resident's gait, balance, and current medications that may be associated with dizziness or falling.
  - b. Many categories of medications, and especially combinations of medications in several of those categories, increase the risk of falling.
3. The staff and physician will continue to collect and evaluate information until either the cause of the falling is identified, or it is determined that the cause cannot be found or is not correctable.

### **Treatment/Management**

1. Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling.
  - a. Examples of such interventions may include calcium and vitamin D supplementation to address osteoporosis, use of hip protectors, addressing medical issues such as hypotension and dizziness, and tapering, discontinuing, or changing problematic medications (for example, those that could make the resident dizzy or cause blood pressure to drop significantly on standing).
2. If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuation (for example, if the individual continues to try to get up and walk without waiting for assistance).

### **Monitoring and Follow-Up**

1. The staff, with the physician's guidance, will follow up on any fall with associated injury until the resident is stable and delayed complications such as late fracture or subdural hematoma have been ruled out or resolved.
  - a. Delayed complications such as late fractures and major bruising may occur hours or days after a fall, while signs of subdural hematomas or other intracranial bleeding could occur up to several weeks after a fall.
2. The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling.
  - a. Frail elderly individuals are often at greater risk for serious adverse consequences of falls.
  - b. Risks of serious adverse consequences can sometimes be minimized even if falls cannot be prevented.
3. If interventions have been successful in fall prevention, the staff will continue with current approaches and will discuss periodically with the physician whether these measures are still needed; for example, if the problem that required the intervention has resolved by addressing the underlying cause.

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4. If the individual continues to fall, the staff and physician will re-evaluate the situation and reconsider possible reasons for the resident's falling (instead of, or in addition to those that have already been identified) and also reconsider the current interventions.
5. As needed, and after an appropriately thorough review, the physician will document any uncorrectable risk factors and underlying causes.

References	
<b>MDS Items (CAAs)</b>	Section G; Section J; (CAA 5; CAA 11)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	<p>AMDA. Falls and Fall Risk Clinical Practice Guideline. Columbia, Maryland.</p> <p>American Geriatrics Society. AGS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons. Available at <a href="http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/prevention_of_falls_summary_of_recommendations">http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/prevention_of_falls_summary_of_recommendations</a>. Viewed on 4/6/13.</p> <p>Guideline for the prevention of falls in older persons. J Amer Geriatr Soc 2001;49:664-672.</p> <p>Tinetti ME, Williams CS. Falls, injuries due to falls, and the risk of admission to a nursing home. N Engl J Med 1997;337:1279-1284.</p> <p>Tinetti ME, Speechley M, Ginter SF. Risk factors for falls among elderly persons living in the community. N Engl J Med 1988;319:1701-1707.</p>
<b>Related Documents</b>	<a href="#">Falls and Fall Risk, Managing</a>
<b>Version</b>	1.3 (H5MACL0017)



# Fall Risk Assessment

## Policy Statement

The nursing staff, in conjunction with the attending physician, consultant pharmacist, therapy staff, and others, will seek to identify and document resident risk factors for falls and establish a resident-centered falls prevention plan based on relevant assessment information.

## Policy Interpretation and Implementation

1. Upon admission, the nursing staff and the physician will review a resident's record for a history of falls, especially falls in the last 90 days and recurrent or periodic bouts of falling over time.
2. The nursing staff will ask the resident and/or his/her family about any history of the resident falling.
3. The nursing staff, attending physician, and consultant pharmacist will review for medications or medication combinations that could relate to falls or fall risk, such as those that have side effects of dizziness, ataxia, or hypotension.
4. The staff will look for evidence of a possible link between the onset of falling (or an increase in falling episodes) and recent changes in the current medication regimen.
5. The attending physician and nursing staff will evaluate the resident's vital signs, assess the resident for medical conditions (such as those that cause dizziness or vertigo) or sensory impairments (such as decreased vision and peripheral neuropathy) that may predispose to falls.
6. Assessment data shall be used to identify underlying medical conditions that may increase the risk of injury from falls (such as osteoporosis).
7. The staff, with the support of the attending physician, will evaluate functional and psychological factors that may increase fall risk, including ambulation, mobility, gait, balance, excessive motor activity, activities of daily living (ADL) capabilities, activity tolerance, continence, and cognition.
8. The staff will seek to identify environmental factors that may contribute to falling, such as lighting and room layout.
9. The staff and attending physician will collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that are not modifiable.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(i); 483.25(d)
<b>Survey Tag Numbers</b>	F584; F689
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Falls and Fall Risk, Managing</a>
<b>Version</b>	1.2 (H5MAPL0311)

# Falls and Fall Risk, Managing

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## Policy Statement

Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.

## Policy Interpretation and Implementation

### Definition

According to the MDS, a fall is defined as:

Unintentionally coming to rest on the ground, floor or other lower level, but not as a result of an overwhelming external force (e.g., a resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred.

Challenging a resident's balance and training him/her to recover from loss of balance is an intentional therapeutic intervention. The losses of balance that occur during supervised therapeutic interventions are not considered a fall.

### Fall Risk Factors

1. Environmental factors that contribute to the risk of falls include:
  - a. wet floors;
  - b. poor lighting;
  - c. incorrect bed height or width;
  - d. obstacles in the footpath;
  - e. improperly fitted or maintained wheelchairs; and
  - f. footwear that is unsafe or absent.
2. Resident conditions that may contribute to the risk of falls include:
  - a. fever;
  - b. infection;
  - c. delirium and other cognitive impairment;
  - d. pain;
  - e. lower extremity weakness;
  - f. poor grip strength;
  - g. medication side effects;
  - h. orthostatic hypotension;
  - i. functional impairments;
  - j. visual deficits; and
  - k. incontinence.

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3. Medical factors that contribute to the risk of falls include:
  - a. arthritis;
  - b. heart failure;
  - c. anemia;
  - d. neurological disorders; and
  - e. balance and gait disorders; etc.

### **Resident-Centered Approaches to Managing Falls and Fall Risk**

1. The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls.
2. If a systematic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions (i.e., to try one or a few at a time, rather than many at once).
3. Examples of initial approaches might include exercise and balance training, a rearrangement of room furniture, improving footwear, changing the lighting, etc.
4. In conjunction with the consultant pharmacist and nursing staff, the attending physician will identify and adjust medications that may be associated with an increased risk of falling, or indicate why those medications could not be tapered or stopped, even for a trial period.
5. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant.
6. If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or stopped, or until the reason for the continuation of the falling is identified as unavoidable.
7. In conjunction with the attending physician, staff will identify and implement relevant interventions (e.g., hip padding or treatment of osteoporosis, as applicable) to try to minimize serious consequences of falling.
8. Position-change alarms will not be used as the primary or sole intervention to prevent falls, but rather will be used to assist the staff in identifying patterns and routines of the resident. The use of alarms will be monitored for efficacy and staff will respond to alarms in a timely manner.

### **Monitoring Subsequent Falls and Fall Risk**

1. The staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling.
2. If interventions have been successful in preventing falling, staff will continue the interventions or reconsider whether these measures are still needed if a problem that required the intervention (e.g., dizziness or weakness) has resolved.
3. If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. As needed, the attending physician will help the staff reconsider possible causes that may not previously have been identified.
4. The staff and/or physician will document the basis for conclusions that specific irreversible risk factors exist that continue to present a risk for falling or injury due to falls.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(i); 483.25(d)
<b>Survey Tag Numbers</b>	F584; F689
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Fall Risk Assessment</a>
<b>Version</b>	1.2 (H5MAPL0313)

# Assessing Falls and Their Causes

Level III

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## Purpose

The purposes of this procedure are to provide guidelines for assessing a resident after a fall and to assist staff in identifying causes of the fall.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Identify the resident's current medications and active medical conditions.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Falls are a leading cause of morbidity and mortality among the elderly in nursing homes.
2. Fear of falling may limit an individual's participation in activities.
3. Falling may be related to underlying clinical or medical conditions, overall functional decline, medication side effects, and/or environmental risk factors.
4. Residents must be assessed upon admission and regularly afterward for potential risk of falls. Relevant risk factors must be addressed promptly.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Equipment to assess vital signs, such as stethoscope; sphygmomanometer or electronic blood pressure device; and oral or rectal thermometer;
2. Tools to assess resident's level of consciousness and neurological status, if necessary;
3. First Aid Kit, if necessary;
4. Resident's medical chart; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### After a Fall:

1. If a resident has just fallen, or is found on the floor without a witness to the event, evaluate for possible injuries to the head, neck, spine, and extremities.
2. Obtain and record vital signs as soon as it is safe to do so.
3. If there is evidence of injury, provide appropriate first aid and/or obtain medical treatment immediately.
4. If an assessment rules out significant injury, help the resident to a comfortable sitting, lying, or standing position, and then document relevant details.
5. Notify the resident's attending physician and family in an appropriate time frame.
  - a. When a fall results in a significant injury or condition change, notify the practitioner immediately by phone.
  - b. When a fall does not result in significant injury or a condition change, notify the practitioner routinely (e.g., by fax or by phone the next office day).

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6. Observe for delayed complications of a fall for approximately forty-eight (48) hours after an observed or suspected fall, and will document findings in the medical record.
7. Document any observed signs or symptoms of pain, swelling, bruising, deformity, and/or decreased mobility; and any changes in level of responsiveness/consciousness and overall function. Note the presence or absence of significant findings.
8. Complete an incident report for resident falls no later than 24 hours after the fall occurs. The incident report form should be completed by the nursing supervisor on duty at the time and submitted to the Director of Nursing Services.

#### **Defining Details of Falls:**

1. After an observed or probable fall, clarify the details of the fall, such as when the fall occurred and what the individual was trying to do at the time the fall occurred.
2. For each individual, distinguish falls in the following categories:
  - a. Rolling, sliding, or dropping from an object (e.g., from bed or chair to floor);
  - b. Falling while attempting to stand up from a sitting or lying position; or
  - c. Falling while already standing and trying to ambulate.

#### **Identifying Causes of a Fall or Fall Risk:**

1. Within 24 hours of a fall, begin to try to identify possible or likely causes of the incident. Refer to resident-specific evidence including medical history, known functional impairments, etc.
2. Evaluate chains of events or circumstances preceding a recent fall, including:
  - a. Time of day of the fall;
  - b. Time of the last meal;
  - c. What the resident was doing;
  - d. Whether the resident was standing, walking, reaching, or transferring from one position to another;
  - e. Whether the resident was among other persons or alone;
  - f. Whether the resident was trying to get to the toilet;
  - g. Whether any environmental risk factors were involved (e.g., slippery floor, poor lighting, furniture or objects in the way); and/or
  - h. Whether there is a pattern of falls for this resident.
3. Continue to collect and evaluate information until the cause of falling is identified or it is determined that the cause cannot be found.
4. As indicated, the attending physician will examine the resident or may initiate testing to try to identify causes.
5. Consult with the attending physician or medical director to confirm specific causes from among multiple possibilities. When possible, document the basis for identifying specific factors as the cause.
6. If the cause is unknown but no additional evaluation is done, the physician or nursing staff should note why (e.g., workup already done, finding a cause would not change the approach, etc.).

#### **Performing a Post-Fall Evaluation:**

1. After a first fall, a nurse and/or physical therapist will watch the resident attempt to rise from a chair without using his or her arms, walk several paces, and return to sitting, and will document the results of this effort.
2. If the individual has no difficulty or unsteadiness, no further evaluation is needed at that time.
3. If the individual has difficulty or is unsteady in performing this test, additional evaluation may be initiated as warranted.

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## Documentation

When a resident falls, the following information should be recorded in the resident's medical record:

1. The condition in which the resident was found (e.g., "resident found lying on the floor between bed and chair").
2. Assessment data, including vital signs and any obvious injuries.
3. Interventions, first aid, or treatment administered.
4. Notification of the physician and family, as indicated.
5. Completion of a falls risk assessment.
6. Appropriate interventions taken to prevent future falls.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the following individuals when a resident falls:
  - a. The resident's family;
  - b. The Attending Physician (timing of notification may vary, depending on whether injury was involved);
  - c. The Director of Nursing Services; and
  - d. The Nursing Supervisor on duty.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section G; Section J; Section N; (CAA 5; CAA 11; CAA 17)
<b>Survey Tag Numbers</b>	F689
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Falls and Fall Risk, Managing Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.3 (H5MAPR0026)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Gastrointestinal Conditions**

Item # H50075

WINDSOR 002625



# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Gastrointestinal Conditions**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Gastrointestinal Conditions**

#### **Appendices - Flash Drive Only**

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#### **Sample Documentation**

Evaluation of Bowel (CP1700)

#### **Tools**

Be Alert - Practice Safe Enteral Feeding

Be Aware - Practice Safe Enteral Medication Delivery

# Bowel (Lower Gastrointestinal Tract) Disorders – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the staff and physician will help identify individuals with previously identified lower gastrointestinal tract conditions and symptoms. This should include a review of gastrointestinal problems during any recent hospitalizations, results of previous barium studies, endoscopies, etc.
2. Examples of lower gastrointestinal tract conditions and symptoms include:
  - a. Residents with a history of diarrhea;
  - b. Fecal incontinence;
  - c. Irritable bowel syndrome;
  - d. Pain with defecation;
  - e. Passing blood rectally;
  - f. Alteration in bowel movements;
  - g. Ulcerative colitis or regional enteritis; and/or
  - h. Residents taking antidiarrheal medications or medications related to bowel motility.
3. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. Quantitative and qualitative description of diarrhea (how many episodes in what period of time, amount, consistency, etc.);
  - c. Change in mental status or level of consciousness;
  - d. Presence of fecal impaction;
  - e. Signs of dehydration (altered level of consciousness, lethargy, dizziness, recent change in mental status, dry mucous membranes, decreased urine output);
  - f. Abdominal assessment;
  - g. Digital rectal examination;
  - h. Onset, duration, frequency, severity of signs and symptoms;
  - i. All current medications;
  - j. All active diagnoses; and
  - k. Recent labs.
4. The staff and physician will identify risk factors related to bowel dysfunction; for example, severe anxiety disorder, recent antibiotic use, or taking medications that are used to treat, or that may cause or contribute to, gastrointestinal erosion, bleeding, diarrhea, dysmotility, etc.
5. The staff and physician will characterize symptoms related to bowel function; for example, location and radiation of abdominal pain, time relationship to meals, presence of cramps or bloating, etc.
6. Check for diffuse or localized tenderness and listen for bowel sounds in area of suspected ileus or obstruction.
7. Correct terminology is important; for example, “loose stools” do not necessarily constitute “diarrhea,” “stomach” is not the same as “abdomen,” etc. Consistent terminology and documentation over time enable comparison of symptoms and evaluation of the effectiveness of specific interventions.

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### **Cause Identification**

1. The physician will help staff define and appropriately categorize a problem related to bowel dysfunction; for example: by general location (upper or lower GI); type of disorder (motility, absorption, bleeding, etc.), severity, and likely causes.
2. The physician will identify and order a pertinent diagnostic evaluation for bowel dysfunction; for example, stool for occult blood, enteric pathogens or toxins; endoscopy, etc.
3. The physician and staff will identify current medications that are associated with gastrointestinal side effects, such as medications used to treat urinary incontinence, other medications with significant anticholinergic properties, antipsychotics and antidepressants, cardiac medications, cholinesterase inhibitors, etc.

### **Treatment/Management**

1. The physician will identify and order pertinent cause-specific and symptomatic interventions; for example, modify tube feedings, address underlying emotional or mood disorder, stop medications causing ileus, adjust foods related to malabsorption, institute a regimen to prevent constipation, etc.
2. Antidiarrheal medications should be used judiciously, as they may prolong infectious diarrhea, mask underlying conditions, or cause significant side effects.
3. The staff and physician will address significant complications due to bowel dysfunction such as fluid and electrolyte imbalance caused by diarrhea.
4. Oral rehydration solutions, hypodermoclysis, or intravenous hydration may be indicated, depending on the severity and duration of diarrhea.
5. The physician will help identify the possible need for hospitalization to manage a gastrointestinal disorder; for example, when intestinal infarction, peritonitis, or mechanical obstruction is suspected.
6. The attending physician will collaborate with staff and the medical director to identify individuals who need contact or isolation precautions because of infectious diarrhea or fecal incontinence.

### **Monitoring and Follow-Up**

1. The staff and physician will monitor the individual's response to interventions and overall progress; for example, overall degree of comfort or distress, frequency and consistency of bowel movements, and the frequency, severity, and duration of abdominal pain, etc.
2. The physician will adjust interventions based on identification of causes, resident responses to treatment, and other relevant factors.
3. Before prescribing additional courses of medications, the physician should carefully evaluate and examine directly an individual who has not responded as expected to an initial course of treatment such as antidiarrheal medications, changes in the bowel regimen, etc.

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References	
<b>MDS Items (CAAs)</b>	Section H; Section I
<b>Survey Tag Numbers</b>	F691; F692; F693; F694; F808; F880
<b>Other References</b>	<p>Akhtar AJ. Acute diarrhea in frail elderly nursing home patients. <i>J Am Med Dir Assoc</i> 2003;4:34-39.</p> <p>AMDA. Gastrointestinal Disorders in the Long-term Care Setting. Clinical Practice Guideline. Columbia, Maryland.</p> <p>Leung FW, Rao SS. Fecal incontinence in the elderly. <i>Gastroenterol Clin North Am</i> 2009;38:503-511.</p> <p>Makris AT, Gelone S. Clostridium difficile in the long-term care setting. <i>J Am Med Assoc</i> 2007;8:290-299.</p> <p>Rao SS, Go JT. Update on the management of constipation in the elderly: new treatment options. <i>Clin Interv Aging</i> 2010;5:163-171.</p> <p>Rao VL, Cifu AS, Yang LW. Pharmacologic Management of Irritable Bowel Syndrome. <i>JAMA</i>. 2015;314(24):2684-2685. doi:10.1001/jama.2015.16943.</p> <p>Wald A. Constipation: Advances in Diagnosis and Treatment. <i>JAMA</i>. 2016;315(2):185-191. doi:10.1001/jama.2015.16994..</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0009)

# Gastroesophageal Reflux and Other Upper Gastrointestinal Disorders – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician will help identify individuals with upper GI disorders and clarify the nature of the disorder; for example, distinguish true GERD or peptic ulcer disease from dyspepsia or other more benign conditions.
  - a. The staff should identify symptoms in sufficient detail, including onset, duration, intensity, frequency, and any link with meals.
  - b. It is not appropriate to simply document the term “GERD” in the record based on vague signs and symptoms or current utilization of proton pump inhibitors (PPIs) (or other medications) without additional clarification.
2. The physician and staff will identify individuals with symptoms that may be associated with GERD, such as dysphagia, lump in the throat, epigastric or throat pain, and nausea or vomiting.
  - a. The physician will evaluate whether the symptoms could be due to GERD or another upper GI disorder.
3. Reduction of symptoms after administering PPIs is not sufficient evidence to diagnose GERD.

## Cause Identification

1. The physician will help identify or clarify causes of upper gastrointestinal symptoms including reflux disease. Upper gastrointestinal symptoms have diverse causes and definitive treatment often depends on the cause.
2. As part of the evaluation, the physician, nurses, and consultant pharmacist should review a resident/patient’s existing medication regimen for medications that may cause or exacerbate upper GI symptoms; for example, bisphosphonates and nonsteroidal anti-inflammatory medications.
  - a. Many drugs can cause or increase the risk of having upper GI complications and symptoms.
  - b. The physician should review relative benefits and risks in those residents/patients who need to continue medications that are associated with GERD or upper GI bleeding, such as aspirin, other nonsteroidal anti-inflammatory drugs (NSAIDs), and anti-osteoporosis medications.
3. If the diagnosis is unclear, the physician will determine whether the resident could benefit from, and tolerate, a workup.
  - a. The physician may choose to initiate empiric treatment if the individual is too frail or uncooperative to tolerate invasive procedures such as endoscopy, when there is little risk for complications from an imprecise or tentative diagnosis, when the underlying cause is not treatable, or when the history and clinical findings strongly suggest a specific diagnosis.
4. The physician and nursing staff will collaborate to seek more detailed information about upper gastrointestinal symptoms that persist or recur frequently, if the clinical course is not proceeding as anticipated, or when worrisome signs and symptoms such as persistent dysphagia, bleeding or weight loss develop.

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## **Treatment/Management**

1. To the extent possible, the physician will address causes and contributing factors, including discontinuing or modifying doses of medications that reduce lower esophageal sphincter (LES) pressure, slow gastric emptying, or cause mucosal damage in at-risk residents.
2. The physician will select treatments based on the preceding assessments and on pertinent evidence and guidelines.
  - a. For peptic ulcer disease, therapy with multiple agents including PPIs is usually indicated. However, once a peptic ulcer due to *H. Pylori* has been successfully treated, continued use of PPIs may not be necessary.
  - b. An H2 blocker may be successful in many cases of uncomplicated or intermittent reflux or dyspepsia, and can be tried for at least two weeks before switching to PPIs, unless there is a significant history or risk of more serious GI disease such as bleeding ulcers.
  - c. In cases of dyspepsia or occasional reflux without signs, symptoms or history of gastrointestinal erosion or bleeding, antacid medications other than PPIs may be effective.
  - d. It is appropriate to reserve PPIs for those who have, or are at high risk for, erosive or refractory non-erosive esophagitis caused by GERD. For PPIs, cost considerations are relevant as there is no definitive evidence that one PPI is superior to another in treating GERD.
  - e. With rare exception, prokinetic agents such as metoclopramide are not indicated as first-line treatment for GI symptoms in elderly and other at-risk patients, because of significant side effects.
3. In individuals with proven or suspected GERD, the staff will also institute appropriate conservative approaches including positioning, diet modification, loosening tight clothing, stopping smoking and alcohol use, and avoiding eating prior to lying down.
4. The physician will consider situations where surgical treatment may be indicated for upper GI disorder; for example, relatively healthy individuals with good life expectancy, who have recurrent respiratory complications such as aspiration pneumonia or asthma.

## **Monitoring and Follow-Up**

1. The physician and staff will monitor the progress and symptoms of individuals with upper gastrointestinal conditions and symptoms, and adjust interventions accordingly.
2. Nursing staff should document and communicate sufficiently detailed observations and resident history; for example, at least periodically describe the characteristics (frequency, location, duration, exacerbating factors, etc.) of any upper GI symptoms, and not just continually write or report that the resident has chest pain, nausea, “heartburn,” or “indigestion.”
3. If empirical treatment is started for upper GI symptoms such as heartburn or chest pain of suspected GI origin, the physician will re-evaluate the situation within a month, to determine if the symptoms were temporary or enduring.
4. The symptoms or the underlying cause may be temporary, or they may improve despite (not necessarily because of) continued use of medications.
5. The physician and staff will monitor for adverse drug reactions related to medications used to treat upper GI disorders, including GERD; for example, nausea, diarrhea, and abdominal pain with PPIs; anorexia, confusion, psychosis, and dyskinesia with metoclopramide; or headache and confusion with H2 blockers.

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References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section K; (CAA 12)
<b>Survey Tag Numbers</b>	F272; F329; F385; F369; F492; F501
<b>Other References</b>	<p>AMDA. Gastrointestinal Disorders in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.</p> <p>Glew CM, Rentler RJ. Use of proton pump inhibitors and other acid suppressive medications in newly admitted nursing facility patients. <i>J Am Med Dir Assoc</i> 2007;8:607-609.</p> <p>Levenson SA and Crecelius CC. Managing gastroesophageal reflux. Caring for the Ages. July 2004;36,38-39. (Available at <a href="http://www.amda.com/caring/july2004/evidencebased.htm">http://www.amda.com/caring/july2004/evidencebased.htm</a>).</p> <p>Linder, JD, Wilcox, CM. Gastrointestinal disorders in the elderly: Acid peptic disease in the elderly. <i>Gastroenterol Clinics</i> 2001;30:363-376.</p> <p>Naunton M, Peterson GM, Bleasel MD. Overuse of proton pump inhibitors. <i>J Clin Pharm Ther</i> 2000 October;25(5):333-40.</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0021)



# Gastrointestinal Bleeding, Acute and Chronic – Clinical Protocol

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## Assessment and Recognition

1. The physician will identify individuals with a history of gastrointestinal (GI) bleeding and those who are at significant risk of gastrointestinal bleeding; for example, individuals taking Prednisone or nonsteroidal anti-inflammatory drugs (NSAIDs), those with a recent severe acute illness, or those with a history of gastrointestinal disorders association with bleeding such as peptic ulcer disease or ulcerative colitis.
2. The physician and staff will identify details related to active gastrointestinal bleeding, such as general location (upper or lower GI), association with meals, related pain, presence of clots, tarry or black stools, orthostatic (postural) hypotension, dizziness, tachycardia, etc.
  - a. For example, check stool or vomitus for occult blood, check for orthostasis in suspected GI bleeding, check bowel sounds and rectal tenderness in cases of lower gastrointestinal bleeding.

## Cause Identification

1. The physician will try to identify causes of GI bleeding by ordering pertinent diagnostic tests and/or consultations; for example, stool for enteric pathogens, abdominal x-ray, endoscopy or colonoscopy, etc.
2. Alternatively, the physician will document why investigation of causes is not warranted; for example, the resident cannot cooperate with endoscopy, advance directives decline additional testing, or identification of causes is unlikely to change the treatment or the outcome.
3. The staff and physician will seek and identify complications of gastrointestinal bleeding such as lethargy, activity intolerance, and anemia.

## Treatment/Management

1. The physician will address treatable causes and complications of gastrointestinal bleeding. This might include fluid replacement (if needed) to maintain adequate circulating volume, treating colitis, or stopping medications associated with esophageal or gastric irritation or erosion; for example, aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), chemotherapy agents, corticosteroids, medications used to treat osteoporosis, etc.
2. Alternatively, the physician should explain why the medication is needed despite apparent gastrointestinal complications and institute pertinent prophylaxis.
3. Proton pump inhibitors (PPIs) may protect against some causes of gastric or esophageal erosion, but do not necessarily prevent bleeding from other diverse causes.
4. The physician and nursing staff will collaborate to characterize the severity and urgency of the situation, based on vital sign stability, amount of bleeding, resident distress, etc.
5. The physician and nursing staff will collaborate to identify individuals who need to transfer to the hospital for additional evaluation or treatment for example, due to relentless bleeding or hypotension due to blood loss.

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## Monitoring and Follow-Up

1. The staff and physician will monitor the individual with gastrointestinal bleeding, including response to intervention, status of bleeding, and progress in resolving underlying causes.
2. The physician will adjust interventions based on the resident/patient response and other pertinent factors, including resident/patient wishes for hospitalization and life-sustaining treatments

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; (CAA 12)
<b>Survey Tag Numbers</b>	F636; F684; F757; F710; F713; F836; F841; F776
<b>Other References</b>	AMDA. Gastrointestinal Disorders in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0020)

# Changing a Percutaneous Endoscopic Gastrostomy (PEG) Tube

## Level III

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### Purpose

The purpose of this procedure is to provide guidelines for replacing a percutaneous endoscopic gastrostomy (PEG) tube.

### Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.
4. Ensure that the equipment and devices are working properly by performing any checks as instructed by the manufacturer or this facility.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Gastrostomy tube (size ordered by physician);
4. Water-soluble lubricant;
5. Two (2) 10 mL syringes;
6. Normal saline;
7. Sterile water; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### General Guidelines

1. Consider replacing a PEG tube:
  - a. according to manufacturer's instructions;
  - b. if the tube becomes worn, clogged, or is removed unexpectedly;
  - c. if the internal balloon ruptures;
  - d. if there is a persistent peristomal infection that is unresponsive to antimicrobial treatment;
  - e. if there is skin excoriation;
  - f. if there is a non-healing ulcer that does not respond to appropriate wound care;
  - g. if there is stomal tract disruption;
  - h. if gastrocolic or colocutaneous fistulas develop; or
  - i. as ordered.
2. Replace the PEG tube only after the stomal tract is fully healed (30-90 days after insertion).
3. PEG tube replacement must be performed by a licensed nurse who has received training and demonstrated competency in this procedure.
4. Examine the tube and for wear, splits, cracks or leaks with each feeding.
5. If a feeding tube must be replaced unexpectedly, notify the practitioner.

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## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Apply clean gloves.
4. Obtain ten (10) mL syringe, deflate balloon in existing gastrostomy tube.
5. Apply gentle pressure to abdomen with non dominant hand and gently pull upward with dominant hand on the gastrostomy tube.
6. Discard old gastrostomy tube in designated container.
7. Clean site with normal saline.
8. Open package and leave gastrostomy tube in package.
9. Check for proper inflation of balloon by inflating the balloon with ten (10) mL of sterile water and deflating the balloon.
10. Remove gastrostomy tube from package by the large end of the tube.
11. Apply lubricant to tip of gastrostomy tube.
12. Gently insert gastrostomy tube into gastrostomy opening six (6) to eight (8) inches.
13. Stop the procedure if resistance is met and try again.
14. Obtain syringe with sterile water and inflate balloon with five (5) mL of sterile water.
15. Pull gastrostomy tube upward so that the balloon is resting against the inside of stomach wall and secure with the disc.
16. Clamp the gastrostomy tube if not in use.
17. Place the wash cloth and towel in the soiled laundry container.
18. Discard disposable supplies in the designated containers.
19. Clean the overbed table and return it to its proper position.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. Remove gloves and discard into designated container.
23. Wash your hands.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The gastrostomy tube size and inflation of balloon.
3. The name and title of the individual(s) who performed the procedure.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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## Reporting

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 12; CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Gastrostomy/Jejunostomy Site Care</a> <a href="#">Nasogastric Tube Insertion and Care</a>
<b>Version</b>	1.3 (H5MAPR0054)

# Checking Gastric Residual Volume (GRV)

Level III

## Purpose

The purpose of this procedure is to assess tolerance of enteral feeding and minimize the potential for aspiration.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.

## General Guidelines

1. Do not use gastric residual volume (GRV) as a routine indicator of proper feeding tube location, feeding tolerance, or risk of aspiration.
2. Check GRV if clinical assessment reveals:
  - a. the resident is not tolerating enteral feedings (nausea, vomiting, distention);
  - b. the marked position of the tube has changed;
  - c. appearance and pH of aspirate suggests the tube is misplaced; or
  - d. as ordered.
3. Evaluate residents who are receiving enteral nutrition for the risk of aspiration, including:
  - a. Sedation;
  - b. Supine position;
  - c. Improper position of the feeding tube;
  - d. Vomiting;
  - e. Bolus feedings;
  - f. Poor health; and
  - g. Advanced age.
4. Visually check the position of the feeding tube before the initiation of each feeding.
5. Keep the head of the bed (HOB) elevated 30° during feedings and for at least 1 hour after feedings.
6. Measure GRV with at least a 60mL syringe.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Sixty (60) mL enteral syringe (with transition adapter if necessary); and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves and use aseptic technique when handling enteral tubes and equipment.
4. Attach sixty (60) mL syringe to end of catheter tube.
5. If catheter is clamped, unclamp catheter.
6. Aspirate stomach contents (GRV):
  - a. If **GRV is between 250-500 mL**, take measures to reduce the risk of aspiration.
  - b. If the **GRV is greater than 500 mL**, notify the physician. Assess resident for feeding intolerance.
  - c. If the resident is on continuous tube feedings, the stomach should contain no more than the total intake from the last hour. If so, withhold feeding and notify the physician.
  - d. If the resident is free of obvious symptoms of GI intolerance (distention, vomiting, and constipation) or respiratory distress, return aspirated GRV to the stomach (via the tube).
7. If acceptable GRV is verified, flush tubing with at least 30 mL warm sterile water (or prescribed amount).
8. Remove the syringe and clamp tubing.
9. Discard disposable supplies in the designated containers.
10. Clean reusable equipment according to the manufacturer's instructions.
11. Clean the overbed table and return it to its proper position.
12. Reposition the bed covers. Make the resident comfortable.
13. Place the call light within easy reach of the resident.
14. Remove gloves and discard into designated container.
15. Wash your hands.
16. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The amount, if any, of gastric residual.
3. The name and title of the individual(s) who performed the procedure.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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## Reporting

1. Report results promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 12; CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0057)



# Cleansing Enema

Level III

## Purpose

The purpose of this procedure is to promote defecation.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Should a regular-sized bedpan be uncomfortable to the resident or if the resident's medical condition requires, use a fracture pan for the procedure.
2. Report any complaints the resident may have to your supervisor before beginning the procedure.
3. Should the resident complain of cramps after you have started the enema, stop the flow of solution until the pain has subsided.
4. When administering the solution, **do not** raise the enema container more than eighteen (18) inches above the mattress, or more than twelve (12) inches above the buttocks.
5. Prepare cleansing enema solutions as follows:
  - a. **Soapsuds:** Mix one (1) package of enema soap to 1,000 ccs of warm water. Stir the solution gently with the tip of the tubing to prevent the forming of suds.
  - b. **Saline:** Mix two (2) teaspoons of salt to 1,000 ccs of warm water.
  - c. **Tap Water:** Use 1,000 ccs of warm tap water. Do not add anything to the water.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Enema tray (container, tubing, clamp, and lubricant);
2. Tray cover;
3. Solution (as prescribed);
4. Toilet tissue;
5. Wash basin;
6. Soap;
7. Towel;
8. Wash cloth;
9. Graduated pitcher (if enema container not marked);
10. Bath thermometer;
11. Bedpan;
12. Paper towels;
13. Bed protector (disposable or plastic);
14. Bath blanket/sheet, etc.;
15. Urinal (as necessary); and
16. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on disposable gloves.
4. Adjust the resident's clothing to expose the buttocks. Cover the resident to limit exposure and provide privacy.
5. Place the bed protector under the resident's buttocks.
6. Assist the resident to turn on his/her left side. Bend the right knee toward his/her chest, unless contraindicated by the resident's medical condition. (This is the Left Sims Position or Enema Position.)
7. Place the bedpan at the foot of the bed. Be sure that it is in easy reach.
8. Close the clamp on the enema tubing.
9. Fill the graduated container with 1,000 ccs of warm water (105°F or 40.5°C). Test the water with the bath thermometer.
10. Pour the water into the enema container. Mix solutions as prescribed.
11. Hold the tubing over the bedpan. Open the clamp on the enema container. Let a small amount of the solution run through the tubing into the bedpan to eliminate any air in the tubing. Close the clamp.
12. Lubricate the tip of the tubing about 3 to 4 inches. Be sure the tube is well lubricated. Check the opening of the tube to be sure that it is not plugged.
13. Expose the buttocks. (Note: Grasp the privacy cover at the anal area. Lift it up and fold over the buttocks.)
14. Separate the buttocks so that you can see the anal area.
15. Grasp the tubing about 5 to 6 inches from the end. Gently insert the enema tip 3 to 4 inches through the anus into the rectum. (Note: If you feel resistance or if the resident complains of pain, stop the procedure and summon the staff/charge nurse.)
16. Raise the enema container about twelve (12) inches above the buttocks. (Note: Do not raise the container more than eighteen [18] inches.)
17. Open the clamp and let the solution run in slowly. Instruct the resident to breathe slowly through his/her mouth. (Note: This will help relax the resident.) If the resident complains of cramping, you may need to lower the container or clamp the tubing for a moment until the discomfort eases.
18. When the solution has finished running into the rectum, clamp the tubing.
19. Slowly withdraw the rectal tubing.
20. To prevent contamination, wrap the end of the tubing in a paper towel. Place the tubing into the enema container. Place the enema container on a paper towel.
21. Encourage the resident to hold the solution as long as possible.
22. Assist the resident onto the bedpan. (Note: If the resident is unable to hold the solution, put the bedpan underneath the resident before giving the enema.)
23. Discard gloves into the designated container. Wash and dry your hands thoroughly.
24. Unless otherwise instructed, raise the back of the bed so that the resident will be in a near sitting position.
25. Place the toilet tissue within easy reach of the resident.
26. Provide the resident with as much privacy as possible. Place the call light within easy reach of the resident. Assure the resident that you will be near should he/she need assistance.
27. Place the side rails in the appropriate position as indicated in the resident's plan of care.
28. Remove the enema equipment while the resident is on the bedpan. Discard disposable items into the designated container. Clean and sanitize any reusable equipment and place in the designated storage area. Discard gloves into the designated container. Wash and dry your hands thoroughly.
29. If the resident is having trouble expelling the solution, notify your supervisor.
30. When you return to the resident, wash and dry your hands thoroughly and put on gloves.

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31. When the resident has expelled the solution, remove the bedpan. Check the results of the enema. Look for color, consistency, odor, amount, etc.
32. Collect a specimen, if ordered.
33. Empty the solution into the commode. Flush the commode. Clean and store the bedpan in accordance with facility protocols.
34. Fill the wash basin one-half (1/2) full of warm water. Take to the bedside. Inspect the resident's buttocks. Wash, rinse, and dry as necessary. Assist resident in washing his/her hands.
35. Remove the bed protector. Discard as indicated.
36. Remove the bath blanket. Fold and store, or discard into the soiled linen container.
37. Return gown or pajamas to the appropriate position. Pull top covers back over resident.
38. Change linen as necessary. Discard dirty linen into designated container. Discard gloves into designated container. Wash and dry your hands thoroughly.
39. Discard disposable items into designated containers.
40. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
41. Reposition the bed covers. Make the resident comfortable.
42. Place the call light within easy reach of the resident.
43. Clean wash basin and return to designated storage area.
44. Clean the bedside stand.
45. Wash and dry your hands thoroughly.
46. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the enema was administered.
2. The name and title of the individual who administered the enema.
3. The type of enema and the amount of solution used.
4. The type of solution used (i.e., soapsuds, saline, or tap water).
5. All assessment data obtained during the procedure.
6. Results of enema (i.e., color, odor, blood, soft, hard, large or small amounts, if gas was expelled, etc.).
7. If a specimen was collected.
8. How the resident tolerated the procedure.
9. If the resident refused the procedure, the reason(s) why.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the enema.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
MDS Items (CAAs)	Section H
Survey Tag Numbers	F684
Other References	
Related Documents	
Version	1.1 (H5MAPR0084)

# Colostomy/Ileostomy Care

Level III

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## Purpose

The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Skin cleansing preparation;
2. Clean drainage bag;
3. Soap and water;
4. Barrier creams and lotions (as indicated); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gown if soiling of clothing with feces is likely.
4. Put on gloves.
5. Remove drainage bag.
6. Remove gloves, wash hands, put on clean gloves.
7. Cleanse skin with appropriate skin cleansing preparation.
8. When evaluating the condition of the resident's skin, note the following:
  - a. Breaks in the skin.
  - b. Excoriation.
  - c. Signs of infection (heat, swelling, pain, redness, purulent exudate, etc.).
9. Remove soiled items. Do not place on overbed table. Replace with clean drainage bag.
10. Place disposable bags into appropriate receptacle.
11. Discard disposable items into designated containers.
12. Remove and discard gown into designated container.
13. Remove and discard gloves into designated container. Wash and dry your hands thoroughly.
14. Reposition the bed covers. Make the resident comfortable.
15. Place the call light within easy reach of the resident.
16. Clean the overbed table and return it to its proper position.
17. Wash and dry your hands thoroughly.

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18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
19. Document the procedure in resident's documentation form.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the colostomy/ileostomy care was provided.
2. The name and title of the individual(s) who provided the colostomy/ileostomy care.
3. Any breaks in resident's skin, signs of infection (purulent discharge, pain, redness, swelling, temperature), or excoriation of skin.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the colostomy/ileostomy care.
2. Notify the supervisor of any abnormal findings (i.e., breaks in skin, excoriation, signs of infection, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; Section O
<b>Survey Tag Numbers</b>	F691
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0089)

# Confirming Placement of Feeding Tubes

Level III

## Purpose

The purpose of this procedure is to ensure proper placement of an existing feeding tube prior to administering enteral feedings or medication.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Verify that placement of the feeding tube was confirmed by X-ray upon initial insertion and that the tube has been marked or the tube length has been documented.
3. Review the resident's care plan and provide for any special needs of the resident.
4. Assemble equipment and supplies needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Sixty (60) mL enteral syringe (with transition adapter if necessary);
4. Stethoscope;
5. pH strips; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so that they can be easily reached.
2. Wash hands and dry thoroughly.
3. Apply clean gloves.

### To Confirm Placement of an Existing Feeding Tube at the Bedside:

1. The exit site of the feeding tube should be marked (by incremental marking on the tube or by documented tube length) at time of initial placement.
2. If a change in the incremental markings or tube length is observed, use additional method(s) to test whether the tube is properly positioned:
  - a. Observe for symptoms of elevated gastric residual volume (GRV):
    - (1) A sharp increase in residual volume may indicate that a small bowel tube has moved into the stomach;
    - (2) Little to no residual volume may suggest that the tube has migrated from the stomach to the esophagus.
  - b. Observe and check the pH of aspirate:
    - (1) Fasting stomach contents will have a clear and colorless or grassy green and brown appearance.
    - (2) Fluids from the pleural space may have a pale yellow, serous appearance.
    - (3) Post-pyloric/small bowel contents can be bile-stained, light to dark yellow or greenish-brown.

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- (4) Fasting stomach acid will have a pH of 5 or less.
- (5) Fluid from the pleural space will have a pH of 7 or higher.
- (6) A pH of 5 or less suggests that the tube is placed in the stomach. However, a pH of 6 or greater is not definitive of placement outside the stomach.
3. If the above suggests improper tube positioning, do not administer feeding or medication. Notify the Charge Nurse or Physician.
4. When correct tube placement has been verified, flush tubing with at least 30 mL warm water (or prescribed amount).
5. Discard disposable supplies in the designated containers.
6. Clean reusable equipment according to the manufacturer's instructions.
7. Clean the overbed table and return it to its proper position.
8. Reposition the bed covers. Make the resident comfortable.
9. Place the call light within easy reach of the resident.
10. Remove gloves and discard into designated container.
11. Wash your hands.
12. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	American Society for Parenteral and Enteral Nutrition. Safe Practices for Enteral Nutrition Therapy (2017)
<b>Related Documents</b>	<a href="#">Checking Gastric Residual Volume</a> <a href="#">Enteral Feedings Safety Precautions</a> <a href="#">Maintaining Patency of a Feeding Tube</a>
<b>Version</b>	2.0 (H5MAPR0090)



# Enteral Feeding Syringes, Sanitization of Reusable

Level II

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## Purpose

The purpose of this procedure is to guide the proper sanitizing of reusable enteral feeding syringes.

## Preparation

Assemble equipment and supplies needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Towel;
3. Rectangular quart container with lid marked with resident's name and room number;
4. Sixty (60) mL enteral feeding syringe;
5. Bleach;
6. Two (2) mL syringe; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

In the absence of the manufacturer's specific care and maintenance instructions, sanitize reusable enteral feeding syringes as follows:

1. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves.
4. Rinse sixty (60) mL enteral feeding syringe with running water if the syringe had contact with stomach secretions or enteral feeding.
5. Fill a quart container with warm tap water to the level of the ridge on the outside lip of the container.
6. Draw 1.75 mL bleach into a two (2) mL syringe. Instill into water in a quart container.
7. Disassemble the enteral feeding syringe and the two (2) mL syringe. Place syringes in bleach solution in the container.
8. Place a lid on the container. Shake well (to sanitize the inside of the lid).
9. Let sit for at least 10 minutes.
10. Remove the lid. Turn wet side up.
11. Place syringe parts on top of the lid.
12. Discard the bleach solution.
13. Shake moisture off of the container and sanitized items.
14. Place syringe parts inside the container.
15. Place the lid on top. Do not seal completely.
16. When ready to use, rinse the syringe with fresh tap water.
17. Discard the syringe weekly or whenever obviously soiled or malfunctioning.

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18. Clean and disinfect the surface used to clean the feeding syringe.
19. Remove gloves and discard into a designated container.
20. Wash hands.

## Documentation

The person performing this procedure should document the following information in a designated record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The signature and title of the person recording the data.

## Reporting

Report to your supervisor syringes that are hardening, swelling, discolored or have cracks.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F880
Other References	
Related Documents	
Version	1.3 (H5MAPR0128)

# Enteral Feedings – Safety Precautions

Level III

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## Purpose

To ensure the safe administration of enteral nutrition.

## Preparation

1. All personnel responsible for preparing, storing and administering enteral nutrition formulas will be trained, qualified and competent in his or her responsibilities.
2. The facility will remain current in and follow accepted best practices in enteral nutrition.

## General Guidelines

### Preventing contamination

1. Maintain strict aseptic technique at all times when working with enteral nutrition systems and formulas.
  - a. Use only sterile or purified water for formula reconstitution, medication dilution and flushes before and after medication administration.
  - b. Use disposable gloves when handling or administering enteral formulas.
  - c. Sterile, liquid enteral nutrition formulas are preferred over powdered, reconstituted formulas.
  - d. Use closed enteral nutrition systems when possible.
2. Maintain strict adherence to storage conditions and timeframes:
  - a. Refrigerate prepared or opened ready to feed formulas and discard within 24 hours.
  - b. Store unopened liquid enteral formulas in temperature and light-controlled conditions (cool, away from direct sunlight).
  - c. Maintain inventory controls and discard any formula past the expiration date.
3. Maintain strict adherence to maximum hang times:
  - a. Powdered, reconstituted formula and formula with additives have a maximum infusion (hang) time of 4 hours.
  - b. Sterile formula in an open system has a maximum hang time of 8 hours.
  - c. Sterile formula in a closed system has a maximum hang time of 48 hours.
4. Administration set changes:
  - a. Change administration sets for open-system enteral feedings at least every 24 hours, or as specified by the manufacturer.
  - b. Change administration sets for closed-system enteral feedings according to manufacturer's instructions.

### Promoting feeding tolerance

1. Administer only full strength formulas. Do not add water or dilute liquid or reconstituted enteral nutrition formulas.
2. Slow, continuous, pump-regulated feedings are generally better tolerated than gravity or syringe feedings. However, the resident's freedom of movement and potential for sleep disturbances due to pump alarms must be considered when determining the best method of administering enteral feedings.
3. Feeding pumps must be calibrated periodically to ensure that the pump delivers the prescribed volume within 10 percent accuracy.

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### **Preventing errors in administration**

1. Check the enteral nutrition label against the order before administration. Check the following information:
  - a. Resident name, ID and room number;
  - b. Type of formula;
  - c. Date and time formula was prepared;
  - d. Route of delivery;
  - e. Access site;
  - f. Method (pump, gravity, syringe); and
  - g. Rate of administration (mL/hour).
2. On the formula label document initials, date and time the formula was hung, and initial that the label was checked against the order.

### **Preventing misconnection errors**

1. Ensure that all enteral formula labels indicate “Not for IV Use.”
2. Instruct all non-clinical staff, residents and visitors not to reconnect any tubing or lines, but instead to notify a nurse if tubing becomes disconnected.
3. Regularly inspect tubing for proper and secure connections.
4. Reconnect tubing only under good lighting. Trace tubing back to the source prior to reconnecting.
5. Do not modify or try to adapt connections to enteral devices.
6. Do not use IV pumps to administer enteral feedings.
7. Use only enteral tubing, syringes and devices with ENfit connectors.

### **Preventing aspiration**

1. Check enteral tube placement every 4 hours and prior to feeding or administration of medication.
2. Check gastric residual volume as ordered.
3. Elevate the head of the bed (HOB) at least 30° during tube feeding and at least 1 hour after feeding. If elevating the HOB is medically contraindicated, use the reverse Trendelenburg position.
4. Monitor the resident for signs and symptoms of respiratory distress during enteral feedings and medication administration.
5. Minimize the use of sedatives.

### **Preventing skin breakdown**

1. Keep the skin around exit site clean, dry and lubricated (as necessary).
2. Assess for leaking around the gastrostomy or jejunostomy frequently during the first 48 hours after tube insertion, and then with each feeding or medication administration.
3. Observe for signs of skin breakdown, infection and irritation.

### **Recognizing and reporting other complications**

1. Symptoms of perforation of the stomach or small intestine/peritonitis:
  - a. Abdominal distention;
  - b. Abdominal pain;
  - c. Diminished bowel sounds;
  - d. Decreased appetite;
  - e. Fever;
  - f. Low urine output;
  - g. Nausea;

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- h. Thirst; and
  - i. Vomiting.
2. Symptoms of esophageal complications (e.g., stricture, fistula, ulcers):
- a. Pain;
  - b. Difficulty swallowing; and
  - c. Difficulty breathing

## Documentation

Document all assessments, findings and interventions in the medical record.

## Reporting

Report unusual findings and/or signs of complications to the Physician.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F692; F880
<b>Other References</b>	American Society for Parenteral and Enteral Nutrition. 2009. Enteral Nutrition Practice Recommendations. ( <a href="http://www.nutritioncare.org">www.nutritioncare.org</a> )
<b>Related Documents</b>	<a href="#">Checking Gastric Residual Volume (GRV)</a> <a href="#">Confirming Placement of Feeding Tubes</a> <a href="#">Enteral Nutrition</a>
<b>Version</b>	1.3 (H5MAPR0330)

# Enteral Tube Feeding via Continuous Pump

Level III

## Purpose

The purpose of this procedure is to provide a guideline for the use of a pump for enteral feedings.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.
4. Ensure that the equipment and devices are working properly by performing any calibrations or checks as instructed by the manufacturer or this facility.

## General Guidelines

1. Use aseptic technique when preparing or administering enteral feedings.
2. Administer only full strength feeding tube formulas. Do not add water or dilute feeding solutions.
3. Check the enteral nutrition label against the order before administration. Check the following information:
  - a. Resident name, ID and room number;
  - b. Type of formula;
  - c. Date and time formula was prepared;
  - d. Route of delivery;
  - e. Access site;
  - f. Method (pump, gravity, syringe); and
  - g. Rate of administration (mL/hour).
4. Refrigerate formulas that have been reconstituted in advance and discard within 24 hours. Discard reconstituted formulas kept at room temperature within four hours.
5. Refer to facility procedures for hang times and administration set changes.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Enteral feeding pump;
4. Enteral feeding bag with clamp;
5. IV pole;
6. Sixty (60) mL enteral syringe (with transition adapter if necessary);
7. Prescribed enteral formula;
8. Clean container with fresh water;
9. pH strips;
10. Stethoscope; and
11. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves.
4. Position the head of the bed at 30° – 45° (semi-Fowler's position) for feeding, unless medically contraindicated.
5. Check the label on the enteral formula against the physician order.
6. Attach enteral feeding pump set to bag and prime tubing. Clamp tubing.
7. Clamp enteral tube. Remove the plug.
8. Verify placement of tube.
9. If anything suggests improper tube positioning, do not administer feeding or medication. Notify the Charge Nurse or Physician.
10. When correct tube placement has been verified, flush tubing with at least 30 mL warm water (or prescribed amount).
11. Remove the syringe and clamp tubing.

### Initiate Feeding

1. Attach the primed administration set to enteral tube and unclamp tube.
2. Hang feeding bag on IV pole.
3. Connect the infusion pump, set rate, and press start.
4. Monitor resident for signs and symptoms of aspiration and/or feeding intolerance.
5. On the formula label document initials, date and time the formula was hung/administered, and initial that the label was checked against the order.
6. Place the wash cloth and towel in the soiled laundry container.
7. Discard disposable supplies in the designated containers.
8. Clean reusable equipment according to the manufacturer's instructions.
9. Clean the overbed table and return it to its proper position.
10. Reposition the bed covers. Make the resident comfortable.
11. Place the call light within easy reach of the resident.
12. Remove gloves and discard into designated container.
13. Wash your hands.
14. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. Verification of tube placement.
3. Amount and type of enteral feeding.
4. The average fluid intake per day.
5. The name and title of the individual(s) who performed the procedure.
6. All assessment data obtained during the procedure.

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7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

## Reporting

1. Report complications (e.g., diarrhea, gastric distention, respiratory distress) promptly to the supervisor and the attending physician.
2. Report negative consequences of tube use (e.g., agitation, depression, self-extubation, infections, etc.) to the supervisor and attending physician.
3. Notify the supervisor if the resident refuses the procedure.
4. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Checking Gastric Residual Volume (GRV)</a> <a href="#">Enteral Feedings – Safety Precautions</a> <a href="#">Maintaining Patency of a Feeding Tube (Flushing)</a>
<b>Version</b>	1.3 (H5MAPR0193)



# Enteral Tube Feeding via Gravity Bag

Level III

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## Purpose

The purpose of this procedure is to provide nourishment to the resident who is unable to obtain nourishment orally.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.

## General Guidelines

1. Use aseptic technique when preparing or administering enteral feedings.
2. Administer only full strength feeding tube formulas. Do not add water or dilute feeding solutions.
3. Check the enteral nutrition label against the order before administration. Check the following information:
  - a. Resident name, ID and room number;
  - b. Type of formula;
  - c. Date and time formula was prepared;
  - d. Route of delivery;
  - e. Access site;
  - f. Method (pump, gravity, syringe); and
  - g. Rate of administration (mL/hour).
4. Refrigerate formulas that have been reconstituted in advance and discard within 24 hours. Discard reconstituted formulas kept at room temperature within four hours.
5. Refer to facility procedures for hang times and administration set changes.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Enteral tube feeding bag with clamp;
4. IV pole;
5. Sixty (60) mL enteral syringe (with transition adapter if necessary);
6. Prescribed enteral formula;
7. Clean container with fresh water;
8. pH strips;
9. Stethoscope; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves.
4. Position the head of the bed at 30° – 45° (semi-Fowler's position) for feeding, unless medically contraindicated.
5. Check the order to verify the type, amount, method and rate of administration.
6. Pour prescribed amount of enteral feeding into enteral feeding bag and prime tubing. Clamp tubing.
7. Verify placement of feeding tube.
8. If anything suggests improper tube positioning, do not administer feeding or medication. Notify the Charge Nurse or Physician.
9. When correct tube placement has been verified, flush tubing with at least 30 mL warm water (or prescribed amount).
10. Remove the syringe and clamp tubing.

## Initiate Feeding

1. Attach the primed tubing to enteral tube and unclamp enteral tube.
2. Hang feeding bag on IV pole approximately eighteen (18) inches above resident's head and allow feeding to flow by gravity.
3. Monitor resident for signs and symptoms of aspiration and/or feeding intolerance.
4. On the formula label document initials, date and time the formula was hung/administered, and initial that the label was checked against the order.
5. Unless otherwise ordered, follow the feeding with 30 – 60 mL of warm water.
6. Clamp enteral tube. Remove feeding bag tubing from enteral tube.
7. Instruct resident to remain in semi-Fowler's position for at least one (1) hour after feeding to prevent aspiration.
8. Place the wash cloth and towel in the soiled laundry container.
9. Discard disposable supplies in the designated containers.
10. Clean reusable equipment according to the manufacturer's instructions.
11. Clean the overbed table and return it to its proper position.
12. Reposition the bed covers. Make the resident comfortable.
13. Place the call light within easy reach of the resident.
14. Remove gloves and discard into designated container.
15. Wash your hands.
16. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

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## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. Verification of tube placement.
3. Amount and type of enteral feeding and amount of flush.
4. The name and title of the individual(s) who performed the procedure.
5. All assessment data obtained during the procedure.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

## Reporting

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	American Society for Parenteral and Enteral Nutrition. 2009. Enteral Nutrition Practice Recommendations. ( <a href="http://www.nutritioncare.org">www.nutritioncare.org</a> )
<b>Related Documents</b>	<a href="#">Checking Gastric Residual Volume (GRV)</a> <a href="#">Enteral Feedings – Safety Precautions</a> <a href="#">Maintaining Patency of a Feeding Tube (Flushing)</a>
<b>Version</b>	1.3 (H5MAPR0194)

# Enteral Tube Feeding via Syringe (Bolus)

Level III

## Purpose

The purpose of this procedure is to provide nutritional support to residents unable to obtain nourishment orally.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.

## General Guidelines

1. Use aseptic technique when preparing or administering enteral feedings.
2. Administer only full strength feeding tube formulas. Do not add water or dilute feeding solutions.
3. Check the enteral nutrition label against the order before administration. Check the following information:
  - a. Resident name, ID and room number;
  - b. Type of formula;
  - c. Date and time formula was prepared;
  - d. Route of delivery;
  - e. Access site;
  - f. Method (pump, gravity, syringe); and
  - g. Rate of administration (mL/hour).
4. Refrigerate formulas that have been reconstituted in advance and discard within 24 hours. Discard reconstituted formulas kept at room temperature within four hours.
5. Refer to facility procedures for hang times and administration set changes.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Enteral syringe (60 mL) (with transition adapter if necessary);
4. Prescribed enteral feeding;
5. Feeding syringe;
6. Stethoscope;
7. Sixty (60) mL water (room temperature); and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves.

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4. Elevate head of bed 30° – 45° (semi-Fowler's position).
5. Check the order to verify the type, amount, method and rate of administration.
6. If feeding tube is not clamped, clamp tube and remove plug.
7. Verify placement of tube.
8. If anything suggests improper tube positioning, do not administer feeding or medication. Notify the Charge Nurse or Physician.
9. When correct tube placement has been verified, flush tubing with at least 30 mL warm water (or prescribed amount).
10. Remove the syringe and clamp tubing.

### **Initiate Feeding**

1. Attach sixty (60) mL syringe (with transition adapter if necessary) to the tube and unclamp the tube. Elevate syringe approximately eighteen (18) inches above the resident's head.
2. Fill the syringe with prescribed amount of enteral feeding to be given. Unclamp the tube and allow feeding to flow by gravity.
3. Monitor resident for signs and symptoms of aspiration and/or feeding intolerance.
4. Unless otherwise ordered, follow the feeding with 30 – 60 mL of warm water.
5. Plug the end of tube and re-pin to the resident's gown.
6. Instruct resident to remain upright for approximately one (1) hour to prevent aspiration.
7. Place the wash cloth and towel in the soiled laundry container.
8. Discard disposable supplies in the designated containers.
9. Clean reusable equipment according to the manufacturer's instructions.
10. Clean the overbed table and return it to its proper position.
11. Reposition the bed covers. Make the resident comfortable.
12. Place the call light within easy reach of the resident.
13. Remove gloves and discard into designated container.
14. Wash your hands.
15. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

### **Documentation**

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. Verification of tube placement.
3. Amount of feeding and amount of water administered.
4. The name and title of the individual(s) who performed the procedure.
5. All assessment data obtained during the procedure.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Checking Gastric Residual Volume (GRV)</a> <a href="#">Enteral Feedings – Safety Precautions</a> <a href="#">Enteral Feeding Syringes, Sanitization of Reusable</a> <a href="#">Maintaining Patency of a Feeding Tube (Flushing)</a>
<b>Version</b>	1.3 (H5MAPR0195)

# Gastrostomy/Jejunostomy Site Care

Level III

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## Purpose

The purposes of this procedure are to promote cleanliness and to protect the gastrostomy or jejunostomy site from irritation, breakdown and infection.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Gauze pads;
3. Cotton-tipped applicators; and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves.
4. Using the gauze pads, soap and warm water, gently clean the area immediately surrounding the tube and continue working outward in a circular fashion. Be sure to clean under the bolster.
5. If the resident has a Button™, use a cotton-tipped applicator to clean the area and rotate the device once every day. (Note: Since residents fitted with the Button™ are allowed to bathe, a good time for this cleaning routine is during the bath.)
6. After cleaning, allow the site to air dry.
7. Unless otherwise indicated, do not place a dressing over the site. (Note: Heavy, taped dressings may promote skin problems.)
8. Assess the stoma site for signs of redness, pain or soreness, swelling, or drainage. Report any of these signs of infection immediately to your supervisor and the resident's physician.
9. If the stoma site has signs of irritation or infection, clean the area several times a day as described above in Steps 2 through 6. If the signs and symptoms persist, notify your supervisor and the resident's physician.
10. Discard disposable supplies in the designated containers.
11. Clean the overbed table and return it to its proper position.
12. Reposition the bed covers. Make the resident comfortable.
13. Place the call light within easy reach of the resident.
14. Remove gloves and discard into designated container.
15. Wash your hands.

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16. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Report complications promptly to the supervisor and the attending physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F691; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0144)



# Maintaining Patency of a Feeding Tube (Flushing)

Level III

## Purpose

The purpose of this procedure is to maintain patency of a feeding tube.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.

## General Guidelines

### For maintaining patency of a feeding tube:

1. Flush enteral feeding tubes every four (4) hours with 30 mL, or prescribed amount, of warm water during continuous feeding.
2. Flush enteral feeding tubes with 30 mL, or prescribed amount, of warm water before and after intermittent feedings.
3. Flush enteral feeding tubes with 15 mL, or prescribed amount, of warm purified water before and after administration of medications. If administering more than one medication, flush with 15mL, or prescribed amount, of warm water between each medication.
  - a. Use warm purified water for tube flushes in immunocompromised or critically ill residents, and before and after medication administration.
4. Flush with 30 mL, or prescribed amount, of warm water after checking gastric residual volume (GRV).

### For opening a clogged feeding tube:

1. Use warm water for initial declogging efforts. Do not use cranberry juice or carbonated beverages.
2. If water does not unclog the tube, use a pancreatic enzyme solution, an enzyme declogging kit, or a mechanical device for clearing feeding tubes

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Sixty (60) mL enteral syringe (with transition adapter if necessary);
4. Water;
5. Stethoscope; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Wear clean gloves.

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4. Position resident in semi-Fowler's or higher position.
5. Confirm placement of tube.
6. For intermittent feeding, flush with warm water before and after the feeding.
7. When administering medication, flush with warm purified water before and after medication.
  - a. If administering more than one medication, flush the tube with 15 mL, or prescribed amount, of warm purified water between each medication.
8. Attach sixty (60) mL syringe without plunger to tube.
9. Unclamp tube and pour 30 mL (or amount ordered) warm water (tap or purified depending on the circumstances) into syringe.
10. Allow water to flow by gravity into feeding tube.
11. If the feeding tube is clogged:
  - a. Check the tubing for kinks.
  - b. Add 30 mL (or prescribed amount) warm water to the syringe.
  - c. With water in the syringe, apply a gentle back and forth motion with the plunger to try to dislodge the clog.
  - d. If the water flush does not resolve the clog:
    - (1) Crush one uncoated pancreatic enzyme tablet and mix with one 326 mg sodium bicarbonate tablet in 5mL water.
    - (2) Pour into the syringe and allow the mixture to flow into the feeding tube.
    - (3) Clamp tubing for 30 minutes.
    - (4) Attempt a water flush.
    - (5) If the clog is not cleared, remove the solution from the tube and repeat the above steps with a fresh mixture.
  - e. If the enzyme does not resolve the clog, use a commercial enzyme-containing declogging kit or mechanical declogging device following manufacturer's instructions.
  - f. When tube is unclogged, flush until clear and administer feeding or medication according to procedure.
12. Discard disposable supplies in the designated containers.
13. Clean reusable equipment according to the manufacturer's instructions.
14. Clean the overbed table and return it to its proper position.
15. Reposition the bed covers. Make the resident comfortable.
16. Place the call light within easy reach of the resident.
17. Remove gloves and discard into designated container.
18. Wash and dry your hands thoroughly.

## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. Verification of tube placement.
3. Total amount used to flush tube.
4. The name and title of the individual(s) who performed the procedure.
5. All assessment data obtained during the procedure.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

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## Reporting

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	American Society for Parenteral and Enteral Nutrition. Safe Practices for Enteral Nutrition Therapy (2017)
<b>Related Documents</b>	<a href="#">Confirming Placement of Feeding Tubes</a>
<b>Version</b>	2.1 (H5MAPR0177)

# Nasogastric Tube Insertion and Care

Level III

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## Purpose

The purpose of this procedure is to provide a route for nourishment to the resident who is unable to obtain needed nourishment orally.

## Preparation

1. Verify that there is a physician's order for the insertion of a nasogastric tube. Check the order for the following tube specifications:
  - a. Type of tube;
  - b. Size of tube;
  - c. Purpose of tube (decompression vs. feeding); and
  - d. Tube replacement guidelines.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.
4. Many varieties of tubes are available. Always read the manufacturer's recommendations for preparation guidelines and suggestions for insertion (i.e., some tubes are self-lubricating, others require water soluble lubricants).
5. Ensure that the device is working properly by performing any checks as instructed by the manufacturer or this facility. Inspect the tube for rough or torn edges or partially closed opening.
6. Never use a petroleum based lubricant.
7. Check the resident for any contraindications to a nasogastric tube, including:
  - a. Recent nasal surgery; or
  - b. Esophageal strictures or varices (or recent surgical correction of).
8. The interdisciplinary team will document the clinical necessity for the use of a nasogastric tube for longer than thirty (30) days.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Nasogastric tube as specified by physician;
2. Topical anesthesia (such as 2% viscous lidocaine or oral analgesic spray), as ordered;
3. Soap and water;
4. Towel or linen saver;
5. Tape (1/2 to 1 inch);
6. Water soluble lubricant;
7. Clean container with fresh water;
8. Ten (10) mL and sixty (60) mL enteral syringes (with transition adapter if necessary);
9. Stethoscope;
10. Cup of water with flexible straw (if resident is cognitively and physically able to swallow); and
11. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

### Preparation

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Assist the resident to a sitting or high Fowler's position, as tolerated.
3. Measure the tube for the length to be inserted. Measure from the tip of the nose to the earlobe to the xyphoid process. Mark the measured length with a piece of tape.
4. Put on clean gloves.
5. Place a towel over the resident's chest.
6. Observe the resident's nostrils for air exchange and select a patent nostril for insertion of the nasogastric tube.
7. Read the product packaging to determine if the tube is self-lubricating. If the tube is self-lubricating, follow the manufacturer's instructions to activate the lubrication (usually by dipping the tube in water).
8. If the tube is not self-lubricating, lubricate the tip and the first four to six (4-6) inches of the tube with a water soluble lubricant. (**Note:** Never use petroleum based lubricants or occlude the opening of the tube with lubricant.)

### Topical Anesthesia

1. Tilt the resident's head back and instill 10 mL of lidocaine into the patent nostril (or follow orders for alternate method of topical anesthesia). Ask the resident to sniff and swallow the lidocaine. Wait 5-10 minutes for full anesthetic effect before proceeding.

### Tube Insertion

1. Tilt the resident's head back slightly.
2. Gently insert the tip of the tube into nostril and advance along the floor of the nose to the nasopharynx (10-20 cm).
  - a. The resident may gag. If gagging persists, examine the back of the throat for coiling.
  - b. If coiling is noted, pull the tube back until the tube is straight.
3. After the tube passes the nasopharynx, flex the resident's head onto the chest and allow the resident to rest for a moment.
4. Ask the resident to take sips of water (if able) and swallow.
5. Advance the tube 3-5 inches each time the resident swallows until the measured length is reached.
  - a. Do not force the tube. If resistance is met or if resident experiences respiratory distress, becomes cyanotic, or coughs persistently, remove the tube immediately.
  - b. Ask the resident to speak. If he or she cannot speak the tube may have passed through the vocal chords or lungs.

### Verification of Placement

1. Verify placement of the feeding tube by obtaining an X-ray prior to initiating the first feeding.
2. Once placement has been confirmed, mark and measure the external length of the tube (from the exit site to the proximal end of the tube). This will be documented and referred to later to detect tube migration.

### Skin Care and Tube Security

1. Clean the resident's skin with alcohol to remove surface oil.
2. Apply a skin protectant and anchor the tube securely with tape to the nose and cheek.
  - a. If the resident is confused or uncooperative, consider using a commercially available attachment device that adheres to the nose and holds the tube in place with an adjustable clip.

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- b. Avoid pressure on the nostril.
3. Wrap a piece of tape around the tube (leaving a “tail”) or loop and secure with a rubber band. Pin tape or rubber band to the resident’s shirt or gown.

### **Final Steps**

1. Place the towel in the soiled laundry container.
2. Discard disposable supplies in the designated containers.
3. Clean reusable equipment according to the manufacturer’s instructions.
4. Clean the overbed table and return it to its proper position.
5. Reposition the bed covers. Make the resident comfortable.
6. Place the call light within easy reach of the resident.
7. Remove gloves and discard into designated container.
8. Wash your hands.
9. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

### **Ongoing Care of the Resident and the Nasogastric Tube**

1. Provide frequent nose and mouth care while tube is in place.
2. Check placement of tube according to facility protocol.
3. Flush tube according to flushing protocol.

### **Documentation**

The person performing this procedure should record the following information in the resident’s medical record:

1. The date and time the procedure was performed.
2. The size and length of the nasogastric tube and the length of the external portion of the tube.
3. Verification of tube placement.
4. The name and title of the individual(s) who performed the procedure.
5. All assessment data obtained during the procedure.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

### **Reporting**

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section K; (CAA 13)
<b>Survey Tag Numbers</b>	F693; F692; F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Confirming Placement of Feeding Tubes</a> <a href="#">Maintaining Patency of a Feeding Tube (Flushing)</a>
<b>Version</b>	1.3 (H5MAPR0196)

# Nasogastric Tube Removal

Level III

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## Purpose

The purpose of this procedure is to remove nasogastric tube when a resident is able to obtain nourishment orally (planned removal) or when nasogastric tube is no longer functioning (unplanned removal).

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry hands thoroughly.
3. Wear clean gloves.
4. Assist the resident to a sitting or high-fowler's position.
5. Untape the tube from resident's nose and unpin tube from resident's gown.
6. Place a towel over the resident's chest.
7. Clamp tube.
8. Ask resident to inhale deeply and slowly exhale as the tube is being removed.
9. Gently and quickly remove the tube in one steady motion.
10. Discard tube in designated container.
11. Cleanse nasal area with soap and water. Pat dry with towel.
12. Place the wash cloth and towel in the soiled laundry container.
13. Discard disposable supplies in the designated containers.
14. Clean reusable equipment according to the manufacturer's instructions.
15. Clean the overbed table and return it to its proper position.
16. Reposition the bed covers. Make the resident comfortable.
17. Place the call light within easy reach of the resident.
18. Remove gloves and discard into designated container.
19. Wash your hands.
20. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

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## Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. Reason the feeding tube was removed.
3. The name and title of the individual(s) who performed the procedure.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Report complications promptly to the supervisor and the Attending Physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F693; F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0197)

## Ready to Use Enema (Cleansing or Oil)

Level II

### Purpose

The purpose of this procedure is to promote defecation.

### Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Prepackaged disposable enema;
2. Toilet tissue;
3. Wash basin;
4. Soap;
5. Towel;
6. Washcloth;
7. Bedpan;
8. Paper towels;
9. Bed protector (disposable or plastic);
10. Bath blanket/sheet, etc.;
11. Urinal (as necessary); and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on disposable gloves.
4. Fill the wash basin one-half (1/2) full of warm water. Place the basin on the bedside stand or overbed table.
5. Remove the enema bottle from the package. Place the bottle into the basin of warm water. Do not immerse the top of the bottle into the water.
6. Adjust the resident's clothing to expose the buttocks. Cover the resident with a bath blanket or other protective covering.
7. Place the bed-protector under the resident's buttocks.
8. Assist the resident to turn on his/her left side. Bend the right knee toward his/her chest unless contraindicated by the resident's medical condition. (This is the Left Sims Position or Enema Position.)
9. Place the bedpan at the foot of the bed. Be sure that it is in easy reach.
10. Remove the enema bottle from the wash basin. Dry it off with a paper towel. Discard paper towel into designated container.
11. Remove the cap from the enema bottle. Put the cap on the bedside table.

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12. Expose the buttocks. (Note: Grasp the bath blanket, or other covering, at the anal area. Lift it up and fold over the buttocks.)
13. Separate the buttocks so that you can see the anal area.
14. Gently insert the enema tip through the anus into the rectum.
15. Slowly squeeze the enema bottle until all the solution has been expelled from the bottle into the rectum. (Note: If the resident has the desire to defecate, cease the flow until the desire has passed.)
16. Remove the enema tip from the anus.
17. Encourage the resident to hold the solution as long as possible.
18. Assist the resident onto the bedpan. (Note: If the resident is unable to hold the solution, put the bedpan underneath the resident before giving the enema.)
19. Discard gloves into the designated container. Wash and dry your hands thoroughly.
20. Unless otherwise instructed, raise the back of the bed so that the resident will be in a near sitting position.
21. Place the toilet tissue within easy reach of the resident.
22. Provide the resident with as much privacy as possible. Place the call light within easy reach of the resident. Assure the resident that you will be near should he/she need assistance.
23. Remove the enema equipment while the resident is on the bedpan. Discard disposable items into the designated container. Clean and sanitize any reusable equipment and place in the designated storage area. Discard gloves into the designated container. Wash and dry your hands thoroughly.
24. If the resident is having trouble expelling the solution, notify your supervisor.
25. When you return to the resident, wash and dry your hands thoroughly. Put on gloves.
26. When the resident has expelled the solution, remove the bedpan. Check the results of the enema. Look for color, consistency, odor, amount, etc.
27. Collect a specimen, if ordered.
28. Empty the solution into the commode. Flush the commode. Clean and store the bedpan.
29. Fill the wash basin one-half (1/2) full of warm water. Take to the bedside. Inspect the resident's buttocks. Wash, rinse, and dry as necessary. Assist resident in washing his/her hands.
30. Remove the bed protector. Discard as indicated.
31. Remove the bath blanket, or other protective covering. Fold and store, or discard into the soiled linen container.
32. Return gown or pajamas to the appropriate position. Pull top covers back over resident.
33. Change linen as necessary. Discard dirty linen into designated container.
34. Discard disposable items into designated containers.
35. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
36. Reposition the bed covers. Make the resident comfortable.
37. Place the call light within easy reach of the resident.
38. Clean wash basin and return to designated storage area.
39. Clean the bedside stand.
40. Wash and dry your hands thoroughly.
41. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the enema was administered.
2. The name and title of the individual who administered the enema.

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3. The type of enema and the amount of solution used.
4. The type of solution used (i.e., soapsuds, saline, or tap water).
5. All assessment data obtained during the procedure.
6. Results of enema (i.e., color, odor, blood, soft, hard, large or small amounts, if gas was expelled, etc.).
7. If a specimen was collected.
8. How the resident tolerated the procedure.
9. If the resident refused the procedure, the reason(s) why.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the enema.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0230)

# Rectal Tube with Connected Flatus Bag

Level II

## Purpose

The purpose of this procedure is to relieve distention secondary to unexpelled flatus.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Disposable rectal tube with connected flatus bag;
2. Lubricant (if tubing is not prelubricated);
3. Adhesive tape;
4. Toilet tissue;
5. Wash basin;
6. Soap;
7. Towel;
8. Washcloth;
9. Paper towels;
10. Bed protector (disposable or plastic);
11. Bath blanket/sheet, etc.; and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on disposable gloves.
4. Adjust the resident's clothing to expose the buttocks. Cover the resident with a bath blanket/sheet, etc.
5. Place the bed protector under the resident's buttocks.
6. Assist the resident to turn on his/her left side. Bend the right knee toward his/her chest unless contraindicated by the resident's medical condition. (This is the Left Sims Position or Enema Position.)
7. Lubricate the tip of the tubing about 3 to 4 inches. Be sure the tube is well lubricated. Check the opening of the tube to be sure that it is not plugged.
8. Expose the buttocks. (Note: Grasp the bath blanket or other protective covering at the anal area. Lift it up and fold over the buttocks.)
9. Separate the buttocks so that you can see the anal area.
10. Grasp the tubing about 5 to 6 inches from the end. Gently insert the enema tip 3 to 4 inches through the anus into the rectum. (Note: If you feel resistance or if the resident complains of pain, stop the procedure. Summon your supervisor.)

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11. Tape the tubing to the resident's buttocks with a small piece of adhesive tape.
12. Leave the tubing in place 20 minutes or as instructed.
13. Discard gloves into the designated container. Wash and dry your hands thoroughly.
14. Provide the resident with as much privacy as possible. Place the call light within easy reach of the resident. Assure the resident that you will be near should he/she need assistance.
15. When you return to the resident, wash and dry your hands thoroughly. Put on gloves.
16. Observe the amount of flatus in the bag.
17. Remove adhesive tape and slowly withdraw the rectal tubing.
18. Fill the wash basin one-half (1/2) full of warm water. Take to the bedside. Inspect the resident's buttocks. Wash, rinse, and dry as necessary. Assist resident in washing his/her hands.
19. Remove the bed protector. Discard as indicated.
20. Remove the bath blanket/sheet, etc. Fold and store, or discard into the soiled linen container.
21. Return gown or pajamas to the appropriate position. Pull top covers back over resident.
22. Change linen as necessary. Discard dirty linen into designated container.
23. Discard disposable items into designated containers.
24. Clean and sanitize any reusable equipment and return to designated storage areas.
25. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
26. Reposition the bed covers. Make the resident comfortable.
27. Place the call light within easy reach of the resident.
28. Clean wash basin and return to designated storage area.
29. Clean the bedside stand.
30. Wash and dry your hands thoroughly.
31. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the rectal tube was administered.
2. The name and title of the individual who administered the rectal tube.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the rectal tube.
2. Report other information in accordance with facility policy and professional standards of practice.

*continues on next page*

References	
<b>MDS Items (CAAs)</b>	Section H
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0231)

# Return Flow Enema (Harris Flush)

Level II

## Purpose

The purpose of this procedure is to promote defecation.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Disposable bag, tubing, and clamp;
2. Lubricant;
3. Solution (500 ccs of warm water [105°F/40.5°C]);
4. Toilet tissue;
5. Wash basin;
6. Soap;
7. Towel;
8. Washcloth;
9. Graduated pitcher;
10. Bath thermometer;
11. Bedpan and cover;
12. Paper towels;
13. Bed protector (disposable or plastic);
14. Bath blanket/sheet, etc.;
15. Urinal (as necessary); and
16. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on disposable gloves.
4. Adjust the resident's clothing to expose the buttocks. Cover the resident with a bath blanket/sheet, etc.
5. Place the bed protector under the resident's buttocks.
6. Assist the resident to turn on his/her left side. Bend the right knee toward his/her chest unless contraindicated by the resident's medical condition. (This is the Left Sims Position or Enema Position.)
7. Place the bedpan at the foot of the bed. Be sure that it is in easy reach.
8. Close the clamp on the enema tubing.
9. Fill the graduated container with 500 ccs of warm water (105°F or 40.5°C). Test the water with the bath thermometer.

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10. Pour the water into the enema container.
11. Hold the tubing over the bedpan. Open the clamp on the enema container. Let a small amount of the solution run through the tubing into the bedpan to eliminate any air in the tubing. Close the clamp.
12. Lubricate the tip of the tubing about 3 to 4 inches. Be sure the tube is well lubricated. Check the opening of the tube to be sure that it is not plugged.
13. Expose the buttocks. (Note: Grasp the bath blanket or other protective covering at the anal area. Lift it up and fold over the buttocks.)
14. Separate the buttocks so that you can see the anal area.
15. Grasp the tubing about 4 to 5 inches from the end. Gently insert the enema tip 2 to 3 inches through the anus into the rectum. (Note: If you feel resistance or if the resident complains of pain, stop the procedure. Summon your supervisor.)
16. Raise the enema container about twelve (12) inches above the buttocks. (Note: Do not raise the container more than eighteen [18] inches.)
17. Open the clamp and allow 200 ccs of water to run into the rectum. Instruct the resident to breathe slowly through his/her mouth. (Note: This will help relax the resident.) If the resident complains of cramping, you may need to lower the container or clamp the tubing for a moment until the discomfort eases.
18. Lower the enema bag below the bed frame and allow the water to run back into the enema bag. (Note: Do not remove the tubing.)
19. Repeat steps 16-18 for 10 to 20 minutes or as instructed.
20. Observe the amount of flatus that the resident expels as the water runs back into the bag.
21. Slowly, withdraw the rectal tubing.
22. To prevent contamination, wrap the end of the tubing in a paper towel. Place the tubing into the enema container. Place the enema container on a paper towel.
23. Assist the resident onto the bedpan.
24. Discard gloves into the designated container. Wash and dry your hands thoroughly.
25. Unless otherwise instructed, raise the back of the bed so that the resident will be in a near sitting position.
26. Place the toilet tissue within easy reach of the resident.
27. Provide the resident with as much privacy as possible. Place the call light within easy reach of the resident. Assure the resident that you will be near should he/she need assistance.
28. Remove the enema equipment while the resident is on the bedpan. Discard disposable items into the designated container. Clean and sanitize any reusable equipment and place in the designated storage area. Discard gloves into the designated container. Wash and dry your hands thoroughly.
29. When you return to the resident, wash and dry your hands thoroughly. Put on gloves.
30. When the resident has finished, remove the bedpan. Check the results of the enema. Look for color, consistency, odor, amount, etc.
31. Collect a specimen, if ordered.
32. Empty the solution into the commode. Flush the commode. Clean and store the bedpan.
33. Fill the wash basin one-half (1/2) full of warm water. Take to the bedside. Inspect the resident's buttocks. Wash, rinse, and dry as necessary. Assist resident in washing his/her hands.
34. Remove the bed protector. Discard as indicated.
35. Remove the bath blanket/sheet. Fold and store, or discard into the soiled linen container.
36. Return gown or pajamas to the appropriate position. Pull top covers back over resident.
37. Change linen as necessary. Discard dirty linen into designated container.
38. Discard disposable items into designated containers.

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39. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
40. Reposition the bed covers. Make the resident comfortable.
41. Place the call light within easy reach of the resident.
42. Clean wash basin and return to designated storage area.
43. Clean the bedside stand.
44. Wash and dry your hands thoroughly.
45. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the enema was administered.
2. The name and title of the individual who administered the enema.
3. The type of enema and the amount of solution used.
4. All assessment data obtained during the procedure.
5. Results of enema (i.e., color, odor, blood, soft, hard, large or small amounts, if gas was expelled, etc.).
6. If a specimen was collected.
7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why.
9. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the enema.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0243)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Managing Infections**

Item # H50075

WINDSOR 002684

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Managing Infections**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Managing Infections**

#### **Appendices - Flash Drive Only**

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#### **Sample Documentation**

Associate/Employee TB Screening Record (CP1807)  
Infection Control Log (CP1905)  
Infection Report Form (CP1817)  
TB Screening and Immunization Record (CP1801)  
Tuberculosis Surveillance Summary Record (CP1812)

#### **Guidelines**

Antibiotic Resistance Threats in the United States, 2019  
Clinical Practice Guidelines by the Infectious Diseases Society of America for the Treatment of Methicillin-Resistant Staphylococcus Aureus Infections in Adults and Children  
Considerations when Evaluating a Person for Exposure to Measles in a Healthcare Setting  
Prevention Strategies for Seasonal Influenza in Healthcare Settings  
Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2018  
Treatment of Drug-Resistant Tuberculosis  
Type and Duration of Precautions Recommended for Selected Infections and Conditions  
Updated Norovirus Outbreak Management and Disease Prevention Guidelines

#### **Tools**

Airborne Precautions (Sign)  
Contact Precautions (Sign)  
Droplet Precautions (Sign)  
Healthcare Personnel (HCP) Baseline Individual TB Risk Assessment  
Tuberculosis (TB) Risk Assessment Worksheet  
Tuberculosis (TB) Risk Assessment Worksheet (Example)

# Fever/Septicemia – Clinical Protocol

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## Assessment and Recognition

1. A nurse will assess a resident with a suspected infection and will document related findings. Assessment data will include:
  - a. Vital signs, including respiratory rate and character of respirations (shallow, labored, rapid);
  - b. Onset (e.g., rapid, gradual) and pattern (e.g., continuous, intermittent) of fever;
  - c. Presence of shaking chills;
  - d. How well the resident is eating and drinking;
  - e. Any concurrent or related abnormal findings or symptoms (for example, cough, dysuria, or warmth and erythema surrounding a wound, etc.);
  - f. Whether antibiotics or antipyretics have been administered;
  - g. Any recent laboratory or diagnostic findings;
  - h. Current diagnoses and medications;
  - i. Recent history of fever before current illness started;
  - j. Known risk factors for recurrent infection or fever (for example, indwelling devices, recent hospitalization for pneumonia, known urinary tract obstruction, immunosuppression due to cancer-related radiation or chemotherapy, etc.); and
  - k. Description of any new or worsening decline in functional status, including confusion, incontinence, falling, decreased mobility, reduced food intake or lack of cooperation with staff.
2. The nurse will report findings to the physician or provider. As needed, the physician or provider will assess the resident to verify or clarify such findings, especially if the diagnosis of infection or source of infection is unclear.
3. The physician will help identify individuals with a recent history of fever and/or infection, and will help identify those at risk for infections or fever.
4. The nurse will discuss with the physician or provider whether a temperature elevation or temperature pattern constitutes a fever, and whether the presence of a fever indicates an infection.
  - a. “Normal” body temperature may range up to 99.5° Fahrenheit(F)/37.5°Celsius (C).
  - b. Daily temperature can vary normally by as much as 0.9° Fahrenheit/0.5° Celsius.
  - c. Fever often – but not always – indicates the presence of infection. It can be caused by other things such as inflammatory and rheumatologic disorders and some medications.
  - d. Relatively sensitive temperature predictors of infection include:
    - (1) an increased temperature of at least 2 degrees F (1.1 degrees C) over baseline; or
    - (2) a single temperature reading above 100°F (37.8°C); or
    - (3) two or more oral temperature readings above 99°F (37.2°C); or
    - (4) rectal temperature readings above 99.5°F (37.5°C).
5. The nurse will identify, document, and report to the physician or provider any evidence of possible infectious complications such as abscess, sepsis, or acute respiratory failure.

## Cause Identification

1. Nursing staff will collaborate with the physician or provider to try to identify causes of fever and infection.

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2. There are noninfectious causes of fever including rheumatologic and immunologic disorders, medication-related fever, and brainstem stroke.
3. Diagnostic tests should be ordered when they add to an understanding of the condition or are likely to change the treatment strategy. When indicated, appropriate tests may include:
  - a. CBC, including WBC count with differential;
  - b. Urinalysis or urine culture;
  - c. Pulse oximetry and/or chest X-ray for pneumonia evaluation;
  - d. Nasopharyngeal wash or swab samples of the throat and nasopharynx for rapid influenza-A and other virus detection;
  - e. Skin or lesion scraping for culture or viral antigen studies, or examination; or
  - f. Stool specimens for *C. difficile* toxin assay or other enteropathogens.
4. Test results, including positive cultures, do not necessarily indicate that an infection is present. The presence of infection is determined by clinical signs and symptoms that are consistent with identified criteria for infection and may be confirmed by test results.
5. Even if an extensive workup is not appropriate (for example, because of advance directives), a systematic review of the differential diagnosis of likely causes may be appropriate, based on existing information.
6. If causes are not apparent or readily diagnosed on clinical grounds, an additional workup may be appropriate. If an additional workup is not ordered under these circumstances, the staff and practitioner should collaborate to identify and document reasons for not doing so.

## **Management**

1. Nursing staff will implement the physician or provider's orders and general nursing measures for comfort, as indicated.
2. Nursing staff will collaborate with the physician or provider to distinguish individuals whose condition can be managed in the facility without hospital transfer from those requiring hospital transfers.
3. The physician and staff will collaborate to identify individuals who can be managed in the facility without hospital transfer.
  - a. Many individuals with infections, with or without fever, do not need hospitalization. Temperature level, degree of WBC count elevation, or pulse oximetry results alone do not indicate the need to hospitalize, but significantly unstable vital signs and respiratory distress with respirations above 26 per minute may indicate possible need for hospitalization.
4. The physician or provider will prescribe antibiotics judiciously, following CDC recommendations and facility policies regarding antibiotic stewardship, and will promote treatment for the shortest possible time (consistent with the complexity of the infection and related complications).
5. The physician will identify when a resident/patient can be switched from intravenous antibiotics to intramuscular or oral antibiotics based on such factors as the site and severity of the infection and the individual's overall medical stability.
6. The physician will address noninfectious causes of fever; for example, by stopping medications associated with drug fever, treating other underlying causes such as rheumatologic or immunologic disorders, or identifying uncorrectable causes such as central nervous system impairment due to a stroke.

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## Monitoring and Follow-Up

1. The physician and nursing staff will evaluate the progress of individuals with fever and/or infection until the symptoms resolve.
2. Nursing staff and physician will monitor for other complications of infection, fever, or sepsis (for example, anorexia, fluid and electrolyte imbalance, or delirium).
3. The nurses will communicate with the physician or provider to identify whether the resident needs any special monitoring, precautions, or interventions (for example, contact or airborne precautions).
4. The nursing staff will monitor, document, and report complications related to antibiotic treatment, such as diarrhea and colitis.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>AMDA. Common Infections in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.</p> <p>CDC Campaign to prevent antimicrobial resistance in healthcare settings: 12 steps to prevent antimicrobial resistance among long-term care residents. Available at <a href="http://www.cdc.gov/drugresistance/healthcare/ltc/12steps_ltc.htm">http://www.cdc.gov/drugresistance/healthcare/ltc/12steps_ltc.htm</a>.</p> <p>High KP, Bradley SF, Gravenstein S et al. Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008 Update by the Infectious Diseases Society of America. <i>J Am Geriatr Soc</i> 2009; 57:375-394.</p> <p>Mackowiak PA, Wasserman SS, Levine MM. A critical appraisal of 98.6 degrees F, the upper limit of the normal body temperature, and other legacies of Carl Reinhold August Wunderlich. <i>JAMA</i> 1992; 268:1578-80.</p> <p>Singer M, Deutschman CS, Seymour CW, Shankar-Hari M, Annane D, Bauer M, Bellomo R, Bernard GR, Chiche J, Coopersmith CM, Hotchkiss RS, Levy MM, Marshall JC, Martin GS, Opal SM, Rubenfeld GD, van der Poll T, Vincent J, Angus DC. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). <i>JAMA</i>. 2016;315(8):801–810. doi:10.1001/jama.2016.0287.</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiol</i>. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	<a href="#">Infections – Clinical Protocol</a>
<b>Version</b>	2.0 (H5MACL0018)

# Infections – Clinical Protocol

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## Assessment and Recognition

1. The physician or provider will help identify individuals who have had a recent infection or who are at high risk for developing an infection.
2. Infection may be suspected based on clinical signs and symptoms and/or temperature.
3. When a resident is suspected of having an infection (for example, because of an abrupt change in function, appetite, mental status, etc.), nursing staff will obtain a complete set of vital signs (temperature, heart rate, blood pressure, and respiratory rate) and will identify, report and document specific details of symptoms and physical findings.
4. Nursing staff will notify the physician or provider of all pertinent details about the resident's condition.
5. The nursing staff and physician or provider will identify possible complications of infections such as sepsis and delirium.

## Cause Identification

1. Based on the preceding information, the physician or provider and staff will discuss and determine whether an infection exists or is likely, whether additional evaluations or testing is indicated, and whether other active conditions related to an infection (for example, urinary retention or COPD) also need to be managed simultaneously.
2. Generally, a workup should focus primarily on low-risk tests that have a reasonable diagnostic yield and are likely to improve resident management; for example, in cases of unusual clinical presentations, where the resident fails to respond to initial therapy, or prolonged microbial therapy is being considered. Testing (for example, urine or wound cultures) may or may not add to the information provided by the clinical assessment.
3. Based on the overall clinical picture, including the severity of the current illness, the physician or provider will help the staff address the following issues:
  - a. Whether an infection is present;
  - b. Whether complications of an infection are present;
  - c. Whether the resident is taking medications that could be problematic while an infection is present (for example, anticoagulants that interact with antibiotics or medications that affect appetite or can cause fluid loss or sedation); and
  - d. Whether hospitalization might be indicated to evaluate or treat the individual.
    - (1) Elevated temperature and WBC count are not necessarily primary indicators of the severity of the illness or the need for hospitalization.
    - (2) If hospitalization is contemplated, the decision should consider the resident's wishes and limitations on care expressed in advance directives.
4. The physician or provider and staff will identify infection transmission risks and (in conjunction with the Infection Preventionist) will implement relevant precautions.

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## **Treatment/Management**

1. Based on review of the clinical situation, pertinent lab and diagnostic tests, and any resident medication allergies, the physician or provider and staff will identify whether antibiotics are warranted or whether those that have already been started should continue or change.
2. The staff and physician or provider will identify and document when limited or no antibiotic treatment is indicated because of resident or substitute decision-maker choices declining aggressive or life-sustaining medical interventions.
3. With the physician or provider's guidance, the staff will provide supportive measures as needed, such as supplemental fluids, oxygen, holding or tapering problematic medications, additional assistance with activities of daily living (ADLs), etc.

## **Monitoring and Follow-Up**

1. The nursing staff and physician or provider will monitor the progress of a resident with an infection until it is resolved (i.e., no further significant clinical signs or symptoms).
2. The nursing staff will evaluate and report to the physician or provider at least weekly until the individual is stable or improving, and more often if the individual is not improving as anticipated or is declining unexpectedly. In cases of more severe or prolonged infections, the physician or provider and staff will communicate more frequently if needed.
3. The physician or provider will determine whether any antibiotics should be started, extended, changed, or discontinued.
4. The physician or provider will manage complications such as abscess, sepsis, and delirium.
  - a. If an initial course of antibiotics does not resolve an infection, the physician or provider will review the situation in detail and may need to examine the individual before prescribing a continuation or change in antibiotics.
5. If the resident has been receiving parenteral (intravenous or intramuscular) antibiotics, the physician or provider will consider changing to oral antibiotics once the individual has been afebrile and asymptomatic for at least 48 hours, or will justify continuing parenteral antibiotics (for example, a complicated infection, individual still having significant systemic symptoms, recurrent infection, etc.).
6. The physician or provider will evaluate the duration of any antibiotic treatment and will identify whether antibiotics can be stopped (for example, if an individual with an uncomplicated infection is afebrile and asymptomatic for at least 48 hours).
  - a. In many cases, standard 7- or 10-day durations of antibiotics are only approximations and may be either longer or shorter than the patient actually needs.
7. The physician or provider will identify and address possible complications of antibiotic treatment including adverse drug reactions, allergic reactions, drug interactions, and antibiotic-related colitis or diarrhea.
  - a. If such complications occur, the physician or provider will reassess the situation and identify whether additional treatment is warranted and whether antibiotics should be modified or stopped to address the complications.

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References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F636; F684; F710; F713; F880
<b>Other References</b>	<p>AMDA. Common Infections in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.</p> <p>High KP, Bradley SF, Gravenstein S et al. Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities: 2008 Update by the Infectious Diseases Society of America. <i>J Am Geriatr Soc</i> 2009;57:375-394.</p> <p>Llewelyn Martin J, Fitzpatrick Jennifer M, Darwin Elizabeth, SarahTonkin-Crine, Gorton Cliff, Paul John et al. The antibiotic course has had its day <i>BMJ</i> 2017; 358 :j3418.</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiol</i>. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	<a href="#">Fever/Septicemia – Clinical Protocol</a>
<b>Version</b>	2.3 (H5MACL0024)

# Antibiotic Stewardship

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## Policy Statement

Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program.

## Policy Interpretation and Implementation

1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents.
2. Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community.
3. Training and education will include emphasis on the relationship between antibiotic use and:
  - a. gastrointestinal disorders;
  - b. opportunistic infections (e.g., *C. difficile*, *Candida albicans*, etc.);
  - c. medication interactions; and
  - d. the evolution of drug-resistant pathogens.
4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:
  - a. Drug name;
  - b. Dose;
  - c. Frequency of administration;
  - d. Duration of treatment:
    - (1) Start and stop date; or
    - (2) Number of days of therapy;
  - e. Route of administration; and
  - f. Indications for use.
5. When a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders.
6. Discharge or transfer medical records must include all of the above drug and dosing elements.
7. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including:
  - a. the reason for the antibiotic;
  - b. how to take the antibiotic, including all dosing essentials;
  - c. possible side effects;
  - d. the importance of taking the antibiotic until the prescribed end-date;
  - e. the date his/her next doctor's appointment should be scheduled; and
  - f. drug monograph as provided by the dispensing pharmacy or other approved drug information resource, when discharging the resident with the antibiotic.
8. When a nurse calls a physician/prescriber to communicate a suspected infection, he or she will have the following information available:
  - a. Signs and symptoms;

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- b. When symptoms were first observed;
  - c. Resident's hydration status;
  - d. Current medication list;
  - e. Allergy information;
  - f. Infection type;
  - g. Any orders for warfarin and results of last INR;
  - h. Last creatinine clearance or serum creatinine, if available; and
  - i. Time of the last antibiotic dose.
9. When an interacting antibiotic is to be administered concomitantly with warfarin, an INR will be ordered within three days. When results are returned:
  - a. INR will be communicated to prescriber as soon as received;
  - b. the appropriate dose of warfarin will be confirmed;
  - c. any changes in warfarin orders will be communicated to the pharmacy; and
  - d. the next scheduled INR will be ordered.
10. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.
11. When a culture and sensitivity (C&S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.
12. Before a nurse removes an antibiotic from the facility emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin, along with the following:
  - a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions;
  - b. The pharmacy removal slip for the dose(s) removed will be completed; and
  - c. As soon as clinically appropriate, the prescriber will be asked to review converting parenteral antibiotics to an oral formulation.

References	
<b>OBRA Regulatory</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Antibiotic Stewardship – Orders for Antibiotics</a> <a href="#">Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes</a> <a href="#">Antibiotic Stewardship – Staff and Clinician Training and Roles</a>
<b>Version</b>	1.1 (H5MAPL1443)

# Antibiotic Stewardship – Orders for Antibiotics

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Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program and in conjunction with the facility's general policy for medication utilization and prescribing.

## Policy Interpretation and Implementation

1. Prior to calling a physician/prescriber to communicate a suspected infection, the nurse will obtain and have the following information available:
  - a. Clinical signs and symptoms of suspected infection (based on approved definitions of infection);
  - b. A history of the present illness;
  - c. Resident's hydration status;
  - d. Current medication list;
  - e. Allergy information;
  - f. Any orders for warfarin and results of last INR;
  - g. Last creatinine clearance or serum creatinine, if available; and
  - h. Time of the last antibiotic dose.
2. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:
  - a. Drug name;
  - b. Dose;
  - c. Frequency of administration;
  - d. Duration of treatment:
    - (1) Start and stop date; or
    - (2) Number of days of therapy;
  - e. Route of administration; and
  - f. Indications for use.
3. Appropriate indications for use of antibiotics include:
  - a. criteria met for clinical definition of active infection or suspected sepsis; and
  - b. pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or therapy begun while culture is pending).
4. Empirical use of an antibiotic based on clinical criteria of suspected sepsis may be appropriate. The staff and practitioner will document the specific criteria that support the suspicion in the resident's clinical record.
5. If a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders. Discharge or transfer medical records must include all of the above drug and dosing elements.
6. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.

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7. When a culture and sensitivity (C&S) is ordered, it will be completed, and:
  - a. lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.
8. As soon as clinically appropriate, the prescriber will be asked to review converting parenteral antibiotics to an oral formulation.
9. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including:
  - a. the reason for the antibiotic;
  - b. how to take the antibiotic, including all dosing essentials;
  - c. possible side effects;
  - d. the importance of taking the antibiotic until the prescribed end-date;
  - e. the date their next doctor's appointment should be scheduled; and
  - f. drug monograph as provided by the dispensing pharmacy or other approved drug information resource, when discharging the resident with the antibiotic.
10. Before a nurse removes an antibiotic from the emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin, along with the following:
  - a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions;
  - b. The pharmacy removal slip for the dose(s) removed will be completed; and
  - c. The use will be reported to the infection preventionist.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Medication Utilization and Prescribing – Clinical Protocol</a>
<b>Version</b>	1.1 (H5MAPL1440)



# Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes

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## Policy Statement

Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship.

## Policy Interpretation and Implementation

1. As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection preventionist, or designee.
2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics.
  - a. Therapy may require further review and possible changes if:
    - (1) the organism is not susceptible to antibiotic chosen;
    - (2) the organism is susceptible to narrower spectrum antibiotic;
    - (3) therapy was ordered for prolonged surgical prophylaxis; or
    - (4) therapy was started awaiting culture, but culture results and clinical findings do not indicate continued need for antibiotics.
3. At the conclusion of the review, the provider will be notified of the review findings.
4. All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include:
  - a. resident name and medical record number;
  - b. unit and room number;
  - c. date symptoms appeared;
  - d. name of antibiotic (see approved surveillance list);
  - e. start date of antibiotic;
  - f. pathogen identified (see approved surveillance list);
  - g. site of infection;
  - h. date of culture;
  - i. stop date;
  - j. total days of therapy;
  - k. outcome; and
  - l. adverse events.

References	
<b>OBRA Regulatory</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1441)

# Antibiotic Stewardship – Staff and Clinician Training and Roles

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The facility will educate and train staff and practitioners about the facility antibiotic stewardship program, including appropriate prescribing, monitoring, and surveillance of antibiotic use and outcomes.

## Policy Interpretation and Implementation

### Nursing Assistants

1. Nursing assistants and other unlicensed staff will be trained and in-serviced on:
  - a. recognizing signs and symptoms of infection that should be reported to the nurse; and
  - b. how to report resident changes of condition to the nurse (e.g., using tools such as INTERACT Stop and Watch Early Warning Tool).

### Nursing and Direct Care Licensed Staff

1. Nurses will receive initial orientation and ongoing training on:
  - a. the facility's antibiotic stewardship program, including the need for judicious use of antibiotics;
  - b. common clinical conditions and associated pathogens treated at this facility;
  - c. how to utilize the standardized assessment and communication tool for residents suspected of having an infection;
  - d. how to access the list of antimicrobial agents available through the pharmacy formulary;
  - e. how to communicate with residents and family about the need for appropriate use of antibiotics;
  - f. specific information that should be reported to the physician or provider upon identifying signs and symptoms of possible infection; and
  - g. specific information that should be obtained when an order for an antibiotic is received.

### Director of Nursing (DON) and Infection Preventionist (IP)

1. Administrative and management personnel with clinical oversight responsibilities will receive initial orientation and ongoing training on:
  - a. the facility's antibiotic stewardship program;
  - b. the rationale for judicious use of antibiotics;
  - c. common clinical conditions and associated pathogens treated at this facility;
  - d. how to access the current facility antibiogram, if applicable;
  - e. how to access the list of antimicrobial agents available through the pharmacy formulary;
  - f. how to use surveillance tools to monitor infections rates, antibiotic usage patterns and outcomes;
  - g. how to report notifiable infections when applicable;
  - h. how and when to gather data to present to the infection prevention and control committee (IPCC) for scheduled meetings; and
  - i. individual roles and responsibilities in maintaining antibiotic stewardship.
2. The DON will monitor individual resident antibiotic regimens, including:
  - a. reviewing clinical documentation supporting antibiotic orders; and
  - b. compliance with start/stop dates and/or days of therapy.

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3. The IP will audit and the DON will provide feedback to providers on antibiotic prescribing practices.
4. The IP will monitor over time and report to the IPCC:
  - a. measures of antibiotic use (new antibiotic starts/1000 resident days AND days of therapy/1000 resident days);
  - b. antibiotic susceptibility patterns (antibiogram data for specific timeframe); and
  - c. negative outcomes or events related to antibiotic use, for example:
    - (1) *C. difficile* infections;
    - (2) adverse drug events; and
    - (3) antibiotic resistance rates.
5. The IP will obtain, and the DON will provide to healthcare practitioners, educational resources and materials about antibiotic resistance and opportunities for improved antibiotic use.
6. The IP and DON will participate in IPCC meetings on a regular basis.

### Consultant Pharmacist

1. During the drug regimen review, the consultant pharmacist will identify, and flag, orders for antibiotics that are not consistent with antibiotic stewardship practices.
2. The CP will review the microbiology culture data (antibiogram) and share with the providers to help guide antibiotic selection.
3. The CP will provide the facility with the most current medication formulary.
4. The CP will participate in IPCC meetings on a regular basis.

References	
OBRA Regulatory	483.80(a)
Survey Tag Numbers	F880
Other References	
Related Documents	
Version	1.1 (H5MAPL1442)

# Clostridium Difficile

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## Policy Statement

Measures are taken to prevent the occurrence of *Clostridium difficile* infections (CDI) among residents. Precautions are taken while caring for residents with *C. difficile* to prevent transmission to others residents.

## Policy Interpretation and Implementation

1. Clostridium difficile infection is suspected in residents with acute, unexplained onset of diarrhea (three or more unformed stools within 24 hours).
2. Residents considered at high risk of developing symptoms associated with *C. difficile* include those with:
  - a. advancing age;
  - b. gastrointestinal manipulation (especially nasogastric tube insertion);
  - c. previous confirmed infection with *C. difficile*; and
  - d. antibiotic or anti-neoplastic therapy.
3. The primary reservoirs for *C. difficile* are infected people and surfaces. Spores can persist on resident-care items and surfaces for several months and are resistant to some common cleaning and disinfection methods.
4. *C. difficile* is transmitted via the fecal-oral route. Therefore, any resident-care activity that involves contact with the resident's mouth when hands or instruments are contaminated may provide an opportunity for transmission, for example:
  - a. oral care/suctioning;
  - b. administration of tube feedings;
  - c. administration of oral medications; and
  - d. insertion of a nasogastric tube.
5. Steps toward prevention and early intervention include:
  - a. ongoing surveillance of CDI;
  - b. increasing awareness of symptoms and risk factors among staff, residents and visitors;
  - c. considering *C. difficile* in differential diagnoses, especially in residents with symptoms or risk factors;
  - d. frequent hand washing with soap and water by staff and residents;
  - e. wearing gloves when handling feces or articles contaminated with feces;
  - f. disinfection of items with potential fecal soiling (e.g., bedpans, commode chairs, bed rails, etc.) using a disinfecting agent recommended for *C. difficile* (e.g., household bleach and water solution or an EPA registered germicidal agent effective against *C. difficile* spores); and
  - g. removal of environmental sources of *C. difficile* (i.e., replacement of electronic thermometers with disposables).

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6. Stool specimens for testing are:
  - a. performed on unformed stool only (unless ileus is suspected);
  - b. submitted in a clean, leak-proof container;
  - c. transported to the laboratory as soon as possible;
  - d. stored at 2°C to 8°C for up to 24 hours, or freeze at -70°C for >24 hour storage times (if timely submission to the laboratory is not possible); and
  - e. not submitted from residents receiving laxatives.
7. Testing of asymptomatic residents and of residents who have responded to therapy is not done routinely.
8. Repeat testing (after initial negative result) is not performed routinely.
9. Residents with diarrhea associated with *C. difficile* (i.e., residents who are colonized and symptomatic) are placed on contact precautions.
10. Residents with diarrhea and suspected CDI are placed on contact precautions while awaiting laboratory results.
11. Residents who are colonized with *C. difficile* but are asymptomatic do not require contact precautions.
12. Residents who are asymptomatic (diarrhea free) for 48 hours can be removed from precautions.
13. Residents with CDI are placed in a private room if available. If a private room is not available, residents will be cohorted with a dedicated commode for each resident.
14. When caring for residents with CDI, staff is to maintain vigilant hand hygiene. Hand washing with soap and water is superior to ABHR for the mechanical removal of *C. difficile* spores from hands.
15. Enhanced infection control measures may be used on units with high rates of *C. difficile* infection, including:
  - a. universal glove use;
  - b. enhanced environmental cleaning;
  - c. reduced sharing of or dedicated medical equipment; and
  - d. staff cohorting.
16. Environmental cleaning in rooms of residents with CDI is done with a disinfecting agent recommended for *C. difficile* (e.g., household bleach and water solution or an EPA registered germicidal agent effective against *C. difficile* spores).
17. Residents with diarrhea are monitored for signs and symptoms of dehydration.
18. Surveillance and reporting of confirmed CDI is conducted by the infection preventionist.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(k); §483.80 Infection Control
<b>Survey Tag Numbers</b>	F697; F880
<b>Other References</b>	<p>McDonald LC, Gerding DN, Johnson S, et.al, 2018. Clinical practice guidelines for Clostridium difficile infection in adults and Children: 2017 update by the Infectious Disease Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA). Clinical Infectious Diseases 66(7): e3-e48.</p> <p>EPA's Registered Antimicrobial Products Effective against <i>Clostridium difficile</i> Spores</p>
<b>Related Documents</b>	<p><a href="#">Diarrhea and Fecal Incontinence</a></p> <p><a href="#">Handwashing/Hand Hygiene</a></p> <p>NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) &amp; Clostridium difficile Infection (CDI) Events for Long-term Care Facilities (LTCFs)</p> <p><a href="#">Infections – Clinical Protocol</a></p> <p><a href="#">Infection Report Form (CP1817)</a></p>
<b>Version</b>	2.1 (H5MAPL0995)

# Equipment and Supplies Used During Isolation

## Policy Statement

Appropriate infection prevention and control equipment and supplies are obtained, stored and used in accordance with current guidelines and manufacturer instructions.

## Policy Interpretation and Implementation

1. All equipment and supplies needed to implement transmission-based (isolation) precautions are obtained from an approved vendor.
2. Infection prevention and control supplies are stored and maintained in accordance with current guidelines and manufacturer's recommendations.
3. The infection preventionist (or designee) oversees the availability and inventory of infection prevention and control supplies.
4. The nursing department will notify environmental services when equipment used to care for a resident needs to be sanitized.
  - a. Personal protective equipment (i.e., gloves, gowns, etc.) are worn when handling or transporting resident-care equipment and supplies that are visibly soiled or have been in contact with blood or body fluids.
  - b. Environmental services staff is responsible for cleaning and sanitizing equipment before it is returned to central supply or to designated storage areas.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Resident-Care Items and Equipment</a> <a href="#">Isolation – Categories of Transmission-Based Precautions</a>
<b>Version</b>	2.0 (H5MAPL0284)



# Healthcare-Associated Infections, Identifying

## Policy Statement

The facility shall attempt to identify and distinguish healthcare-associated infections from those acquired in the community.

## Policy Interpretation and Implementation

1. Healthcare-associated infections (HAIs) are those that are acquired during the delivery of healthcare across settings, in contrast to those that were acquired prior to entering the healthcare setting but may persist after admission to the facility.
2. The goals of determining healthcare-associated infections are:
  - a. to identify and correct breaches in infection control practices that may have contributed to the spread of a healthcare-associated infection;
  - b. to prevent the further spread of infection (resident-to-resident, staff-to resident) through the initiation of appropriate isolation precautions where warranted; and
  - c. to identify, treat and report epidemiologically important organisms (e.g., *C. difficile*, MDROs) that have a high risk of transmission, severity of disease, and/or are difficult to treat.
3. When an infection is identified the infection preventionist will determine whether it meets the criteria of infection for surveillance purposes and/or a healthcare-associated infection. This will be based upon standardized, published definitions of infections for surveillance and healthcare-associated infections.
4. The infection preventionist will report surveillance information to the infection control committee and the quality assurance and performance improvement committee performing infection control oversight functions. The committee will review the reports and identify trends, patterns, or problems that might contribute to the development of healthcare-associated infections.
5. The facility has established procedures and forms to perform and document surveillance. Targeted surveillance and reporting of certain healthcare-associated infections may be conducted through the National Health Safety Network using NHSN protocols and forms.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Infection Report Form (CP1817)</a>
<b>Version</b>	2.1 (H5MAPL0544)

# Influenza Outbreak

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## Policy Statement

This facility follows current guidelines and recommendations for managing influenza outbreak in the facility.

## Policy Interpretation and Implementation

### Surveillance During Influenza Outbreak

1. The infection preventionist conducts active (daily) surveillance for new respiratory illness and reports influenza activity in the facility.
2. The infection preventionist maintains communication and collaborates with local and state health authorities.

### Influenza Outbreak Precautions

1. An influenza outbreak is declared when two cases of laboratory-confirmed influenza are identified within 24 hours of each other among residents in the same unit.
2. Contact and droplet precautions are implemented during care of residents with suspected or confirmed cases of influenza, in addition to standard precautions used with all residents regardless of symptoms.
3. Contact and droplet precautions are continued for seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautions may be continued for longer periods based on clinical judgment.
4. Residents with suspected or confirmed influenza are asked to wear face masks when not in their rooms.
5. Residents with confirmed influenza may be cohorted.
6. Admission to affected units may be closed temporarily.
7. Information about residents with suspected, probable, or confirmed influenza is communicated to appropriate personnel before transferring them to other departments in the facility (e.g., radiology, laboratory) or to other facilities.
8. Residents are discharged from care when clinically appropriate, not based on the period of potential virus shedding or recommended duration of transmission-based precautions. Before discharge, the resident's diagnosis and current precautions are provided to care providers (e.g., home-healthcare agencies, family) as well as transporting personnel.
9. Work accommodations to avoid potentially high-risk exposure scenarios, such as performing or assisting with aerosol-generating procedures on residents with suspected or confirmed influenza, are considered for staff at high risk for complications.
10. Staff who develop respiratory symptoms are to apply facemasks and leave the facility as soon as possible. Ill staff may not return to work until:
  - a. they have been afebrile longer than 24 hours (without antipyretic treatment) and respiratory symptoms have improved; OR
  - b. no sooner than 5 days after onset of illness.

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## Visitor Access During Outbreak

1. Restriction of non-essential visitation and movement within the facility may be considered at the discretion of the facility.
2. All visitors are instructed to follow respiratory hygiene and cough etiquette precautions.
3. Visits are scheduled and controlled to allow for screening visitors for symptoms of acute respiratory illness before entering the facility.
4. Visitors are instructed on hand hygiene and use of personal protective equipment (PPE) while in the resident's room.

## Treatment

1. Antiviral treatment and chemoprophylaxis (oseltamivir) are provided for residents in accordance with treatment guidelines and current orders. This may include antiviral chemoprophylaxis for asymptomatic exposed residents.
2. Unvaccinated staff are offered influenza vaccination and antiviral chemoprophylaxis for 14 days after vaccination.
3. Antiviral chemoprophylaxis may be offered to staff for the duration of the outbreak in situations where influenza vaccine is unavailable or contraindicated.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(d) Influenza and pneumococcal immunizations; §483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F883; F880
<b>Other References</b>	<a href="http://www.cdc.gov">www.cdc.gov</a> (What You Should Know about Using Facemasks and Respirators) <a href="http://www.fda.gov">www.fda.gov</a> (Masks and N95 Respirators) OSHA Respiratory Protection eTool
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Environmental Surfaces</a> <a href="#">Handwashing/Hand Hygiene</a> Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza.
<b>Version</b>	1.0 (H5MAPL1467)

# Isolation – Categories of Transmission-Based Precautions

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## Policy Statement

Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.

## Policy Interpretation and Implementation

1. Standard precautions are used when caring for residents at all times regardless of their suspected or confirmed infection status.
2. Transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne.
3. The Centers for Disease Control and Prevention (CDC) maintains a list of diseases, modes of transmission and recommended precautions.
4. The facility makes every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-based precautions are used only when the spread of infection cannot be reasonably prevented by less restrictive measures.
5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution.
  - a. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.
  - b. Signs and notifications comply with the resident's right to confidentiality or privacy.
6. When transmission-based precautions are in effect, non-critical resident-care equipment items such as a stethoscope, sphygmomanometer, or digital thermometer will be dedicated to a single resident (or cohort of residents) when possible.
  - a. If re-use of items is necessary, then the items will be cleaned and disinfected according to current guidelines before use with another resident.

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## Contact Precautions

1. Contact precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.
2. The decision on whether contact precautions are necessary will be evaluated on a case by case basis.
3. The individual on contact precautions will be placed in a private room if possible. If a private room is not available, the infection preventionist will assess various risks associated with other resident placement options (e.g., cohorting, placing with a low risk roommate).
4. Staff and visitors will wear gloves (clean, non-sterile) when entering the room.
  - a. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage).
  - b. Gloves will be removed and hand hygiene performed before leaving the room.
  - c. Staff will avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed.
5. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.
6. When transporting individuals with skin lesions, excretions, secretions, or drainage that is difficult to contain, contact precautions will be taken during resident transport to minimize the risk of transmission.

## Droplet Precautions

1. Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5 microns in size] that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning).
2. Residents on droplet precautions will be placed in a private room if possible.
  - a. When a private room is not available, residents may share a room with a resident infected with the same microorganism or with limited risk factors.
  - b. When a private room is not available and cohorting is not achievable, a curtain will be used and a distance of at least 3 feet of space will be maintained between the infected resident his or her roommate.
  - c. Special air handling and ventilation are unnecessary and the door to the room may remain open.
3. Masks will be worn when entering the room.
4. Gloves, gown and goggles should be worn if there is risk of spraying respiratory secretions.
5. Resident Transport
  - a. A mask will be placed on the resident during transport from his or her room. The resident will be encouraged to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets.
  - b. If the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable.

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## Airborne Precautions

1. Airborne precautions are indicated when an individual is infected with a pathogen that is very small (5 microns or smaller in size) and can be transmitted long distances through the air.
2. Preventing the spread of airborne pathogens requires a room with special air handling and ventilation called an airborne infection isolation room (AIIR).
3. If an AIIR is not available, a resident suspected of having an airborne infectious disease shall be masked and transported to a facility with an AIIR.
4. Any individuals who enter the room of a resident placed on airborne precautions must wear approved respiratory protection.
5. A resident on airborne precautions will wear a mask when leaving the room or coming into contact with others. Depending on the organism, a special filtration mask may be necessary.
6. If the resident is transported to another unit within the facility or to another facility, the infection preventionist (or designee) will notify the unit or facility of the type of precautions the resident is on and the resident's suspected or confirmed type of infection. The facility is also responsible for notifying transport staff of residents that require special care due to infectious conditions.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<i>CDC Guideline for Isolation Precautions</i> (See Centers for Disease Control and Prevention's website at: <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a> )
<b>Related Documents</b>	<a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a> <a href="#">Sequence for Donning Personal Protective Equipment (PPE) – Poster – Poster</a>
<b>Version</b>	2.1 (H5MAPL0437)

# Isolation – Initiating Transmission-Based Precautions

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## Policy Statement

Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.

Transmission-based precautions may include contact precautions, droplet precautions, or airborne precautions.

The facility makes every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-based precautions are used only when the spread of infection cannot be reasonably prevented by less restrictive measures.

## Policy Interpretation and Implementation

1. If a resident is suspected of, or identified as, having a communicable infectious disease, the charge nurse or nursing supervisor notifies the infection preventionist and the resident's attending physician for evaluation of appropriate transmission-based precautions.
  - a. If the attending physician or his/her alternate fails to respond appropriately to notification of a suspected or confirmed communicable infectious disease, the staff informs the medical director and administrator.
  - b. In the event the attending physician fails to take appropriate action, the infection preventionist or medical director has the authority to implement appropriate transmission-based precautions.
2. Transmission-based precautions are utilized when a resident meets the criteria for a transmissible infection AND the resident has risk factors that increase the likelihood of transmission. These may include (but are not limited to):
  - a. uncontained excretions/secretions;
  - b. non-compliance with standard precautions; or
  - c. cognitive deficits that restrict or interfere with the resident's ability to maintain precautions.
3. When transmission-based precautions are implemented, the infection preventionist (or designee):
  - a. clearly identifies the type of precautions, the anticipated duration, and the personal protective equipment (PPE) that must be used;
  - b. explains to the resident (or representative) the reason(s) for the precautions;
  - c. provides and/or oversees the education of the resident, representative and/or visitors regarding the precautions and use of PPE;
  - d. determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions:
    - (1) The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.
    - (2) Signs and notifications comply with the resident's right to confidentiality or privacy.
  - e. ensures that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment;

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- f. ensures that protective equipment and supplies needed to maintain precautions during care are in the resident's room; and
  - g. ensures that an appropriate linen barrel/hamper and waste container, with appropriate liner, are placed in or near the resident's room.
4. Transmission-based precautions remain in effect until the attending physician or infection preventionist discontinues them, which occurs after criteria for discontinuation are met.
  - a. In an emergency (for example, an outbreak), the infection preventionist, administrator and/or medical director have the administrative authority, accountability, and responsibility to implement measures to control or prevent infections within the facility;
  - b. Notify the health department of reportable diseases, as appropriate;
  - c. Initiate transmission-based (isolation) precautions;
  - d. Obtain laboratory specimens;
  - e. Restrict or ban admissions; and
  - f. Restrict or temporarily discontinue visitation.
5. Attending physicians are involved in decisions related to infection control for the residents under their care.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention's website at: <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation, Discontinuing</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a> <a href="#">Type and Duration of Precautions Recommended for Selected Infections and Conditions</a>
<b>Version</b>	2.1 (H5MAPL0438)



# Isolation – Notices of Transmission-Based Precautions

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## Policy Statement

Notices will be used to alert personnel and visitors of transmission-based precautions, while protecting the privacy of the resident.

## Policy Interpretation and Implementation

1. When transmission-based precautions are implemented, the infection preventionist (or designee) determines the appropriate notification to be placed on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions.
2. Signs and notifications comply with the resident's right to confidentiality or privacy. The following may be used to indicate:
  - a. Airborne Precautions:
    - (1) A notice at the doorway instructing visitors to report to the nurses' station before entering the room.
    - (2) A sign indicating airborne precautions on the door to the resident's room.
    - (3) A precautions sticker on the front of the resident's chart.
  - b. Contact Precautions:
    - (1) A notice at the doorway instructing visitors to report to the nurses' station before entering the room.
    - (2) A sign indicating contact precautions on the door to the resident's room.
    - (3) A precautions sticker on the front of the resident's chart.
  - c. Droplet Precautions:
    - (1) A notice at the doorway instructing visitors to report to the nurses' station before entering the room.
    - (2) A sign indicating droplet precautions on the door to the resident's room.
    - (3) A precautions sticker on the front of the resident's chart.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation, Discontinuing</a> <a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Visitation, Infection Control During</a> <a href="#">Airborne Precautions (Sign)</a> <a href="#">Droplet Precautions (Sign)</a> <a href="#">Contact Precautions (Sign)</a>
<b>Version</b>	2.1 (H5MAPL0439)

# Isolation, Discontinuing

## Policy Statement

Transmission-based precautions are discontinued when it is determined that the resident's condition no longer indicates such precautions.

## Policy Interpretation and Implementation

1. Residents remain on appropriate transmission-based precautions until discontinued by the attending physician or the infection preventionist.
2. The criteria for continued transmission-based precautions are evaluated daily, or at intervals established by the interdisciplinary team. Precautions will be discontinued as soon the resident is no longer at significant risk of transmitting the infection, for example:
  - a. risk factors for transmission (i.e., uncontained excretions or secretions, cognitive deficits, non-compliance, etc.) are reduced or eliminated; or
  - b. clinical or laboratory results indicate that the infection is resolved.
3. The resident on transmission-based precautions is evaluated for potential negative psychological effects associated with isolation including boredom, anger and depression. Interventions to reduce or minimize the effects are individualized according to the resident's needs and situation.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention's website at: <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a> <a href="#">Isolation, Removing a Body from Visitation, Infection Control During</a>
<b>Version</b>	2.0 (H5MAPL0441)

# Isolation, Removing a Body from

## Policy Statement

Isolation precautions must be continued after a resident on isolation precautions expires.

## Policy Interpretation and Implementation

1. Because blood and body fluids are still infectious, the nurse supervisor on duty shall be responsible for ensuring that appropriate precautions are implemented when a resident on isolation precautions expires.
2. The nurse supervisor on duty shall inform the mortician that isolation precautions apply, and such information shall include the type of precautions that were being implemented when the resident expired.
3. With the exception of masks, the same barriers required prior to death are required postmortem.
4. The staff shall follow this facility's established procedures for terminal cleaning.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.80(a); 483.70(b)
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<p><i>CDC Guideline for Isolation Precautions</i> (See Centers for Disease Control and Prevention's website at: <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a>)</p> <p>CDC's <i>Guidelines for Environmental Infection Control in Healthcare Facilities</i> at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	<p><a href="#">Isolation – Categories of Transmission-Based Precautions</a></p> <p><a href="#">Isolation, Discontinuing</a></p> <p><a href="#">Isolation – Initiating Transmission-Based Precautions</a></p> <p><a href="#">Isolation – Notices of Transmission-Based Precautions</a></p>
<b>Version</b>	1.2 (H5MAPL0442)

# Measles Prevention and Control

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## Policy Statement

1. Staff members will provide documentation of measles vaccine (MMR) and comply with the measles prevention policy outlined below.
2. Residents with signs or symptoms of measles are identified promptly.

## Policy Interpretation and Implementation

1. Staff members are to provide written documentation of presumptive immunity to measles, including:
  - a. documentation of vaccination with 2 doses of measles vaccine:
    - (1) The first dose administered at age 12 months or after; and
    - (2) Second dose at least 28 days after the first; OR
  - b. laboratory evidence of immunity; OR
  - c. laboratory confirmation of disease; OR
  - d. birth before 1957.<sup>1</sup>
2. Staff members without presumptive immunity to measles are not permitted to enter the room or provide care to residents with known or suspected measles infection.
3. The infection preventionist is responsible for monitoring facility and community infection rates of measles.
4. If measles infection is reported in the community, visitors are screened for signs and symptoms of measles infection before entering the facility.
5. During a measles outbreak, residents, staff and visitors are evaluated for exposure to measles (see *Evaluating a Person for Exposure to Measles in a Healthcare Setting*).
6. Visitors with known or suspected measles exposure or infection are asked to limit or stop visitation with residents until infection is resolved.
7. The infection preventionist reports known or suspected measles cases within the facility to the public health authorities.

## Management of Staff Members Who are Exposed or Infected

1. Staff without presumptive immunity who are exposed to measles:
  - a. receive post-exposure prophylaxis<sup>2</sup>; AND
  - b. are excluded from work from the 5<sup>th</sup> day after the first exposure to the 21<sup>st</sup> day after the last exposure.

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<sup>1</sup> During a measles outbreak, evidence of two previous doses of measles vaccine is required, regardless of birth year.

<sup>2</sup> If a healthcare provider without evidence of immunity is exposed to measles, MMR vaccine should be given within 72 hours, or immunoglobulin should be given within 6 days when available.

2. If a healthcare provider without evidence of immunity is exposed to measles, MMR vaccine should be given within 72 hours, or immunoglobulin should be given within 6 days when available.
3. Staff who received the first dose of MMR prior to exposure:
  - a. may remain at work;
  - b. must obtain the second dose of vaccine at least 28 days after the first; and
  - c. are monitored for signs and symptoms for at least 21 days after the last exposure.
4. Staff with known or suspected measles infection are excluded from work for 4 days after the rash appears (onset of rash is considered day “0”). Immunosuppressed individuals are excluded from work for the duration of the illness.

### Management of Residents Who are Exposed or Infected

1. Residents without presumptive immunity who are exposed to measles:
  - a. are placed on airborne precautions for 21 days after last exposure, or until discharge (if earlier); AND
  - b. receive post-exposure prophylaxis, as ordered.
2. Residents with signs or symptoms of measles are placed on airborne precautions. Airborne precautions will remain in place for 4 days after the onset of rash (onset of rash is considered day “0”).
3. Rooms of residents infected with measles are cleaned using standard cleaning and disinfecting procedures.
4. Disposable PPE and resident-care items of residents with measles infection are treated as medical waste, in accordance with local and federal regulations.

### Outbreak Considerations

1. The infection preventionist will communicate and collaborate with public health authorities regarding outbreak management, including surveillance, reporting and managing large numbers of residents who require airborne precautions.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<a href="https://www.cdc.gov/measles/hcp/index.html#prophylaxis">https://www.cdc.gov/measles/hcp/index.html#prophylaxis</a> Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. <a href="https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html">https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html</a>
<b>Related Documents</b>	<a href="#">Considerations when Evaluating a Person for Exposure to Measles in a Healthcare Setting</a>
<b>Version</b>	1.0 (H5MAPL1468)

# MRSA – Management of Recurrent Skin and Soft Tissue Infection

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## Policy Statement

Strategies for the management of recurrent skin and soft tissue infections (SSTI) with methicillin-resistant *Staphylococcus aureus* are consistent with current practice guidelines.

## Policy Interpretation and Implementation

1. When the infection preventionist or infection prevention and control committee (based on national or local regulations) deems MRSA to be of special clinical and/or epidemiologic significance to a resident or the facility, contact precautions will be initiated. The components of contact precautions may be adapted for use, especially if the resident has draining wounds or difficulty controlling body fluids.
2. Educate staff and residents about the need for personal hygiene and appropriate wound care, including:
  - a. keeping draining wounds covered with clean, dry bandages;
  - b. performing hand hygiene after touching infected area or any item that has been in contact with the wound;
  - c. encouraging/assisting resident with regular bathing; and
  - d. not allowing residents to share or reuse items that have come in contact with infected skin.
3. Enforce strict environmental cleaning procedures, including:
  - a. focusing cleaning efforts on high-touch surfaces (e.g., door knobs, counters, bath tubs and showers, toilet seats, etc.); and
  - b. using CDC recommended cleaners appropriate for the surface being cleaned.
4. Decolonization may be considered in the following situations:
  - a. A resident develops a recurrent SSTI despite optimizing wound care and hygiene measures; or
  - b. Ongoing transmission is occurring among residents or other close contacts despite optimizing wound care and hygiene measures.
5. Decolonization requires a physician order. Strategies may include:
  - a. nasal decolonization with mupirocin twice daily for 5–10 days; or
  - b. nasal decolonization with mupirocin twice daily for 5–10 days and topical body decolonization regimens with a skin antiseptic solution (e.g., chlorhexidine) for 5–14 days or dilute bleach baths.
    - (1) For dilute bleach baths, 1 teaspoon per gallon of water (or ¼ cup per ¼ tub or 13 gallons of water) given for 15 minutes twice weekly for 3 months.
6. In cases where interpersonal transmission is suspected:
  - a. reinforce personal and environmental hygiene strategies; and
  - b. evaluate contacts for evidence of *S. aureus* infection.
    - (1) Recommend evaluation and treatment of symptomatic contacts; and
    - (2) Recommend the possible decolonization for asymptomatic contacts.
7. Screening cultures prior to decolonization are not recommended if at least one of the previous infections was due to MRSA.

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8. Surveillance cultures following decolonization are not recommended in the absence of active infection.
9. Surveillance and reporting of confirmed MRSA infections through the NHSN is recommended.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Clinical Practice Guidelines by the Infectious Disease Society of America for the Treatment of Methicillin-Resistant <i>Staphylococcus Aureus</i> Infections in Adults and Children (2011) Management of Multidrug-resistant Organisms in Healthcare Settings, 2006
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Multidrug-Resistant Organisms</a>
<b>Version</b>	1.2 (H5MAPL1423)



# Multidrug-Resistant Organisms

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## Policy Statement

Appropriate precautions are taken when caring for individuals known or suspected to have infection with a multidrug-resistant organism.

## Policy Interpretation and Implementation

### General Guidelines

1. Multidrug-resistant organisms (MDROs) are bacteria and other microorganisms that have developed resistance to one or more classes of antimicrobial drugs.
2. Infection means that the organism is present and is causing illness. Colonization means that the organism is present in or on the body but is not causing illness.

### General Prevention and Control of MDROs

The following strategies are adopted from the Centers for Disease Control and Prevention and provide current recommendations for MDRO prevention and control. These recommendations are incorporated into the facility infection prevention and control processes as indicated.

### Administrative

1. Make MDRO prevention/control an organizational priority.
2. Provide administrative support and both fiscal and human resources to prevent and control MDRO transmission.
3. Identify experts who can provide consultation and expertise for analyzing epidemiologic data, recognizing MDRO problems, or devising effective control strategies, as needed.
4. Implement systems to communicate information about reportable MDROs to administrative personnel and state/local health departments.
5. Implement a multi-disciplinary process to monitor and improve staff adherence to recommended practices for standard and contact precautions.
6. Implement systems to designate residents known to be colonized or infected with a targeted MDRO and to notify receiving healthcare facilities or personnel prior to transfer of such residents within or between facilities.
7. Support participation in local, regional and/or national coalitions to combat emerging or growing MDRO problems.
8. Provide updated feedback at least annually to healthcare providers and administrators on facility and resident-care unit MDRO infections. Include information on changes in prevalence and incidence, problem assessment and performance improvement plans.

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## Education/Training

1. Provide education and training on risks and prevention of MDRO transmission during orientation and periodic educational updates for staff. Include information on organizational experience with MDROs and prevention strategies.

## Antimicrobial Use

1. Ensure that a multi-disciplinary process is in place to review local susceptibility patterns (antibiograms), and antimicrobial agents included in the formulary, to foster appropriate antimicrobial use.
2. Implement systems (e.g., CPOE, susceptibility report comment, pharmacy or unit director notification) to prompt clinicians to use the appropriate agent and regimen for the given clinical situation.
3. Provide clinicians with antimicrobial susceptibility reports and analysis of current trends, updated at least annually, to guide antimicrobial prescribing practices.
4. In settings with limited electronic communication system infrastructures to implement physician prompts, etc., at a minimum implement a process to review antibiotic use. Prepare and distribute reports to providers.

## Surveillance

1. Use standardized laboratory methods and follow published guidelines for determining antimicrobial susceptibilities of targeted and emerging MDROs.
2. Establish systems to ensure that clinical micro labs (in-house and outsourced) promptly notify infection control or a medical director/designee when a novel resistance pattern for that facility is detected.
3. Develop and implement laboratory protocols for storing isolates of selected MDROs for molecular typing when needed to confirm transmission or delineate epidemiology of MDRO in facility.
4. Establish laboratory-based systems to detect and communicate evidence of MDROs in clinical isolates.
5. Prepare facility-specific antimicrobial susceptibility reports as recommended by CLSI and monitor reports for evidence of changing resistance that may indicate emergence or transmission of MDROs.
6. Develop and monitor special-care unit-specific antimicrobial susceptibility reports (e.g., ventilator-dependent units, ICUs, oncology units).
7. Monitor trends in incidence of target MDROs in the facility over time to determine if MDRO rates are decreasing or if additional interventions are needed.

## Infection Precautions

1. Follow standard precautions in all situations.
2. Consider the individual resident's clinical situation and facility resources in deciding whether to implement contact precautions.
3. Masks are not recommended for routine use to prevent transmission of MDROs from residents to HCWs.
4. Use masks according to standard precautions when performing splash-generating procedures, caring for residents with open tracheostomies with potential for projectile secretions, and when there is evidence for transmission from heavily colonized sources (e.g., burn wounds).

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## Room Placement

1. When single-resident rooms are available, assign priority for these rooms to residents with known or suspected MDRO colonization or infection.
2. Give highest priority to those residents who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions.
3. When single-resident rooms are not available, cohort residents with the same MDRO in the same room or resident-care area.
4. When cohorting residents with the same MDRO is not possible, place MDRO residents in rooms with residents who are at low risk for acquisition of MDROs and associated adverse outcomes from infection and are likely to have short lengths of stay.

## Environmental Cleaning

1. Follow recommended cleaning, disinfection and sterilization guidelines for maintaining resident care areas and equipment.
2. Dedicate non-critical medical items to use on individual residents known to be infected or colonized with an MDRO. Prioritize room cleaning of residents on contact precautions. Focus on cleaning and disinfecting frequently touched surfaces (e.g., bed rails, bedside commodes, bathroom fixtures in resident rooms, doorknobs) and equipment in immediate vicinity of resident.

## Decolonization

1. Routine decolonization of residents is not recommended.

## Intensified interventions to prevent MDRO transmission

### Indications and Approach

1. Indications for intensified MDRO control efforts:
  - a. When incidence or prevalence of MDROs are not decreasing despite implementation of and correct adherence to the routine control measures described above; or
  - b. When the first case or outbreak of an epidemiologically important MDRO (e.g., VRE, MRSA, VISA, VRSA, MDR-GNB) is identified within a healthcare facility or unit.
2. Indications for intensified MDRO control efforts should result in selection and implementation of one or more of the interventions/measures described below. Individualize the selection of control measures according to local considerations.
3. Continue to monitor the incidence of target MDRO infection and colonization after additional interventions are implemented. If rates do not decrease, implement more interventions as needed to reduce MDRO transmission.

### Administrative Measures

1. Identify persons with experience in infection control and the epidemiology of MDRO, either in house or through outside consultation, for assessment of the local MDRO problem and for the design, implementation, and evaluation of appropriate control measures.

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2. Provide necessary leadership, funding, and day-to-day oversight to implement interventions selected. Involve the governing body and leadership of the healthcare facility or system that have organizational responsibility for this and other infection control efforts.
3. Evaluate healthcare system factors for their role in creating or perpetuating transmission of MDROs, including: staffing levels, education and training, availability of consumable and durable resources, communication processes, policies and procedures, and adherence to recommended infection control measures (e.g., hand hygiene and standard or contact precautions). Develop, implement, and monitor action plans to correct system failures.
4. During the process, update healthcare providers and administrators on the progress and effectiveness of the intensified interventions. Include information on changes in prevalence, rates of infection and colonization; results of assessments and corrective actions for system failures; degrees of adherence to recommended practices; and action plans to improve adherence to recommended infection control practices to prevent MDRO transmission.

### **Educational Interventions**

1. Intensify the frequency of MDRO educational programs for healthcare personnel, especially those who work in areas in which MDRO rates are not decreasing. Provide individual or unit-specific feedback when available.

### **Antimicrobial Use**

1. Review the role of antimicrobial use in perpetuating the MDRO problem targeted for intensified intervention. Control and improve antimicrobial use as indicated. Antimicrobial agents that may be targeted include vancomycin, third-generation cephalosporins, and anti-anaerobic agents for VRE; third-generation cephalosporins for ESBLs; and quinolones and carbapenems.

### **Surveillance**

1. Calculate and analyze prevalence and incidence rates of targeted MDRO infection and colonization in populations at risk. When possible, distinguish colonization from infection.
2. Include only one isolate per resident, not multiple isolates from the same resident, when calculating rates.
3. Increase the frequency of compiling and monitoring antimicrobial susceptibility summary reports for a targeted MDRO as indicated by an increase in incidence of infection or colonization with that MDRO.
4. Develop and implement protocols to obtain active surveillance cultures (ASC) for targeted MDROs from residents in populations at risk (e.g., patients in intensive care, burn, bone marrow/stem cell transplant, and oncology units; residents transferred from facilities known to have high MDRO prevalence rates; roommates of colonized or infected persons; and residents known to have been previously infected or colonized with an MDRO).
5. Obtain ASC from areas of skin breakdown and draining wounds. In addition, include the following sites according to target MDROs:
  - a. For MRSA: Sampling the anterior nares is usually sufficient. Throat, endotracheal tube aspirate, percutaneous gastrostomy sites, and perirectal or perineal cultures may be added to increase the yield. Swabs from several sites may be placed in the same selective broth tube prior to transport.
  - b. For VRE: Stool, rectal, or perirectal samples should be collected.
  - c. For MDR-GNB (gram-negative bacilli): Endotracheal tube aspirates or sputum should be cultured if a respiratory tract reservoir is suspected (e.g., *Acinetobacter* spp., *Burkholderia* spp.).

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6. Obtain surveillance cultures for the target MDRO from residents at the time of admission to high-risk areas, e.g., ICUs, and at periodic intervals as needed to assess MDRO transmission.
7. Conduct culture surveys to assess the efficacy of the enhanced MDRO control interventions.
8. Conduct serial (e.g., weekly, until transmission has ceased and then decreasing frequency) unit-specific point prevalence culture surveys of the target MDRO to determine if transmission has decreased or ceased.
9. Repeat point prevalence culture surveys at routine intervals or at time of resident discharge or transfer until transmission has ceased.
10. If indicated by assessment of the MDRO problem, collect cultures to assess the colonization status of roommates and other residents with substantial exposure to residents with known MDRO infection or colonization.
11. Obtain cultures of healthcare personnel for target MDRO when there is epidemiologic evidence implicating the healthcare staff member as a source of ongoing transmission.

### **Enhanced Infection Control Precautions**

#### **Use of Contact Precautions**

1. Implement contact precautions routinely for all residents colonized or infected with a target MDRO.
2. Because environmental surfaces and medical equipment, especially those in close proximity to the resident, may be contaminated, don gowns and gloves before or upon entry to the resident's room or cubicle.
3. Modify contact precautions to allow MDRO colonized/infected residents whose site of colonization or infection can be appropriately contained and who can observe good hand hygiene practices to enter common areas and participate in group activities.
4. When ASC are obtained as part of an intensified MDRO control program, implement contact precautions until the surveillance culture is reported negative for the target MDRO.
5. No recommendation is made regarding universal use of gloves, gowns, or both in high-risk units in acute-care hospitals.

#### **Resident Admission and Room Placement**

1. Place MDRO residents in single-resident rooms.
2. Cohort residents with the same MDRO in designated areas (e.g., rooms, bays, resident care areas).
3. When transmission continues despite adherence to standard and contact precautions and cohorting residents, assign dedicated nursing and ancillary service staff to the care of MDRO residents only. Some facilities may consider this option when intensified measures are first implemented.
4. Stop new admissions to the unit of facility if transmission continues despite the implementation of the enhanced control measures described above. (Refer to state or local regulations that may apply upon closure of units or services.)

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## Enhanced Environmental Measures

1. Implement resident-dedicated or single-use disposable noncritical equipment (e.g., blood pressure cuff, stethoscope), instruments and devices.
2. Intensify and reinforce training of environmental staff who work in areas targeted for intensified MDRO control and monitor adherence to environmental cleaning policies. Some facilities may choose to assign dedicated staff to targeted resident care areas to enhance consistency of proper environmental cleaning and disinfection services.
3. Monitor (i.e., supervise and inspect) cleaning performance to ensure consistent cleaning and disinfection of surfaces in close proximity to the resident and those likely to be touched by the resident and staff (e.g., bedrails, carts, bedside commodes, doorknobs, faucet handles).
4. Obtain environmental cultures (e.g., surfaces, shared medical equipment) when there is epidemiologic evidence that an environmental source is associated with ongoing transmission of the targeted MDRO.
5. Vacate units for environmental assessment and intensive cleaning when previous efforts to eliminate environmental reservoirs have failed.

## Decolonization

1. Consult with physicians with expertise in infectious diseases and/or healthcare epidemiology on a case-by-case basis regarding the appropriate use of decolonization therapy for residents or staff during limited periods of time, as a component of an intensified MRSA control program.
2. When decolonization for MRSA is used, perform susceptibility testing for the decolonizing agent against the target organism in the individual being treated or the MDRO strain that is epidemiologically implicated in transmission. Monitor susceptibility to detect emergence of resistance to the decolonizing agent. Consult with a microbiologist for appropriate testing for mupirocin resistance, since standards have not been established.
  - a. Because mupirocin-resistant strains may emerge and because it is unusual to eradicate MRSA when multiple body sites are colonized, do not use topical mupirocin routinely for MRSA decolonization of residents as a component of MRSA control programs in any healthcare setting.
  - b. Limit decolonization of staff found to be colonized with MRSA to persons who have been epidemiologically linked as a likely source of ongoing transmission to residents. Consider reassignment of staff if decolonization is not successful and ongoing transmission to residents persists.
3. No recommendation can be made for decolonizing residents with VRE or MDR-GNB. Regimens and efficacy of decolonization protocols for VRE and MDR-GNB have not been established.

## Novel or Targeted MDROs

1. Strategies to identify targeted MDROs include:
  - a. surveillance of clinical cultures (retrospective and prospective) to identify organisms with patterns of resistance;
  - b. additional follow-up testing of saved isolates with certain resistance phenotypes; and
  - c. periodic point prevalence surveys on high-risk units.
2. When a novel or emerging MDRO is identified (facility- or community-based), colonization screening and containment strategies are implemented.

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3. Measures to control transmission are based on response tiers (Tier 1, 2, or 3 organisms) (see <https://www.cdc.gov/hai/containment/guidelines.html>) and include:
  - a. investigation of the resident's healthcare exposure prior to and after the positive culture;
  - b. contact investigation; and
  - c. infection control measures.
4. The infection preventionist consults the health department for assignment of specific organisms to tiers.
5. For MDROs that are not identified as novel or emerging, the following precautions are implemented, as appropriate. Specific precautions indicated by organism are determined by the infection preventionist.

**Table 1: Summary of Response Recommendations for Containment of Novel or Targeted MDROs by Tier**

Description	Tier 1 Resistance mechanisms never or very rarely identified in the United States; pan-resistant organisms with the potential for wider spread in a region	Tier 2 Mechanisms and organisms not regularly found in a region	Tier 3 Mechanisms and organisms regularly found in a region but not endemic
<b>Healthcare Investigation</b>			
Review the resident's healthcare exposures prior to and after the positive culture	Always	Always	Always
<b>Contact Investigation</b>			
Screening of healthcare roommates	Always	Always	Always
Broader screening of healthcare contacts	Always	Sometimes	Sometimes
Prospective lab surveillance	Always	Always	Always
Retrospective lab surveillance	Always	Always	Sometimes
Household contact screening	Sometimes	Rarely	Rarely
Environmental sampling	Sometimes	Rarely	Rarely
Healthcare personnel screening	Sometimes	Rarely	Rarely
Evaluate potential spread to healthcare facilities that regularly share residents with the index healthcare facility	Sometimes	Sometimes	Rarely
<b>Infection Control Measures</b>			
Prompt notification of healthcare providers and resident and implementation of appropriate transmission-based precautions	Always	Always	Always
Clear communication of resident status with transferring facilities	Always	Always	Always
On-site infection control assessment with observations of practice	Always	Always	Sometimes

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>CDC Campaign to Prevent Antimicrobial Resistance in Healthcare Settings  Management of Multidrug-resistant Organisms in Healthcare Settings, 2006 <a href="https://www.cdc.gov/infectioncontrol/guidelines/mdro/">https://www.cdc.gov/infectioncontrol/guidelines/mdro/</a></p> <p>Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-Resistant Organisms (MDROs) <a href="https://www.cdc.gov/hai/containment/guidelines.html">https://www.cdc.gov/hai/containment/guidelines.html</a></p>
<b>Related Documents</b>	<p><a href="#">Isolation – Categories of Transmission-Based Precautions</a></p> <p><a href="#">MRSA – Management of Recurrent Skin and Soft Tissue Infection</a></p>
<b>Version</b>	3.0 (H5MAPL0996)



# Norovirus Prevention and Control

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## Policy Statement

This facility will implement strict infection control measures to prevent the transmission of norovirus infection.

## Policy Interpretation and Implementation

1. Avoid exposure to vomitus or diarrhea. Place residents on contact precautions in a single occupancy room, if possible, when symptoms are consistent with norovirus gastroenteritis.
2. When residents with norovirus gastroenteritis cannot be accommodated in single occupancy rooms, efforts will be made to separate them from asymptomatic residents.
3. Approaches for cohorting residents during outbreaks may include placing residents in multi-occupancy rooms, or designating resident care areas or contiguous sections within the facility for resident cohorts.
4. During outbreaks, residents with norovirus gastroenteritis will be placed on contact precautions for a minimum of 48 hours after the resolution of symptoms.
5. Longer periods of isolation or cohorting for medically complex residents may be considered based on clinical judgment.
6. The following may be considered in an effort to prevent or control norovirus transmission during outbreaks:
  - a. Minimizing resident movements within the unit;
  - b. Restricting symptomatic and recovering residents from leaving the resident-care area unless it is for essential care or treatment; and
  - c. Suspending group activities (e.g., dining events) for the duration of an outbreak.
7. During outbreaks, use soap and water for hand hygiene after providing care or having contact with residents suspected or confirmed with norovirus gastroenteritis.
8. Perform routine cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation and cohorted areas, as well as high-traffic clinical areas. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand/bed railing, telephones, door handles, computer equipment, and kitchen preparation surfaces.
9. Clean and disinfect shared equipment between residents using EPA-registered products with label claims for use in healthcare. Follow the manufacturer's recommendations for application and contact times. The EPA lists products with activity against norovirus on their website.
10. During outbreaks of norovirus gastroenteritis unit level cleaning will be increased to twice daily, with frequently touched surfaces cleaned and disinfected three times daily using EPA-approved products for healthcare settings.
11. Clean and disinfect surfaces starting from the areas with a lower likelihood of norovirus contamination (e.g., tray tables, counter tops) to areas with highly contaminated surfaces (e.g., toilets, bathroom fixtures). Change mop heads when a new bucket of cleaning solution is prepared or after cleaning large spills of emesis or fecal material.

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12. All disposable resident-care items will be discarded and unused linens laundered after residents on isolation for norovirus gastroenteritis are discharged or transferred. Minimize waste by limiting the number of disposable items brought into rooms/areas with residents on contact precautions.
13. Use standard precautions for handling soiled resident-service items or linens, including the use of appropriate PPE.
14. During outbreaks, change privacy curtains when they are visibly soiled and upon resident discharge or transfer.
15. Handle soiled linens carefully, without agitating them, to avoid dispersal of virus. Use standard precautions, including the use of appropriate PPE (e.g., gloves and gowns), to minimize the likelihood of cross-contamination.
16. Double bagging, incineration, or modifications for laundering are not indicated for handling or processing soiled linen.
17. Clean surfaces and resident equipment prior to the application of a disinfectant. Follow the manufacturer's recommendations for optimal disinfectant dilution, application, and surface contact time with an EPA-approved product with claims against norovirus.
18. To prevent food-related outbreaks of norovirus gastroenteritis in healthcare settings, food handlers must perform hand hygiene prior to contact with or the preparation of food items and beverages.
19. Personnel who work with, prepare or distribute food will be excluded from duty if they develop symptoms of acute gastroenteritis. Personnel will not return to these activities until a minimum of 48 hours after the resolution of symptoms or longer as required by local health regulations.
20. All shared or communal food items for residents or staff will be removed from clinical areas for the duration of the outbreak.
21. Healthcare personnel who have symptoms consistent with norovirus infection will adhere to sick leave policies.
22. Ill personnel will be excluded from work for a minimum of 48 hours after the resolution of symptoms. Once personnel return to work, the importance of performing frequent hand hygiene will be reinforced, especially before and after each resident contact.
23. In the event of an outbreak of norovirus gastroenteritis, staff will care for one resident cohort on their unit and will not move between resident cohorts (e.g., resident cohorts may include symptomatic, asymptomatic exposed, or asymptomatic unexposed resident groups).
24. Non-essential visitors will be restricted from affected areas of the facility during outbreaks of norovirus gastroenteritis.
25. If it is necessary to have continued visitor privileges during outbreaks, visitors with symptoms consistent with norovirus infection will be screened and excluded. All visitors will comply with hand hygiene and contact precautions.

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References	
<b>OBRA Regulatory Reference Numbers</b>	483.80
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1422)

# Quarantine

## Policy Statement

The facility will protect the health and well being of our residents and staff during infectious disease outbreaks. Quarantine is generally enacted by governmental authorities.

## Policy Interpretation and Implementation

1. Should quarantine be declared, the administrator, with the input of the medical director and director of nursing services, will work with governmental authorities to implement quarantine practices appropriate for the specific threat and as directed by authorities.
2. The requirements of the quarantine directive will determine who may enter or leave the facility.
3. A quarantine directive will initiate the facility's emergency management system.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	CDC Infectious Disease Websites at: <a href="http://www.cdc.gov/ncidod/diseases/index.htm">www.cdc.gov/ncidod/diseases/index.htm</a> and <a href="http://www.cdc.gov/ncidod/dhqp/index.html">www.cdc.gov/ncidod/dhqp/index.html</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a>
<b>Version</b>	1.3 (H5MAPL0702)

# Reportable Diseases

## Policy Statement

Certain infectious, contagious, or communicable diseases are reported to appropriate city, county and/or state health department officials.

## Policy Interpretation and Implementation

1. Should any resident(s) or staff be suspected or diagnosed as having a reportable communicable/infectious disease according to state-specific criteria, such information is promptly reported to appropriate local and/or state health department officials.
2. If the disease or condition is listed as a nationally notifiable infectious disease according to the CDC, the infection preventionist, or designee, notifies the state health department.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.; §483.70(a) Licensure.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.; §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<a href="http://www.cdc.gov">www.cdc.gov</a> <a href="http://wwwnc.cdc.gov/eid/">wwwnc.cdc.gov/eid/</a>
<b>Related Documents</b>	
<b>Version</b>	2.1 (H5MAPL0737)

# Tuberculosis Infection Control Program

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## Policy Statement

The facility recognizes that tuberculosis (TB) transmission has been identified as a risk in healthcare settings. To try to prevent nosocomial transmission of TB, our facility has instituted a tuberculosis infection control program.

## Policy Interpretation and Implementation

1. This facility's TB infection control program includes the early identification, isolation, and transfer of persons with active tuberculosis. The program incorporates the following components:
  - a. Assignment of responsibility for the oversight of TB infection control to the infection control committee. \_\_\_\_\_ is designated to oversee the TB program;
  - b. An annual TB risk assessment (TBRA) and TB risk classification based on the information obtained from the TBRA;
  - c. Administrative, environmental, and respiratory controls established in accordance with the current risk classification;
  - d. Screening and surveillance of residents and employees for latent tuberculosis infection (LTBI) and active TB as appropriate for the current TB risk classification;
  - e. A protocol for the prompt recognition and transfer of persons with suspected or identified active TB;
  - f. Administrative procedures and infection control methods to prevent and reduce the generation of infectious droplet nuclei (e.g., staff training on cough hygiene, airborne infection precautions);
  - g. Disinfection and environmental methods that reduce the number of infectious droplet nuclei in contaminated air;
  - h. Guidelines for cleaning, disinfecting, and sterilizing contaminated items; and
  - i. Investigation of any cases of healthcare-associated tuberculosis in collaboration with local or state health departments.
2. The medical director, director of nursing services, and infection preventionist will review the tuberculosis infection control program annually with the infection control committee. They shall consider the possible need to change or update current workplace procedures based on CDC and/or state recommendations.
3. The infection control committee will present any recommendations to the facility's quality assurance committee.
4. The inservice coordinator will provide annual staff education regarding tuberculosis recognition and prevention.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<p>§483.80(a) Infection prevention and control program.; §483.70(a) Licensure.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.; §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.</p>
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<p>CDC <a href="http://www.cdc.gov/tb/">http://www.cdc.gov/tb/</a>          OSHA <a href="http://www.osha.gov/SLTC/tuberculosis/index.html">www.osha.gov/SLTC/tuberculosis/index.html</a></p>
<b>Related Documents</b>	<p><a href="#">Tuberculosis, Employee Screening for Airborne Precautions (Sign)</a>  <a href="#">Tuberculosis – Employee Exposure Follow-Up</a>  <a href="#">Tuberculosis, Screening Residents for</a></p>
<b>Version</b>	2.1 (H5MAPL0905)

# Tuberculosis, Employee Screening for

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## Policy Statement

All employees are screened for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease, using tuberculin skin test (TST) or interferon gamma release assay (IGRA) and symptom screening prior to beginning employment.

## Policy Interpretation and Implementation

### Screening

1. Each newly hired employee is screened for LTBI and active TB disease after an employment offer has been made but prior to the employee's duty assignment.
2. Screening includes a baseline test for LTBI using either a TST or IGRA, individual risk assessment and symptom evaluation.
  - a. If the baseline test is negative and the individual risk assessment indicates no risk factors for acquiring TB, then no additional screening is indicated.
  - b. If the baseline test is positive, but the individual risk assessment is negative and the individual is asymptomatic, a second test (either TST or IGRA) is conducted.
3. The employee health coordinator (or designee) will accept documented verification of TST or IGRA results within the preceding 12 months.
  - a. If the previous TST or IGRA result was negative and the individual is at low risk of TB infection, the employee will not be re-tested prior to beginning employment.
  - b. If the previous TB test was positive, but the individual is at low risk for TB infection, is asymptomatic, and is at low risk of disease progression, a second test will be conducted.
  - c. Individuals who have had BCG vaccination will have an initial screening test. An IGRA is the preferred method of testing for individuals who have received the BCG vaccine.
4. Third party contractors who may come in contact with residents, including service employees, consultants and privately hired sitters, must provide proof of screening for LTBI and active TB disease prior to contact with residents, or as required by state regulations.

### Evaluation and Treatment of Positive Screening

1. If first baseline test and individual risk assessment are both positive, or if the follow-up test is positive the individual must undergo symptom evaluation and chest X-ray to rule out active TB disease.
2. If the chest X-ray is negative and he/she is free of symptoms of active TB, the employee is considered free of active tuberculosis but positive for LTBI.
  - a. Employees who are diagnosed with LTBI are strongly encouraged to complete the recommended treatment for LTBI.
  - b. Employees who do not complete LTBI treatment are monitored and screened annually for symptoms. In addition, they are provided with education about the signs and symptoms of active TB and advised to contact the employee health coordinator immediately if symptoms develop.

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3. If the X-ray shows signs of lung abnormalities or the symptom questionnaire is positive, the employee is referred to his/her private physician or the appropriate health department to discuss possible TB prophylaxis or treatment.
  - a. The private physician or health department must provide the employee health coordinator with a signed medical release indicating that the individual is free from active TB prior to beginning or returning to work.

### **Serial Testing of Employees**

1. The decision to perform serial (e.g., annual) testing after baseline is based on individual risk factors of exposure both at work and outside of work.
2. The infection preventionist determines how to proceed with follow up testing based on individual risk factors and baseline test results.

### **Timing of Testing and COVID-19 Vaccines**

1. For employees who require baseline testing (upon hire or before entering the facility) at the same time they are scheduled to receive an mRNA COVID-19 vaccine, proceed as follows.
  - a. Conduct TB symptom screening.
    - (1) If testing with the IGRA, draw blood for IGRA prior to first dose of COVID-19 vaccine.
    - (2) If testing with TST, administer TST prior to first dose of COVID-19 vaccine.
  - b. Do not delay the COVID-19 vaccine to test for TB infection.
    - (1) If the vaccine has already been given, defer the TST or IGRA until  $\geq 4$  weeks after the vaccine series is completed.
2. For employees who require testing for other reasons (i.e., medical care), proceed as follows.
  - a. Conduct TB symptom screening.
  - b. Consult with medical provider and/or health department regarding whether to delay TB testing for individuals who have received the COVID-19 vaccine, based on symptom screening and risk of disease progression.
    - (1) If tested under these circumstances and the results are negative, consider retesting again  $\geq 4$  weeks after the vaccine series is completed.
    - (2) If the individual has symptoms or findings of active TB disease, refer for a medical evaluation regardless of TST or IGRA results.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80 Infection Control
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controller’s Association and CDC, 2019.</p> <p>Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States, February 10, 2020.</p>
<b>Related Documents</b>	<p>Health Care Personnel (HCP) Baseline Individual TB Risk Assessment</p> <p>Tuberculosis – Employee Exposure Follow-Up</p> <p><a href="#">Tuberculosis Infection Control Program</a></p> <p><a href="#">Associate/Employee TB Screening Record (CP1807)</a></p>
<b>Version</b>	2.0 (H5MAPL0910)

# Tuberculosis, Screening Residents for

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## Policy Statement

This facility shall screen all residents for tuberculosis infection and disease (TB). Individuals identified with active TB disease shall be isolated from other residents and ancillary staff, and transported to an appropriate care facility as soon as possible.

## Policy Interpretation and Implementation

### Screening New Admissions or Readmissions:

1. The admitting nurse will screen referrals for admission and readmission for information regarding exposure to or symptoms of TB.
2. Signs and symptoms of TB, include:
  - a. coughing for > 3 weeks;
  - b. loss of appetite;
  - c. fatigue;
  - d. weight loss;
  - e. night sweats;
  - f. bloody sputum or hemoptysis;
  - g. hoarseness;
  - h. fever; and/or
  - i. chest pain.
3. If a potential resident has been exposed to active TB or is at increased risk of TB infection he or she will be screened for latent tuberculosis infection (LTBI) using tuberculin skin tests (TST) or interferon gamma release assay (IGRA).
4. If the IGRA or TST is positive, the nursing staff will contact the physician to obtain orders for a CXR and the physician will assess the resident prior to admission for possible active TB.
5. Individuals with signs and symptoms of active TB disease shall be isolated from other residents and ancillary staff, and transported to an appropriate care facility as soon as possible.
6. Screening of new admissions or readmissions for tuberculosis infection and disease is in compliance with state regulations.

### Handling Residents Suspected to Have Active TB:

1. The nursing staff and/or physician will immediately report to the infection preventionist the name of any resident with suspected active TB.
2. The infection preventionist will initiate a transfer to the hospital to ensure appropriate TB infection control until the case is clinically confirmed or denied.
3. Nursing staff will place a surgical mask over the mouth and nose of any resident having, or suspected of having, active TB, and will arrange for prompt transfer to an acute care hospital.

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4. The resident with suspected TB will remain in a room separate from other residents and visitors with the door closed until the resident is transferred.
5. The facility will not collect sputum specimens on such residents.
6. Only employees who have been fit-tested with HEPA N-95 high particulate filter masks will use such devices in the care for residents who are waiting for transfer.
7. Fit testing of HEPA N-95 masks will be completed annually in accordance with the TB exposure control plan.
8. The infection preventionist will follow up and report confirmed cases to appropriate agencies as required by law.

**Admitting Residents with Recently Identified Active TB:**

1. An individual with known active TB must be treated for at least two weeks prior to admission and be cleared by his or her treating physician before he or she can be admitted or readmitted.
2. Before the facility admits or readmits anyone who has recently been treated as an inpatient or outpatient for active TB, the medical director and/or attending physician will consult with the treating physician and determine whether treatment was adequate and the admission is appropriate.

**Serial Testing of Residents:**

1. The facility will conduct an annual risk assessment to determine risk of exposure.
2. Risk factors for exposure to TB are:
  - a. those born in or who frequently travel to countries where TB is common;
  - b. people who currently (or previously) live in large group settings where TB is common (homeless shelters, prisons, etc.); or
  - c. those who have spent time with a person who has active TB disease.
3. Residents who have risk factors for exposure to active TB are re-tested for LTBI and symptoms of active TB.
4. Residents who have health conditions or take medications that predispose them to developing active TB disease once infected are tested regularly according to their exposure risk assessment. These conditions include:
  - a. HIV;
  - b. substance abuse;
  - c. silicosis;
  - d. diabetes;
  - e. kidney disease;
  - f. low body weight;
  - g. organ transplants;
  - h. head and neck cancer;
  - i. treatment with corticosteroids or organ transplant; and/or
  - j. certain treatments for rheumatoid arthritis or Crohn's disease.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005 at <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf</a>
<b>Related Documents</b>	<a href="#">Airborne Precautions (Sign)</a> <a href="#">TB Screening and Immunization Record (CP1801)</a>
<b>Version</b>	2.1 (H5MAPL0903)

# Bed Bugs, Preventing and Managing Infestations of

Level I

## Purpose

Staff will employ infection control strategies to prevent and manage infestation of bed bugs (*Cimex lectularius*).

## Preparation

Staff should be trained to recognize bed bugs and bed bug infestation, and know what their specific roles will be should an infestation occur.

## General Guidelines

1. Bed bugs belong to the arthropod family Cimicidae.
2. They feed on human blood and other warm-blooded hosts.
3. Adult bed bugs can be as large as 5 mm in length, are red-brown in color and oval shaped.
4. They feed primarily at night. Each feeding “session” lasts for approximately 5 minutes, after which the bugs return to their hiding places – under mattresses, in linens or rugs, or on clothing.
5. There is a distinct odor associated with bed bug infestation. Some describe it as soured fruit or rotting meat.
6. Female bed bugs can lay up to three eggs daily; eggs hatch in 3-5 days.
7. Lifespan of bed bugs can be up to two years with a food source, and up to a year without.
8. Bed bug bites can cause pruritus, papules, vesicle and wheals on the skin. Bites frequently appear in clusters of three. Scratching the bites can lead to local and (later) systemic infections. Severe allergy to the bed bug saliva can lead to anaphylaxis.
9. Infestation can cause psychological stress and “psychogenic itching.”
10. Bed bug management is part of an overall integrated pest management philosophy, which utilizes the most effective combination of methods to control pests while minimizing resident exposure to pesticides.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Flashlight;
2. Gloves;
3. Magnifying glass;
4. Plastic containers for insect specimen;
5. Tweezers or forceps;
6. Photos or drawings of bed bugs and bed bug infestations;
7. Vacuums;
8. Insecticides;
9. Mattress encasements; and
10. Medications, as ordered.

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## Steps in the Procedure

Identifying and eradicating bed bug infestation is a multi-disciplinary task, involving the resident, nursing, infection control, administration, and housekeeping. The following section identifies areas of responsibility that may be assigned to one or more disciplines.

## Monitoring and Inspection

1. Maintain vigilance if there is an outbreak reported in the geographic region.
2. Thoroughly screen newly admitted residents, as well as those who are returning from a stay away from the facility.
  - a. Assess skin for papules, vesicles, wheals, or bullae.
  - b. Ask the resident if they have been exposed to bed bugs or have experienced pruritus.
  - c. Check medication orders for any medication used to treat pruritic rash.
3. Remain alert to complaints of pruritus. (Note that many elderly residents have a reduced sensation of itching.) Pay particular attention to unusual developments in skin appearance in any resident.
4. Regularly inspect mattresses, box springs, bed frames and headboards following current published guidelines for inspection and identification (see References).
  - a. Check resident rooms at night when bed bugs are active. Use a flashlight to check for signs of bed bug activity.
  - b. Use contact and standard precautions during inspections.
5. Consider the use of dogs trained to detect bed bugs, which has been used with success.
6. Signs of bed bug activity include:
  - a. Visual identification of the bugs. Adults and nymphs can be seen with the naked eye. Eggs require a magnifying glass.
  - b. Fecal spots, egg cases, or exuviae (shed skins). These may be visible on mattresses, headboards, bedframes or box springs.
  - c. Odor resembling rotting fruit or meat.

## Identification

1. During monitoring and inspection, use a visual guide (see Bed Bug Identification Guide) to help identify insects and residue from insects that are thought to be bed bugs.
2. If evidence of bedbugs is found, collect specimens and contact a pest management company or service that can identify the specimens. Positive identification of bed bugs by a pest control professional should be made before treatment of the infestation begins.

## Treatment

1. Effective treatment includes the following components:
  - a. Staff and resident education;
  - b. Recordkeeping and reporting;
  - c. Pre-Treatment (see Pre-Treatment Preparation Checklist);
  - d. Treatment of resident symptoms;
  - e. Treatment of infestation (chemical and non-chemical); and
  - f. Evaluation of treatment effectiveness and continued monitoring.

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## Treatment of Symptoms

1. The primary goals of treatment are to relieve itching and prevent secondary infections.
2. Administer medications as ordered. These may include antibiotics, antihistamines, corticosteroids, or topical antiseptics.

## Treatment of Infestation

1. Remove and/or treat all infested materials using non-chemical methods, including:
  - a. washing and drying bedding, linens, and clothing at high temperatures;
  - b. vacuuming or steam-cleaning floors, mattresses, and any porous surfaces that cannot be machine-washed;
  - c. steaming or heat-treating infested rooms and areas (commercial heating services can be contracted for this procedure);
  - d. freezing, dry ice or liquid CO<sub>2</sub>; and
  - e. using mattress encasements that are specifically designed to stop bed bugs.
2. Contract with a licensed pest-control service for chemical methods if non-chemical interventions do not resolve the infestation. However, many bed bugs are resistant to even commercial grade insecticides and insecticides alone will usually not eradicate the problem.
3. Combine chemical and non-chemical efforts for the best results. For severe infestation, relocation may be necessary until the life cycle of nymphs and eggs are complete.

## Evaluation and Continued Monitoring

1. After treatment methods have been applied it is important to follow up by monitoring for subsequent infestations. Even if eradication of adult bed bugs was successful, eggs may have survived and hatched.
2. Reapplication of treatments may be needed for several weeks.
3. Keep clutter to a minimum to reduce the potential hiding places for bed bugs.
4. Vacuum regularly.
5. Monitor for bed bugs on a daily basis.
6. Seal cracks and crevices to remove hiding places.

## Documentation

The following should be documented at the facility level:

1. Identified instances of infestation (including who reported, how it was confirmed, and the date and time).
2. Response to the report of infestation.
3. Actions taken, including all interventions and strategies to eliminate the infestation.
4. Staff training on eradication measures.
5. Names and license numbers of professional service contractors.
6. The facility-wide plan to monitor and respond to future infestation (Integrated Pest Management Plan).

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The following should be documented at the resident level for those directly affected by the infestation:

1. Resident response to the infestation.
2. Interventions and treatments.
3. Notification of family/responsible party.
4. If complications ensue (bites, psychological stress, infections, etc.) accident/incident reports must be completed for each resident affected.

## Reporting

Check with local health department regarding mandatory reporting of bed bug infestation.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F925
<b>Other References</b>	<a href="http://www.cdc.gov/nceh/ehs/Publications/Bed_Bugs_CDC-EPA_Statement.htm">http://www.cdc.gov/nceh/ehs/Publications/Bed_Bugs_CDC-EPA_Statement.htm</a> Michigan Manual for the Prevention and Control of Bed Bugs <a href="http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf">http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf</a>
<b>Related Documents</b>	Bed Bug Identification Guide Bed Bug Pre-Treatment Preparation Checklist
<b>Version</b>	1.2 (H5MAPR0328)

# Reporting Communicable Diseases

Level III

## Purpose

The purpose of this procedure is to guide reporting of suspected and confirmed communicable diseases to the appropriate governmental agency or authority.

## General Guidelines

1. All reportable infectious diseases (residents' or employees') must be reported to the Infection Preventionist as soon as a definite diagnosis is made or strongly suspected.
2. The Infection Preventionist is responsible for notifying the local, district, or state health department of confirmed cases of state-specific reportable diseases.
3. Diseases that are included in state lists of reportable diseases may also include diseases that must be reported to the CDC (Nationally Notifiable Diseases).
4. Reportable diseases are divided into several groups:
  - a. Mandatory written reporting: a report of the disease must be made in writing.
  - b. Mandatory reporting by telephone: a health care provider must make a report by phone.
  - c. Report of total number of cases.
  - d. Cancer: Cancer cases are reported to the state Cancer Registry.
5. When a disease has been reported to the local, district, or state health department, the Infection Preventionist is responsible for maintaining an in-house report of such action, including the date and time of the report.
6. Should the resident or employee reside in another county, the disease must be reported directly to the county of residence (if known). If such information is not known, the disease will be reported to the local county health department.
7. Cases of sexually transmitted diseases (STDs) must be reported directly to the appropriate local health agency; for example, the STD Branch of the Public Health Department.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Current list of State Health Departments and links to reportable disease information at: <a href="http://www.cdc.gov/mmwr/international/relres.html">http://www.cdc.gov/mmwr/international/relres.html</a>
<b>Related Documents</b>	<a href="#">Reportable Diseases</a>
<b>Version</b>	2.0 (H5MAPR0236)

# Scabies Identification, Treatment and Environmental Cleaning

## Level III

### Purpose

The purpose of this procedure is to treat residents infected with and sensitized to *Sarcoptes scabiei* and to prevent the spread of scabies to other residents and staff.

### Preparation

1. Obtain or verify the existence of a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### General Guidelines

1. Scabies is an itching skin irritation caused by the microscopic human itch mite, which burrows into the skin's upper layers and eventually causes itching, tiny irregular red lines just above the skin and an allergic rash.
2. Secondary bacterial skin infections may result from untreated scabies.
3. Incubation period can be 2–6 weeks before onset of itching for persons with no previous exposure. Persons who have been previously infested develop more rapid symptoms, 1–4 days after re-exposure.
4. Symptoms sometimes include severe itching, which worsens at night.
5. Common locations of scabies:
  - a. Anterior axillary region or under breasts;
  - b. Around the waist;
  - c. Between fingers and palm of hand;
  - d. On the inner thigh, groin, buttocks;
  - e. Anterior surfaces of wrists and elbows;
  - f. On body parts which may come in contact with contaminated linens, bedding, or clothing;
  - g. Upper backs of nursing home residents; and
  - h. On hands of employees.
6. Scabies is spread by skin to skin contact with the infected area, or through contact with bedding, clothing, privacy curtains and some furniture.
7. Diagnosis may be established by recovering the mite from its burrow and identifying it microscopically. Failure to identify scrapings as positive does not necessarily exclude the diagnosis. It is difficult to obtain a positive scraping because only one or two mites may cause multiple lesions. Often diagnosis is made from signs and symptoms and treatment followed without scrapings, although scrapings are preferred.
8. Affected residents should remain on Contact Precautions until twenty-four (24) hours after treatment.
9. Family and friends of residents who have had close contact should be notified and given instructions regarding self-examination and treatment.
10. Staff members who may have been exposed should report any rashes developing on their bodies to the Infection Preventionist or Director of Nursing Services.

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11. A resident sharing a room with someone infected with scabies should be examined carefully for scabies. If signs and symptoms are present, the resident should be treated in accordance with these procedures. If symptoms are not present, daily assessments should be made until the case has resolved.
12. Individuals who come into contact with the infected resident or with potentially contaminated bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs.
13. During a scabies outbreak among residents and/or personnel, the Infection Preventionist or Committee will coordinate interdepartmental planning to facilitate a rapid and effective treatment program.
14. Control of an epidemic depends on treating all residents at risk. Specific drug selection for each resident will depend on that individual's risk factors, possible medication interactions, etc.
15. The use of Ivermectin po should be considered during widespread outbreak and/or when treatment with topical medication is unsuccessful.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Magnifying glass;
2. Pen light;
3. Felt tip pen;
4. Alcohol swabs;
5. #15 scalpel blade and handle;
6. Glass slides or curettes (for scraping);
7. Mineral oil;
8. Slides and cover slips;
9. Clear nail polish;  
(1) Forceps;
10. Elimite® (or other treatment lotion) or Ivermectin (oral dosage);
11. Disinfectant; and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Skin Scraping for Microscopic Identification

1. Assess the resident's skin with a magnifying lens and look for lesions suggestive of scabies infestation.
  - a. The shoulders, back, abdomen, hands, wrists, elbows, buttocks, axillae, knees, thighs and breasts are common sites for burrows.
  - b. A bright light and magnifying lens will assist in visualizing the tiny dark speck (the mite) at the end of the burrow.
2. Test for burrows:
  - a. Using a wide felt tip pen (blue or green are best) draw over the burrows and then wipe off with an alcohol swab.
  - b. The alcohol will remove most surface ink, but will not remove the ink taken up by the burrow. Look for a dark irregular line.
3. Apply mineral oil to lesions or scalpel blade, and glass slides.
4. Scrape non-excoriated, non-inflamed areas (burrows and papules) with the scalpel blade or glass slide held at a 90-degree angle to the skin.

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5. Scrape while holding the skin taut, until the stratum corneum is removed.
  - a. Vigorous scraping appropriately results in a few red blood cells visible under the microscope, but there should not be frank bleeding.
6. If using a curette.
  - a. Change blades or curettes between scrapings on different persons.
  - b. Blades can be placed on and removed from the handle with a forceps.
7. Place used blades in a sharps container.

#### **Treatment with Permethrin (Elimite®)**

1. Bathe the resident, soaping the body completely, rinse well, and then dry thoroughly.
2. Allow his or her body to cool.
3. Apply Elimite® into the skin from the chin to the soles of the feet.
  - a. Scabies rarely infests the scalp of adults, although the hairline, neck, temple, and forehead may be infested in geriatric residents.
  - b. Pay particular attention to skin folds and creases.
  - c. Avoid contact with the eyes.
  - d. Reapply if washed off following use of the toilet, handwashing, etc.
4. Dress the resident with clean clothing. Use freshly laundered bed linens and towels.
5. Leave cream on for at least 8 hours but no more than 12 hours, and then shower or bath the resident in warm water, soaping the body completely, rinsing and drying well.
6. Put on clean clothing. Re-launder towels and bed linens used during treatment.
7. Itching may continue for several days or weeks.
8. A single treatment is generally adequate.

#### **Environmental Control: Typical Scabies**

1. Place residents with typical scabies on contact precautions during the treatment period; 24 hours after application of 5% permethrin cream or 24 hours after last application of scabicides requiring more than one application.
2. Wear gloves and a long-sleeved gown for direct hands-on contact.
3. Wash hands after removal of gloves.
4. Place bed linens, towels and clothing used by an affected person during the 4 days prior to initiation of treatment in plastic bags inside the resident's room, handled by gloved and gowned staff without sorting, and washed in hot water for at 10-20 minutes.
5. Use the hot cycle of the dryer for at least 10-20 minutes.
6. Place non-washable blankets and articles in a plastic bag for at least 72 hours. These items can also be dry cleaned or tumbled in a hot dryer for 20 minutes.
7. Change all bed linens, towels and clothes daily.
8. Disinfect multiple residents-use items, such as walking belts, blood pressure cuffs, stethoscopes, wheelchairs, etc., before using on other residents.
9. Discard all creams, lotions or ointments used prior to effective treatment.
10. Vacuum mattresses, upholstered furniture and carpeting. Wrap vacuum cleaner bag in a plastic bag and discard.
  - a. General cleaning and thorough vacuuming of furniture, mattresses or rug is recommended.
  - b. Fumigation is not necessary.
11. For non-fabric items, routine disinfection procedures are adequate.

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12. Infected employees can return to work as soon as treatment is completed but should use gowns and gloves for direct resident care to prevent reinfestation until all control measures for affected units/areas have been completed.

### **Environmental Control: Crusted/Atypical Scabies:**

1. Maintain contact precautions until treatment is complete and/or resident is determined (by dermatologist or primary care provider) to be scabies free.
2. Assign resident to a private room, if possible.
3. Restrict visitors until treatment regimen is complete; alternatively, require visitors to gown and glove as required for contact isolation precautions.
  - a. If resources permit, cohort employees to care for this resident only (no other direct care responsibilities) until effective treatment is completed.
4. Employees must wear gloves and a long-sleeved gown with the wrist area covered to attend to resident needs, for housekeeping duties, and handling of laundry. Remove gown and wash hands before leaving the room.
5. Bed linens, towels and clothing used by the affected persons during the 4 days prior to initiation of treatment should be placed in plastic bags inside the resident's room, handled by gloved and gowned laundry staff without sorting, and laundered in hot water for at least 10 minutes.
  - a. The hot cycle of the dryer should be used 50 °C (122 °F) for at least 10-20 minutes.
  - b. Non-washable blankets and articles can be placed in a plastic bag for 7 days, dry cleaned or tumbled in a hot dryer for 20 minutes.
6. Change all bed linens, towels and clothes daily.
7. Blood pressure cuffs, gait belts, stethoscopes, etc. should be designated for single resident use and left in the resident's room. Discard all creams, lotions or ointments used prior to effective treatment.
8. Upholstered furniture containing any cloth fabric should be removed from the room and, if necessary, replaced with plastic or vinyl furniture. Mattresses must be covered with plastic or vinyl.
9. The resident's room should be vacuumed daily with a vacuum cleaner designated for this room alone, followed by routine room cleaning and disinfection.
  - a. The vacuum cleaner bag should be changed daily;
  - b. Seal vacuum cleaner bag in plastic bag and dispose of properly.
10. The room should be terminally cleaned upon discharge or transfer of the resident from the room.

### **Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. If the resident refused the treatment, the reason(s) why and the intervention taken.
4. The signature and title of the person recording the data.

### **Reporting**

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section M; Section O
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> Scabies Prevention and Control Guidelines: Acute and Long-Term Care Facilities (County of Los Angeles Public Health Department)
<b>Version</b>	2.0 (H5MAPR0246)

# Tuberculosis Risk Assessment

Level III

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## Purpose

The purpose of the tuberculosis risk assessment (TBRA) is to help evaluate the risk of transmission of tuberculosis (TB) within the facility, and to help establish appropriate administrative, environmental and respiratory protection controls for the recognition and/or prevention of tuberculosis transmission.

## Preparation

1. Obtain current surveillance data on TB prevalence in the community (available from local or community health departments).
2. Obtain current surveillance data on TB prevalence in the state (available on the CDC web site or from the state health department).
3. Obtain current surveillance data on TB prevalence in the country (available on the CDC web site).
4. Obtain facility surveillance data on:
  - a. TB prevalence in the last five years (see infection control surveillance records).
  - b. TB prevalence in the last year (see infection control surveillance records).

## General Guidelines

1. A TBRA shall be conducted annually to determine appropriate administrative, environmental, and respiratory protection controls needed for the facility based on the current TB risk classification.
2. The TBRA and risk classification shall be used to help identify lapses in infection control that may have led to the transmission of TB infection, as well as to alert the facility of upward trends in TB prevalence in the community.
3. The TBRA and risk classification shall be used to help determine the frequency of employee and resident screening for TB infection.

## Equipment and Supplies

1. Case rate of TB disease per 100,000 population for the state.
2. Case rate of TB disease per 100,000 population for the nation.
3. Number of cases of TB disease in the facility for:
  - a. the previous five years; and
  - b. the previous year.
4. A tuberculosis risk assessment tool/worksheet.

## Steps in the Procedure

### Using the TB Risk Assessment Worksheet:

1. Record the TB case rate for the nation.
2. Record the TB case rate for the state.
3. Record the TB case rate for the community.
4. Record the number of cases of suspected or confirmed TB disease in the facility five years ago, two years ago, and in the past year.
5. Establish the facility risk classification.

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6. Review current environmental, administrative, and respiratory protection controls to determine if there are adjustments that must be made based on the risk classification. For example, an increase in the risk classification may warrant the need for an in-depth respiratory protection program to prevent the spread of TB infection to employees.
7. Record the type and frequency of employee screening for TB infection. Based on the TBRA and risk classification, determine if screening frequency is adequate. For example, if the risk classification for the previous year was “low” but has increased to “medium” for the current assessment, annual TB screening of employees and residents is needed.
8. Review the TB Infection Control Program/Plan in the Infection Control Committee and record applicable findings.
9. Review and record the laboratory processing of TB-related specimens, if applicable.
10. Review and record the current environmental controls in the facility.
11. Review and record the current respiratory protection program, if applicable.
12. Record the frequency of TBRA and any problems identified during the last assessment.
13. Record the actions taken to correct any lapses in infection control or to correct problems identified during the previous TBRA.

## Reporting

1. Report the findings of the TBRA and the risk classification to the Infection Control Committee and the Administrator.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0272)

# Tuberculosis Screening – Administration and Interpretation of Tuberculin Skin Test (TST)

Level III

## Purpose

To screen for latent tuberculosis infection or active TB disease.

## Preparation

1. Obtain an order for the test.
2. Review information about the TB test with the individual and obtain informed consent.
3. Gather supplies:
  - a. Gloves;
  - b. Alcohol wipes;
  - c. Tuberculin syringe with 0.1ml of purified protein derivative; and
  - d. Small bandage.

## General Guidelines

1. Only qualified healthcare practitioners administer and interpret TB testing for employees and/or residents.
2. All test results are read in mm.

## Steps in the Procedure

1. Perform hand hygiene.
2. Don gloves.
3. Inject 0.1ml (5 tuberculin units) of purified protein derivative (PPD) intradermally on the inner surface of the forearm.
  - a. Inject with a tuberculin needle, bevel side up.
  - b. Slowly inject the solution just below the surface of the skin. When done correctly, it will produce a pale elevation of the skin (a wheal) 6-10 mm in diameter.
4. Remove syringe and dispose in sharps container.
5. Apply small bandage.
6. Remove gloves and perform hand hygiene.
7. Interpret the TST forty-eight (48) to seventy-two (72) hours after administration.
8. Interpretation by a private physician within the 48 to 72 hour time frame is acceptable. Results of the interpretation must be submitted in writing.
9. A positive reaction is an area of induration (palpable, raised, or hardened) around the injection site. Redness (erythema) is not measured.
10. Interpretation of a positive TST is based on risk group:
  - a. **High risk group.** >5 mm induration is classified as positive in:
    - (1) HIV-positive persons;
    - (2) Recent contacts of an active tuberculosis (TB) case;
    - (3) Individuals with fibrotic changes on chest X-ray consistent with previous active TB;
    - (4) Individuals with organ transplants; and
    - (5) Other immunosuppressed individuals.

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- b. **Intermediate risk group.** >10 mm induration is classified as positive in:
    - (1) Injectable drug users;
    - (2) Employees and residents of high-risk congregate settings;
    - (3) Mycobacteriology laboratory personnel; and
    - (4) Persons with clinical conditions that place them at high risk.
  - c. **Low risk group.** >15 mm induration is classified as positive in:
    - (1) Persons with no known risk factors for TB.
11. Unless otherwise indicated, administer a booster of 0.1ml (5 tuberculin units) of PPD one to two weeks after the initial TST for individuals with < 10 mm of induration.
12. If the test is interpreted as positive, the individual must be referred for further screening.

## Documentation

1. Document the following information in the resident or employee medical record:
  - a. Date and time the TST was given;
  - b. Name and credentials of the person administering the injection;
  - c. Date and time the TST results were interpreted;
  - d. Name and credentials of the individual interpreting the results; and
  - e. If interpretation is positive:
    - (1) Size of induration (measured across the forearm);
    - (2) Risk group and specific risk factor(s); and
    - (3) Follow up instructions.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health Care Settings, 2005 at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf</a> ; and <a href="http://www.osha.gov/SLTC/tuberculosis/index.html">www.osha.gov/SLTC/tuberculosis/index.html</a>
<b>Related Documents</b>	<a href="#">TB Screening and Immunization Record (CP1801)</a> <a href="#">Tuberculosis, Screening Residents for</a>
<b>Version</b>	1.0 (H5MAPR0345)

# Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures

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## Policy Statement

This facility follows recommended standard and transmission-based precautions, environmental cleaning, and social distancing practices to prevent the transmission of COVID-19 within the facility.

## Policy Interpretation and Implementation

1. This policy is based on current CDC recommendations for infection prevention and control practices for COVID-19.
2. While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including:
  - a. hand hygiene;
  - b. respiratory hygiene;
  - c. appropriate use of PPE;
  - d. transmission-based precautions, where indicated;
  - e. universal source control (using facemasks or cloth coverings as indicated);
  - f. social distancing when applicable;
  - g. surveillance and reporting of respiratory infections;
  - h. environmental cleaning with EPA-registered disinfectants approved for use against SARS-CoV-2; and
  - i. laundry practices.

## Source Control

1. To address asymptomatic and pre-symptomatic transmission, universal source control is required.
  - a. Anyone entering the facility is required to wear a cloth face covering.
    - (1) Cloth face coverings are appropriate for visitors and residents.
      - (a) If someone arrives at the facility without a face covering, a facemask will be provided if supplies are available.
      - (2) Staff are required to wear face coverings upon entering the facility and prior to leaving the building.
        - (a) Cloth face coverings for source control ARE NOT considered PPE. Staff should wear a facemask at all times when in the facility.
        - (b) At the end of shift, staff are required to remove facemask, discard in appropriate receptacle, perform hand hygiene and don a cloth face covering prior to exiting the building.
2. Asymptomatic residents are provided cloth face coverings (or facemasks as supplies permit).
  - a. Residents are asked to wear face coverings or masks when they leave their rooms or are around others.
  - b. Residents are not required to wear cloth face coverings when in their rooms.
  - c. Residents are instructed on proper hand hygiene after touching or removing face covering or mask.
  - d. Residents who are incapacitated, unconscious, have difficulty breathing, or cannot remove face coverings or masks without assistance are not asked to wear them.

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3. Resident cloth face coverings are changed if they become soiled, damp, or hard to breathe through. They can be laundered with the resident's belongings and reused.

### **Screening**

1. Points of entry into the facility are temporarily limited. Closed entrances are monitored. Exits and means of egress remain accessible in the event of a fire.
2. Anyone entering the facility (including staff) is screened and triaged for signs and symptoms of and exposure to others with SARS-CoV-2 infection, including:
  - a. fever (measured temperature > 100°F or subjective fever;
  - b. cough;
  - c. shortness of breath or difficulty breathing;
  - d. fatigue;
  - e. muscle or body aches;
  - f. headache;
  - g. new loss of taste or smell;
  - h. sore throat;
  - i. congestion or runny nose;
  - j. nausea or vomiting; and/or
  - k. diarrhea.
3. Anyone with a fever, signs/symptoms of illness, or who has been advised to self-quarantine due to exposure is not allowed to enter the facility.
4. Residents are screened daily for fever and symptoms of COVID-19. Residents with fever or symptoms of COVID-19 are provided a facemask, immediately isolated and placed on appropriate transmission-based precautions.

### **Physical Distancing**

1. Group outings, group activities, and communal dining are cancelled until further notice.
2. Physical distancing of at least six (6) feet is enforced among residents.
3. Staff are required to practice physical distancing with other staff and residents when possible.
4. Televisits are encouraged and supported by facility staff and devices as outline in the Telehealth and Telemedicine policy.
5. Visitor restrictions and screening are outlined in the COVID-19 Visitors policy.

### **Personal Protective Equipment**

1. Staff wear facemasks at all times while in the facility, except while eating or drinking in designated areas.
2. Staff wear eye protection during any resident-care encounters or procedures.
3. For a resident with known or suspected COVID-19:
  - a. Staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available (a facemask is an acceptable alternative if a respirator is not available); and

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- b. Resident is placed in a private room with a dedicated bathroom (if available) and closed door; OR
  - c. Resident is cohorted per national, state, or local public health authority recommendations.
4. If there is moderate to substantial COVID-19 transmission in the surrounding community:
    - a. Staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
    - b. Residents are restricted (to the extent possible) to their rooms except for medically necessary purposes.
    - c. When residents have to leave their room, they wear a facemask, perform hand hygiene, limit their movement in the facility, and practice physical distancing.
  5. When performing aerosol-generating procedures (AGPs), especially those that induce coughing (open suctioning of airways, sputum induction, etc.):
    - a. Staff in the room will wear an N95 or higher-level respirator (if available), eye protection, gloves, and an isolation gown.
    - b. The number of staff present will be limited to only those essential for resident care and procedure support.
    - c. AGPs will ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it will take place in a private room with the door closed.
    - d. The room surfaces will be cleaned and disinfected promptly and with appropriate disinfectant. (See List N on the EPA website for disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations.)
  6. Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).
  7. PPE contingency and crisis capacity strategies have been established due to the current demand and supply shortages of PPE.
  8. If PPE shortage is an issue, facemasks will be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.

### **Cleaning and Disinfection**

1. Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitoring equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident.
2. Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled.
3. Infection prevention and control self-assessment is guided by the *COVID-19 Focused Survey for Nursing Homes*.

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References	
<b>OBRA Regulatory</b>	483.80; 483.73
<b>Survey Tag Numbers</b>	F880; E-0001
<b>Other References</b>	<a href="#">Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</a> <a href="#">Infection Control Guidance</a> <a href="#">Preparing for COVID-19 in Nursing Homes Nursing Homes &amp; Long-Term Care Facilities</a> <a href="#">EPA List N: Disinfectants for Use Against SARS-CoV-2</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents</a> <a href="#">COVID-19 Focused Survey for Nursing Homes</a> <a href="#">CDC Infection Prevention and Control Assessment Tool for Nursing Homes</a>
<b>Version</b>	1.1 (H5MAPL1472)

## COVID-19 Focused Survey for Nursing Homes

### Infection Control

This survey tool must be used to investigate compliance at F880, **F884 (CMS Federal surveyors only)**, F885, and E0024. Surveyors must determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

**Critical Element #8 is only for consideration by CMS Federal Survey staff. Information to determine the facility’s compliance at F884 is only reported to each of the 10 CMS locations.**

#### Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;

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- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff;
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19; and
- How the facility informs residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility.

### 1. Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their health department or healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

#### General Standard Precautions:

- ☐ Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette,
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

#### Hand Hygiene:

- ☐ Are staff performing hand hygiene when indicated?
- ☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

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- ☐ If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?
- ☐ Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?
- ☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with the resident;
  - After contact with blood, body fluids, or visibly contaminated surfaces;
  - After contact with objects and surfaces in the resident's environment;
  - After removing personal protective equipment (e.g., gloves, gown, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?
- ☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?
- ☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

### Personal Protective Equipment (PPE):

- ☐ Determine if staff appropriately use PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
  - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- ☐ Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- ☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- ☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - Do staff know how to obtain PPE supplies before providing care?
  - Do they know who to contact for replacement supplies?

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### Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2):

☐ Determine if appropriate Transmission-Based Precautions are implemented:

- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
- For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
- For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
  - Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol- generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
    - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
    - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
    - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
    - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
- Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?

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- ☐ Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- ☐ If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

**1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)?** ☐ Yes ☐ No F880

### 2. Resident Care

- ☐ If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- ☐ Has the facility cancelled group outings, group activities, and communal dining?
- ☐ Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?
- ☐ For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- ☐ For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- ☐ Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

**2. Did staff provide appropriate resident care?** ☐ Yes ☐ No F880

### 3. IPCP Standards, Policies and Procedures

- ☐ Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

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- ☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- ☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?** ☐ Yes ☐ No F880

### 4. Infection Surveillance

- ☐ How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- ☐ How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- ☐ How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- ☐ Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, temperature is taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- ☐ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?
- ☐ Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- ☐ Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- ☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

**4. Did the facility provide appropriate infection surveillance?** ☐ Yes ☐ No F880

### 5. Visitor Entry

- ☐ Review for compliance of:
- Screening processes and criteria (i.e., screening questions and assessment of illness);
  - Restriction criteria; and

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- Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- ☐ For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?
- ☐ For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

**5. Did the facility perform appropriate screening, restriction, and education of visitors?** ☐ Yes ☐ No F880

### 6. Education, Monitoring, and Screening of Staff

- ☐ Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- ☐ How does the facility convey updates on COVID-19 to all staff?
- ☐ Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- ☐ If staff develop symptoms at work (as stated above), does the facility:
- Place them in a facemask and have them return home;
  - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
  - Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

**6. Did the facility provide appropriate education, monitoring, and screening of staff?** ☐ Yes ☐ No F880

### 7. Reporting to Residents, Representatives, and Families

Identify the mechanism(s) the facility is using to inform residents, their representatives, and families (e.g., newsletter, email, website, recorded voice message)

- ☐ Did the facility inform all residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other?

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- ☐ Did the information include mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., restrictions to visitation or group activities)?
- ☐ Did the information include personally identifiable information?
- ☐ Is the facility providing cumulative updates to residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other?
- ☐ Interview a resident and a resident representative or family member to determine whether they are receiving timely notifications.

**7. Did the facility inform residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner?** ☐ Yes ☐ No F885

### 8. Reporting to the Centers for Disease Control and Prevention (CDC) – Performed Offsite by CMS. For consideration by CMS Federal Surveyors only.

- ☐ Review CDC data files provided to CMS to determine if the facility is reporting at least once a week.
- ☐ Review data files to determine if all data elements required in the National Healthcare Safety Network (NHSN) COVID-19 Module are completed.

**8. Did the facility report at least once a week to CDC on all of the data elements required in the NHSN COVID-19 Module?**

☐ Yes ☐ No F884

### 9. Emergency Preparedness – Staffing in Emergencies

- ☐ Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as COVID-19 outbreak?
- ☐ Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if an emergency staff was not needed).

**9. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?**

☐ Yes ☐ No E0024 ☐ N/A

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*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

*The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.*



# Coronavirus Disease (COVID-19) – Managing Supplies and Resources

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## Policy Statement

Essential infection prevention and control supplies are systematically monitored and anticipated.

## Policy Interpretation and Implementation

1. The infection preventionist appoints an infection prevention and control supply coordinator who is responsible for monitoring the current supply and anticipated needs for:
  - a. handwashing supplies (soap and paper towels);
  - b. alcohol-based hand rub (ABHR) (containing 60%-95% alcohol);
  - c. tissues;
  - d. personal protective equipment (gloves, gowns, eyewear, facemasks);
  - e. cleaning supplies (including EPA hospital-registered disinfectants effective against human coronaviruses);
  - f. trash bins;
  - g. \_\_\_\_\_ ;
  - h. \_\_\_\_\_ ;
  - i. \_\_\_\_\_ ; and
  - j. \_\_\_\_\_ .
2. Supplies are stationed throughout the facility to facilitate access and ease of use, for example:
  - a. ABHR in all resident rooms, resident care and common areas;
  - b. soap and paper towels at all handwashing sinks;
  - c. tissues and trash cans in all resident rooms and common areas; and
  - d. PPE in all resident care areas and nursing stations.
3. The infection prevention and control supply coordinator is: \_\_\_\_\_ .
4. The supply coordinator communicates the infection prevention and control supply needs to the purchasing or business office.
5. The supply coordinator is responsible for maintaining relationships with the local, regional and tribal planning groups, vendors, and/or healthcare coalitions, including:
  - a. communicating estimated needs and current supplies;
  - b. participating in stockpiling and resource sharing arrangements;
  - c. developing strategies for prioritizing limited allocation of resources; and
  - d. identifying normal and alternative channels for procuring resources.
6. Supply needs are estimated using formulas that calculate current and projected demands (for a minimum of eight weeks), including those for surge capacity.
7. Contingency and crisis capacity strategies for personal protective equipment have been established and can be reviewed in the personal protective equipment procedures.

*continues on next page*

References	
<b>OBRA Regulatory</b>	483.73(a)(4)
<b>Survey Tag Numbers</b>	E-0009
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">COVID-19 PPE Burn Rate Calculator</a> <a href="#">PPE Contingency and Crisis Capacity Strategies</a>
<b>Version</b>	1.1 (H5MAPL1473)

PPE Burn Rate Calculator

Instructions:  
This spreadsheet is designed to help you track how quickly PPE is being used at your facility.

To start, enter dates into Box A below Day 1, Day 2, Day 3, etc. You can enter the date for Day 1 and drag that cell to the right to autopopulate future days.  
At the start of each day, determine how many full boxes of PPE are remaining from the day before. Do this for each type of PPE.

"Type of PPE" refers to the PPE components you have in stock. Use the next column to fill in the size or brand if applicable. Note: Additional types or brands of PPE can be added in the "Other" Type of PPE section as well.

Make sure that each box of PPE has the same number of individual units. If they do not, create a new type of PPE category in the cells that say "Other".

Enter the number of full boxes of each Type of PPE, starting at Day 1 into the yellow cells of Box A. Note: You do not need data for all 14 days, but at least 2 consecutive days of data is needed to calculate a consumption rate.

The total number of boxes of PPE used per day will be calculated in Box B. Note: This only works if you have entered values for at least day 1 and day 2 in Box A.

The average rate of PPE consumption (burn rate) will be calculated in the pink section.

The number of days worth of remaining supplies will be calculated in Box C based on the average consumption rate.

Note: If you receive a resupply of PPE do not add it into the calculator, as it will disrupt the calculations. Continue following the original supply of PPE entered in Day 1. It is suggested you start a new calculator with the resupplied PPE.

To skip a day, enter the data from the previous day. For example: If you know the number of boxes remaining at the start of Day 1 and the start of Day 3, but not the start of Day 2, you can insert the value from Day 1 into cell for Day 2 and the tool will still work.

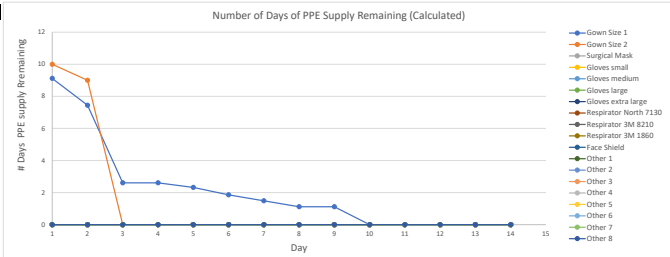
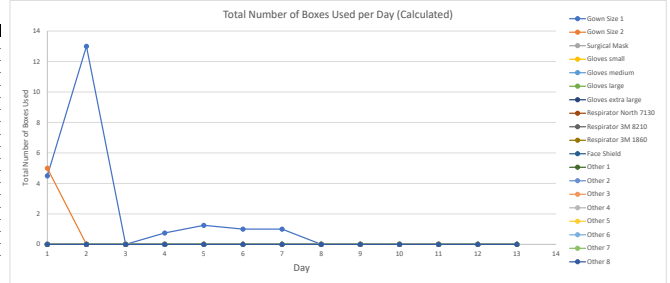
Important: Add your data to Box A only, do not enter data into any other cells.

How the calculator works: In Box A, your PPE supply from the day prior is subtracted from the current day (Day2 - Day1) and entered in Box B. As additional data is added

in Box A the average consumption rate between each two day period is calculated. The total number of consumption of PPE in Box B is used to calculate the average consumption in the pink section.  
Then the number of boxes of PPE entered in Box A is divided by the consumption rate to calculate the number of days supply remaining in Box C.

Box A		How Many Full Boxes Are Remaining at Start of the Day? Enter below, by date.													
Type of PPE	Size/Brand	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Gown	Size 1	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020
Gown	Size 2	24.5	20	7	7	6.25	5	4	3	3					
Surgical Mask		50	45												
Gloves	small														
Gloves	medium														
Gloves	large														
Gloves	extra large														
Respirator	North 7130														
Respirator	3M 8210														
Respirator	3M 1860														
Face Shield															
Other 1															
Other 2															
Other 3															
Other 4															
Other 5															
Other 6															
Other 7															
Other 8															
Box B		Total Number of Boxes Used per Day (Calculated)													
Type of PPE	Size/Brand	Day 1 - Day 2	Day 2 - Day 3	Day 3 - Day 4	Day 4 - Day 5	Day 5 - Day 6	Day 6 - Day 7	Day 7 - Day 8	Day 8 - Day 9	Day 9 - Day 10	Day 10 - Day 11	Day 11 - Day 12	Day 12 - Day 13	Day 13 - Day 14	
Gown	Size 1	4.5	13	0	0.75	1.25	1	1	0						
Gown	Size 2	5													
Surgical Mask															
Gloves	small														
Gloves	medium														
Gloves	large														
Gloves	extra large														
Respirator	North 7130														
Respirator	3M 8210														
Respirator	3M 1860														
Face Shield															
Other 1															
Other 2															
Other 3															
Other 4															
Other 5															
Other 6															
Other 7															
Other 8															
Box C		# Days supply remaining (Calculated)													
Type of PPE	Size/Brand	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Gown	Size 1	5.11627907	7.441860465	3.604651163	2.404651163	2.325581399	1.860465116	1.488372095	1.11627907	No Data	No Data	No Data	No Data	No Data	No Data
Gown	Size 2	10	9	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Surgical Mask		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Gloves	small	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Gloves	medium	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Gloves	large	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Gloves	extra large	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Respirator	North 7130	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Respirator	3M 8210	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Respirator	3M 1860	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Face Shield		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 1		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 2		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 3		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 4		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 5		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 6		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 7		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Other 8		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data

Consumption (burn rate)		
Category	Type	(units/day)
Gown	Size 1	2.6875
Gown	Size 2	5
Surgical Mask		No Data
Gloves	small	No Data
Gloves	medium	No Data
Gloves	large	No Data
Gloves	extra large	No Data
Respirator	North 7130	No Data
Respirator	3M 8210	No Data
Respirator	3M 1860	No Data
Face Shield		No Data
Other 1		No Data
Other 2		No Data
Other 3		No Data
Other 4		No Data
Other 5		No Data
Other 6		No Data
Other 7		No Data
Other 8		No Data



This is an image only. See Excel file on the flash drive for active worksheet.

# Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents

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## Policy Statement

Residents with signs and/or symptoms of COVID-19 will be identified and isolated to help control the spread of infection to other residents, staff and visitors.

## Policy Interpretation and Implementation

1. Strategies used for the rapid identification and management of COVID-19 infected residents include:
  - a. screening and monitoring for symptoms;
  - b. surveillance and reporting of respiratory illness;
  - c. testing;
  - d. clinical care;
  - e. resident placement and cohorting;
  - f. transfers; and
  - g. admissions.

## Screening and Monitoring

1. The infection preventionist is responsible for establishing and overseeing the active screening and monitoring efforts.
2. Residents are monitored daily for signs of respiratory infection and/or symptoms of COVID-19, including:
  - a. fever or chills;
  - b. cough;
  - c. shortness of breath or difficulty breathing;
  - d. fatigue;
  - e. muscle or body aches;
  - f. headache;
  - g. new loss of taste or smell;
  - h. sore throat;
  - i. congestion or runny nose;
  - j. nausea or vomiting; and/or
  - k. diarrhea.
3. Less common symptoms of COVID-19 such as new or worsening malaise, headache, dizziness, or more than two temperatures >99.0°F will prompt isolation and further evaluation for COVID-19.
4. If a resident has signs or symptoms that suggest a developing respiratory infection or COVID-19:
  - a. the charge nurse is notified immediately;
  - b. the resident is assessed by a licensed nurse;
  - c. assessment information is reported to the Infection Preventionist;

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- d. the infection preventionist notifies the local health department of any new suspected cases of COVID-19 and requests testing; and
- e. resident information is added to the *Respiratory Surveillance Line* List and included in the resident impact data for reporting to the CDC.

### Surveillance and Reporting

1. All surveillance findings are collected and reviewed daily by the infection preventionist.
2. The health department is notified of any resident with suspected or confirmed COVID-19, severe respiratory infection, or a cluster (3 or more residents or staff with new onset respiratory symptoms within 72 hours).
3. The infection preventionist summarizes outbreaks of respiratory illness in the *LTC Respiratory Surveillance Outbreak Summary* and submits this to the local health department.
4. Suspected and confirmed cases of COVID-19 and COVID-19 deaths are reported to the CDC through the National Health Safety Network (NHSN).

### Testing

See *Coronavirus Disease (COVID-19) – Testing Residents*.

### Clinical Care

1. Residents with suspected or confirmed COVID-19 are medically managed by their attending physician or designee, with supportive care provided by designated nursing staff, until the resident is transferred or recovers.
2. Staff caring for residents with suspected or confirmed COVID-19 must strictly adhere to infection prevention and control practices outlined in *Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures*.
3. Discontinuation of Transmission-Based precautions for residents with confirmed SARS-CoV-2 infection is based on a symptom-based strategy as described in Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) Discharging COVID-19 Patients.

### Resident Placement and Cohorting

1. Residents with suspected COVID-19 are placed in a private room, moved to a dedicated unit, or cohorted with another resident who is suspected to have COVID-19 pending the results of SARS-CoV-2 testing.
2. Residents with confirmed COVID-19 are separated from residents who do not have confirmed COVID-19, or have an unknown status. Dedicated units must be able to adhere to strict infection control practices.
3. Consistent staff assignments are exercised for all residents regardless of symptoms or COVID-19 status. Staff members are not assigned to work across floors or units when possible.
4. Residents with known or suspected COVID-19 are cared for using all recommended PPE, including an N95 or higher level respirator (or facemask if respirators are not available), eye protection, gloves and gown.

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5. Residents who may have been exposed to someone with COVID-19 are monitored closely and not placed with unexposed residents until 14 days after exposure or until status of COVID-19 is determined.
6. Infection prevention and control practices and specific strategies for residents with suspected or confirmed COVID-19 on Memory Care Units are informed by *Considerations for Memory Care Units in Long-term Care Facilities*. These practices and strategies are determined by the infection preventionist and the director of nursing services, in conjunction with the medical director.

## Transfers

1. Residents with suspected or confirmed COVID-19 who have fever and/or respiratory symptoms are not automatically transferred to the hospital if their clinical condition and symptoms can be managed at the facility.
2. For the resident who develops severe symptoms of illness and requires transfer for a higher level of care:
  - a. emergency medical services and the receiving facility are alerted of the resident's diagnosis (suspected or confirmed COVID-19) and notified of precautions to be taken (transferring and receiving staff); and
  - b. a facemask is placed on the resident during transfer (as supply allows).
3. The infection preventionist, in conjunction with the local health department, has identified facilities dedicated to residents with suspected or confirmed COVID-19, and those designated as non-COVID facilities, and has established arrangements to transfer residents if necessary.
4. Resident transfer to another certified LTC facility for the purpose of cohorting residents with COVID-19 will be conducted under the *Blanket Transfer Waiver* (QSO-20-25). Transfers or discharges to a non-certified location for the purposes of cohorting will only occur after obtaining permission from the state agency.
5. For residents who need to leave the facility for medically necessary purposes (e.g. dialysis, etc.), the transportation and receiving health care team is notified of the resident's suspected or confirmed COVID-19 status. Regardless of COVID-19 status, a facemask is placed on the resident prior to leaving his or her room.

## Procedures for Accepting Admissions from Hospitals

1. The decision to admit new residents to the facility is based on the ability to provide care and to keep current residents safe. Factors that are considered when presented with a potential hospital admission include physical space to provide appropriate distancing, staffing levels, and availability of personal protective equipment.
2. For patients/residents who are tested prior to hospital discharge and are COVID-19 negative (including those who were COVID-19 positive and recovered), ADMIT and:
  - a. cohort (in rooms or wings) with other residents of similar status (e.g., new hospital admissions with negative COVID-19 test, etc.), if possible;
  - b. monitor temperature and respiratory symptoms every shift;
  - c. limit contact with other residents (as much as possible); and
  - d. consistently assign staff and limit number of times staff enter resident room.
3. DO NOT ADMIT patients who have not been tested in the hospital prior to discharge (status unknown) or patients who are presumptive or confirmed COVID-19 positive UNLESS:
  - a. there is a dedicated unit or floor in the facility for COVID-19 residents;

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- b. staff movement between units is limited as much as possible; and
  - c. there are adequate staffing levels and PPE to manage COVID-19 positive residents.
4. For any resident admitted from the hospital with unknown status:
- a. place in a single room or observation area;
  - b. restrict access to other residents to the extent possible;
  - c. monitor temperature and respiratory symptoms every shift;
  - d. place on contact and droplet precautions and wear recommended PPE when caring for the resident; and
  - e. consistently assign staff and limit number of times staff enter resident room.

References	
<b>OBRA Regulatory</b>	483.80
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<a href="#">Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings</a> <a href="#">Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel</a> <a href="#">State Health Department Contacts</a> <a href="#">Considerations for the Public Health Response to COVID-19 in Nursing Homes</a> <a href="#">Considerations for Memory Care Units in Long-term Care Facilities</a> <a href="#">Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) Discharging COVID-19 Patients</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures Resident Health Screening (Line List Form)</a> <a href="#">CDC Considerations for Memory Care Units in Long-Term Care</a> <a href="#">COVID-19 Novel Coronavirus Long-Term Care Transfer Scenarios</a> <a href="#">COVID-19 Long-Term Care (LTC) Respiratory Surveillance Line List (form and guidance)</a>
<b>Version</b>	1.1 (H5MAPL1474)



## COVID-19 Long-Term Care Facility Guidance

April 2, 2020

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19). Long-term care facilities are a critical component of America's healthcare system. They are unique, as they serve as both healthcare providers and as full-time homes for some of the most vulnerable Americans.

In recent weeks, CMS and CDC, at President Trump's direction, have worked together to swiftly issue unprecedented targeted direction to the long-term care facility industry, including a general prohibition of visitors implemented on March 13, 2020, as well as strict infection control and other screening [recommendations](#). However, recent observations made by CDC and CMS experts onsite in facilities have emphasized that even more must be done to universally implement this key guidance.

To provide critical, needed leadership for the Nation's long-term care facilities to prevent further spread of COVID-19, CMS and CDC are now recommending the following immediate actions to keep patients and residents safe:

- 1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.**
  - In particular, facilities should focus on adherence to appropriate hand hygiene as set forth by [CDC](#).
  - CMS has also recently issued extensive [infection control guidance](#), including a self-assessment checklist that long-term care facilities can use to determine their compliance with these crucial infection control actions.
  - Facilities should also refer to CDC's [guidance](#) to long-term care facilities on COVID-19 and also use [guidance](#) on conservation of personal protective equipment (PPE) when unable to follow the long-term care facility guidance.
- 2. As long-term care facilities are a critical part of the healthcare system, and because of the ease of spread in long-term care facilities and the severity of illness that occurs in residents with COVID-19, CMS urges State and local leaders to consider the needs of long-term care facilities with respect to supplies of PPE and COVID-19 tests.**
  - State and local health departments should work together with long-term care facilities in their communities to determine and help address long-term care facility needs for PPE and/or COVID-19 tests.



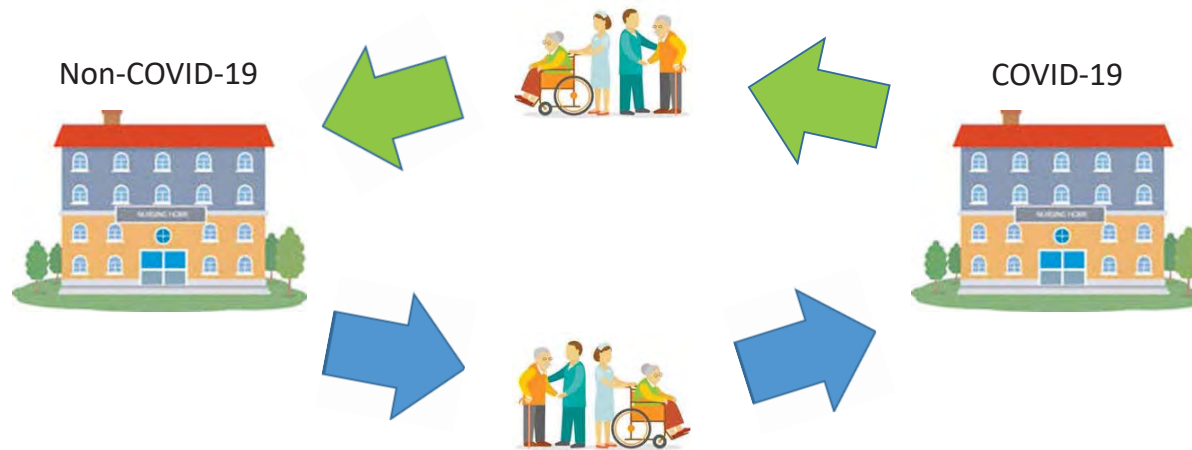
- Medicare is now covering COVID-19 testing when furnished to eligible beneficiaries by certified laboratories. These laboratories may also choose to enter facilities to conduct COVID-19 testing.
3. **Long-term care facilities should immediately implement symptom screening for all.**
    - In accordance with previous CMS guidance, *every* individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.
    - Facilities should limit access points and ensure that all accessible entrances have a screening station.
    - In accordance with previous CDC guidance, *every* resident should be assessed for symptoms and have their temperature checked every day.
    - Patients and residents who enter facilities should be screened for COVID-19 through testing, if available.
  4. **Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.**
    - For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.
    - Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
    - If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
    - Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
    - When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.
  5. **To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.**
    - Long-term care facilities should exercise as best as possible consistent assignment (meaning the assignment of staff to certain patients and residents) for all patients and residents regardless of symptoms or COVID-19 status. This practice can enhance staff's familiarity with their assigned patients and residents, helping them detect emerging condition changes that unfamiliar staff may not notice. The goal is to decrease the number of different staff interacting with each patient and resident as well as the number of times those staff interact

with the patient and resident. Also, staff as much as possible should not work across units or floors.

- i. Long-term care facilities should redeploy existing training related to consistent assignment, and ensure staff are familiar with the signs and symptoms of COVID-19.
- Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status.
  - i. To this end, long-term care facilities should work with State and local community leaders to identify and designate facilities dedicated to patients and residents with known COVID-19-positive and those with suspected COVID-19, ensuring they are separate from patients and residents who are COVID-19-negative;
  - ii. COVID-19-positive units and facilities must be capable of maintaining strict infection control practices and testing protocols, as required by regulation;
    - 1. When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients.
  - iii. There may be a need for some of these COVID-19-positive long-term care facilities to have the capacity, staffing, and infrastructure to manage higher intensity patients, including ventilator management;
  - iv. State agencies including health departments, hospitals, and nursing home associations will have to ensure coordination among facilities to determine which facilities will have a designation and to provide adequate staff supplies and PPE; and, if possible, isolate all admitted residents (including readmissions) in their room in the COVID-19-positive facility for 14 days if their COVID-19 status is unknown; and
  - v. Long-term care facilities should, to the fullest extent possible, inform residents and their families of [limitations of their access](#) to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.

###

Two or more certified long term care (LTC) facilities (SNFs and/or NFs) transfer patients between facilities to create a COVID-19 and non-COVID-19 facility. Allowed under Blanket Transfer Waiver without additional approval. Each certified facility bills Medicare for the residents in their facility.



CMS is waiving requirements in 42 CFR 483.10(c)(5); 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and § 483.21(a)(1)(i), (a)(2)(i), and (b) (2)(i) (with some exceptions) to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes:

- Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;
- Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or
- Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.

**Transfer residents from one or more certified LTC facilities to a non-certified location that is state approved and where residents must be cared for by LTC facility staff. Medicare reimbursement remains with the LTC facility caring for patients in the new location. This location could be utilized by multiple LTC facilities, providing care with their own staff.**



CMS is waiving requirements related at 42 CFR 483.90, specifically the following: Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-certified LTC building to be temporarily certified and available for use by a LTC facility in the event there are needs for isolation for COVID-19 positive residents, which may not be feasible in the existing LTC facility structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults.

These requirements are also waived when transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services “under arrangements,” as long as it is not inconsistent with a state’s emergency preparedness or pandemic plan, or as directed by the local or state health department. In these cases, the transferring LTC facility need not issue a formal discharge, as it is still considered the provider and should bill Medicare normally for each day of care. The transferring LTC facility is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period.

**Transfer of COVID-19 residents to Federal/State run facility staffed with Federal or State personnel:  
Transfers by Order of Governmental Authority (e.g., FEMA) and no reimbursement to the LTC facility.**



**No waiver necessary as long as transfer is not inconsistent with a state's  
emergency preparedness or pandemic plan, or as directed by the local or  
state health department**

# Long-Term Care (LTC) Respiratory Surveillance Line List

## Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

## LTC Respiratory Surveillance Line List

### Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

#### Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

**\*Staff includes** all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

**For residents only:** Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

#### Section B: Case Location

**For resident only:** Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. \*Answers may vary by facility due to differences in the names of resident care locations.

**For staff only:** For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

#### Section C: Signs and Symptoms (s/s)

**Symptom onset date:** Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

**Symptoms:** Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

**Additional documented s/s (select all codes that apply):** In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.

H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify \_\_\_\_\_

#### Section D: Diagnostics

**Chest x-ray:** Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

**Type of specimen collected: (Select all codes that apply):** In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.

NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify \_\_\_\_\_

**Date of collection:** Record the date (month/day) of specimen collection.

**Type of test ordered (select all codes that apply):** In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.

0 – No test performed, 1 – Culture, 2 – Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify \_\_\_\_\_

**Pathogen detected (select all codes that apply):** In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.

0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*  
Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify \_\_\_\_\_

#### Section E: Outcome During Outbreak

**Symptom Resolution Date:** Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

**Hospitalized:** Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. **Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.**

**Died:** Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

**Case (C) or Not a case (leave blank):** Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

## LTC Respiratory Surveillance Line List

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

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics				B. Case Location			C. Signs and Symptoms (s/s)				D. Diagnostics				E. Outcome During Outbreak <sup>A</sup>							
Name		Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever <sup>B</sup> (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____	Chest x-ray (Y/N)	Type of specimen collected (select all codes that apply) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify _____	Date of collection: (mm/dd)	Type of test ordered (Select all codes that apply) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify _____	Pathogen Detected (Select all codes that apply) 0 – Negative results Bacterial: 1 – <i>S. pneumoniae</i> , 2 – <i>Legionella</i> , 3 – <i>Mycoplasma</i> Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify _____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

If faxing to your local Public Health Department, please complete the following information:

Facility Name: \_\_\_\_\_ City, State: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<sup>A</sup> **Note:** Outbreak defined as date of first case to resolution of last case.

<sup>B</sup> **Definition of Fever** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977):

(1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Updated: March 12, 2019

Available from: <https://www.cdc.gov/longtermcare/training.html>

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# Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

## Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

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## LTC Respiratory Surveillance Outbreak Summary

### Section 1: Facility Information

**Health Dept. Contact Name and Phone Number:** A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

**Date First Notified Local Health Dept:** Record the date you first contacted local or state public health during this outbreak at your facility.

**Total # of residents at facility:** Document the total number of residents in the facility at the time of the outbreak.

**Total # of employees:** Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

**Summary Form Status:** Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

### Section 2: Influenza Vaccination Status

**Total # of residents vaccinated:** Record the total number of residents that received the Flu Vaccine within the past year.

**Total # of staff vaccinated:** Record the total number of staff that received the Flu Vaccine within the past year.

### Section 3: Pneumococcal Vaccination Status

**Total # of residents vaccinated:** Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

### Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

*Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.*

### Section 5: Outbreak Period Information

**Outbreak start: (Date of symptom onset of first case):** Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

**Average length of illness:** Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

**Outbreak end: (Symptom resolution date of last case):** Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

**Total # of Cases:** Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

## LTC Respiratory Surveillance Outbreak Summary

### Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

### Section 7: Diagnostic and Laboratory Tests

**Chest x-ray:** Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae*, *Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

**Diagnostic testing results:** In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

### Section 8: If Influenza Identified During Outbreak:

**Antiviral Treatment:** Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

**Antiviral Prophylaxis Offered:** Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

### Section 9: Resident Outcome

**Hospitalizations:** During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

**Deaths:** During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

### Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

### Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
<b>Facility Licensed by State:</b> Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	<b># of Licensed Beds:</b> Document the total number of licensed beds at the facility.
<b>Facility Certified by CMS:</b> Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	<b># of staff employees:</b> Document the total number of facility employed staff working in the facility at the time of the outbreak.
<b>Facility Type:</b> Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	<b># of contract employees:</b> Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

LTC Respiratory Surveillance Outbreak Summary														
<b>1. Facility Information</b>														
Health Dept. Contact Name: _____							Health Dept. Contact Phone Number: _____							
Health Dept. Fax Number: _____							Date First Notified Local Health Dept.: ____/____/____							
Total # of residents at facility: _____							Total # of employees (staff and contract personnel): _____							
Summary Form Status: Date initiated: ____/____/____							Date completed: ____/____/____							
<b>2. Influenza Vaccination Status</b>							<b>3. Pneumococcal Vaccination Status</b>							
Total # of residents vaccinated: _____							Total # of staff vaccinated: _____							
<b>4. Symptomatic Case Definition</b>														
Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility: _____														
<b>5. Outbreak Period Information</b>														
Outbreak start: (Date of symptom onset of first case): ____/____/____							<b>Total # of Cases</b> Residents: _____ Staff: _____							
Average length of illness: _____ days														
Outbreak end: (Symptom resolution date of last case): ____/____/____														
<b>6. Staff Information</b>														
Were any ill staff delivering resident care at the beginning of the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many: _____														
Did any ill staff seek outside medical care at the beginning or during the outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many: _____														
ED Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many: _____ Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many: _____														
<b>7. Diagnostic and Laboratory Tests</b>														
Chest x-ray: <input type="checkbox"/> Yes <input type="checkbox"/> No				# performed: _____				# abnormal: _____						
Which organisms were identified through laboratory testing:														
Bacterial: Specify _____				Viral: Specify _____				Other: Specify _____						
Total # of Laboratory Confirmed Cases				Culture		PCR		Other Diagnostic Tests: Specify _____						
Organism 1				Residents: _____ Staff: _____		Residents: _____ Staff: _____		Residents: _____ Staff: _____						
Organism 2				Residents: _____ Staff: _____		Residents: _____ Staff: _____		Residents: _____ Staff: _____						
Organism 3				Residents: _____ Staff: _____		Residents: _____ Staff: _____		Residents: _____ Staff: _____						
<b>8. If Influenza Identified During Outbreak:</b>														
Antiviral treatment offered: <input type="checkbox"/> Yes <input type="checkbox"/> No							Antiviral prophylaxis offered: <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, indicate total # : Residents _____ Staff _____							If yes, indicate total # : Residents _____ Staff _____							
<b>9. Resident Outcome</b>														
Hospitalizations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many: _____							Deaths: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many: _____							
<b>10. Facility Outbreak Control Measures</b>														
<input type="checkbox"/> Educated on hand hygiene practices: Date: _____							<input type="checkbox"/> Monitored appropriate HH and PPE use by staff: Date: _____							
<input type="checkbox"/> Implemented transmission-based precautions: Date: _____							<input type="checkbox"/> Cohorted ill residents within unit/building: Date: _____							
<input type="checkbox"/> Dedicate staff to care for only affected residents: Date: _____							<input type="checkbox"/> Placed ill staff on furlough: Date: _____							
<input type="checkbox"/> Suspend activities on affected unit: Date: _____							<input type="checkbox"/> Restricted new admissions to affected unit: Date: _____							
<input type="checkbox"/> Notified family/visitors about outbreak: If yes, Date: _____							<input type="checkbox"/> Educated family/visitors about outbreak: If yes, Date: _____							
<input type="checkbox"/> Other: _____							<input type="checkbox"/> Other: _____							
<b>11. # of New Cases Per Day</b>														
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														
Indicate Date of Day 1: ____/____/____ List units/floors involved in the outbreak: _____														
<b>For HD Use Only</b>														
Facility Licensed by State: <input type="checkbox"/> Yes <input type="checkbox"/> No Facility ID: _____														
Facility Certified by CMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Facility Type: <input type="checkbox"/> Nursing home <input type="checkbox"/> Assisted living <input type="checkbox"/> Other (specify): _____														
# of Licensed Beds: _____ # of staff employees: _____ # of contract employees: _____														

# Coronavirus Disease (COVID-19) – Surge Capacity Staffing

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## Policy Statement

When staffing shortages are anticipated, the director of human resources (DHR), in collaboration with the director of nursing services (DNS), will use contingency capacity strategies to ensure staffing needs are met.

## Policy Interpretation and Implementation

1. In order to provide a safe working environment and sufficient coverage for resident care, the DHR and the DNS collaborate to understand and anticipate the staffing needs of this facility.
2. The DHR communicates with the health department, emergency planning agencies and healthcare coalitions (state and local) to identify available options for additional staffing.

## Contingency Staffing Strategies

Contingency staffing strategies are adopted when staffing shortages are anticipated. Contingency strategies are based on current guidelines from the CDC and CMS and include:

1. Adjusting schedules, hiring additional staff and rotating positions including:
  - a. cancelling non-essential procedures;
  - b. cross-training staff so that they can be reassigned to essential resident care functions;
  - c. addressing social factors, such as childcare issues and transportation by offering flexible scheduling and accommodation of adjusted hours to the extent possible;
  - d. identifying sources of additional licensed and non-licensed staff (e.g., healthcare coalitions, collaboration with other facilities, etc.); and
  - e. asking staff to postpone elected time off.
2. Identifying outside facilities that have been designated as isolation or alternate care sites with appropriate levels of staff.
3. Allowing asymptomatic staff who have been exposed to COVID-19 to continue working when:
  - a. they report normal temperature and lack of symptoms every day before reporting to work;
  - b. they wear a facemask at work for 14 days after the exposure event; and
  - c. they agree to stop any resident care activities, report to their supervisor, and leave the facility if (even mild) symptoms develop.
4. Prioritizing exposed and symptomatic personnel for testing. When personnel are tested and found to be infected with SARS-CoV-2 they are excluded from work until they meet all [Return to Work Criteria](#) unless staffing shortages continue despite other mitigation strategies and certain criteria are met.
5. Allowing staff with suspected or confirmed COVID-19 infection (who are well enough to work) to return to work before all [Return to Work Criteria](#) have been met is based on the following considerations:
  - a. The type of staffing shortages that need to be addressed;
  - b. Where the individual is in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness);

*continues on next page*

- c. The types of symptoms they are experiencing (e.g., persistent fever);
  - d. Their degree of interaction and contact with residents and other staff in the facility; and
  - e. The type of residents they typically care for (e.g., immunocompromised patients).
6. Notifying residents, family and other staff members of measures that will be taken to protect them from exposure if staff with suspected or confirmed COVID-19 are allowed to work.

### **Crisis Staffing Strategies**

Crisis staffing strategies are implemented if staffing shortages are interfering with safe resident care. Crisis strategies are based on current guidelines from the CDC and CMS and include:

1. Implementing regional plans to transfer residents with COVID-19 to designated healthcare facilities, isolation sites or alternate care sites with adequate staffing.
2. If not already done, allowing asymptomatic staff who have had an unprotected exposure to COVID-19 to continue to work. These individuals will:
  - a. report temperature and absence of symptoms each day before starting work;
  - b. wear a facemask while at work for the 14 days after the exposure event;
  - c. stop resident care activities and notify their supervisor and leave the facility if even mild symptoms consistent with COVID-19 develop; and
  - d. be prioritized for testing.
3. If shortages continue despite other mitigation strategies, implementing criteria to allow staff with suspected or confirmed COVID-19 (who are well enough to work but have not met all Return to Work Criteria) to work.
4. If staff are allowed to work before meeting all Return to Work Criteria, restricting them from contact with severely immunocompromised patients and prioritizing their duties in the following order:
  - a. If not already done, allowing staff with suspected or confirmed COVID-19 to perform job duties where they do not interact with others, such as in telemedicine services.
  - b. Allow staff with confirmed COVID-19 to provide direct care only for residents with confirmed COVID-19, preferably in a cohort setting.
  - c. Allow staff with confirmed COVID-19 to provide direct care for residents with suspected COVID-19.
  - d. As a last resort, allow staff with confirmed COVID-19 to provide direct care for residents without suspected or confirmed COVID-19.
5. If staff are permitted to return to work before meeting all Return to Work Criteria, requiring adherence to all return to work practices and work restrictions recommendations described in that guidance. These include:
  - a. wearing a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer;
  - b. reminding them that in addition to potentially exposing residents, they could also expose their co-workers:
    - (1) Facemasks will be worn even when they are in non-resident care areas such as breakrooms; and
    - (2) If they must remove their facemask, for example, in order to eat or drink, they are asked to separate themselves from others.
  - c. restricting them from contact with severely immunocompromised patients until the full Return to Work Criteria have been met;

*continues on next page*

- d. adhering to hand hygiene and respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles); and
- e. self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

References	
<b>OBRA Regulatory</b>	483.80
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<a href="#">Strategies to Mitigate Healthcare Personnel Staffing Shortages</a>
<b>Related Documents</b>	Testing and Return to Work Criteria for Healthcare Personnel Personnel Roster
<b>Version</b>	1.1 (H5MAPL1475)

# Coronavirus Disease (COVID-19) – Vaccination of Residents and Staff

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## Policy Statement

This facility has partnered with \_\_\_\_\_ pharmacy to provide on-site COVID-19 vaccination for residents and staff.

## Policy Interpretation and Implementation

1. This facility is enrolled in the Pharmacy Partnership for Long-Term Care (LTC) Program with the pharmacy partner indicated above.
2. The pharmacy partner administering the vaccine is responsible for:
  - a. procurement of the vaccine dose;
  - b. supply chain storage and handling;
  - c. providing current EUA fact sheets specific to the vaccine;
  - d. obtaining and documenting consent for the vaccine;
  - e. administering the vaccine;
  - f. documenting the vaccine administration; and
  - g. reporting all required individual data elements to local, state/territorial and federal jurisdictions within 72 hours of administering each dose.
3. Facility staff may assist the pharmacy partner with:
  - a. coordinating dates and times for on-site clinics;
  - b. scheduling residents and staff;
  - c. gathering and reporting demographic information, allergies, health conditions, insurance information, etc.;
  - d. reviewing information, answering questions and assisting with obtaining consent;
  - e. retrieving and escorting residents for appointments;
  - f. observing residents and staff after doses;
  - g. assisting with V-safe downloads and reporting; and
  - h. submitting reports of adverse events following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS).
4. Residents and staff who are eligible to receive the COVID-19 vaccine are strongly encouraged to do so.
5. The COVID-19 is provided free of charge. The pharmacy partner is authorized to bill private insurance, Medicare or Medicaid for an administration fee.
6. Individuals must consent to receiving the vaccine prior to administering. Resident consent (verbal or written) is documented in the resident's medical record. Staff consent is documented in the employee health record.
7. Residents (or representatives) and staff receive information about the vaccine and an opportunity to ask questions prior to consent. Information provided includes Emergency-Use Authorization (EUA) Fact Sheets specific to the vaccine he or she will receive which explains:
  - a. the risks and benefits of the vaccine;

*continues on next page*



- b. contraindications to receiving the vaccine; and
  - c. potential side effects and adverse reactions.
8. Individuals with contraindications to the COVID-19 vaccine are not given the vaccine unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available).
  9. The following are considered contraindications to COVID-19 vaccines:
    - a. severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components;
    - b. immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG]); and/or
    - c. immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG).
  10. When COVID-19 vaccines are administered in two (2) doses individuals who receive the first vaccine dose are automatically scheduled for a second dose.
    - a. The second dose of the Pfizer-BioNTech vaccine is administered no sooner than 21 days after the first dose.
    - b. The second dose of the Moderna vaccine is administered no sooner than 28 days after the first dose.
    - c. Second doses of either vaccine are given no later than 6 weeks (42 days) after the first dose.
  11. The CDC Covid-19 Vaccine Product Information page is reviewed for updates on vaccines and EUA Fact Sheets as they become available.
  12. Covid-19 vaccines are not administered within 14 days of any other vaccines.
  13. To administer COVID-19 vaccines to our residents and staff, a provider must have and be in compliance with the CDC Covid-19 Vaccination Program Provider Agreement.
  14. Facility staff does NOT administer COVID-19 vaccines unless the facility is enrolled with the jurisdiction (state or county) as a COVID-19 vaccination provider.
  15. At the conclusion of the Pharmacy Partnership for Long-Term Care (LTC) Program (estimated March 2021), the facility will continue receiving COVID-19 vaccines by contracting with a LTC pharmacy that is enrolled as a COVID-19 vaccine provider with the state/territory or through the Federal Retail Pharmacy Program for COVID-19 vaccination.
  16. Questions regarding the COVID-19 vaccine or the vaccine program are handled by the infection preventionist.

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References	
<b>OBRA Regulatory</b>	483.80(a); 483.80(g)
<b>Survey Tag Numbers</b>	F880; F884
<b>Other References</b>	<a href="https://www.cdc.gov/vaccines/covid-19/index.html">https://www.cdc.gov/vaccines/covid-19/index.html</a> <a href="https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html">https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html</a>
<b>Related Documents</b>	Sample Resident Letter (COVID-19 Vaccine) Tuberculosis Screening – Administration and Interpretation of Tuberculin Skin Test (TST)
<b>Version</b>	1.0 (H5MAPL1501)

### Sample Letter to Residents:

A message from: *<Name of Facility's Administrator>*

Dear Resident:

Thank you for everything you do to protect yourself and others from getting COVID-19. As many of you know, residents of long-term care facilities are now recommended to receive COVID-19 vaccines. Making sure you get vaccinated early can help save your life and protect the lives of others, as you have the highest risk for infection and severe illness from COVID-19. We care about your health. Getting vaccinated is an important step to prevent getting sick with COVID-19 disease.

To offer convenient access to the vaccine, we have partnered with *<insert provider name>* to provide on-site COVID-19 vaccination for residents and staff free of charge. Please watch for additional information about on-site vaccination clinics in the coming weeks. When you agree to get vaccinated, this will be documented in your medical chart. We will work directly with *<provider name>* to ensure you also receive a fact sheet before vaccination, explaining the risks and benefits of the COVID-19 vaccine. This is called an Emergency Use Authorization (EUA) Fact Sheet.

We understand you may have questions about the vaccine. After getting vaccinated, you may have some side effects, which are normal signs that your body is building protection. The most common side effects are pain at the injection site, fever, and chills. These side effects tend to be mild to moderate and go away on their own within 1–2 days.

We will work with you to report any health problems that occur after vaccination. We call these types of health problems possible side effects or adverse events. In addition, we are encouraging residents who have a smartphone to enroll in v-safe, a tool that can be used to tell CDC if someone has any side effects after getting a COVID-19 vaccine.

COVID-19 vaccines are an important tool to help stop the pandemic. However, even after vaccination, everyone will need to continue following all the current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, following facility and community guidance on visitation and infection control, and cleaning hands often.

Thank you again for all you are doing to stay safe. We will continue to update you on any new information about COVID-19 vaccination.

Please contact us with additional questions at *<insert contact information>*.

Sincerely,

*<Name of Facility's Administrator/Medical Manager>*



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



**Miscellaneous**

Item # H50075

WINDSOR 002797

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Miscellaneous**

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# Anemia – Clinical Protocol

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## Assessment and Recognition

1. The nursing staff and physician will identify individuals with a history of anemia; for example, recent hospitalization with postoperative anemia, anemia associated with chronic renal failure, or an incidental finding of borderline low hemoglobin and/or hematocrit.
2. Nursing assessment will include:
  - a. Vital signs;
  - b. General appearance and assessment of select body systems (cardiac, pulmonary, abdomen, neurological);
  - c. Blood sugar if resident is a diabetic; urine clarity and color;
  - d. Any signs or symptoms of infection/acute illness including dehydration;
  - e. Description of current bowel and bladder function;
  - f. Assessment for bruising or any other signs of an unreported/unwitnessed fall;
  - g. Pain assessment;
  - h. Assessment for change in mood, behavior, orientation or alertness;
  - i. Resident's age and sex;
  - j. Intake and output history over 24 hours;
  - k. All current medications, any recent changes in medications and allergies;
  - l. History related to condition;
  - m. All active diagnoses; and
  - n. Any recent labs.
3. The nursing staff and physician will identify individuals who are at risk for developing anemia; for example, those with a history of gastrointestinal bleeding, nutritional deficiencies, cancer or malabsorption, or those receiving medications such as chemotherapy that may affect absorption or utilization of nutrients.
4. The nursing staff and physician will identify signs and symptoms suggesting possible complications of anemia; for example, glossitis, stomatitis, peripheral neuropathy, activity intolerance or fatigue, dizziness or lightheadedness, or refractory congestive heart failure.

## Cause Identification

1. Based on the assessment and on consideration of possible causes, the physician will order appropriate diagnostic tests to assess the category, causes, and severity of anemia; for example, iron, iron-binding capacity, serum ferritin, reticulocyte count, vitamin B12 and folate, thyroid function, urinalysis, stools for occult blood, or other indicated tests.
2. Based on the assessment and test results, the physician will identify the category (blood loss, increased red blood cell destruction, decreased production or bone marrow failure, or mixed), severity, likely causes, and associated disorders (for example, pancytopenia).
3. Depending on these preliminary results, the physician will identify additional consultations or tests such as radiologic or endoscopic evaluation of the gastrointestinal tract, urinary cytology, or bone marrow aspiration.

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## Treatment/ Management

1. The physician will identify appropriate cause-specific and symptomatic interventions.
  - a. For example, these might include iron or vitamin/mineral supplementation to treat nutritional deficiency, stopping or adjusting medications that may be causing bleeding (such as nonsteroidal anti-inflammatory drugs [NSAIDs] or coumadin) or hemolysis, treating conditions associated with bleeding (for example, ulcerative colitis or gastritis) or treating a urinary tract infection associated with hematuria.
2. The physician will document when the underlying cause of anemia is irreversible or only partially correctable; for example, anemia due to bone marrow failure or leukemia, anemia of chronic disease, resident advance directives rejecting transfusions, etc.
3. The physician will identify situations where blood transfusions are appropriate, based on the severity of symptoms or other pertinent factors.
4. Use of any medications to treat anemia should be based on appropriate indications.
  - a. Erythropoietin use should be limited to appropriate indications; for example, individuals with cancer who are receiving chemotherapy or those who have anemia due to end-stage renal disease. Additionally, duration of erythropoietin use should be based on prescribing information, FDA warnings, and consideration of additional relevant factors such as the individual's prognosis, underlying causes of anemia, and monitoring of hemoglobin/hematocrit.

## Monitoring and Follow-Up

1. The staff and physician will monitor the individual with anemia; for example, by observing function, monitoring for dyspnea or edema, follow-up lab tests, etc.
2. The physician will continue, adjust, or stop treatments based on the resident's responses and the status of underlying conditions.

References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F684; F757; F710
<b>Other References</b>	Landis R. Anemia in the elderly. Available at <a href="http://www.clinicalgeriatrics.com/articles/Anemia-Elderly">http://www.clinicalgeriatrics.com/articles/Anemia-Elderly</a> . Levenson SA and Crecelius CC. Erythropoietin use in LTC. Caring for the Ages. March 2004;3, 7-8. (Available at <a href="http://www.amda.com/caring/march2004/evidencebased.htm">http://www.amda.com/caring/march2004/evidencebased.htm</a> )
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MACL0005)

# Quality Assurance and Performance Improvement (QAPI) Program

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## Policy Statement

This facility shall develop, implement, and maintain an ongoing, facility-wide, data-driven QAPI program that is focused on indicators of the outcomes of care and quality of life for our residents.

## Policy Interpretation and Implementation

The objectives of the QAPI Program are to:

1. provide a means to measure current and potential indicators for outcomes of care and quality of life.
2. provide a means to establish and implement performance improvement projects to correct identified negative or problematic indicators.
3. reinforce and build upon effective systems and processes related to the delivery of quality care and services.
4. establish systems through which to monitor and evaluate corrective actions.

## Authority

1. The owner and/or governing board (body) of our facility is ultimately responsible for the QAPI program.
2. The governing board/owner evaluates the effectiveness of its QAPI program at least annually and presents findings to the QAPI committee.
3. The administrator is responsible for assuring that this facility's QAPI program complies with federal, state, and local regulatory agency requirements.
4. The QAPI committee reports directly to the administrator.

## Implementation

1. The QAPI committee oversees implementation of our QAPI plan, which is the written component describing the specifics of the QAPI program, how the facility will conduct its QAPI functions, and the activities of the QAPI committee.
2. The QAPI plan describes the process for identifying and correcting quality deficiencies. Key components of this process include:
  - a. tracking and measuring performance;
  - b. establishing goals and thresholds for performance measurement;
  - c. identifying and prioritizing quality deficiencies;
  - d. systematically analyzing underlying causes of systemic quality deficiencies;
  - e. developing and implementing corrective action or performance improvement activities; and
  - f. monitoring or evaluating the effectiveness of corrective action/performance improvement activities, and revising as needed.

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3. The committee meets monthly to review reports, evaluate data, and monitor QAPI-related activities and make adjustments to the plan.

### **Disclosure of Information**

1. Information regarding QAPI activities may be disclosed only in accordance with applicable laws and regulations.
2. The QAPI plan is presented to the state survey agency annually during the recertification survey, and as requested during any other survey or by CMS.
3. Protection from disclosure is generally afforded documents generated by the QAPI committee, such as minutes, internal papers, or conclusions, unless these documents contain the evidence necessary to determine compliance with QAPI regulations.
  - a. Surveyors may require facilities to disclose QAPI committee records (which they may review and copy) to determine the extent to which facilities are compliant with QAPI regulations.
  - b. Surveyors may not use this information as a basis to cite new deficiencies, or to expand the scope and severity of already identified concerns.
4. Incident and accident reports, wound logs, or other reports or records used to track adverse events are not protected from disclosure. Surveyors may request these documents as part of their normal investigation of other areas of concern throughout the survey to support their findings.
5. Only documents and information covered under The Federal Patient Safety and Quality Improvement Act of 2005 (“patient safety work product”) and are part of a patient safety evaluation system (PSES) are protected from disclosure.

### **Coordination**

1. The QAPI coordinator manages QAPI committee activities and changes to the QAPI plan.
2. The QAPI coordinator assists other committees, individuals, departments, and/or services in developing quality indicators, monitoring tools, assessment methodologies and documentation, and in making adjustments to the plan.
3. The QAPI coordinator serves as a liaison between the QAPI committee and individuals, services, and/or departments regarding QAPI activities.

<b>References</b>	
<b>OBRA Regulatory Reference Numbers</b>	§483.75(a) Quality assurance and performance improvement (QAPI) program
<b>Survey Tag Numbers</b>	F865
<b>Other References</b>	The Federal Patient Safety and Quality Improvement Act of 2005 (PSQIA)
<b>Related Documents</b>	<a href="#">Quality Assurance and Performance Improvement (QAPI) Program – Design and Scope</a>
<b>Version</b>	1.2 (H5MAPL0698)

# Quality Assurance and Performance Improvement (QAPI) Program – Analysis and Action

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## Policy Statement

Quality deficiencies that are identified through feedback and data and will undergo appropriate corrective action. Corrective actions are monitored against established goals and benchmarks by the QAPI committee.

## Policy Interpretation and Implementation

1. The QAPI program, overseen by the QAPI committee is designed to identify and address quality deficiencies through the analysis of the underlying cause and actions targeted at correcting systems at a comprehensive level.
2. The methodology for analysis and action is guided by a written QAPI plan that includes:
  - a. definition of the problem, based on information obtained through data, self-assessment and feedback systems.
  - b. an analysis of the root cause of the problem from a systems perspective.
  - c. establishing measurable goals or benchmarks for improvement.
  - d. specific interventions aimed at correcting the problem and achieving the stated goals or benchmarks.
  - e. methods and frequency of monitoring performance improvement objectives.
3. The QAPI committee is responsible for analyzing identified problems, establishing corrective actions, measuring progress against the established goals and benchmarks, communicating information to staff and residents, and reporting findings to the administrator and governing board.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.75(d) QAPI – Program systematic analysis and systematic action
<b>Survey Tag Numbers</b>	F867
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL1471)

# Quality Assurance and Performance Improvement (QAPI) Program – Design and Scope

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## Policy Statement

The facility QAPI program is ongoing, comprehensive and addresses all care and services provided by the facility. The scope of our performance improvement efforts is reflective of the complexity of services and resources of the organization.

## Policy Interpretation and Implementation

1. The QAPI program is designed to address all systems and practices in this facility that affect residents, including clinical care, quality of life, resident choice and safety.
2. The indicators of quality are defined and measured based on the current evidence supporting the best indicators of desired outcomes for residents in nursing facilities.
3. The indicators of quality for this facility reflect the care and services provided that are unique to our facility and resident population, as identified in the facility assessment.
4. The QAPI functions prioritize identified problem areas that are high-risk, high volume and/or problem prone.
  - a. **“High Risk.”** Refers to care or service areas associated with significant risk to the health or safety of residents, e.g., tracheostomy care; pressure injury prevention; administration of high risk medications such as warfarin, insulin, and opioids.
  - b. **“High Volume.”** Refers to care or service areas performed frequently or affecting a large population, thus increasing the scope of the problem, e.g., transcription of orders; medication administration; laboratory testing.
  - c. **“Problem-prone.”** Refers to care or service areas that have historically had repeated problems, e.g., call bell response times; staff turnover; lost laundry.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.75(b) Quality assurance and performance improvement (QAPI) program – Program Scope and Design
<b>Survey Tag Numbers</b>	F865
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Quality Assurance and Performance Improvement (QAPI) Program Resident Census and Conditions of Residents (CMS-672)</a>
<b>Version</b>	1.0 (H5MAPL1469)

# Quality Assurance and Performance Improvement (QAPI) Program – Feedback, Data and Monitoring

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## Policy Statement

The QAPI program is based on the collection information obtained from data, self-assessment and systems of feedback. Information is collected, evaluated and monitored by the QAPI committee.

## Policy Interpretation and Implementation

1. Information obtained about the quality of care and services delivered to residents is evaluated and monitored by the QAPI committee in order to identify problems that are high risk, high volume or problem prone and to guide decisions regarding opportunities for improvement.
2. The QAPI process focuses on identifying systems and processes that may be problematic and could be contributing to avoidable negative outcomes related to resident care, quality of life, resident safety, resident choice or resident autonomy, and on making a good faith effort to correct or mitigate these outcomes.
3. Systems and tools used to identify, collect and evaluate data from all departments to monitor performance indicators include, but are not limited to the following:
  - a. Self-assessment tools:
    - Ongoing facility assessment
    - Monthly resident census data
    - Annual Survey results
    - QAPI self-assessment tools
  - b. Data collection tools:
    - Monthly surveillance reports for quality of care indicators
    - Monthly quality measures reports
    - Monthly staff turnover reports
    - Monthly summary of accident and incident reports (and/or other adverse event tracking tools)
  - c. Feedback from staff, residents and families:
    - Resident and family satisfaction surveys
    - Staff suggestions and exit interviews
    - Feedback from resident council meetings
    - Complaint survey results
4. Data and information collected are reviewed by the committee and prioritized according to the risk, volume, and potential problems.
5. Root cause analysis is conducted to identify problematic processes and systems that need to be addressed.
6. Corrective actions and performance improvement activities are initiated and monitored. The committee tracks and documents the progress of existing initiatives as well as newly identified ones, as part of the ongoing QAPI process.
7. The number and scope of performance improvement activities reflect the scope and complexity of this organization's services and available resources, as identified in the facility assessment.

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8. The QAPI program is committed to no less than one project annually that focuses on a high-risk or problem-prone area identified through data collection and analysis.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.75(c) QAPI – Program Feedback, Data Systems and Monitoring; §483.75(e) QAPI – Program Activities
<b>Survey Tag Numbers</b>	F866; F867
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Care Area Assessment (CAA) Resources (MDS RAI – Appendix C)</a> <a href="#">Resident Census and Conditions of Residents (CMS-672)</a>
<b>Version</b>	1.0 (H5MAPL1470)

# Quality Assurance and Performance Improvement (QAPI) Program – Governance and Leadership

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## Policy Statement

The quality assurance and performance improvement program is overseen and implemented by the QAPI committee, which reports its findings, actions and results to the administrator and governing body.

## Policy Interpretation and Implementation

1. The administrator, whether a member of the QAPI committee or not, is ultimately responsible for the QAPI program, and for interpreting its results and findings to the governing body.
2. The governing body is responsible for ensuring that the QAPI program:
  - a. is implemented and maintained to address identified priorities;
  - b. is sustained through transitions of leadership and staffing;
  - c. is adequately resourced and funded, including the provision of money, time, equipment, training and staff coverage sufficient to conduct the activities of the program;
  - d. is based on data, resident and staff input, and other information that measures performance; and
  - e. focuses on problems and opportunities that reflect processes, functions and services provided to the residents.
3. The QAPI coordinator coordinates the activities of the QAPI committee.
4. The responsibilities of the QAPI committee are to:
  - a. collect and analyze performance indicator data and other information;
  - b. identify, evaluate, monitor and improve facility systems and processes that support the delivery of care and services;
  - c. identify and help to resolve negative outcomes and/or care quality problems identified during the QAPI process;
  - d. utilize root cause analysis to help identify where identified problems point to underlying systematic problems;
  - e. help departments, consultants and ancillary services implement systems to correct potential and actual issues in quality of care;
  - f. establish benchmarks and goals by which to measure performance improvement;
  - g. coordinate the development, implementation, monitoring, and evaluation of performance improvement projects to achieve specific goals; and
  - h. communicate all phases of the QAPI process to the administrator and governing body through sharing meeting minutes, committee activities and results of QAPI activities.
5. The committee has the full authority to oversee the implementation of the QAPI program, including, but not limited to, the following:
  - a. Establishing performance and outcome indicators for quality of care and services delivered in the facility;
  - b. Choosing and implementing tools that best capture and measure data about the chosen indicators;

*continues on next page*

- c. Appropriately interpreting data within the context of standards of care, benchmarks, targets and the strengths and challenges of the facility; and
  - d. Communicating the information gathered and their interpretation to the owner/governing board (body).
6. The following individuals serve on the committee:
- a. Administrator, or a designee who is in a leadership role;
  - b. Director of nursing services;
  - c. Medical director;
  - d. Infection preventionist; and
  - e. Representatives of the following departments, as requested by the administrator:
    - (1) Pharmacy;
    - (2) Social services;
    - (3) Activity services;
    - (4) Environmental services;
    - (5) Human resources; and
    - (6) Medical records.
7. The committee meets at least quarterly (or more often as necessary). Committee members are reminded of meeting day, time and location via e-mail at least two business days prior to the meeting.
8. Special meetings may be called by the administrator as needed to present issues that need to be addressed before the next regularly scheduled meeting.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.75(f) QAPI – Governance and Leadership.
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0696)

# Alcoholic Beverages

## Level II

### Purpose

The purpose of this procedure is to establish uniform guidelines concerning the administration of alcoholic beverages.

### General Guidelines

1. A physician's order must be received before any alcoholic beverage may be administered to a resident.
2. Should such an order be received, the Nurse Supervisor receiving the order must contact the pharmacist to determine if any of the resident's current medications would interact with alcohol.
3. Should there be a medication that would interact with the alcohol, the Nurse Supervisor must inform the physician of such medication.
4. Record and follow the physician's instructions.
5. Alcoholic beverages must be paid for by the resident, his family, and/or the resident's representative (sponsor).
6. The Nurse Supervisor receiving the alcoholic beverage must label the bottle.
7. The label must contain:
  - a. The resident's name and room number.
  - b. The exact dosage to be administered.
  - c. The time(s) each dose is to be administered.
  - d. The name of the physician.
8. Alcoholic beverages must be treated as medication and stored in the medicine room.
9. Should you have any doubt concerning the administration of the beverage to the resident, contact the Director of Nursing Services.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F740; F755
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0015)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Musculoskeletal Conditions**

Item # H50075

WINDSOR 002810

**Nursing Services**  
**Policy and Procedure Manual for Long-Term Care**  
**Musculoskeletal Conditions**  
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**Appendices - Flash Drive Only**

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**Sample Documentation**

Joint Mobility Screen (MP5478)

# Dysphagia – Clinical Protocol

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## Assessment and Recognition

1. The staff and physician will identify individuals with a history of swallowing difficulties or related diagnoses such as dysphagia, as well as individuals who currently have difficulty chewing or swallowing food.
2. Based on the information collected and correlated by various disciplines, the staff and practitioner, in conjunction with the SLP, will define the situation carefully (for example, differentiate coughing, choking, wheezing, and aspirating; identify the circumstances, details and frequency and severity of any episodes, presence of a feeding tube, and other related information) and whether the situation needs additional evaluation and clarification.
3. If a swallowing problem is identified or suspected, a healthcare practitioner, in conjunction with nursing and the SLP, will identify and document pertinent information, including the resident/patient's:
  - a. level of consciousness;
  - b. ability to swallow 3 ounces of water without drooling, coughing or choking (unless contraindicated by clinical evidence);
  - c. previous and recent history of swallowing capability and difficulty;
  - d. ability to follow commands;
  - e. condition, function, gross strength and coordination of muscles of the face, mouth and tongue;
  - f. pulse oximetry during or after eating or drinking, compared to usual baseline; and
  - g. where feasible, asking specific questions related to swallowing (for example, using the EAT-10 screen or comparable questions) from the patient's perspective.

## Cause Identification

1. It is important to clarify the symptoms and the history in detail in order to help identify causes, since symptoms related to chewing or swallowing may have modifiable causes.
2. Correct cause identification is the foundation for pertinent interventions. The healthcare practitioner should address should obtain symptom details and try to clarify the nature and causes of the problem and not simply order a speech therapy evaluation.
3. In most cases, causal factors should be clarified before instituting significant dietary restrictions. Exceptions might include individuals with obvious inability to clear saliva or swallow food or liquids.
4. Medical and other causes of dysphagia, coughing, or choking can include:
  - a. oral and dental disorders;
  - b. thyroid disorders (including thyroiditis);
  - c. oropharyngeal and esophageal disorders (including pharyngitis, esophageal spasm, malignancy, stricture, and candida esophagitis);
  - d. gastroesophageal reflux disease;
  - e. medication side effects; for example, including aspirin and other nonsteroidal anti-inflammatory drugs, corticosteroids, chemotherapy agents, antipsychotics, antidepressants, ACE inhibitors, antibiotics, cholinesterase inhibitors, seizure medications, and proton pump inhibitors; and
  - f. psychiatric disorders (anxiety, depression, and various personality disorders).

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## Treatment/Management

1. Taking into account the entire picture (not just a test result or a symptom), the interdisciplinary team (including the medical practitioner) will define the resident / patient's situation, including causes, complications, and benefits and risks.
  - a. Relevant findings include the resident/patient's overall condition and nutritional status; identified and suspected causes of swallowing difficulty and related issues; overall prognosis, quality of life considerations, resident/patient goals and wishes (for example, as documented in advance directives and/or living wills); results of swallowing evaluation and studies; and review of whether various alternatives are available, feasible, or have already been tried.
  - b. The risks and benefits of allowing individuals to eat and drink must be weighed appropriately. Swallowing abnormalities are common, but do not necessarily imply that there is a problem needing an intervention or a limitation.
2. The staff and physician will first try to identify and implement simple interventions to manage the situation; for example, cutting food into smaller pieces, allowing the individual to eat more slowly, addressing oral and dental problems, or addressing factors that make the individual less attentive or drowsy during meals.
3. The physician will address underlying medical conditions causing or contributing directly or indirectly to cough or difficulty eating, chewing, or swallowing; for example, treat esophagitis, address medical conditions affecting mental status or level of consciousness, or reduce, change, or stop medications associated with dry mouth, confusion, dyspepsia, altered level of consciousness, coughing, or dysphagia.
4. The staff and practitioners will identify and document patient choice. If a resident/patient or family decline recommendations for a downgraded diet, the staff or physician will document this in the medical record.
  - a. Resident/patient wishes regarding diet, including its content and consistency, should weigh heavily when considering possible restrictions.
  - b. The risk of clinically significant complications such as aspiration pneumonia should be presented in the same balanced context as any other risk factors.
5. If a modified consistency diet or other restrictions are indicated (that is, the risk of clinically significant aspiration or other complications outweighs the benefits of an unaltered or minimally altered diet), nursing will obtain an order for such restrictions from the physician.
  - a. Decisions to modify or restrict food and fluid intake should be based on weighing all of these relevant factors, including identified causes and resident/patient goals and wishes, and not just on a test result or a symptom.
  - b. The physician and staff will coordinate documentation in the medical record to identify the rationale for any restrictions, including review of possible causes and the feasibility of various measures to address the situation.
    - (1) Examples of situations in which speech therapy interventions may be helpful include individuals who have had a recent stroke with subsequent impaired chewing and swallowing; or individuals with neuromuscular disorders where compensatory techniques may allow the individual to eat more freely and reduce the risk of aspiration.
    - (2) There is not a simple and obvious relationship between prandial liquid aspiration and pneumonia. Some individuals have complications from aspiration, while others have "subclinical" (asymptomatic) or occasional aspiration that does not require significant diet modification or other interventions. Aspiration does not necessarily cause pneumonia, and many people who occasionally aspirate can eat and drink without complications.

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6. The staff and physician will identify and address any complications of swallowing disorders and their underlying causes.
7. Generally, tube feeding is not recommended unless the above steps have been followed and other pertinent interventions are not feasible or have failed to prevent complications of clinically significant aspiration.
  - a. Percutaneous gastrostomy tubes may be beneficial for short-term use in select situations (for example, individuals with dysphagia due to a new stroke), but are unlikely to benefit others (for example, individuals with advanced dementia or other end-stage or terminal conditions).
  - b. In conjunction with the resident/patient and family, the physician must carefully consider the clinical and ethical appropriateness of any recommendations that the resident/patient should not be allowed to eat at all or should be tube fed because of aspiration risk.

### Monitoring and Follow-Up

1. The staff and physician will monitor the progress of individuals with swallowing difficulties; for example, ease of eating, improvement of symptoms, and resolution of underlying causes.
2. For individuals who have been placed on modified consistency diets, the staff will monitor and report to the physician objective evidence of the resident/patient's progress in eating and drinking and tolerance of any restrictions, and will look for complications of such restrictions such as weight loss and an overall decline. The staff and physician will identify individuals whose swallowing capabilities decline, fluctuate, or result in clinically significant complications and will adjust diet and food consistency where relevant and make other appropriate interventions.
3. The staff and physician will identify individuals whose food and fluid restrictions can be upgraded; for example, from thickened to thin liquids or pureed to mechanical soft.

References	
<b>MDS Items (CAAs)</b>	Section G; Section K; (CAA 5; CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F561; F692; F693; F805; F808
<b>Other References</b>	<p>Belafsky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Allen J, Leonard RJ. Validity and reliability of the Eating Assessment Tool (EAT-10). <i>Ann Otol Rhinol Laryngol</i>. 2008 Dec;117(12):919-24.</p> <p>Campbell-Taylor I. Oropharyngeal Dysphagia in Long-Term Care: Misperceptions of Treatment Efficacy. <i>J Amer Med Dir Assoc</i> 2008; 9:523-531. doi: 10.1016/j.jamda.2008.06.001.</p> <p>Dharmarajan TS, Unnikrishnan D, Pitchumoni CS. Percutaneous endoscopic gastrostomy and outcome in dementia. <i>Am J Gastroenterol</i> 2001 Sep;96(9):2556-63.</p> <p>Finucane TE, Bynum JP. Use of tube feeding to prevent aspiration pneumonia. <i>Lancet</i> 1996;348:1421-4.</p> <p>Morley JE. Dysphagia and aspiration. <i>J Amer Med Dir Assoc</i> 2015;16:631-634. <a href="http://dx.doi.org/10.1016/j.jamda.2015.05.022">http://dx.doi.org/10.1016/j.jamda.2015.05.022</a>.</p> <p>Smith PA. Nutrition, hydration, and dysphagia in long-term care: differing opinions on the effects of aspiration. <i>J Amer Med Dir Assoc</i> 2006;7:545-549.</p>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MACL0016)

# Osteoporosis – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify individuals with a history of osteopenia (moderate bone loss) or osteoporosis (more severe bone loss) and those with complications of osteoporosis; for example, osteoporosis confirmed by DEXA scan, kyphosis, a history of fractures with minimal or no trauma, a loss of height associated with back pain (indicating vertebral compression), or a loss of height relative to the individual's height at age 30.
2. The physician will identify individuals who are at risk for additional bone loss and distinguish non-modifiable (for example, female, small body frame, Caucasian or Asian race, etc.) from possibly modifiable factors (for example, smoking and inactivity) that may adversely affect bone metabolism.
3. The staff and physician will assess residents with identified osteoporosis or obvious skeletal deformity to determine functional capabilities, disabilities, and complications including pain and fall risk.

## Cause Identification

1. The physician will confirm the diagnosis of osteoporosis based primarily on clinical findings such as evidence of compression fractures, previous fracture, loss of height as a result of kyphosis or exaggerated cervical lordosis, and on laboratory values and diagnostic test results where available and pertinent; for example, x-ray evidence of bone loss and results of a DEXA scan.
2. As appropriate, the physician will seek potentially modifiable causes of the individual's bone loss; for example, primary hyperparathyroidism, chronic corticosteroid usage, osteomalacia, renal failure, hyperthyroidism, immobility, and inadequate intake of calcium and vitamin D.

## Treatment/Management

1. The physician and staff will identify pertinent medical interventions for individuals with osteoporosis or those with significant risk for osteoporosis.
2. The staff will institute basic measures, including strategies to try to maintain adequate supplementation, maximize mobility, and address modifiable risk factors.
  - a. Relevant measures may include fall prevention strategies (including gait and balance training), range of motion exercises in non-ambulatory residents, and regular weight-bearing exercise.
3. The physician will review current medications and try to reduce, discontinue, or substitute for medications that predispose residents to osteoporosis (for example, anticonvulsants and glucocorticoids) or increase the risk of falling (see policy on Managing Falls and Fall Risk).
4. The physician will order calcium and vitamin D supplementation as appropriate and if not contraindicated.
  - a. Calcium and vitamin D supplementation may slow additional bone loss. Total daily amounts (including dietary intake) should approximate 1200-1500 mg/day of calcium and 800-1000 international units/day of vitamin D, unless otherwise indicated.
5. The physician will evaluate whether the resident is a candidate for taking bisphosphonates, calcitonin, or other medications for treating osteoporosis based on severity of bone loss, ability to tolerate and take the medications appropriately, presence of relative contraindications, overall prognosis, and other factors.

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6. The physician and staff will identify and institute treatments for complications of osteoporosis such as pain and impaired mobility.
7. The physician will consider whether the resident with complications from vertebral compression fractures might benefit from palliative surgical interventions such as vertebroplasty or kyphoplasty.

### Monitoring

1. The staff and physician will periodically assess and document the individual's progress in maintaining or improving bone integrity.
  - a. If feasible and pertinent, the situation should be re-evaluated approximately every 3 to 6 months; for example, objective pain assessment, evaluation of ADL function and dependency, strength, and mobility.
2. The staff and physician will monitor the individual for side effects of treatments for osteoporosis; for example, heartburn or esophagitis in someone taking a bisphosphonate, or nasal irritation from calcitonin.
  - a. The physician should identify alternatives for someone who can benefit from treatment but who is experiencing significant side effects from a current osteoporosis-related medication regimen.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; (CAA 19)
<b>Survey Tag Numbers</b>	F636; F684; F689; F710
<b>Other References</b>	<p>American Medical Directors Association. Osteoporosis Clinical Practice Guideline.</p> <p>Becker C. Clinical evaluation for osteoporosis. <i>Clin Geriatr Med</i> 2003;19(May):299-320.</p> <p>National Osteoporosis Foundation. Physician's Guide to Prevention and Treatment of Osteoporosis. 2003. Washington, D.C.</p> <p>Nelson ME, Fiatarone MA, Morganti CM, et al. Effects of high-intensity strength training on multiple risk factors for osteoporotic fractures: A randomized controlled trial. <i>JAMA</i> 1994;272:1909-1914.</p> <p>Wallace RG. Bone health in nursing home residents. <i>JAMA</i> 2000;284:1018-1019.</p> <p>Zimmerman S. The prevalence of osteoporosis in nursing home residents. <i>Osteoporosis Int</i> 1999;9(2):151-7.</p> <p>Zimmerman S, Chandler JM, Hawkes W, et al. Effect of fracture on the health care use of nursing home residents. <i>Arch Intern Med</i> 2002;162(13):1502-8.</p>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MACL0028)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Nutrition and Hydration**

Item # H50075

WINDSOR 002818

# Nursing Services

## Policy and Procedure Manual for Long-Term Care

### Nutrition and Hydration

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Nutrition and Hydration**

#### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20075 Nutrition  
CMS-20092 Hydration  
CMS-20093 Tube Feeding

#### **Sample Documentation**

Calorie Count Record (CP1728)  
Data Collection/Evaluation – Nutritional (CP1708)  
Dietary Enteral Review (CP1713)  
Dietary Intake Record (CP1719)  
Enteral Flow Record (MP9211)  
Enteral Protocol (MP-EFP)  
Food and Beverage Preference List (CP1711)  
Hydration Risk Evaluation (MP5474)  
Intake/Output Record (Shift) (MP5429)  
Monthly Intake and Output Flow Sheet (MP5443)  
Nutritional Evaluation of Tube Fed Resident (CP1714)  
Nutritional Review (CP1718)

#### **Tools**

Complications of Parenteral Nutrition Chart  
Nutrition and Hydration Care – What Nursing Assistants Can Do

# Hydration – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will help define the individual's current hydration status (fluid and electrolyte balance or imbalances).
  - a. The physician will distinguish various types of fluid and electrolyte imbalance (for example, hyponatremia, hypernatremia, pre-renal azotemia, etc.) from true dehydration (clinically significant loss of total body water).
2. The staff, with the physician's input, will identify and report to the physician individuals with signs and symptoms (for example, delirium, lethargy, increased thirst, etc.) or lab test results (for example, hypernatremia, azotemia, etc.) that might reflect existing fluid and electrolyte imbalance.
3. The physician and staff will identify significant risk for subsequent fluid and electrolyte imbalance; for example, individuals with prolonged vomiting, diarrhea, or fever, or who are taking diuretics and/or ACE inhibitors and who are not eating or drinking well.

## Cause Identification

1. The physician will help identify the cause(s) of any existing fluid and electrolyte imbalance or help the staff document why the individual should not be tested or evaluated.
  - a. A limited review for causes (for example, based on the clinical situation and a basic metabolic profile [BMP]) may be appropriate even if an extensive work-up is not.

## Treatment/Management

1. The physician will manage significant fluid and electrolyte imbalance, and associated risks, appropriately and in a timely manner.
  - a. Timeliness depends on the severity, nature, and causes of the fluid and electrolyte imbalance.
  - b. For minor, uncomplicated fluid and electrolyte imbalance, oral rehydration may suffice. For more severe or complicated fluid and electrolyte imbalance, subcutaneous (hypodermoclysis) or intravenous hydration may be needed.
  - c. Any medications that are contributing to fluid and electrolyte imbalance should be tapered or stopped (at least temporarily), or the physician should provide clinically valid documentation as to why they cannot or should not be changed, even temporarily.
2. The staff will provide supportive measures such as supplemental fluids and adjusting environmental temperature, where indicated.

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## Monitoring and Follow-Up

1. The physician and staff will monitor for the subsequent development, progression, or resolution of fluid and electrolyte imbalance in at-risk individuals.
  - a. For example, replacement may be adequate if the resident is clinically stable, not having delirium, voiding at least every 3-4 hours, and the urine specific gravity (where attainable) is less than 1.015.
2. The physician will adjust treatments based on specific information (lab results, level of consciousness, etc.) relevant to that individual.
  - a. Oral replacement may be adequate if the patient is clinically stable, not having delirium, voiding at least every 3-4 hours, and the urine specific gravity (where attainable) is less than 1.015.
  - b. Repeating the basic metabolic profile and/or serum osmolality can help track progress in correcting abnormalities.

References	
<b>MDS Items (CAAs)</b>	Section J; (CAA 14)
<b>Survey Tag Numbers</b>	F561; F692; F693; F807
<b>Other References</b>	<p>American Medical Directors Association (AMDA). Dehydration and Fluid Maintenance Clinical Practice Guideline. Columbia, MD: 2000.</p> <p>Dasgupta M, Binns MA, Rochon PA. Subcutaneous fluid infusion in a long-term care setting. <i>J Am Geriatr Soc</i>. 2000;48(7):795-9.</p> <p>Thomas DR, Tariq, SH, Makhdomm S, Haddad R, and Moinuddin A. Physician misdiagnosis of dehydration in older adults. <i>J Amer Med Dir Assoc</i> 2003;4:251–254.</p> <p>Thomas DR, Cote TR, Lawhorne L, Levenson SA, Rubenstein LZ, Smith DA, Stefanacci RG, Tangelos EG, Morley JE, Dehydration Council. Understanding clinical dehydration and its treatment. <i>J Am Med Dir Assoc</i>. 2008;9:292-301.</p>
<b>Related Documents</b>	<a href="#">Resident Hydration and Prevention of Dehydration</a> <a href="#">CMS-20092 Hydration</a>
<b>Version</b>	1.3 (H5MACL0023)

# Nutrition (Impaired)/Unplanned Weight Loss – Clinical Protocol

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## Assessment and Recognition

1. The nursing staff will monitor and document the weight and dietary intake of residents in a format which permits comparisons over time.
2. The staff and physician will define the individual's current nutritional status (weight, food/fluid intake, and pertinent laboratory values) and identify individuals with anorexia, weight loss or gain, and significant risk for impaired nutrition; for example, high risk residents with acute symptoms such as vomiting, diarrhea, fever and infection, or those taking medications that may be causing weight gain or increasing the risk of anorexia or weight loss.
3. The physician will consider whether any assessment including additional diagnostic testing is indicated to help clarify the severity or consequences of weight loss and/or impaired nutrition.
  - a. No lab tests are sensitive or specific enough for defining nutritional status that they should be ordered for everyone. Lab tests should be ordered if they are likely to substantially help establish current status or prognosis, causes or choices of interventions; otherwise, routine ordering to assess or follow nutritional status is not generally indicated.
4. The staff will report to the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake.

## Cause Identification

1. The physician will review for medical causes of weight gain, anorexia and weight loss before ordering interventions.
2. For individuals with recent or rapid weight gain or loss (for example, more than a pound a day), the staff and will review for possible fluid and electrolyte imbalance as a cause.
  - a. Conditions such as heart failure and renal failure can cause rapid weight gain and fluid deficits can result in rapid weight loss (1 kg/2.2 pounds gained or lost for each liter of fluid excess or deficit). The physician, with the help of the multidisciplinary team, will identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss.
3. The physician will help identify medical conditions (cancer, cardiac or renal disease, depression, dental problems, etc.) and medications that may be causing weight gain or loss or increasing risk for either gaining or losing weight.
  - a. Many categories of diseases and medications can affect appetite directly or indirectly by affecting taste or causing lethargy, confusion, dry mouth, etc.
4. The physician will review carefully, and rule out medical causes of, oral or swallowing problems before authorizing other consults or interventions to modify diet consistency.
  - a. Sometimes, an extensive workup may not be appropriate or knowing the cause may not change the interventions. Nevertheless, a systematic review for causes based on an individual's history, comorbidities, risk factors, etc. may be appropriate even if an extensive workup is not.

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5. The physician will review and rule out medical causes of oral or swallowing problems before authorizing other consults or interventions to modify diet consistency.
  - a. A physician should define and differentiate basic causes of apparent swallowing or choking problems; other disciplines may be trained to treat symptoms but not to identify a differential diagnosis.
6. The physician (or staff, based on a discussion with the physician) will document relevant medical information regarding the nature, severity, causes, and consequences of impaired nutritional status, especially in complex situations such as where multiple causes coexist.

### **Treatment/Management**

1. The staff and physician will identify pertinent interventions based on identified causes and overall resident condition, prognosis, and wishes.
  - a. Treatment decisions should consider all pertinent evidence and relevant issues (e.g., food intake, resident / patient wishes, overall condition and prognosis, etc.), and should not be based solely on lab or diagnostic test results (albumin, cholesterol, swallowing studies, etc.).
2. The physician will authorize appropriate interventions, as indicated.
  - a. This may include tapering, stopping, or switching medications known to be associated with undesirable weight gain or anorexia or weight loss.
  - b. The physician will document if cause-specific interventions could not be identified or are not feasible.
3. The staff and physician will review and consider existing dietary restrictions and modified consistency diets.
  - a. Dietary restrictions are not always essential, and they may even be unnecessary or harmful. In some instances, the risk of continued weight loss and hydration deficits may outweigh other considerations that such restrictions are meant to address.
4. The physician will limit prescribing of “appetite stimulants” to situations in which underlying causes cannot be identified or treated, other pertinent interventions have not worked or are not feasible, these medications have a valid indication, and improving appetite and weight is consistent with the individual’s condition, prognosis, and wishes.
  - a. A pertinent assessment and meaningful review of possible medical and non-medical causes of altered nutritional status should precede the use of such medications.

### **Monitoring**

1. The physician and staff will monitor nutritional status, an individual’s response to interventions, and possible complications of such interventions (for example, additional weight gain or loss, nausea, or vomiting).
2. When medical conditions or medication-related adverse consequences are causing or contributing to altered nutritional status, the physician and staff will collaborate in adjusting interventions, taking into account the status of those causes and the resident/patient’s responses, goals, wishes, prognosis, and complications.

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3. The physician and staff will collaborate to address any ethical issues related to weight and nutrition (for example, possible use of artificial nutrition and hydration) related to severe or prolonged impairment of nutritional status and weight loss.
  - a. Such recommendations should be consistent with resident/patient treatment wishes; for example, as expressed through an advance directive.
  - b. The physician and staff should ordinarily not recommend or order a feeding tube until seeking to identify causes and trying other alternatives or identifying them as legitimately not feasible.
  - c. The physician and staff will document the medical and ethical rationale for recommending, not recommending, or discontinuing tube feedings, consistent with the clinical situation and applicable laws and regulations about the withholding or withdrawing of artificial nutrition and hydration.

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; (CAA 12)
<b>Survey Tag Numbers</b>	<a href="#">F550</a> ; <a href="#">F561</a> ; <a href="#">F636</a> ; <a href="#">F656</a> ; <a href="#">F692</a> ; <a href="#">F693</a> ; <a href="#">F808</a>
<b>Other References</b>	<p>AMDA. Altered Nutritional Status Clinical Practice Guideline. Columbia, Maryland. 2001.</p> <p>American Dietetic Association. Position of the American Dietetic Association: Liberalization of the diet prescription improves quality of life for older adults in long-term care. <i>Jl Amer Dietetic Assn</i> 2005;105:1955-1965.</p> <p>Bouras EP, Lange SM, Scolapio JS. Rational approach to patients with unintentional weight loss. <i>Mayo Clin Proc</i> 2001;76:923-929.</p> <p>Grant MD, Rudberg MA, Brody JA. Gastrostomy placement and mortality among hospitalized Medicare beneficiaries. <i>JAMA</i> 1998;279:1973-6.</p> <p>Kovinsky KE, Kovinsky MH, Palmer RM, Sehgal AR. Serum albumin concentration and clinical assessments of nutritional status in hospitalized older people: Different sides of different coins? <i>J Amer Geriatr Soc</i> 2002;50:631-637.</p> <p>Morley JE. Weight loss in the nursing home. <i>J Am Med Dir Assoc</i> 2007;8:201-204.</p> <p>Ouslander JG, Tymchuk AJ, Krynski MD. Decisions about enteral tube feeding among the elderly. <i>J Am Geriatr Soc</i> 1993;41:70-7.</p> <p>Rabeneck L, Wray NP, Petersen NJ. Long-term outcomes of patients receiving percutaneous endoscopic gastrostomy tubes. <i>J Gen Intern Med</i> 1996;11:287-93.</p>
<b>Related Documents</b>	<a href="#">Nutritional Assessment</a> <a href="#">CMS-20075 Nutrition</a>
<b>Version</b>	2.1 (H5MACL0027)



# Enteral Nutrition

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## Policy Statement

Adequate nutritional support through enteral nutrition is provided to residents as ordered.

## Policy Interpretation and Implementation

1. The interdisciplinary team, including the dietitian, conducts a full nutritional assessment within current initial assessment timeframes to determine the clinical necessity of enteral feedings. The assessment includes:
  - a. evaluation of the resident's current clinical and nutritional status;
  - b. relevant functional and psychosocial factors; and
  - c. a review of interventions to maintain oral intake prior to the use of a feeding tube and the resident's response to them.
2. The recommendation to initiate the use of enteral nutrition is based on the results of the comprehensive nutritional assessment, and is consistent with current standards of practice, the resident's advance directives, treatment goals and facility policies.
3. The dietitian, with input from the provider and nurse:
  - a. estimates calorie, protein, nutrient and fluid needs;
  - b. determines whether the resident's current intake is adequate to meet his or her nutritional needs;
  - c. recommends special food formulations; and
  - d. calculates fluids to be provided (beyond free fluids in formula).
4. Enteral nutrition is ordered by the provider based on the recommendations of the dietitian. If a feeding tube is ordered, the provider and interdisciplinary team document why enteral nutrition is medically necessary.
5. Some examples of potential benefits of using a feeding tube include:
  - a. addressing malnutrition and dehydration;
  - b. promoting wound healing; and/or
  - c. allowing a resident to gain strength that may allow him or her to return to oral nutrition.
6. If the resident has a feeding tube placed prior to admission or returning to the facility, the provider and the interdisciplinary team will review the rationale for the placement of the feeding tube, the resident's current clinical and nutritional status, and the treatment goals and wishes of the resident.
7. The decision to continue or discontinue the use of the feeding tube is made through collaboration between the interdisciplinary team, the provider and the resident.
8. The dietitian monitors residents who are receiving enteral nutrition, and makes appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings.
9. The nursing staff and provider monitor the resident for signs and symptoms of inadequate nutrition, altered hydration, hypo- or hyperglycemia, and altered electrolytes. The nursing staff and provider also monitor the resident for worsening of conditions that place the resident at risk for the above.
10. Enteral feedings are scheduled to try to optimize resident independence whenever possible (e.g., at night or during hours that do not interfere with the resident's ability to participate in facility activities).

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11. The nurse confirms that orders for enteral nutrition are complete. Complete orders include:
  - a. the enteral nutrition product;
  - b. delivery site (tip placement);
  - c. the specific enteral access device (nasogastric, gastric, jejunostomy tube, etc.);
  - d. administration method (continuous, bolus, intermittent);
  - e. volume and rate of administration;
  - f. the volume/rate goals and recommendations for advancement toward these; and
  - g. instructions for flushing (solution, volume, frequency, timing and 24-hour volume).
12. The provider will consider the need for supplemental orders, including:
  - a. confirmation of tube placement;
  - b. laboratory monitoring;
  - c. instructions for EN preparation;
  - d. nutritional consultation;
  - e. head of bed elevation;
  - f. oral care; and
  - g. checks for gastric residual volume (GRV).
13. Staff caring for residents with feeding tubes are trained on potential adverse effects of tube feeding, such as:
  - a. reduced opportunity for socialization;
  - b. diminished sensory experience; and
  - c. restriction of movement.
14. Staff caring for residents with feeding tubes are trained on how to recognize and report complications associated with the insertion and/or use of a feeding tube, such as:
  - a. aspiration;
  - b. tube misplacement or migration;
  - c. skin breakdown around insertion site;
  - d. perforation of the stomach or small intestine leading to peritonitis;
  - e. esophageal swelling, strictures, fistulas; and
  - f. clogging of the tube.
15. Staff caring for residents with feeding tubes are trained on how to recognize and report complications relating to the administration of enteral nutrition products, such as:
  - a. nausea, vomiting, diarrhea and abdominal cramping;
  - b. inadequate nutrition;
  - c. metabolic abnormalities;
  - d. interactions between feeding formula and medications; and
  - e. aspiration.
16. Risk of aspiration is assessed by the nurse and provider and addressed in the individual care plan. Risk of aspiration may be affected by:
  - a. diminished level of consciousness;
  - b. moderate to severe swallowing difficulties;
  - c. improper positioning of the resident during feeding; and
  - d. failure to confirm placement of the feeding tube prior to initiating the feeding.

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17. Residents receiving enteral nutrition are periodically reassessed for the continued appropriateness and necessity of the feeding tube. Results of these assessments are documented and any changes are made to the care plan. Input from the resident or legal representative is included in the assessment.
18. Central supply is responsible for ordering all tube feeding supplies. The staff may use products from a basic formulary until any specialized products can be delivered.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(a) Admission orders; §483.20(b) Comprehensive Assessments; §483.21(b) Comprehensive Care Plans; §483.25(g) Assisted nutrition and hydration.; §483.60(e) Therapeutic Diets; §483.60(f) Frequency of Meals
<b>Survey Tag Numbers</b>	F635; F636; F656; F553; F676; F693; F692; F808; F809
<b>Other References</b>	American Society for Parenteral and Enteral Nutrition. Safe Practices for Enteral Nutrition Therapy (2017)
<b>Related Documents</b>	<a href="#">Nutritional Assessment</a>
<b>Version</b>	2.0 (H5MAPL0280)

# Nutritional Assessment

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## Policy Statement

As part of the comprehensive assessment, a nutritional assessment, including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident.

## Policy Interpretation and Implementation

1. The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission (within current baseline assessment timeframes) and as indicated by a change in condition that places the resident at risk for impaired nutrition.
2. As part of the comprehensive assessment, the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for or with impaired nutrition.
3. The nutritional assessment will be conducted by the multidisciplinary team and shall identify at least the following components:
  - a. Nursing:
    - (1) Usual body weight;
    - (2) Current height and weight;
    - (3) A description of the resident's usual intake and appetite;
    - (4) A history of reduced appetite or progressive weight loss or gain prior to admission;
    - (5) Current clinical conditions and recent events that may have affected a resident's nutritional status and risk factors;
    - (6) Advance directives that may influence decision-making regarding nutrition support;
    - (7) General appearance – a description of the resident's overall appearance;
    - (8) The resident's usual route(s) of intake (e.g., oral, enteral, parenteral);
    - (9) Usual meal and snack patterns;
    - (10) Food preferences and dislikes (including flavors, textures, and forms);
    - (11) Food restrictions, including food allergies and cultural or religious practices affecting food choices; and
    - (12) Preferred portion sizes.
  - b. Consultant Pharmacist:
    - (1) Current medication regimen, including a list of medications that affect nutrient absorption, appetite, level of consciousness, and/or gastrointestinal function.
  - c. Physicians and Practitioners:
    - (1) Current clinical conditions and recent events that may have affected a resident's nutritional status and risk factors;
    - (2) Current laboratory results related to fluid and electrolyte status (BUN, creatinine, serum osmolality); and
    - (3) The presence of chewing or swallowing abnormalities, i.e., conditions of the mouth, teeth, gums pharynx or esophagus that affect the resident's ability to chew or swallow food.

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- d. Dietitian:
  - (1) An estimate of calorie, protein, nutrient and fluid needs;
  - (2) Whether the resident's current intake is adequate to meet his or her nutritional needs; and
  - (3) Special food formulations.
4. The multidisciplinary team shall identify, upon the resident's admission and upon his or her change of condition, the following situations that place the resident at increased risk for impaired nutrition (Note: Many residents have multiple, co-existing risk factors.):
  - a. **Cognitive or functional decline** – includes anything that impairs the resident's ability to eat the meals that are provided (for example, decreased mental alertness, poor motor coordination or decreased range of motion).
  - b. **Chewing or swallowing abnormalities** – onset or exacerbation of conditions of the mouth, teeth, gums pharynx or esophagus that affect the resident's ability to chew or swallow food.
  - c. **Pain** – the presence of clinical conditions or situations in which a resident's level of pain interferes with his or her ability to chew, swallow or otherwise consume the meals as provided.
  - d. **Medication changes** – includes changes resulting in loss of appetite, nausea, constipation, lethargy, decreased absorption, swallowing difficulty, etc.
  - e. **Environmental factors** – environmental changes that affect the resident's intake or appetite during mealtimes (for example, noise or room temperature).
  - f. **Increased need for calories and/or protein** – onset or exacerbation of diseases or conditions that result in a hypermetabolic state and an increased demand for calories and protein (e.g., cancer, COPD, liver disease; hyperthyroidism, wounds).
  - g. **Poor digestion or absorption** – onset or exacerbation of conditions that affect digestion and absorption of nutrients (pancreatitis, gastritis, motility disorders).
  - h. **Fluid and nutrient loss** – prolonged fluid and nutrient losses secondary to diarrhea and/or vomiting that may increase nutritional requirements.
  - i. **Inadequate availability of food or fluids** – lack of access to the amount of food or fluids that the resident requires to maintain sufficient nutrition and hydration.
5. For residents who are receiving enteral nutrition support, the nutritional assessment shall include gathering information and documenting why the enteral nutrition is medically necessary.
6. Sources of information for the resident nutritional assessment may include the following:
  - a. Standardized nutrition screening and assessment tools;
  - b. Resident Assessment Instrument (RAI);
  - c. Assessments from other disciplines;
  - d. Observation;
  - e. Resident and family interviews; and
  - f. The resident's current medical record.
7. Once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to the extent possible the resident's risks for nutritional complications. Such interventions will be developed within the context of the resident's prognosis and personal preferences.
8. Individualized care plans shall address, to the extent possible:
  - a. the identified causes of impaired nutrition;
  - b. the resident's personal preferences;
  - c. goals and benchmarks for improvement; and
  - d. time frames and parameters for monitoring and reassessment.

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9. If the need for enteral or parenteral nutrition is determined by the IDT, the nutrition care plan shall indicate the route of administration and the resident's requirements for nutrient intake.
  - a. Nutrition therapy will be consistent with the resident's stated wishes and goals as indicated in the advance directive.
  - b. When selecting the route of nutrition therapy, the least invasive and most efficacious therapy will be selected.
  - c. Whenever possible, oral diet with supplementation will be used to administer nutrition therapy.
  - d. The gastrointestinal tract is the preferred route for nutrition support.
  - e. The need for enteral or parenteral nutrition shall be periodically reassessed for appropriateness and effectiveness (at least quarterly for enteral nutrition and monthly for parenteral nutrition).

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(b); §483.25(g)
<b>Survey Tag Numbers</b>	F636; F693; F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Data Collection/Evaluation - Nutritional (CP1708)</a> <a href="#">Enteral Nutrition</a> <a href="#">Food Allergies and Intolerances</a> <a href="#">Weight Assessment and Intervention</a>
<b>Version</b>	1.3 (H5MAPL0560)

# Resident Hydration and Prevention of Dehydration

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## Policy Statement

This facility will strive to provide adequate hydration and to prevent and treat dehydration.

## Policy Interpretation and Implementation

1. The dietitian will assess all residents for hydration as part of the comprehensive assessment, at least quarterly, and more often as necessary per resident need.
2. Minimum fluid needs will be calculated and documented on initial, annual, and significant change assessments, using current standards of practice.
3. Physician orders to limit fluids will take priority over calculated fluid needs. The dietitian may refer calculated needs to the physician if restrictions potentially increase risk for dehydration.
4. The dietitian and nursing staff will educate the resident and family regarding hydration and preventing dehydration.
5. Nurses will assess for signs and symptoms of dehydration during daily care.
6. Nurses' aides will provide and encourage intake of bedside, snack and meal fluids, on a daily and routine basis as part of daily care.
  - a. Intake will be documented in the medical records.
  - b. Aides will report intake of less than 1200ml/day to nursing staff.
7. If potential inadequate intake and/or signs and symptoms of dehydration are observed, intake and output monitoring will be initiated and incorporated into the care plan.
  - a. ADL status, diagnosis, individual preferences, habits, and cognitive and medical status will be considered in all interventions.
  - b. The physician will be notified.
8. Orders may be written for extra fluids to be encouraged between meals and/or with medication passes.
  - a. A specific minimum amount should be included in the order (e.g. 240ml fluids BID with medication pass).
  - b. "Force fluids" is not an appropriate order. "Encourage fluids" is not an adequate order.
9. The dietitian, nursing staff, and the physician will assess factors that may be contributing to inadequate fluid intake. Orders for medications that may exacerbate dehydration (e.g., diuretics) will be reviewed and held if medically appropriate.
10. Laboratory tests may be ordered to assess hydration if intake and symptoms indicate possible significant dehydration.
11. If laboratory results are consistent with actual dehydration, the physician may initiate IV hydration. Hospitalization will be recommended, as necessary.
12. Nursing will monitor and document fluid intake and the dietitian will be kept informed of status. The interdisciplinary team will update the care plan and document resident response to interventions until the team agrees that fluid intake and relating factors are resolved.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(d)
<b>Survey Tag Numbers</b>	F807
<b>Other References</b>	<a href="#">CMS-20075 Nutrition</a> <a href="#">CMS-20092 Hydration</a>
<b>Related Documents</b>	<a href="#">Hydration – Clinical Protocol</a>
<b>Version</b>	1.2 (H5MAPL0760)



# Therapeutic Diets

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## Policy Statement

Therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences.

## Policy Interpretation and Implementation

1. Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes. Diagnosis alone will not determine whether the resident is prescribed a therapeutic diet.
2. A therapeutic diet must be prescribed by the resident's attending physician (or non-physician provider). The attending physician may delegate this task to a registered or licensed dietitian as permitted by state law.
3. Diet order should match the terminology used by the food and nutrition services department.
4. A "therapeutic diet" is considered a diet ordered by a physician, practitioner or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet, for example:
  - a. diabetic/calorie controlled diet;
  - b. low sodium diet;
  - c. cardiac diet; and
  - d. altered consistency diet.
5. If a "mechanically altered diet" is ordered, the provider will specify the texture modification.
6. The resident has the right not to comply with therapeutic diets.
7. The dietitian, nursing staff, and attending physician will regularly review the need for, and resident acceptance of, prescribed therapeutic diets.
8. The dietitian and nursing staff will document significant information relating to the resident's response to his/her therapeutic diet in the resident's medical record.
9. Snacks will be compatible with the therapeutic diet.
10. As appropriate, the attending physician may temporarily suspend a therapeutic diet for special occasions.
11. The attending physician may liberalize the diet at the request of the IDT (if the resident is losing weight or not eating well) or the resident.
12. If the resident or the resident's representative declines the recommended therapeutic diet, the interdisciplinary team will collaborate with the resident or representative to identify possible alternatives.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.25(g); §483.60(e)
<b>Survey Tag Numbers</b>	F692; F808
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Nutritional Assessment</a> <a href="#">Weight Assessment and Intervention</a>
<b>Version</b>	1.3 (H5MAPL0884)

# Weight Assessment and Intervention

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## Policy Statement

The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents.

## Policy Interpretation and Implementation

### Weight Assessment

1. The nursing staff will measure resident weights on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly thereafter.
2. Weights will be recorded in each unit's weight record chart or notebook and in the individual's medical record.
3. Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietitian in writing. Verbal notification must be confirmed in writing.
4. The dietitian will respond within 24 hours of receipt of written notification.
5. The dietitian will review the unit weight record by the 15th of the month to follow individual weight trends over time. Negative trends will be evaluated by the treatment team whether or not the criteria for "significant" weight change has been met.
6. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where *percentage of body weight loss* =  $(\text{usual weight} - \text{actual weight}) / (\text{usual weight}) \times 100$ ]:
  - a. 1 month – 5% weight loss is significant; greater than 5% is severe.
  - b. 3 months – 7.5% weight loss is significant; greater than 7.5% is severe.
  - c. 6 months – 10% weight loss is significant; greater than 10% is severe.
7. If the weight change is desirable, this will be documented and no change in the care plan will be necessary.

### Analysis

1. Assessment information shall be analyzed by the multidisciplinary team and conclusions shall be made regarding:
  - a. the resident's target weight range (including rationale if different from ideal body weight);
  - b. the approximate calorie, protein, and other nutrient needs compared with the resident's current intake;
  - c. the relationship between current medical condition or clinical situation and recent fluctuations in weight; and
  - d. whether and to what extent weight stabilization or improvement can be anticipated.
2. The physician and the multidisciplinary team will identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss. For example:
  - a. cognitive or functional decline;
  - b. chewing or swallowing abnormalities;
  - c. pain;

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- d. medication-related adverse consequences;
- e. environmental factors (such as noise or distractions related to dining);
- f. increased need for calories and/or protein;
- g. poor digestion or absorption;
- h. fluid and nutrient loss; and/or
- i. inadequate availability of food or fluids.

### Care Planning

1. Care planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the physician, nursing staff, the dietitian, the consultant pharmacist, and the resident or resident's legal surrogate.
2. Individualized care plans shall address, to the extent possible:
  - a. the identified causes of weight loss;
  - b. goals and benchmarks for improvement; and
  - c. time frames and parameters for monitoring and reassessment.

### Interventions

1. Interventions for undesirable weight loss shall be based on careful consideration of the following:
  - a. Resident choice and preferences;
  - b. Nutrition and hydration needs of the resident;
  - c. Functional factors that may inhibit independent eating;
  - d. Environmental factors that may inhibit appetite or desire to participate in meals;
  - e. Chewing and swallowing abnormalities and the need for diet modifications;
  - f. Medications that may interfere with appetite, chewing, swallowing, or digestion;
  - g. The use of supplementation and/or feeding tubes; and
  - h. End of life decisions and advance directives.
2. The dietitian will discuss undesired weight gain with the resident and/or family.
3. Interventions for undesired weight gain should consider resident preferences and rights. A weight loss regimen should not be initiated for a cognitively capable resident without his/her approval and involvement.
4. If a resident declines to participate in a weight loss goal, the dietitian will document the resident's wishes, and those wishes will be respected.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.21(b); §483.10(c)(2); §483.25(g); §483.60(e); §483.60(f)
<b>Survey Tag Numbers</b>	F656; F553; F692; F808; F809
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Nutritional Assessment</a> <a href="#">Weighing and Measuring the Resident</a>
<b>Version</b>	1.1 (H5MPAL0949)

# Encouraging and Restricting Fluids

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## Level II

### Purpose

The purpose of this procedure is to provide the resident with the amount of fluids necessary to maintain optimum health. This may include encouraging or restricting fluids.

### Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan and/or your daily assignment sheet to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### General Guidelines

1. Follow specific instructions concerning fluid intake or restrictions.
2. Be accurate when recording fluid intake.
3. Record fluid intake on the intake side of the intake and output record. Record fluid intake in mLs.
4. Be supportive of the resident's fluid intake. Encourage the resident to follow specific instructions.
5. Encourage the resident's family and visitors to stay within the limits of his or her intake.
6. Substitute other liquids (i.e., tea, broth, soda, gelatin, milk, ice cream, etc.) as permitted by the resident's diet.
7. When a resident has been placed on restricted fluids, remove the water pitcher and cup from the room. If the resident refuses to have the water pitcher removed, notify the supervisor and in turn, the physician.
8. Be sure an intake and output record is maintained in the resident's room.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Intake and output record;
2. Pen or pencil; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

#### Encouraging Fluids:

1. Wash and dry your hands thoroughly before serving the resident fluids.
2. Take the fluid container to the resident's room.
3. Inform the resident you have brought him or her a drink. Tell the resident what type of drink it is.
4. Encourage the resident to drink the fluid. Should the resident refuse, report such information to your supervisor.
5. Record the amount of fluid consumed on the intake side of the intake and output record. Record fluid intake in mLs.

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6. Provide mouth care as necessary.
7. Remove fluid container.
8. Wash and dry your hands thoroughly.

#### **Restricting Fluids:**

1. Remove the resident's water pitcher and cup from the room. Store in designated area. If the resident refuses to have the water pitcher removed, notify the supervisor and in turn, the physician.
2. Wash and dry your hands thoroughly before serving the resident fluids.
3. Take the fluid container to the resident's room.
4. Inform the resident you have brought him or her a drink. Tell the resident what type of drink it is.
5. Encourage the resident to drink the fluid. Should the resident refuse, report such information to your supervisor.
6. Record the amount of fluid consumed on the intake side of the intake and output record. Record fluid intake in mLs.
7. Provide mouth care as necessary.
8. Remove fluid container.
9. Wash and dry your hands thoroughly.

#### **Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual who performed the procedure.
3. Any changes in the resident's condition.
4. Any problems or complaints made by the resident related to the procedure.
5. Any evidence of dehydration such as weight loss, confusion, drowsiness, dry skin, etc.
6. The amount (in mLs) of fluids consumed by the resident during the shift.
7. The type of liquid consumed (i.e., tea, milk, coffee, soup, etc.).
8. If the resident refused the treatment, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

#### **Reporting**

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

<b>References</b>	
<b>MDS Items (CAAs)</b>	Section J; (CAA 14)
<b>Survey Tag Numbers</b>	F692
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPR0121)

# Hypodermoclysis – Subcutaneous Hydration

Level III

## Purpose

The purpose of this procedure is to provide guidelines for administration of subcutaneous hydration to the resident as ordered.

## General Guidelines

1. Verify with state Nurse Practice Act as to RN/LPN scope of practice regarding this procedure.
2. Hypodermoclysis is a method of hydration that does not require an intravenous catheter for delivery.
3. Hypodermoclysis involves using small needles to deliver isotonic fluids (0.9 NS, lactated ringers, D5W) slowly into the subcutaneous tissue.
4. This system is designed for short-term, preventative hydration or for mild dehydration.
5. Hypodermoclysis is NOT for antibiotics, narcotics, or fluids with electrolytes (KCL, magnesium, etc.).
6. Sites for needle placement are the abdomen, stomach, and front or side of thighs. Less commonly used sites are the upper arms or upper back shoulder area.
7. The fluid is infused into the subcutaneous tissue where it is absorbed slowly. While the fluid is absorbed, a *fluid wheal* will form. This is normal and is not an infiltration of fluids.
8. Hypodermoclysis reduces the chance of the following complications associated with intravenous therapy:
  - a. Fluid overload, CHF;
  - b. Phlebitis; and
  - c. Infections.
9. Physician order should include:
  - a. Type and quantity of isotonic fluid;
  - b. Rate (determined by type of delivery set); and
  - c. Length of treatment.

## Equipment and Supplies

1. Hypodermoclysis set with needle strip;
2. Isotonic solution bag;
3. Antiseptic skin cleaning solution;
4. Non-sterile gloves;
5. Transparent dressing; and
6. IV pole.

## Steps in the Procedure

1. Review physician order.
2. Explain procedure to resident.
3. Assemble fluid and kit.
4. Wash hands. Don non-sterile gloves.
5. Prime tubing including attached needle set until all air is removed.
6. Do sterile site preparation and allow to air dry.
7. Pinch up skin or flatten skin. Insert needle strip flat into skin.

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8. Secure needle strip to skin using transparent dressing. Tape tubing to skin.
9. Date dressing and tubing.
10. Start fluid and adjust flow rate. Make sure that resident is comfortable.
11. Monitor for fluid wheal formation. This is affected by metabolism rate of resident.
12. If necessary, the site may be lightly massaged to help fluid absorption.
13. Observe for any signs of peripheral edema (not the fluid wheal), leakage or fluid overload. Monitor for line disconnection from skin.
14. If the site needs to be changed, the whole set including needles are changed as one piece. Contact pharmacy for new set. No new order is needed.

## Documentation

1. Document the following in the resident's medical record upon insertion:
  - a. Procedure;
  - b. Type of fluids; and
  - c. Dressing and tubing.
2. Document the change date on the medication administration record.
3. Document the following in the resident's medical record every shift:
  - a. The type of fluid being infused, location of needle placement, type of antiseptic used to clean skin;
  - b. Intake and output totals;
  - c. Time fluid bag was started and discontinued;
  - d. Condition of skin where needles are inserted, any leakage, peripheral edema (not fluid wheal), statement from resident regarding how they are tolerating the treatment;
  - e. Date and time of tubing and needle strip site change and reason for changing site (leakage, skin irritation, 72 hour site change); and
  - f. Any communication with physician about problems, laboratory values.

## Reporting

1. Report to physician or supervisor any information about treatment.
2. Report to oncoming shift nurses the type of treatment, needle insertion site, any complications, and any objective information concerning treatment.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section O; (CAA 14)
<b>Survey Tag Numbers</b>	F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Hydration – Clinical Protocol</a> <a href="#">Resident Hydration and Prevention of Dehydration</a>
<b>Version</b>	1.1 (H5MAPR0324)



# Intake, Measuring and Recording

Level II

## Purpose

The purpose of this procedure is to accurately determine the amount of liquid a resident consumes in a 24-hour period.

## Preparation

1. Verify that there is a physician's order for this procedure and/or that the procedure is being performed per facility policy.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Inform the resident and his or her family and visitors that the resident is on **intake** and **output**.
2. If the resident is medically capable of understanding the procedure, ask him or her to assist you in telling you when he or she drank some fluid and how much he or she drank.
3. Fluids taken intravenously are recorded by the licensed nurse.
4. Record the fluid intake as soon as possible after the resident has consumed the fluids.
5. At the end of your shift, total the amounts of all liquids the resident consumed.
6. Record all fluid intake on the intake and output record in cubic centimeters (mLs).
7. Post an intake and output record form in the resident's room.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Measuring container;
2. Intake and output record;
3. Pen or pencil; and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Be sure that the intake and output record is available.
4. Pour the leftover fluid from the serving container into the measuring container.
5. Place the measuring container on a flat surface (i.e., bedside stand, overbed table, etc.).
6. Carefully look at the level of fluid. Maintain eye level so that you can see the number reached by the level of the fluid.

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7. Subtract the amount in the measuring container from the amount in the serving container. This is the amount consumed. Example:

Resident served 8 oz. glass of water                      8 oz. = 240 mLs

Leftover fluid 3 oz.    3 oz. = 90 mLs

Total liquid resident consumed                              5 oz. = 150 mLs

Alternately, the resident on intake, with his/her permission, may receive fluids in specific containers designed for ease in measuring fluid intake.

8. Record the amount noted on the intake side of the intake and output record.
9. Record the time the intake was measured.
10. Pour unused fluids down the commode.
11. Discard disposable equipment and supplies in designated containers.
12. Clean the bedside stand or overbed table and return it to its proper position.
13. Wash, rinse, and return the graduate to its designated storage area.
14. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record, per facility guidelines:

1. The date and time the resident's fluid intake was measured and recorded.
2. The name and title of the individual who measured and recorded the resident's fluid intake.
3. The amount (in mLs) of liquid consumed.
4. The type of liquid consumed (i.e., tea, milk, coffee, soup, etc.).
5. If the resident refused the treatment, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; (CAA 14)
<b>Survey Tag Numbers</b>	F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Intake/Output Record (Shift) (MP5429)</a> <a href="#">Monthly Intake and Output Flow Sheet (MP5443)</a> <a href="#">Output, Measuring and Recording</a>
<b>Version</b>	1.1 (H5MAPR0165)

# Intravenous Administration of Fluids and Electrolytes

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic administration of intravenous fluids and electrolytes for hydration.

## Preparation

1. A physician's order is necessary to give intravenous fluids and electrolytes.
2. Review the resident's care plan and medical history for any special needs. These could include lung and heart related problems, agitation, allergies, and/or lab values.
3. Assess resident's lung and heart status and vital signs before and during therapy to assess for fluid overload.
4. Assemble equipment. Verify that infusion catheter is patent and has no complications.
5. The licensed nurse who is responsible for administering the fluids and electrolytes shall be knowledgeable of the following:
  - a. indications for use;
  - b. side effects;
  - c. toxicities;
  - d. incompatibilities;
  - e. stability;
  - f. storage requirements;
  - g. potential complications; and
  - h. appropriate rates and doses and routes of administration.

## General Guidelines

1. First Dose of medication should be given in a situation in which close observation of the resident and the ability to intervene in the case of complications is possible. Obtain order for anaphylaxis protocol, or note if there is a standing protocol for intervention.
2. Resident should be monitored frequently, per facility policy, when continuous fluids are infusing. Monitor for signs and symptoms of fluid overload, catheter and insertion site complications, and the resident's tolerance of procedure. Fluids may be stopped by a nurse if signs of problem are present.
3. Refer to Intravenous Therapy policies and procedures for catheter insertion, care and maintenance.

## Equipment and Supplies

1. Infusion solution;
2. Administration set;
3. Saline (preservative-free 0.9% sodium chloride) or heparin for flush, if appropriate;
4. Needleless access device/adaptor;
5. Electronic infusion pump or regulator tubing;
6. Gloves;

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7. Alcohol swabs; and
8. Tape.

## Assessment

1. Inspect intravenous catheter and insertion site for signs and symptoms of complications at scheduled intervals (per facility policy), during routine site care and when changing administration sets.
2. Prior to administration of intravenous fluids and electrolytes assess resident's:
  - a. overall health status;
  - b. cardiovascular and respiratory status;
  - c. history of allergies;
  - d. baseline vital signs, height and weight; and
  - e. laboratory results and appropriateness of therapy.
3. Review physician's order. Confirm type, volume of solution, route, and rate of administration.
4. Verify the identity of the resident.
5. Inspect solution for leaks, cracks, precipitate, and expiration date.

## Steps in the Procedure

1. Perform hand antisepsis and apply non-sterile gloves.
2. Prime tubing of administration set.
3. Disinfect catheter access device with alcohol, rubbing back and forth around end of cap.
4. Flush catheter using normal saline per facility protocol.
5. Connect primed administration set to catheter injection/access device using needleless access device/adaptor.
6. Open roller clamp.
7. Establish prescribed rate of flow:
  - a. If infusing via gravity:
    - (1) check orders for amount to be infused and duration;
    - (2) calculate drops per minute; and
    - (3) adjust clamp to achieve desired flow rate.
  - b. If infusing via pump:
    - (1) check orders for amount to be infused and duration;
    - (2) follow manufacturer's directions to program pump; and
    - (3) program to achieve desired flow rate.
8. When infusion is complete:
  - a. For intermittent therapy:
    - (1) clamp tubing and disconnect from catheter;
    - (2) if tubing will be reused, replace sterile cap; and
    - (3) flush catheter per protocol.
  - b. For continuous therapy, mark solution container with label that states when bag was started and approximate time of completion. Always use a label or tape (never write directly on the bag with ink or marker).
9. Document procedure in the resident's medical record and on the intake/output record.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the infusion was administered.
2. The type of solution administered.
3. The amount of solution administered.
4. The route of administration.
5. The rate of administration.
6. The condition of the IV site before and after administration.
7. Notification of the physician if there are any complications.
8. Quote from resident stating how they tolerated the procedure.
9. The signature and title of the person recording the data.

## Reporting

1. Notify physician, supervisor, and on coming shift of complications or resident refusal of treatment.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; Section O; (CAA 14)
<b>Survey Tag Numbers</b>	F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Intravenous Therapy</a> policies and procedures
<b>Version</b>	2.1 (H5MAPR0011)

# Nutrition and Hydration to Maintain Skin Integrity

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the assessment of resident nutritional needs, to aid in the development of an individualized care plan for nutritional interventions, and to help support the integrity of the skin through nutrition and hydration.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. When there is a decline in a resident's appetite, nutritional intake, weight, or overall condition, caregivers should first attempt to discover the factors compromising nutritional status and offer support with eating.
2. If intake continues to be inadequate, impractical, or impossible, nutritional support must be implemented according to the plan of care.
3. Ensure that interventions for nutrition and hydration are compatible with the individual's wishes and/or advance directives.
4. Although poor nutritional status is associated with increased risk of pressure ulcer development, no specific nutritional interventions have been proven conclusively to prevent or heal pressure ulcers.
5. Healing of acute (e.g., postoperative) and chronic (e.g., pressure ulcers) wounds requires enough protein and calories so that the body will not use lean body mass for energy and wound repair.
6. Recommended protein levels for a resident with wounds or at risk of developing wounds is approximately 1.2 – 1.5 gm/protein/kg body weight.
7. The recommended daily intake of protein may be adjusted according to clinical need and standards of clinical practice for specific conditions or situations.
8. Ensure that the resident's intake of fluid is sufficient. "Sufficient fluid" means the amount of fluid needed to prevent dehydration and maintain health.

## Assessment

### Nutritional Assessment

1. The Dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission and as indicated by a change in condition that places the resident at risk for impaired nutrition.
2. Reassessments will be conducted at least every three (3) months or more often if the resident's condition changes and/or he or she develops risk factors for impaired nutrition.
3. The nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for or with impaired nutrition.

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### Hydration Assessment

1. A general guideline for determining baseline daily fluids needs is to multiply the resident's body weight in kg times 30mL (2.2 lbs = 1kg), except for residents with clinical conditions that necessitate fluid restriction (e.g., renal or cardiac distress).
2. The specific amount of hydration needed is specific for each resident, and fluctuates as the resident's condition fluctuates (e.g., increase fluids if resident has fever or diarrhea).
3. Risk factors for dehydration include:
  - a. coma/decreased sensorium;
  - b. fluid loss and increased fluid needs (e.g., diarrhea, fever, uncontrolled diabetes);
  - c. fluid restriction secondary to renal dialysis;
  - d. functional impairments that make it difficult to drink, reach fluids, or communicate fluid needs (e.g., aphasia);
  - e. dementia in which resident forgets to drink or forgets how to drink; and/or
  - f. refusal of fluids.

### Interventions/Care Strategies

1. Interventions for the resident with wounds or at risk for developing wounds may include providing enough calories to stabilize weight and ensuring adequate protein intake given the resident's current weight and clinical situation.
2. Encourage the resident to eat as many calories and as much protein as tolerated.
3. Provide small, frequent meals and/or between-meal snacks to reach caloric and protein goals.
4. The use of tube feedings or supplementation (oral or TPN) will be determined by the Physician and multidisciplinary team.

### Equipment and Supplies

The following equipment and supplies will be necessary when providing nutrition.

1. Nutritional screening/assessment tools;
2. Adaptive feeding devices in accordance with assessed needs and the plan of care; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Explain and ask resident's permission to conduct a nutritional assessment/reassessment.
2. Complete a nutritional assessment using nutrition screening/assessment tools, interview, observation and record review.
3. Review supportive ancillary documentation that impacts the nutritional assessment, including, but not limited to, the food and fluid consumption record (Appetite Sheet), weight and height records, laboratory results, and nursing notes.
4. Implement nutritional support and interventions according to the plan of care.

### Documentation

The following information should be recorded in the resident's medical record:

1. The results of the nutritional assessment.
2. The name and title of the assessing Dietitian.

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3. Dietary progress notes indicating progress and status related to care plan goals, and effectiveness of recommended interventions.
4. Food consumption.
5. Changes in the resident's nutritional status.
6. Problems or complaints reported by the resident related to nutrition.
7. If the resident refused nutrition, the reason(s) and explanation of risk, benefits and alternatives.
8. Observations of any unusual behaviors or symptoms exhibited by the resident.
9. Care plan interventions that address both nutritional deficits and risk factors.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure or interventions.
2. If the resident is refusing care, an evaluation of the basis for refusal, and the identification and evaluation of potential alternatives is indicated.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 12; CAA 14; CAA 16)
<b>Survey Tag Numbers</b>	F684; F686; F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Nutrition (Impaired)/Unplanned Weight Loss – Clinical Protocol</a> <a href="#">Pressure Ulcers/Skin Breakdown – Clinical Protocol</a> <a href="#">Nutritional Assessment</a>
<b>Version</b>	1.2 (H5MAPR0203)



# Output, Measuring and Recording

Level II

## Purpose

The purpose of this procedure is to accurately determine the amount of urine that a resident excretes in a 24-hour period.

## Preparation

1. Verify that there is a physician's order for this procedure and/or that the procedure is being performed per facility policy.
2. Review the resident's care plan and provide for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Portable bedside commode, urinal, bedpan, or specipan;
2. Toilet tissue;
3. Graduate (measuring container);
4. Intake and output record;
5. Pen or pencil;
6. Paper towels; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the equipment on the bedside stand. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Be sure that the intake and output record is available.
4. Put on gloves.
5. Pour or drain the urine from the bedpan, urinal or catheter into the graduate (measuring container).
6. Place the measuring container on a flat surface (i.e., bedside stand, etc.). (Note: Be sure that the measuring container is placed on a paper towel. Do not place the container directly onto the surface.)
7. **Carefully** observe the level of urine in the graduate. Maintain eye level so that you can see the number reached by the level of the urine.
8. Record the amount noted on the output side of the intake and output record. Record in mLs.
9. Record the time the output was measured.
10. Collect specimens as instructed.
11. Pour urine down the commode. Flush the commode.
12. Wash, rinse, and return the graduate to its designated storage area per facility policy in accordance with infection control and privacy policies.
13. Clean the bedpan or urinal. Wipe dry with a clean paper towel. Discard paper towel into designated container. Store the bedpan or urinal per facility policy in accordance with infection control and privacy policies. Do not leave it in the bathroom or on the floor.

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14. Remove gloves and discard into the designated container. Wash and dry your hands thoroughly.
15. Allow the resident to wash his or her hands. (Note: Use wash basin or clean wash cloth. Be sure water in basin is clean.)
16. Clean the bedside stand.
17. Discard all disposable items into designated containers.
18. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded on the bedside intake and output record and/or in the resident's medical record:

1. The date and time the resident's urine output was measured and recorded.
2. The name and title of the individual who measured and recorded the resident's urine output.
3. The amount (in mLs) of output.
4. The amount and character of output.
5. If the resident refused the treatment, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6; CAA 14)
<b>Survey Tag Numbers</b>	F692
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Intake, Measuring and Recording Intake/Output Record (Shift) (MP5429)</a> <a href="#">Monthly Intake and Output Flow Sheet (MP5443)</a>
<b>Version</b>	1.0 (H5MAPR0206)

# Parenteral Lipid Administration

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the appropriate administration of lipids through a venous access device.

## Preparation

1. A 1.2 micron filter is attached to the primary administration set (tubing) when lipids are administered.
2. An electronic infusion pump must be used with lipids and/or parenteral nutrition (PN).
3. Lipid administration requires a physician order. Lipid strength, volume, rate and frequency must be included in physician order.
4. Lipids are commonly ordered in conjunction with TPN/PPN solutions.

## General Guidelines

1. Lipids are used to provide calories and/or essential fatty acids to residents who are not able to get sufficient oral intake.
2. Lipids may be administered mixed with parenteral nutrition or separately.
3. When lipids are administered concurrently with TPN, the lipid solution may be connected to primary tubing via “piggyback” attached below the filter if possible.
4. Administration sets used to administer lipid-based infusates such as intravenous fat emulsions (IVFE), total nutrient admixture (TNA), or total parenteral nutrition (TPN), should be free of diethylhexyl-phthalate (DEHP). DEHP is considered a toxin especially in neonates, pediatrics, and long term care patients.
5. The pharmacy may mix a 3 in 1 solution of PN with lipids which is delivered and administered as one bag.
6. Lipids can be administered through peripheral or central catheters if separate from PN.
7. Aseptic technique should be used at all times when administering lipids.
8. Lipids that are not mixed with PN solutions expire 12 hours after being started. If part of TNA, lipids expire 24 hours after being started.
9. Lipids that are not mixed with PN solutions do not require refrigeration.
10. Lipids must be inspected for signs of instability and deterioration prior to administration. Signs of instability include discoloration (other than white color), separation, oily appearance, and/or inconsistent texture.
11. Never shake lipid container or add anything to lipids; this could cause aggregation of fat globules.
12. No other medications or fluids are to be attached or added to the lipid solution.
13. Lipid administration is contraindicated in residents with:
  - a. Allergy to egg yolk;
  - b. Hepatic disease;
  - c. Hyperlipidemia; or
  - d. Blood coagulation defect caused by a depressed platelet count.

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14. Monitor the resident receiving lipids for:
  - a. Signs/symptoms of adverse reactions such as fluid overload, chest pain, nausea, shortness of breath, abdominal pain, or wheezing;
  - b. Lab results for levels of triglycerides, cholesterol, and liver enzymes; and
  - c. Any signs/symptoms of catheter or resident infection.
15. Administration set (tubing), needleless access device, and container must be changed every **24 hours** and with each new container.

## Equipment and Supplies

1. Lipid (or 3 in 1) solution;
2. Needleless access device;
3. Electronic infusion pump;
4. Administration set (tubing);
5. Non-sterile gloves;
6. Alcohol swabs;
7. 1.2 micron filter; and
8. Normal saline (preservative-free 0.9% sodium chloride) flushes (1-2).

## Steps in the Procedure

1. Inspect lipid solution for discoloration or other signs of breakdown (separation, oily appearance, inconsistent texture). Do not administer if any signs of problems are observed.
2. Verify order, type of solution, rate, and the 5 “rights” of medication administration.
3. Assemble solution, tubing, needleless access cap, saline flushes, and alcohol wipes.
4. Perform hand antisepsis. Don non-sterile gloves.
5. Place tubing in container and prime tubing.
6. Close clamp on tubing, replace access device, and flush catheter with normal saline (per protocol).
7. To run “piggyback” into primary PN tubing, place at most distal side port (Y site) after cleansing port with alcohol.
8. Place tubing into pump and set rate as ordered.
9. Start pump and observe flow.
10. Note resident response to procedure.

## Documentation

The following should be documented in the resident’s medical record:

1. Date, time, amount, and flow rate of lipids administered.
2. Solution and equipment change. Document in the treatment administration record.
3. Any observation facts related to catheter insertion site, problems with solution, resident reactions. Any interventions that were done.
4. Intake and output if ordered.

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## Reporting

1. Report any complications with treatment to physician, supervisor, and oncoming shift.
2. Report any problems with solution to pharmacy.
3. Report resident reaction to procedure.
4. Report other information in accordance with facility policy or professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; Section O; (CAA 12)
<b>Survey Tag Numbers</b>	F692; F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Parenteral Nutrition</a> <a href="#">Nutritional Assessment</a>
<b>Version</b>	2.0 (H5MAPR0307)

# Parenteral Nutrition

## Level III

### Purpose

The purpose of parenteral nutrition (PN) is to provide guidelines for the safe and aseptic administration of partial or total nutrition to residents who have a need for supplemental nutrition.

### Definitions

1. **Parenteral Nutrition (PN)** – A sterile pharmacy-prepared form of nutrition that is delivered through an intravenous route. It can be in the form of partial (PPN) or total (TPN) nutrition. It may or may not include lipids.
2. **Partial Parenteral Nutrition (PPN)** – May be referred to as peripheral parenteral nutrition. Final dextrose concentration <10% and osmolality <900mOsm/liter.
  - a. May be put through large gauge peripheral over the needle catheter (20 gauge or larger) or midline. *Central lines are preferred.*
  - b. Short term treatment (usually 7-10 days).
  - c. Must be regulated by an electronic pump.
3. **Total Parenteral Nutrition (TPN)** – Final dextrose concentration > 10% and osmolality of >900mOsm/liter.
  - a. Must be given through a central venous access device.
  - b. Must be regulated by an electronic pump.
  - c. Treatment for short or long term therapy.

### Preparation

1. A physician's order is necessary for this treatment. The PN order should include the formula or a list of all individual ingredients/nutrients in the base solution, total volume and rate of administration as well as orders for monitoring laboratory results on a routine basis.
2. Parenteral nutrition should be started in a hospital setting due to a high risk of complications.
3. Residents will have had stable glucose levels and no complications for at least 48 hours in the hospital before being transferred to long term care.
4. Verify with State Nurse Practice Act the role of the Nurse and requirements for RN coverage on the unit while PN is infusing.
5. The long term care facility is responsible for having the proper staffing (per State Nurse Practice Act) before resident arrives in facility.
6. The assessment and management of PN residents is a multidisciplinary function involving the Dietitian, Physician, Nursing and Pharmacist.
7. The Physician may write orders for the Pharmacist to monitor and change the PN solution orders, in accordance with state practice laws.

### General Guidelines

#### Handling and Storage:

1. Do not accept PN bags from any facility other than the pharmacy. Keep PN bags refrigerated and protected from light until shortly before use.

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**Safety Precautions:**

1. Parenteral nutrition orders will include an order for dextrose 10% IV to run at the same rate as PN, in case the PN has to be stopped or discontinued suddenly.
2. The orders for PN and the PN bag labels must match. Otherwise, contact the pharmacy.
3. Avoid unplanned interruptions of PN.
4. Administer PN via an electronic pump. The solution must be filtered.
5. The size of the filter on the end of the IV tubing is determined by the type of solution:
  - a. 0.2 micron filter is used if solution does not contain intravenous fat emulsion (lipids).
  - b. 1.2 micron filters are used if lipids are in solution.
6. Use strict aseptic technique when handling PN.
7. For multi-lumen catheters, specify/label one lumen for PN use only. Do not use this lumen for other infusions or blood sampling.
8. Use only administration sets that are free of diethylhexyl-phthalate (DEHP) to administer PN.

**Infusions:**

1. Change PN bags at least every 24 hours.
2. Change administration set, filter, and needleless connection device with every new bag that is administered (at least every 24 hours).
3. Change fat emulsions (lipids) at least every 12 hours. If part of TNA, change every 24 hours.
4. Do not administer medications via “piggyback” or IV push through the PN tubing/lumen.
5. Do not disconnect tubing to administer another medication. The system must stay intact to maintain sterile system.
6. Only mix and administer additives with PN per facility/pharmacy protocol.

**Monitoring:**

1. Routinely monitor residents receiving TPN/PPN per facility protocol for the following signs and symptoms of complications:
  - a. Hypo/hyperglycemia;
  - b. Fluid/electrolyte imbalance;
  - c. Infection;
  - d. Malnutrition;
  - e. Catheter complication;
  - f. Change of mental status; and
  - g. Other potential complications associated with PN therapy.
2. Include the following clinical monitoring at regular intervals (per physician or pharmacy order):
  - a. Intake/output;
  - b. Glucose levels;
  - c. Urinalysis;
  - d. Electrolytes; and
  - e. Laboratory values (CBC, chemistry) or other labs per orders.

**Equipment and Supplies**

1. Parenteral nutrition solution\*;
2. Fat emulsion (lipid) solution\*;
3. Administration sets with in-line (or add-on) filtration systems;
4. Saline or heparin for flush, as appropriate;

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5. Needleless access device/adaptor;
6. Electronic infusion pump;
7. Gloves;
8. Alcohol swabs; and
9. Tape.

\*These may be in a 3 in 1 mixture.

## Steps in the Procedure

1. Keep PN solution refrigerated and protected from light until shortly before administration.
2. Verify orders. Compare orders to bag label. Verify with second nurse if required by facility protocol.
3. Assess IV site and catheter for any complications.
4. Check resident chart for any allergies or special considerations.
5. Check lab results for appropriate use of therapy.
6. Do physical assessment, especially heart, lungs, and extremities, to determine if resident can tolerate large amounts of continuous fluids.
7. Check vital signs for any signs of complications.
8. Verify if there are any additives to be put in bag. If so, add before starting PN.
9. Verify identity of resident.
10. Inspect bag and equipment sterility, precipitate, expiration date, any separation of PN and lipids (if present). Call pharmacy if any problems are noted.
11. Perform hand antisepsis. Don non-sterile gloves.
12. Clean end of needleless access device on catheter with alcohol (70%).
13. Flush catheter with 0.9% sodium chloride (normal saline).
14. Attach tubing with filter to PN bag. Prime tubing and filter by opening roller clamp. Prime, then clamp tubing. Place sterile end cap on tubing.
15. Set pump with prescribed rate and volume (continuous or intermittent).
16. Clean end of needleless access device on catheter with alcohol (70%).
17. Connect end of filter (or tubing if filter is attached to catheter) into catheter connection device.
18. Check connections. Secure tubing to resident with tape.
19. Start infusion and monitor for proper flow and any complications.
20. Educate resident that her or she should notify the nurse if any problems develop such as shortness of breath, heart palpitations, catheter-related pain, or signs/symptoms of hypoglycemia/ hyperglycemia.
21. Monitor resident, insertion site, and flow at regular intervals (at least every 2 hours).
22. Dispose of flush syringes and equipment packaging properly.

## Documentation

The following should be documented in the resident's medical record:

1. Date and time of administration.
2. Signature and title of nurse(s) checking and hanging PN bag and person monitoring infusion.
3. Rate and volume infused.
4. Additives. Document in the medicine administration record.
5. Infusion rate, and changing of PN bag, tubing, needleless access device, filter, and flushes.
6. Any complications, interventions, the condition of insertion site/dressing/catheter, any changes in PN formula, lab results, and the resident's response to procedure.

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## Reporting

1. Report any complications with PN infusion to physician, supervisor, and oncoming shift.
2. Report any changes in PN formula and lab results.

References	
<b>MDS Items (CAAs)</b>	Section K; Section O; (CAA 12; CAA 14)
<b>Survey Tag Numbers</b>	F692; F694
<b>Other References</b>	INS 2016 Standard 61
<b>Related Documents</b>	<a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a> <a href="#">Parenteral Lipid Administration</a> <a href="#">Parenteral Nutrition (PN) – Continuous vs. Cycled</a> <a href="#">Parenteral Nutrition - Placement of Additives</a>
<b>Version</b>	2.1 (H5MAPR0209)

# Parenteral Nutrition (PN) – Continuous vs. Cycled

Level III

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## Purpose

The purpose of this procedure is to explain the difference between continuous and cycled parenteral nutrition (PN) and to establish the guideline for tapering the rate of infusion when starting or stopping parenteral nutrition infusions.

## Definitions

1. **Continuous Parenteral Nutrition** – The PN is infused at the **same rate** for **24 hours** a day. The solution bag and equipment are changed at approximately the same time each day. The system stays intact without interruption.
2. **Cycled Parenteral Nutrition** – The PN is infused for a shorter interval lasting **less than 24 hours**. The PN infuses for a time interval according to physician order. Many times this is done to accommodate resident schedules and allows for more freedom in lifestyle.

## General Guidelines

1. The nurse must have received training and demonstrated competency related to the handling of PN prior to performing this procedure.
2. Use aseptic technique at all times when administering PN.
3. Parenteral nutrition should be delivered by midline or central line, according to the concentration of dextrose.
4. Guidelines for tapering **cycled parenteral nutrition** are as follows:
  - a. The rate **tapers upward for 1-2 hours** when starting the infusion.
  - b. Then the PN runs at a set rate for a determined time.
  - c. The rate **tapers downward for 1-2 hours** before the infusion is stopped or discontinued.
  - d. The time intervals and tapering rates will be determined by the physician or the pharmacist.
  - e. The bag is then disconnected from the catheter and discarded.
  - f. The catheter is flushed with saline/heparin per protocol.
5. **Never stop or discontinue parenteral nutrition suddenly.**
  - a. The PN rate must be tapered downward over several hours to allow the pancreas to adjust to the decrease in glucose intake (and the subsequent decreased need for insulin). This will help prevent hypoglycemia.

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- b. Total parenteral nutrition (TPN) (>10% dextrose) orders should include dextrose 10% IV fluid to be used if for some reason the TPN has to be stopped suddenly or is not available.
- c. The Dextrose 10% should be run at the same rate that the TPN was running. The Dextrose 10% can be run on an IV flow regulator tubing until TPN and pump are available.

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; Section O; (CAA 12)
<b>Survey Tag Numbers</b>	F692; F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Parenteral Nutrition</a>
<b>Version</b>	1.2 (H5MAPR0306)

# Parenteral Nutrition - Placement of Additives

Level III

## Purpose

The purpose of this procedure is to establish guidelines for placing additives in the parenteral nutrition (PN) mixture.

## Preparation

1. Verify with state Nurse Practice Act the role of the licensed nurse and requirements for RN coverage on the unit while PN is infusing.
2. The nurse placing the additives into the PN bag must have received training and demonstrated competency related to the handling of PN prior to performing this procedure.
3. Maintain aseptic technique when working with PN. The room where the additives are placed in PN bag **must** be clean and away from general traffic.
4. Check expiration dates on additive bottles/vials and inspect the PN solution for deterioration or breakdown before placing additives.
5. Check additives for compatibility before adding to the PN solution.

## General Guidelines

1. Additives are medications or supplements that are added to the PN solution just before infusing the PN. Examples of additives include multi-vitamins, vitamin K, H<sub>2</sub> blockers and regular insulin.
2. Medications added to PN are stable for  $\leq 24$  hours. Parenteral nutrition solutions may be delivered from the pharmacy in quantities that last 3-4 days. Therefore, medications are added to the PN at the facility rather than at the pharmacy.
3. Additives and/or medications added to the PN solution must be handled in a manner that is compliant with USP<797> Guidelines for Compounding Sterile Preparations.
4. If the following criteria are met, the preparation is designated “Immediate-Use” and is exempt from ISO 5 (hood) and ISO 7 (cleanroom) USP <797> requirements:
  - a. There are no more than three additives.
  - b. None of the additives are considered hazardous.
  - c. The transfer of substances does not involve more than two entries into any one container or package of sterile infusion solution or administration container (e.g., bag or vial).
  - d. Compounding is a continuous process, and can be completed in under one hour.
  - e. Aseptic technique is maintained, and the compound is under constant surveillance.
  - f. Administration begins no later than one hour after the preparation begins.
    - (1) If not administered immediately, the preparation will be labeled with the one-hour BUD.
    - (2) If administration is not initiated within one hour after the preparation begins, it will be discarded.
  - g. The preparation must be administered immediately and completely (or the administration witnessed) by the person who prepared it, OR the CSP must be labeled with:
    - (1) the resident/patient identification information;
    - (2) the names and amount of all ingredients;
    - (3) the name or initials of the person who prepared the CSP;
    - (4) the exact 1-hour beyond-use date (BUD) and time.

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5. Other general guidelines include:
  - a. Place additives in PN bag before the bag is connected to the resident. Never add medications while PN is infusing; this could result in a bolus dose of medication.
  - b. Place additives in the PN mixture immediately before administering the PN to the resident.
  - c. Add medications to the PN bag one at a time using a new syringe for each medication.
  - d. When additive is placed in bag, rotate bag back and forth. DO NOT SHAKE BAG.

## Equipment and Supplies

1. Parenteral nutrition solution;
2. Alcohol wipes;
3. Filter straw for glass medication ampules;
4. Sterile syringe for each additive;
5. Sterile injection needle(s) or needleless system to access medication containers and injection port of bag;
6. Sharps container;
7. Non-sterile gloves; and
8. Waterproof barrier for counter top.

## Steps in the Procedure

1. Verify orders for PN. Check orders against PN bag label. If they do not match, call pharmacy and verify.
2. Verify orders for additives.
3. Check compatibility of medications.
4. Clean countertop with alcohol, soap and water, or antimicrobial solution. Place waterproof barrier on counter top.
5. Perform hand antisepsis. Don non-sterile gloves.
6. Assemble equipment and medication additives.
7. Clean injection port of PN bag with 70% alcohol wipes.
8. Draw up additives one at a time in separate sterile syringes. Use filter straw to draw up medications from glass ampules.
9. Place additives into PN bag one at a time. Rotate bag back and forth gently in between medications to mix medicines. DO NOT SHAKE BAG.
10. Wipe injection port with alcohol in between each additive.
11. Document medications added to the PN solution on a label affixed to the PN bag.
12. Prepare bag to be hung after the addition of additives.
13. Discard used equipment according to facility procedure.

## Documentation

The following should be documented in the resident's medical record:

1. Additives (document on label affixed to PN bag AND medication administration record).
2. If there was any visible deterioration in the PN solution and notification of the pharmacy.
3. Any communication with physician, supervisor, or oncoming shift (document in the nurses' notes).

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## Reporting

1. Report any problems or complications with the PN solution or the additives to the pharmacy.
2. Report any complications with the procedure to the Director of Nursing Services or the physician.
3. Report any changes in the resident's condition to the physician.
4. Any changes in PN formula.

References	
<b>MDS Items (CAAs)</b>	Section I; Section K; Section O; (CAA 12)
<b>Survey Tag Numbers</b>	F692; F694
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Parenteral Nutrition</a>
<b>Version</b>	2.1 (H5MAPR0308)

# Serving Drinking Water

Level I

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## Purpose

The purposes of this procedure are to provide the resident with a fresh supply of drinking water and to provide adequate fluids for the resident.

## Preparation

1. Drinking water shall be obtained from an approved source that is:
  - a. A public water system; or
  - b. A nonpublic water system that is constructed, maintained and operated according to applicable state/federal law.
2. Verify that there is **not** a physician's order for **NPO** (nothing by mouth) or any fluid or ice restrictions before serving drinking water to the resident.
3. Review the resident's care plan and provide for any special needs of the resident.
4. Residents who are not permitted to have ice may receive tap water only. (Note: Notice on resident's drinking cup will be marked "**Omit Ice.**")
5. When in doubt about serving ice water or other fluids to a resident, check with your supervisor.
6. Assemble the equipment and supplies necessary to perform the procedure. Arrange them on the rolling cart.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Movable serving cart;
2. Ice chest and cover;
3. Ice;
4. Scoop;
5. Water pitcher and cup;
6. Flexible straw;
7. Paper towels; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Fill the ice chest with ice. Cover the chest.
2. Roll the cart to the outside entrance of the resident's room.
3. Go to the resident's bedside stand and pick up the water pitcher.
4. Take the water pitcher into the bathroom. Empty the contents into the commode. Flush the commode.
5. Rinse the water pitcher with tap water. Pour the water down the sink.
6. Fill the water pitcher one-half full with tap water.
7. Unless the resident is in isolation, take the water pitcher to the ice cart outside the room. Fill the pitcher with ice. Do not let the ice scoop touch the water pitcher.
8. Return the water pitcher to the resident's bedside stand.

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9. Wipe the bedside stand with a clean paper towel. Discard used paper cups, paper towels and other disposable items into designated container.
10. Offer the resident a fresh cup of water.
11. Place the water pitcher and cup within easy reach of the resident. Place flexible straws next to the water pitcher.
12. Repeat steps 2 through 11 until the procedure has been completed for each of your assigned residents. Wash your hands.

## Documentation

The person performing this procedure should record the following information:

1. The time that the procedure was performed. (Note on daily flow sheet or record.)
2. The name and title of the individual(s) who performed the procedure.
3. If the resident refused the drinking water, the reason(s) why and the intervention taken.
4. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the drinking water.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section J; (CAA 14)
<b>Survey Tag Numbers</b>	F692
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0248)





# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Pain Management**

Item # H50075

WINDSOR 002866

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Pain Management**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Pain Management**

#### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20076 Pain Management

#### **Sample Documentation**

Pain Assessment in Advance Dementia (PAINAD) Scale (MP5448)

Pain Evaluation (MP5436)

Pain Flow Sheet (MP4901)

#### **Tool**

Monitoring Residents on Patient-Controlled Analgesia

# Pain – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will identify individuals who have pain or who are at risk for having pain.
  - a. This includes reviewing known diagnoses and conditions that commonly cause pain; for example, degenerative joint disease, rheumatoid arthritis, osteoporosis (with or without vertebral compression fractures), diabetic neuropathy, oral or dental pathology, and post-stroke syndromes.
  - b. It also includes a review for any treatments that the resident currently is receiving for pain, including complementary and non-pharmacologic treatments.
2. The nursing staff will assess each individual for pain upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain.
3. The staff and physician will identify the characteristics of pain such as location, intensity, frequency, pattern, and severity.
  - a. Staff will use a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level.
4. The nursing staff will identify any situations or interventions where an increase in the resident's pain may be anticipated; for example, wound care, ambulation, or repositioning.
5. The staff and physician will evaluate how pain is affecting mood, activities of daily living, sleep, and the resident's quality of life, as well as how pain may be contributing to complications such as gait disturbances, social isolation, and falls.

## Cause Identification

1. The physician will help identify causes of pain; for example, by examining the resident directly, reviewing the resident's history, and via discussion with the resident and staff.
2. The physician will help identify the extent to which underlying causes of pain can be addressed or reversed.
3. The physician will perform or order appropriate tests as needed to help clarify sources of pain. For example, an x-ray may help to identify the cause of joint pain.

## Treatment/Management

1. With input from the resident to the extent possible, the physician and staff will establish goals of pain treatment; for example, freedom from pain with minimal medication side effects, less frequent headaches, or improved functioning, mood, and sleep.
2. The physician will order appropriate non-pharmacologic and medication interventions to address the individual's pain.
  - a. Pain medications should be selected based on pertinent treatment guidelines. Generally, and to the extent possible, an analgesic regimen should utilize the simplest regimen and lowest risk medications before using more problematic or higher risk approaches.

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3. Staff will provide the elements of a comforting environment and appropriate physical and complementary interventions; for example, local heat or ice, repositioning, massage, and the opportunity to talk about chronic pain.
4. For the individual who is receiving opioid analgesics, the physician will order a regimen of laxatives and other measures to prevent constipation.

### **Monitoring**

1. The staff will reassess the individual's pain and related consequences at regular intervals; at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain.
  - a. Review should include frequency, duration and intensity of pain, ability to perform activities of daily living (ADLs), sleep pattern, mood, behavior, and participation in activities.
2. The staff will evaluate and report the resident/patient's use of standing and PRN analgesics.
  - a. Depending on the characteristics of pain, the physician may start with PRN doses or supplement standing doses with PRN doses for breakthrough pain.
  - b. If there are more than occasional analgesic requests, the physician will consider changing to regular administration of at least one analgesic with another medication for PRN use, increasing the standing dose of an existing analgesic, switching to another analgesic, and/or adding nonpharmacological measures.
3. Periodically the physician will evaluate and summarize the status of an individual with chronic or fluctuating pain including the status of any active conditions that exacerbate pain, consequences or complications of pain, and effectiveness of current interventions for pain.
4. The staff and physician will monitor for adverse effects of pain medications such as gastrointestinal bleeding from nonsteroidal anti-inflammatory drugs (NSAIDs), and anorexia, confusion, lethargy, severe constipation related to opioids.
  - a. The physician will adjust or discontinue medications accordingly, based on effectiveness and side effects.
5. If the resident's pain is complex or not responding to standard interventions, the Attending Physician may consider additional consultative support.
  - a. If a consultant is involved in managing pain, the attending physician will maintain an active role by reviewing the consultant's recommendations, addressing medical issues that affect pain, monitoring for complications related to treatment, and evaluating subsequent progress.
  - b. The physician should not simply defer to the consultant for all pain-related issues.
6. If pain is stable and the underlying cause is resolved or it is unclear whether a source of pain remains, the physician will consider a trial reduction or elimination of analgesic medication; for example, reduce the standing dose of an analgesic and see if there is any change in pain-related symptoms or use of PRN analgesics.
  - a. Reductions in opioid analgesics are especially important in light of their limited efficacy in the treatment of chronic non-cancer pain and their many diverse significant side effects.
  - b. Based on results of attempted dose reductions, the physician should document a clinically significant rationale for not attempting further analgesic reduction. It should not just be assumed that the absence of pain symptoms implies the need for indefinite analgesic administration. Sometimes a trial tapering or discontinuation of analgesics is indicated to determine if current medications or doses are still needed.

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References	
<b>MDS Items (CAAs)</b>	Section J; (CAA 19)
<b>Survey Tag Numbers</b>	F550; F636; F656; F697; F757; F710
<b>Other References</b>	<p>Becker WC, O'Connor PG. The safety of opioid analgesics in the elderly. <i>Arch Int Med</i> 2010;170: 1986-1988.</p> <p>Bruera E, Kim HN. Cancer Pain. <i>JAMA</i>. 2003;290(18):2476-2479. doi:10.1001/jama.290.18.2476.</p> <p>Chou R, Deyo R, Friedly J, Skelly A, Weimer M, Fu R, et al. Systemic Pharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. <i>Ann Intern Med</i>. 2017;166:480-492. doi: 10.7326/M16-2458.</p> <p>Clauw DJ. Fibromyalgia: A Clinical Review. <i>JAMA</i>. 2014;311(15):1547-1555. doi:10.1001/jama.2014.3266.</p> <p>Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. <i>JAMA</i>. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464</p> <p>Grady D, Berkowitz S, Katz MH. Opioids for chronic pain. <i>Arch Int Med</i> 2010;170: 1986-1988.</p> <p>Herman AD, Johnson TM, Ritchie CS, Parmelee PA. Pain management interventions in the nursing home: a structured review of the literature. <i>J Am Geriatr Soc</i> 2009;57:1258-1267.</p> <p>Makris UE, Abrams RC, Gurland B, Reid MC. Management of Persistent Pain in the Older Patient A Clinical Review. <i>JAMA</i>. 2014;312(8):825-837. doi:10.1001/jama.2014.9405</p> <p>Solomon DH, Rassen JA, Glynn RJ et al. The comparative safety of opioids for nonmalignant pain in older adults. <i>Arch Intern Med</i> 2010;170:1979-1986.</p> <p>Stein WM, Ferrell BA. Pain in the nursing home. <i>Clin Geriatr Med</i> 1996;12(3)(Aug): 601-613.</p> <p>Von Korff M, Kolodny A, Deyo RA, Chou R. Long-term opioid therapy reconsidered. <i>Ann Intern Med</i>. 2011;155:325-328.</p>
<b>Related Documents</b>	<a href="#">Pain Assessment and Management</a>
<b>Version</b>	2.1 (H5MACL0029)

# Administering Pain Medications

Level III

## Purpose

The purpose of this procedure is to provide guidelines for assessing the resident's level of pain prior to administering analgesic pain medication.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management.
2. "Pain management" is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals.
3. Pain management is a multidisciplinary care process that includes the following:
  - a. Assessing the potential for pain;
  - b. Recognizing the presence of pain;
  - c. Identifying the characteristics of pain;
  - d. Addressing the underlying causes of the pain;
  - e. Developing and implementing approaches to pain management;
  - f. Identifying and using specific strategies for different levels and sources of pain;
  - g. Monitoring for the effectiveness of interventions; and
  - h. Modifying approaches as necessary.
4. Cognitive, cultural, familial, or gender-specific influences on the resident's ability or willingness to verbalize pain are considered when assessing and treating pain. Comprehensive pain assessments are conducted upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain.
5. Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained.
6. For stable chronic pain the resident's pain and consequences of pain are assessed at least weekly.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Standardized pain assessment tools, as indicated per facility protocol. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Provide for resident privacy.
2. Explain the purpose of the assessment to the resident.
3. Conduct a pain assessment as indicated. The initial assessment is comprehensive and should follow the facility pain assessment procedure.
4. Conduct an abbreviated pain assessment if there has been no change of condition since the previous assessment. The assessment shall consist of at least the following components:
  - a. Whether pain has improved or worsened since the last assessment;
  - b. The general condition of the resident;
  - c. Verbal and non-verbal signs of pain;
  - d. Level of consciousness; and
  - e. Evidence or reports of adverse consequences related to medications.
5. Evaluate and document the effectiveness of non-pharmacologic interventions (e.g., repositioning, warm or cold compresses, etc.).
6. Administer pain medications as ordered. If there are signs or symptoms of serious adverse consequences related to narcotic (opioid) analgesics (including somnolence, delirium, respiratory depression), notify the practitioner prior to administering.
7. Place the call light within easy reach of the resident.
8. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
9. Re-evaluate the resident's level of pain 30-60 minutes after administering.

## Documentation

Document the following in the resident's medical record:

1. Results of the pain assessment;
2. Medication;
3. Dose;
4. Route of administration; and
5. Results of the medication (adverse or desired).

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section J; Section N; (CAA 19)
<b>Survey Tag Numbers</b>	F697; F757
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Medications</a> <a href="#">Documentation of Medication Administration</a> <a href="#">Pain Assessment and Management</a> <a href="#">Pain Evaluation (MP5436)</a> <a href="#">Pain Flow Sheet (MP4901)</a>
<b>Version</b>	1.1 (H5MAPR0006)

# Intravenous Pain Management

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the safe and aseptic administration of intravenous (IV) pain medication.

## Preparation

1. Verify with state Nurse Practice Act LPN/RN scope of practice for this procedure.
2. A physician's order is necessary for this procedure.
3. Review the resident's care plan to assess for any special needs of the resident.
4. Assemble the equipment and supplies as needed.
5. The licensed nurse responsible for administering IV pain therapy shall be knowledgeable of:
  - a. indications for use;
  - b. appropriate doses and diluents;
  - c. side effects;
  - d. contraindications;
  - e. toxicities;
  - f. incompatibilities;
  - g. stability;
  - h. storage requirements;
  - i. potential complications; and
  - j. conventional and alternative methods of pain control.
6. Follow state Nurse Practice laws regarding scope of practice for administering prescribed intravenous pain medicine.
7. Anaphylaxis and naloxone medication protocols/orders/medications must be in place in the facility prior to the administration of IV pain medication.
8. Do not leave narcotic bags or cassettes in an unsecured locked area when not in use for resident infusion.

## General Guidelines

1. First Dose of medication should be given in a situation in which close observation of resident and the ability to intervene in the case of complications is possible.
2. Frequent observation of the resident is necessary when IV pain medication is given. Monitor for pain control, change in vital signs, mental status, breathing status, nausea/vomiting, rash, or intolerance of medication.
3. Use a separate administration set for each medication.
4. When administering continuous IV or subcutaneous pain medication, use electronic infusion device to monitor rate of infusion.
5. Choose proper type of intravenous catheter to accommodate type of medication and duration of treatment.

## Equipment and Supplies

1. Prescribed medication;
2. Administration set;

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3. Saline (preservative-free 0.9% sodium chloride) or heparin for flush, as appropriate;
4. Needleless access device/adaptor;
5. Electronic infusion pump;
6. Gloves;
7. Alcohol swabs; and
8. Tape.

## Assessment

1. Inspect intravenous catheter site for signs of complications at scheduled intervals and upon routine site care and administration set changes.
2. Prior to administration of pain medications assess resident's:
  - a. level of pain using appropriate pain scale;
  - b. level of consciousness;
  - c. history of allergies; and
  - d. baseline vital signs, height and weight.
3. Prior to administration of intravenous pain medication, assess the resident for risk factors for respiratory depression and other adverse events, including:
  - a. age;
  - b. morbid obesity;
  - c. obstructive sleep apnea;
  - d. COPD; and
  - e. renal insufficiency.
4. Monitor resident during administration of pain medication for signs of:
  - a. respiratory depression;
  - b. level of consciousness/confusion;
  - c. unsteady gait, risk of falling;
  - d. nausea and vomiting;
  - e. pruritus;
  - f. constipation;
  - g. urinary retention; and/or
  - h. hypotension or hypertension.
5. Review physician's order. Confirm type and amount of medication, route, and rate of administration.
6. Verify the identity of the resident.
7. Check medication label and verify against the order.
8. Inspect medication for any leaks, cracks, precipitate and expiration date.

## Steps in the Procedure

1. Perform hand antisepsis and don non-sterile gloves.
2. Prime tubing of administration set.
3. Disinfect catheter injection/access port.
4. Flush catheter.
5. Connect primed administration set to catheter injection/access device.
6. Open clamp on tubing.

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7. **Establish prescribed rate of flow using an electronic infusion pump.**
  - a. Follow orders for amount to be infused and duration.
  - b. Follow manufacturer's directions to program pump.
  - c. Program to achieve desired flow rate.
8. Begin infusion.
9. Instruct resident on expected outcomes and potential side effects.
10. Use pulse oximeter to monitor for respiratory depression.
11. Monitor resident closely. Assess and re-assess the resident for:
  - a. current level of pain;
  - b. side effects of pain medications; and
  - c. adverse reactions to pain medication.
12. When infusion is complete, clamp tubing and disconnect from catheter.
13. If tubing will be reused, replace sterile end cap on tubing.
14. Flush catheter per protocol.
15. Document procedure in the resident's medical record.

## Documentation

1. The following should be documented in the resident's medical record, and/or narcotic control record:
  - a. Results of the initial and/or follow-up pain assessments.
  - b. Any complications, side effects, problems with infusion, change in dose, refusal of medication.
  - c. Any communication with physician, supervisor, or oncoming shift.
  - d. Any waste of narcotic when treatment is finished.
  - e. Effectiveness of pain treatment, per resident statement or use of scale.
  - f. Any changes in orders.
  - g. Condition of catheter and any complications/interventions.
2. Document narcotic administration in appropriate controlled medication record.

## Reporting

The following should be reported to physician, supervisor, and oncoming shift as per facility policy:

1. Resident refusal of treatment.
2. New onset or worsening of assessed or resident-reported pain level.
3. Effectiveness of treatment.
4. Any side effects or complications from treatment/interventions.
5. Resident statement regarding tolerance of treatment.

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References	
<b>MDS Items (CAAs)</b>	Section J; Section N; Section O; (CAA 19)
<b>Survey Tag Numbers</b>	F697
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Administering Pain Medications</a> <a href="#">Documentation of Medication Administration</a> <a href="#">Guidelines for Preventing Intravenous Catheter-Related Infections</a> <a href="#">Pain Assessment and Management</a>
<b>Version</b>	2.1 (H5MAPR0168)

# Pain Assessment and Management

Level III

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## Purpose

The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain.

## General Guidelines

1. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management.
2. "Pain management" is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals.
3. Pain management is a multidisciplinary care process that includes the following:
  - a. Assessing the potential for pain;
  - b. Recognizing the presence of pain;
  - c. Identifying the characteristics of pain;
  - d. Addressing the underlying causes of the pain;
  - e. Developing and implementing approaches to pain management;
  - f. Identifying and using specific strategies for different levels and sources of pain;
  - g. Monitoring for the effectiveness of interventions; and
  - h. Modifying approaches as necessary.
4. Cognitive, cultural, familial, or gender-specific influences on the resident's ability or willingness to verbalize pain are considered when assessing and treating pain. Comprehensive pain assessments are conducted upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain.
5. Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained.
6. For stable chronic pain the resident's pain and consequences of pain are assessed at least weekly.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Standardized pain assessment tool, as indicated per facility protocol; and
2. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

### Recognizing Pain

1. Observe the resident (during rest and movement) for physiologic and behavioral (non-verbal) signs of pain.
2. Possible **Behavioral Signs of Pain, including:**
  - a. Verbal expressions such as groaning, crying, screaming;
  - b. Facial expressions such as grimacing, frowning, clenching of the jaw, etc.;
  - c. Changes in gait, skin color and vital signs;
  - d. Behavior such as resisting care, irritability, depression, decreased participation in usual activities;
  - e. Limitations in his or her level of activity due to the presence of pain;
  - f. Guarding, rubbing or favoring a particular part of the body;
  - g. Difficulty eating or loss of appetite;
  - h. Insomnia; and
  - i. Evidence of depression, anxiety, fear or hopelessness.
3. Possible **Physiological Signs of Pain, including:**
  - a. Increased blood pressure;
  - b. Tachycardia;
  - c. Increased respirations;
  - d. Diaphoresis;
  - e. Anorexia; or
  - f. Somnolence.
4. Ask the resident if he/she is experiencing pain. Be aware that the resident may avoid the term “pain” and use other descriptors such as throbbing, aching, hurting, cramping, numbness or tingling.
5. Review the medication administration record to determine how often the individual requests and receives PRN pain medication, and to what extent the administered medications relieve the resident’s pain.

### Assessing Pain:

1. During the comprehensive pain assessment gather the following information as indicated from the resident (or legal representative):
  - a. History of pain and its treatment, including pharmacological and non-pharmacological interventions;
  - b. Characteristics of pain:
    - (1) Location of pain;
    - (2) Intensity of pain (as measured on a standardized pain scale);
    - (3) Characteristics of pain (e.g., aching, burning, crushing, numbness, burning, etc.);
    - (4) Pattern of pain (e.g., constant or intermittent); and
    - (5) Frequency, timing and duration of pain.
  - c. Impact of pain on quality of life;
  - d. Factors that precipitate or exacerbate pain;
  - e. Factors and strategies that reduce pain; and
  - f. Symptoms that accompany pain (e.g., nausea, anxiety).
2. Assess pain using a consistent approach and a standardized pain assessment instrument appropriate to the resident’s cognitive level.
3. Discuss with the resident (or legal representative) his or her goals for pain management and satisfaction with the current level of pain control.

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**Identifying the Causes of Pain:**

1. Review the MDS and other documentation for indications of the onset or worsening of pain symptoms. Indicators of pain may include MDS items such as sleep cycle, changes in mood, decline in function, weight loss and skin conditions.
2. Review the resident's clinical record to identify conditions or situations that may predispose the resident to pain, including:
  - a. Musculoskeletal Conditions:
    - (1) Degenerative joint disease;
    - (2) Rheumatoid arthritis;
    - (3) Osteoporosis;
    - (4) Fractures; and
    - (5) Amputation.
  - b. Skin/Wound Conditions:
    - (1) Pressure, venous or arterial ulcers; and
    - (2) Surgical incision.
  - c. Neurological conditions such as multiple sclerosis:
    - (1) Neuropathy;
    - (2) Headache;
    - (3) Head trauma; and
    - (4) Post-stroke syndrome.
  - d. Circulatory/Heart:
    - (1) Angina;
    - (2) DVT; and
    - (3) Peripheral vascular disease.
  - e. Gastrointestinal:
    - (1) Gastroesophageal reflux disease;
    - (2) Inflammatory bowel disease; and
    - (3) Constipation.
  - f. End of life/Hospice Care;
  - g. Oral health conditions; or
  - h. Infection:
    - (1) Urinary tract infection; and
    - (2) Pneumonia.
3. Review the resident's treatment record or recent nurses' notes to identify any situations or interventions where an increase in the resident's pain may be anticipated, for example:
  - a. Bathing, dressing, or other ADLs;
  - b. Treatments such as wound care or dressing changes;
  - c. Ambulation or physical therapy; and/or
  - d. Turning or repositioning.
4. In some cases the underlying causes of pain cannot be determined.

**Defining Goals and Appropriate Interventions:**

1. The pain management interventions shall be consistent with the resident's goals for treatment. Such goals will be specifically defined and documented. For example, freedom from pain with minimal medication side effects, less frequent headaches, or improved functioning, mood, and sleep.
2. Pain management interventions shall reflect the sources, type and severity of pain.

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3. Pain management interventions shall address the underlying causes of the resident's pain. For example, if there is acute pain associated with an infected wound the intervention shall address treating the infection in addition to pain control.
4. For those situations where the cause of the resident's pain has not been or cannot be determined, follow current standards of practice for managing pain to help determine appropriate options.

**Implementing Pain Management Strategies:**

1. Non-pharmacological interventions may be appropriate alone or in conjunction with medications. Some non-pharmacological interventions include:
  - a. Environmental – adjusting the room temperature, smoothing the linens, providing a pressure-reducing mattress, repositioning, etc.;
  - b. Physical – ice packs, cool or warm compresses, baths, transcutaneous electrical nerve stimulation (TENS), massage, acupuncture, etc.;
  - c. Exercise – range of motion exercises to prevent muscle stiffness and contractures; and
  - d. Cognitive or Behavioral – relaxation, music, diversions, activities, etc.
2. Pharmacological interventions (i.e., analgesics) may be prescribed to manage pain, however they do not usually address the cause of pain and can have adverse effects on the resident (e.g., drowsiness, increased risk of falling; loss of appetite).
3. The physician and staff will establish a treatment regimen based on consideration of the following:
  - a. The resident's medical condition;
  - b. Current medication regimen;
  - c. Nature, severity and cause of the pain;
  - d. Course of the illness; and
  - e. Treatment goals.
4. Strategies that may be employed when establishing the medication regimen include:
  - a. Starting with lower doses and titrating upward as necessary;
  - b. Administering medications around the clock rather than PRN;
  - c. Combining long-acting medications with PRNs for breakthrough pain;
  - d. Combining non-narcotic analgesics with narcotic (opioid) analgesics; and
  - e. Reducing or preventing anticipated adverse consequences of medications (e.g., bowel regimen to preventing constipation related to opioid analgesics).
5. Implement the medication regimen as ordered, carefully documenting the results of the interventions.

**Monitoring and Modifying Approaches:**

1. Re-assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain.
2. Monitor the following factors to determine if the resident's pain is being adequately controlled:
  - a. The resident's response to interventions and level of comfort over time;
  - b. The status of the underlying cause(s) of pain, if identified previously; and
  - c. The presence of adverse consequences to treatment.
3. Monitor the resident by performing a basic assessment with enough detail and, as needed, with standardized assessment tools (e.g., approved pain scales, etc.) and relevant criteria for measuring pain management (e.g., target signs and symptoms).
4. If pain has not been adequately controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated.

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5. If pain symptoms have resolved or there is no longer an indication for pain medication, the multidisciplinary team and physician shall try to discontinue or taper analgesic medications to the extent possible.

## Documentation

1. Document the resident's reported level of pain with adequate detail (i.e., enough information to gauge the status of pain and the effectiveness of interventions for pain) as necessary and in accordance with the pain management program.
2. Upon completion of the pain assessment, the person conducting the assessment shall record the information obtained from the assessment in the resident's medical record.

## Reporting

Report the following information to the physician or practitioner:

1. Significant changes in the level of the resident's pain;
2. Adverse effects from pain medications, such as gastrointestinal bleeding from nonsteroidal anti-inflammatory drugs (NSAIDs), anorexia, confusion, lethargy, severe constipation, or ileus related to opioids; and/or
3. Prolonged, unrelieved pain despite care plan interventions.

References	
<b>MDS Items (CAAs)</b>	Section D; Section I; Section J; (CAA 8; CAA 19)
<b>Survey Tag Numbers</b>	F697; F684
<b>Other References</b>	<a href="#">CMS-20076 Pain Management</a>
<b>Related Documents</b>	<a href="#">Pain – Clinical Protocol</a> <a href="#">Pain Evaluation (MP5436)</a> <a href="#">Patient-Controlled Analgesia</a>
<b>Version</b>	2.0 (H5MAPR0208)

# Patient-Controlled Analgesia

Level III

## Purpose

The purpose of this procedure is to provide guidelines for safe and effective administration of intravenous (IV) pain medication through patient-controlled analgesia (PCA).

## Preparation

1. Verify with state Nurse Practice Act LPN/RN scope of practice for this procedure.
2. A physician's order is necessary for this procedure. The physician's order will include:
  - a. medication;
  - b. medication concentration;
  - c. IV solution and infusion rate;
  - d. mode of delivery;
  - e. loading dose;
  - f. PCA dose;
  - g. basal rate; and
  - h. lockout interval.
3. Review the care plan to assess for any special needs.
4. Assemble the equipment and supplies as needed.

## Definitions:

1. **Loading dose** – the initial dose given prior to initiating PCA therapy.
2. **PCA dose** – the amount of medication delivered by activating the PCA pump.
3. **Basal rate** – an amount delivered continuously during PCA therapy. (**Note:** This is not typically prescribed unless the patient is opioid tolerant.)
4. **Lockout interval** – the period of time during which the patient cannot self-administer medication through the PCA pump.
5. **Opioid tolerance** – patients who have taken at least 60 mg of morphine (or 30 mg of oxycodone; or 8 mg of oral hydromorphone; or the equivalent dose of another opioid) daily for a week or longer. Patients who do not meet the criteria for opioid tolerance are considered *opiate naïve*.
6. **Authorized agent-controlled analgesia (AACA)** – a consistently available and competent individual is given authorization and training by the provider to activate the dosing button on the PCA for residents who are unable to utilize PCA independently. This individual may be a family member, nurse or caregiver.

## General Guidelines

1. Follow facility policy regarding orders, clinical competency and monitoring of residents on PCA.
2. The IDT will assess the resident to determine if he or she is an appropriate candidate for PCA.

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3. Upon initial setup, after a pump refill, or after a programming change, have two clinicians double-check the following:
  - a. the name of the patient;
  - b. the drug;
  - c. the concentration (standardized concentrations from the pharmacy);
  - d. PCA pump settings; and
  - e. the line attachment.
4. Have supplemental oxygen and an opioid antagonist (naloxone) on hand, as ordered.
5. Assess the IV site per facility protocol.

## Equipment and Supplies

1. Prescribed medication cartridge, syringe, or bag;
2. PCA pump and key;
3. Pain and sedation assessment tools; and
4. Medication administration record.

## Assessment

1. Inspect intravenous catheter site for signs of complications at scheduled intervals and upon routine site care and administration set changes.
2. Prior to administration of intravenous pain medications assess resident's:
  - a. appropriateness of PCA therapy, including the resident's ability to comprehend instructions and participate in therapy;
  - b. the availability of an authorized agent for AACNA, if appropriate;
  - c. level of pain using approved pain scale;
  - d. level of agitation and/or sedation;
  - e. respirations (rate and quality);
  - f. oxygen saturation;
  - g. ventilation (ETCO<sub>2</sub>, if available); and
  - h. allergies.
3. Prior to administration of intravenous pain medication, assess the resident for risk factors for respiratory depression and other adverse events, including:
  - a. age;
  - b. morbid obesity;
  - c. obstructive sleep apnea;
  - d. COPD; and
  - e. renal insufficiency.

## Patient/Family Education

1. The nurse will provide patient and family education before PCA is administered.
2. Written educational materials will be provided to reinforce verbal teaching.

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3. Education will include the following:
  - a. a description of PCA;
  - b. the patient, AACNA and family roles in pain management;
  - c. the goals of pain management;
  - d. pump operation;
  - e. how to activate a PCA dose;
  - f. the importance of not administering “unauthorized” PCA doses (PCA by proxy);
  - g. safety features of the pump, including lockout intervals and time-dose limits;
  - h. what to expect in terms of patient monitoring and frequent assessments;
  - i. potential side effects of narcotic analgesia; and
  - j. when to alert the nurse.

### **Changing the PCA Cartridge/Syringe**

1. Review physician’s order. Confirm type and amount of medication, route, rate of administration and PCA pump parameters.
2. Have another nurse check and sign off on the medication and pump parameters (see General Guidelines).
3. Wash hands.
4. Verify the identity of the resident.
5. Check the patient’s established primary IV line.
6. Make sure the PCA medication is compatible with any medication in the primary IV line.
7. Remove the PCA medication from the narcotics cabinet and sign out on the controlled medication record.
8. Inspect medication for leaks, cracks, precipitate and expiration date.
9. Open the door to the PCA pump with the key and insert the cartridge/syringe.
10. Close and lock pump door.
11. Follow the prompts on the pump to establish PCA settings. (Note: the key may need to remain in the lock in order to change pump settings.)
12. Have another nurse verify the settings.
13. Start infusion.

### **Monitoring**

1. Monitor resident during administration of pain medication for the following:
  - a. Level of pain;
  - b. Respiratory rate and quality (depth, effort and sound);
  - c. Sedation;
  - d. Oxygen saturation (SpO<sub>2</sub> on room air);
  - e. Unsteady gait, risk of falling;
  - f. Nausea and vomiting;
  - g. Pruritus;
  - h. Constipation;
  - i. Urinary retention; and
  - j. Hypotension or hypertension.
2. Monitoring frequency will be based on facility-approved PCA monitoring protocol (see below for example).

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## Documentation

1. Document narcotic administration in appropriate medication administration record.
2. Document results of monitoring on flow-sheet.
3. Document PCA doses on flow sheet.
4. The following should be documented in the resident's medical record, and/or narcotic control record if applicable:
  - a. Results of the initial and/or follow-up pain assessments;
  - b. Complications, side effects, problems with infusion, change in dose, refusal of medication;
  - c. Communication with physician, supervisor, or oncoming shift;
  - d. Waste of narcotic when treatment is finished;
  - e. Effectiveness of pain treatment, per resident statement or use of scale;
  - f. Changes in orders; and
  - g. Condition of catheter and any complications/interventions.

## Reporting

The following should be reported to physician, supervisor, and oncoming shift as per facility policy.

1. Resident refusal of treatment.
2. New onset or worsening of assessed or resident-reported pain level.
3. Increased sedation.
4. Respiratory depression.
5. Other side effects or complications from treatment/interventions.

References	
<b>MDS Items (CAAs)</b>	Section J; Section N; Section O; (CAA 19)
<b>Survey Tag Numbers</b>	F697
<b>Other References</b>	INS 2016 Standard 60
<b>Related Documents</b>	<a href="#">Monitoring Residents on Patient-Controlled Analgesia</a> <a href="#">Pulse Oximetry (Assessing Oxygen Saturation)</a> <a href="#">Respirations, Measuring</a> <a href="#">Pain Assessment and Management</a> <a href="#">Pain Evaluation (MP5436)</a>
<b>Version</b>	1.1 (H5MAPR0336)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Respiratory and Pulmonary Conditions**

Item # H50075

WINDSOR 002888

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Respiratory and Pulmonary Conditions**

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# **Nursing Services**

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# Chronic Obstructive Pulmonary Disease (COPD) – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician will help identify individuals with a history of COPD or other chronic respiratory conditions.
  - a. Examples include a review of recent hospitalizations for exacerbations of existing COPD or respiratory failure, chest X-Ray results showing changes consistent with COPD, or results of pulmonary function tests.
2. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs (including detailed description of respirations);
  - b. Full lung assessment (including sounds of wheezing, sputum production);
  - c. Level of consciousness;
  - d. Pulse oximetry result;
  - e. Onset, duration, frequency, severity;
  - f. What has been done so far to manage the situation;
  - g. All current medications, any changes plus allergies;
  - h. Precipitating and relieving factors; and
  - i. All current diagnoses.
3. The physician and staff will identify individuals with risk factors for developing COPD or for exacerbation of existing COPD; for example, a history of smoking, environmental or occupational exposure; a family history of COPD or other chronic respiratory diseases; a history of previous complications of, or recurrent hospitalization for complicated respiratory illnesses.
4. The physician and staff will identify individuals with symptoms that suggest undiagnosed COPD or exacerbation of COPD.
  - a. The staff should describe signs and symptoms in sufficient detail; for example, the staff should not just document that someone has “shortness of breath,” which could imply dyspnea (difficult or labored breathing), tachypnea (excessively rapid respirations), or hyperventilation (abnormally prolonged, rapid, shallow breathing associated with decreased pCO<sub>2</sub>).
5. Based on an examination and additional testing (as indicated), the physician will identify the presence of COPD and/or clarify its severity.
  - a. Although a physical examination alone cannot diagnose COPD, it may help identify related signs and symptoms as well as the nature and severity of related complications and co-existing conditions.
  - b. Screening tests may include pulse oximetry at rest and with activity, pulmonary function tests, or simple observations such as the 6-minute walk test (how far someone can walk in 6 minutes on flat terrain with a coaching companion) or timing how long it takes someone to expel a full breath after a full inspiration.
  - c. Additional diagnostic or screening tests might include chest x-ray or blood gases.
6. The staff and physician will identify the impact of COPD on an individual’s function and quality of life; for example, activity intolerance, dyspnea on exertion, impaired Activities of Daily Living (ADLs), or anxiety.

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7. The physician will identify individuals with complications of COPD; for example, cor pulmonale, arrhythmia or lethargy, or confusion due to hypoxia.

### **Cause Identification**

1. Where the diagnosis of COPD is unclear, the physician will help verify it.
  - a. Chronic obstructive pulmonary disease (COPD) is a chronic, progressive disease characterized by airflow limitation that is not fully reversible.
  - b. COPD is identified by a combination of factors including chronic productive cough that is present daily or intermittently, chronic sputum production, progressive or persistent dyspnea that is worse with exercise or with respiratory infections, and a history of exposure to risk factors such as cigarette smoke and chemicals. COPD symptoms often are non-specific and may mimic those found in other respiratory and cardiac conditions.
  - c. The definitive diagnosis is made via pulmonary function testing (spirometry). COPD is considered to be present if the ratio of FEV1 (forced expiratory volume in 1 second) to forced vital capacity (FVC) [FEV1/FVC ratio] is less than 70 percent after bronchodilator treatment.
2. The physician will help identify factors causing or contributing to COPD and complications in individuals with COPD, or will document why causes could not or should not be identified.

### **Treatment/Management**

1. In conjunction with the staff, resident/patient, and family, the physician will address healthcare treatment issues that may arise in individuals with COPD, including resuscitation or intubation.
2. The staff and physician will also encourage advance care planning in individuals with more advanced or complicated COPD, as with anyone who has a significant irreversible or progressive chronic condition.
3. The physician and staff will identify relevant elements of the care plan; for example, what symptoms to expect (dyspnea, cough, fever, progressive activity intolerance, etc.), how often and what to monitor, when to report findings to the physician, and so on.
4. Key objectives of COPD management include:
  - a. Minimize disease progression;
  - b. Relieve symptoms;
  - c. Improve exercise tolerance;
  - d. Improve or stabilize health status, where possible;
  - e. Prevent and treat exacerbations;
  - f. Prevent and treat complications; and
  - g. Minimize side effects from treatments.
5. The physician and staff will manage COPD, and address causes and exacerbating factors.
  - a. Examples include promoting adequate hydration and nutrition, stabilizing cardiac function, and seeking and addressing causes of anemia.
6. The staff and physician will address individuals who smoke.
  - a. Smoking cessation is a primary preventive measure. To the extent possible, the staff and physician will encourage and help smokers to stop or cut back significantly.
  - b. The facility will strive to maintain the best possible air quality; for example, adequate ventilation systems, appropriate air temperatures, and well maintained central air systems and air filters.

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- c. Indoor air pollution may cause or exacerbate symptoms in COPD residents as well as in non-impaired individuals.
7. The staff and physician will identify and address infection risks in individuals with COPD or COPD risk.
  - a. Staff will encourage COPD residents to take the influenza and pneumococcal vaccines.
  - b. During influenza season and respiratory outbreaks, staff will monitor individuals with COPD for onset of respiratory infections.
8. The physician will prescribe treatments for residents with COPD that are consistent with relevant guidelines and protocols; for example, those provided by the Global Initiative for Chronic Lung Disease (GOLD) or American Medical Directors Association (AMDA).
  - a. Medications should be utilized from the following categories in a sequence determined by the clinical situation, including severity and duration of COPD, contraindications, and responses to previous interventions:
    - (1) anticholinergic agent (short-acting PRN or routinely);
    - (2) anticholinergic agent (long-acting routinely);
    - (3) short-acting beta-2 agonist PRN;
    - (4) short-acting beta-2 agonist routinely;
    - (5) long-acting beta-2 agonist;
    - (6) corticosteroids (oral or inhaled); and/or
    - (7) long-acting theophylline.
9. The physician will prescribe ancillary treatments as indicated; for example, supplemental oxygen, diuretics, and antibiotics.
  - a. Supplemental oxygen has been demonstrated to be helpful in treating hypoxia associated with COPD and related conditions such as cor pulmonale and primary pulmonary hypertension. Oxygen therapy during exercise may help increase walking distance and endurance.
  - b. Oxygen may be administered as long-term continuous therapy, during exercise, or to relieve acute dyspnea (for example, nasal-prong oxygen at flow rates of 1-3 liters/minute in stable individuals).
10. The physician and staff will encourage a resident with COPD to improve his/her endurance and exercise tolerance by formulating an individualized exercise and activity program to the extent feasible; for example, breathing exercises, riding a stationary bicycle, or pulmonary rehabilitation.
11. The physician and staff will identify and manage complications of COPD, such as acute infections, hypoxia, polycythemia, heart failure, and acute respiratory failure.
  - a. The physician will identify situations where hospitalization may be indicated; for example, dyspnea with unstable vital signs, fever, and a respiratory rate greater than 28 breaths per minute.
  - b. Respiratory rate and overall clinical status should be considered in addition to pulse oximetry results to gauge the stability of a patient with pulmonary symptoms. Although maintaining oxygen saturation above 90 percent is desirable for the long term, consistently maintaining an oxygen saturation above 90 percent may not be feasible and a low or fluctuating oxygen saturation by itself does not necessarily imply an emergency or the need for hospitalization.
12. The staff and physician will identify and treat acute exacerbations of COPD; for example, recognizing and reporting when an individual with COPD has a change in function or activity tolerance, increased dyspnea, additional sputum production, cough, increasing lethargy or confusion, increased wheezing, increased respiratory or heart rates.
  - a. The physician will review the situation and order appropriate interventions.

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## Monitoring and Follow-Up

1. The staff and physician will monitor the progress of individuals with COPD, including ongoing evaluation and documentation of signs and symptoms and condition changes.
  - a. The physician and staff will use screening tests such as pulse oximetry appropriately and in accordance with their known limitations. They should be realistic about goals for correcting and maintaining oxygen saturation. Individuals with chronically low oxygen saturation often compensate for hypoxia.
2. The physician will monitor the individual for beneficial and adverse effects (for example, candidal esophagitis, dysphagia, cardiac arrhythmia, restlessness, or insomnia) of medications used to treat COPD.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section O
<b>Survey Tag Numbers</b>	F636; F684; F710; F713; F836; F841
<b>Other References</b>	<p>AMDA. COPD Management in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland. 2003.</p> <p>Levenson SA. COPD - LTC's "quiet disease." <i>Caring for the Age</i> October 2003:16-17,24-28. (Available at <a href="http://www.amda.com/caring/october2003/copd.htm">http://www.amda.com/caring/october2003/copd.htm</a>).</p> <p>Levenson SA and Crecelius CC. Pulse Oximetry. <i>Caring for the Ages</i> October 2003:16-17,23. (Available at <a href="http://www.amda.com/caring/october2003/evidencebased.htm">http://www.amda.com/caring/october2003/evidencebased.htm</a>).</p> <p>McFadden JP, et al. Raised respiratory rate in elderly patients: a valuable physical sign. <i>Br Med J</i> 1982;284:626-627.</p> <p>MacIntyre NR. Chronic obstructive pulmonary disease management: the evidence base. <i>Respir Care</i> 2001 Nov;46(11):1294-303.</p> <p>Romano PM. The management of cor pulmonale. <i>Heart Dis</i> 2000 Nov-Dec;2(6):431-437.</p>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MACL0010)

# Pneumonia, Bronchitis and Lower Respiratory Infections – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify residents who have recently had pneumonia or bronchitis and those who are at risk for getting respiratory infections (for example, those with COPD or a history of respiratory failure).
2. The staff will identify residents with symptoms that suggest possible bronchitis or pneumonia (for example, dyspnea (at rest and/or on exertion), tachypnea, increased sputum production, fever, chest pain, cough, or hemoptysis).
3. The staff and physician will identify individual risk, such as significant oral or dental disease, presence of a feeding tube, or clinically significant swallowing abnormalities.

## Cause Identification

1. The physician will examine the resident and order appropriate diagnostic tests (such as a chest X-ray and complete blood count [CBC]) as indicated to help verify the clinical diagnosis of pneumonia, differentiate causes of respiratory symptoms, and identify the severity of any infection or related complications.
  - a. In general, a routine sputum gram staining and culture are not likely to be useful in either the outpatient or inpatient settings, as many specimens primarily contain oral flora.
  - b. Sputum gram stain and culture might help in cases of suspected drug-resistant bacteria, non-bacterial or atypical infections such as *Mycobacterium tuberculosis*, or organisms not treated by commonly used empiric antibiotic therapy.
  - c. Pulse oximetry may be helpful for residents with respiratory rate >25 breaths/min.
  - d. A chest X-ray may be helpful for residents with suspected or documented pneumonia and hypoxemia (relative to their usual O<sub>2</sub> saturation levels).

## Treatment/Management

1. The physician will order appropriate treatment, including antibiotics, as indicated.
  - a. The staff and physician will indicate when limited or no antibiotic treatment may be indicated; for example, because nonbacterial pneumonia is suspected or confirmed, lack of clear indication for antibiotics, or resident/patient or substitute decision-maker choices declining aggressive or potentially life-sustaining medical interventions.
2. The physician and staff will manage significant comorbidities, complications, and risk factors (for example, adjust or temporarily stop diuretics that may impair hydration status, treat concurrent congestive heart failure, or address anemia).
3. The physician will order, and the staff will provide, interventions to support the individual with pneumonia (for example, administer oxygen to treat hypoxia, encourage coughing and deep breathing, provide nebulizer treatments for bronchospasm, etc.).
4. The physician will identify individuals who need hospitalization because of the severity of pneumonia or the presence of complications.

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5. Clinical signs suggesting more severe cases may include tachypnea (respiratory rate in the upper 20's/minute) with labored respirations, unstable vital signs, and a substantial and persistent decline in pulse oximetry results of greater than 3 percent from baseline.
6. The staff and physician will identify measures to try to prevent recurrent lower respiratory infections (for example, provide oral healthcare, adjust tube feedings, improve mobility, encourage smoking reduction or cessation, provide influenza and pneumococcal pneumonia vaccination, etc.).

### Monitoring

1. The staff and physician will monitor the respiratory status and overall condition of a resident with pneumonia, including complications such as recurrent infection, emphysema, pleural effusion, and respiratory failure.
2. If a resident who has received a course of antibiotics to treat pneumonia or bronchitis has not stabilized or improved as anticipated, the physician will see the resident and evaluate the situation before prescribing a second or subsequent course of antibiotics.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section O
<b>Survey Tag Numbers</b>	F636; F684; F695; F710; F713; F770; F776; F825; F880
<b>Other References</b>	<p>AMDA. Common Infections in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland. 2004.</p> <p>High KP, Bradley SF, Gravenstein S et al. Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities: 2008 Update by the Infectious Diseases Society of America. J Am Geriatr Soc 2009;57:375-394.</p> <p>Fried T, Gillick M, Lipsitz, LA. Whether to transfer? Factors associated with hospitalization and outcomes of elderly long-term care patients with pneumonia. J Gen Intern Med 1995;10:246-250.</p> <p>García-Vázquez E, Marcos MA, Mensa J, et al. Assessment of the usefulness of sputum culture for diagnosis of community acquired pneumonia using the PORT predictive scoring system. Arch Intern Med. 2004;164:1807-1811.</p> <p>Levenson SA and Crecelius CC. Know pneumonia. Caring for the Ages August 2003:14 (Available at <a href="http://www.amda.com/caring/august2003/evidencebased.htm">www.amda.com/caring/august2003/evidencebased.htm</a>).</p> <p>Levenson SA and Crecelius CC. Pulse oximetry. Caring for the Ages October 2003:16-17,23 (Available at <a href="http://www.amda.com/caring/october2003/evidencebased.htm">http://www.amda.com/caring/october2003/evidencebased.htm</a>).</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. Infect Control Hosp Epidemiol. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	
<b>Version</b>	2.2 (H5MACL0031)

# Chest Tube, Caring for a Resident with a

**Level III**

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## Purpose

The purpose of this procedure is to provide nursing care of the resident with a chest tube.

## Preparation

1. Assess the resident with a chest tube at least every 4 hours, or as ordered.
2. Review the reason for the chest tube to be familiar with the expected amount of drainage and overall condition of the resident.
3. Check the orders to confirm the prescribed amount of suction, if ordered.

## Steps in the Procedure

1. Perform hand hygiene.
2. Place bed in semi-Fowler's position.
3. Assess the chest tube insertion site. Ensure dressing is dry and intact and that there is no fluid around the site. There should be no sounds of air leaks from the insertion site.
4. Change dressing every 48 hours for an established chest tube (at least 48-hours post-insertion).
5. Make sure all connections are taped and secured. There should be no kinked, compressed or bent tubing. The drainage system (collection chamber) should be positioned below the level of the chest tube and secured so that it does not tip over.
6. Check the water-seal chamber and ensure that water is at the marked level. Add water if needed. The water should move up and down with respirations (tidaling). Some bubbling is normal. Note the amount of tidaling. If there is no tidaling, notify the physician promptly.
7. Check the suction control dial to ensure it is at the prescribed level. If suction was not ordered, make sure the suction port is open.
8. Assess the level of air leak (internal air level of the resident) via the air leak meter. There should be no bubbling in the air leak meter.
9. Ensure that the clamp is open. Do not clamp a chest tube unless changing the drainage system, checking for air leaks, or if the tube becomes disconnected.
10. Measure the amount of drainage in the collection chamber. Mark date and time on the outside of the chamber.
11. Assist the resident with position change and deep breathing, coughing or spirometry exercises to promote fluid drainage and lung expansion.

## Documentation

Document the following in the resident's record.

1. Amount of fluctuation or tidaling in water seal chamber.
2. The amount and characteristic of drainage in the collection chamber (use flow sheet).
3. Condition of the dressing and/or insertion site.
4. Dressing change, if done.
5. Amount of suction, if ordered.
6. Resident's condition and reported level of pain.

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## Reporting

Notify the physician or practitioner:

1. If there is bubbling inside the air leak meter, which indicates an air leak within the system;
2. Immediately if the chest tube becomes dislodged from the insertion site;
3. If there is drainage that has changed color, or is bloody, or if there is a large increase from the previous measured amount; and/or
4. If the resident is having difficulty breathing or is otherwise in distress.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>Muzzy AC and Butler AK. 2015. Managing Chest Tubes: Air leaks and unplanned tube removal. American Nurse Today:10(5).</p> <p>Chest Tube Care <a href="https://www.myamericannurse.com/pdf/chest-tube-care-management-troubleshooting.pdf">https://www.myamericannurse.com/pdf/chest-tube-care-management-troubleshooting.pdf</a></p>
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPR0350)

# CPAP/BiPAP Support

Level III

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## Purpose

1. To provide the spontaneously breathing resident with continuous positive airway pressure with or without supplemental oxygen.
2. To improve arterial oxygenation (PaO<sub>2</sub>) in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease.
3. To promote resident comfort and safety.

## Preparation

1. Only a qualified and properly trained nurse or respiratory therapist should administer oxygen through a CPAP mask.
2. Review the resident's medical record to determine his/her baseline oxygen saturation or arterial blood gases (ABGs), respiratory, circulatory and gastrointestinal status.
3. Review the physician's order to determine the oxygen concentration and flow, and the PEEP pressure (CPAP, IPAP and EPAP) for the machine.
4. Review and follow manufacturer's instructions for CPAP machine setup and oxygen delivery.
5. Resident should be NPO for at least 2 hours before using a full-face mask.

## General Guidelines

1. CPAP (continuous positive airway pressure) and BiPAP (bilevel positive airway pressure) can be used in conjunction with ventilation to improve oxygenation.
2. BiPAP delivers CPAP but allows separate pressure settings for expiration (EPAP) and inspiration (IPAP).
3. CPAP is used when residents have not responded to attempts to increase PaO<sub>2</sub> with other types of oxygen delivery systems (e.g., nasal cannula).
4. CPAP may be appropriate for improving arterial oxygenation in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease.
5. CPAP is generally not appropriate in residents with the following conditions:
  - a. Swallowing difficulties;
  - b. Airway obstruction;
  - c. Unconsciousness, disorientation, or uncooperativeness;
  - d. Hypotension;
  - e. Previous pneumothorax;
  - f. Epistaxis (nose bleeding); and/or
  - g. Bullous lung disease.
6. Side effects associated with CPAP may include:
  - a. Claustrophobia;
  - b. Sleep disturbances;
  - c. Discomfort upon exhaling;
  - d. Headaches;
  - e. Dry mouth;
  - f. Sore throat;

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- g. Nosebleeds; and/or
  - h. Gastrointestinal distension.
7. Complications associated with CPAP may include:
- a. Tension pneumothorax;
  - b. Skin breakdown around the mask;
  - c. Aspiration; and/or
  - d. Diminished cardiac output.

## Equipment and Supplies

- 1. NO SMOKING sign for the resident's room;
- 2. CPAP/BiPAP system (flow generator);
- 3. Disposable circuit tubing with mask and head strap;
- 4. Large bore tubing (6 foot);
- 5. Humidification system;
- 6. Filter; and
- 7. Pulse oximeter.

## Steps in the Procedure

- 1. Explain the procedure to the resident. Ask his/her permission to continue.
- 2. Explain the safety precautions required during oxygen administration (if used).
- 3. Explain possible side effects of CPAP and instruct to report any discomfort to the nurse.
- 4. Wash your hands.
- 5. Connect filter to air flow outlet.
- 6. Connect one end of the large-bore tubing to the outlet port of the humidifier and the other to the CPAP circuit tubing.
- 7. Position the exhalation port of the mask away from the resident's face and free from obstruction.
- 8. Set mode, CPAP, IPAP and EPAP settings on the machine, as prescribed.
- 9. Attach pulse oximeter to the resident.
- 10. Holding the mask to the resident's face, turn on the machine and allow him/her to become acclimated to the pressure.
- 11. Once the resident is acclimated, secure mask on his/her face.
  - a. The mask should fit firmly but does not need to be airtight.
  - b. Placing the mask on too tightly increases the chance of aspiration and skin breakdown.
- 12. Connect supplemental oxygen (Note: Connect oxygen after the CPAP machine has been turned on and disconnect before it has been turned off.) and adjust flow rate as prescribed.
- 13. Monitor the oxygen saturation of the resident.

## General Guidelines for Cleaning

- 1. These are general guidelines for cleaning. Specific cleaning instructions are obtained from the manufacturer/supplier of the PAP device.
- 2. These guidelines are for single-resident use cleaning.
- 3. Machines must be preprocessed for use between residents by the supplier of the device.
- 4. **Machine cleaning:** Wipe machine with warm, soapy water and rinse at least once a week and as needed.

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5. **Humidifier** (if used):
  - a. Use clean, distilled water only in the humidifier chamber.
  - b. Clean humidifier weekly and air dry.
  - c. To disinfect, place vinegar-water solution (1:3) in clean humidifier. Soak for 30 minutes and rinse thoroughly.
6. **Filter cleaning:**
  - a. Rinse washable filter under running water once a week to remove dust and debris. Replace this filter at least once a year.
  - b. Replace disposable filters monthly.
7. **Masks, nasal pillows and tubing:** Clean daily by placing in warm, soapy water and soaking/agitating for 5 minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses.
8. **Headgear (strap):** Wash with warm water and mild detergent as needed. Allow to air dry.

## Documentation

Document the following in the resident's medical record:

1. General assessment (including vital signs, oxygen saturation, respiratory, circulatory and gastrointestinal status) prior to procedure;
2. Time CPAP was started and duration of the therapy;
3. Mode and settings for the CPAP/IPAP/EPAP;
4. Oxygen concentration and flow, if used;
5. How the resident tolerated the procedure; and
6. Oxygen saturation during therapy.

## Reporting

1. Notify the physician if the resident refuses the procedure.
2. Notify the physician if the resident experiences any adverse consequences, including (but not limited to) respiratory distress and marked change in vital signs.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Oxygen Administration</a> <a href="#">Pulse Oximetry (Assessing Oxygen Saturation)</a>
<b>Version</b>	1.2 (H5MAPR0301)

# Mechanical Ventilation: Setup and Monitoring

Level III

## Purpose

The purpose of this procedure is to provide assisted or controlled ventilation to a resident with acute or chronic respiratory insufficiency.

## Preparation

1. Verify that there is a physician's order for this procedure. Review the physician's orders, including instructions for:
  - a. Tidal volume;
  - b. Ventilatory rate;
  - c. Peak flow rate;
  - d. Pressure limit;
  - e. Sensitivity;
  - f. Oxygen concentration;
  - g. Mode (assist control or rate control); and
  - h. Special parameters such as positive end expiratory pressure (PEEP) settings.
2. In an emergency, a qualified nurse may initiate mechanical ventilation and then obtain specific orders promptly thereafter.
3. Review the resident's care plan to assess for any special needs of the resident.
4. Assemble the equipment and supplies as needed.
5. Obtain and use the written instructions specific for the ventilator to be used.

## General Guidelines

1. Only a qualified nurse or respiratory therapist can initiate mechanical ventilation, based on an appropriate physician order.
2. Long-term ventilator care may be used for residents with neuromuscular disease, spinal cord injury, advanced COPD, or other chronic conditions that affect independent respiratory function.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Mechanical ventilator;
2. Oxygen source;
3. Tracheostomy tube connector;
4. Spirometer or respirometer;
5. Humidification system;
6. Remote ventilator alarm;
7. Oxygen analyzer; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Assessment

While the resident is on mechanical ventilation, assess for the following:

1. Signs and symptoms of hypoxia, including:
  - a. Restlessness;
  - b. Increased pulse rate;
  - c. Increased rate and depth of respirations;
  - d. Diminished lung sounds;
  - e. Cyanosis;
  - f. Fatigue;
  - g. Pallor; and/or
  - h. Confusion.
2. Airway obstruction (suction as indicated);
3. Arterial blood gases or oxygen saturation;
4. Vital signs; and
5. Cardiac rhythm.

## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Plug the ventilator into an electrical outlet and connect oxygen and/or air, as appropriate.
3. Check for proper functioning of lights, alarms, filters, fittings, and the humidifier.
4. Start the ventilator following instructions for the ventilator being used.
5. Explain the situation to the resident, if the resident is alert and able to comprehend.
6. Set the ventilator for the various settings established in the physician's order.
7. Listen to the resident's lungs and document breath sounds.
8. Check the ventilator pressure.
9. Connect the ventilator to the resident.
10. Adjust the remote and ventilator alarms so that they can be heard by staff responsible for monitoring the resident.
11. Listen to the resident's lungs for breath sounds. Check for chest wall symmetry during ventilation.
12. Set up suction equipment. Suction the airway as indicated.
13. Document the resident's status and chart all ventilator settings.
14. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
15. Reposition the bed covers. Make the resident comfortable.
16. Place the call light within easy reach of the resident.
17. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
18. Review and document the resident's status and ventilator settings at least every 4 hours or as indicated by the resident's condition.

## Documentation

After initiating mechanical ventilation, the following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.

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2. The name and title of the individual who performed the procedure.
3. The mechanical ventilator settings, including:
  - a. Tidal volume;
  - b. Ventilatory rate;
  - c. Peak flow rate;
  - d. Pressure limit;
  - e. Sensitivity;
  - f. Oxygen concentration;
  - g. Mode (assist control or rate control); and
  - h. Special parameters such as positive end expiratory pressure (PEEP) settings.
4. All assessment data obtained before, during, and after the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0180)

# Oxygen Administration

Level III

## Purpose

The purpose of this procedure is to provide guidelines for safe oxygen administration.

## Preparation

1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Oxygen therapy is administered by way of an oxygen mask, nasal cannula, and/or nasal catheter.
  - a. The oxygen mask is a device that fits over the resident's nose and mouth. It is held in place by an elastic band placed around the resident's head.
  - b. The nasal cannula is a tube that is placed approximately one-half inch into the resident's nose. It is held in place by an elastic band placed around the resident's head.
  - c. The nasal catheter is a piece of tubing inserted through the resident's nostrils into the back of his/her mouth. It is held in place by a piece of skin tape attached to the resident's forehead and/or cheek.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Portable oxygen cylinder (strapped to the stand);
2. Nasal cannula, nasal catheter, mask (as ordered);
3. Humidifier bottle;
4. "No Smoking/Oxygen in Use" signs;
5. Regulator; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Assessment

Before administering oxygen, and while the resident is receiving oxygen therapy, assess for the following:

1. Signs or symptoms of cyanosis (i.e., blue tone to the skin and mucous membranes);
2. Signs or symptoms of hypoxia (i.e., rapid breathing, rapid pulse rate, restlessness, confusion);
3. Signs or symptoms of oxygen toxicity (i.e., tracheal irritation, difficulty breathing, or slow, shallow rate of breathing);
4. Vital signs;
5. Lung sounds;
6. Arterial blood gases and oxygen saturation, if applicable; and
7. Other laboratory results (hemoglobin, hematocrit, and complete blood count), if applicable.

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## Steps in the Procedure

1. Wash and dry your hands thoroughly.
2. Place an “Oxygen in Use” sign on the outside of the room entrance door. Close the door.
3. Place an “Oxygen in Use” sign in a designated place on or over the resident’s bed.
4. Remove all potentially flammable items (e.g., lotions, oils, alcohol, smoking articles, etc.) from the immediate area where the oxygen is to be administered.
5. Unless otherwise instructed, unplug and/or relocate all electrical devices (e.g., radios, televisions, electric shavers, etc.) in the immediate area where oxygen is to be administered.
6. Remove any woolen blankets, nylon and/or rayon clothing, etc., from the immediate area where oxygen is to be administered.
7. Check the tubing connected to the oxygen cylinder to assure that it is free of kinks.
8. Turn on the oxygen. Unless otherwise ordered, start the flow of oxygen at the rate of 2 to 3 liters per minute.
9. Place appropriate oxygen device on the resident (i.e., mask, nasal cannula and/or nasal catheter).
10. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered.
11. Securely anchor the tubing so that it does not rub or irritate the resident’s nose, behind the resident’s ears, etc.
12. Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through.
13. Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated (see “Assessment”).
14. Periodically re-check water level in humidifying jar.
15. Discard used supplies into designated containers.
16. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
20. Instruct the resident, his/her family, visitors and roommate (if any) of the oxygen safety precautions. Provide the resident with a written copy of the *Oxygen Safety* handout.
21. Wash and dry your hands thoroughly.

## Documentation

After completing the oxygen setup or adjustment, the following information should be recorded in the resident’s medical record:

1. The date and time that the procedure was performed.
2. The name and title of the individual who performed the procedure.
3. The rate of oxygen flow, route, and rationale.
4. The frequency and duration of the treatment.
5. The reason for p.r.n. administration.
6. All assessment data obtained before, during, and after the procedure.
7. How the resident tolerated the procedure.

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8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Oxygen Safety</a> <a href="#">Pulse Oximetry (Assessing Oxygen Saturation)</a>
<b>Version</b>	1.1 (H5MAPR0207)

# Pulse Oximetry (Assessing Oxygen Saturation)

Level III

## Purpose

The purpose of this procedure is to monitor arterial blood oxygen saturation (SaO<sub>2</sub>) without the use of invasive devices.

## Preparation

1. Review the physician's orders or facility protocol for pulse oximetry.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Refer to the manufacturer's instructions for pulse oximetry placement and alarm settings.
4. Assemble the equipment and supplies as needed.

## General Guidelines

1. The pulse oximeter is a probe with light emitting diodes (LEDs) connected to an oximeter. The LED emits light waves that are absorbed by oxygenated and deoxygenated hemoglobin molecules. The oximeter measures the light reflected by these molecules and calculates the pulse oxygen saturation (SpO<sub>2</sub>), which is a reliable measure of SaO<sub>2</sub>. Several factors can influence the accuracy of pulse oximetry, such as:
  - a. **Amount of hemoglobin.** The pulse oximeter measures oxygen saturation of the hemoglobin, not absolute hemoglobin levels. Therefore, a severely anemic resident could have normal SaO<sub>2</sub> without maintaining adequate oxygen in the tissues.
  - b. **Placement of the oximeter.** Impaired circulation (e.g., peripheral vascular disease, temperature-induced vasoconstriction) to the area in which the oximeter probe is placed will provide inaccurate data. Since the elderly often have impaired peripheral circulation, the probe should be placed on the ear or bridge of the nose.
  - c. **Activity.** Movement of the probe may affect the oximeter readings. Do not place probe on the finger of a resident who experiences hand tremors.
  - d. **Light.** Bright lights (sunlight, treatment lights, etc.) may interfere with accuracy of the SpO<sub>2</sub> readings.
  - e. **Foreign objects.** Artificial nails and nail polish can prevent the LEDs from reaching the saturated hemoglobin molecules, lowering the SpO<sub>2</sub> readings.
2. Normally SpO<sub>2</sub> is between 90 and 100 percent; SpO<sub>2</sub> below 70 percent is life threatening.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Pulse oximeter;
2. Appropriate probe;
3. Nail polish remover;
4. Flow chart or documentation record; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Assessment

1. Assess the resident for the following signs and symptoms of impaired oxygen saturation:
  - a. Altered respirations, difficulty breathing, abnormal breath sounds;

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- b. Cyanotic appearance of nail beds, lips, skin, mucous membranes, skin;
  - c. Restlessness, irritability; and/or
  - d. Confusion, loss of consciousness.
2. Assess the site most appropriate for probe placement:
    - a. If the resident has impaired peripheral circulation or hand tremors, place the probe on the ear or bridge of the nose.
    - b. If the resident is obese, use a disposable, adhesive probe.
    - c. Do not attach clip-on probe if area is edematous or skin integrity is compromised.
  3. Assess the resident for latex allergy. If the resident is allergic to latex, do not use adhesive probes.

## Steps in the Procedure

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. Perform hand antisepsis.
4. Assist the resident to a comfortable, resting position.
5. If placing probe on finger, support the resident's lower arm. Remove fingernail polish.
6. Attach probe to selected site and probe cable to monitor.
7. Turn on oximeter.
8. Compare oximeter pulse rate with resident's radial or apical pulse (they should be the same).
9. **For intermittent monitoring:**
  - a. Wait until oximeter displays a constant SpO<sub>2</sub> value and pulse display reaches its maximum for every cardiac cycle. Record SpO<sub>2</sub> on readout.
10. For continuous monitoring:
  - a. Check alarm limits and volume. Reset to desired levels.
  - b. Verify that alarms are activated.
  - c. Assess skin integrity under probe regularly.
  - d. Reposition probe regularly.
11. If SpO<sub>2</sub> is less than 90 percent:
  - a. Reposition the probe and re-evaluate readings.
  - b. If SaO<sub>2</sub> is less than acceptable level for resident's condition, notify the physician.
  - c. Position the resident in semi or high-Fowler's position.
12. If pulse wave intensity is low:
  - a. Locate different site for probe and reposition.
  - b. Use a different probe.
  - c. Assess cardiovascular status by assessing radial and apical pulses.
13. Remove probe when monitoring is complete. Turn off monitor.
14. Discard all disposable items in designated receptacles.
15. Discard personal protective equipment (if used) in designated receptacles.
16. Perform hand antisepsis.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

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## Documentation

The SaO<sub>2</sub> flow sheet should be placed in the medical record. In addition, the following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The type of probe and location of placement.
3. The assessment data gathered prior to the procedure.
4. The resident's response to the procedure.
5. Any unusual findings and action taken.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person performing the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0227)

# Suctioning the Lower Airway (Endotracheal [ET] or Tracheostomy Tube)

Level III

## Purpose

The purpose of this procedure is to remove secretions, maintain a patent airway, and prevent infection of the lower respiratory tract.

## Preparation

1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for suctioning.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Obtain baseline vital signs and oxygen saturation from the resident's medical record.
4. Obtain information about the resident's medical history, including date of intubation (tracheostomy), respiratory signs and symptoms, and risk factors for increased secretions, decreased airway clearance and/or airway obstruction (i.e., Chronic Obstructive Pulmonary Disease [COPD], chest trauma, abdominal surgery, and smoking).
5. Assemble the equipment and supplies as needed.
6. Test equipment before use. Determine if suction equipment is generating appropriate negative pressure. Use lower negative pressure with older residents whose oral mucosa is fragile.
  - a. Wall suction units should be set between 100-120 mm Hg.
  - b. Portable suction devices should have negative pressure set at 10-15 mmHg.

## General Guidelines

1. Complications of suctioning the lower airway include trauma to the airway, infection, hypoxia, hypoxemia, and cardiac dysrhythmias (resulting from hypoxemia). To minimize the risk of complications, apply the following guidelines:
  - a. Suction only as needed, based on assessment of the resident's level of respiratory distress;
  - b. Use sterile equipment to avoid widespread pulmonary and systemic infection (Note: Suctioning of the lower airway is a sterile procedure. All equipment that comes in contact with the lower airway must be sterile.);
  - c. Hyperinflate the resident with a manual resuscitation (Ambu) bag (as ordered) before and after suctioning; and
  - d. Hyperoxygenate the resident by increasing the oxygen flow (as ordered) before the procedure and between suctioning. (Note: After the procedure, oxygen should be readjusted as ordered to prevent oxygen toxicity and increased CO<sub>2</sub> in COPD residents.)
2. Monitor the resident's pulse and oxygen saturation (see procedure entitled *Pulse Oximetry*) during suctioning. If pulse decreases more than 20 beats per minute (BPM) or increases more than 40 BPM, or oxygen saturation drops below 90 percent (or 5 percent from baseline) discontinue suctioning and re-ventilate and re-oxygenate the resident.

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## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Sterile suction catheter kit;
2. Sterile drape;
3. Sterile cup;
4. Sterile gloves;
5. #10 to #16 French catheter (catheter outer diameter should not exceed one-half the internal diameter of the tube);
6. Sterile gauze;
7. Towel or Chux pad;
8. 100 cc sterile saline or sterile water;
9. Resuscitation (Ambu) bag with supplemental oxygen;
10. Wall or portable unit;
11. Tubing (approximately 6 feet); and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Assessment

1. Identify the following risk factors for impaired airway clearance or aspiration:
  - a. Impaired cough or gag reflex;
  - b. Dysphagia;
  - c. Weak respiratory muscles (from injury, abdominal surgery, etc.);
  - d. COPD;
  - e. Pulmonary infection;
  - f. Presence of feeding tube;
  - g. Smoking; and/or
  - h. Decreased level of consciousness.
2. Assess for the following signs and symptoms of respiratory distress/hypoxia/ hypoxemia:
  - a. Diminished breath sounds;
  - b. Tachypnea;
  - c. Dyspnea;
  - d. Gurgling, crackling or wheezing upon inspiration;
  - e. Cyanosis;
  - f. Decreased oxygen saturation (SpO<sub>2</sub>);
  - g. Restlessness; and/or
  - h. Drooling, secretions or vomitus in mouth.

## Steps in the Procedure

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. Perform hand antisepsis.
4. Put on gloves.
5. Put on mask and protective eyewear (goggles or face shield), as indicated.

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6. Assist the resident to semi-Fowler's position with head turned toward you. If the resident is unconscious, place in lateral position facing you.
7. Connect one end of suction tubing to suction unit and place the other end near the resident.
8. Turn on suction unit and adjust to appropriate negative pressure (100-120 mmHg for wall unit or 10-15 mmHg for portable unit).
9. Remove gloves.
10. Open suction catheter kit.
11. Place sterile drape across the resident's chest.
12. Remove sterile cup, touching only the outside.
13. Fill cup with 100 cc sterile saline or sterile water.
14. Apply sterile gloves. *The dominant hand will remain sterile.*
15. Holding the catheter in dominant hand and the tubing in the non-dominant hand, connect the catheter to the tubing.
16. Suction a small amount of water from the cup to verify negative pressure. Rest catheter tip on sterile surface (e.g., sterile drape or open catheter kit).
17. Remove oxygen or humidity delivery device using non-dominant hand.
18. Hyperinflate and hyperoxygenate the resident using an Ambu bag connected to supplemental oxygen.
19. Manually ventilate ("bag") the resident 4 to 5 times, coordinating with natural breaths. Remove bag.
20. Instruct the resident to inhale.
21. Upon inhalation, insert the catheter into airway (ET tube or tracheostomy tube) *without applying suction*. Advance the catheter until resistance is met and/or resident coughs (at the carina). Pull back 1 to 2 cm.
22. Apply intermittent suction and slowly withdraw catheter while rotating between thumb and forefinger. Limit suction time to no more than 10 seconds.
23. Re-ventilate and oxygenate the resident for a minimum of one minute between suction.
24. Rinse catheter and tubing with sterile saline or sterile water until clear.
25. Assess cardio-pulmonary status.
26. Repeat steps 20 through 24, if necessary. Limit suction passes to a maximum of three.
27. Suction the oral or nasal cavity. (Note: Oropharyngeal and nasopharyngeal suctioning contaminate the catheter. Do not re-insert catheter into ET or tracheostomy tube.)
28. Replace oxygen or humidity delivery device.
29. If the resident's physical or medical condition permits, assist the resident to a position that promotes deep breathing and coughing.
30. Turn off suction.
31. Disconnect catheter from tubing. Wrap catheter around gloved hand. Pull the glove off and over the catheter. Discard in designated receptacle.
32. Remove drape and discard in designated receptacle.
33. Discard water or saline in commode. Dispose of cup in designated receptacle.
34. Empty and rinse collection container if necessary or as indicated by facility protocol.
35. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
36. Apply clean gloves and provide oral hygiene for the comfort of the resident, if indicated.
37. Perform hand antisepsis.
38. Reposition the bed covers. Make the resident comfortable.
39. Place the call light within easy reach of the resident.
40. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The type and size of catheter used.
3. Amount of negative pressure (mmHg) used to suction.
4. Amount, color and characteristics of secretions (color, odor, thickness, etc.).
5. The resident's response to the procedure.
6. Cardio-pulmonary status, including lung sounds, during the procedure.
7. Assessment data before and after the procedure.
8. If the resident refused the treatment, the reason(s) why and the intervention taken.
9. The signature and title of the person performing the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Pulse Oximetry (Assessing Oxygen Saturation)</a>
<b>Version</b>	1.1 (H5MAPR 0265)

# Suctioning the Upper Airway (Nasal Pharyngeal Suctioning)

## Level III

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### Purpose

The purpose of this procedure is to clear the upper airway of mucous secretions and prevent the development of respiratory distress.

### Preparation

1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for suctioning.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Obtain baseline vital signs and oxygen saturation from the resident's medical record.
4. Assemble the equipment and supplies as needed.
5. Test equipment before use. Determine if suction equipment is generating appropriate negative pressure. Use lower negative pressure with older residents whose oral mucosa is fragile.
  - a. Wall suction units should be set between 100-120 mm Hg.
  - b. Portable suction devices should have negative pressure set at 10-15 mmHg.

### General Guidelines

1. Use the nasal route to suction the pharynx whenever practical. Suctioning from the mouth increases the introduction of bacteria into the airway.
2. Older clients are more susceptible to aspiration of secretions because of weakened cough and gag reflexes.
3. Do not routinely suction. Suctioning irritates the mucous membranes and can increase secretions if performed too frequently. Type and frequency of suctioning is based on assessment of resident's respiratory distress.
4. *Nasopharyngeal suctioning is performed using sterile technique. Catheters should not be reused.*
5. Monitor the resident's pulse and oxygen saturation (see procedure entitled *Pulse Oximetry*) during suctioning. If pulse decreases more than 20 beats per minute (BPM) or increases more than 40 BPM, or oxygen saturation drops below 90 percent (or 5 percent from baseline) discontinue suctioning and re-ventilate and re-oxygenate the resident.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Sterile suctioning kit; \*
2. 100 cc sterile saline or sterile water;
3. Sterile drape;
4. Sterile cup;
5. Sterile gloves;
6. Curve-tipped #10 to #16 French catheter; with suction control port or adapter;
7. Water-soluble lubricant;
8. Sterile gauze;
9. Tubing (approximately 6 feet); and

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10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

\*Most of the equipment/supplies listed above are contained in the sterile suctioning kit. However, they are listed individually because there may be times when you will need to obtain and assemble such supplies without the benefit of a kit.

## Assessment

1. Identify the following risk factors for impaired airway clearance or aspiration:
  - a. Impaired cough or gag reflex;
  - b. Dysphagia;
  - c. Weak respiratory muscles (from injury, abdominal surgery, etc.);
  - d. COPD;
  - e. Smoking; and/or
  - f. Decreased level of consciousness.
2. Assess for the following signs and symptoms of respiratory distress:
  - a. Dyspnea;
  - b. Gurgling or rattling breath sounds;
  - c. Cyanosis;
  - d. Decreased oxygen saturation (SpO<sub>2</sub>);
  - e. Restlessness; and/or
  - f. Obvious secretions or vomitus in mouth.

## Steps in the Procedure

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. Perform hand antisepsis.
4. Put on gloves.
5. Put on mask and protective eyewear (goggles or face shield), as indicated.
6. Assist the resident to semi-Fowler's position with head turned toward you. If the resident is unconscious, place in lateral position facing you.
7. Place towel or Chux pad under the chin.
8. Turn on suction unit and adjust to appropriate negative pressure (100-120 mmHg for wall unit or 10-15 mmHg for portable unit).
9. Verify that suction tubing is attached to wall or portable unit.
10. Open the sterile suction kit.
11. Place sterile drape across the resident's chest.
12. With (clean) gloved hand, remove the cup touching only the outside edge.
13. Fill cup with 100 cc sterile saline or sterile water.
14. Open the water-soluble lubricant. Squeeze contents onto sterile place in suction kit.
15. Put on sterile gloves. *The dominant hand will remain sterile.*
16. Pick up the catheter with sterile hand and attach to the suction tubing (held in non-sterile hand).
17. Test equipment by suctioning a small amount of sterile saline or water from the cup.
18. Measure the depth of catheter insertion by estimating the distance between the tip of the nose and the earlobe. Mark the position on the catheter with the sterile hand.
19. Lubricate 2-3 inches of the distal end of the catheter.

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20. Instruct the resident to inhale.
21. Upon the resident's inhalation, insert the catheter into either nostril **without applying suction**. Advance the catheter the estimated distance to the pharynx, staying on the floor of the nasal cavity. Pull back 1-2 cm if resistance is met.
22. Apply intermittent suction and slowly withdraw catheter while rotating between thumb and forefinger. Limit suction time to no more than 10 seconds.
23. Wipe the outside of the catheter with sterile gauze.
24. Suction sterile water to flush the catheter and tubing.
25. Assess the respiratory status of the resident and effectiveness of procedure.
26. Lubricate the catheter and repeat procedure in opposite nostril, if necessary. (Note: Suction at 20-30 second intervals and for no longer than 5 minutes total.)
27. Encourage the resident to cough and deep breathe between suction.
28. If the resident's physical or medical condition permits, assist the resident to a position that promotes deep breathing and coughing.
29. Turn off suction.
30. Disconnect catheter from tubing. Wrap catheter around gloved hand. Pull the glove off and over the catheter. Discard in designated receptacle.
31. Remove drape and discard in designated receptacle.
32. Discard water or saline in commode. Dispose of cup in designated receptacle.
33. Empty and rinse collection container if necessary or as indicated by facility protocol.
34. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
35. Apply clean gloves and provide oral hygiene for the comfort of the resident, if indicated.
36. Perform hand antisepsis.
37. Reposition the bed covers. Make the resident comfortable.
38. Place the call light within easy reach of the resident.
39. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The type and size of catheter used.
3. Amount of negative pressure (mmHg) used to suction.
4. Amount, color and characteristics of secretions (color, odor, thickness, etc.).
5. The resident's response to the procedure.
6. Cardio-pulmonary status, including lung sounds, during the procedure.
7. Assessment data before and after the procedure.
8. If the resident refused the treatment, the reason(s) why and the intervention taken.
9. The signature and title of the person performing the procedure.

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## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS Items (CAAs)	Section I; Section O
Survey Tag Numbers	F695
Other References	
Related Documents	<a href="#">Pulse Oximetry (Assessing Oxygen Saturation)</a>
Version	1.1 (H5MAPR0266)

# Suctioning the Upper Airway (Oral Pharyngeal Suctioning) Level III

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## Purpose

The purpose of this procedure is to clear the upper airway of mucous secretions and prevent the development of respiratory distress.

## Preparation

1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for suctioning.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Obtain baseline vital signs and oxygen saturation from the resident's medical record.
4. Assemble the equipment and supplies as needed.
5. Test equipment before use. Determine if suction equipment is generating appropriate negative pressure. Use lower negative pressure with older residents whose oral mucosa is fragile.
  - a. Wall suction units should be set between 100-120 mm Hg.
  - b. Portable suction devices should have negative pressure set at 10-15 mmHg.

## General Guidelines

1. Use the nasal route to suction the pharynx whenever practical. Suctioning from the mouth increases the introduction of bacteria into the airway.
2. Older clients are more susceptible to aspiration of secretions because of weakened cough and gag reflexes.
3. Do not routinely suction. Suctioning irritates the mucous membranes and can increase secretions if performed too frequently. Type and frequency of suctioning is based on assessment of resident's respiratory distress.
4. Residents with dysphagia (impaired swallowing) may benefit from suctioning before, during and after meals.
5. Oropharyngeal suctioning is performed using clean technique.
6. Monitor the resident's vital signs during the procedure. Discontinue and notify physician if resident shows signs of distress.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Towel or Chux pad;
2. 100 cc saline or water;
3. Disposable cup or non-sterile basin;
4. *Yankauer* or open-tipped catheter (if secretions are thick and copious) or curve-tipped #10 to #16 French catheter with suction control port or adapter;
5. Sterile gauze;
6. Tubing (approximately 6 feet); and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Assessment

1. Identify the following risk factors for impaired airway clearance or aspiration:
  - a. Impaired cough or gag reflex;
  - b. Dysphagia;
  - c. Weak respiratory muscles (from injury, abdominal surgery, etc.);
  - d. COPD;
  - e. Smoking; and/or
  - f. Decreased level of consciousness.
2. Assess for the following signs and symptoms of respiratory distress:
  - a. Dyspnea;
  - b. Gurgling or rattling breath sounds;
  - c. Cyanosis;
  - d. Decreased oxygen saturation (SpO<sub>2</sub>);
  - e. Restlessness; and/or
  - f. Obvious secretions or vomitus in mouth.

## Steps in the Procedure

1. Provide for resident privacy.
2. Explain the procedure to the resident.
3. Perform hand antisepsis.
4. Put on gloves.
5. Put on mask and protective eyewear (goggles or face shield), as indicated.
6. Assist the resident to semi-Fowler's position with head turned toward you. If the resident is unconscious, place in lateral position facing you.
7. Place towel or Chux pad under the chin.
8. Turn on suction unit and set to appropriate negative pressure (100-120 mmHg for wall unit or 10-15 mmHg for portable unit).
9. Fill cup or basin with approximately 100 cc water.
10. Verify that suction tubing is attached to wall or portable unit.
11. Attach catheter to tubing.
12. Suction a small amount of water from the basin (by placing finger on the port) to verify negative pressure.
13. Remove oxygen mask from resident, if necessary. (Note: Do not remove nasal cannula if only suctioning from the mouth.)
14. Pull the tongue forward, if needed, using sterile gauze.
15. Advance the catheter into the mouth approximately 4 to 6 inches along the gumline.
16. Staying along the gumline, apply suction until secretions are cleared.
17. Replace oxygen mask.
18. Clear catheter and tubing of secretions by suctioning water from the basin.
19. Assess the respiratory status of the resident and effectiveness of procedure.
20. Repeat procedure, if necessary.
21. If the resident's physical or medical condition permits, assist the resident to a position that promotes deep breathing and coughing.
22. Turn off suction.

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23. Remove towel or Chux pad and place in designated receptacle.
24. Discard water or saline in commode. Dispose of cup in designated receptacle.
25. Rinse basin with warm, soapy water.
26. Empty and rinse collection container if necessary or as indicated by facility protocol.
27. Place catheter in clean, dry area.
28. Discard personal protective equipment in designated receptacles. Wash and dry your hands thoroughly.
29. Apply clean gloves and provide oral hygiene for the comfort of the resident, if indicated.
30. Reposition the bed covers. Make the resident comfortable.
31. Place the call light within easy reach of the resident.
32. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that the procedure was performed.
2. The type and size of catheter used.
3. Amount of negative pressure (mmHg) used to suction.
4. Amount, color and characteristics of secretions (color, odor, thickness, etc.).
5. The resident's response to the procedure.
6. Cardio-pulmonary status, including lung sounds, during the procedure.
7. Assessment data before and after the procedure.
8. If the resident refused the treatment, the reason(s) why and the intervention taken.
9. The signature and title of the person performing the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section I; Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPR0267)



# Tracheostomy Care

Level III

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## Purpose

The purpose of this procedure is to guide tracheostomy care and the cleaning of reusable tracheostomy cannulas.

## Equipment and Supplies

1. Gloves (clean and sterile);
2. Mask and eyewear (as indicated);
3. Tracheostomy care kit;
4. Hydrogen peroxide;
5. Sterile water or normal saline;
6. Suction catheter;
7. Suction machine;
8. Pulse oximeter; and
9. Extra gauze dressing.

## General Guidelines

1. Aseptic technique must be used:
  - a. During cleaning and sterilization of reusable tracheostomy tubes;
  - b. During all dressing changes until the tracheostomy wound has granulated (healed); and
  - c. During tracheostomy tube changes, either reusable or disposable.
2. Gloves must be used on both hands during any or all manipulation of the tracheostomy. Sterile gloves must be used during aseptic procedures.
3. A mask and eyewear must be worn if splashes, spattering, or spraying of blood or body fluids is likely to occur when performing this procedure.
4. Tracheostomy tubes should be changed as ordered and as needed (at least monthly).
5. Tracheostomy care should be provided as often as needed, at least once daily for old, established tracheostomies, and at least every eight hours for residents with unhealed tracheostomies.
6. A replacement tracheostomy tube must be available at the bedside at all times.
7. A suction machine, supply of suction catheters, exam and sterile gloves, and flush solution, must be available at the bedside at all times.

## Procedure Guidelines

### Preparation and Assessment

1. Check physician order.
2. Explain procedure to resident.
3. Wash hands.
4. Put exam gloves on both hands.
5. Remove supplemental oxygen mask from tracheostomy.
6. Inspect skin and stoma site for signs or symptoms of infection, leakage, subcutaneous crepitus, or dislodged tube.

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7. Assess resident for respiratory distress.
  - a. Measure resident's oxygen saturation with pulse oximeter.
  - b. Listen to lung sounds with a stethoscope.
  - c. Observe for asymmetrical chest expansion.
8. Remove old dressings. Pull soiled glove over dressing and discard into appropriate receptacle.
9. Wash hands.

#### **Clean the Removable Inner Cannula**

1. Open tracheostomy cleaning kit.
2. Set up supplies on sterile field.
3. Maintaining sterile field, pour equal parts hydrogen peroxide and normal saline in one compartment of opened kit. Pour normal saline in another compartment.
4. Open four gauze pads and saturate with hydrogen peroxide.
5. Open two gauze pads and saturate with antiseptic solution.
6. Open two gauze pads and saturate with sterile saline.
7. Open two gauze pads; keep them dry.
8. Put on sterile gloves.
9. Secure the outer neck plate with non-dominate gloved hand.
10. Unlock the inner cannula with gloved dominate hand.
11. Gently remove the inner cannula, rotating counterclockwise while lifting away from the resident.
12. Soak the cannula in hydrogen peroxide/saline mixture.
13. Clean with brush. Rinse with saline and dry with pipe cleaners.
14. Remove and discard gloves into appropriate receptacle.
15. Wash hands and put on fresh gloves.
16. Replace the cannula carefully and lock in place.
17. Ensure there is an emergency tracheostomy set up at resident's bedside.

#### **Site and Stoma Care:**

1. Apply clean gloves.
2. Clean the stoma with two peroxide-soaked gauze pads (using a single sweep for each side).
3. Rinse the stoma with saline-soaked gauze pads (using a single sweep for each side).
4. Wipe with dry gauze (using a single sweep for each side).
5. Disinfect the stoma with the antiseptic-soaked gauze pads (using a single sweep for each side). Allow to air dry or wipe with clean, dry gauze.
6. Remove neck ties and replace with clean ones.
  - a. If the resident's condition is unstable, or if the stoma is less than two weeks old, apply new ties before removing old ones.
7. Apply a fenestrated gauze pad around the insertion site.
8. Replace supplemental oxygen mask over tracheostomy.
9. Remove gloves and discard into appropriate receptacle.
10. Wash hands.
11. Document the procedure, condition of the site, and the resident's response.

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References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Suctioning the Lower Airway (Endotracheal [ET] or Tracheostomy Tube)</a> <a href="#">Suctioning the Upper Airway (Nasal Pharyngeal Suctioning)</a> <a href="#">Suctioning the Upper Airway (Oral Pharyngeal Suctioning)</a>
<b>Version</b>	1.3 (H5MAPR0282)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Skin and Wound Management**

Item # H50075

WINDSOR 002925

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Skin and Wound Management**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Skin and Wound Management**

#### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20078 Pressure Ulcer/Injury

#### **Guidelines**

National Pressure Ulcer Advisory Panel (NPUAP) Announces a Change in Terminology from Pressure Ulcer to Pressure Injury and Updates the Stages of Pressure Injury

Prevention and Treatment of Pressure Ulcers/Injuries (Quick Reference Guide 2019)

Risk Assessment and Prevention of Pressure Ulcers: A Clinical Practice Guideline From the American College of Physicians

Treatment of Pressure Ulcers: A Clinical Practice Guideline From the American College of Physicians

#### **Sample Documentation**

Braden Scale for Predicting Pressure Sore Risk (MP5467)

Skin Care Alert (MP5460)

Weekly Skin Integrity Review (MP5492)

Wound Evaluation Flow Sheet (MP5466)

#### **Tools**

NPUAP Pressure Ulcer Root Cause Analysis (RCA) Template

Pressure Injury Root Cause Analysis Tool

Pressure Ulcer Scale for Healing (PUSH) - PUSH Tool 3.0

Self-Assessment Worksheet for Pressure Ulcer Prevention

Self-Assessment Worksheet for Pressure Ulcer Prevention (E-Tool)

# Pressure Ulcers/Skin Breakdown – Clinical Protocol

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## Assessment and Recognition

1. The nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers; for example, immobility, recent weight loss, and a history of pressure ulcer(s).
2. In addition, the nurse shall describe and document/report the following:
  - a. Full assessment of pressure sore including location, stage, length, width and depth, presence of exudates or necrotic tissue;
  - b. Pain assessment;
  - c. Resident's mobility status;
  - d. Current treatments, including support surfaces; and
  - e. All active diagnoses.
3. The staff and practitioner will examine the skin of newly admitted residents for evidence of existing pressure ulcers or other skin conditions.
4. The physician will assist the staff to identify the type (for example, arterial or stasis ulcer) and characteristics (presence of necrotic tissue, status of wound bed, etc.) of an ulcer.
5. The physician will help identify and define any complications related to pressure ulcers.

## Cause Identification

1. The physician will help identify factors contributing or predisposing residents to skin breakdown; for example, medical comorbidities such as diabetes or congestive heart failure, overall medical instability, cancer or sepsis causing a catabolic state, and macerated or friable skin.
2. The physician will clarify the status of relevant medical issues; for example, whether there is a soft tissue infection or just wound colonization, whether the wound has necrotic tissue, and the impact of comorbid conditions on healing an existing wound.

## Treatment/Management

1. The physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents.
2. The physician will help identify medical interventions related to wound management; for example, treating a soft tissue infection surrounding an ulcer, removing necrotic tissue, addressing comorbid medical conditions, managing pain related to the wound or to wound treatment, etc.
  - a. Although poor nutritional status is associated with increased risk of pressure ulcer development, no specific nutritional interventions clearly prevent or heal pressure ulcers.
  - b. Beyond trying to maintain a stable weight and providing approximately 1.2-1.5 gm/kg protein daily, there are no routine pressure ulcer-specific nutritional measures for those with or at risk for developing a pressure ulcer.
  - c. Any nutritional supplementation should be based on realistic appraisal of an individual's current nutritional status and minimizing any medications and conditions that may be affecting appetite and weight.

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3. The physician will help staff characterize the likelihood of wound healing, based on a review of pertinent factors; for example:
  - a. Healing or Prevention Likely: The resident's underlying physical condition, prognosis, personal goals and wishes, care instructions, and ability to cooperate with the treatment plan make wound healing and subsequent wound prevention realistic.
  - b. Healing or Prevention Possible: Healing may be delayed or may occur only partially; wounds may occur despite appropriate preventive efforts.
  - c. Healing or Prevention Unlikely: The resident is likely to decline or die because of his/her overall medical instability; wounds reflect the individual's overall medical instability; an existing wound is unlikely to improve significantly; additional wounds are likely to occur despite preventive efforts.
4. As needed, the physician will help identify medical and ethical issues influencing wound healing; for example, the impact of end-stage heart disease or because the resident or family declines artificial nutrition and hydration.
  - a. Advance directives may limit the scope, intensity, duration, and selection of various wound-related or adjunctive treatments such as a choice to forego artificial nutrition and hydration.

### **Monitoring**

1. During resident visits, the physician will evaluate and document the progress of wound healing—especially for those with complicated, extensive, or poorly-healing wounds.
2. The physician will guide the care plan as appropriate, especially when wounds are not healing as anticipated or new wounds develop despite existing interventions.
  - a. Healing may be delayed or may not occur, or additional ulcers may occur because of other factors which cannot be modified.
  - b. Current approaches should be reviewed for whether they remain pertinent to the resident/patient's medical conditions, are affected by factors influencing wound development or healing, and the impact of specific treatment choices made by the resident/patient or a substitute decision-maker.

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References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 16)
<b>Survey Tag Numbers</b>	F550; F561; F636; F656; F684; F686; F757; F710; F836; F841; F865
<b>Other References</b>	<p>AMDA. Pressure Ulcers Clinical Practice Guideline. Columbia, Maryland.</p> <p>Reddy M, Gill SS, Kalkar SR. Treatment of pressure ulcers: A systematic review. <i>JAMA</i> 2008;300:2647-2662. doi:10.1001/jama.2008.778.</p> <p>Reddy M, Gill SS, Rochon PA. Preventing Pressure Ulcers: A Systematic Review. <i>JAMA</i>. 2006;296(8):974-984. doi:10.1001/jama.296.8.974.</p> <p>Thomas DR. Are all pressure ulcers avoidable? <i>J Am Med Dir Assoc</i> 2001;2:297-301.</p> <p>Thomas DR. Managing pressure ulcers: learning to give up cherished dogma. <i>J Am Med Dir Assoc</i> 2007;8:347-348.</p> <p>Thomas DR. Prevention and treatment of pressure ulcers. <i>J Am Med Dir Assoc</i> 2006;7:46-59.</p>
<b>Related Documents</b>	<p><a href="#">Nutrition and Hydration to Maintain Skin Integrity</a></p> <p><a href="#">Nutrition (Impaired)/Unplanned Weight Loss – Clinical Protocol</a></p> <p><a href="#">CMS-20078 Pressure Ulcer/Injury</a></p>
<b>Version</b>	2.1 (H5MACL0032)

# Dressings, Soiled/Contaminated

## Policy Statement

All soiled/contaminated dressings must be handled in a safe and sanitary manner and must be incinerated or disposed of following decontamination or containment.

## Policy Interpretation and Implementation

1. Disposable items such as bandages, applicators, gauze pads, etc., that are soiled or contaminated with infective material, blood, or body fluids must be placed in a plastic bag and removed from the resident's room upon completion of any procedure.
2. Soiled dressings that are not heavily soiled with exudate may be placed in a plastic bag and placed in regular waste.
3. Soiled dressings that are heavily soiled with exudate or drainage or from a resident with an infectious condition must be placed in specially designated **"BIOHAZARD"** containers for disposal.
4. Gloves must be worn when changing a dressing and/or when handling items contaminated with blood, body fluids, or potentially infective materials.
5. Follow established procedures governing wound care.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov/SLTC/bloodbornepathogens/index.html">www.osha.gov/SLTC/bloodbornepathogens/index.html</a>
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPL0223)

# Dressings, Dry/Clean

## Level III

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### Purpose

The purpose of this procedure is to provide guidelines for the application of dry, clean dressings.

### Preparation

1. Verify that there is a physician's order for this procedure. (Note: This may be generated from a facility protocol.)
2. Review the resident's care plan, current orders, and diagnoses to determine if there are special resident needs.
3. Check the treatment record.
4. Assemble the equipment and supplies as needed. Date and initial all bottles and jars upon opening (unless product is single use). Wipe nozzles of wound with alcohol pledget or facility disinfectant wipe. (Note: This may be performed at the treatment cart.)
5. Explain procedure to the resident and provide privacy.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Clean dressing(s);
2. Cleaning solution, as ordered;
3. Tape;
4. Scissors; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Tape a biohazard or plastic bag on the bedside stand or use a waste basket below clean field.
4. Position resident and adjust clothing to provide access to affected area.
5. Wash and dry your hands thoroughly.
6. Put on clean gloves. Loosen tape and remove soiled dressing.
7. Pull glove over dressing and discard into plastic or biohazard bag.
8. Wash and dry your hands thoroughly.
9. Open dry, clean dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface.
10. Label tape or dressing with date, time and initials. Place on clean field.
11. Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze).
12. Wash and dry your hands thoroughly.
13. Put on clean gloves.
14. Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage.

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15. Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
16. Use dry gauze to pat the wound dry.
17. Apply the ordered dressing and secure with tape or bordered dressing per order. (Note: Use non-allergenic tape as indicated.) Label with date and initials to top of dressing.
18. Discard disposable items into the designated container.
19. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. Clean the bedside stand.
23. Wash and dry your hands thoroughly.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record, treatment sheet or designated wound form:

1. The date and time the dressing was changed.
2. Wound appearance, including wound bed, edges, presence of drainage.
3. The name and title (or initials) of the individual changing the dressing.
4. The type of dressing used and wound care given.
5. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.
6. How the resident tolerated the procedure.
7. Any problems or complaints (e.g., pain or discomfort) made by the resident related to the procedure.
8. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal.
9. The signature and title (or initials) of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the dressing change.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Dressings, Soiled/Contaminated</a> <a href="#">Dressings, Sterile</a>
<b>Version</b>	1.1 (H5MAPR0115)

# Dressings, Sterile

## Level III

### Purpose

The purpose of this procedure is to provide guidelines for the application of sterile dressings.

### Preparation

1. Verify that there is a physician's order for this procedure. (**Note:** This may be generated from a facility protocol.)
2. Review the resident's care plan, current orders, and diagnoses to determine if there are special resident needs.
3. Check the treatment record.
4. Assemble the equipment and supplies as needed. Date and initial all bottles and jars upon opening. Wipe nozzles, foil packets, bottle tops, etc., with alcohol pledget before opening, as necessary. (**Note:** This may be performed at the treatment cart.)
5. Explain procedure to the resident and provide privacy.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sterile dressing tray;
2. Cleaning solution, as ordered;
3. Tape;
4. Scissors;
5. Sterile gauze; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Tape a biohazard or plastic bag on the bedside stand or use a waste basket below the clean field.
4. Position resident and adjust clothing to provide access to affected area.
5. Wash and dry your hands thoroughly.
6. Put on clean gloves. Loosen tape and remove soiled dressing.
7. Pull glove over dressing and discard into plastic or biohazard bag.
8. Wash and dry your hands thoroughly.
9. Open sterile dressing tray, touching only the exterior surface, and carefully open the exterior wrapping to create a sterile field.
10. Using sterile technique, open other sterile products (i.e., prescribed dressing, sterile gauze) and drop onto sterile field.
11. Wash and dry your hands thoroughly.
12. Put on sterile gloves.
13. Assess the wound and surrounding skin for edema, redness, drainage, progress of tissue healing, and wound stage.

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14. Cleanse the wound using sterile forceps to hold gauze. Use separate gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
15. Use dry gauze to pat the wound dry.
16. Apply the ordered dressing and secure with tape. (**Note:** Use non-allergenic tape, as indicated.) Label tags (tape or sterile kit label) with date and initials to top of dressing.
17. Discard disposable items into the designated container.
18. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. Clean the bedside stand.
22. Wash and dry your hands thoroughly.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record, treatment sheet or designated wound form:

1. The date and time the dressing was changed.
2. Wound appearance, including wound bed, edges, presence of drainage.
3. The name and title (or initials) of the individual changing the sterile dressing.
4. The type of dressing used and wound care given.
5. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.
6. How the resident tolerated the procedure.
7. Any problems or complaints (e.g., pain or discomfort) made by the resident related to the procedure.
8. Complications related to the wound (e.g., pain, redness, drainage, swelling, bleeding).
9. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal.
10. The signature and title (or initials) of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the dressing change.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Dressings, Dry/Clean</a> <a href="#">Dressings, Soiled/Contaminated</a>
<b>Version</b>	1.1 (H5MAPR0116)

# Jackson-Pratt (JP) Drain

## Level II

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### Purpose

The purpose of this procedure is to empty the Jackson-Pratt drain bulb, clean the surgical wound, and monitor for infection.

### General Guidelines

1. At first, fluid from the drain will appear bloody.
2. As the wound heals, the fluid will change to light pink, light yellow, or clear.
3. The drain will stay in place until less than 30 mL (about 2 tablespoons) of fluid can be collected in a 24-hour period.
4. Empty the bulb every 8 to 12 hours or when it is half full.

### Steps in the Procedure

#### Emptying the drain:

1. Wash your hands well with soap and water.
2. Pull the plug out of the bulb.
3. Pour the fluid inside the bulb into a measuring cup.
4. Clean the plug with alcohol.
5. Squeeze the bulb flat.
6. While the bulb is flat, put the plug back into the bulb.
7. The bulb should stay flat after it is plugged so that the vacuum suction can restart.
8. If you can't squeeze the bulb flat and plug it at the same time, use a hard, flat surface (such as a table) to help you press the bulb flat while you replug it.
9. Measure how much fluid is collected.
10. Record the amount of drainage, and the date and time you collected it, on the JP drainage chart.
11. Flush the fluid down the toilet.
12. Wash your hands.

#### Caring for the skin and the drain site:

1. Wash your hands well with soap and water.
2. Remove the dressing from around the drain.
  - a. Use soap and water or 0.9 percent normal saline (on a gauze or cotton swab) to clean the drain site and the skin around it.
  - b. Clean this area once a day.
3. When the drain site is clean and dry, put a new dressing around the drain. Put surgical tape on the dressing to hold it down against the skin.
4. Discard the dressing according to protocol.
5. Wash your hands.

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## Complications

1. If a large amount of fluid leaks from around the drain site (making the gauze dressing wet), use soap and water to clean the area. Verify that the bulb drain is secured and “flat” to provide the needed suction.
2. If a clot appears within the drain (dark, stringy lining), this could prevent the drainage from flowing through the tube.
3. The skin around the drain may become infected. Signs and symptoms of infection include:
  - a. increased redness;
  - b. increased pain;
  - c. increased swelling;
  - d. fever greater than 101°F; and
  - e. cloudy yellow, tan, or foul-smelling drainage.

## Documentation

Document the following information in the resident’s medical record.

1. The date, time and amount of fluid removed from the drain.
2. Any signs or symptoms of complications.
3. Signature and title of the individual performing the procedure.

## Reporting

Report any complications to the nurse in charge or the attending physician.

References	
MDS Items (CAAs)	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.0 (H5MAPR0344)



# Negative Pressure Wound Therapy

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for establishing and maintaining negative pressure wound therapy (NPWT).

## Preparation

1. Verify that there is an order for this procedure.
2. Assess the wound prior to selecting the type, size and thickness of dressing material.

## General Guidelines

1. NPWT is contraindicated in residents who have wounds with necrotic tissue with eschar, untreated osteomyelitis, non-enteric fistula or a malignancy in the wound.
2. Use aseptic technique when performing this procedure.
3. Change dressings per physician orders and manufacturer guidelines.

## Equipment and Supplies

1. Primary Dressing (foam, gauze or silver-based sponge);
2. Clean scissors and/or sterile scalpel;
3. Skin prep;
4. Adhesive dressing (barrier dressing);
5. Tubing with adhesive pad; and
6. Negative pressure pump with disposable suction canister.

## Steps in the Procedure

1. Identify and size the wound to be treated.
2. Wash hands and apply gloves.
3. Clean wound according to facility protocol, or as ordered.
4. Remove gloves.
5. Wash hands and apply clean gloves.
6. Cut sponge dressing to size:
  - a. Using clean scissors or scalpel, trim the sponge dressing material to a size that is slightly smaller than the wound, and a shape that approximates the wound.
  - b. Do not trim the sponge over the wound, as fragments may fall into the wound bed.
7. Create barrier dressing to protect healthy skin (as needed):
  - a. Estimate the size of barrier dressing that will need to be cut. There should be at least a 1 inch barrier around the margins of the wound.
  - b. Cut the dressing with clean scissors.
  - c. Apply skin prep to the peri-wound skin.
  - d. Apply barrier dressing over the top of the wound.

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- e. Carefully trim a hole in the dressing to expose the wound and allow insertion of the sponge/gauze dressing.
- f. Alternatively, the drape may be cut and placed in stripes surrounding the wound and leaving the wound gravity open.
- g. For cavity dressing (foam or sponge):
  - (1) Gently insert the sponge/gauze dressing into the wound.
  - (2) Do not place sponge/gauze into places of the wound that cannot be seen or tunnels that have not been explored.
  - (3) Ensure sponge to sponge contact if more than one piece is placed in the wound.
  - (4) The depth of the sponge/gauze dressing should be such that the wound is just filled, or slightly under-filled.
8. Apply secondary layer of barrier adhesive (drape):
  - a. Cut another piece of adhesive dressing to drape the site and create a vacuum seal over the wound.
  - b. The drape should cover a 3-5 cm border of intact peri-wound skin.
  - c. Apply this layer of adhesive dressing, smoothing it and ensuring adhesion to the edges of the wound as you peel off the backing.
  - d. Avoid pulling or stretching the adhesive when applying.
  - e. Once the dressing is applied and smoothed, remove the top layer of backing.
9. Apply adhesive pad with tubing to the wound:
  - a. Cut a hole in the barrier adhesive layer (unless previously cut) so that the sponge/gauze dressing is exposed.
  - b. The hole should be large enough to expose the sponge to the negative pressure tubing but not exceed the edges of the wound (approximately 2.5 cm in diameter).
  - c. Do not cut a slit or an "x," as this may reseal with negative pressure.
  - d. Place the tubing with adhesive pad over the wound and slowly remove the backing.
  - e. Clamp tubing.
10. Assemble pump and disposable canister:
  - a. Connect secondary tubing to disposable suction canister.
  - b. Attach canister to vacuum device/pump.
  - c. Clamp tubing.
11. Connect device (canister) tubing to wound tubing. Turn to lock in place.
12. Unclamp both sides of tubing.
13. Turn on pump:
  - a. Initiate negative pressure setting on the pump as ordered (-125 mm/hg is a typical default setting).
  - b. Establish negative pressure setting (as ordered).
  - c. Establish therapeutic time setting (as ordered).
  - d. Follow manufacturer's directions for pump usage and alarms.

## Documentation

Document the following in the resident's medical record:

1. The wound status at time of application of negative pressure.
2. The number of sponge pieces used in the wound dressing.
3. The negative pressure and time settings on the pump.
4. The resident's tolerance of the procedure.
5. The date and time of the dressing application/change.

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6. The date and time negative pressure therapy was started and stopped.
7. The name and initials of the person performing the procedure.

## Reporting

1. Any problems with the procedure.
2. Marked changes in the wound from baseline or previous dressing change.

References	
<b>MDS Items (CAAs)</b>	Section M (CAA 16 – Pressure Ulcers)
<b>Survey Tag Numbers</b>	F686
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Pressure Ulcers/Skin Breakdown – Clinical Protocol Wound Care</a>
<b>Version</b>	1.0 (H5MAPR0331)

# Pressure Injuries Overview

Level II

## Purpose

The purpose of this procedure is to provide information regarding definitions and clinical features of pressure injuries.

- General definitions are derived from the State Operation Manual, Appendix PP: §483.25(b)(1) Pressure ulcers (F686).
- Pressure injuries for purposes of staging reference the National Pressure Injury Advisory Panel Classification System.
- MDS assessments reference current definitions in the Resident Assessment Instrument User's Manual.

## General Definitions (State Operations Manual, Appendix PP)

**Pressure Ulcer/Injury (PU/PI)** refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device.

- A pressure injury will present as intact skin and may be painful.
- A pressure ulcer will present as an open ulcer, the appearance of which will vary depending on the stage and may be painful.
- Pressure ulcers/injuries occur as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by skin temperature and moisture, nutrition, perfusion, co-morbidities and condition of the soft tissue.

## Avoidable/Unavoidable

- “Avoidable” means that the resident developed a pressure ulcer/injury and that one or more of the following was not completed:
  - Evaluation of the resident's clinical condition and risk factors;
  - Definition or implementation of interventions that are consistent with resident needs, resident goals, and professional standards of practice;
  - Monitoring or evaluation of the impact of the interventions; or
  - Revision of the interventions as appropriate.
- “Unavoidable” means that the resident developed a pressure ulcer/injury even though the following were completed:
  - Evaluation of the resident's clinical condition and risk factors;
  - Definition or implementation of interventions that are consistent with resident needs, resident goals, and professional standards of practice;
  - Monitoring or evaluation of the impact of the interventions; and
  - Revision of the interventions as appropriate.

## Colonized/Infected

- “Colonized” refers to the presence of micro-organisms on the surface or in the tissue of a wound without the signs and symptoms of an infection.
- “Infected” refers to the presence of micro-organisms in sufficient quantity to overwhelm the defenses of viable tissues and produce the signs and symptoms of infection.

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**Debridement** is the removal of devitalized/necrotic tissue and foreign matter from a wound to improve or facilitate the healing process. Debridement methods may include a range of treatments such as the use of enzymatic dressings to surgical debridement in order to remove tissue or matter from a wound to promote healing.

### **Eschar/Slough**

- “Eschar” is dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color; and may appear scab-like. Necrotic tissue and eschar are usually firmly adherent to the base of the wound and often the sides/edges of the wound.
- “Slough” is non-viable yellow, tan, gray, green or brown tissue; usually moist; can be soft, stringy and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed.

### **Exudate**

- “Exudate” is any fluid that has been forced out of the tissues or its capillaries because of inflammation or injury. It may contain serum, cellular debris, bacteria and leukocytes.
- “Purulent exudate/drainage/discharge” is any product of inflammation that contains pus (e.g., leukocytes, bacteria, and liquefied necrotic debris).
- “Serous drainage or exudate” is watery, clear, or slightly yellow/tan/pink fluid that has separated from the blood and presents as drainage.

### **Friction/Shearing**

- “Friction” is the mechanical force exerted on skin that is dragged across any surface.
- “Shearing” occurs when layers of skin rub against each other or when the skin remains stationary and the underlying tissue moves and stretches and angulates or tears the underlying capillaries and blood vessels causing tissue damage.

**Granulation Tissue** is the pink-red moist tissue that fills an open wound when it starts to heal. It contains new blood vessels, collagen, fibroblasts, and inflammatory cells.

**Kennedy Terminal Ulcer** is an unavoidable pressure ulcer that develops at the end of life. KTUs have certain characteristics which differentiate them from pressure ulcers such as the following:

- Appear suddenly and within hours;
- Usually appear on the sacrum and coccyx but can appear on the heels, posterior calf muscles, arms and elbows;
- Edges usually irregular and are red, yellow, and black as the ulcer progresses, often described as pear, butterfly or horseshoe shaped; and
- Often appear as an abrasion, blister, or darkened area and may develop rapidly to a Stage 2, Stage 3, or Stage 4 injury.

**Tissue tolerance** is the ability of the skin and its supporting structures to endure the effects of pressure, without adverse effects. Tissue tolerance affects the length of time a resident can maintain a position without suffering a pressure ulcer/injury.

**Tunnel/Sinus Tract/Undermining** – The terms tunnel and sinus tract are often used interchangeably.

- A “tunnel” is a passageway of tissue destruction under the skin surface that has an opening at the skin level from the edge of the wound.
- A “sinus tract” is a cavity or channel underlying a wound that involves an area larger than the visible surface of the wound.

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- “Undermining” is the destruction of tissue or ulceration extending under the skin edges (margins) so that the pressure ulcer is larger at its base than at the skin surface. Undermining often develops from shearing forces and is differentiated from tunneling by the larger extent of the wound edge involved and the absence of a channel or tract extending from the pressure ulcer under the adjacent intact skin.

## **Staging (National Pressure Injury Advisory Panel Classification System)**

### **Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**

- Intact skin with a localized area of non-blanchable erythema (redness), which may appear differently in darkly pigmented skin.
- Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes.
- Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

### **Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**

- Partial-thickness loss of skin with exposed dermis.
- The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-intact blister.
- Adipose (fat) is not visible and deeper tissues are not visible.
- Granulation tissue, slough and eschar are not present.
- Commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel.
- This stage should not be used to describe moisture-associated skin damage including incontinence-associated dermatitis, intertriginous dermatitis, medical adhesive-related skin injury, or traumatic wounds (skin tears, burns, abrasions).

### **Stage 3 Pressure Injury: Full-thickness skin loss**

- Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present.
- Slough and/or eschar may be visible.
- The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds.
- Undermining and tunneling may occur.
- Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.
- If slough or eschar obscures the wound bed, this is an Unstageable PI.

### **Stage 4 Pressure Injury: Full-thickness skin and tissue loss**

- Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer.
- Slough and/or eschar may be visible.
- Epibole (rolled edges), undermining and/or tunneling often occur.
- Depth varies by anatomical location.
- If slough or eschar obscures the extent of tissue loss, this is an Unstageable PI.

### **Unstageable Pressure Ulcer: Obscured full-thickness skin and tissue loss**

- Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar.
- If the slough or eschar is removed, a Stage 3 or Stage 4 pressure ulcer will be revealed.

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- Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

**Deep Tissue Pressure Injury (DTPI):** Persistent non-blanchable deep red, maroon or purple discoloration

- Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation reveals a dark wound bed or blood-filled blister.
- Pain and temperature change often precede skin color changes.
- Discoloration may appear differently in darkly pigmented skin.
- This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface.
- The wound may evolve rapidly to reveal the actual extent of tissue injury, or many resolve without tissue loss.
- If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle, or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4).
- Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 16)
<b>Survey Tag Numbers</b>	F686
<b>Other References</b>	<a href="#">Prevention and Treatment of Pressure Ulcers/Injuries (Quick Reference Guide 2019)</a>
<b>Related Documents</b>	<a href="#">Weekly Skin Integrity Review (MP5492)</a> <a href="#">Pressure Injury Risk Assessment</a>
<b>Version</b>	1.1 (H5MAPR0340)

# Pressure Injury Risk Assessment

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the structured assessment and identification of residents at risk of developing new pressure injuries or worsening of existing pressure injuries (PIs).

## General Guidelines

1. The purpose of a pressure injury risk assessment is to identify all risk factors and then to determine which can be modified and which cannot, or which can be immediately addressed and which will take time to modify.
2. Risk factors that increase a resident's susceptibility to develop or to not heal PIs include, but are not limited to:
  - a. Under nutrition, malnutrition, and hydration deficits;
  - b. Impaired/decreased mobility and decreased functional ability;
  - c. The presence of previously healed PI;
  - d. The presence of existing PI;
  - e. Exposure of skin to urinary and fecal incontinence or other source of moisture;
  - f. Elevated body temperature;
  - g. Altered skin status over pressure points;
  - h. Impaired perfusion, oxygenation or circulation deficits, for example, generalized atherosclerosis or lower extremity arterial insufficiency;
  - i. Conditions, such as end stage renal disease, thyroid disease or diabetes mellitus;
  - j. Drugs such as steroids that may affect healing;
  - k. Advanced age;
  - l. Impaired sensory perception;
  - m. Cognitive impairment; and
  - n. Resident refusal of some aspects of care and treatment.
3. The risk assessment should be conducted as soon as possible after admission, but no later than eight hours after admission is completed.
4. Use only a facility-approved risk assessment tool to obtain risk assessment data.
5. Supplement the risk assessment tool with assessment of additional risk factors.
6. Once the assessment is conducted and risk factors are identified and characterized, a resident-centered care plan can be created to address the modifiable risks for pressure injuries.
7. Repeat the risk assessment weekly for the first four weeks, if there is a significant change in condition, or as often as is required based on the resident's condition.

## Steps in the Procedure

1. Gather assessment tools and documentation and conduct the assessment in the manner most appropriate to the resident's condition and willingness to participate.
2. If necessary, allow the resident to take rest periods during the assessment.
3. Conduct a structured pressure injury risk assessment using a facility-approved tool.

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4. Conduct a comprehensive skin assessment with every risk assessment.
  - a. When conducting a skin assessment, provide for the resident's privacy.
  - b. Once inspection of skin is completed document the findings on a facility-approved skin assessment tool.
  - c. If a new skin alteration is noted, initiate a (pressure or non-pressure) form related to the type of alteration in skin.
5. Develop the resident-centered care plan and interventions based on the risk factors identified in the assessments, the condition of the skin, the resident's overall clinical condition, and the resident's stated wishes and goals.
  - a. The interventions must be based on current, recognized standards of care.
  - b. The effects of the interventions must be evaluated.
  - c. The care plan must be modified as the resident's condition changes, or if current interventions are deemed inadequate.

## Documentation

The following information should be recorded in the resident's medical record utilizing facility forms:

1. The type of assessment(s) conducted.
2. The date and time and type of skin care provided, if appropriate.
3. The name and title (or initials) of the individual who conducted the assessment.
4. Any change in the resident's condition, if identified.
5. The condition of the resident's skin (i.e., the size and location of any red or tender areas), if identified.
6. How the resident tolerated the procedure or his/her ability to participate in the procedure.
7. Any problems or complaints made by the resident related to the procedure.
8. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal.
9. Observations of anything unusual exhibited by the resident.
10. The signature and title (or initials) of the person recording the data.
11. Initiation of a (pressure or non-pressure) form related to the type of alteration in skin if new skin alteration noted.
12. Documentation in medical record addressing MD notification if new skin alteration noted with change of plan of care, if indicated.
13. Documentation in medical record addressing family, guardian or resident notification if new skin alteration noted with change of plan of care, if indicated.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.
3. Notify attending MD if new skin alteration noted.
4. Notify family, guardian or resident update if new skin alteration noted.

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References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 16)
<b>Survey Tag Numbers</b>	F686
<b>Other References</b>	Prevention and Treatment of Pressure Ulcers/Injuries (Quick Reference Guide 2019)
<b>Related Documents</b>	<a href="#">Braden Scale for Predicting Pressure Sore Risk (MP5467)</a> <a href="#">Weekly Skin Integrity Review (MP5492)</a> <a href="#">Skin Care Alert (MP5460)</a>
<b>Version</b>	1.3 (H5MAPR0219)

# Prevention of Pressure Injuries

## Level II

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### Purpose

The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors.

### Preparation

Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable.

### Risk Assessment

1. Assess the resident on admission (within eight hours) for existing pressure injury risk factors. Repeat the risk assessment weekly and upon any changes in condition.
2. Use a standardized pressure injury screening tool to determine and document risk factors.
3. Supplement the use of a risk assessment tool with assessment of additional risk factors.

### Skin Assessment

1. Conduct a comprehensive skin assessment upon (or soon after) admission, with each risk assessment, as indicated according to the resident's risk factors, and prior to discharge.
2. During the skin assessment, inspect:
  - a. Presence of erythema;
  - b. Temperature of skin and soft tissue; and
  - c. Edema.
3. Inspect the skin on a daily basis when performing or assisting with personal care or ADLs.
  - a. Identify any signs of developing pressure injuries (i.e., non-blanchable erythema). For darkly pigmented skin, inspect for changes in skin tone, temperature, and consistency;
  - b. Inspect pressure points (sacrum, heels, buttocks, coccyx, elbows, ischium, trochanter, etc.);
  - c. Wash the skin after any episodes of incontinence, using pH balanced skin cleanser;
  - d. Moisturize dry skin daily; and
  - e. Reposition resident as indicated on the care plan

### Prevention

#### Skin Care

1. Keep the skin clean and hydrated.
2. Clean promptly after episodes of incontinence.
3. Avoid alkaline soaps and cleansers.
4. Use a barrier product to protect skin from moisture.
5. Use incontinence products with high absorbency.
6. Do not rub or otherwise cause friction on skin that is at risk of pressure injuries.
7. Use facility-approved protective dressings for at risk individuals.

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### Nutrition

1. Conduct nutritional screenings for residents at risk.
2. Conduct a comprehensive nutritional assessment for any resident at risk of pressure injury who is screened to be at risk for malnutrition; and for all adult residents with a pressure injury.
3. Establish and implement a nutrition care plan for any resident with or at risk of a pressure injury who is malnourished or at risk of malnutrition.
4. Provide optimal hydration, nutrient, protein and calorie requirements as established by current practice guidelines.
5. Monitor the resident for weight loss and intake of food and fluids.
6. Include nutritional supplements in the resident's diet to increase calories and protein, as indicated in the care plan.

### Mobility/Repositioning

1. Reposition all residents with or at risk of pressure injuries on an individualized schedule, as determined by the interdisciplinary care team.
2. Choose a frequency for repositioning based on the resident's risk factors and current clinical practice guidelines.
3. Teach residents who can change positions independently the importance of repositioning. Provide support devices and assistance as needed. Remind and encourage residents to change positions.

### Support Surfaces and Pressure Redistribution

1. Select appropriate support surfaces based the resident's risk factors, in accordance with current clinical practice.

### Device-Related Pressure Injuries

1. Review and select medical devices with consideration to the ability to minimize tissue damage, including size, shape, its application and ability to secure the device.
2. Monitor regularly for comfort and signs of pressure-related injury.
3. For prevention measures associated with specific devices, consult current clinical practice guidelines.

### Monitoring

1. Evaluate, report and document potential changes in the skin.
2. Review the interventions and strategies for effectiveness on an ongoing basis.

References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 16)
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	<a href="#">Prevention and Treatment of Pressure Ulcers/Injuries (Quick Reference Guide 2019)</a>
<b>Related Documents</b>	<a href="#">Weekly Skin Integrity Review (MP5492)</a> <a href="#">Pressure Injury Risk Assessment</a> <a href="#">Pressure Injury Root Cause Analysis Tool</a>
<b>Version</b>	1.3 (H5MAPR0224)

# Skin Tears – Abrasions and Minor Breaks, Care of

Level II

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## Purpose

The purpose of this procedure is to guide the prevention and treatment of abrasions, skin tears, and minor breaks in the skin.

## Preparation

1. Obtain a physician's order as needed. Document physician notification in medical record.
2. Review the resident's care plan, current orders, and diagnoses to determine resident needs.
3. Check the treatment record.
4. Generate "Non-Pressure" form and complete.
5. Assemble the equipment and supplies as needed.

## General Guidelines

1. An abrasion is an area on the skin that has been damaged by friction, scraping, rubbing or trauma. A skin tear is the disruption of epidermis resulting in a lifting or friction of the skin.
2. If the wound is bleeding, gently apply a compress with pressure over the wound and reinforce the compress as needed to control any bleeding.
3. If the bleeding persists after efforts to stop it, or an object is embedded into the abrasion, or other medical attention is needed, notify the physician.

## Equipment and Supplies

The following equipment and supplies may be necessary when performing this procedure:

1. Dressing material, as indicated (i.e., gauze, non-adhesive dressing, bandage, steri-strips tape, scissors, etc.);
2. Compress, as needed;
3. Disposable cloths, as needed;
4. Wound cleanser/normal saline (as ordered); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Tape a biohazard or plastic bag on the bedside stand or use a waste basket below clean field.
4. Adjust the height of the bed to waist level.
5. Position resident and adjust clothing to provide access to affected area.
6. Wash and dry your hands thoroughly.
7. Put on clean gloves. Loosen tape and remove soiled dressing.
8. Pull glove over dressing and discard into plastic or biohazard bag.
9. Wash and dry your hands thoroughly.

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10. Open dry, clean dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface.
11. Label tape or dressing with date, time and initials. Place on clean field.
12. Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze).
13. Wash and dry your hands thoroughly.
14. Put on clean gloves.
15. Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage.
16. Cleanse the wound with ordered cleanser. Use a syringe to irrigate the wound, if ordered. If using gauze, use a clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
17. Use dry gauze to pat the wound dry.
18. Apply the ordered dressing and secure with tape or bordered dressing per order. (Note: Use non-allergenic tape as indicated.) Label with date and initials to top of dressing.
19. Discard disposable items into the designated container.
20. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. Clean the bedside stand.
24. Wash and dry your hands thoroughly.
25. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Record the following information in the resident's medical record:

1. Complete in-house investigation of causation.
2. Generate "Non-Pressure" form.
3. Document physician and family notification, and resident education (if completed) in medical record.
4. How the resident tolerated the procedure.
5. Any problems or resident complaints related to the procedure.
6. Any complications related to the abrasion (e.g., pain, redness, drainage, swelling, bleeding, decreased movement).
7. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives.
8. Interventions implemented or modified to prevent additional abrasions (e.g., clothes that cover arms and legs).
9. When an abrasion/skin tear/bruise is discovered, complete a *Report of Incident/ Accident*.

## Reporting

1. Notify the responsible family member. Physician notification may be routine (that is, non-immediate) if the abrasion is uncomplicated or not associated with significant trauma.
2. Notify the physician of any abnormalities (i.e., excessive bleeding, localized swelling, redness, drainage, tenderness, pain etc.).
3. Report other information in accordance with facility policy/guideline and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	F684; F686
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.1 (H5MAPR0254)

# Staple and Suture Removal

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the removal of staples or sutures from a healing wound or a tube/drain site.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan, current orders, and diagnoses to determine if there are special resident needs.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Disposable suture removal set or staple remover;
2. Sterile dressing strips, if requested by physician; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Wash and dry your hands thoroughly.
4. Put on gloves. Gowns will only be necessary if soiling of your skin or clothing with blood, urine, feces, or other body fluids is likely. Masks and eyewear will only be necessary if splashing of blood or other body fluids into your eyes or mouth is likely.
5. When removing staples, take out alternate staples to ensure wound edges are approximate.
6. Assess resident for pain during procedure.

### To remove staples:

7. Insert one side of the staple remover under the staple;
8. Depress handle of staple remover; and
9. When the staple releases, gently pull the staple from the wound.

### To remove sutures

10. Lift the knot with the suture forceps;
11. Using scissors, clip the suture next to the skin; and
12. Pull suture from skin.
13. Discard all suture material into the designated container.
14. Clean wound area according to physician orders.
15. Allow area to dry.
16. Apply sterile dressing strips, if ordered by physician.

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17. Discard disposable items into the designated container.
18. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. Clean the bedside stand.
22. Wash and dry your hands thoroughly.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the staples/sutures were removed.
2. The name and title (or initials) of the individual(s) who removed the staples/sutures.
3. All assessment data (e.g., skin condition) obtained when removing the staples/sutures.
4. How the resident tolerated the procedure.
5. Any problems or complaints made by the resident related to the procedure.
6. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the staple/suture removal.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0258)

# Support Surface Guidelines

Level II

## Purpose

The purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Redistributing support surfaces are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction.
2. Support surfaces alone are not effective in preventing pressure ulcers, but studies indicate that the use of appropriate support surfaces with interventions such as turning, repositioning and moisture management can assist in reducing pressure ulcer development.
3. Support surfaces are modifiable. Individual resident needs differ.
4. Elements of support surfaces that are critical to pressure ulcer prevention and general safety include pressure redistribution, moisture control, shear reduction, heat dissipation/ temperature control, friction control, infection control, flammability, and life expectancy.
5. Selecting a mattress for the resident based on pressure ulcer risk is both cost-effective and clinically appropriate.
6. Do not use donut-shaped cushions.

## Steps in the Procedure

### Guidelines for Selecting Appropriate Pressure-Relieving Devices

1. Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface, such as foam, gel, static air, alternating air, or air-loss or gel when lying in bed.
2. Use a pressure ulcer risk scale such as the Braden Scale to help determine need for and appropriate type of pressure-relieving devices. Refer to bed selection algorithm for support surface selection.
3. Assess residents who can reposition independently to determine the need for assistive devices that will help to maintain independent positioning.

### Interventions/Care Strategies

1. Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface, such as foam, static air, alternating air, gel, or air-loss device, when lying in bed.
2. For residents that recline and depend on staff for repositioning, change positions at least q 2 hours.
3. Reposition residents who are in a chair at least q 2 hours.
4. Avoid placing resident on the greater trochanter for more than momentary placement.
5. When residents are in a bed or chair, pillows are an effective method of redistributing pressure.
6. Monitor for other pressure ulcer risk factors and provide interventions as indicated.

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References	
<b>MDS Items (CAAs)</b>	Section M; (CAA 16)
<b>Survey Tag Numbers</b>	F684; F686
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Prevention of Pressure Injuries</a>
<b>Version</b>	1.1 (H5MAPR0269)

# Wound Care

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## Purpose

The purpose of this procedure is to provide guidelines for the care of wounds to promote healing.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
  - a. For example, the resident may have PRN orders for pain medication to be administered prior to wound care.
3. Assemble the equipment and supplies as needed. Date and initial all bottles and jars upon opening. Wipe nozzles, foil packets, bottle tops, etc., with alcohol pledget before opening, as necessary. (Note: This may be performed at the treatment cart.)

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Dressing material, as indicated (i.e., gauze, tape, scissors, etc.);
2. Disposable cloths, as indicated;
3. Antiseptic (as ordered); and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Position resident. Place disposable cloth next to resident (under the wound) to serve as a barrier to protect the bed linen and other body sites.
4. Put on exam glove. Loosen tape and remove dressing.
5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly.
6. Put on gloves. Gowns will only be necessary if soiling of your skin or clothing with blood, urine, feces, or other body fluids is likely. Masks and eyewear will only be necessary if splashing of blood or other body fluids into your eyes or mouth is likely.
7. Use no-touch technique. Use sterile tongue blades and applicators to remove ointments and creams from their containers.
8. Pour liquid solutions directly on gauze sponges on their papers.
9. Wear exam gloves for holding gauze to catch irrigation solutions that are poured directly over the wound.
10. Wear sterile gloves when physically touching the wound or holding a moist surface over the wound.
11. Place one (1) gauze to cover all broken skin. Wash tissue around the wound that is usually covered by the dressing, tape or gauze with antiseptic or soap and water.
12. Remove dry gauze. Apply treatments as indicated.
13. Dress wound. Pick up sponge with paper and apply directly to area. Mark tape with initials, time, and date and apply to dressing.

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14. Be certain all clean items are on clean field.
15. Remove the disposable cloth next to the resident and discard into the designated container.
16. Discard disposable items into the designated container. Discard all soiled laundry, linen, towels, and washcloths into the soiled laundry container. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable. Use supportive devices as instructed.
18. Place the call light within easy reach of the resident.
19. Use clean field saturated with alcohol to wipe overbed table.
20. Return the overbed table to its proper position.
21. Wipe reusable supplies with alcohol as indicated (i.e., outsides of containers that were touched by unclean hands, scissor blades, etc.). Return reusable supplies to resident's drawer in treatment cart.
22. Take only the disposable supplies that are necessary for the treatment into the room. Disposable supplies cannot be returned to the cart.
23. Wash and dry your hands thoroughly.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The type of wound care given.
2. The date and time the wound care was given.
3. The position in which the resident was placed.
4. The name and title of the individual performing the wound care.
5. Any change in the resident's condition.
6. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.
7. How the resident tolerated the procedure.
8. Any problems or complaints made by the resident related to the procedure.
9. If the resident refused the treatment and the reason(s) why.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the wound care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0296)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Urinary and Renal Conditions**

Item # H50075

WINDSOR 002959

# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Urinary and Renal Conditions**

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# **Nursing Services**

## **Policy and Procedure Manual for Long-Term Care**

### **Urinary and Renal Conditions**

### **Appendices - Flash Drive Only**

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#### **Critical Element Pathways (CMS Survey Tools)**

CMS-20068 Urinary Catheter

CMS-20071 Dialysis

CMS-20125 Bladder and Bowel Incontinence

#### **Sample Documentation**

Bowel and Bladder Elimination Pattern Evaluation (CP1703)

Bowel and Bladder Toileting Record (CP1704)

Dialysis Communication Record (CP1697)

Urinary Continence Evaluation (CP1699)



# Urinary Incontinence – Clinical Protocol

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## Assessment and Recognition

1. As part of the initial assessment, the physician will help identify individuals with impaired urinary continence; i.e., reduced ability to maintain urine in a socially appropriate manner.
  - a. For example, review of a hospital discharge summary may reveal that the individual was incontinent with or without catheter placement during a recent hospitalization, or a previous urology evaluation may have identified bladder outlet obstruction.
2. In addition, the nurse shall assess and document/report the following:
  - a. Vital signs;
  - b. Neurological abnormalities;
  - c. Assess pelvic area;
  - d. Digital rectal examination;
  - e. Resident's age and sex;
  - f. Whether this is a change in customary pattern since last physician visit;
  - g. All active diagnoses; and
  - h. All current medications.
3. As part of the physical examination, the physician will look for findings related to continence such as a prolapsed uterus, prostate enlargement, use of a urinary catheter, evidence of abdominal or urologic surgery, and/or diuretic use.
4. For incontinent individuals, the nursing staff will identify and document circumstances related to the incontinence; for example, frequency, nocturia, dysuria, or relationship to coughing or sneezing.
5. The staff and physician will identify individuals who are continent but have risk factors for becoming incontinent; for example, because of immobility, delirium, benign prostatic hypertrophy, diabetic neuropathy, uterine prolapse, or diuretics used to treat congestive heart failure.
6. The staff and physician will identify individuals with complications of existing incontinence such as skin maceration or breakdown, or perineal dermatitis.

## Cause Identification

1. The physician will identify potentially treatable medical and psychiatric conditions related to urinary incontinence; for example, dementia and stroke.
  - a. The review should focus especially on possibly treatable causes such as medication side effects, significant constipation, excessive intake of caffeinated beverages, or urinary tract infections.
2. The physician will order appropriate diagnostic tests such as a urinalysis, measuring post-void residual, or referral for a cystoscopy or cystometrogram.
  - a. Alternatively, the physician should document if a resident cannot or should not be tested; for example, an end of life situation, or a resident's inability to cooperate with the testing, or a previously identified untreatable cause.
3. The physician will categorize incontinence as urge, stress, overflow, or functional.
  - a. Identifying the correct category can help guide appropriate treatment selection.

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## **Treatment/Management**

1. If a resident is admitted from the hospital with a newly placed indwelling catheter, the attending physician and staff will evaluate the potential for removing the catheter.
2. The physician will address treatable causes of urinary retention and incontinence; for example, treating urethritis or tapering, stopping, or switching medications (for example, opioids, diuretics or medications with strong anticholinergic effects) that may cause or exacerbate urinary retention or incontinence.
3. The staff will identify environmental interventions and assistive devices (e.g., grab bars, raised toilet seats, bedside commodes, urinals, bed rails, restraints, and/or walkers) that facilitate toileting.
4. As appropriate, based on assessment of the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to improve the individual's continence status.
5. When persistent or recurrent urinary retention is a problem, the staff and physician will seek treatable causes and try intermittent catheterization, if feasible, before placing an indwelling catheter.
6. Where indicated, the physician will order appropriate medications to address incontinence.
7. The physician will identify and refer, as appropriate, individuals who might benefit from urological procedures to address retention or improve continence.
8. The physician will identify and document clinically pertinent reasons why an indwelling urethral or suprapubic catheter is indicated, and will document why other alternatives are not feasible.
9. If a long-term indwelling catheter is needed, staff will monitor for and report identified or suspected complications such as urosepsis.
  - a. Virtually all individuals with indwelling urinary catheters eventually have bacteriuria. Asymptomatic bacteriuria in catheterized individuals should generally not be treated with antibiotics.

## **Monitoring**

1. The staff and physician will review the progress of individuals with impaired continence until continence is restored or improved as much as possible, or it is identified that further improvement is unlikely.
  - a. This should include documentation of a resident's responses to attempted interventions such as scheduled toileting, prompted voiding, or medications used to treat incontinence.
2. The staff and physician will monitor the individual for complications of an indwelling catheter such as a symptomatic urinary tract infection, urosepsis, or urethral erosion or pain, and for complications of medications used to treat urinary incontinence.

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References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F550; F636; F656; F684; F690; F757; F710; F836; F841
<b>Other References</b>	<p>AMDA. Urinary Incontinence Clinical Practice Guideline. Columbia, Maryland.</p> <p>Fung CH, Spencer B, Eslami M, Crandall C. Quality indicators for the screening and care of urinary incontinence in vulnerable elders. <i>J Am Geriatr Soc</i>. 2007 Oct;55 Suppl 2:S443-9.</p> <p>Johnson TM, Ouslander JG . The newly revised F-Tag 315 and surveyor guidance for urinary incontinence in long-term care. <i>J Am Med Dir Assoc</i> 2006;7:594-600.</p> <p>Ouslander JG, Johnson TM. Continence care for frail older adults: it is time to go beyond assessing quality. <i>J Am Med Dir Assoc</i> 2004;5(3):213-216.</p> <p>Schnelle JF, Cadogan MP, Grbic D, Bates-Jenses BM, Osterweil D, Yoshii J, Simmons SF. A standardized quality assessment system to evaluate incontinence care in the nursing home. <i>Jl Amer Geriatr Soc</i> 2003;51:1754-1761,2003.</p> <p>Zarowitz BJ, Ouslander JG. The application of evidence-based principles of care in older persons (Issue 6): Urinary incontinence. <i>J Am Med Dir Assoc</i> 2007;8:35-45.</p>
<b>Related Documents</b>	<a href="#">Urinary Continence and Incontinence – Assessment and Management</a> <a href="#">CMS-20125 Bladder and Bowel Incontinence</a>
<b>Version</b>	1.3 (H5MACL0040)

# Urinary Tract Infection/Bacteriuria – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will identify individuals with a history of symptomatic urinary tract infections, and those who have risk factors (for example, an indwelling urinary catheter, kidney stones, urinary outflow obstruction, etc.) for UTIs.
2. The staff and practitioner will identify individuals with possible signs and symptoms of a UTI.
  - a. Signs and symptoms of a UTI may be specific to the urinary tract and/or generalized. The presentation of symptomatic UTIs varies.
  - b. Nurses should observe, document, and report signs and symptoms (for example, fever or hematuria) in detail and avoid premature diagnostic conclusions.
  - c. New onset of nonspecific or general symptoms alone (change in mental status, decline in appetite, etc.) is not enough to diagnose a UTI. Urine odor, color and clarity also are not adequate to indicate bacteriuria or a UTI.
  - d. Acute deterioration in previously stable chronic urinary symptoms may indicate an acute infection. Multiple concurrent findings such as fever with hematuria or catheter obstruction are more likely to be due to a urinary source.
  - e. A positive urine culture in someone with chronic genitourinary symptoms is not enough to diagnose a symptomatic UTI. The presence of either pyuria or a positive leukocyte esterase test alone are not enough to prove that the individual has a UTI, but the absence of pyuria or a negative leukocyte esterase test is fairly strong evidence that a UTI is not present.

## Cause Identification

1. The physician will help nursing staff interpret any signs, symptoms, and lab test results. Diagnosis must be based on the entire picture and not just on one or several findings in isolation.
  - a. Before diagnosing a UTI or urosepsis and ordering antibiotics, the physician should consider a resident's overall picture including specific evidence that helps confirm or refute the diagnosis of a UTI (as discussed above).
2. The physician will help identify causes of, and factors contributing to, bacteriuria or UTIs such as bladder outlet obstruction, kidney stones, neurological impairments, and medications that can cause urinary retention.
3. Because nonspecific or systemic symptoms can be due to diverse factors either instead of or along with a UTI, the staff and practitioner will also consider additional or alternative causes regardless of whether bacteriuria or urinary symptoms is present.
  - a. For example, a patient with a UTI could also have confusion caused by fluid and electrolyte imbalance such as hypernatremia as a result of several days of inadequate food and fluid intake.

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## Treatment/Management

1. The physician will order appropriate treatment for verified or suspected UTIs and/or urosepsis based on a pertinent assessment.
  - a. Empirical treatment should be based on a documented description of an individual's symptoms and on consideration of relevant test results, co-existing illnesses and conditions, and pertinent risk factors.
  - b. Generally, symptomatic UTIs should be treated. Bacteriuria alone (an "asymptomatic UTI") should not be treated routinely, because treating it does not materially change outcomes, improve longevity, or correct underlying problems.
  - c. In select situations, empirical antimicrobial therapy may be warranted if urosepsis or other complications are suspected.
  - d. In select situations, empirical antimicrobial therapy may be warranted for afebrile individuals with non-specific symptoms.
2. The physician will not treat asymptomatic individuals whose urine is colonized with yeast or with multidrug-resistant organisms such as methicillin-resistant *Staphylococcus aureus* or enterococcus without careful review and clinical rationale.
3. The physician should consider stopping antibiotics or switching parenteral to oral antibiotics in individuals with uncomplicated UTIs who have been afebrile and asymptomatic for at least 48 hours.
4. The physician will help the staff identify suspected sepsis related to a UTI and identify whether hospitalization may be warranted.
5. Fever and change in mental status alone do not automatically warrant hospitalization, nor is there compelling evidence that hospitalization improves the ultimate outcomes in individuals with symptomatic UTIs. Sepsis, however, may sometimes warrant more aggressive inpatient treatment.

## Monitoring

1. The physician and nursing staff will review the status of individuals who are being treated for a UTI and adjust treatment accordingly.
  - a. Decisions should be made primarily on the basis of clinical signs and symptoms. The goal of treatment in most cases is to control signs and symptoms of infection, not to eliminate bacteriuria.
  - b. Follow-up urine cultures after antibiotic treatment are not indicated routinely, but may be helpful if the symptoms are not resolving or complications are present.
2. When a resident has a persistent or recurrent urinary tract infection after treatment with antibiotics, the physician will review the situation carefully with the nursing staff and consider other or additional issues (such as urinary obstruction or indwelling catheter change or removal) before prescribing additional courses of antibiotics.
  - a. Physicians should justify continuing or resuming antibiotic treatment beyond an initial course.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F550; F636; F656; F684; F690; F757; F710; F836; F841
<b>Other References</b>	<p>Drugs for Urinary Tract Infections. <i>JAMA</i>. 2014;311(8):855-856. doi:10.1001/jama.2014.972.</p> <p>Lohfeld L, Loeb M, Brazil K. Evidence-based clinical pathways to manage urinary tract infections in long-term care facilities: a qualitative case study describing administrator and nursing staff views. <i>J Am Med Dir Assoc</i> 2007;8:477-484.</p> <p>Nicolle LE. Cranberry for Prevention of Urinary Tract Infection? Time to Move On. <i>JAMA</i>. 2016;316(18):1873-1874. doi:10.1001/jama.2016.16140.</p> <p>Nicolle LE, SHEA Long-term Care Committee. Urinary tract infections in long-term care facilities. <i>Infect Control Hospital Epidemiol</i> 2001;22:167-175.</p> <p>Ouslander JG, Schapira M, Schnelle JF, Uman G, Fingold S, Tuico E, Nigam JG. Does eradicating bacteriuria affect the severity of chronic urinary incontinence in nursing home residents? <i>Ann Intern Med</i> 1995;122(10):749-754.</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiol</i>. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	<a href="#">Multidrug-Resistant Organisms</a>
<b>Version</b>	3.0 (H5MACL0041)

# End-Stage Renal Disease, Care of a Resident with

## Policy Statement

Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care.

## Policy Interpretation and Implementation

1. Staff caring for residents with ESRD, including residents receiving dialysis care outside the facility, shall be trained in the care and special needs of these residents.
2. Education and training of staff includes, specifically:
  - a. the nature and clinical management of ESRD (including infection prevention and nutritional needs);
  - b. the type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis;
  - c. signs and symptoms of worsening condition and/or complications of ESRD;
  - d. how to recognize and intervene in medical emergencies such as hemorrhages and septic infections;
  - e. how to recognize and manage equipment failure or complications (according to the type of equipment used in the facility);
  - f. timing and administration of medications, particularly those before and after dialysis;
  - g. the care of grafts and fistulas; and
  - h. the handling of waste.
3. Education and training of staff in the care of ESRD/dialysis residents may be managed by the contracted dialysis facility or by a clinician with special training in ESRD and dialysis care.
4. Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including:
  - a. how the care plan will be developed and implemented;
  - b. how information will be exchanged between the facilities; and
  - c. responsibility for waste handling, sterilization and disinfection of equipment.
5. The resident's comprehensive care plan will reflect the resident's needs related to ESRD/dialysis care.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(k); 483.25(l); 483.70(g)(1)(2)
<b>Survey Tag Numbers</b>	F697; F698; F840
<b>Other References</b>	<a href="#">CMS-20071 Dialysis</a>
<b>Related Documents</b>	<a href="#">Hemodialysis Access Care</a> <a href="#">Peritoneal Dialysis (Continuous Ambulatory)</a>
<b>Version</b>	1.1 (H5MAPL1199)

# Urinary Continence and Incontinence – Assessment and Management

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## Policy Statement

1. The staff and practitioner will appropriately screen for, and manage, individuals with urinary incontinence.
2. Management of incontinence will follow relevant clinical guidelines.
3. The physician and staff will provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible.
4. Indwelling urinary catheters will be used sparingly, for appropriate indications only.
5. Identification and management of urinary tract infections will follow relevant clinical guidelines. Antibiotics will be used appropriately.

## Policy Interpretation and Implementation

1. As part of the initial and ongoing assessments, the nursing staff and physician will screen for information related to urinary continence. Examples of sources of such information may include the resident, family, or a hospital discharge summary describing placement of an indwelling urinary catheter during a recent hospitalization.
2. Relevant information related to urinary continence includes:
  - a. history of urinary incontinence; factors precipitating incontinence; and associated symptoms (dysuria, polyuria, hesitancy);
  - b. previous treatment/management attempts and response to interventions;
  - c. pertinent diagnoses, including congestive heart failure, stroke, diabetes mellitus, obesity, neurological disorders (Parkinson's disease, multiple sclerosis), and tumors affecting the urinary tract;
  - d. observations, including wet bed or clothing, prolapsed uterus, use of urinary catheter, evidence of abdominal or urologic surgery, and/or use of diuretics;
  - e. functional and/or cognitive capabilities or limitations that could affect continence, including impaired cognitive function or dementia, impaired mobility, decreased manual dexterity, decreased upper and lower extremity muscle strength, impaired vision, and pain with movement;
  - f. additional information such as the type and frequency of physical assistance necessary for the resident to access the toilet, commode, or urinal, and the scope of prompting needed to encourage urination; and
  - g. environmental factors and assistive devices that may restrict or facilitate a resident's ability to access the toilet, including grab bars, raised or lowered toilet seat, lighting, distance to toilet or bedside commode, availability of urinal, and use of bed rails or restraints.
3. Periodically (as required and when there is a change in voiding), staff will define each individual's level of continence, referring to the criteria in the Minimum Data Set (MDS), as follows:
  - a. Continent: The resident has been continent of urine for at least 7 days, with no episodes of incontinence.
  - b. Occasionally incontinent: The resident has had less than 7 bladder incontinence episodes per week. This includes any amount of urine sufficient to dampen undergarments, briefs or pads.

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- c. Frequently incontinent: The resident has had at least 7 episodes of bladder incontinence in the previous 7 days, but the resident had at least one continent void.
  - d. Always incontinent: The resident has had no continent voids in the past 7 days.
  - e. Not rated: The resident has an indwelling catheter, condom catheter, ostomy, or no urine output (dialysis).
4. As part of its assessment, nursing staff will seek and document details related to continence. Relevant details include the following:
    - a. Voiding patterns (frequency, volume, nighttime or daytime, quality of stream, etc.);
    - b. Associated pain or discomfort (dysuria); and
    - c. Types of incontinence:
      - (1) Stress – occurs with coughing, sneezing, laughing, lifting, etc.
      - (2) Urge – overactive or spastic bladder
      - (3) Mixed – stress incontinence with urgency
      - (4) Overflow – related to blocked urethra or weak bladder muscle
      - (5) Transient – temporary related to a potentially reversible or improvable condition
      - (6) Functional – related to inability to get to the toilet in time due to physical or cognitive impairment, or external obstacles.
  5. The nursing staff and physician will identify risk factors for becoming incontinent or for worsening of current incontinence, including the following:
    - a. Prostate cancer/BPH
    - b. Congestive heart failure
    - c. Cerebrovascular accident/ transient ischemic attack
    - d. Diabetes
    - e. Parkinson's disease
    - f. Delirium
    - g. Urinary tract infections
    - h. Atrophic vaginitis (postmenopausal women)
    - i. Constipation/impaction
    - j. Caffeine use
    - k. Excessive fluid intake
    - l. Pain
    - m. Environmental factors (immobility, restraints, lack of access to toilet)
    - n. Bladder cancer
    - o. Neurogenic bladder
    - p. Spinal cord or brain lesions
    - q. Tabes dorsalis
  6. The evaluation will include a review for medications that might affect continence, such as:
    - a. narcotics and medications with anticholinergic properties (may cause urinary retention and possible overflow incontinence);
    - b. sedative/hypnotics (may cause sedation leading to functional incontinence);
    - c. diuretics (may cause urgency, frequency, or overflow incontinence); and
    - d. alpha-adrenergic agonists (may cause urinary retention in men) or antagonists (may cause stress incontinence in women).

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7. The staff and physician will summarize an individual's continence status. For residents deemed incontinent, this includes categorizing incontinence as urge, stress, overflow, mixed, or functional; and relevant causes, risk factors, and complications.
8. The staff and physician will identify individuals with complications of existing incontinence, or who are at risk for such complications (e.g., skin maceration or breakdown, or perineal dermatitis).
9. The physician will consider a more detailed assessment if new incontinence is identified or risk factors and reversible causes have not yet been sought or identified. The review should focus especially on possibly treatable causes such as medication side effects, severe constipation, or urinary tract infections (distinguished from asymptomatic bacteriuria).
10. The staff and physician will identify the presence of any urinary tract infection that may be related to incontinence.
11. A urinalysis may detect hematuria and clinically significant pyuria, but otherwise is likely to have limited utility as a screening test because of the high prevalence of asymptomatic bacteriuria in the long-term care population.
12. Urinalysis should not be confused with a urine culture.
13. The presence of bacteriuria without symptoms, whether or not pyuria is present, does not usually merit antibiotic treatment, especially in individuals with indwelling urinary catheters.
14. Published criteria for a symptomatic urinary tract infection should be followed. These differ between the catheterized and non-catheterized resident.
15. If a resident/patient is admitted from the hospital with a newly placed indwelling catheter, the attending physician and staff will evaluate the potential for removing it, depending on the current condition and the rationale for its original placement.
16. The physician and staff will address treatable causes or contributing factors related to urinary incontinence, including:
  - a. tapering, stopping, or changing medications that may be causing or exacerbating incontinence;
  - b. managing pain and/or providing adaptive equipment to help mobilize individuals suffering from arthritis, contractures, neurological impairments, etc.;
  - c. incorporating environmental interventions and assistive devices (e.g., grab bars, raised toilet seats, bedside commodes, urinals, bed rails, restraints, and/or walkers) to facilitate toileting;
  - d. treating underlying conditions that may impair continence (e.g., delirium causing urinary incontinence related to acute confusion); and
  - e. implementing a fluid and/or bowel management program to meet assessed needs.
17. Where indicated, the staff and physician will treat symptoms of a UTI or urosepsis. Eradication of all bacteria may not always be feasible (e.g., in a resident who has an indwelling urinary catheter or other source of chronic bacteriuria).
18. As indicated, and if the individual remains incontinent despite treating transient causes of incontinence, the staff will initiate a toileting plan.
  - a. As appropriate, based on assessing the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to manage incontinence.
  - b. Toileting programs will start with a 3- to 5-day toileting assistance trial.
  - c. If the individual requires assistance from more than one person to transfer to the toilet, staff will address his or her mobility problems before attempting a toileting assistance trial.

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- d. Incontinence care should be individualized at night in order to maintain comfort and skin integrity, and minimize sleep disruption.
  - e. Prompted voiding is not helpful at night (e.g., between the hours of 10 p.m. and 5 a.m.) and has been shown to disrupt sleep.
19. The staff will document the results of the toileting trial in the resident's medical record.
    - a. If the resident responds well, the toileting program will be continued.
    - b. If the resident does not respond and does not try to toilet, or for those with such severe cognitive impairment that they cannot either point to an object or say their own name, staff will use a "check and change" strategy.
    - c. A "check and change" strategy involves checking the resident's continence status at regular intervals and using incontinence devices or garments. The primary goals are to maintain dignity and comfort and to protect the skin.
  20. Individuals who cooperate with prompted voiding and attempt to toilet regularly but have no reduction in incontinent episodes will be identified and referred to the physician for consideration of additional therapy such as a bladder relaxant medication.
  21. For individuals with persistent or recurrent urinary retention despite interventions, the staff and physician will seek treatable causes and consider intermittent catheterization, if feasible, before placing an indwelling catheter.
  22. The staff and physician will evaluate the effectiveness of interventions and implement additional pertinent interventions as indicated.
  23. The physician will identify and refer, as appropriate, individuals who might benefit from urological procedures to improve continence.
  24. The physician will identify situations in which an indwelling urethral or suprapubic catheter are indicated, and will document why other alternatives are not feasible.
    - a. Indwelling catheters shall not be used as a substitute for nursing care of the resident with urinary incontinence.
    - b. If an indwelling catheter is needed, staff will monitor for and report complications such as evidence of a symptomatic infection.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(e)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	<a href="#">CMS-20125 Bladder and Bowel Incontinence</a>
<b>Related Documents</b>	<a href="#">Urinary Incontinence – Clinical Protocol</a>
<b>Version</b>	1.1 (H5MAPL0914)

# Behavioral Programs and Toileting Plans for Urinary Incontinence

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the initiation and monitoring of behavioral interventions and/or a toileting plan for the resident with urinary incontinence.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Conduct a thorough assessment of the resident and his or her environment to determine factors that may have contributed to any recent decline in urinary continence. For example:
  - a. a change in the resident's medical condition, cognitive status, and/or mobility;
  - b. new or altered medication regimen (e.g., diuretics, alpha-adrenergic agonists);
  - c. lack of staff familiarity with the resident's usual pattern of voiding; and
  - d. environmental impediments that affect the resident's continence.
3. Provide treatment and services to address factors that are potentially modifiable. For example:
  - a. managing pain;
  - b. providing adaptive equipment for residents with mobility problems;
  - c. removing or improving environmental impediments (lighting, distance to toilet or commode, etc.); and
  - d. reviewing medication regimen and notifying the physician with any concerns.
4. Monitor, record and evaluate information about the resident's bladder habits, and continence or incontinence, including:
  - a. voiding patterns (frequency, volume, time, quality of stream, etc.);
  - b. associated pain or discomfort (dysuria);
  - c. type of incontinence (stress, urge, mixed, overflow, functional, etc.);
  - d. level of incontinence (use MDS criteria); and
  - e. response to specific interventions.
5. Assess the resident for appropriateness of behavioral programs which promote urinary continence.
  - a. The resident must possess some essential skills to be successful with specific interventions attempted. Staff must identify whether the resident can:
    - (1) comprehend educational efforts and follow-through with instructions;
    - (2) identify the urge to urinate;
    - (3) potentially learn to control or inhibit the urge to void until reaching a toilet; and
    - (4) physically contract the pelvic floor muscles (Kegel Exercises) to inhibit the flow of urine, lessen urinary urgency/leakage, and/or respond to prompts to void.

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## General Guidelines

1. Options for managing urinary incontinence include primarily behavioral programs, toileting plans and medication therapy.
2. Behavioral programs that require the resident's cooperation and motivation in order for learning and practice to occur include the following:
  - a. bladder rehabilitation/bladder training; and
  - b. pelvic floor muscle rehabilitation.
3. Toileting Plans that are relatively more dependent on staff involvement and assistance as opposed to resident function include:
  - a. prompted voiding; and
  - b. habit training/scheduled voiding.

## Equipment and Supplies

1. Assessment tools for measuring the resident's level of incontinence (MDS criteria).
2. Assessment information that has already been collected (admission data, medical record, etc.).
3. Adaptive equipment to improve the resident's mobility.
4. The resident's care plan.

## Steps in the Procedure

1. Assess the resident for appropriateness of behavioral techniques or toileting plans being considered.
2. Record the resident's current voiding pattern, including voiding times and amount.
3. If a post-void residual (PVR) test is ordered, it should be performed within a few minutes after a continent or incontinent void. Preferably, the volume of the void should be measured, but if it is an incontinent void, the amount of incontinence (i.e., small, moderate, large) should be recorded, along with the PVR volume. A residual volume that is not measured within a few minutes after a void is not helpful.
  - a. A normal PVR is less than 50 mL of urine remaining in the bladder after voiding and without straining. A PVR greater than 200 mL is abnormal. PVRs between 50 and 200 mL should be interpreted in the light of other clinical findings.
  - b. Where available, bladder ultrasound (performed by trained personnel) may be a less invasive alternative to urinary catheterization for determining PVR.

## Bladder Rehabilitation/Bladder Training

1. Bladder rehabilitation/training may not be appropriate for the resident with cognitive impairment or those who are frail or dependent on staff for assistance with ADLs.
2. Residents with **urge** or **mixed incontinence** and who are cognitively intact are the best candidates for this program.
3. This technique requires that the resident resist or inhibit the sensation of urgency (the strong urge to void) in order to urinate according to a timetable.
4. If the resident is successful in inhibiting the urge to void, the time intervals between voiding can be increased. For example, if the resident feels the need to void every 15 minutes, encourage him or her to wait for 20 minutes. Try to increase the intervals by 10 to 15 minutes each week, in 5 minute increments.
5. The goal is for the resident to void every 2 to 3 hours. This may take several weeks.
6. Visual reminders of the timetable may be helpful for the resident.
7. Use positive reinforcement for delaying voiding and increasing intervals between voiding (praise, encouragement, etc.).

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### **Pelvic Floor Muscle Rehabilitation/Exercises**

1. Pelvic floor muscle exercises (PFMEs) are also known as Kegel exercises.
2. These exercises are helpful in dealing with **urge** and **stress incontinence**.
3. PFMEs strengthen the muscular components of urethral supports and are the cornerstone of noninvasive treatment of stress urinary incontinence.
4. PFMEs require residents who are able and willing to participate and the implementation of careful instructions and monitoring provided by the facility. Poor resident adherence to the exercises may occur even with close monitoring.
5. Review techniques of the exercises with the resident:
  - a. Instruct the resident to contract and hold the urethral and pelvic floor (pubococcygeal) muscles for 10 seconds, then relax for 10 seconds.
  - b. The resident should perform the exercises 30 to 80 times per day.
6. Establish a schedule for conducting the exercises and use visual aids to prompt residents and record progress.
7. Offer positive reinforcement for maintaining the exercise routine.

### **Toileting Plans**

1. As indicated, and if the individual remains incontinent despite treating transient causes of incontinence and/or behavior modification, the staff will initiate a toileting plan.
2. As appropriate, based on assessing the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to manage incontinence.
  - a. Toileting programs will start with a 3- to 5-day toileting assistance trial.
  - b. If the individual requires assistance from more than one person to transfer to the toilet, staff will address his or her mobility problems before attempting a toileting assistance trial.
  - c. Incontinence care should be individualized at night in order to maintain comfort and skin integrity, and minimize sleep disruption.
  - d. Prompted voiding is not helpful at night (e.g., between the hours of 10 p.m. and 5 a.m.) and has been shown to disrupt sleep.

### **Prompted Voiding**

1. Prompted voiding is a technique appropriate for use with dependent or more cognitively impaired residents.
2. Prompted voiding techniques have been shown to reduce urinary incontinence episodes up to 40% for elderly incontinent nursing home residents, regardless of their type of urinary incontinence or cognitive deficit—provided that they at least are able to say their name or reliably point to one of two objects.
3. Prompted voiding has three components:
  - a. Regular monitoring with encouragement to report continence status;
  - b. Prompting to toilet on a scheduled basis; and
  - c. Praise and positive feedback when the resident is continent and attempts to toilet.
4. These methods require training, motivation and continued effort by the resident and caregivers to ensure continued success.
5. Prompted voiding focuses on teaching the resident to recognize bladder fullness or the need to void, to ask for help, or to respond when prompted to toilet.
6. Residents who are assessed with **urge** or **mixed incontinence** and are **cognitively impaired** may be candidates for prompted voiding.
7. As the resident's cognition changes, the facility should consider other factors, such as mobility, when deciding to conduct a voiding trial to determine feasibility of an ongoing toileting program.

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**Habit Training/Scheduled Voiding**

1. Habit Training/Scheduled Voiding is a technique that calls for scheduled toileting at regular intervals on a planned basis to match the resident's voiding habits.
2. Unlike bladder retraining, there is no systematic effort to encourage the resident to delay voiding and resist urges.
3. Habit training includes timed voiding with the interval based on the resident's usual voiding schedule or pattern.
4. Scheduled voiding is timed voiding, usually every three to four hours while awake.
5. Residents who cannot self-toilet may be candidates for habit training or scheduled voiding programs.

**Check and Change**

1. If the resident does not respond and does not try to toilet, or for those with such severe cognitive impairment that they cannot either point to an object or say their own name, staff will use a "check and change" strategy.
2. A "check and change" strategy involves checking the resident's continence status at regular intervals and using incontinence devices or garments. The primary goals are to maintain dignity and comfort and to protect the skin.

**Documentation**

1. The staff will document the results of behavioral/toileting trial in the resident's medical record.
2. If the resident responds well, behavioral/toileting programs will be continued.

**Reporting**

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

<b>References</b>	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Urinary Continence and Incontinence – Assessment and Management</a> <a href="#">Bowel and Bladder Elimination Pattern Evaluation (CP1703)</a> <a href="#">Bowel and Bladder Toileting Record (CP1704)</a> <a href="#">Urinary Continence Evaluation (CP1699)</a>
<b>Version</b>	1.1 (H5MAPR0033)

# Catheter Care, Urinary

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## Purpose

The purpose of this procedure is to prevent catheter-associated urinary tract infections.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Following aseptic insertion of the urinary catheter, maintain a closed drainage system.
2. If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment, as ordered.

## Input/Output

1. Observe the resident's urine level for noticeable increases or decreases. If the level stays the same, or increases rapidly, report it to the physician or supervisor.
2. Maintain an accurate record of the resident's daily output, per facility policy and procedure.

## Maintaining Unobstructed Urine Flow

1. Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks.
2. Unless specifically ordered, do not apply a clamp to the catheter.
3. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder.

## Infection Control

1. Use standard precautions when handling or manipulating the drainage system.
2. Maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag.
  - a. Do not clean the periurethral area with antiseptics to prevent catheter-associated UTIs while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.
  - b. Be sure the catheter tubing and drainage bag are kept off the floor.
  - c. Empty the drainage bag regularly using a separate, clean collection container for each resident. Avoid splashing, and prevent contact of the drainage spigot with the nonsterile container.
  - d. Empty the collection bag at least every eight (8) hours.

## Changing Catheters

1. Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.
2. Ensure that the catheter remains secured with a leg strap to reduce friction and movement at the insertion site. (Note: Catheter tubing should be strapped to the resident's inner thigh.)

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## Complications

1. Observe the resident for complications associated with urinary catheters.
  - a. If the resident indicates that his or her bladder is full or that he or she needs to void (urinate), notify the physician or supervisor.
  - b. Check the urine for unusual appearance (i.e., color, blood, etc.).
  - c. Notify the physician or supervisor in the event of bleeding, or if the catheter is accidentally removed.
  - d. Report any complaints the resident may have of burning, tenderness, or pain in the urethral area.
  - e. Observe for other signs and symptoms of urinary tract infection or urinary retention. Report findings to the physician or supervisor immediately.

## Managing Obstruction

1. If the catheter material is contributing to obstruction, notify the physician and change the catheter if instructed to do so.
2. Catheter irrigation may be ordered to prevent obstruction in residents at risk for obstruction.

## Specimen Collection

1. If a small volume of urine is needed for urinalysis or culture, cleanse the port with a disinfectant and aspirate from the needless port using a sterile syringe or cannula adapter.
2. Obtain large volumes of urine for special analyses (not culture) aseptically from the drainage bag.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Wash basin;
2. Soap and water;
3. Washcloth;
4. Towel;
5. Bed protector; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
4. If the resident's physical or medical condition permits, assist the female resident into the dorsal recumbent position or the male resident into the supine position. Refer to the resident's plan of care and/or request information from the Nurse Supervisor regarding safe positioning for the resident.
5. Put on gloves.
6. Place bed protector under resident.
7. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.
8. Pour wash water down the commode. Flush the commode.
9. Place soiled linen into designated container.
10. Put on clean gloves.

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11. Remove gloves and discard into the designated container. Wash and dry your hands thoroughly.
12. Provide privacy. Cover the resident with a sheet, exposing only the perineal area.
13. With nondominant hand separate the labia of the female resident or retract the foreskin of the uncircumcised male resident. Maintain the position of this hand throughout the procedure.
14. Assess the urethral meatus.
15. **For a female resident:** Use a washcloth with warm water and soap to cleanse the labia. Use one area of the washcloth for each downward, cleansing stroke. Change the position of the washcloth with each downward stroke. Next, change the position of the washcloth and cleanse around the urethral meatus. Do not allow the washcloth to drag on the resident's skin or bed linen. With a clean washcloth, rinse with warm water using the above technique.
16. **For a male resident male:** Use a washcloth with warm water and soap to cleanse around the meatus. Cleanse the glans using circular strokes from the meatus outward. Change the position of the washcloth with each cleansing stroke. With a clean washcloth, rinse with warm water using the above technique. Return foreskin to normal position.
17. Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from insertion site to approximately four inches outward.
18. Secure catheter utilizing a leg band.
19. Check drainage tubing and bag to insure that the catheter is draining properly.
20. Discard disposable items into designated containers. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. Clean wash basin and return to designated storage area.
24. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
25. Wash and dry your hands thoroughly.
26. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that catheter care was given.
2. The name and title of the individual(s) giving the catheter care.
3. All assessment data obtained when giving catheter care.
4. Character of urine such as color (straw-colored, dark, or red), clarity (cloudy, solid particles, or blood), and odor.
5. Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain.
6. Any problems or complaints made by the resident related to the procedure.
7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

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## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; Section I; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	HICPAC, Guideline For Prevention Of Catheter-Associated Urinary Tract Infections 2009 <a href="#">CMS-20068 Urinary Catheter</a>
<b>Related Documents</b>	<a href="#">Collecting a Urine Specimen from a Closed Drainage System</a>
<b>Version</b>	1.1 (H5MAPR0048)

# Catheter Irrigation, Open System

Level III

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## Purpose

The purpose of this procedure is to maintain patency of the catheter.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Change the urinary drainage tubing as necessary.
2. Determine if the resident is on intake and output.
3. Check the urine for unusual appearance. Record findings.
4. Cleanse the urethral meatus and adjacent areas daily.
5. Notify the physician immediately in the event of hemorrhage or if the catheter is pulled out.
6. Maintain an accurate record of the resident's daily fluid intake and output, if indicated.
7. Provide perineal care to the incontinent resident to prevent skin rashes and breakdown.
8. Unless specifically ordered by the physician, do not apply a clamp to any catheter.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sterile catheter irrigation tray;
2. Prescribed irrigation solution at room temperature;
3. Medication (if ordered);
4. Alcohol wipe;
5. Sterile drape; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Position the resident so the catheter is accessible.
4. Open the sterile irrigation tray using sterile technique.
5. Pour 100 mLs of the prescribed irrigation solution into the sterile solution container.
6. Put on sterile gloves.
7. Place the sterile drape under the catheter.
8. Place the sterile collection basin under the catheter on the sterile drape.
9. Draw 30 mLs of the prescribed solution into the irrigating syringe.
10. Disconnect the catheter from the drainage tubing. Cover the open end of the drainage tubing with the sterile protector cap. Position capped tubing so that it remains coiled on the bed surface.

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11. Insert the syringe into the catheter and slowly instill the solution.
12. Remove the syringe and allow the catheter to drain into the sterile collection basin via gravity. Repeat until all of the solution has been used or until the flow returns easily.
13. Remove the protector cap, clean the end of the drainage tubing with an alcohol wipe, and reconnect tubing to the catheter.
14. Discard disposable items into designated containers. Remove gloves and discard into designated container.
15. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
16. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The amount of solution used to irrigate, the amount returned as drainage, and the amount of urine drained.
4. The character and color of urine/drainage.
5. Any observation of obstruction; evidence of blood, pus; presence of sediment; change in output, amount, or color; patency of the catheter, etc.).
6. Any change in the resident's condition (i.e., swelling, discomfort, etc.).
7. Any problems or complaints made by the resident related to the procedure.
8. The resident's response to the treatment.
9. All assessment data obtained during the procedure.
10. If the resident refused the procedure, the reason(s) why and the intervention taken.
11. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormal findings (i.e., obstruction, evidence of blood, change in output, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0049)

# Catheterization, Intermittent, Female Resident

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the aseptic insertion of an intermittent catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Determine if the resident is on intake or output before discarding urine.
2. Check the urine for unusual appearance. Record findings.
3. If a bladder training program is being implemented, observe and record the resident's voiding pattern to assist in establishing a training schedule.
4. If lighting is inadequate, place a lamp next to the resident's bed while performing the procedure.
5. Use the smallest catheter possible, consistent with good drainage, to minimize urethral trauma.
6. Maintain an accurate record of the resident's daily fluid intake and output, if indicated.
7. Provide perineal care to the incontinent resident to prevent skin rashes and breakdown.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sterile catheterization tray; which may include some or all of the following:
  - a. Specimen container (if ordered);
  - b. Medication (if ordered);
  - c. Cotton balls;
  - d. Antiseptic solution;
  - e. Sterile towels;
  - f. Underpad;
  - g. Sterile forceps;
  - h. Lubricant;
  - i. Bath blanket, if indicated;
  - j. Fenestrated towel;
  - k. Wash basin;
  - l. Wash cloth;
  - m. Soap and water; and
  - n. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
4. If the resident's physical or medical condition permits, assist the resident into the dorsal recumbent position with her knees flexed and separated. Refer to the resident's plan of care and/or request information from the nurse supervisor regarding safe positioning for the resident.
5. Put on disposable gloves.
6. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
7. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.
8. Pour the wash water down the commode. Flush the commode.
9. Discard soiled linen into designated container.
10. Discard disposable gloves into designated container. Wash and dry your hands thoroughly.
11. Open the catheter tray using sterile technique.
12. Put on sterile gloves.
13. Position sterile drape under buttocks of resident.
14. Place fenestrated drape over the perineum.
15. Organize the items on the sterile field. Pour antiseptic solution over the cotton balls. Lubricate the catheter tip about two inches.
16. Place sterile tray onto sterile drape between the resident's thighs.
17. With nondominant hand, separate the labia. Maintain the position of this hand throughout the procedure.
18. Assess the urethral meatus.
19. Use the forceps and cotton balls to cleanse around the meatus. Use only one cotton ball for each downward, cleansing stroke. Next, cleanse around the urethral meatus.
20. With your sterile hand, pick up the catheter approximately 3-5 inches from the tip.
21. Insert the catheter gently into the meatus (approximately 2-3 inches) until urine begins to flow from the bladder. Place the end of the catheter into the sterile container used to measure output and/or to collect the urine specimen.
22. When urine flow ceases, pinch the catheter and remove the catheter gently and slowly. Dry the perineum.
23. Flush urine (if not retained for specimen collection) into the commode.
24. Dry resident's perineal area.
25. Discard all disposable items into designated containers.
26. Clean and sanitize measuring device if reusable. Store in designated area.
27. Clean wash basin and return to designated storage area.
28. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
29. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
30. Wash and dry your hands thoroughly.
31. Reposition the bed covers. Make the resident comfortable.
32. Place the call light within easy reach of the resident.
33. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The amount of urine drained.
4. The character, clarity, and color of urine.
5. Any observation of obstruction; evidence of blood, pus, etc.
6. Any change in the resident's condition (e.g., swelling, discomfort, etc.).
7. Any problems or complaints made by the resident related to the procedure.
8. The resident's response to the treatment.
9. All assessment data obtained during the procedure.
10. If the resident refused the procedure, the reason(s) why and the intervention taken.
11. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormalities (i.e., urine output greater than 800ml, obstruction of catheter, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPR0050)



# Catheterization, Intermittent, Male Resident

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the aseptic insertion of an intermittent catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Determine if the resident is on intake or output before discarding the urine.
2. Check the urine for unusual appearance. Record findings.
3. If a bladder training program is being implemented, observe and record the resident's voiding pattern to assist in establishing a training schedule.
4. If lighting is inadequate, place a lamp next to the resident's bed while performing the procedure.
5. Use the smallest catheter possible, consistent with good drainage, to minimize urethral trauma.
6. Maintain an accurate record of the resident's daily fluid intake and output, if indicated.
7. Provide perineal care to the incontinent resident to prevent skin rashes and breakdown.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sterile catheterization tray; which may include some or all of the following:
  - a. Specimen container (if ordered);
  - b. Medication (if ordered);
  - c. Cotton balls;
  - d. Antiseptic solution;
  - e. Sterile towels;
  - f. Underpad;
  - g. Sterile forceps;
  - h. Lubricant;
  - i. Bath blanket;
  - j. Fenestrated towel;
  - k. Wash basin;
  - l. Wash cloth;
  - m. Soap and water; and
  - n. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

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## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
4. If the resident's physical or medical condition permits, assist the resident into the supine position. Refer to the resident's plan of care and/or request information from the nurse supervisor regarding safe positioning for the resident.
5. Put on disposable gloves.
6. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
7. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.
8. Pour the wash water down the commode. Flush the commode.
9. Discard soiled linen into designated container.
10. Discard disposable gloves into designated container. Wash and dry your hands thoroughly.
11. Open the catheter tray using sterile technique.
12. Put on sterile gloves.
13. Position sterile drape over thighs just below penis.
14. Place fenestrated drape over penis.
15. Organize the items on the sterile field. Pour antiseptic solution over the cotton balls. Lubricate the catheter tip about 5-7 inches.
16. Place sterile tray onto sterile drape on the resident's thighs.
17. If resident is not circumcised retract foreskin with nondominant hand. Hold penis just below glans. Retract meatus between thumb and forefinger. (Note: This glove is now contaminated.)
18. Using the forceps, pick up a cotton ball and cleanse the penis. Clean in a circular motion from the meatus to the base of the glans. Repeat three times using a clean cotton ball each time. (Note: Keep the hand that has not touched the perineum sterile.)
19. Lift the penis to a position perpendicular to the resident's body.
20. With your sterile hand pick up the catheter approximately 3-5 inches from the tip.
21. Insert the catheter gently into the meatus (approximately 5-7 inches) until urine begins to flow from the bladder. When urine begins to flow advance the catheter another 2 inches.
22. If slight resistance is met, instruct the resident to take a slow deep breath to relax the perineal muscles and overcome resistance to entry. If resistance continues, do not force the entry. Stop the procedure and notify your supervisor.
23. Collect the specimen (if ordered) directly into the specimen container. (Note: Do not remove more than 800 mL of urine at one time.)
24. Pinch the catheter when the urine flow ceases. Remove the catheter gently and slowly. Dry the perineum.
25. Flush urine (if not retained for specimen collection) into the commode.
26. Dry resident's perineal area.
27. Discard all disposable items into designated containers.
28. Clean and sanitize measuring device if reusable. Store in designated area.
29. Clean wash basin and return to designated storage area.
30. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.

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31. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
32. Wash and dry your hands thoroughly.
33. Reposition the bed covers. Make the resident comfortable.
34. Place the call light within easy reach of the resident.
35. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The amount of urine drained.
4. The character, clarity, and color of urine.
5. Any observation of obstruction; evidence of blood, pus, etc.
6. Any change in the resident's condition (e.g., swelling, discomfort, etc.).
7. Any problems or complaints made by the resident related to the procedure.
8. The resident's response to the treatment.
9. All assessment data obtained during the procedure.
10. If the resident refused the procedure, the reason(s) why and the intervention taken.
11. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormalities (i.e., urine output of 800 mL, obstruction, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPR0051)

# Catheterization, Residual Use

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## Purpose

The purpose of this procedure is to assess the amount of urine left in the bladder after a resident voids.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Straight catheter tray; \*
2. Cotton balls;
3. Antiseptic solution;
4. Sterile towels;
5. Sterile forceps;
6. Lubricant;
7. Fenestrated towel;
8. Straight catheter (size ordered by physician);
9. Wash basin;
10. Washcloth;
11. Soap and water; and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

\* Most of the equipment/supplies listed above are contained in the straight catheter tray. However, they are listed individually because there may be times when you will need to obtain and assemble such supplies without the benefit of a straight catheter tray.

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Allow resident to void and assist resident back to bed.
4. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
5. If the resident's physical or medical condition permits, assist the female resident into the dorsal recumbent position or the male resident into the supine position. Refer to the resident's plan of care and/or request information from the nurse supervisor regarding safe positioning for the resident.
6. Put on disposable gloves.
7. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.

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8. Pour the wash water down the commode. Flush the commode.
9. Discard soiled linen into designated container.
10. Discard disposable gloves into designated container. Wash and dry your hands thoroughly.
11. Open the straight catheter tray using sterile technique.
12. Put on sterile gloves.
13. Position sterile drape under buttocks of resident.
14. Place fenestrated drape over the perineum.
15. Open the antiseptic solution and pour it over the cotton balls. Open the antiseptic ointment and lubricate the catheter tip about two inches for the female resident and five inches for the male resident.
16. Place sterile tray onto sterile drape between the resident's thighs.
17. With nondominant hand separate the labia of the female resident or retract the foreskin of the uncircumcised male resident. Maintain the position of this hand throughout the procedure. (Note: This glove is now contaminated.)
18. Assess the urethral meatus.
19. **For a female resident:** Use the forceps and cotton balls to cleanse the labia. Use only one cotton ball for each downward, cleansing stroke. Next, cleanse around the urethral meatus. Using a new cotton ball, cleanse directly over the meatus.
20. **For a male resident:** Use the forceps and cotton balls to cleanse around the meatus. Cleanse the glans using circular strokes from the meatus outward. Repeat three times. Use only one cotton ball per cleansing stroke. Return foreskin to normal position.
21. With your sterile hand, pick up the sterile straight catheter approximately 5-6 inches from the tip.
22. Insert the catheter gently into the meatus (approximately 2-3 inches in a female or 5-6 inches in a male) until urine begins to flow from the bladder. Place the end of the straight catheter into a measuring device. When the urine flow begins to cease, pinch the catheter and remove.
23. Discard straight catheter and disposable items into designated containers.
24. Note amount of residual urine collected.
25. Flush residual urine into the commode.
26. Clean and sanitize measuring device if reusable. Store in designated area.
27. Dry resident's perineal area.
28. Remove gloves and discard into designated container.
29. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
30. Wash and dry your hands thoroughly.
31. Reposition the bed covers. Make the resident comfortable.
32. Place the call light within easy reach of the resident.
33. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The amount of residual urine obtained.

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7. The character (i.e., color, clarity, etc.) of the residual urine obtained.
8. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of the amount of residual urine, if any, and if there are any abnormalities in the character of the urine.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS Items (CAAs)	Section H; (CAA 6)
Survey Tag Numbers	F690
Other References	
Related Documents	
Version	1.1 (H5MAPR0052)

# Emptying a Urinary Drainage Bag

## Level II

### Purpose

The purposes of this procedure are to prevent the drainage bag from becoming full and allowing urine to flow back into the bladder, to measure output, and to obtain a sterile specimen.

### Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

### General Guidelines

1. Empty the urinary drainage bag at least every eight (8) hours or more often if needed to keep the bag from becoming full.
2. Empty only one urinary drainage bag at a time using a clean and separate measuring container for each resident.
3. Do not allow the drain spout to come into contact with the measuring container, hands, or any other object. (**Note:** If accidental contamination occurs, wipe the drain spout with an alcohol sponge or swab.)
4. Always check the tubing when emptying a urinary drainage bag to be sure there are no kinks and that the urine is draining freely.
5. Observe the character of the urine such as color (straw-colored, dark, or red), clarity (cloudy, solid particles, or blood), and odor.
6. Always attach the drainage bag to the bedframe—never to the side rails.
7. Never disconnect the drainage bag from the catheter.
8. Keep the drainage bag below the level of the resident's bladder.
9. Keep the drainage bag and tubing off the floor at all times to prevent contamination and damage.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Plastic, metal or glass measuring container (calibrated);
2. Alcohol sponge or swab;
3. Paper and pencil/pen;
4. Intake and output record;
5. Paper towels; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on disposable gloves.
4. Place a paper towel on the floor beneath the drainage bag.

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5. Position the measuring container under the drainage bag.
6. Remove the drain tube from its holder.
7. Open the drainage bag and let the urine flow into the measuring container.
8. After the drainage bag has emptied, close the drain.
9. Wipe the drain with an alcohol sponge or swab. Discard the sponge or swab into the designated container.
10. Replace the drain tube back into its holder.
11. Measure and record the urinary output, if indicated.
12. Pour urine down the commode. Flush the commode.
13. Rinse out the measuring container and return to its designated storage area.
14. Discard all disposable items into designated containers.
15. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
16. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
17. Wash and dry your hands thoroughly.
18. Reposition the bed covers. Make the resident comfortable.
19. Place the call light within easy reach of the resident.
20. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The amount of urine emptied from the drainage bag.
3. Kinks in the tubing that cannot be corrected by simple repositioning.
4. Leaking of urine from the tubing.
5. Lack of urine drainage through the tubing.
6. Character of urine such as color (straw-colored, dark, or red), clarity (cloudy, solid particles, or blood), and odor.
7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. All assessment data obtained during the procedure.
10. The name and title of the individual(s) who performed the procedure.

## Reporting

1. Notify the supervisor if the resident refuses the procedure, or if there is leaking of urine from the tubing.
2. Notify the physician if there is any sediment in urine or if the urine has a strong odor.
3. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0120)

# External Male Catheter (Condom Catheter)

Level III

## Purpose

The purpose of this procedure is to prevent urinary tract infection and skin breakdown in an incontinent resident.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Condom catheter in size appropriate for resident;
2. Urinary drainage bag;
3. Towel;
4. Wash cloth;
5. Soap and water;
6. Wash basin; and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
4. If the resident's physical or medical condition permits, assist the resident into the semi-fowler's position. Refer to the resident's plan of care and/or request information from the Nurse Supervisor regarding safe positioning for the resident.
5. Put on disposable gloves.
6. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
7. Wash the resident's perineum thoroughly with soap and water. Rinse the area well and towel dry.
8. Place the condom catheter on the resident's penis and roll the condom catheter down. (**Note:** If the male is uncircumcised be sure the foreskin is pulled down over the head of the penis.)
9. Attach the urinary drainage bag to the tubing.
10. Pour the wash water down the commode. Flush the commode.
11. Discard soiled linen into designated container.
12. Discard disposable items into designated container.
13. Clean and sanitize wash basin and store in designated area.
14. Remove disposable gloves and discard in designated container. Wash and dry your hands thoroughly.
15. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.

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16. Wash and dry your hands thoroughly.
17. Reposition the bed covers. Make the resident comfortable.
18. Place the call light within easy reach of the resident.
19. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The size of the condom catheter used.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0126)

# Foley Catheter Insertion, Female Resident

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the aseptic insertion of a urinary catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Foley catheter tray (size specified in the order), which includes some or all of the following:
  - a. Drainage bag/kit;
  - b. Specimen container (if ordered);
  - c. Medication (if ordered);
  - d. Cotton balls;
  - e. Antiseptic solution;
  - f. Sterile towels;
  - g. Underpad;
  - h. Sterile forceps;
  - i. Lubricant;
  - j. Bath blanket, if indicated;
  - k. Fenestrated towel;
  - l. Wash basin;
  - m. Wash cloth;
  - n. Soap and water;
  - o. Prefilled 5 mL syringe with normal saline (without needle);
  - p. Scissors;
  - q. Sterile specimen container;
  - r. Adhesive tape; and
  - s. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.

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4. If the resident's physical or medical condition permits, assist the resident into the dorsal recumbent position with her knees flexed and separated. Refer to the resident's plan of care and/or request information from the Nurse Supervisor regarding safe positioning for the resident.
5. Put on disposable gloves.
6. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
7. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.
8. Pour the wash water down the commode. Flush the commode.
9. Discard soiled linen into designated container.
10. Discard disposable gloves into designated container. Wash and dry your hands thoroughly.
11. If drainage bag is packaged separately, open package and attach bag to the bed frame. Allow tubing to rest on bed surface.
12. Open the catheter tray using sterile technique.
13. Put on sterile gloves.
14. Position sterile drape under buttocks of resident.
15. Place fenestrated drape over the perineum.
16. Organize the items on the sterile field. Pour antiseptic solution over the cotton balls. Lubricate the catheter tip about two inches. Attach prefilled syringe to the intake lumen of the catheter and instill the fluid to insure that the balloon inflates properly. Then, aspirate all of the fluid back into the syringe and leave attached to the catheter.
17. Place sterile tray onto sterile drape between the resident's thighs.
18. Separate the labia with the thumb and forefinger of your nondominant hand to expose the meatus. (Note: This glove is now contaminated.)
19. Using the forceps, pick up a cotton ball and cleanse the perineum with the antiseptic solution. Cleanse in a downward stroke on each side of the meatus. Use only one cotton ball for each stroke. (**Note:** Keep the hand that has not touched the perineum sterile.)
20. Using a third cotton ball, cleanse directly over the meatus.
21. With your sterile hand pick up the catheter approximately 3-5 inches from the tip.
22. Insert the catheter gently into the meatus (approximately 2-3 inches) until urine begins to flow from the bladder. When urine begins to flow advance the catheter another 2-3 inches. Inflate balloon with 5mL of normal saline and remove syringe. Pull gently on catheter to check placement.
23. If slight resistance is met, instruct the resident to take a slow deep breath to relax the perineal muscles and overcome resistance to entry. If resistance continues, do not force the entry. Stop the procedure and notify your supervisor.
24. Collect the specimen (if ordered) directly into the specimen container. (Note: Do not remove more than 800 mL of urine at one time.)
25. Attach catheter to drainage tubing. Tape catheter to inner thigh or secure with leg band. Secure drainage tubing to bottom bed sheet with clip from drainage set.
26. Discard all disposable items into designated containers.
27. Clean wash basin and return to designated storage area.
28. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
29. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
30. Wash and dry your hands thoroughly.
31. Reposition the bed covers. Make the resident comfortable.
32. Place the call light within easy reach of the resident.

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33. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data (e.g., character, color, clarity, etc.) obtained during the procedure.
4. The size of the Foley catheter inserted and the amount of fluid used to inflate the balloon.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormalities (i.e., bleeding, obstruction, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA: 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0134)

# Foley Catheter Insertion, Male Resident

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the aseptic insertion of a urinary catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Foley catheter tray (size specified in the order), which includes some or all of the following:
  - a. Drainage bag/kit;
  - b. Specimen container (if ordered);
  - c. Medication (if ordered);
  - d. Cotton balls;
  - e. Antiseptic solution;
  - f. Sterile towels;
  - g. Underpad;
  - h. Sterile forceps;
  - i. Lubricant;
  - j. Bath blanket, if indicated;
  - k. Fenestrated towel;
  - l. Wash basin;
  - m. Wash cloth;
  - n. Soap and water;
  - o. Prefilled 5mL syringe with normal saline (without needle);
  - p. Scissors;
  - q. Sterile specimen container;
  - r. Adhesive tape; and
  - s. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.

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4. If the resident's physical or medical condition permits, assist the resident into the supine position. Refer to the resident's plan of care and/or request information from the Nurse Supervisor regarding safe positioning for the resident.
5. Put on disposable gloves.
6. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
7. Wash the resident's perineum thoroughly with soap and water. Rinse the area well and towel dry.
8. Pour the wash water down the commode. Flush the commode.
9. Discard soiled linen into designated container.
10. Discard disposable gloves into designated container. Wash and dry your hands thoroughly.
11. If drainage bag is packaged separately, open package and attach bag to the bed frame. Allow tubing to rest on the bed surface.
12. Open the catheter tray using sterile technique.
13. Put on sterile gloves.
14. Position sterile drape over thighs just below penis.
15. Place fenestrated drape over penis.
16. Organize the items on the sterile field. Pour antiseptic solution over the cotton balls. Lubricate the catheter tip about 5-7 inches. Attach prefilled syringe to the intake lumen of the catheter and instill the fluid to insure that the balloon inflates properly. Then, aspirate all of the fluid back into the syringe and leave attached to the catheter.
17. Place sterile tray onto sterile drape on the resident's thighs.
18. If resident is not circumcised retract foreskin with nondominant hand. Hold penis just below glans. Retract meatus between thumb and forefinger. (**Note:** This glove is now contaminated.)
19. Using the forceps, pick up a cotton ball and cleanse the penis. Clean in a circular motion from the meatus to the base of the glans. Repeat three times using a clean cotton ball each time. (**Note:** Keep the hand that has not touched the perineum sterile.)
20. Lift the penis to a position perpendicular to the resident's body.
21. With your sterile hand pick up the catheter approximately 3-5 inches from the tip.
22. Insert the catheter gently into the meatus (approximately 5-7 inches) until urine begins to flow from the bladder. When urine begins to flow, advance the catheter another 2 inches. Inflate balloon slowly with 5mL normal saline. If resident complains of any pain or pressure while inflating the balloon, stop, deflate the balloon and advance the catheter another inch. Inflate the balloon slowly. If the resident complains of any pain or pressure, stop, deflate the balloon and call for assistance. Remove syringe after successfully inflating the balloon. Pull gently on catheter to check placement.
23. If slight resistance is met, instruct the resident to take a slow deep breath to relax the perineal muscles and overcome resistance to entry. If resistance continues, do not force the entry. Stop the procedure and notify your supervisor.
24. Collect the specimen (if ordered) directly into the specimen container. (**Note:** Do not remove more than 800 mL of urine at one time.)
25. Attach catheter to drainage tubing. Tape catheter to top of thigh or lower abdomen. Secure drainage tubing to bottom bed sheet with clip from drainage set.
26. Discard all disposable items into designated containers.
27. Clean wash basin and return to designated storage area.
28. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
29. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
30. Wash and dry your hands thoroughly.
31. Reposition the bed covers. Make the resident comfortable.

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32. Place the call light within easy reach of the resident.
33. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data (e.g., character, color, clarity, etc.) obtained during the procedure.
4. The size of the Foley catheter inserted and the amount of fluid used to inflate the balloon.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormalities (i.e., bleeding, obstruction, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0135)

# Foley Catheter Removal

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the approved method of removing a foley catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Determine if the resident is on intake or output before discarding urine.
2. Culture indwelling catheter tips when changed or discontinued, as indicated by a physician's order.
3. Verify by the resident's medical record the size of the catheter balloon to ensure the aspiration of all fluid before removal of the catheter.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Specimen container (if ordered);
2. Medication (if ordered);
3. 5 mL syringe (without needle); and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Assist the resident into the supine position.
4. Put on disposable gloves.
5. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
6. Obtain urine specimen, if ordered.
7. Remove tape or leg band used to secure tubing. Cleanse skin of any tape residue.
8. Insert the hub of a 5mL syringe in the intake lumen of the catheter and aspirate all of the fluid used to inflate the balloon.
9. Gently and slowly withdraw the catheter completely.
10. Clip the tip of the catheter tube, place it into the sterile specimen container, and close the container (with physician's order).
11. Measure urine and pour down commode. Flush the commode. Discard catheter, drainage tubing, and drainage bag into designated container.

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12. Discard all disposable items into designated containers.
13. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
14. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
15. Wash and dry your hands thoroughly.
16. Reposition the bed covers. Make the resident comfortable.
17. Place the call light within easy reach of the resident.
18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
19. Send catheter tip to lab for a routine culture (with physician's order).
20. Wash and dry your hands thoroughly.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data (e.g., character, color, clarity, etc.) obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0136)

# Hemodialysis Access Care

Level III

## Purpose

Hemodialysis devices may only be accessed by medical personnel who have received training and demonstrated clinical competency regarding use of these devices.

## Guidelines

1. Verify with state Nurse Practice Act regulations regarding scope of practice for licensed staff in the care of residents with hemodialysis access devices.
2. Hemodialysis access devices are surgically placed and removed.
3. Vascular access may be accomplished in one of three ways:
  - a. Arterio-venous fistula (AVF)
  - b. Arterio-venous graft (AVG)
  - c. Central catheters

### Arterio-Venous Fistula

1. AVF is the preferred method of vascular access.
2. Access is created by surgically connecting an artery and a vein.
3. The AVF is usually placed in the arm.
4. The use of an AVF creates a lower risk of complications from clotting or infections.
5. An AVF provides longer lasting and better blood flow than grafts.
6. Sometimes veins are too weak for this access.

### Arterio-Venous Graft

1. The AVG uses a synthetic or animal-derived tubing to connect the artery and vein.
2. The arm is the preferred site but the graft may also be placed in the leg.

### Central Catheters

1. Central catheters for hemodialysis are generally inserted in the neck, chest or groin area.
2. This is not the preferred site for long-term placement. There is more risk of clotting and infection than with either fistulas or grafts. Central dialysis catheters are used for short term dialysis (less than three weeks) while AVF or AVG is healing.
3. Central dialysis catheters are recognized by the following characteristics:
  - a. There are two catheters exiting from the insertion site. The lumen of the arterial catheter is usually **RED** and the lumen of the venous catheter is usually **BLUE**.
  - b. The lumens are short and made from heavy thick rubber. This is so they can withstand high pressure volumes **from** the dialysis machine.
  - c. There are clamps **on** the lumens.

## General Equipment and Supplies

No equipment is needed on general medical floor. Only dialysis center will need equipment.

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## Steps in the Procedure

### Care of AVFs and AVGs

1. After placement of the fistula or graft, the site cannot be accessed until it matures. This may take 2-3 weeks for a graft and 6-12 weeks for a fistula.
2. The site may not be used for dialysis until a written order is received from the nephrologist or surgeon.
3. Care involves the primary goals of preventing infection and maintaining patency of the catheter (preventing clots).
4. To prevent infection and/or clotting:
  - a. Keep the access site clean at all times.
  - b. Do not use the access site arm to take blood samples, administer IV fluids or give injections.
  - c. Needle access for hemodialysis should be rotated (alert the DNS if it is noted that the same site is accessed repeatedly).
  - d. Check for signs of infection (warmth, redness, tenderness or edema) at the access site when performing routine care and at regular intervals.
  - e. Do not use the access arm to take blood pressure.
  - f. Advise the resident not to sleep on, wear tight jewelry or lift heavy objects with the access arm.
  - g. Check the color and temperature of the fingers, and the radial pulse of the access arm when performing routine care and at regular intervals.
  - h. Check patency of the site at regular intervals. Palpate the site to feel the “thrill,” or use a stethoscope to hear the “whoosh” or “bruit” of blood flow through the access.

### Care Immediately Following Dialysis Treatment

1. The dressing change is done in the dialysis center post-treatment.
2. If dressing becomes wet, dirty, or not intact, the dressing shall be changed by a licensed nurse trained in this procedure. (Note: Check with State Nurse Practice Act to determine licensure and competency requirements.)
3. Mild bleeding from site (post-dialysis) can be expected. Apply pressure to insertion site and contact dialysis center for instructions.
4. If there is major bleeding from site (post-dialysis), apply pressure to insertion site and contact emergency services and dialysis center. Verify that **clamps are closed** on lumens. This is a **medical emergency. Do not leave resident alone until emergency services arrive.**

### Care of Central Dialysis Catheters

1. The central catheter site must be kept clean and dry at all times. Bathing and showering are not permitted with this device.
2. Catheter lumens should be capped and clamped when not in use.
3. Dialysis catheters should be marked *for dialysis use only* so they are not confused with central venous access devices.
4. Flushing, drawing blood or administering medications via central hemodialysis catheters require specialized training and/or certification of an RN. Do not allow non-dialysis personnel to access the catheter.
5. Those caring for the catheter site must wear a mask and gloves when doing so. Dressing changes, if ordered, should be done using sterile technique.
6. Never pull or tug on the catheter. Do not use scissors near the catheter.

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## Documentation

The general medical nurse should document in the resident's medical record every shift as follows:

1. Location of catheter.
2. Condition of dressing (interventions if needed).
3. If dialysis was done during shift.
4. Any part of report from dialysis nurse post-dialysis being given.
5. Observations post-dialysis.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F698
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">End-Stage Renal Disease, Care of a Resident with</a>
<b>Version</b>	1.1 (H5MAPR0319)

# Nephrostomy Tube, Care of

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the care of the resident with a percutaneous nephrostomy tube.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble equipment and supplies as necessary.

## General Guidelines

1. Assess the resident for indications of bleeding in the flank area every 4 hours x 2 after insertion of the nephrostomy tube, then every 8 hours.
2. Check placement of the tubing and integrity of the tape during assessments.
  - a. Drainage should be below the level of the kidneys.
  - b. There should be no kinks in the tubing.
  - c. If the tubing is dislodged, cover stoma with sterile 4x4 and notify the Attending Physician immediately.
3. Empty drainage bag once per shift and as needed.
4. Change drainage bag monthly, or as needed.
5. Measure output as follows:
  - a. Initially every hour x 4 hours; then
  - b. Every 4 hours x 24 hours; then
  - c. Every 8 hours.
6. Measure output from the right and left kidneys separately. (Record urinary and nephrostomy output separately.)
7. After nephrostomy tube insertion, output may be bloody but should change to light pink within 24 hours.
8. Change dressings every 1-3 days, or as ordered.
9. Use sterile technique during dressing changes.

## Equipment and Supplies

### For Dressing Changes:

1. Sterile 4x4 drain dressings;
2. Povidone-iodine swabs;
3. Sterile saline/4x4 gauze/sterile basin/forceps if NSS is ordered;
4. Clean gloves;
5. Sterile gloves;
6. Adhesive tape;
7. Disposable underpad;
8. Sterile drape; and
9. Waste bag.

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**For Irrigation:**

1. Sterile 4x4 gauze pads;
2. Clean gloves;
3. Sterile gloves;
4. 3 mL syringes pre-filled with sterile saline solution;
5. Adapter (male);
6. Alcohol or povidone-iodine swabs;
7. Sterile cups (2); and
8. Disposable waste bag.

**Steps in the Procedure**

1. Wash and dry your hands.
2. Assemble all the equipment on the resident's overbed table.
  - a. Open the sterile drape and create the sterile field.
  - b. Open several packages of gauze pads.
  - c. Open several packages of povidone-iodine swabs.
  - d. Open the disposable waste bag and place it away from the sterile field.
3. Explain the procedure to the resident.
4. Provide privacy for the resident.

**Dressing Changes:**

1. Position the resident on the side opposite of the tube.
2. Place the underpad beneath the resident.
3. Wash your hands and put on clean gloves.
4. Carefully remove the wet or soiled dressing.
5. Discard the dressing in the disposable waste bag.
6. Observe the dressing site for signs of skin breakdown, infection, or drainage.
7. Remove gloves and discard in the disposable waste bag.
8. Wash and dry your hands.
9. Put on sterile gloves.
10. With iodine swab (or 4x4 dipped in NSS if ordered), cleanse the nephrostomy tube site in outward circles from the insertion site. Use a new swab for each circle. Cleanse outward to approximately 3 inches in diameter from the insertion site.
11. Discard soiled swabs in disposable waste bag.
12. Allow iodine/saline solution to dry.
13. Place 1-2 sterile drain dressings on the nephrostomy tube site, as indicated. Secure with adhesive tape.
14. Secure the tube with tape to prevent tension.
15. Remove underpad and discard soiled material.
16. Remove gloves and wash your hands.
17. Assist the resident to a comfortable position.
18. Place call light within reach of the resident.

**Irrigation:**

1. Position the resident on the side opposite of the tube.
2. Place the underpad beneath the resident.

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3. Open gauze pads, iodine or alcohol swabs, and pre-filled syringe.
4. Wash your hands and put on sterile gloves.
5. Cleanse the junction between the nephrostomy tube and the drainage tube with iodine or alcohol swabs.
6. Disconnect the tubes and place the ends of both tubes in sterile cups.
7. Connect the syringe to the nephrostomy tube using a male adapter, if necessary.
8. Slowly instill 2-3 mL of saline into the nephrostomy tube. **Do not irrigate with more than 3 mL of saline.**
9. Slowly aspirate the saline back into the syringe. If there is resistance, remove the syringe and reattach the nephrostomy tube to the drainage tube and allow the solution to drain by gravity.

## Documentation

The following information should be recorded in the resident's medical record.

1. The date and time the procedure was performed.
2. Name and title of the person(s) who performed the procedure.
3. The resident's response to the procedure.
4. Assessment data obtained during the procedure:
  - a. Color, quality and amount of drainage (or irrigation output);
  - b. Signs and symptoms of infections (pus, redness, swelling, tenderness);
  - c. Signs of tube obstruction;
  - d. Signs of skin breakdown around the dressing site; and
  - e. Any problems or complaints from the resident during the procedure.

## Reporting

Report any of the following signs or symptoms to the physician:

1. Redness, inflammation, reports of pain, or other signs of infection at the insertion site;
2. Reduced output or output below established parameters;
3. Inability to irrigate tube or signs of obstruction of the tube;
4. Signs of skin breakdown around the dressing site; or
5. If the tube becomes dislodged.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F684; F691
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0304)

# Peritoneal Dialysis (Continuous Ambulatory)

Level III

## Purpose

The purpose of this procedure is to provide continuous ambulatory peritoneal dialysis that is safe and consistent with physician orders and instructions from the contracted dialysis facility.

## Preparation

1. This procedure must be performed by a nurse who has been specifically trained in peritoneal dialysis procedures, complications, and infection control for dialysis.
2. Review all existing orders and instructions for care pertaining to the resident's dialysis. Verify the following:
  - a. Dialysate solution/concentration;
  - b. Medication(s) to be added;
  - c. Number of exchanges and infusion, dwell, and drain times;
  - d. Monitoring parameters; and
  - e. Lab Orders.

## General Guidelines

1. Monitor the resident for the following problems associated with renal failure and/or dialysis:
  - a. Fluid and electrolyte imbalance;
  - b. Cardiovascular/hemodynamic instability;
  - c. Pain;
  - d. Infection;
  - e. Altered nutrition; and
  - f. Immobility.
2. Maintain strict asepsis when adding medications to the dialysate.
3. Use sterile technique when connecting the dialysis catheter to the Y tubing/dialysate.
4. Do not administer dialysate that is too cold. Do not warm dialysate by immersing in warm water. Use a warmer per dialysis center instructions.
5. CAPD dwell times generally are 3-6 hours during the day and 8-12 hours at night.

## Equipment and Supplies

1. Dialysate;
2. Warmer (per dialysis center instructions);
3. Medication(s);
4. Syringe (if applicable);
5. Personal protective equipment:
  - a. Face masks (3);
  - b. Sterile gloves (1);
  - c. Clean gloves (2); and
  - d. Gown (1).
6. Sterile drape;

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7. IV pole;
8. Connective (Y) tubing with clamps;
9. Sterile drainage bag;
10. Sterile 4 x 4 gauze (6-8);
11. Povidone-iodine sponges or solution;
12. Povidone-iodine ointment; and
13. Alcohol.

## Steps in the Procedure

### Assessment:

1. Introduce yourself to the resident.
2. Provide for the resident's privacy.
3. Explain the procedure.
4. Wash your hands.
5. Obtain the resident's baseline weight and vital signs.
6. Measure the abdominal girth.
7. Observe for signs and symptoms of fluid volume overload (hypervolemia) including, labored breathing, increased blood pressure, edema, and neck vein distension.
8. Observe for signs and symptoms of hypovolemia including poor skin turgor, tachycardia and hypotension.

### Prepare Supplies and Equipment:

1. Wash your hands.
2. Put on a face mask.
3. Warm the dialysate solution, per dialysis provider's instructions.
4. Remove the dialysate bag from the warming device and remove the protective wrapper.
5. Check the dialysate bag for the following:
  - a. Cloudiness, precipitate, leaks.
  - b. Expiration date.
  - c. Solution and concentration.
6. Add medication(s) to dialysate.
  - a. Disinfect injection port with povidone-iodine solution.
  - b. Disinfect multi-dose vials with a 5-minute povidone-iodine soak.
  - c. Using sterile needle, draw up medication.
  - d. Inject medication into dialysate.
  - e. Rotate bag to mix.
  - f. Label with medication name, date, time and initials.
7. Insert the Y connector into the dialysate bag and hang the bag and tubing on the IV pole.
8. Open the clamp and prime the tubing. Close the clamp.
9. Place a povidone-iodine soaked gauze pad on the distal end of the Y connector. Cover the pad with a dry gauze pad and secure with tape.
10. Tear some tape to prepare for the dressing change.
11. Remove your face mask.

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**Create a Sterile Field:**

1. Wash your hands.
2. Place resident in semi-Fowler's or high-Fowler's position.
3. Prepare a sterile field by placing a sterile drape on a dry surface near the resident.
4. Place the sterile container on the field and pour iodine solution into the container.
5. Drop 4 sterile gauze pads into the solution.
6. Drop the remaining (dry) gauze pads on the sterile field.
7. Loosen the cap on the alcohol container and place next to the sterile field.

**Catheter Care and Site Observation:**

1. Put a clean mask on yourself and the resident.
2. Put on clean gloves.
3. Remove the dressing from the peritoneal catheter and discard. Do not touch the catheter tip or the skin.
4. Inspect the catheter site and surrounding skin for the following:
  - a. Purulent drainage (if so, obtain a swab sample of the drainage);
  - b. Redness; and
  - c. Pain or tenderness.
5. If there are signs/symptoms of infection or the catheter is cracked or torn, contact the physician for further instructions.
6. Remove gloves and wash your hands.
7. Put on sterile gloves.
8. Wrap one iodine-soaked gauze pad around the catheter tip and place on sterile field. Leave in place for 5 minutes.
9. Clean the catheter site with another iodine-soaked pad. Move in concentric circles away from the insertion site. Repeat.
10. Place the second sterile drape under the catheter. Clean the catheter with another iodine-soaked gauze pad. Start at the base of the catheter and move outward, using a clean side of the pad for each stroke. Repeat.
11. Apply sterile dressing over the catheter insertion site.

**Infuse Dialysate:**

1. Remove gauze from the end of the catheter after 5-minute soak. Remove gauze from distal end of the Y connector.
2. Remove the cap from the catheter. Clean the open end of the catheter with iodine-soaked gauze.
3. Attach the catheter end to the Y connector. Make sure that the drain bag clamp is closed.
4. Open the clamp from the dialysate container and allow the solution to flow into the peritoneal cavity over a period of 5-10 minutes, or as prescribed. Close the clamp.
5. Fold the bag and tuck the bag, Y connector and catheter into the resident's clothing.
6. Remove gloves and wash your hands.

**Drain Fluid from Peritoneal Cavity:**

1. After the prescribed dwell time (3-6 hours during the day or 8-12 hours at night), unfold the bag and attach the drain bag to the Y connector.
2. Open the clamp to the drain bag and allow the fluid to drain into the bag.
3. Record the amount of drainage collected in the drain bag. Note the color and clarity of returned fluid, and the presence of mucus, blood or pus.
4. Notify the physician if there is a discrepancy between the fluid intake and output.

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5. Weigh the resident, as ordered.
6. Repeat infusion/drainage steps, as prescribed.

**Temporarily Disconnect the Peritoneal Dialysis System:**

1. Wash hands.
2. Apply sterile gloves.
3. Clean the junction of the catheter and 6 inches of the Y connector with iodine-soaked gauze for at least 1 minute.
4. Disconnect the catheter from the connector and tubing.
5. Securely fasten sterile catheter cap to the catheter.
6. Discard bags and fluid per facility infection control policies.
7. Remove gloves and wash your hands.

## Documentation

The following information should be recorded in the resident's medical record:

1. Name, initials, and title of person performing the procedure.
2. The date and time infusion was started and stopped (fill time).
3. Amount of dialysate infused.
4. The time drain was started (dwell time).
5. The amount of dialysate that was drained.
6. The number of exchanges.
7. The resident's weight before and after the procedure.
8. Medications added to the dialysate.
9. The condition of the catheter, insertion site and surrounding skin.
10. Signs and symptoms of complications and or infection.
11. How the resident tolerated the procedure.
12. Any physician or dialysis center notification and response.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F684; F691
<b>Other References</b>	<a href="#">CMS-20071 Dialysis</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0305)

# Suprapubic Catheter Care

Level III

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## Purpose

The purpose of this procedure is to prevent skin irritation around the stoma site and to prevent infection of the resident's urinary tract.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Observe the resident's urine level for noticeable increases or decreases. If the level stays the same, or increases rapidly, report it to your supervisor.
2. Should the resident indicate that his or her bladder is full or that he or she needs to void, report it immediately to your supervisor.
3. Check the urine for unusual appearance (i.e., color, blood, etc.).
4. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder.
5. Check the resident frequently to be sure the tubing is free of kinks.
6. Notify your supervisor immediately in the event of hemorrhage or if the catheter is pulled out.
7. Maintain an accurate record of the resident's daily output, if indicated.
8. Observe the resident for signs and symptoms of urinary tract infection and urinary retention. Report findings to your supervisor.
9. Empty the collection bag at least every eight (8) hours.

## Equipment and Supplies

1. Wash basin;
2. Soap and water;
3. Washcloth;
4. Towel;
5. Bed protector;
6. Drainage sponge (if ordered by physician); and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Assist the resident into the supine position.
4. Put on disposable gloves.
5. Place bed protector under resident.

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6. Wash around the catheter site with soap and water. (Note: If the resident has a drainage sponge around the stoma site, remove the drainage sponge before washing with soap and water.) Wash the outer part of the catheter tube with soap and water.
7. Pour wash water down the commode. Flush the commode.
8. Discard soiled linen in designated container.
9. Discard disposable items into designated containers.
10. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
11. Inspect the stoma site and skin around the stoma for any redness or skin breakdown.
12. Check the urine for color and clarity. Check the tubing for any kinks.
13. Reposition the bed covers. Make the resident comfortable.
14. Place the call light within easy reach of the resident.
15. Clean wash basin and return to designated storage area.
16. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
17. Wash and dry your hands thoroughly.
18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. Results of skin assessment around the stoma site.
7. Character of urine such as color (straw-colored, dark, or red), clarity (cloudy, solid particles, or blood), and odor.
8. Any problems or complaints made by the resident during the procedure.
9. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormalities in the skin assessment or the character of urine.
3. Report other information in accordance with facility policy and professional standards of practice

References	
<b>MDS Items (CAAs)</b>	Section H; Section I; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0270)

# Suprapubic Catheter Replacement

Level III

## Purpose

The purpose of this procedure is to relieve the retention of urine in the bladder in a resident who requires a permanent or long term catheter.

## Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

## General Guidelines

1. Determine if the resident is on intake or output before discarding urine.
2. Check urine for unusual appearance. Record findings.
3. Maintain a daily record of resident's daily fluid intake and output, as indicated.
4. Verify latex versus silicone composition of catheter.
5. Only replace tubes containing balloons which can be deflated.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Catheter insertion tray with drainage bag;
2. Catheter of proper size and composition (ordered by the physician);
3. Specimen container (if ordered);
4. Cotton balls;
5. Antiseptic solution;
6. Sterile towels;
7. Sterile forceps;
8. Lubricant;
9. 10mL syringe without needle and a 10mL syringe prefilled with sterile water or saline; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on disposable gloves.
4. Remove any dressings or release tube from drain tube attachment device.
5. Deflate Foley balloon with 10mL syringe and remove used tube. If resistance is met, stop and notify the physician. Discard used tube into designated container.
6. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.

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7. Open sterile catheter tray. Set up sterile field with the drapes supplied.
8. Put on sterile gloves.
9. Test catheter balloon by inserting sterile water or saline provided. Deflate the balloon.
10. Lubricate tip of replacement catheter with water-soluble lubricant provided.
11. Drainage bag may be attached to collect the urine.
12. Cleanse site three times with betadine cotton balls. Using a circular motion progress outward from the site.
13. Insert tube at a 90 degree angle with slight rotation. Expect tube to be inserted approximately 2-4 inches. If resistance is met, stop and notify physician.
14. Verification of placement will be made when urine begins to flow. When urine begins to flow, inflate the balloon with sterile water or saline that is provided.
15. Pull back on tube so that the balloon will rest against the bladder wall.
16. Stabilize tube with drain tube attachment device.
17. Discard all disposable items into designated containers.
18. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
19. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
20. Wash and dry your hands thoroughly.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The type of tube removed.
7. The balloon size, French size, and composition of replacement tube.
8. Method of stabilization.
9. Return of urine flow.
10. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician if resistance is met while replacing tube or if urine is cloudy, bloody, has a foul odor, etc.
3. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section H; Section I; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0271)

# Ureterostomy Care

**Level III**

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## Purpose

The purposes of this procedure are to promote cleanliness and to protect peristomal skin from irritation, breakdown, and infection.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Determine if the resident is on intake or output before discarding urine.
2. Check urine for unusual appearance and record findings.
3. Maintain a daily record of resident's daily fluid intake and output, as indicated.
4. Inspect the condition of the skin around the stoma for any irritation or breakdown. If present, notify the supervisor and physician immediately.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Soap and water;
2. Wash basin;
3. Barrier paste;
4. Skin sealant;
5. Gauze pads;
6. Pouch;
7. Bedside urinary drainage bag; and
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Fill the wash basin one-half (1/2) full of warm water. Place the wash basin on the bedside stand within easy reach.
4. If the resident's physical or medical condition permits, assist the resident into the semi-fowler's position. Refer to the resident's plan of care and/or request information from the Nurse Supervisor regarding safe positioning for the resident.
5. Put on disposable gloves.
6. Remove soiled appliance being careful not to cause unnecessary trauma to peristomal skin. Immediately place a gauze pad over the stomal opening. If stents are present, do not pull. Place gauze pads underneath tips.

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7. Assess the condition of the skin around the stoma.
8. Gently cleanse the surrounding skin with warm water and soap using a washcloth or gauze pad. Pat skin dry with a clean towel.
9. Apply barrier paste as necessary. Apply skin sealant to skin surrounding stoma. Let dry 1-2 minutes. Insert the new appliance, being sure that it securely adheres to the skin to prevent leakage. (Note: If stents are present, attach the new appliance to the stents.)
10. Open the drain spout and attach to bedside urinary bag.
11. Pour the wash water down the commode. Flush the commode.
12. Discard all disposable items into designated containers.
13. Discard soiled linen into designated container.
14. Clean wash basin and return to designated storage area.
15. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
16. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
17. Wash and dry your hands thoroughly.
18. Reposition the bed covers. Make the resident comfortable.
19. Place the call light within easy reach of the resident.
20. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The condition of the skin surrounding the stoma.
4. The type of appliance utilized.
5. All assessment data obtained during the procedure.
6. How the resident tolerated the procedure.
7. If the resident refused the procedure, the reason(s) why and the intervention taken.

## Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Notify the physician of any abnormalities in the skin around the stoma.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F691
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0284)

# Urinary Leg Drainage Bags

Level III

## Purpose

The purpose of this procedure is to provide guidelines to decrease the likelihood of nosocomial urinary tract infections associated with the intermittent use of leg drainage bags with Foley catheters.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. Every attempt should be made to maintain a closed urinary drainage system.
2. Leg drainage bags should be used only after careful consideration and after a decision has been made that the benefits of use of the bag outweigh the potential increased risk of urinary tract infection. The resident should be informed that there is increased risk of infection when the integrity of the closed urinary drainage system is compromised.
3. A new sterile drainage bag should be used every time the regular straight drainage tubing is disconnected and the leg bag is used.
4. The regular straight drainage bag may be reconnected only if it appears that the integrity of the system has been maintained.
5. Aseptic technique must be used when handling urinary drainage systems.
6. Do not wash or disinfect leg bags in an attempt to reuse them.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Alcohol wipe;
2. Measuring container;
3. Red bag or container; and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Wipe the Foley catheter/drainage tubing junction with alcohol wipe before disconnecting.
5. Disconnect the catheter from the tubing. If the drainage system has a tamper-proof seal, the seal will have to be broken. (**Note:** If the system has been previously opened, remove the tape.)
6. Carefully remove sterile cover over connection tip on the urinary leg drainage bag.
7. Place the cover over the connection tip of the straight drainage bag.
8. Connect the Foley catheter with the urinary leg drainage bag. Anchor as directed.

*continues on next page*

9. Empty straight drainage bag and measure urine, as indicated. Keep the drainage bag in a safe place where it will not be mishandled. Continue to keep drainage bag beneath the drainage tubing to prevent contamination.
10. When the urinary leg drainage bag is no longer needed, wipe the catheter/drainage bag junction with alcohol wipe.
11. Wipe connection tip of straight drainage tubing with alcohol wipe. If there is reason to believe the integrity of the system has not been maintained, obtain a new drainage bag.
12. Reconnect system. Secure the junction with tape.
13. Measure urine in urinary leg drainage bag, as necessary.
14. Discard used urinary leg drainage bag into designated container.
15. Discard all disposable items into designated containers.
16. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
17. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
18. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. All assessment data obtained during the procedure.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the procedure or if there is reason to believe that contamination has occurred.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPR0285)



# **NURSING SERVICES**

## **Policy and Procedure Manual for Long-Term Care**



## **Index - Volumes I and II**

Item # H50075

WINDSOR 003024

# Using the Index

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The following is a list of abbreviations and the names of the chapters to which they correspond in this manual.

## Volume 1

AT	Admissions, Transfers and Discharges
AS	Assessments and Care Planning
DO	Documentation
FS	Food Services
IC	Infection Control
IV	Intravenous Therapy
MD	Medications
OR	Orders, Receiving and Transcribing
PC	Personal Care
PS	Personnel and Staffing
PM	Positioning and Moving
RR	Rehabilitative and Restorative Care
RD	Resident Rights and Dignity
RI	Resident Safety
SC	Specimen Collection

## Volume 2

BH	Behavior, Mood and Cognition
CV	Cardiovascular Conditions
DB	Diabetic Care
EM	Emergency and First Aid
ED	End of Life Care
FA	Falls and Fall Risk
GA	Gastrointestinal Conditions
MA	Managing Infections
MS	Miscellaneous
MU	Musculoskeletal Conditions
NU	Nutrition and Hydration
PA	Pain Management
RP	Respiratory and Pulmonary Conditions
SW	Skin and Wound Management
UR	Urinary and Renal Conditions

To use the Index, locate the topic about which you need information.

### Clinical Protocols/Policies/Procedures Example:

#### Advance Directives 10 (AT)

Information concerning the topic Advance Directives is located on page ten (10) in the chapter entitled *Admissions, Transfers and Discharges* (AT).

### Appendices Example:

#### Complaint/Grievance Report (MP5414) ii (RD)

All documents included in chapter appendices are located only on the flash drive. In order to locate these documents according to subject, refer to listings in the appendices tables of content of their respective chapters.

For example; the form entitled Complaint/Grievance Report (MP5414) is a document located only on the flash drive and is listed on page ii of the Resident Rights and Dignity (RD) Table of Contents. To access the document, navigate to the document files on the flash drive: H50075-Flash Drive/Document Files/NSPM-Vol1/13-ResidentRights/ResidentRightsAppendix.



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<b>ACCESS TO ELECTRONIC HEALTH RECORD- REGULATORY AGENCIES</b>	Effective Date	April 20, 2020
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	All

### **Introduction and Background**

HumanGood is committed to cooperating and providing regulators with requested information necessary to perform their role.

### **Policy**

HumanGood will provide access to resident records to regulators as required by statute, regulation, or other applicable law.

The form of access will vary depending upon regulator need or request. This form may consist of:

- Printed copies of records
- Faxed copies of records
- On site access to paper documents
- On site access to HumanGood Electronic Health Record System hardware with appropriate login information
- Encrypted email
- Encrypted devices such as thumb drives or other hardware sent to regulator

HumanGood strives to maintain the safety of highly sensitive information under HIPAA guidelines, therefore, access by regulators to the medical record via the internet or on an unencrypted device will not be allowed.

If such access is required by regulation or statute, HumanGood IT department will assist in setting up a secure temporary connection protecting the data transmission.

### **Definitions**

Regulator: individuals properly identified as working for a local, state or federal regulatory agency (such as CMS, Public Health, State Department of Health, State Department of Social Services) or other regulating bodies who by regulation, statute, or other applicable law are required to be given access to medical records in the course of their work conducting a survey or investigation.



# Antibiotic Stewardship

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## Policy Statement

Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program.

## Policy Interpretation and Implementation

1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents.
2. Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community.
3. Training and education will include emphasis on the relationship between antibiotic use and:
  - a. gastrointestinal disorders;
  - b. opportunistic infections (e.g., *C. difficile*, *Candida albicans*, etc.);
  - c. medication interactions; and
  - d. the evolution of drug-resistant pathogens.
4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:
  - a. Drug name;
  - b. Dose;
  - c. Frequency of administration;
  - d. Duration of treatment:
    - (1) Start and stop date; or
    - (2) Number of days of therapy;
  - e. Route of administration; and
  - f. Indications for use.
5. When a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders.
6. Discharge or transfer medical records must include all of the above drug and dosing elements.
7. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including:
  - a. the reason for the antibiotic;
  - b. how to take the antibiotic, including all dosing essentials;
  - c. possible side effects;
  - d. the importance of taking the antibiotic until the prescribed end-date;
  - e. the date his/her next doctor's appointment should be scheduled; and
  - f. drug monograph as provided by the dispensing pharmacy or other approved drug information resource, when discharging the resident with the antibiotic.
8. When a nurse calls a physician/prescriber to communicate a suspected infection, he or she will have the following information available:
  - a. Signs and symptoms;

*continues on next page*

- b. When symptoms were first observed;
  - c. Resident's hydration status;
  - d. Current medication list;
  - e. Allergy information;
  - f. Infection type;
  - g. Any orders for warfarin and results of last INR;
  - h. Last creatinine clearance or serum creatinine, if available; and
  - i. Time of the last antibiotic dose.
9. When an interacting antibiotic is to be administered concomitantly with warfarin, an INR will be ordered within three days. When results are returned:
  - a. INR will be communicated to prescriber as soon as received;
  - b. the appropriate dose of warfarin will be confirmed;
  - c. any changes in warfarin orders will be communicated to the pharmacy; and
  - d. the next scheduled INR will be ordered.
10. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.
11. When a culture and sensitivity (C&S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.
12. Before a nurse removes an antibiotic from the facility emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin, along with the following:
  - a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions;
  - b. The pharmacy removal slip for the dose(s) removed will be completed; and
  - c. As soon as clinically appropriate, the prescriber will be asked to review converting parenteral antibiotics to an oral formulation.

References	
<b>OBRA Regulatory</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Antibiotic Stewardship – Orders for Antibiotics</a> <a href="#">Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes</a> <a href="#">Antibiotic Stewardship – Staff and Clinician Training and Roles</a>
<b>Version</b>	1.1 (H5MAPL1443)

# Antibiotic Stewardship – Orders for Antibiotics

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Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program and in conjunction with the facility's general policy for medication utilization and prescribing.

## Policy Interpretation and Implementation

1. Prior to calling a physician/prescriber to communicate a suspected infection, the nurse will obtain and have the following information available:
  - a. Clinical signs and symptoms of suspected infection (based on approved definitions of infection);
  - b. A history of the present illness;
  - c. Resident's hydration status;
  - d. Current medication list;
  - e. Allergy information;
  - f. Any orders for warfarin and results of last INR;
  - g. Last creatinine clearance or serum creatinine, if available; and
  - h. Time of the last antibiotic dose.
2. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:
  - a. Drug name;
  - b. Dose;
  - c. Frequency of administration;
  - d. Duration of treatment:
    - (1) Start and stop date; or
    - (2) Number of days of therapy;
  - e. Route of administration; and
  - f. Indications for use.
3. Appropriate indications for use of antibiotics include:
  - a. criteria met for clinical definition of active infection or suspected sepsis; and
  - b. pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or therapy begun while culture is pending).
4. Empirical use of an antibiotic based on clinical criteria of suspected sepsis may be appropriate. The staff and practitioner will document the specific criteria that support the suspicion in the resident's clinical record.
5. If a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders. Discharge or transfer medical records must include all of the above drug and dosing elements.
6. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.

*continues on next page*

7. When a culture and sensitivity (C&S) is ordered, it will be completed, and:
  - a. lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.
8. As soon as clinically appropriate, the prescriber will be asked to review converting parenteral antibiotics to an oral formulation.
9. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including:
  - a. the reason for the antibiotic;
  - b. how to take the antibiotic, including all dosing essentials;
  - c. possible side effects;
  - d. the importance of taking the antibiotic until the prescribed end-date;
  - e. the date their next doctor's appointment should be scheduled; and
  - f. drug monograph as provided by the dispensing pharmacy or other approved drug information resource, when discharging the resident with the antibiotic.
10. Before a nurse removes an antibiotic from the emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin, along with the following:
  - a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions;
  - b. The pharmacy removal slip for the dose(s) removed will be completed; and
  - c. The use will be reported to the infection preventionist.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Medication Utilization and Prescribing – Clinical Protocol</a>
<b>Version</b>	1.1 (H5MAPL1440)

# Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes

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## Policy Statement

Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship.

## Policy Interpretation and Implementation

1. As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection preventionist, or designee.
2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics.
  - a. Therapy may require further review and possible changes if:
    - (1) the organism is not susceptible to antibiotic chosen;
    - (2) the organism is susceptible to narrower spectrum antibiotic;
    - (3) therapy was ordered for prolonged surgical prophylaxis; or
    - (4) therapy was started awaiting culture, but culture results and clinical findings do not indicate continued need for antibiotics.
3. At the conclusion of the review, the provider will be notified of the review findings.
4. All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include:
  - a. resident name and medical record number;
  - b. unit and room number;
  - c. date symptoms appeared;
  - d. name of antibiotic (see approved surveillance list);
  - e. start date of antibiotic;
  - f. pathogen identified (see approved surveillance list);
  - g. site of infection;
  - h. date of culture;
  - i. stop date;
  - j. total days of therapy;
  - k. outcome; and
  - l. adverse events.

References	
<b>OBRA Regulatory</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1441)

# Antibiotic Stewardship – Staff and Clinician Training and Roles

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The facility will educate and train staff and practitioners about the facility antibiotic stewardship program, including appropriate prescribing, monitoring, and surveillance of antibiotic use and outcomes.

## Policy Interpretation and Implementation

### Nursing Assistants

1. Nursing assistants and other unlicensed staff will be trained and in-serviced on:
  - a. recognizing signs and symptoms of infection that should be reported to the nurse; and
  - b. how to report resident changes of condition to the nurse (e.g., using tools such as INTERACT Stop and Watch Early Warning Tool).

### Nursing and Direct Care Licensed Staff

1. Nurses will receive initial orientation and ongoing training on:
  - a. the facility's antibiotic stewardship program, including the need for judicious use of antibiotics;
  - b. common clinical conditions and associated pathogens treated at this facility;
  - c. how to utilize the standardized assessment and communication tool for residents suspected of having an infection;
  - d. how to access the list of antimicrobial agents available through the pharmacy formulary;
  - e. how to communicate with residents and family about the need for appropriate use of antibiotics;
  - f. specific information that should be reported to the physician or provider upon identifying signs and symptoms of possible infection; and
  - g. specific information that should be obtained when an order for an antibiotic is received.

### Director of Nursing (DON) and Infection Preventionist (IP)

1. Administrative and management personnel with clinical oversight responsibilities will receive initial orientation and ongoing training on:
  - a. the facility's antibiotic stewardship program;
  - b. the rationale for judicious use of antibiotics;
  - c. common clinical conditions and associated pathogens treated at this facility;
  - d. how to access the current facility antibiogram, if applicable;
  - e. how to access the list of antimicrobial agents available through the pharmacy formulary;
  - f. how to use surveillance tools to monitor infections rates, antibiotic usage patterns and outcomes;
  - g. how to report notifiable infections when applicable;
  - h. how and when to gather data to present to the infection prevention and control committee (IPCC) for scheduled meetings; and
  - i. individual roles and responsibilities in maintaining antibiotic stewardship.
2. The DON will monitor individual resident antibiotic regimens, including:
  - a. reviewing clinical documentation supporting antibiotic orders; and
  - b. compliance with start/stop dates and/or days of therapy.

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3. The IP will audit and the DON will provide feedback to providers on antibiotic prescribing practices.
4. The IP will monitor over time and report to the IPCC:
  - a. measures of antibiotic use (new antibiotic starts/1000 resident days AND days of therapy/1000 resident days);
  - b. antibiotic susceptibility patterns (antibiogram data for specific timeframe); and
  - c. negative outcomes or events related to antibiotic use, for example:
    - (1) *C. difficile* infections;
    - (2) adverse drug events; and
    - (3) antibiotic resistance rates.
5. The IP will obtain, and the DON will provide to healthcare practitioners, educational resources and materials about antibiotic resistance and opportunities for improved antibiotic use.
6. The IP and DON will participate in IPCC meetings on a regular basis.

### Consultant Pharmacist

1. During the drug regimen review, the consultant pharmacist will identify, and flag, orders for antibiotics that are not consistent with antibiotic stewardship practices.
2. The CP will review the microbiology culture data (antibiogram) and share with the providers to help guide antibiotic selection.
3. The CP will provide the facility with the most current medication formulary.
4. The CP will participate in IPCC meetings on a regular basis.

References	
<b>OBRA Regulatory</b>	483.80(a)
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1442)



TABLE 1

# Considerations for Inclusion of Infections in Long-Term Care Facilities (LTCFs) into Facility Infection Surveillance Programs

Points to consider	Infections	Comments
A. Infections that should be included in routine surveillance		
1. Evidence of transmissibility in a healthcare setting	Viral respiratory tract infections, viral gastroenteritis, and viral conjunctivitis	Associated with outbreaks among residents and healthcare personnel in LTCFs.
2. Processes available to prevent acquisition of infection		
3. Clinically significant cause of morbidity or mortality	Pneumonia, urinary tract infection, gastrointestinal tract infections including <i>Clostridium difficile</i> , and skin and soft tissue infections	Associated with hospitalization and functional decline in LTCF residents.
4. Specific pathogens causing serious outbreaks	Any invasive group A <i>Streptococcus</i> infection, acute viral hepatitis, norovirus, scabies, influenza	A single laboratory-confirmed case should prompt further investigation.
B. Infections that could be considered in surveillance		
1. Infections with limited transmissibility in a healthcare setting	Ear and sinus infections, fungal oral and skin infections, and herpetic skin infections	Associated with underlying comorbid conditions and reactivation of endogenous infection.
2. Infections with limited preventability		
C. Infections for which other accepted definitions should be applied in LTCF surveillance (may apply to only specific at-risk residents)	Surgical site infections, central-line-associated bloodstream infections, and ventilator-associated pneumonia	LTCF-specific definitions were not developed. Refer to the National Healthcare Safety Network's criteria ( <a href="http://www.cdc.gov/nhsn/TOC_PSCManual.html">http://www.cdc.gov/nhsn/TOC_PSCManual.html</a> ).



<b>FOOD BROUGHT IN BY FAMILY/VISITORS</b>	Effective Date	11/28/16
	Revision Dates	
	Departments Approving	
	Departments Affected	Health Centers

**Introduction and Background:** The 2015 revised Requirements of Participation from CMS requires that skilled nursing facility participants in Medicare follow a process to control food stuffs brought in by family and visitors when residents are on special diets.

**Policy:**

To the extent that doing so does not conflict with the physician's diet orders, liberalized diets will be permitted and family/visitors may bring food stuffs to a resident. Family members are advised on admission that they are to inform nursing staff of their desire to bring foods into the facility and, if the diet ordered by the physician is not a routine, general diet, or if the resident has a swallowing disorder, the family/visitor are advised that they may not bring food into the Health Center for the resident.

**Procedure:**

1. As soon as practicable upon admission, the Health Center dietitian will counsel a new resident about any dietary restrictions and whether under their special diet plan, food may be brought in for them. This discussion will be documented in the resident record.
2. When a special diet is ordered but family/visitors desire to bring food in to the resident, a licensed nurse will request physician consideration for liberalizing the diet.
3. Non-perishable foods retained in the residents' rooms must be stored in re-sealable containers with tight-fitting lids. Intact fresh fruit may be stored without a lid.
4. Perishable foods are to be stored in re-sealable containers with tightly fitting lids in the unit refrigerator. Containers will be labeled with the resident's name, the item and the "use by" date.
5. The function of daily food checks for resident rooms and the unit refrigerator, and the refrigerator internal temperature, is assigned daily to a nursing assistant.
6. Any food item that shows obvious signs of mold growth, foul odor, past due package expiration dates will be discarded during this daily check.
7. Foods that present a potential choking hazard for residents with impaired cognitive function or swallowing difficulty will be taken from the resident and returned to the family member or visitor.



8. Home-prepared and home-preserved foods are permitted if brought by family or visitors for individual residents. Such foods may not be shared or distributed to other residents.
9. Potentially hazardous foods that are left in a resident room for longer than two (2) hours without a source of heat or refrigeration will be discarded by the assigned nursing assistant.

**Resources / References: 42 CFR Part 483, §483.60**



# **ANTIBIOTIC STEWARDSHIP PROGRAM**

**2022-2023**

## BACKGROUND

Although antibiotics are powerful drugs that have had great success in treating serious infections, decades of overprescribing and misuse have resulted in bacteria that are increasingly resistant to these potent drugs, creating a growing threat of new superbugs that are difficult, and sometimes even impossible, to treat. Recent clinical studies indicate that 30% - 50% of antibiotics prescribed in health care settings are either unnecessary or inappropriate. Overuse and misuse of these drugs has resulted in an increase in *Clostridium difficile* (C.diff) infections, diarrhea, gastroenteritis, and general medication adverse effects. Overuse and misuse include:

- Use of antibiotics when not needed.
- Continued treatment when no longer necessary.
- Use of broad-spectrum agents to treat very susceptible bacteria.
- Prescribing the wrong antibiotic to treat a particular bacteria.

## DRUG RESISTANT BACTERIA

The imminent problem however, is the rise of antibiotic resistant bacteria. According to the Agency for Healthcare Research and Quality, antibiotics are one of the most commonly prescribed medications in nursing homes and overuse of antibiotics is recognized as a serious problem. Overexposure to antibiotics allows drug-resistant strains of bacteria and health care-associated infections, such as *Clostridium difficile* infections, to emerge in the nursing home. When this occurs, it is harder to treat infections, and residents may develop complications. The result is increased resident mortality, hospitalizations, and costs. Between 25 percent and 75 percent of antibiotics prescribed in nursing homes are unnecessary. Because it can be challenging to determine when a resident actually has an infection, prescribing clinicians—doctors, nurse practitioners, and physician assistants—are likely to overuse antibiotics. At the same time, nursing home residents are at high risk for developing complications associated with antibiotic use.

The benefits of antibiotic stewardship include improved outcomes for patients, reduced adverse events including *Clostridium difficile* infection (CDI), and improvement in rates of antibiotic susceptibilities to targeted antibiotics,

## DEFINITION

“Antibiotic Stewardship” refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. This can be accomplished through improving antibiotic prescribing, administration, and management practices thus reducing

inappropriate use to ensure that residents receive the right antibiotic for the right indication, dose, and duration.

### **HUMANGOOD COMMITMENT TO QUALITY**

The HumanGood organization is committed to ensuring consistent high-quality care through innovation and identifying and utilizing best practices. The goal of optimizing outcomes through the appropriate use and monitoring of antibiotics is part of this commitment.

### **PROGRAM SCOPE AND ACCOUNTABILITY**

The HumanGood Board of Directors has been advised of the implementation of this Program and has issued a resolution in support so that over time, this program is maintained, monitored, and revised as necessary. In addition, the President and CEO has made a commitment to dedicating the necessary resources to support the Program, including personnel to monitor antibiotic use and outcomes at each Health Center. The Vice President, Health Care and Quality, is responsible and accountable to assure the Health Centers implement and maintain this Plan.

#### **ROLES AND RESPONSIBILITIES:**

The Director of Nursing is responsible and accountable to maintain the Program, and sets practice standards for assessing, monitoring and communicating elements to team members. The director of nursing establishes process measures to evaluate the program's impact on skilled and custodial residents, and assigns tasks to other team members designed to track antibiotic use and outcomes. The Director of Nursing is the liaison between the Health Centers and our pharmacy consultants. The Director also provides liaison services to the Medical Director and attending physicians.

The Medical Director has primary responsibility for assuring that residents receive only those antibiotics clearly indicated by laboratory data of the type, dosage, frequency, and duration indicated by the laboratory results belong to the Medical Director, who works in concert with the resident's attending physician and the contract pharmacy consultant in order to make such determinations. In any discussion between these parties, individual variation in residents with infection and the clinical judgment and expertise of the attending physician will be considered.

Facility Administrators and Directors of Nursing provide the time necessary for licensed nurse training and education on antibiotic expertise and stewardship, and the financial support to enable ASP team leaders the time to perform the functions of the Program.

The Infection Preventionist (IP) tracks use of antibiotics in the Health Center, monitors for the development of resistance, and ensures reporting to the attending physician, and /or medical director if resistance is noted in laboratory results. The IP also reports program outcomes regularly to the IDT team and QAPI committee. IP also provides clinical surveillance of team

members use of appropriate infection control techniques, and works with the Director of Staff Education to provide information, training and needed re-training about current infections and procedures utilized for appropriate care. (See appendix B-Antibiotic Stewardship Policy- Review and Surveillance, Appendix C)

The Director of Staff Education is responsible and accountable for arranging appropriate team member education about their role in this Program, current infection prevention guidelines and changes to infection prevention policy. (See Appendix B-Antibiotic Stewardship Policy-Staff and Clinician Training and Roles)

Consulting Pharmacist will be engaged in QAPI activities such as medication regime review and providing reports on antibiotic use. (See Appendix B-Antibiotic Stewardship Policy-Staff and Clinician Training and Roles)

Consulting Laboratory Will provide alerts on organisms, and an overall profile of antimicrobial susceptibility from those organisms isolated in cultures (antibiogram report) and infection statistics to the QAPI/ Infection Prevention and Control committee.

## **PROGRAM REVISIONS**

This Antibiotic Stewardship Programs will continue to evolve in sophistication, and include actions, measurements, and clinical guidelines as they develop in the long-term care industry, infectious disease experts and the CDC. Health centers will, as appropriate, use evidence-based clinical guidelines for diagnostic testing and treatment of common infections in the elderly.

## **PROGRAM PURPOSE AND PRIMARY GOAL**

The purpose of the antibiotic stewardship program in the Health Center is to optimize treatment of infections and antibiotic use by assisting attending physicians to provide the residents under their direct care with the right antibiotic, at the right time, at the right dose, and for the right duration to reduce adverse events associated with antibiotics and improve patient outcomes. Our primary goal is improved clinical outcomes, reduced adverse events including Clostridium difficile infection (CDI), and improvement in rates of antibiotic susceptibilities to targeted antibiotics. The reduction of CDI, VRSA, and MRSA infections in our skilled nursing residents is a high priority for this program. the program represents a three-pronged approach to minimizing antibiotic resistance:

- Control the development of infections in our Health Centers.
- Manage the utilization of antibiotic therapy in our Health Centers to avoid overutilization and misuse of antibiotics.
- Perform environmental oversight to reduce the number and type of pathogens in our Health Centers.

## **PROGRAM OBJECTIVES**

Focusing on the 5 “Ds” of antimicrobial prescribing which are 1) diagnosis, 2) drug selection, 3) dosage, 4) de-escalation, and 5) duration, each Health Center will:

- Promote a culture of optimal antibiotic use for bacteriuria, with clinical decision support to ensure guidelines and recommended interventions are easily accessible.
- Embed and use clinical decision support tools in the electronic health record
- Incorporate stewardship efforts into the Health Center infection control activities to include identification of residents with drug resistant organisms such as MRSA, VRSA, and C.diff upon admission, and tracking of resident days of therapy, stop dates, and outcomes.
- Prevent the transmission of drug resistant organisms through cross-contamination.
- Identify residents who do or do not meet criteria for antibiotic use once lab results are available.
- Administer ordered antibiotics at the dose ordered, in the amount ordered, and within 30 minutes of the time that they are ordered to be given.
- Assure that each antibiotic order contains a “stop” order and that this date is transcribed to the Medication Administration Record.
- Monitor resident outcomes and assure medical peer review if an outcome is suboptimal.
- Regardless of the presence of a stop order, communicate with the provider when an antibiotic is no longer necessary as indicated by laboratory results;
- Educate residents and their family about the dangers associated use of antibiotics in bacteriuria when not needed, using generally accepted industry education pamphlets.

## **EVIDENCE-BASED GUIDELINES**

Each Health center will utilize evidence-based guidelines for the best approaches for optimal use of antibiotics. The Medical Director and Director of Nursing communicate with the contract laboratory supervisor or manager regarding the need for real-time, rapid diagnostics such as rapid pathogen identification assays for influenza, VRSA and MRSA and consideration of biomarkers to improve appropriate antibiotic use. In addition, the contract lab will be utilized for guidance on appropriate culture collection and: 1) timely transport, 2) timely communication regarding identified pathogens in resident blood and body fluid samples and cultures, and 3) timely communication regarding pathogen sensitivity to antibiotics.

## **QUALITY IMPROVEMENT ACTIVITIES**

The Health Center Infection Prevention and Control Committee will oversee and hold Health Center management responsible for conducting the following quality improvement activities:



- Engage administrative and clinical leadership to champion the antibiotic stewardship effort  
Involve the infection Preventionist and clinical providers as champions and thought leaders about appropriate antibiotic use.
- Include all disciplines to improve communication and collaboration about improving antibiotic use including: Infection Preventionists, infectious disease experts, physicians, pharmacist, laboratory services and the community licensed nurses.
- Perform ongoing analysis of antimicrobial use at the community, and at a minimum, perform an annual analysis of antimicrobial utilization and outcomes to identify priority areas of improvement.
- Determine at least one process measure of antibiotic use annually and track outcomes for this measure
- Monitor performance measures and provide reports on outcomes.

### **PROCESS MEASURES AND TRACKING**

Monitoring of specific activities including process measures and outcomes will be performed by the Health Center's Infection Control nurse. The following activities may be monitored based on recommendations from the Infection Prevention and Control Committee and needs of the community:

1. Audits of completeness of antibiotic documentation and prescriptions regardless of whether the antibiotic was initiated at the health center or prior to transfer. The following elements should be addressed and recorded in the resident record:
  - Dose- including route of administration
  - Duration- start and stop date, planned days of therapy
  - Indication-rationale or reason for treatment and target site
2. Surveillance documentation by the infection Preventionist or designated nurse that criteria for prescription has been met and antibiotic selection is appropriate based on culture or lab results.
  - This documentation may be completed on paper or within the E.H.R system (see APPENDIX C: how to complete an infection control surveillance form in MyUnity)
3. Measures of antibiotic use
  - a. Point prevalence of antibiotic use- Tracks the proportion of residents receiving an antibiotic during a specific time period (monthly or quarterly). Point prevalence provides a snap shot of the burden of antibiotic use and may include information on those residents receiving antibiotics prescribed in house and prior to transfer in.
    - i. Examples of point prevalence calculations:

1. Percent of residents receiving antibiotics:  $(\text{Number of residents on antibiotic} / \text{total residents in the facility}) \times 100$
  2. Prevalence data can be stratified by specific resident characteristics, for example percent of residents receiving antibiotics among short-stay versus long-stay residents
  3. Percent of new admissions receiving antibiotics:  $(\text{Number of residents admitted to nursing home receiving antibiotics} / \text{total number of new admissions}) \times 100$
- b. Antibiotic starts- Infection control and prevention programs generally track new antibiotic starts occurring in the facility as part of their infection surveillance activity. Rates of antibiotic starts are based on the prescriptions written after the resident has been admitted to the facility. Data on antibiotic starts can be calculated and reported in the following ways:
- i. Rate of new antibiotic starts initiated in nursing home (per 1,000 resident-days):  $(\text{Number of new antibiotic prescriptions} / \text{total number of resident-days}) \times 1,000$
  - ii. Rate of antibiotic starts can be calculated by indication, for example:  $(\text{Number of new antibiotic starts for urinary tract infection} / \text{total number of resident-days}) \times 1,000$
  - iii. Rates of antibiotic starts could also be calculated for individual prescribers in the nursing home to compare prescribing patterns among different providers practicing in the facility. However, prescriber-specific rates must consider differences in the total number of residents cared for by each provider.
- c. Antibiotic days of therapy (DOT)-Tracking antibiotic DOTs requires more effort than tracking antibiotic starts, but may provide a better measure to monitor changes in antibiotic use over time. The ratio of antibiotic DOT to total resident days has been referred to as the antibiotic utilization ratio (AUR). Below are the steps for calculating monthly rates of antibiotic DOT and AUR.
- i. An antibiotic day: each day that a resident receives a single antibiotic. For example, if a resident is prescribed a 7-day course of amoxicillin, that course equals 7 antibiotic days. However, if a resident is prescribed a 7-day course of ceftriaxone plus azithromycin, then that course equals 14 antibiotic days.
  - ii. Antibiotic DOT: the sum of all antibiotic days for all residents in the facility during a given time frame (e.g., 1 month or 1 quarter) • Rate of antibiotic DOT (per 1,000 resident-days):  $(\text{Total monthly DOT} / \text{total$

monthly resident-days) X 1,000 • Antibiotic utilization ratio: Total  
monthly DOT/total monthly resident-days

The data for these process and outcome measures may be gathered from various sources including:

- The Electronic Health Record, and reports generated from the record
- Pharmacy consultant or contracted pharmacy
- Manual Chart review

## **EDUCATION**

Education of Nurses, clinicians, residents and their family members can drive and sustain improvement.

The Director of Staff Development in each Health Center arranges or provides nursing education related to this Program so that each licensed nurse is an active participant in antibiotic stewardship. This education will be at least annually, with periodic updates provided in team member meetings as necessary. The Medical Director and lab and pharmacy resources will participate in this education as appropriate and necessary.

Nurses may be educated on appropriate communication with the physician to provide information to support antibiotic use.

Engaging residents and their families in education regarding use and expected outcomes may increase compliance and remove barriers to improving antibiotic use decisions and outcomes.

## **PROGRAM SUMMARY**

A lot of information is now known about antibiotic resistance, and alarm has been raised in the health care community about the major threat to human health, and particularly to the senior population which has been the population most heavily impacted by overuse of antibiotics since the production of penicillin in the 1950's. The state and federal governments have identified the need to protect welfare of people by implementing a more judicious and appropriate usage of antibiotics in health care. This program reflects our commitment to optimize clinical outcomes of antibiotic usage in our Health Centers while minimizing the unintended consequences of antibiotic use. All licensed nurses and Health Center Medical Directors are encouraged and expected to participate in this Program to the fullest extent. As additional information and the results of further study into antibiotic resistance becomes available, this Program will be updated and redistributed, with continuing education for nurses, attending physicians, residents and their families.

## **Appendices**

**A:** Resources for Nursing Homes

**B:** How to Complete an Infection Control Form in MyUnity

## **Resources/References**

Agency for Healthcare Research and Quality (2016). Toolkits, Implement, Monitor And Sustain Antimicrobial Stewardship Program <https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.htm>

Association for Professionals in Infection Control and Epidemiology: Antimicrobial Stewardship, <https://apic.org/resources/topic-specific-infection-prevention/antimicrobial-stewardship/>

Centers for Disease Control and Prevention: Core Elements of Antibiotic Stewardship for Nursing Homes: <https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>

Doron, S., & Davidson, L. E. (2011). Antimicrobial stewardship. *Mayo Clinic proceedings*, 86(11), 1113–1123. <https://doi.org/10.4065/mcp.2011.0358>

## APPENDIX A: Resources for Nursing Homes

### Antibiotic Stewardship Program Resources for Nursing Homes

The following information is obtained from the Agency for Healthcare Research and Quality's (AHRQ) *Nursing Home Antimicrobial Stewardship Guide*. These examples are provided to assist facilities with the areas of the antibiotic stewardship program required under CMS's Requirements of Participation for Long-Term Care Facilities [§483.80(a)(3)] as described in *Appendix PP- Guidance to Surveyors for Long-Term Care Facilities* of our *State Operations Manual*. These are only examples, and facilities can utilize their own procedures to achieve compliance with this requirement. Further information on the Agency for Healthcare Research and Quality's *Nursing Home Antimicrobial Stewardship Guide* can be found at <https://www.ahrq.gov/nhguide/index.html>

#### An antibiotic stewardship protocol purpose and scope memo

- [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3\\_TK1\\_T5-Draft Policies and Procedures for the Antimicrobial Stewardship Program final.docx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK1_T5-Draft_Policies_and_Procedures_for_the_Antimicrobial_Stewardship_Program_final.docx)

#### Tracking antibiotic use

- (Word) [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3\\_TK2\\_T2-Antibiotic Use Tracking Sheet Final.doc](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK2_T2-Antibiotic_Use_Tracking_Sheet_Final.doc)
- (Excel) [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3\\_TK2\\_T2-Antibiotic Use Tracking Sheet Final.xlsx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK2_T2-Antibiotic_Use_Tracking_Sheet_Final.xlsx)

#### Antibiotic use summary report

- (Word) [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3\\_TK2\\_T3-Sample Monthly Summary Reports Final.docx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK2_T3-Sample_Monthly_Summary_Reports_Final.docx)
- (Excel) [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3\\_TK2\\_T3-Sample Monthly Summary Reports Final.xlsx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK2_T3-Sample_Monthly_Summary_Reports_Final.xlsx)

#### Antibiotic resistance report (or susceptibility report often referred to as an antibiogram)

- Sample letter to prescribing practitioners on the use of an antibiogram when prescribing: [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/5\\_TK1\\_T5-Sample Policy Letter final.docx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/5_TK1_T5-Sample_Policy_Letter_final.docx)
- Antibiogram formats and sample letter to prescribing practitioners summarizing antibiogram findings: [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/5\\_TK1\\_T5-Sample Policy Letter final.docx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/5_TK1_T5-Sample_Policy_Letter_final.docx)
- Step-by-step guide to working with a lab to obtain an antibiogram: [https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/5\\_TK1\\_T2-Working with a lab final.docx](https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/5_TK1_T2-Working_with_a_lab_final.docx)
- How to manually create your own antibiogram: <https://www.ahrq.gov/nhguide/toolkits/help-clinicians-choose-the-right-antibiotic/toolkit2-concise-antibiogram-toolkit.html>

- **Resources on how to develop and implement an antibiogram program:**

<https://www.ahrq.gov/nhguide/toolkits/help-clinicians-choose-the-right-antibiotic/toolkit3-develop-implement-antibiogram-program.html>

## APPENDIX B- How to Complete an Infection Control Surveillance Form in MyUnity

### Antibiotic Stewardship/ Infection Control Surveillance

#### STEP 1-OPEN RISK MANAGEMENT TAB, CLICK ON “ADD INFECTION CONTROL FORM”

The screenshot shows the MyUnity interface with the 'Risk Mgmt' tab selected in the top navigation bar. Below the navigation bar, there are two sections: 'Incidents' and 'Infection Control'. The 'Incidents' section has a table with columns: Form, Reason, Author, Date, Status, Created, and E-Signed. Below the table, it says 'No data to display.' The 'Infection Control' section also has a table with the same columns and 'No data to display.' A red box highlights the 'Add Infection Control Form' link in the 'Infection Control' section. A red box also highlights the 'Risk Mgmt' tab in the top navigation bar. A red box highlights the 'Add Infection Control Form' link in the 'Infection Control' section. A red box highlights the 'Add Infection Control Form' link in the 'Infection Control' section. A red box highlights the 'Add Infection Control Form' link in the 'Infection Control' section.

#### Step 2: SELECT HG HC INFECTION CONTROL DATA COLLECTION TOOL V1.2, ENTER THE REASON (TYPE OF INFECTION), CLICK OK

The screenshot shows the 'Create New Infection Control Form' dialog box. At the top, it says 'Resident: Seaman, Richard Resident ID: 21675 Admission ID: TLA-HC-12011'. Below this, there are several fields: 'Infection Control Form Date' (01/27/2022), 'Infection Control Form to Create' (HG HC Infection Control Data Collection Tool V1.2), 'Add Options' (Create Blank Infection Control Form), 'Reason' (HEMATURIA), 'Discipline Type Responsible' (empty), and 'Scheduled Event' (Non-Scheduled Event). At the bottom, there are 'OK' and 'Cancel' buttons.

SCROLL DOWN TO SELECT THE INFECTION TYPE

PPS Calc Validate Print Lock & Sign Adjust Text Size A A

Date Admitted  
Room #

Date of onset of symptoms

UTI/2022

Assessment to be locked by Infection Preventionist Nurse or Designee only

Location/Type of Infection

☐ UTI without presence of foley

☐ Acute dysuria or pain, swelling or tenderness of testes, epididymis or prostate.

☐ Fever equal to or greater than 100 degrees F or single temperature 2 degrees F over baseline from any site (oral, tympanic or axillary)

☐ Leukocytosis

**MUST HAVE:**

☐ Positive Urine Culture >100,000

In the absence of fever or leukocytosis, then 2 or more of the following localizing urinary tract sub-criteria:

☐ Burning pain on urination, frequency or urgency

☐ Flank or suprapubic pain or tenderness

☐ Change in character of urine (Hematuria or purulent)

☐ Worsening of mental or functional status (may be new or increased incontinence)

☐ UTI with presence of foley

**MUST HAVE 1 of the following:**

☐ Acute dysuria or pain, swelling or tenderness of testes, epididymis or prostate

☐ Fever equal to or greater than 100 degrees F or single temperature 2 degrees F over baseline from any site (oral, tympanic or axillary)

☐ Leukocytosis

**MUST HAVE:**

☐ Positive Urine Culture > 100,000 with catheter

☐ Urinalysis showing >100,000 bacterial colonies/ml

**MUST HAVE 1 of the following:**

☐ Hypotension

☐ Flank or suprapubic pain or tenderness

☐ Change in character of urine (Hematuria or purulent)

☐ Worsening of mental or functional status

☐ Lower Respiratory Tract Infections

**PNEUMONIA**

**MUST HAVE:**

☐ Chest x-ray demonstrating pneumonia, probable pneumonia or infiltrate.

**MUST HAVE at least 1 of the following:**

CHECK OFF AND COMPLETE APPROPRIATE INFORMATION



**STEP 4**

FOR INFECTION CONTROL / PREVENTIONIST NURSE ONLY: ENSURE TO LOCK IT ONCE DONE.

**DO NOT FILL OUT THIS PART - FOR INFECTION PREVENTIONIST NURSE OR DESIGNEE USE ONLY**

- ☐ Community Acquired Infection (CAI)
- ☐ Healthcare Acquired Infection (HAI)
- ☐ Does not meet criteria

**Signature of Infection Preventionist Nurse or Designee:**

<input type="checkbox"/>		
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Additional notes:

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Additional Documents- Policies, Sample forms and documents for Antibiotic Stewardship

1. Antibiotic Stewardship Policies (from MedPass manual)
2. Sample Antibiotic Use Tracking Sheet-Excel form
3. Sample Monthly Summary Report-Word Document
4. Sample Monthly/Quarterly Prescribing profile-MD handout -Word Document
5. Resident handouts
  - a. Be Smart About Antibiotics
  - b. Antibiotics aren't always the answer
6. Mcgeer Constitutional Criteria in Residents of Long-Term Care Facilities
7. Considerations for Inclusion of Infections in Long -Term Care Facilities into Facility Infection Control Programs
8. CMS Critical Element Pathway 20054-Infection Prevention, Control & Immunizations (see pg. 10-11)
9. CMS Critical Element Pathway 20082- Unnecessary Medications, Psychotropic Medications, and Medication Regime Review (see pg1; pg. 5, pg. 6, pg. 8, question 4)



## CCRC INCIDENT REPORT

PROTECTED BY CA H&S CODE, §1370 & CA EVIDENCE CODE, §1157

DOCUMENTED IN ANTICIPATION OF LITIGATION

DO NOT PLACE IN RESIDENT RECORD; DO NOT COPY; DO NOT GIVE TO ANY OUTSIDE PERSON

DO NOT USE TO REPORT WORK RELATED ILLNESS OR INJURY

**COMPLETE ITALICIZED SECTIONS IF APPLICABLE. ALL OTHER SECTIONS MUST BE COMPLETED.**

<b>GENERAL INFORMATION:</b>							
Involved Party Name:				<input type="checkbox"/> GLG <input type="checkbox"/> JP <input type="checkbox"/> LV <input type="checkbox"/> PG <input type="checkbox"/> PV <input type="checkbox"/> RO <input type="checkbox"/> RP			
Address:		Unit #:		<input type="checkbox"/> RT <input type="checkbox"/> RW <input type="checkbox"/> TB <input type="checkbox"/> TLA <input type="checkbox"/> TLG <input type="checkbox"/> TP <input type="checkbox"/> TSJG			
City:		State:		Zip:		<input type="checkbox"/> VV <input type="checkbox"/> WG <input type="checkbox"/> WI <input type="checkbox"/> WS	
Other: _____							
<input type="checkbox"/> Resident <input type="checkbox"/> Visitor <input type="checkbox"/> Other:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Child		Level of Care: <input type="checkbox"/> SNF <input type="checkbox"/> MS <input type="checkbox"/> AL <input type="checkbox"/> RL			
Incident Date:		Incident Time: AM PM		DOB:		Admit Date:	
Reported by:		Title:		Date of Report:			
<b>INCIDENT INFORMATION:</b>							
<b>VITAL SIGNS:</b> BP: P: R: Temp: O2 Sat: % <b>REPORTED PAIN:</b> 0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Unable to reply							
<b>ORIENTATION:</b> <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Alert/Disoriented <input type="checkbox"/> Arousable <input type="checkbox"/> Unarousable <input type="checkbox"/> N/A <input type="checkbox"/> Other:							
<b>TYPE OF INCIDENT:</b> <input type="checkbox"/> Alleged Abuse <input type="checkbox"/> Bumped object <input type="checkbox"/> Care-Related <input type="checkbox"/> Combative <input type="checkbox"/> Pressure Ulcer <input type="checkbox"/> Elopement <input type="checkbox"/> Fall <input type="checkbox"/> Fire/Fire Alarm <input type="checkbox"/> Hazardous Wandering <input type="checkbox"/> Hit Head <input type="checkbox"/> R/R Altercation <input type="checkbox"/> Self-injury <input type="checkbox"/> Theft/Loss <input type="checkbox"/> Unexp Chg in Cond <input type="checkbox"/> Unexp Death <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Other: _____							
<b>LOCATION:</b> <input type="checkbox"/> Res. Room <input type="checkbox"/> Res. Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Elevator <input type="checkbox"/> Dining Area <input type="checkbox"/> Sidewalk <input type="checkbox"/> Common Area _____ <input type="checkbox"/> Other:							
<b>BRIEFLY DESCRIBE INCIDENT:</b> _____ _____ _____ _____							
<b>TYPE OF INJURY:</b> <input type="checkbox"/> None <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Pressure Ulcer/Injury (Admit) <input type="checkbox"/> Pressure Ulcer/Injury (In-House) <input type="checkbox"/> Head Injury <input type="checkbox"/> Laceration <input type="checkbox"/> Reddened Area <input type="checkbox"/> R/O Fracture/Dislocation <input type="checkbox"/> Medical Condition <input type="checkbox"/> Pain <input type="checkbox"/> Scratch <input type="checkbox"/> Skin Tear <input type="checkbox"/> Swelling <input type="checkbox"/> NON-Pressure Ulcer <input type="checkbox"/> Other:							
<b>LOCATION OF INJURY:</b>	Eye: <input type="checkbox"/> R <input type="checkbox"/> L	Ear <input type="checkbox"/> R <input type="checkbox"/> L	Arm <input type="checkbox"/> R <input type="checkbox"/> L	Leg <input type="checkbox"/> R <input type="checkbox"/> L	Hand <input type="checkbox"/> R <input type="checkbox"/> L	Foot <input type="checkbox"/> R <input type="checkbox"/> L	Other:
	<input type="checkbox"/> Head	<input type="checkbox"/> Face	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Back	<input type="checkbox"/> Buttocks	<input type="checkbox"/> N/A
<b>BRIEFLY DESCRIBE INJURY:</b> _____ _____ _____ _____							
<b>RESIDENT FUNCTION:</b> <input type="checkbox"/> Independent / No Assist <input type="checkbox"/> Limited Assist <input type="checkbox"/> Extensive Assist <input type="checkbox"/> Total Assist <input type="checkbox"/> N/A <input type="checkbox"/> Other:							
<b>PERSON'S BEHAVIOR:</b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Combative <input type="checkbox"/> Agitated <input type="checkbox"/> Other:							
<b>PERSON'S REACTION:</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Unconcerned <input type="checkbox"/> Concerned <input type="checkbox"/> Upset <input type="checkbox"/> Angry <input type="checkbox"/> Threatens Legal Action <input type="checkbox"/> Threatens to Contact Media <input type="checkbox"/> Other: _____							

**Do NOT PLACE IN RESIDENT RECORD: Do NOT COPY: Do NOT GIVE TO ANY OUTSIDE PERSON** DSOB 003069



<b>INCIDENT- CCRC REPORTABLE EVENTS</b>	Effective Date	11/9/2016
	Revision Dates	3/1/2019
		5/4/22
	Departments Approving	Legal/Risk and Quality
	Departments Affected	CCRC Operations

## **Introduction and Background**

It is critical to HumanGood’s risk management efforts that reportable incidents and occurrences at HumanGood be reported properly and timely. The reasons are many:

- To assist a community in resolution of the issue.
- To communicate required notice to insurers or other vendors who may be able to assist.
- To gather information and communicate with other communities which may face the same issue.
- To communicate best practices in care quality and/or safety which are a result of the process of investigation and resolution.

All incidents are reported within the community internal incident reporting system. Most CCRC’s use RiskWatch, a few may still use the Risk Management tab within the community Electronic Health Record for incidents involving residents, with a paper form for visitor or contract employee incidents. (See Appendix B, Community Visitor Incident Report.) Still other serious incidents must be reported to regulatory, state or federal agencies based on type of incident

This policy serves as guidance for HumanGood Continuing Care Retirement Community (CCRC) team members on who, what, and how to report serious incidents.

## **Summary of Policy and Procedure**

The guidance in the chart below will assist in decision making of who/ which roles to report to depending on the type of incident. Operations and Risk Management Staff are available as a resource to receive information and provide advice on occurrences.

Type of Occurrence	Report To:
Electronic and Technology related	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) CIO or VP of Community IT Assigned VP of Operations for Community
Employee/Human Resources as it relates to workplace violence or harassment issues	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) Assigned VP of Operations for Community SVP of Human Resources or General Counsel
Employee Death	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) Assigned VP of Operations for Community Benefits Director or SVP of Human Resources
Legal or Regulatory	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) Assigned VP of Operations for Community If a subpoena for medical records is involved, contact <a href="mailto:MedicalRecordsTeam@humangood.org">MedicalRecordsTeam@humangood.org</a>
Media Attention	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) Assigned VP of Operations for Community SVP Communications
Physical Plant, Natural Disasters	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) Regional Director Buildings and Grounds Corporate Safety Officer Assigned VP of Operations for Community Risk Analyst, Senior Director of Financial Compliance
Resident Care or Service	Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> ) Assigned VP of Operations for Community If a request for medical records is involved, contact <a href="mailto:MedicalRecordsTeam@humangood.org">MedicalRecordsTeam@humangood.org</a>
Vehicle Incidents	Risk Analyst Senior Director of Financial Compliance and Fleet Manager Community HR Director <u>If there are injuries/ fatalities contact the</u> Risk Management Team ( <a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a> )
Any or all Incidents in which a claim may be filed with any line of insurance such as Liability, Property, EPL, etc., or for advice and assistance in reporting to insurance	Risk Analyst Senior Director of Financial Compliance

## Policy

HumanGood endorses and supports a culture of safety and views incident reporting as a means of improving systems and processes. Incident reporting is nonpunitive and all employees are encouraged to report all incidents.

The Executive Director at each community, or his or her designee, is the Community-Based Risk Manager. This policy identifies what incidents are reportable to the Community Support Centers and Caring Communities, our general liability insurance carrier. Each community must have, at a minimum, four individuals trained in reporting to Caring Communities. Having multiple reporters will decrease the chance of an interruption in the ability to report due to staffing changes, illness or vacation. The reporters should include the Executive Director, H.S.A, DON and DOW. Others may be trained in reporting at the community's discretion.

## Procedure

When an incident occurs, the first responder is to report the incident to their immediate supervisor as soon as practicable, but in any event by the end of their shift.

The supervisor will report the incident to the Executive Director or other appropriate person at the community as soon as practicable, but in any event, no later than the end of business day in which they learn of the incident.

The supervisor, Executive Director, or other appropriate person will report the incident to the people identified on the summary table above no later than the end of business day in which they learn of the incident.

### What to Report:

Serious incidents must be reported to the professional and general liability carrier, Caring Communities. (See Appendix A for a list of what incidents are reportable to Caring Communities.) Other serious events must be reported to the appropriate CSC team members. (See Appendix A and chart above.)

### How to Report:

If any of the incidents listed in Appendix A occur, in any level of living, and whether it happens to a resident or a guest, report to Caring Communities via either the RiskWatch CCRC Incident Report link, or the RiskWatch link found in "MyApps"

### When to Report:

These incidents need to be reported as soon as possible and must be reported to Caring Communities within 7 days of the incident, or when the community first becomes aware of the incident.

If unsure whether or not an incident is reportable, please contact Risk Management or the appropriate CSC team member per the chart above for advice.

### Notifications:

Prepare an email to the appropriate parties at HumanGood based on the incident type. See the chart above or additional information below for incident types and for individuals/groups to which to report.

HumanGood has established an email workgroup entitled "Risk Management Team" to facilitate notification of the Community Support Center (CSC) team of any incident immediately. This will allow the appropriate

point person at the CSC to address the issue, and assure that someone else will respond if the primary person is unavailable. Use the “Risk Management Team” email ([RiskManagementTeam@HumanGood.org](mailto:RiskManagementTeam@HumanGood.org)) to notify the CSC of incidents and any risk management issue.

All emails regarding incidents should contain “Confidential” in the Subject Line, and a confidentiality statement (listed below) regardless of whether the incident/claim has a pending lawsuit.

California Communities:

**CONFIDENTIAL**  
**Protected by CA H&S Code Section 1370 and**  
**CA Evidence Code, 1157.**  
**Documented in Anticipation of Litigation**

National Communities:

**CONFIDENTIAL**  
**Documented in Anticipation of Litigation**

Because of HIPAA and other privacy concerns, see below what should and should **NOT** be included in the email to the appropriate parties and Risk Management Team.

- Describe the facts of the incident. Be as brief as possible yet fully explain the incident.
- Describe any action taken by team members since the incident, and state the current situation, including the reaction of the family.
- Do NOT include opinions, editorial comments, theories, investigation notes or analyses.
- Do NOT include any identifying personal identification of residents or team members (correct example – “Resident Y fell, was assisted by team member B”).
- Do NOT include any signed or unsigned witness statements.

Responsibilities:

It is the responsibility of all HumanGood team members to comply with the reporting obligations set forth in this policy. Operations and Risk Management Staff are available as a resource to receive information and advice on occurrences.

The Risk Analyst or Senior Director of Financial Compliance is responsible for maintaining records on all Reportable Incidents, whether submitted to Caring Communities or not. The composite data you submit helps us spot risk trends and satisfies one of HumanGood’s record-keeping requirements with Caring Communities.

Reporting incidents to Caring Communities and CSC does **NOT** take the place of other legally required notices. Some serious incidents must be reported to external agencies as well. The community must also notify the appropriate agencies within the statutorily required periods.

The community administrator, community risk manager or designee, or corporate risk manager will notify external regulatory or accrediting agencies of the event as required in accordance with state and federal statutes and regulations. Examples of external reporting requirements



include reporting to the Department of Social Services, Local Departments of Public Health, the Centers for Medicare and Medicaid Services (CMS), the U.S. Food and Drug Administration under the Safe Medical Devices Act, and other state or federal agencies.

In compliance with the requirements of the Elder Justice Act (EJA), any crime or suspicion of a crime, as defined by state and local law, must be reported to local law enforcement within two hours of forming a suspicion of serious bodily injury and within 24 hours of forming a suspicion if there is no bodily injury.

Retaliation against anyone who reports an occurrence in good faith, pursuant to this policy will not be tolerated.

All HumanGood health care centers shall display a poster regarding the EJA related to responsibilities of employees and other covered individuals to report the suspicion of a crime, and the right an employee and other covered individuals have to file a complaint if they believe they have been retaliated against for reporting the suspicion of a crime.

Each HumanGood community will insert site-specific information, such as the community's name and the telephone numbers for the State Survey Agency and local law enforcement to report the suspicion of a crime. Communities must also enter the State Survey Agency telephone number for an employee to file a comp because the employee believes he/she has been retaliated against for reporting the suspicion of a crime.

## **Definitions**

### Incident Types:

- Electronic and Technology Issues. Types of electronic and technology incidents that must be reported to the Chief Information Officer or Vice President for Community Technology, the appropriate VP Operations and the Risk Management Team include, but are not limited to, the following:
  - Failure of elopement detection equipment
  - Failure of main server
  - Failure of Personal Emergency Response (pendant) systems or EHR
  - Facility telephone equipment failure in excess of two hours
- Legal or Regulatory. The below incidents are to be reported to the appropriate VP Operations and the Risk Management Team.
  - Licensing visits (annual survey, complaint survey, audits – health department, assisted living, continuing care, etc.)
  - Subpoena for records or written request for records from an attorney; if it is a subpoena or request for a resident's medical records, report to [MedicalRecordsTeam@humangood.org](mailto:MedicalRecordsTeam@humangood.org)
  - Notice of intent to file lawsuit or summons and complaint
  - Attorney inquiry
- Media incidents or inquiries. Media incidents or inquiries including incidents or situations that might result in either favorable or unfavorable media attention should be reported to VP Operations, SVP Communications, and Risk Management Specialist.

- Physical Plant or Disaster Issues. The incidents that are to be reported to the Corporate Director, Building and Grounds, and Corporate Safety Director, the appropriate VP Operations and the Risk Management Team include, but are not limited to, the following:
  - Large structural damage, inoperability (e.g. building cannot be occupied because of failure of structural support system, or significant physical damage occurred such as might result from an equipment or vehicle accident) and/or mandatory evacuation as dictated by any authorities having jurisdiction.
  - Fires, floods, earthquakes, etc. that might or have damaged the facility.
  - Widespread or significant mechanical plant failures (e.g. a/c failure in the summer, boiler failure creating inability to produce hot water or space heating, elevator system failure, major plumbing failure that prevents plumbing systems, water or sewage from flowing into/out of buildings).
  - Fire and life safety systems failure (e.g. inoperative main control panel, alarm sounds but signal not detected at monitoring company or fire department, generator failure).
  - Facility infrastructure events (e.g. disruption/problems with utilities).
  - Community disaster alerts or evacuations.
  - Local or community-wide civil unrest.
  - Local or community-wide hazardous chemical event.
- Employee (Team Member) Incidents: Employee-related incidents are to be reported immediately to a member of the HR team (described below), the appropriate VP Operations and the Risk Management Team. The incidents to report include:
  - Employee death – Benefits Director or SVP Human Resources.
  - Threatened or actual violence - SVP Human Resources and General Counsel.
  - Threatened or actual receipt of employment related lawsuit, including California Labor Commissioner complaints - SVP Human Resources or General Counsel.
  - Harassment or discrimination complaints - SVP Human Resources.
  - Request for employee records- email to SVP Human Resources
- Vehicle Incidents – Incidents involving auto accidents with residents, team members (in company vehicles or during work hours) or fleet vehicles should be submitted to the Community HR Director , Risk Analyst, Senior Director of Financial Compliance, and Fleet Manager. If there are any fatalities or injuries, include an email to the Risk Management Team.

### Other Definitions

Elopement- Refers to a situation in which a resident with impaired cognition and / or demonstrated lack of / poor safety awareness or judgment successfully leaves the “secured area” either unseen or if the incident is seen and redirected.

Fall- An unintentional coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (such as from an individual pushing another individual). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting

otherwise, when a resident is found on the floor, a fall is considered to have occurred. (CMS “State Operations Manual”: Appendix PP).

Hazardous Wandering- An act where a resident wanders, either walking or locomotion in a wheelchair, from place to place with or without a specified course or known direction. Hazardous or unsafe wandering represents the above behavior by a resident who may be oblivious to his or her physical or safety needs and the wandering places the resident at significant risk of getting to a dangerous place (e.g., wandering outside the community where there is heavy traffic) or encountering a dangerous situation (e.g. wandering into the room of another resident with dementia who is known to become physically aggressive toward intruders.).

Incident- An adverse event, unusual occurrence or incident is an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the resident, or delivery of services. An adverse incident may or may not result in injury, and may or not have resulted from a medical or healthcare error. Unexpected incidents that occur in a community that may or may not result in injury but suggest a need for quality improvement review to try to prevent the same or similar situation from arising in the future.

Serious Incident- An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof that may result in legal action against HumanGood and definitely requires quality improvement action to try to prevent the same or similar situation from arising in the future or harming anyone else.

Claim- All unusual events are incidents, but not all incidents become actual claims. For the purposes of reporting to Caring Communities, all serious events must be reported. (See Appendix A for the listing.) However, for insurance coverage purposes serious incidents are further classified by Caring communities as follows:

- Class 1 Incidents- An unusual occurrence or a serious incident that satisfies the Caring Communities reporting requirements or incidents that in the member’s judgment could result in a claim.
- Class 2 Claim- Written or verbal notice of a demand for compensation. This includes a Notice of Intent (NOI) or other statutorily required/jurisdictionally permitted “pre-suit” notice of a potential claim. All attorney requests for resident medical records are deemed a Class 2 claim.
- Class 3 Claim- Any matter for which litigation is initiated and the member is served with a Summons & Complaint.

## **Resources/References**

- CMS “State Operations Manual”: Appendix PP
- ECRI/ Caring Communities Risk Management Implementation Guide, 2021 Revision

## **Related Policies/Procedures**

- Auto- Accident Reporting Kit
- Auto Business Travel Safety Policy-Divers
- Property Claim Protocols
- Serious Event Reporting Procedure-Workplace Violence/ Unlawful Harassment

## Appendix A: Reportable Incidents

There are **two types** of serious reportable incidents, with separate guidelines. One set is required by Caring Communities; a second set is for internal reporting purposes to specific individuals. **Incidents can overlap. Read carefully before deciding where to report.**

### 1. Incidents that must be reported to Caring Communities:

- Medication incident resulting in serious injury or death
- Elopement (see definition above) or disappearance of a resident from a secure environment
- Falls, resulting in fracture/serious injury/illness or death, of residents, patients, clients, visitors or contractors. Employee falls should not be reported to Caring Communities.
- Suspected assault, homicide, rape or other crime
  - Inclusive of resident-on-resident assaults or crimes
  - Low-value thefts not likely to lead to a claim do not need to be reported
- Suicide or suspected suicide of a resident
- Stage 3 or 4 pressure ulcer acquired on site, or worsening from stage 1 or 2.
  - A stage 3 or 4 pressure injury that was present upon admission does not need to be reported
- Other incident or occurrence resulting in serious injury, illness or death unrelated to the natural course of a resident's underlying condition or disease process.
- Other unexpected incident or unusual occurrence (see Incident definition above) which could become an incident with potential compensation
- Accident or injury involving a visitor or contract employee in which medical treatment is required.
- A resident is injured in one of above listed ways while not in our community.
- Regulatory agency report citing clinical care or service-related deficiency level F or higher.
- Request from family or an attorney for resident medical records addressing the care or treatment of a resident.
- An accident with injury involving a visitor or contract employee in which medical treatment is required.
- COVID-19 residents resulting in serious injury/illness or death as well as any outbreak of 2 or more residents on the same unit, floor or hallway as being diagnosed as having COVID-19.
- A verbal or written demand for compensation received from a resident, resident's family or a visitor.
- A lawsuit

2. Other Reportable Incidents. The following items must also be reported to the appropriate CSC team members. See the chart on the first page of the policy for who should be notified for each of these reportable incidents. If sending by email, please include the confidentiality statement and avoid disclosing any personal health information (PHI).

- Attorney involvement in an incident, including a dispute with a team member
- A contract dispute involving damages
- Environmental issues involving potential harm to people
- Fire or other disaster
- Outages of systems or tools like EHR that effect residents or team members
- Hostile family with unresolved receivables
- Negative or hostile family feedback from a particular incident
- Media or news inquiries that could be negative
- Service of process on the community of any summons or complaint
- Recurring self-inflicted injuries by a resident or team member
- Severe unresolved dehydration issues
- Suspected abuse (emotional, financial or physical)
- Community termination of a residential contract with a resident
- Auto accidents that involve residents, team members or fleet vehicles.

Appendix B:



## COMMUNITY VISITOR INCIDENT REPORT

PROTECTED BY CA H&S CODE, §1370 & CA EVIDENCE CODE, §1157

DOCUMENTED IN ANTICIPATION OF LITIGATION

Do NOT PLACE IN RESIDENT RECORD; Do NOT COPY; Do NOT GIVE TO ANY OUTSIDE PERSON

Do NOT USE To REPORT WORK RELATED ILLNESS OR INJURY

**COMPLETE ITALICIZED SECTIONS IF APPLICABLE. ALL OTHER SECTIONS MUST BE COMPLETED.**

<b>GENERAL INFORMATION:</b>			
Involved Party Name:		Name of Community (Enter community name)	
Address: Unit #:			
City:	State: Zip:		
<input type="checkbox"/> Resident <input type="checkbox"/> Visitor <input type="checkbox"/> Other:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Child	
Incident Date:		Incident Time: AM PM	
Reported by:		Title:	
Service Line: <input type="checkbox"/> CCRC <input type="checkbox"/> AH <input type="checkbox"/> HCBS		DOB: :	
Date of Report:			
<b>INCIDENT INFORMATION:</b>			
<b>TYPE OF INCIDENT:</b> <input type="checkbox"/> Alleged Abuse <input type="checkbox"/> Bumped into object <input type="checkbox"/> Choking <input type="checkbox"/> Combative <input type="checkbox"/> Elopement <input type="checkbox"/> Fall <input type="checkbox"/> Fire/Fire Alarm <input type="checkbox"/> Water Intrusion <input type="checkbox"/> Hazardous Wandering <input type="checkbox"/> Hit Head <input type="checkbox"/> R/R Altercation <input type="checkbox"/> Self-injury <input type="checkbox"/> Theft/Loss <input type="checkbox"/> Unexp. Chg in Condition <input type="checkbox"/> Unexpected Death <input type="checkbox"/> Vehicle Accident			
<b>LOCATION:</b> <input type="checkbox"/> Res. Room <input type="checkbox"/> Res. Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Elevator <input type="checkbox"/> Dining Area <input type="checkbox"/> Sidewalk <input type="checkbox"/> Common Area <input type="checkbox"/> Other:			
<b>BRIEFLY DESCRIBE INCIDENT:</b> (If Flood or Fire, list unit numbers, residents damaged) Detail who, what when and how			
<b>TYPE OF INJURY:</b> <input type="checkbox"/> None <input type="checkbox"/> Abrasion/Cut <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Head Injury <input type="checkbox"/> Reddened Area <input type="checkbox"/> R/O Fracture/Dislocation <input type="checkbox"/> Medical Condition <input type="checkbox"/> Pain <input type="checkbox"/> Scratch <input type="checkbox"/> Skin Tear <input type="checkbox"/> Swelling <input type="checkbox"/> Other:			
<b>BRIEFLY DESCRIBE INJURY:</b>			
<b>PERSON'S BEHAVIOR:</b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Combative <input type="checkbox"/> Agitated <input type="checkbox"/> Other:			
<b>PERSON'S REACTION:</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Unconcerned <input type="checkbox"/> Concerned <input type="checkbox"/> Upset <input type="checkbox"/> Angry <input type="checkbox"/> Threatens Legal Action <input type="checkbox"/> Threatens to Contact Media <input type="checkbox"/> Other:			
<b>CONDITION AFTER INCIDENT:</b> <input type="checkbox"/> Observe Only <input type="checkbox"/> Death <input type="checkbox"/> To ER Transported by: <input type="checkbox"/> Private Car By: <input type="checkbox"/> Paramedics <input type="checkbox"/> Non-Emergency Ambulance If death: P.D. notified: ON° .0 Yes Coroner notified: .0 No .0 Yes: Name/Case #: Time:			
<b>NOTIFICATIONS:</b>			
Responsible Party/Family Notified:		Date:	Notified By:
<b>Responsible Party/Family Reaction:</b> Person verbalizes: <input type="checkbox"/> Concern <input type="checkbox"/> Satisfaction <input type="checkbox"/> Anger / Threatens to contact: <input type="checkbox"/> Attorney <input type="checkbox"/> Media <input type="checkbox"/> Other:			
<b>Person Completing This Report:</b> _____ Title: _____ Date: _____			
Agency Notified: <input type="checkbox"/> Health Department <input type="checkbox"/> _____			

**\*\*Final Disposition (outcome and if known) and Other Administrative Comments:**

**ATTACH SUPPORTING DOCUMENTS**

**Reviewed by:**

Administrator

Date:

Any assisted device used when accident occurred:

☐ Walker ☐ Cane ☐ Wheelchair ☐ Scooter ☐ Other

Name of any Witness:

Phone Date:

Notified  
By:

Date:

Any Witness/Claimants Statements: ☐ Yes ☐ No

List any team members that may have additional information

Action taken in response to incident?

Date:

Notified  
By:

Date:

Attach any photos / police reports

**SEND TO RISK MANAGEMENT - DO NOT KEEP A COPY**

**CORPORATE USE ONLY**

**Date received: Copy/Fax/Email \_\_\_\_\_ Original Record Only \_\_\_\_\_ Insurance Claim**



## Appendix C: Roles and Associated Team Members (2022-23)

Role		Name/ email
Benefits Director		Consult with community HR
Chief Information Officer	Fleming Ming	<a href="mailto:Fleming.Meng@HumanGood.org">Fleming.Meng@HumanGood.org</a>
Corporate Safety Officer	John Burke	<a href="mailto:John.Burke@HumanGood.org">John.Burke@HumanGood.org</a>
Fleet Services Director	Stephanie Peterson	<a href="mailto:Stephanie.Peterson@HumanGood.org">Stephanie.Peterson@HumanGood.org</a>
Regional Dir. Buildings and Grounds	Rick Hatzenbuhler Tim McDade Warren Stellfox Tom Walls	<a href="mailto:Rick.Hatzenbuhler@HumanGood.org">Rick.Hatzenbuhler@HumanGood.org</a> <a href="mailto:Tim.McDade@HumanGood.org">Tim.McDade@HumanGood.org</a> <a href="mailto:Warren.Stellfox@HumanGood.org">Warren.Stellfox@HumanGood.org</a> <a href="mailto:Tom.Walls@HumanGood.org">Tom.Walls@HumanGood.org</a>
Risk Analyst	Sandra Lee	<a href="mailto:Sandra.Lee@HumanGood.org">Sandra.Lee@HumanGood.org</a>
Risk Management Team	Email group includes Legal, Risk, etc.	<a href="mailto:RiskManagementTeam@HumanGood.org">RiskManagementTeam@HumanGood.org</a>
Senior Director of Financial Compliance	Joua Lo	<a href="mailto:Joua.Lo@humangood.org">Joua.Lo@humangood.org</a>
Senior Vice President Communications	James Park	<a href="mailto:James.Park@Humangood.org">James.Park@Humangood.org</a>
SVP of Human Resources (or designee)		Consult with community HR

# **HumanGood**

## **INFLUENZA-PANDEMIC** **OUTBREAK**

### **Prevention and Response Plan**

**Life Plan Communities/Continuing  
Care Retirement Communities**

**2021 - 2022**

**Contents:**

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**BACKGROUND INFORMATION**

Influenza (flu) is a contagious respiratory illness caused by influenza viruses; it can cause mild to severe illness. The influenza virus attacks occur most frequently during the months of January through April of each year, and those at greatest risk of severe illness and death are the very young and the elderly.

The burden of influenza on the United States can vary widely from season to season and is affected by a number of factors including the characteristics of circulating viruses, the timing of the season, population immunity to circulating viruses, how well influenza vaccines are working, and how many people have gotten vaccinated. While the impact of influenza varies from season to season, it places a substantial burden on the health of people in the United States each year.

In 2020, the emergence of coronavirus disease (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has affected people all across the world, forcing everyone to rapidly adapt and change personal and professional ways of life. Based on observations to date, the forthcoming 2020-21 influenza season is also likely to be different from what we might usually expect.

There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year.

The Centers for Disease Control and Prevention (CDC) uses mathematical modeling in combination with data from traditional flu surveillance systems to estimate the numbers of flu illnesses in the United States.

It has been recognized for many years that people 65 years and older are at high risk of developing serious complications from flu compared with young, healthy adults. This risk is due in part to changes in immune defenses with increasing age. While flu seasons vary in severity, during most seasons, people 65 years old and older bear the greatest burden of severe flu disease. In recent years, for example, it is estimated that between 70 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years old and older, and between 50 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in this age group.

Long term care facilities are at risk of influenza outbreaks due to the large number of elderly individuals in residence at any one time.

### **TYPES OF INFLUENZA**

Influenza types are seasonal, pandemic, avian, swine, and influenza in animals.

- **Seasonal**: Seasonal influenza, often called 'the flu', is an infectious disease of the respiratory tract caused by an influenza virus and spread efficiently from person to person. Outbreaks of seasonal flu follow largely predictable seasonal patterns and occur annually.
- **Pandemic**: A pandemic is a global outbreak of a new influenza A or other virus. Pandemics happen when new (novel) influenza A or other viruses emerge which are able to infect people easily and spread from person to person in an efficient and sustained way.
- **Avian**: Avian influenza refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses. Although avian influenza A viruses usually do not infect people, rare cases of human infection with these viruses have been reported.

- Swine: The H1N1 flu, commonly known as swine flu, is primarily caused by the H1N1 strain of the flu (influenza) virus. H1N1 is a type of influenza A virus, and is one of several flu virus strains that can cause the seasonal flu. Symptoms of the H1N1 flu are the same as those of the seasonal flu.

In the United States, “flu season” occurs in the fall and winter. While influenza viruses circulate year-round, most of the time flu activity peaks between December and February, but activity can last as late as May. The overall health impact (e.g., infections, hospitalizations, and deaths) of a flu season varies from season to season. In humans, the three viruses causing seasonal flu are:

- **Type A influenza**: responsible for the majority of seasonal flu cases, spread from person to person by those already infected by touching doorknobs, faucets, phones, or even being in the same room as a person who is coughing or sneezing. Type A is subclassified as H and N, which are the particular types of proteins attached to the virus. There are 16 different types of hemagglutinin (H) proteins and 9 different types of neuraminidase (N) proteins, from which we get the names “H1N1” or “H3N2”.
- **Influenza B** also causes seasonal illness. Although it has the potential to be very dangerous, typically it is less severe than influenza A and it does not cause pandemics. There are different strains of influenza B, but they are not sub-typed like influenza A viruses.
- **Influenza C** is much milder than the first two, typically resulting in mild respiratory illness. It is not associated with seasonal flu but instead, can occur any time. Symptoms are similar to the common cold.

The typical incubation period of influenza is 1 – 4 days, with an average of 2 days. Most healthy adults may be able to infect others beginning 1 day before their symptoms develop and up to 5 – 7 days after symptoms manifest. In addition, the virus sheds from the infected person after symptoms resolve. It is often difficult for individuals to differentiate between a virus which causes a “common cold” and influenza (see Table 1). What influenza A does NOT cause is symptoms such as vomiting and diarrhea, sometimes referred to as the “GI flu” or “stomach flu”, but which is essentially gastroenteritis.

Most persons who become ill recover without serious complications. However, influenza can be associated with serious illnesses, hospitalizations, and deaths, particularly among older adults, very young children, pregnant women, and persons of all ages with certain chronic medical conditions.

It is not possible to clearly identify the clinical differences between influenza viruses such as the ones that cause seasonal flu and the ones that can produce pandemic outbreaks. What is known is that all viruses have the capacity to mutate and thus, fall below the radar screen of vaccines developed to fight them, or entirely new organisms may develop to cause illness worldwide.

The newer a virus, the more impact it may have on a population. For this reason, it is important to monitor the CDC web site to maintain awareness of the viruses being seen

in the population in any particular year. Additionally, there are differences in cause and effect of pandemic virus. (See Table 2 below).

**TABLE 1.**

**Cold vs Flu**

<b>Signs and Symptoms</b>	<b>Cold</b>	<b>Influenza (Flu)</b>
<b>Symptom onset</b>	Gradual	Abrupt
<b>Fever</b>	Rare	Usual; lasts 3-4 days
<b>Aches</b>	Slight	Usual; often severe
<b>Chills</b>	Uncommon	Fairly common
<b>Fatigue, weakness</b>	Sometimes	Usual
<b>Sneezing</b>	Common	Sometimes
<b>Chest discomfort, cough</b>	Mild to moderate; hacking cough	Common; can be severe
<b>Stuffy nose</b>	Common	Sometimes
<b>Sore throat</b>	Common	Sometimes
<b>Headache</b>	Rare	Common

**TABLE 2.**

<b>Seasonal Flu</b>	<b>Pandemic Flu</b>
Occurs every year, typically from mid-October until the February.	Occurs three to four times a century and can occur in any season. May come in “waves” of flu activity that could be separated by months.
Affects 5-20 % of the U.S. population.	Experts predict an infection rate of 25-50% of the U.S. population.
Kills 500,000 to 1 million people each year worldwide; 36,000-40,000 die from flu in the U.S. annually.	The 2020-21 COVID-19 pandemic has killed more than 575,000 people and infected more than 32,000,000 in the U.S. alone as of April 2021.  The most recent historical pandemic in 1918, killed more than 500,000 people in the U.S. (at a time when the population was much smaller than now) and 50 million worldwide.
Most people recover in a week or two.	Usually associated with a higher severity of illness and consequently a higher risk of death or disability and complications, especially post-influenza pneumonia.

Death is generally confined to defined risk groups such as the elderly, the young, and those who are immunocompromised.	All age groups affected, not just high-risk groups. Otherwise fit adults could be at relatively greater risk based on pattern of previous pandemics.
Vaccination is effective if the viral strain can be reliably predicted and there is time for the vaccine to be prepared.	A vaccine against pandemic flu will not be available until 6-8 months after the strain is identified and once available, it will be in limited supply.
Antiviral drugs are generally available for those at greatest risk of serious complications of viral illness.	Antivirals may have limited effect on sequelae. The U.S. Department of Health and Human Services has ranked long term care facilities as 6 <sup>th</sup> out of 11 priorities to receive stockpiled antiviral meds for post-prophylaxis and treatment.

Unless a complication occurs, influenza does not require hospitalization in most humans. The exception is, of course, in the elderly and particularly, those with chronic conditions and co-morbidities such as cancer, asthma, and chronic obstructive lung disease.

### **GOAL**

This Plan is intended as a guide to preventing an outbreak and responding appropriately if an outbreak occurs.

The guidance in this Plan includes recommended techniques for prevention, surveillance and monitoring, and transmission prevention. Additionally, appendices found at the end of this Plan are updated with specific guidance as emergent viruses occur.

Flu prevention is the obvious primary goal. Prevention will require HumanGood to use a multi-faceted approach that includes:

- Infection Prevention
  - Surveillance
  - Monitoring
  - Detection
  - Vaccination
  - Education
- Infection Control

### **INFECTION PREVENTION**

#### ***Vaccination***

According to the CDC, the best way to prevent flu is to get vaccinated each year. In late 2019, a novel coronavirus, SARS-CoV-2, emerged as a cause of severe respiratory illness. In March 2020, the World Health Organization (WHO) declared coronavirus disease 2019 (COVID-19) a global pandemic. The common signs and symptoms of COVID-19 (e.g., fever, cough, and dyspnea) can also occur with influenza illness. As of May 2021, the SARS-CoV-2 continues to circulate and cause severe illness in the United States and worldwide. The extent to which SARS-CoV-2 will circulate over the course of

the 2021-2022 influenza season is unknown. However, during the continued or recurrent circulation of SARS-CoV-2 concurrently with influenza viruses during the upcoming fall and winter, influenza vaccination can reduce prevalence of illness caused by influenza, and can also reduce symptoms that might be confused with those of COVID-19.

Flu vaccines are updated annually to better match viruses expected to be circulating in the United States.

On February 26, 2021, the WHO recommended that quadrivalent vaccines for use in the 2021 - 2022 northern hemisphere influenza season contain the following:

Cell- or recombinant-based Vaccines:

- an A/Wisconsin/588/2019 (H1N1)pdm09-like virus
- an A/Cambodia/e0826360/2020 (H3N2)-like virus
- a B/Washington/02/2019 (B/Victoria lineage)-like virus
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

It is recommended that trivalent influenza vaccines for use in the 2021 - 2022 Northern Hemisphere influenza season contain the following:

Cell- or recombinant-based Vaccines

- an A/Wisconsin/588/2019 (H1N1)pdm09-like virus
- an A/Cambodia/e0826360/2020 (H3N2)-like virus
- a B/Washington/02/2019 (B/Victoria lineage)-like virus

The Centers for Medicare and Medicaid Services (CMS) has required that all nursing homes participating in Medicare and Medicaid programs offer each resident the influenza and pneumococcal vaccines. According to the requirements, as amended in November 2016, each resident is to be vaccinated unless contraindicated medically, the resident or legal representative refuses vaccination, or the vaccine is not available. This information is to be reported as part of the CMS Minimum Data Set for skilled nursing communities.

Each community has a process for ensuring vaccination of residents with pneumococcal vaccination on admission and the annual influenza vaccination.

***\*\*Informed consent is required to implement a standing order for vaccination\*\****

In the event that a resident is admitted to the Life Plan or skilled nursing community after the influenza vaccination program has concluded, the benefits of vaccination should still be discussed, educational materials provided (available for download at the CDC website), and an opportunity for vaccination should be offered to the new resident as soon as possible after admission to the community.

The vaccine will be provided at no cost to team members, although in times of shortage of the vaccine, it will be given to residents first. Those team members who decline vaccination will be required to sign a statement of declination, which will be kept in their personnel file in Human Resources, and must wear a face mask when providing resident care.

***Surveillance and monitoring:***



- The Executive Director/Health Services Administrator or designee will monitor Federal and State public health advisories and the CDC website for information updates on the type of flu virus being identified during the season.
- The Executive Director/Health Services Administrator or designee will also provide weekly updates to the management team, on the status of any county, state or national pandemic flu outbreak and if known, will identify the number of persons in the local geographic area infected to date and the type of virus identified.
- Residents requesting meal trays will be assessed by a licensed nurse to determine whether they are experiencing flu-like signs and symptoms and whether they have been vaccinated for this season. In communities where a licensed nurse is not available, a team member will interview the resident and report signs and symptoms to the resident's physician for a determination of whether or not to test for influenza.
- Likewise, residents who come to the Wellness Office/Clinic or in need of health service will be assessed for flu-like signs and symptoms.
- Team members are to report any resident who has signs and symptoms of influenza including fever, headache, muscle aches, sore throat, chills, fatigue, runny or stuffy nose, cough, and/or mental status changes occurring in residents.
- Initiate the use of a daily active Flu Surveillance Line Listing (Appendix A) and collect data on all newly symptomatic residents until at least one week after the last influenza case occurs. Monitor team member absenteeism due to respiratory symptoms in order to track community influenza activity.
- Residents in the skilled nursing, memory care, and assisted living units will be assessed daily for signs and symptoms of flu. The resident's physician will be contacted for any resident exhibiting signs and symptoms of flu so that the physician can determine if testing is necessary.

#### **Detection:**

Team members are required to report any *suspected and confirmed* outbreaks. An outbreak is more than 2 residents exhibiting symptoms. A confirmed outbreak should also be reported to the Health Services Administrator, SNF medical director (if appropriate to the location), and the Risk Management Team.

Reporting to the local department of public health or licensing regulatory body may also be required depending on the type of outbreak and local rules and requirements.

The signs and symptoms of influenza are generally evolving within a few hours, generally with an onset of one symptom before the rest begin to manifest. These symptoms are as follows:

- Fever (temperature of 100°F or above) with at least 3 of the following sub-criteria:
  - Chills
  - NEW headache or eye pain

- Myalgia or body aches
- Malaise or loss of appetite
- Sore throat
- NEW or INCREASED dry cough

Note: seasonality is no longer required to meet the criteria for Influenza or Influenza-like Illness.

If a resident, family member or team member develops any of these signs and symptoms during flu season, the entire unit needs to be monitored carefully to ensure that the response and intervention portion of this plan is initiated.

### ***Prevention of Transmission***

The following additional prevention actions will be taken by managers:

- The Executive Director/Health Services Administrator announces via message to all residential, assisted living and/or memory care residents to remain in their units if they feel ill or become symptomatic of the flu, to wash their hands before and after meals, to cover their nose and mouth when sneezing, and to wear a face mask if they have to leave their unit for any reason.
- Symptomatic residential, assisted living and/or memory care residents will be given meal trays in their room.
- Necessary supplies will be ordered, such as extra Kleenex and antibacterial hand solution, gowns, masks and gloves so that the community can respond to an influenza A outbreak. Do not wait until after an outbreak is declared.
- Distribute a notice to all residents that influenza A illness has been identified in the facility and post the Flu Notice on entrance doors so that visitors are advised. Sample notice to be posted during an outbreak:

**THIS COMMUNITY IS CURRENTLY EXPERIENCING AN  
OUTBREAK OF INFLUENZA. DO NOT BRING CHILDREN INTO  
THE FACILITY TO VISIT. YOU MAY NOT VISIT IF YOU  
CURRENTLY HAVE SYMPTOMS OF THE FLU.  
IF YOU HAVE NOT BEEN VACCINATED AGAINST THE FLU THIS  
SEASON, YOU WILL BE REQUIRED TO WEAR A MASK TO  
AVOID BECOMING INFECTED, AND YOU WILL BE ASKED TO  
WASH YOUR HANDS BEFORE ENTERING AND AFTER LEAVING  
YOUR LOVED ONE'S ROOM.**

- Limit the number of large group activities in the community and consider serving all meals in resident rooms if possible when the outbreak is widespread (involving multiple units of the community).

- Avoid new admissions of individuals into the skilled nursing unit if they are symptomatic of or have been diagnosed with influenza A.
- Limit visitation and exclude ill persons from visiting the community via posted notices. Consider restricting visitation by children during community outbreaks of influenza.
- Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until at least 24 hours after they no longer have a fever.
- Restrict personnel movement from areas of the community having illness to areas not affected by the outbreak.
- Consider closing dining rooms and group activities when an outbreak occurs.
- Initiate meal tray delivery with disposable dining ware and utensils to affected residents until the outbreak is resolved.

### **Education**

Education for all residents, visitors, and team members concerning the importance of vaccination, recognizing symptoms of infection, community policies regarding work restrictions when ill, visitor restrictions, appropriate respiratory precautions, and hygiene cough etiquette. The community Infection Preventionist and skilled nursing director of staff development play a key role in developing and presenting information.

Prior to the influenza season, each community will undertake a campaign to encourage team members to vaccinate their family members, and to encourage visitors to be vaccinated.

All nursing team members must be very familiar with infectious diseases and in particular, the most frequently occurring infectious disease, influenza. Education at each community is to include, but not necessarily be limited to:

- **Flu signs and symptoms**, and seriousness of infection spread.
- **Basic hygiene:** It is better for people to get used to modifying their behavior (i.e. washing their hands more regularly, coughing and sneezing into a tissue or into their sleeve, etc.) *before* there is an infectious disease outbreak, and these simple steps can greatly reduce the likelihood of having an infectious disease outbreak.
- **Standard precautions:** hand hygiene is THE most important element in preventing the spread of viruses. Use of alcohol based hand rub is preferred, Frequent, thorough handwashing with soap and water should be routinely followed by all team members.
- **Respiratory etiquette:** use of tissues to blow the nose, discarding each one into a trash receptacle, is the essential part of respiratory etiquette, along with handwashing after blowing the nose. Encourage coughing persons to remain at least 3 feet away from others, if possible. Exclude health care practitioners and visitors with symptoms of respiratory infection. Ensure that hand hygiene supplies are available where sinks are located and/or providing dispensers of alcohol-based hand rubs. If a resident is

coughing, an assessment is needed to determine the cause. Team members are taught how to recognize bacterial versus viral nasal and cough discharge, and the nurses are taught how to be alert for the possibility of influenza, along with other reasons and assessment findings for non-flu related coughing. Visitors who have a cough or evidence of a respiratory illness are asked to stay away until their symptoms are resolved. Team members who have evidence of respiratory illness are asked to stay at home until symptoms resolve.

- **Use of Personal Protective Equipment** as barriers to infection: when and how to use gowns, masks, and gloves, and when and how to use the N95 respirator.
- **Post visual alerts:** For residents, team members, visitors and volunteers with instructions to
  - o Report symptoms of respiratory infection to a designated person;
  - o Stay home or avoid visiting if you are sick; and
  - o Follow appropriate respiratory etiquette (and information about respiratory etiquette).
- **Visitor Precautions and Restrictions:**
  - o Post signs notifying visitors that adults with respiratory symptoms should not visit for 5 days and children with symptoms should not visit for 10 days following the onset of illness.
  - o Provide written information about influenza-like infections and seasonal influenza to visitors and why the infection control precautions are necessary.
  - o Provide visitors with written instructions (respiratory hygiene/cough etiquette) about the precautions implemented by the facility.
  - o Encourage visitors to get vaccinated for influenza.
  - o Ensure that hand hygiene supplies, tissues and masks are readily available. If visitation during an outbreak is necessary (e.g., compassionate care visitation of a dying resident), instruct symptomatic visitors to:
    - (1) wear a surgical or procedure mask over their mouth and nose while in the resident's room;
    - (2) cough and sneeze into a tissue and discard contaminated tissues in a waste receptacle; and
    - (3) perform hand hygiene before entering the resident's room, before and after resident contact and upon leaving the resident's room.
  - o (4) Consider restricting all children from visiting during an outbreak.

- **Signage:** During flu season, signs are posted on the front access door to the unit and the community. Examples below may be used, or those dictated by local health authorities. Sample wording for signage:

### **IT IS FLU SEASON AGAIN**

#### **HELP US AVOID AN OUTBREAK**

**If you have a fever, a cough, or a runny nose, please do not visit until your symptoms are completely gone.**

**If you have no symptoms, please wash your hands with warm water and soap before going into a resident room and before you leave the facility.**

**If you have any questions, please call our administrative office at \_\_\_\_\_.**

The notice to be posted during an outbreak:

**THIS COMMUNITY IS CURRENTLY EXPERIENCING AN OUTBREAK OF INFLUENZA. DO NOT BRING CHILDREN INTO THE FACILITY TO VISIT. YOU MAY NOT VISIT IF YOU CURRENTLY HAVE SYMPTOMS OF THE FLU.**

**IF YOU HAVE NOT BEEN VACCINATED AGAINST THE FLU THIS SEASON, YOU WILL BE REQUIRED TO WEAR A MASK TO AVOID BECOMING INFECTED, AND YOU WILL BE ASKED TO WASH YOUR HANDS BEFORE ENTERING AND AFTER LEAVING YOUR LOVED ONE'S ROOM.**

### **INFECTION CONTROL**

General infection control measures are some of the most important steps to take. These measures include education of team members, surveillance and monitoring, and early response.

#### ***Environment***

Basic unit cleanliness must be an on-going endeavor. Each unit manager is expected to implement and maintain good infection control strategies including, but not limited to, the following:

- Keep common areas clean and vacuumed; and
- Frequently touched areas should be wiped down, on at least a daily basis during flu season, with the appropriate EPA approved surface disinfectant.

### ***Personal Protective Equipment (PPE)***

- A supply of personal protective equipment such as gowns, gloves, surgical and N-95 masks, face shields or goggles should be kept at all times.
- The supply manager is responsible for monitoring stock levels and ordering PPE as needed from approved vendors.
- The supply manager should establish and check minimum levels of personal protective equipment on at least a monthly basis.
- If, in the case of a large outbreak, sufficient supplies are not delivered, the supply manager may reach out to the HumanGood procurement team to coordinate emergency delivery of critically needed supplies.
- A quantity of PPE and other supplies such as hand sanitizer, disposable plates, cups and equipment should be readily available to team members in the event an infection is identified.
- Team members on each shift should be trained and fit tested for use of N-95 or higher masks. (See Respiratory Protection Plan).

### ***Specific infection control processes in flu season include:***

Maintaining **Standard Precautions** constitutes the primary strategy for prevention of healthcare-associated transmission of infectious agents among residents and team members.

Examples of standard precautions include:

- **Hand hygiene with alcohol-based hand rub (ABHR) and/or soap and running water** when arriving at work, before and after providing care or services for a resident, and prior to leaving work for lunch and at the end of the work shift.
- **Handwashing** after touching the resident's respiratory secretions, whether or not gloves are worn. Gloves do not replace the need for performing hand hygiene.
- **Wearing gloves** if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
- **Wearing a gown** if soiling of clothes with a resident's respiratory secretions is anticipated.
- **Changing gloves and gowns** after each resident encounter and performing hand hygiene.

**Droplet precautions** are used to prevent transmission of pathogens through close respiratory or mucus membrane contact. Droplet precautions are implemented as soon as a resident is suspected or confirmed to have influenza, and this continues for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.

Examples of Droplet Precautions include:

- Placing ill residents in a private room. If a private room is not available, place (cohort) residents suspected of having influenza residents with one another.
- Wear a facemask (e.g., surgical or procedure mask) upon entering the resident's room. Remove the facemask when leaving the resident's room and dispose of the facemask in a waste container.
- If resident movement or transport is necessary, have the resident wear a facemask (e.g., surgical or procedure mask), if possible.
- Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other departments.

These precautions are part of the overall infection control strategy to protect against influenza and should be used along with other infection control measures, such as isolation or "co-horting" of ill residents, screening team members and visitors for illness, sending team members back to their home if they have flu symptoms, and discouraging ill visitors from entering the facility.

Because residents with influenza may continue to shed influenza viruses while on antiviral treatment, infection control measures to reduce transmission, including following Standard and Droplet Precautions, should continue while the resident is taking antiviral therapy. This will also reduce transmission of viruses that may have become resistant to antiviral drugs during therapy.

## **RESPONSE & INTERVENTION**

### ***Team Member Illness***

- Flu signs and symptoms that develop in any team member must be reported by that individual to their immediate supervisor as soon as possible.  
The supervisor sends the team member home and reports the event to the department manager, Human Resources and the Executive Director/Health Services Administrator or designee.
- All team members will be advised that a team member with flu symptoms has been identified, and they are asked to report any flu signs and symptoms that they might develop to their immediate supervisor as soon as possible.
- Team members may be required to furnish a doctor's note or fitness-for-duty certification in order to return to work.
- If the team member had direct resident contact of any type, those residents are quickly identified, and to the extent possible, assessed daily over a 7-day period for the development of flu signs and symptoms.
- An Infection Control Log (Line Listing) will be started to identify all affected team members as their illness develops, the date of onset of signs and symptoms, any

test results, physician name, and disposition. This will be maintained by the Director of Nursing or designee.

- When in an outbreak (2 or more confirmed cases) daily updates on new and existing team member flu cases will be provided to the Risk Management team and Healthcare Services and Quality support team.
- Human Resources will coordinate the payment of sick leave, vacation and / or other applicable compensation or benefits (if any) during the team member's absence from work. Additionally, the team member may be entitled to protected leave under state and / or federal law, including, by way of example, the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA).

### ***Resident Illness***

Following is a list of all the health and age factors that are known to increase a person's risk of getting serious complications from flu:

- Adults 65 years and older
- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders
- Chronic lung disease
- Diabetes
- Heart disease, including congestive heart failure and coronary artery disease
- Kidney disorders
- Liver disorders
- People in nursing homes and other long-term care facilities
- People who are obese with a body mass index [BMI] of 40 or higher
- People with a weakened immune system due to disease (HIV or AIDS, or some cancers such as leukemia) or medications (chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)

### ***Interventions***

- Symptoms of flu that develop in any resident are reported as soon as practicable to the unit supervisor by the team member who identifies them.
- When 2 or more residents develop signs and symptoms, they will be added to the Infection Control Log (Line Listing) for residents and team members, and the appropriate regulatory bodies (Department of Public Health, licensing division, etc.) are notified.
- Residents will be assessed for flu-like signs and symptoms by a licensed nurse, and their physician contacted if symptoms exist.



The appropriate team member notifies the resident's physician and provides assessment results. If the physician agrees that the resident is experiencing the flu, he/she orders **isolation** to the degree possible in the facility and in addition, orders any testing or treatment believed necessary.

### ***Isolation Precautions***

- Skilled nursing residents will be placed on isolation precautions in groups (cohorts) of those who are symptomatic, even if this means changing rooms around so that those with the flu are all located in the same wing of the unit.
- If the residents are in independent living, they are asked to self-isolate until their symptoms are gone.
- If the residents are in Assisted Living, they are isolated in their apartment or room.
- If in memory care, symptomatic residents are considered for admission to the skilled nursing facility (SNF) if symptoms warrant and space is available. If not, memory care residents are isolated in their room.
- Isolation gowns, and masks and gloves are set outside the rooms of isolated residents. A trash can is placed in each isolation room,
- The appropriate team member notifies Dietary to provide trays with disposable utensils and dishware.

Once an outbreak has been identified, transmission control actions are to be activated.

### ***Testing***

Even if it's not influenza season, influenza testing should occur when any resident has signs and symptoms that could be due to influenza, and especially when two residents or more residents develop respiratory illness within 72 hours of each other. If there is one laboratory-confirmed influenza positive case along with other cases of respiratory infection in a unit, an influenza outbreak might be occurring. While unusual, an influenza outbreak can occur outside of the normal influenza season; therefore, testing for influenza should be added to testing for other respiratory pathogens during non-influenza season periods.

- Determine if influenza virus is the causative agent by performing influenza testing per lab instructions of ill residents with recent onset of signs and symptoms suggestive of influenza.
- Because of the possibility of false negative results during influenza season, if influenza is suspected and immunofluorescence or rapid influenza diagnostic test results are negative, the attending physician should order confirmatory testing using RT-PCR or viral culture.
- Viral culture should be performed if additional information on influenza viruses, such as influenza A virus subtype, antigenic characterization to compare with vaccine strains, or antiviral resistance data, are needed. Additionally, viral culture can be

used to confirm results from rapid diagnostic testing (as mentioned above) Determining influenza virus type or subtype of influenza A virus can help inform antiviral therapy decisions. The attending physician may want to test for other respiratory pathogens as well if it isn't influenza season.

### **Treatment**

According to the National Institutes of Health antiviral treatment is an important tool in both controlling influenza and helping to prevent severe illness that can result from flu such as bacterial pneumonia.

The CDC recommends a prescribed medication for residents and team members works best when started soon after flu illness begins (within 48 hours of onset of flu symptoms) without waiting for laboratory confirmation; however, starting antiviral treatment can still be beneficial if started later than 48 hours after symptoms manifest.

Additionally, the use of antiviral drugs is a key component of influenza outbreak control in Life Plan Communities due to the advanced age of many residents who are at higher risk of influenza complications.

When a long-term care community is experiencing an outbreak, antiviral chemoprophylaxis may be given to residents who are not showing flu symptoms, regardless of their influenza vaccination status,. This recommendation has been issued so that these communities can prevent wide transmission of the virus.

***Therefore, if two or more residents evidence flu symptoms within 72 hours of each other and at least one resident has laboratory-confirmed influenza, an order for antiviral chemoprophylaxis should be requested from the primary care physician.***

Priority will be given to residents living in the same unit or floor as the resident who is already sick; however, since team members and residents may spread influenza to residents on other units, floors, or buildings of the same facility, all non-ill residents are recommended to receive antiviral chemoprophylaxis to control influenza outbreaks.

- The Director of Nursing, Medical Director, Director of Wellness, and Executive Director/Health Services Administrator are expected to discuss the need for testing of and antiviral chemoprophylaxis for team members with symptoms of flu who were exposed to residents with suspected or confirmed infection with laboratory-confirmed diagnosis of influenza infection.
- At the least, unvaccinated team members who have occupational exposure should be counseled about the early signs and symptoms of influenza and advised to contact their private doctor right away for evaluation and possible early treatment.
- Individuals receiving antiviral chemoprophylaxis should not receive live attenuated influenza virus vaccine (LAIV), and persons receiving LAIV should not receive antiviral treatment or chemoprophylaxis until 14 days after LAIV administration.

Residents whose symptoms progress in severity, who are becoming dehydrated, and/or those who have complicating co-morbidities such as cardiac and/or respiratory disease, should be monitored carefully, and transferred to an acute care facility, if complications of the flu are noted.

### **INFECTION CONTROL LOG (LINE LISTING) FOR RESIDENTS AND TEAM MEMBERS:**

The Director of Nursing or designee as the Situation Commander maintains the Infection Control Log (Line Listing). See Appendix A for a sample line listing. Communities may use a form or format dictated by local regulatory bodies.

The log in each location must contain the following information:

- Resident or Team Member Name
- Resident or Team Member Age
- Resident or Team Member Gender
- Building/Floor/Level of Care
- Resident Room/Bed # or Primary assignment for team members
- Date of Symptom Onset
- Type of Symptoms
- Chest X-Ray Date/Results
- Influenza test date
- Result of test (pathogen identified)
- Symptom resolution date
- Disposition
- Outcome

This log will be retained in unit infection control files for a period of seven (7) years, after which it may be destroyed by shredding.

The HIPAA Privacy Rule permits us to provide a copy of this log to the department of public health (DPH) representative without written authorization of the residents and team members who are listed on the log.

### **INCIDENT REPORTING**

Following established policy/procedure, complete an incident report for any resident who is transferred to an acute care hospital as a result of influenza symptoms or significant changes in condition that result from influenza.

The outbreak is reportable to regulatory bodies and local departments of health. An outbreak should be reported to Caring Communities via the Trinisys system, or the RiskWatch system.

## **DOCUMENTATION OF THE OUTBREAK**

The Director of Nursing/Wellness, considered the “Situation Commander” as per our Emergency Preparedness and Response Plan, maintains the documented event narrative and timeline, and the Infection Control Log (Line Listing). This documentation is reviewed by the community QAPI Committee and submitted to the Risk Management team at the meeting following the end of the outbreak.

## **RESOLUTION AND RECOVERY**

- When the outbreak is resolved, the Director of Nursing/Wellness notifies the Executive Director/Health Services Administrator, Medical Director, Risk Management team, the Department of Public Health, and the licensing division.
- The manager of each unit conducts daily active surveillance until at least 1 week after the last confirmed influenza case was identified.
- Residents may be returned to their regular rooms or released from quarantine or isolation and the dining rooms can be reopened and common activities restarted.
- Visitors can again come to the unit regardless of age.
- Per CDC recommendations, the flu season signs must remain on the access doors to the facility until the flu season is over.
- Caring Communities is notified that the outbreak is over.

## **Resources**

Centers for Disease Control and Prevention; 5/31/21, Prevention Strategies for Seasonal Influenza in Healthcare Settings:

<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Centers for Disease Control and Prevention; Vaccine Information Statement:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

National Institute of Allergy and Infectious Diseases; 4/10/2017, Influenza Treatment:

<https://www.niaid.nih.gov/diseases-conditions/influenza-treatment>

## **Citations**

Centers for Disease Control “About Flu”, Feb 10, 2021:

<https://www.cdc.gov/flu/about/index.html>

## APPENDIX A: SAMPLE FORMS

### LTC Respiratory Surveillance Line List

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

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

A. Case Demographics				B. Case Location		C. Signs and Symptoms (s/s)				D. Diagnostics				E. Outcome During Outbreak <sup>a</sup>							
Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever <sup>b</sup> (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____	Chest x-ray (Y/N)	Type of specimen collected (select all codes that apply) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify _____	Date of collection: (mm/dd)	Type of test ordered (Select all codes that apply) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify _____	Pathogen Detected (Select all codes that apply) 0 – Negative results Bacterial: 1 – <i>S. pneumoniae</i> , 2 – <i>Legionella</i> , 3 – <i>Mycoplasma</i> Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify _____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					

If faxing to your local Public Health Department, please complete the following information:

Facility Name: \_\_\_\_\_ City, State: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<sup>a</sup> Note: Outbreak defined as date of first case to resolution of last case.

<sup>b</sup> Definition of Fever (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977):  
(1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Updated: March 12, 2019

Available from: <https://www.cdc.gov/longtermcare/training.html>

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# IS IT A COLD OR FLU?

SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU



## **APPENDIX B: ZIKA VIRUS**

### ***Background:***

Prior to 2014, very few travel-associated cases of Zika virus disease were identified in the United States. In 2015 and 2016, large outbreaks of Zika virus occurred in the Americas, resulting in an increase in travel-associated cases in US states, widespread transmission in Puerto Rico and the US Virgin Islands, and limited local transmission in Florida and Texas. In 2017, the number of reported Zika virus disease cases in the United States started to decline. In 2018 and 2019, there were no reports of Zika virus transmission by mosquitoes in the continental United States, but in 2018 there were 41 deaths in the U.S. that were related to Zika and, in 2019, there were 10 cases reported, all from travelers returning from affected areas.

New cases are to be reported to the CDC by state and local health departments.

### ***Genus and transmission:***

The Zika virus is a member of the virus family Flaviviridae and the genus Flavivirus. It is spread by the bite of active Aedes mosquitoes, such as *A. aegypti* and *A. albopictus*. These are the same mosquitos that spread dengue and chikungunya viruses. The name of the virus comes from the Zika Forest of Uganda, where the virus was first isolated in 1947. Zika virus is related to the dengue, yellow fever, Japanese encephalitis, and West Nile virus.

The mosquitoes typically lay eggs in and near standing water in things like buckets, bowls, animal dishes, flower pots and vases. They prefer to bite humans and live indoors and outdoors near people. They become infected when they feed on a person already infected with the virus. Infected mosquitoes can then spread the virus to other people through bites.

### **TEAM MEMBERS IN CONTINUING CARE RETIREMENT COMMUNITIES SHOULD:**

1. Know the clinical manifestation of Zika virus infection and how to access information about areas with active transmission.
2. Be capable of assessing for risk factors and exposure to Zika virus.
3. Be aware that people with Zika virus infection can be asymptomatic or mildly symptomatic and therefore, consider Zika virus disease in the differential diagnosis for residents with appropriate risk factors.
4. Discuss preventive measures with residents and families. Provide materials with information about risk factors to encourage the use of mosquito bite prevention actions.
5. Follow Standard Precautions when providing clinical services for residents
6. CDC Zika virus resources can be found here:

<https://www.cdc.gov/zika/index.html>

### ***Signs and symptoms:***

The illness is most often mild, with symptoms lasting from a few days to a week. Since afflicted individuals do not usually get sick enough to go the hospital, they may not even



realize they are infected. However, a Zika infection during pregnancy is believed to produce fetal defects such as microcephaly, hearing deficits, defects of the eye, and impaired growth.

Zika infection may result fever, rash, joint pain, and conjunctivitis. In some cases, an eye infection called uveitis might develop, which can lead to loss of vision.

In rare cases, infection with the Zika virus has been associated with Guillain-Barre syndrome, which includes temporary muscle weakness and paralysis. Death in humans is rare.

If Zika viral infection is suspected:

- Isolate the resident and implement strict isolation procedures.
- Do not allow visitors into the infected person's room.
- Instruct all team members providing care that the blood and body fluids of the resident will be contagious. Immediately remove clothing and gowns that are contaminated with blood or other body fluids. These should be bagged and washed with regular laundry soap; bleach is not necessary.
- Contaminated surfaces are to be washed by gloved individuals with household cleaner and disinfectants.
- The sick person's room is to be washed down daily with household cleaners.
- Contact the Department of Public Health to report the suspicion or, if diagnosed, the date of diagnosis.
- Collect and document the names of all team members who were in close contact with the resident.
- Follow the directions of the Public Health Department epidemiologists.

### ***Testing:***

There is currently no commercially available test to detect Zika infection. The CDC has given emergency use authorization for 10 tests to be used only by Public Health officials until a test with more specificity is developed.

According to the CDC, Zika antibodies show up in the blood four to five days after the onset of illness and can last 12 weeks or longer. The CDC's test looks for immunoglobulin M, or IgM, antibodies that show up relatively early in an infection. Processing of these tests takes time because the specimens must be shipped to specifically designated labs. In addition, there are concerns about accuracy for these tests. One of them has been plagued by false – positives and is no longer being used.

### ***Treatment:***

The only known treatment is symptomatic treatment, with rest, fluids, acetaminophen to reduce fever and/or pain, and avoidance of aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs).



## **APPENDIX C: “SWINE FLU”**

In the spring of 2009, a novel influenza A (H1N1) virus emerged. It was detected first in the United States and spread quickly across the United States and the world. This new H1N1 virus contained a unique combination of influenza genes not previously identified in animals or people. This virus was designated as influenza A (H1N1)pdm09 virus. Ten years later, work continues to better understand influenza, prevent disease, and prepare for the next pandemic.

Though the 2009 flu pandemic primarily affected children and young and middle-aged adults, the impact of the (H1N1)pdm09 virus on the global population during the first year was less severe than that of previous pandemics. Estimates of pandemic influenza mortality ranged from 0.03 percent of the world’s population during the 1968 H3N2 pandemic to 1 percent to 3 percent of the world’s population during the 1918 H1N1 pandemic. It is estimated that 0.001 percent to 0.007 percent of the world’s population died of respiratory complications associated with (H1N1)pdm09 virus infection during the first 12 months the virus circulated.

***Signs and symptoms of swine influenza infection*** in humans are similar to those of uncomplicated seasonal influenza and include:

- Fever
- Cough
- Pharyngitis
- Rhinorrhea
- Myalgia
- Headache

Mild illness is similar in duration to that of uncomplicated seasonal influenza, (3-5 days) and may be managed on an outpatient basis, with close monitoring for clinical progression and development of complications.

Hospitalization may be required for severe complications or clinical progression to severe illness.

On August 10, 2010, WHO declared an end to the global 2009 H1N1 influenza pandemic. However, (H1N1)pdm09 virus continues to circulate as a seasonal flu virus, and cause illness, hospitalization, and deaths worldwide every year.

## ***TESTING, SURVEILLANCE AND TREATMENT***

At this time, the Swine Flu virus is treated similarly to seasonal Influenza. Communities should follow recommendations for Influenza.

## **APPENDIX D: AVIAN OR “BIRD” FLU**

Avian influenza is the disease caused by infection with the avian influenza Type A viruses, which occur naturally among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Avian flu viruses do not normally infect humans, but sporadic human infections have occurred.

H5N1 has heretofore been the viral strain known as “bird”, or avian, flu, but newly detected H5 viruses include H5N2, H5N8, and the new reassortant H5N1 viruses. The H5N1 virus isolated in the United States in January 2015 is the new mixed-origin virus (“reassortant”) that is genetically different from the H5N1 virus found in several other countries (notably countries in Asia and Africa), which has caused human infections with high mortality. Although it is related to the H5N1 virus that has caused human infections with high mortality, the ability of this new reassortant H5N1 virus to cause severe disease is currently unknown.

Typically transmitted from infected birds to humans, avian flu does not spread from human to human. When it does infect humans, it is associated with very serious illness, multiorgan failure, and a high death rate.

The strain has potential to mutate much like other virus strains, and if this happens with H5N1, it could cause a very serious and difficult to control pandemic outbreak.

Clinicians and public health personnel should consider the following recommendations for surveillance and testing: consider the possibility of infection with novel influenza A viruses with the potential to cause severe disease in humans in patients with medically-attended influenza-like illness (ILI) and acute respiratory infection (ARI) who have had recent contact (<10 days prior to illness onset) with **sick or dead birds** in any of the following categories:

- Domestic poultry (e.g., chickens, turkeys, ducks)
- Wild aquatic birds (e.g., ducks, geese, swans)
- Captive birds of prey (e.g., falcons) that have had contact with wild aquatic birds

### ***Testing***

The duration of shedding of novel influenza A viruses in humans is largely unknown, and there are currently limited data describing prolonged shedding of people infected with these viruses. Therefore, the estimated duration of viral shedding is based upon seasonal influenza virus infection.

Specimens should be obtained for novel influenza A virus testing as soon as possible after illness onset, ideally within 7 days of illness onset. However, as some persons who are infected with seasonal influenza viruses are known to shed virus for longer periods (e.g., children and immunocompromised persons), specimens should be tested for novel influenza A virus even if obtained after 7 days from illness onset. Prolonged shedding of influenza virus in the lower respiratory tract has been documented for critically ill patients

with highly-pathogenic avian influenza A H5N1 virus and avian influenza A H7N9 virus infections.

If the community has residents in independent living who have traveled out of the country to a location that has an outbreak of avian flu, such as the Middle East and Asia are prone to have, they may have no symptoms or may exhibit symptoms of shortness of breath, fever, and persistent cough. In addition, those who might contract avian flu include:

- Direct contact with birds (e.g., handling, slaughtering, defeathering, butchering, preparation for consumption); or
- Direct contact with surfaces contaminated with feces or bird parts (carcasses, internal organs, etc.); or,
- Prolonged exposure to birds in a confined space.

Team members are to take extra precautions when providing care and services to these individuals until all symptoms resolve and, unfortunately, these residents must be quarantined in their living quarters until all symptoms resolve. A “care plan” is to be posted in their room that instructs them to wash their hands with running water and soap frequently, to avoid touching their nose or mouth with their bare hands, and to regularly clean the surfaces of their unit with a bleach-containing cleaning solution.

Standard, contact, and airborne precautions are recommended for patient management; this includes collection of respiratory specimens.

Use infection control and universal precautions with masks, gowns and gloves when providing care and services to infected residents.

## **APPENDIX E: Corona Virus-Novel 19 (COVID-19)**

HumanGood is dedicated to providing the latest information and resident care guidelines to team members regarding coronavirus (COVID-19). The best way to combat infection, and fear is with information.

COVID-19 was identified in Wuhan, China in December 2019. COVID-19 is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person. Early in the outbreak, many patients were reported to have a link to a large seafood and live animal market, however, later cases with no link to the market confirmed person-to-person transmission of the disease. Additionally, travel-related exportation of cases has occurred. In early 2020, the World Health Organization (WHO) declared COVID-19 as a global pandemic.

Corona viruses are a large family of viruses. 30-40% of individuals with a cold have a corona virus. Some of the types of these viruses are MERS-CoV, SARS-CoV and this newly identified virus, COVID-19. U.S. public health authorities are closely monitoring the outbreak of this virus, and the U.S Centers for Disease Control (CDC) is coordinating efforts with the WHO and other global partners, and with state and local health departments. This is a novel or “new” type of corona virus and as more is learned about it, additional information will become available. It is recommended that our Life Plan/CCRC communities check the CDC website frequently for updated information until the pandemic has been declared ended.

### **Transmission**

Person-to-person spread of COVID-19 appears to be through respiratory droplets. These droplets are released when someone with COVID-19 sneezes, coughs, or talks. Infectious droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. CDC recommends maintaining a physical distance of at least 6 feet between persons.

Respiratory droplets can land on hands, objects or surfaces around the person when they cough or talk, and people can then become infected with COVID-19 from touching hands, objects or surfaces with droplets and then touching their eyes, nose, or mouth. Recent data suggest that there can be transmission of COVID-19 through droplets of those with mild symptoms or those who do not feel ill. Current data do not support long range aerosol transmission of SARS-CoV-2, such as seen with measles or tuberculosis. Short-range inhalation of aerosols is a possibility for COVID-19, as with many respiratory pathogens. However, this cannot easily be distinguished from “droplet” transmission based on epidemiologic patterns. Short-range transmission is a possibility particularly in crowded medical wards and inadequately ventilated spaces.

The CDC updated signs and symptoms of COVID-19 in February of 2021. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update its list as more is learned about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Current data indicates all ages can be affected, even healthy young adults can become severely ill with complications. The elderly and those with underlying health conditions are at higher risk of complications and death.

### **Prevention**

Current guidelines for prevention of transmission include everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Maintain hand hygiene and thorough hand washing.
- Keep your environment clean
- Disinfect high touch surfaces with an EPA approved disinfectant
  - Find the listing of approved disinfectants here:  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Avoid close contact with people who have cough, sneezing, fever, shortness of breath.
- Avoid touching your eyes, nose, and mouth.
- Stay home if you have fever, cough, sneezing, shortness of breath.
- Cover your trash cans with plastic trash can bags.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wear a face covering when out in public, wear appropriate PPE when working in the Life Plan Community.

Early recognition of those with potential infection is key to reducing the possibility of transmission. Symptom screening of all residents and team members should be performed.

According to the CDC, infection prevention priorities are:

1. Rapid identification of suspect cases
  - a. Screening/Triage at initial healthcare facility encounter and rapid implementation of source control
  - b. Limiting the entry of healthcare workers and/or visitors with suspected or confirmed COVID-19

2. Immediate isolation and referral for testing
  - a. Group patients with suspected or confirmed COVID-19 separately
  - b. Test all suspected patients for COVID-19
3. Safe clinical management
  - a. Immediate identification of inpatients and healthcare workers with suspected COVID-19
4. Adherence to IPC practices
  - a. Appropriate use of Personal Protective Equipment (PPE)

### **Guidelines for each Life Plan/CCRC Community**

- Self-isolation for suspected or confirmed positive cases of COVID-19 in residential or assisted living.
- Cohort residents in skilled nursing separating those with symptoms from well residents, as is done in Influenza A or other viral outbreaks.
- Use appropriate personal protective equipment, including eye protection, when caring for residents with symptoms consistent with COVID-19.
- All team members and health care personnel (per CDC definitions) in the LPC should wear a surgical type mask while working in the community. One mask per shift will be provided.
- Have persons suspected of being ill with COVID-19 tested as directed by the Local Public Health Department.
- Clean and disinfect frequently touched objects and surfaces such as tables and chairs and door knobs and cupboard knobs using an EPA-registered disinfectant appropriate for COVID-19, following the directions on the product label (See link above (under Prevention section) for further information on disinfectants).
- Follow CDC's recommendations for using a facemask; cotton procedure masks will not be sufficient; rather, use filtration masks (N-95 masks).
  - **CDC recommends** use of a face covering while in public spaces to protect against asymptomatic individuals from transmitting the virus.
  - Use of an N95 facemask is important for health workers who are taking care of someone who has been confirmed or is suspected of having COVID-19.
  - Use alcohol-based hand rub or wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating and after blowing your nose, coughing, or sneezing.
  - Always wash hands with soap and water if hands are visibly dirty.
  - Ask residents to cover their mouth and nose with a tissue, hand or cloth face covering when care is provided.

### **Testing for COVID-19**

Testing of residents, team members and other health care personnel should be performed at the cadence directed by local departments of public health. When considering testing of persons with possible COVID-19, communities should reach out to the resident's primary physician and work with their local and state health departments to coordinate testing through public health laboratories, or use COVID-19 diagnostic testing through

contracted clinical laboratories or rapid testing per community protocol to determine possible infection.

Clinical team members in conjunction with the resident's primary physician and/or the Medical Director should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections in a jurisdiction. Clinicians are strongly encouraged to test for other causes of respiratory illness such as influenza.

### **Community Actions**

One **confirmed** case of COVID-19 infection, or three or more residents or team members with new-onset of respiratory symptoms that occur within 72 hours will trigger the following actions:

- Within 12 hours of becoming aware of the infection, distribute a notice to all residents, team members and responsible parties that Coronavirus (COVID-19) has been identified in the facility. Include mitigation and prevention strategies.
- Provide updates at least weekly or within 12 hours if new cases develop.
- If the community has separate buildings, and the outbreak is limited to one building or area, the manager, in consultation with public health (if applicable) may decide to restrict only the area affected. For example, if there is a separate building for the healthcare center, restrictions apply only to where the outbreak occurs.
- Notify appropriate personnel according to the following policies: CCRC Incident Reporting, Notifications Required Upon Identification of Suspected COVID-19 Case at Life Plan Communities.
- Consider discontinuing large group activities in the community and serving all meals in resident rooms based on the location of the outbreak and public health recommendations.
- Avoid new admissions of individuals if they are symptomatic of or have been diagnosed with COVID-19, if possible. If not possible, use current CDC and local or state department of health guidelines for admission and isolation.
- If cases are confirmed, discontinue admissions to the building or area affected. If widespread, discontinue all admissions.
- Monitor personnel absenteeism for symptoms consistent with COVID-19, HumanGood policy requires that each team member exhibiting symptoms of communicable diseases, including COVID-19, to be excluded from work as follows:
  - Confirmed positive COVID diagnosis via testing and symptomatic individuals should be excluded from work, per current CDC guidelines. See CDC's "return to work criteria" for healthcare workers in Resources section.
  - Confirmed positive COVID diagnosis via testing but asymptomatic individuals should be excluded from work, per CDC, until 10 days have passed since the date of their first positive COVID-19 diagnostic test

assuming they have not subsequently developed symptoms since their positive test.

- Test based option: stay home until confirmed diagnosis via testing that the individual does not have COVID-19 infection. Two negative tests performed at least 24 hours apart indicate negative for COVID-19 infection.
- Restrict personnel movement from areas of the community having illness to areas not affected by the outbreak.
- Initiate meal tray delivery with disposable dining ware and utensils until the outbreak is resolved.

## **Education**

Educate all residents, visitors, and team members concerning the importance of recognizing symptoms of infection, infection control practices, HumanGood policies regarding work restrictions when ill, visitor restrictions, and appropriate respiratory precautions (as applicable).

If applicable, utilize the expertise and personnel in the health center (e.g., Nursing, DSD, Infection Preventionist) for training and consultation for the residential team.

All nursing team members must be very familiar with infectious diseases and in particular, the most frequently occurring infectious disease, influenza. Education at each facility is to include, but not necessarily be limited to:

- **COVID-19 signs and symptoms**, and seriousness of infection spread.
- **Basic hygiene:** It is better for people to get used to modifying their behavior (i.e. washing their hands more regularly, coughing and sneezing into a tissue or into their sleeve, etc.) *before* there is an infectious disease outbreak, and these simple steps can greatly reduce the likelihood of having an infectious disease outbreak.
- **Standard precautions:** hand washing is THE most important element in preventing the spread of viruses. Use of antibacterial solutions in lieu of handwashing is NOT a way to prevent spread of a virus; in fact, use of these solutions on a routine basis will allow viruses to spread. Frequent, thorough handwashing with soap and water is the best practice and should be routinely followed by all team members.
- **Respiratory etiquette:** General guidelines for non-COVID-19 infections; use of tissues to blow the nose, discarding each one into a trash receptacle, is the essential part of respiratory etiquette, along with handwashing after blowing the nose. Encourage coughing persons to remain at least 3 feet away from others, if possible. Exclude health care practitioners and visitors with symptoms of infection. Ensure that hand hygiene supplies are available where sinks are located and/or providing dispensers of alcohol-based hand rubs.
- **Use of protective clothing** as barriers to infection: when and how to use gowns, masks, eye protection and gloves, and when and how to use the N95 respirator.
- **Post visual alerts:** instructing residents, team members, visitors and volunteers to report symptoms of respiratory infection to a designated person.
- **Visitor Precautions and Restrictions:**
  - o Post signs notifying visitors of signs and symptoms that may indicate infection, and that they should not visit until symptoms are resolved.



- o Provide visitors with written instructions about the precautions implemented by the facility.
- o In the event of discontinuation of visitation during an outbreak, promote remote/virtual communication (phone, video, etc.) to the greatest extent possible.
- o If visitation during an outbreak is necessary (e.g., compassionate care visitation of a dying resident) the community should instruct visitors to:
  - wear all appropriate PPE such as a mask and gown while in the resident's room;
  - sanitize their hands before entering the resident's room, before and after resident contact and upon leaving the resident's room. No children are allowed to visit during an outbreak
- During an outbreak, signs are posted notifying all who enter or exit of current restrictions/practices at entry and exits.

## **Vaccination**

Early protection of all health care partners is critical in order for team members to continue taking care of residents in the community. Team members are on the front lines and risk being exposed to COVID-19 each day on the job. The decision to be vaccinated can protect more than the team member's health. It also protects colleagues, residents, families and the surrounding community.

Residents who receive COVID-19 vaccination will help save the lives of those at highest risk for infection and severe illness from COVID-19. Because residents live in group settings and are older adults often with underlying chronic health conditions, they are most at risk of severe disease from COVID-19.

Therefore, HumanGood encourages all team members and residents to become fully vaccinated against COVID-19.

Community leadership team is responsible for working with vendors and scheduling resident and team member vaccination clinics, and directing team members where to receive vaccinations from other sources.

Restrictions and limitations designed to prevent transmission may be changed or lessened based on vaccination status and community transmission rates, in accordance with applicable regulatory guidance (if any). Community leadership should consult current local and CDC guidance to determine any criteria for changing restrictions.

## **Resources**

Centers for Disease Control and Prevention, January 13, 2021; Nursing Homes and Long-Term Care Facilities, COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

Centers for Disease Control and Prevention, June 2, 2021, Return to Work Criteria For Healthcare Personnel With SARS-COV-2 Infection:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

A COVID-19 webpage has been created by HumanGood and can be accessed on the home page at

<https://intranet.humangood.org/content/INTRANET/Coronavirus-Updates.php>

HumanGood Respiratory Protection Plan:

<https://intranet.humangood.org/intranet/documents/1808/12942/>

**State Departments of Health** information, wherein this information is valuable even if you are not in the designated state:

- Nevada - <http://dhhs.nv.gov/> Link to COVID-19 information is on the home page
- Washington - <https://www.doh.wa.gov/>
  - Specific to COVID-19: <https://www.doh.wa.gov/Emergencies/Coronavirus>
- Arizona - <https://www.azdhs.gov/>
  - <https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-provider-resources>
- California - <https://www.cdph.ca.gov/>
  - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Idaho - <https://healthandwelfare.idaho.gov/Home/tabid/55/Default.aspx>
- PA - <https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>

## **Publications/tools/posters:**

- **CDC posters and handouts** for Coronavirus can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- **Corona virus staff education poster English:**  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Coronavirus\\_Alert\\_English.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Coronavirus_Alert_English.pdf)

- **Corona virus staff education poster in Spanish:**  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Spanish\\_Coronavirus\\_poster.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Spanish_Coronavirus_poster.pdf)
- **CDC training videos on corona virus, infection prevention:**  
<https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html>
- **PPE appropriate removal and donning Poster**
- <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- **N-95 respirator key areas for effectiveness poster**
- <https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>
- **Hand Hygiene posters, videos, pocket cards**  
<https://www.cdc.gov/handhygiene/campaign/promotional.html>
- **WHO myth busters** public advice for corona virus  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
- **Pandemic checklist:** <https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-pandemic-checklist-508.pdf>



<b>WANDERING (ELOPEMENT) SYSTEM TEST POLICY</b>	Effective Date	8/23/18
	Revision / Review Dates	8/16/18
		06/21/21
	Departments Approving	LEGAL - OPERATIONS
	Departments Affected	LIFE PLAN COMMUNITIES

## **Introduction and Background**

It is the expectation of HumanGood that each of its Life Plan Communities, to the extent possible, maintains a safe and secure environment for all residents. Each community has an Elopement Management Plan (EMP) that includes equipment monitoring protocols. The Executive Director (ED) or designee is responsible for maintaining an updated EMP, and for periodically testing the equipment used to prevent elopements. Wandering is a term sometimes used in place of elopement.

## **Policy**

On a weekly basis, as well as following any report of a resident elopement, maintenance will test and document the elopement prevention system devices, including the door controller monitors, display panels, the computer and any other system components listed in the system operator's manual.

Communities may have different systems. If the procedures below do not pertain to your system, please follow testing instructions per the owner's manual of the system in your community, and modify the attached Resident Security System Weekly Test Form accordingly.

## **Procedures**

The Resident Security System Weekly Test Form shall be used to document the performance of the elopement prevention system devices.

1. Each door shall be tested to ensure the electromagnet prevents the door from opening against force. This test is documented on the form.
2. Each door's electromagnet and armature shall be inspected to ensure proper alignment and the absence of foreign material on the electromagnet that might prevent the door from locking properly.
3. Each door shall be tested to verify that it triggers the nurse alert alarm and that the alarm activates. This test is documented on the form.



4. Each door shall be tested to verify the full system alarm activates if a resident leaves the area. This test is documented on the form.
5. Each transponder must have a unique identifier. If possible within the system, the transponder (transmitter) for the resident should identify the resident by name/ room number.
6. Spare transponders shall be tested on a door to verify its reliability. This test is documented on the form.
7. Problems with the system shall be corrected as soon as possible. Any problems found require interim security measures until repairs have been completed.
8. When team members notice a problem with any aspect of the elopement technology (some examples include, but are not limited to, excessive or erroneous beeping, failure to beep, battery failure), the problem should be reported to maintenance immediately. A work order will also be written for maintenance, and the Executive Director, Assistant Administrator of Resident Services, Nurse Manager and appropriate department heads will be notified as soon as possible.
9. If it is determined that the problem in the system may compromise the system's ability to detect elopements, all relevant team members will be informed of the situation as soon as possible and an elopement prevention management alert will be initiated immediately.
10. Maintenance team members will immediately respond to repair the equipment and work together with the designated department head to determine a plan for fixing the equipment.
11. Risk Management team will be notified by email.
12. Results of weekly performance tests of the elopement prevention system devices are to be reported at the Safety Committee on a quarterly basis.



**Life Plan Community**  
**Resident Security System**  
**Weekly Test**  
 (Revised 08/18; Reviewed 06/21)

Tested by \_\_\_\_\_

Date \_\_\_\_\_

System Tests			
Door #	Magnetic locks on doors	Nurse alert alarm (for transponders in the vicinity of doors)	Full audible alarm for resident leaving area
1	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
3	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
4	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
5	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Transponder tests				
Number of transponders tested		_____ each		
Number of transponders in use		_____ each		
Total number of transponders on nursing unit		_____ Total		
Transponder #	Tested		Transponder #	Tested
1	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		6	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		7	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
3	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		8	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
4	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		9	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
5	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		10	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Comments \_\_\_\_\_

\_\_\_\_\_



<b>HAZARDOUS WANDERING AND ELOPEMENT- QAPI PLAN</b>	Effective Date:	June 22, 2021
	Revision Dates:	
	Departments Approving	Clinical, Operations
	Departments Affected	Operations, all Levels of Living

### **Introduction and Background**

It is the policy of HumanGood that each of its communities, to the extent possible, maintain a safe and secure environment for all residents/clients. This policy is intended to identify a quality improvement strategy for eliminating or mitigating the risk of elopement.

### **Policy**

All communities shall develop an Elopement Management Plan that at a minimum includes the following elements:

#### Prevention

1. Each community shall plan elopement prevention measures based on the outlay of the property.
2. The most appropriate technological system(s), both internal and external, shall be determined based on the type of community, the configuration of the property, and population served.
3. Each community will conduct routine elopement drills including all shifts and all days.

#### Elopement Response and Communications

Each community shall have a written plan for responding to elopements that is to include:

1. Directions for conducting a missing resident search;
2. Assessment of the resident/client and disposition upon recovery;
3. Completion and filing of the Clinical Incident Report;
4. Telephone notification of appropriate parties (family, the physician, CSC risk management, regulatory agencies as required, local law enforcement, etc.);
5. Transfer to appropriate level of care, additional caregiver coverage, etc.;
6. Elopements shall be reported to CSC risk management; and
7. Following any elopement, Maintenance will test and document any wandering/elopement technology, including personal monitors, display panels, antennae, computerized notification and any other system components.
8. Complete a comprehensive care plan review of the resident and implement all necessary interventions related to elopement event within 24 hours of return.



#### Post-Elopement/Wandering Procedure:

After an elopement event, the community shall have a written plan to meet the resident needs including, but not limited to; the following components:

Upon return to the facility, the Director of Nursing or Wellness or designee shall:

1. Examine the resident for injuries, provide first aid, or transfer to a medical facility;
2. Determine the need for safety provisions such as wander technology, close observation, or other interventions;
3. Notify search team that the resident has been located;
4. Contact the Attending Physician, report findings and conditions and obtain orders, if any;
5. Notify the resident's family or emergency contact;
6. Complete incident reporting; and
7. Document relevant information in the resident record.

#### Root Cause Analysis

Post-elopement or hazardous wandering episode, each community shall conduct a root cause investigation process identifying, at a minimum:

1. Team member coverage at the time of any elopement/near miss incident;
2. Any precipitating events/circumstances;
3. The presence of any trends;
4. Procedures to improve monitoring and assessment; and
5. Establish resident specific procedures and update care plan to prevent future occurrence.

#### **Definitions**

Hazardous Wandering: The act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction. Hazardous or unsafe wandering represents the aforementioned behavior by a resident who may be oblivious to his or her physical or safety needs, and the wandering places the resident at significant risk of getting to a dangerous place (e.g., wandering outside the facility where there is heavy traffic) or encountering a dangerous situation (e.g., wandering into the room of another resident with dementia who is known to become physically aggressive toward intruders). (CMS's RAI Version 3.0 Manual; Section E; October 2015)

Elopement: A situation in which a resident with impaired cognition and/or demonstrated lack of safety awareness or judgment successfully leaves the organization or a secured area as defined by the organization, undetected or unsupervised by staff.





## **Resources / References**

ECRI Institute. Hazardous Wandering and Elopement Toolkit; 2021 revision

ECRI Institute. Ask CCRM: Strategies to evaluate wandering and elopement events. 2017 Aug 21 [cited 2018 Sep 13]. <https://www.ecri.org/components/CCRM/Pages/AskECRI082117.aspx>

Resident Name:

Date:

Time:

TIME	ELOPEMENT EVENT CHECKLIST
	Team member who is aware of possible missing resident will notify the nurse supervisor/or department director.
	The nurse supervisor will immediately gather the team (assigned CNA, nurse, caregiver or other available team members) and determine if the team members know the exact location of the resident right now. If EXACT whereabouts are not known, <b>the resident is now missing</b>
	The nurse supervisor/department director becomes search commander.
	When the director, administrator, or higher authority team member enter the scene, they will assume role of search commander.
	Search Commander initiates an immediate search of the unit or area where resident was last seen or should be.
	Search commander alerts appropriate team members in the community to the missing resident.
	Insert community specific steps to alert all community team members. (Example: Call front desk, or use radio to issue alert, or call a specific number, etc.)
	When notified, each department will send available team members to the effected unit to assist in the search effort
	While awaiting arrival of search team, print copies will be made of the resident's medical record face sheet and photo, and community maps for distribution to the search team.
	The search commander assigns search areas and provides photo and campus map to all responding team members:
	a. last known resident location;
	b. unit rooms and common areas;
	c. next closest units and beyond, with all internal areas covered; and
	d. external search by multiple team members / members going in opposite directions
	Search commander will assign a team member to remain as contact center and provide searchers with the number to call or location to report to for reporting back/ receiving new assignments/information.
	Searchers will list their name and contact information on the search team contact list
	Searchers will take the resident information and search their assigned areas.
	Searchers will report back to the communication center with the results of their search, and may receive new area assignment
	If the resident is not found before the search is expanded to other departments, buildings or grounds, <u>or 15 minutes has passed</u> in searching for the resident, the search commander will notify appropriate parties. (Search commander may notify law enforcement and community leadership at any time prior based on concerns or circumstances)
	On Call supervisor (if event occurs after hours, weekend or holiday)
	Director of Nursing/ Director of Wellness
	Administrator/ Executive Director
	Contact the resident's family/emergency contact to alert them to the situation. Search Commander may use the following script : 1. This is what has happened 2. This is what we are doing about it 3. This is what we need you to do 4. More information will be communicated to you as it becomes available
	Resident's attending physician will be notified of the search and asked to provide any information useful in the search regarding the resident's health status.
	The medical director will be notified of the incident.
	Local hospitals will be notified of the missing resident and search (Team member assigned will also send or take over a face sheet and photo to each hospital).
	Contact off-duty team members to come to the scene and assist with the search.
	Community executive leadership will alert Risk Management, VPO

Resident Name:

Date:

Time:

	Community executive leadership will alert communications and request assistance with media if necessary
	The search commander or designee will update resident's family/emergency contact hourly as the search progresses or at agreed upon times if the search goes on for more than a few hours.
	<b>Resident Located</b>
	Notify all searchers, law enforcement, family/ emergency contact and others who were notified that the resident has been found.
	Complete a comprehensive nursing systems assessment of the resident, including providing necessary first aid, related treatment, and emergency department assessment.
	Contact Primary / Attending Physician for orders, request resident be examined by the next day
	The search commander and high authorities will determine if the resident requires immediate 1:1 or other level of supervision.
	Complete a comprehensive care plan review of the resident and implement all necessary interventions related to elopement event within 24 hours of return.

SEARCH COMMANDER NOTES:

[illegible]

## SEARCH TEAM CONTACT LIST



<b>HAZARDOUS WANDERING AND ELOPEMENT- MISSING RESIDENT</b>	Effective Date:	June 2016
	Revision / Review Dates:	June 2021
	Departments Approving	Clinical, Operations
	Departments Affected	Operations, all Levels of Living

### **Introduction and Background**

It is the policy of HumanGood that each of its communities, to the extent possible, maintain a safe and secure environment for all residents/clients. This policy is intended to identify a plan in the event of resident elopement.

### **Policy**

This policy is intended to provide an outline of how to organize a search and provide timely notification to leadership, families and law enforcement.

### **Procedure**

#### When a resident is reported missing:

1. When a team member identifies a missing resident, the team member will alert the nurse supervisor.
2. The nurse supervisor will determine if the resident is “signed out” or otherwise out of the facility for a reason such as family visit, appointment, vacation or other valid reasons. If the resident does not have a scheduled reason to be away from the community, a search will be initiated.
3. The nurse supervisor assumes responsibilities of the “search commander” and locates the missing-resident manual.
  - a. The immediate action of the search commander is to designate available personnel to search the resident room and nearby common rooms, halls, closets, stairwells, elevators, and other locations near where the resident was last seen or should be.
  - b. The search commander will alert team members of the missing resident and share identity of the resident and direct designated team members to participate in the search.
    - i. The members of the search team may include the following:
      1. During Business hours: Department Heads, Directors, Supervisors, Security, and any other available personnel as directed by their supervisor.



2. After hours, holidays, etc.: All available nursing and supervisory personnel, Security, other available personnel such as maintenance, housekeeping, and dietary.
    - c. The search commander will assign one team member to the role of communication and provide contact information to searchers who may communicate results of their search or receive new search assignments. A phone number should be provided to searchers for the sole purpose of communicating back to the team.
    - d. Depending on the resident, scene, and situation, the search commander can opt to confirm if the resident is out of the facility on authorized leave and/or determine if the resident's family should be called (potentially, the family did not follow sign-out procedures).
  4. If the resident is not located within 15 minutes, during the initial search, and/or the team expands the search to other departments, outside, the surrounding neighborhood, etc. the search commander will notify appropriate parties:
    - a. The director of nursing (DON) or wellness (DOW), Health Services Administrator (H.S.A)
    - b. Executive Director,
    - c. Law enforcement officials,
    - d. The resident's family/ emergency contact
      - i. Consider using the following script:
        1. This is what has happened
        2. This is what we are doing about it
        3. This is what we need you to do
        4. More information will be communicated to you as it becomes available.
    - e. Resident's physician- ask for any information which will aid in the search.
    - f. When a higher team member authority (such as the DON, ED or H.S.A.) arrives on the scene, he/she will assume search commander responsibilities.
  5. Initiate an expanded search of the facility and premises by assigning team members to look in various areas.
    - a. Utilize Facility and Campus maps to designate area to be searched.
  6. The search commander (and law enforcement when they arrive) will designate search team members to execute an extensive grounds search, which should include all parking lots and parked vehicles, immediate wooded areas, building roofs, etc.

#### Off campus activities

1. Staff, family, and volunteers escorting residents outside of the unit and/or facility for various activities will verify that the community and resident's department supervisor (SNF, MC, AL) are notified that the resident will be off site. This may be accomplished by community "sign out" or other community procedure.
2. If a community sponsored event with at risk resident(s), team members will maintain continuous, protective, oversight line-of-sight monitoring of residents during outside-of-facility



activities. The recreation therapy manager or the manager of clinical services is responsible for designating sufficient team members to ensure this protective oversight monitoring is in effect.

3. A roster of residents should be checked when leaving the community, exiting or returning to transportation, and during the event.
4. Team members will intervene when a resident exhibits wandering and/or elopement behavior outside of the facility:
  - i. Remain with the resident and notify other team members present that the resident requires escort.
  - ii. Attempt to redirect the resident back to the activity, request assistance from any available team member to assist with redirection.
  - iii. If the resident behavior becomes dangerous to self or others, enlist the assistance of police or paramedics as needed.
  - iv. Transport the resident back to the community as soon as possible.

#### Missing resident at an off-campus activity

When a resident is identified as missing, the team member will alert the most senior team member.

1. The senior team member assumes responsibilities of the “search commander.”
2. The immediate action of the search commander is to designate available personnel to search the locations near where the resident was last seen or should be.
3. If other residents are present, search commander will determine which team members will monitor the residents and if there is a safe place to escort them while the search is conducted.
4. The search commander will alert the community and department supervisor or nurse supervisor that the resident is missing.
  - a. Nurse supervisor will alert appropriate community team members (DON/DOW, ED, H.S.A., Directors) of the missing resident and community team will dispatch available staff to assist in the search.
  - b. The Department or Nurse Supervisor will assist the onsite search commander in determining the need for notifying law enforcement to aid in the search.
  - c. Department/ nurse supervisor will notify family/ responsible party and physician of the event, and update as needed.
5. Search commander will notify individuals at the activity (venue staff, volunteers, etc.) of the missing resident and share identity and description of the resident to aid in the search.
6. If necessary, the search commander will contact emergency services (911) to aid in the search.
7. When a higher team member authority (such as the department supervisor, DON, ED or H.S.A.) arrives on the scene, he/she will assume search commander responsibilities





When a resident who was missing is found:

1. Notify all previously contacted persons and organizations of the resident's return.
2. The nurse supervisor will examine the resident for possible injuries.
3. Notify the resident's physician for consultation, if possible, arrange for the resident to be seen by the physician within 24 hours.
4. The search commander and high authorities will determine if the resident requires immediate 1:1 or other level of supervision.
5. The nurse supervisor will complete all elopement event documentation including:
  - a. Times/timeline of events;
  - b. persons contacted and approximate time of contact;
  - c. condition of the resident upon return to the facility;
  - d. physician notification;
  - e. any physician's orders or if none were given;
  - f. treatment indicated; and
  - g. any other pertinent information.
- a. If the resident uses an electronic device, such as a wander alert or pendant with tracking, the nurse supervisor will:
  - i. determine if the device is present on resident's person;
  - ii. test the device and all associated alarm points, i.e., doorways, exits; and
  - iii. alert the maintenance director if a mechanical problem is suspected or identified.
    1. Within 12 hours of the event, maintenance personnel will check to ensure all alarms are operational.
  - iv. If there is a doorway device malfunction, supervision of that area will be provided based on the number of residents at risk.
- b. Reassess the resident for elopement risk, regardless of whether this event may constitute an elopement or not.
6. Complete a comprehensive care plan review of the resident and implement all necessary interventions related to elopement event within 24 hours of return.

**Definitions**

Hazardous Wandering: The act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction. Hazardous or unsafe wandering represents the aforementioned behavior by a resident who may be oblivious to his or her physical or safety needs, and the wandering places the resident at significant risk of getting to a dangerous place (e.g., wandering outside the facility where there is heavy traffic) or encountering a dangerous situation (e.g., wandering into the room of another resident with dementia who is known to become physically aggressive toward intruders). (CMS's RAI Version 3.0 Manual; Section E; October 2015)



Elopement: A situation in which a resident with impaired cognition and/or demonstrated lack of safety awareness or judgment successfully leaves the organization or a secured area as defined by the organization, undetected or unsupervised by staff.

**Resources / References**

ECRI Institute. Hazardous Wandering and Elopement Toolkit; 2021 revision

New York State Health Facilities Association; 2005 Elopement Resource Manual

ECRI Institute. Ask CCRM: Strategies to evaluate wandering and elopement events. 2017 Aug 21 [cited 2018 Sep 13]. <https://www.ecri.org/components/CCRM/Pages/AskECRI082117.aspx>



# HIPAA MANUAL

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<b>HIPAA PRIVACY POLICY</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health plan functions

## **I. POLICY**

It is HumanGood's policy to comply with the HIPAA and HITECH Act (as defined below) regulations and to establish written policies and procedures to assist its team members in doing so. All team members will take reasonable steps to safeguard Protected Health Information (as defined below) and to limit any use, disclosure, or request for PHI to the Minimum Necessary (as defined below) to accomplish the intended purpose.

## **II. SUMMARY DEFINITIONS**

- A. Covered Entity: Individuals or entities that are required to comply with the HIPAA regulations, including: health plans, healthcare clearinghouses, and healthcare providers who transmit any health information in electronic form. HumanGood is a Covered Entity and as such, must comply with all applicable HIPAA and HITECH Act requirements.
- B. Business Associate: An individual who, or an entity that, on behalf of a Covered Entity: (i) performs or assists in the performance of a function or activity involving the use or disclosure of Protected Health Information; or, (ii) provides management, administrative, accreditation, billing or financial services to or for a Covered Entity where the provision of the service involves the disclosure of Protected Health Information from the Covered Entity, or from another Business Associate of such Covered Entity.
- C. HIPAA and HITECH Act: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") created national standards to protect an individual's medical records and other personal health information. The Health Information Technology for Economic and Clinical Health Act ("HITECH Act") amended the Privacy and Security Rules (as defined below), which requires Covered Entities to (1) implement appropriate administrative, technical, and physical safeguards to reasonably safeguard Protected Health Information ("PHI") (as defined below) from any intentional or unintentional use or disclosure that violates the Rules (defined below); and (2) ensure the confidentiality, integrity and availability of PHI in electronic form.
- D. Minimum Necessary: The amount of information reasonably required for the performance of a given task or service, and no more. The Minimum Necessary standard is not intended to impede essential treatment, payment, or healthcare operations activities of Covered Entities. The standard is intended to be consistent with, and not override, professional judgment and standards.
- E. Privacy and Security Rules (the "Rules"): The regulations that set forth the federal standards for privacy and security of individually identifiable information and provide a "floor" of privacy



protection.

- F. Protected Health Information (“PHI”): Any information created or received by a Covered Entity (e.g., HumanGood) that relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or, the past, present, or future payment for the provision of healthcare to an individual, which identifies the individual or, with respect to which, there is a reasonable basis to believe the information can be used to identify the individual. See Exhibit A for Examples of PHI and Practical Guidance for Protecting PHI.

### **III. PROCEDURE**

#### **A. Uses and Disclosures of PHI**

##### **1. General Uses and Disclosures of PHI**

HumanGood may use or disclose a resident’s PHI to (a) treat the resident; (b) run the company; (c) bill for its services; (d) help with public health and safety issues; (e) do research; (f) comply with the law; (g) respond to organ and tissue donation requests; (h) work with a medical examiner or funeral director; (i) address workers’ compensation, law enforcement, and other government requests; and (j) respond to lawsuits and legal actions. For further details, see the *Permitted and Required Uses and Disclosures of PHI Policy and Disclosures of PHI - Authorization, Fee and Accounting Table*.

##### **2. Minimum Necessary**

- a. When using or disclosing PHI or when requesting PHI from another Covered Entity, HumanGood team members must make reasonable efforts to limit PHI to the Minimum Necessary to accomplish the intended use, disclosure, or request.
- b. The Privacy Rule permits a Covered Entity to make its own assessment of what the Minimum Necessary PHI is for a particular purpose, given the characteristics of its business and workforce. All HumanGood disclosures of or requests for PHI for payment or operations will be limited to the Minimum Necessary amount of PHI needed to accomplish the purpose of the disclosure or request. In addition, disclosure by HumanGood team members will be limited to those with “a need to know” to carry out their duties.
- c. A Covered Entity is permitted to reasonably rely on the request of another Covered Entity for PHI because the requesting Covered Entity is itself subject to the Minimum Necessary standard, and, therefore, required to limit the request to only that information that is reasonably necessary for the intended purpose. In addition, HumanGood team members may reasonably rely on a requested use or disclosure as the Minimum Necessary when the information is requested by a HumanGood Business Associate.
- d. The Minimum Necessary rule does not apply when disclosures are made to or requested by a healthcare provider for treatment.



e. For further details, see the *Minimum Necessary Rule Policy*.

### 3. Disclosure Accounting

HumanGood will track all PHI disclosures that must be accounted for under the Rules and provide an accounting to the appropriate individual upon their request. For further details, see the *Accounting of PHI Disclosures Policy*.

### 4. Authorization and Verification

It is HumanGood's policy that a valid authorization will be obtained for PHI disclosures by HumanGood, as required by law. Exceptions to the need for an authorization include disclosures made: (a) for treatment, payment, or healthcare operations; or (b) to Business Associates in performance of their legitimate duties. Any authorization requests that are generated outside of HumanGood must be reviewed by the Legal Department to ensure they contain the core elements and statements required under HIPAA and other applicable law. The individual providing an authorization may revoke the authorization, in writing, except to the extent that HumanGood has taken action in reliance on the authorization. For further details, see the *Medical Records Requests Policy*, the *Authorization for Release Protected Health Information Form*, and the *Verification of Identity Before Release of PHI Policy*.

### 5. Marketing Activities

Where applicable and required, HumanGood obtains authorization from the resident or individual before using or disclosing PHI in its marketing activities. HumanGood does not consider the communication of alternate forms of treatment or the use of products and services in treatment to be marketing. For further details, see the *Use and Disclosure of PHI in Marketing Activities Policy*.

### 6. Sale of PHI

HumanGood does not disclose PHI in exchange for financial remuneration, except as specifically allowed by law (e.g., when collecting a fee for providing copies of medical records). For further details, see the *Sale of PHI Policy*.

### 7. Fundraising Activities

HumanGood may contact residents in connection with its fundraising efforts, but the resident has the right to opt-out of receiving further fundraising communications. Once the resident has opted out, HumanGood will not make fundraising communications to that resident, unless the resident opts back in to receiving fundraising communications. For further details, see the *Use and Disclosure of PHI for Fundraising Activities Policy*.



## 8. Judicial and Administrative Proceedings

HumanGood discloses PHI for the purposes of a judicial or governmental administrative proceeding only when: (a) requested pursuant to a court or administrative order or grand jury subpoena; (b) requested pursuant to a subpoena or discovery request; or, (c) pursuant to a qualified protective order issued by a court. Further, it is HumanGood's policy that PHI be disclosed only when requested by any of the above-listed means, if such request includes either: (i) the authorization of the individual to whom the information applies; (ii) documented assurances that good faith effort has been made to adequately notify the individual of the request for their information; (iii) the applicable time for objection to such request for PHI has reasonably expired; or, (iv) as otherwise required or permitted under applicable law. For further details, see the *Medical Records Request Policy*.

### B. Notice of Privacy Practices

HumanGood maintains a Notice of Privacy Practices ("NPP") that describes the way in which it uses and discloses PHI. The NPP is provided to residents upon request (except as otherwise required by law) and may be changed in accordance with the *Notice of Privacy Practices Policy*. A copy of the NPP is posted on the HumanGood website. A copy of the NPP is enclosed with this Policy, but team members should always check the HumanGood website or intranet for the latest version of the HumanGood NPP.

### C. Individual Access to PHI, Restrictions on Disclosure, Communication by Alternate Means and Request for Amendment

#### 1. Access by Individual / Authorized Representative

It is HumanGood's policy to timely review and respond to requests for access or electronic or paper copies of a resident's medical records, whether from the resident, authorized representative or third party. Residents may give someone medical power of attorney or someone may be their legal guardian and that person can exercise the resident's privacy rights and make choices about the resident's PHI. Those individuals are considered the resident's authorized representative. For further details, see the *Access to PHI – Resident or Authorized Representative Policy*, the *Medical Records Requests Policy*, and the *Access to Electronic Health Records – Regulatory Agencies Policy*.

#### 2. Restrictions on Disclosure

- a. Restriction on Uses and Disclosures of PHI. The Privacy Rule grants each individual the right to request restriction of the uses and disclosures of his or her PHI to carry out treatment, payment, or healthcare operations, but HumanGood is not required to grant this request. If HumanGood agrees to a restriction, the restriction must be appropriately documented and communicated to those whose functions may be impacted by the restriction. For further details, see the *Requests for Restriction of PHI Disclosure Policy*.)





- b. Restriction on Uses and Disclosures of PHI (Out-of-Pocket Paid Items and Services). The Privacy Rule requires that a Covered Entity restrict disclosures of PHI to an individual's health plan if: (i) the disclosure is for the purpose of carrying out payment or healthcare operations (and is not otherwise required by law); and, (b) the information pertains only to a healthcare item or service for which the individual (or a person other than the health plan) paid the Covered Entity in full. HumanGood team members will document such requests and communicate them to those whose functions may be impacted by the restriction. For further details, see the *Requests for Restriction of PHI Disclosure Policy*.)
- c. Communications of PHI by Alternate Means. The Privacy Rule grants individuals the right to request communication of PHI by alternative means or to an alternative location. HumanGood will accommodate reasonable requests for alternative communications and will make good faith efforts to abide by the request, unless unable to do so in case of emergency. HumanGood team members should document any requests agreed to and communicate the same to those whose functions may be impacted by the restriction. For further details, see the *Request for Communication of PHI by Alternate Means Policy*.

### 3. Requests for Amendment of PHI

The Privacy Rule permits individuals to request the amendment of incorrect PHI. If the patient's request pertains to the amendment of a record or document owned and under the control of HumanGood, then HumanGood will review and respond to the request within sixty (60) days and make revisions to the applicable record or document, as and if appropriate. For further details, see the *Request for Amendment of PHI Policy*.

### 4. PHI of Deceased Individuals

HumanGood team members are permitted to disclose a decedent's PHI under the following circumstances: (a) to alert law enforcement to the death of the individual, when there is a suspicion that death resulted from criminal conduct; (b) to coroners or medical examiners and funeral directors; (c) for research that is solely on the protected health information of decedents; and, (d) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue, for the purpose of facilitating organ, eye, or tissue donation and transplantation. For further details, see the *Release of PHI of Deceased Resident/Client Policy*.

### 5. Breach Notification

If a HumanGood team member knows of any intentional or unintentional use or disclosure of PHI or electronic PHI ("e-PHI") that is in violation of this Policy, any other HumanGood policy, or the Rules, s/he must immediately take appropriate steps to mitigate the situation, including contact the appropriate manager, supervisor, and/or Privacy Officer or Security Officer. For further details, see the *Breach Notification Policy*.

## D. HumanGood Operations



## 1. Administrative, Technical and Physical Safeguards

HumanGood ensures that appropriate administrative, technical and physical safeguards are in place to (a) reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the Privacy Rule; (b) ensure the confidentiality, integrity and availability of e-PHI it creates, receives, maintains or transmits; (c) protect against reasonably anticipated uses or disclosures that violate the Rules; and (d) limit incidental uses and disclosures resulting from otherwise permitted or required uses or disclosures.

## 2. Team Member Use and Disclosure of PHI

HumanGood team members' authority to use and disclosure PHI, for operations, treatment or payment purposes, is granted to each team member based on the assigned job functions of the individual. These use and disclosure privileges will not exceed those necessary for the job function or task. For further details, see the *Use and Disclosure of PHI by Workforce Members Policy*.

## 3. Training and Awareness

HumanGood requires all its team members to complete annual HIPAA compliance training. Team members who fail to fulfill this training requirement may be subject to discipline, up to and including termination of employment. New HumanGood team members receive HIPAA training as a component of their initial onboarding. Additional training may be required in response to changes in law or operations or as otherwise needed. For further details, see the *Workforce Privacy Education Policy*.

## 4. De-Identification (and Re-Identification)

PHI may be considered de-identified if it does not identify an individual, and there is no reasonable basis to believe that the information can be used to identify an individual. HumanGood's policy is that any de-identification of PHI must be performed only by qualified individuals. HumanGood team members should contact the Legal Department regarding de-identification of PHI. The Legal Department will work with the Information Technology Department (and other qualified individuals) regarding de-identification of PHI. De-identified PHI may not be re-identified, unless the Legal and IT Departments have been consulted. For further details, see the *De-Identification of Protected Health Information (PHI) Policy*.

## 5. Complaint and Non-Retaliation Policy

Residents have the right to file a privacy complaint if they believe their HIPAA privacy rights have been violated. HumanGood does not require residents to waive their right to file a HIPAA privacy complaint as a condition of receiving treatment or otherwise. HIPAA privacy complaints may also be filed by a resident's authorized representative or HumanGood team members or business associates. For further details, see the *Process for Handling HIPAA Privacy Violation*



### *Complaints Policy.*

HumanGood team members are prohibited from engaging in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations or participate in any HIPAA complaint or investigative process. For further details, see the *Violations of HIPAA Privacy Practices Enforcement Policy*.

## 6. Document Retention and Destruction

HumanGood documents its policies and procedures adopted to protect the privacy and security of PHI. HumanGood has established a record retention policy that addresses the retention period(s) for these policies and procedures. HumanGood destroys documents and electronic media containing PHI through shredding or other secure means. For further details, see the Record Retention, Storage and Destruction Policy.

## 7. Business Associates

HumanGood requires its Business Associates to be contractually bound to safeguard PHI. HumanGood's Business Associates are permitted to use and disclose PHI only as provided in their service agreement with HumanGood. Where HumanGood knows of a pattern of activity or practice that constitutes a material breach or violation of a Business Associate's obligations under its business associate agreement with HumanGood, it will require the Business Associate to take steps to cure the breach or end the violation. If the Business Associate is unable to cure the breach or end the violation, HumanGood will terminate the agreement (if feasible) and report the breach to the Office for Civil Rights. For further details, see the *Business Associate Agreements Policy*.

## 8. Cooperation with Privacy Oversight Authorities

It is HumanGood's policy to cooperate with oversight authorities, such as the Office for Civil Rights. HumanGood team members will cooperate with all privacy compliance reviews and investigations, which should be directed to HumanGood's Privacy Officer.

## 9. Sanctions

HumanGood may impose disciplinary action, up to and including termination, upon any team member who intentionally or unintentionally violates the requirements outlined in this or any of HumanGood's related policies. For further details, see the *Violations of HIPAA Privacy Practices Enforcement Policy*.

## 10. Privacy Officer

HumanGood has designated one of its team members as its Privacy Officer. The Privacy Officer is responsible for the development and implementation of HumanGood's HIPAA privacy policies and procedures as well as receiving HIPAA privacy complaints.



## 11. Audits

As a Covered Entity, HumanGood may be subject to a HIPAA audit by the Secretary of the Department of Health and Human Services (or his/her designee). It is HumanGood's policy to cooperate with such HIPAA audits. HumanGood team members should immediately report receipt of any documents related to a HIPAA audit of HumanGood to the Privacy Officer.

## **IV. EXCEPTIONS / SPECIAL CIRCUMSTANCES**

- A. A Covered Entity may disclose PHI to a family member or other person involved in the individual's care. Where the individual is present during a disclosure, the Covered Entity may disclose PHI if it is reasonable to infer from the circumstances that the individual does not object to the disclosure.
- B. The Privacy Rule permits certain incidental uses and disclosures that occur as a result of a use or disclosure otherwise permitted by the Rules. The incidental use or disclosure is permissible only to the extent that the Covered Entity has applied reasonable safeguards to PHI, and implemented Minimum Necessary standards. For example, two nurses who are conferring about a resident at a nurses' station do not have to fear violating the Privacy Rule if they are overheard by a passerby, as long as the nurses make reasonable efforts to avoid being overheard and reasonably limit the information shared.
- C. State laws that are more stringent than the Privacy Rule take precedence over the federal regulations. Team members should contact the Legal Department with questions regarding the interpretation of state and federal privacy laws.
- D. The Privacy Rule does not apply to the employment functions of Covered Entities, namely, when they are acting in their role as employers. Employment records are exempt from the definition of PHI. For example, information in a HumanGood team member's personnel file about a leave of absence due to illness is not PHI under the Rules. Similarly, drug-screening test results sent to HumanGood and placed in the team member's personnel file are not considered PHI.

## **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.



## **Exhibit A**

### **Examples of Protected Health Information (PHI)**

1. Conversations about a resident's health
2. Patient dictation on tape
3. Healthcare claim/bill
4. Medical record
5. Emails with resident name (or other identifiers, such as date of birth, address, phone number or email) and health information
6. Electronic equipment or digital media (if resident health data is stored). Some examples include, cell phones, laptops, tablets, thumb drives and recordable discs.

### **Practical Guidance for Protecting PHI**

1. Disclose only the minimum necessary information for people to do their jobs.
2. Avoid discussions about resident's health in public places.
3. Avoid placing PHI in view of other residents or family members.
4. Password protect your mobile electronic devices, laptops, and home computers if PHI is stored there.
5. Don't leave PHI visible on your computer screen.
6. Be certain that your papers and computer equipment are physically secure in your home, car, or other "off-site" locations. Do not leave your briefcase in plain sight within your car; secure it in the trunk of the car and remove it from the car (to a more secure location) as soon as possible.
7. Don't send emails with PHI, unless they are encrypted.
8. Don't put PHI in trash or recycle bins; use only shredding or other document destruction receptacles.
9. Verify fax numbers and email address before you send faxes or emails with PHI. Verify mailing address before mailing or shipping documents or devices with PHI.
10. Report any potential privacy or security breaches by team members or business associates to HumanGood's Compliance Officer, Security Officer and/or Privacy Officer.



<b>ACCESS TO ELECTRONIC HEALTH RECORD- REGULATORY AGENCIES</b>	Effective Date	April 20, 2020
	Revision Dates	9/18/20
	Departments Approving	Legal
	Departments Affected	All

### **Introduction and Background**

HumanGood is committed to cooperating and providing regulators with requested information necessary to perform their role.

### **Policy**

HumanGood will provide access to resident records to regulators as required by statute, regulation, or other applicable law.

The form of access will vary depending upon regulator need or request. This form may consist of:

- Printed copies of records
- Faxed copies of records
- On site access to paper documents
- On site access to HumanGood Electronic Health Record System hardware with appropriate login information
- Encrypted email
- Encrypted devices such as thumb drives or other hardware sent to regulator

HumanGood strives to maintain the safety of highly sensitive information under HIPAA guidelines, therefore, access by regulators to the medical record via the internet or on an unencrypted device will only be allowed if other forms of access are unsuitable. This access will only exist temporarily during the pandemic emergency.

If such access is required by regulation or statute, HumanGood IT department will assist in setting up a secure temporary connection protecting the data transmission.

### **Definitions**

Regulator: individuals properly identified as working for a local, state or federal regulatory agency (such as CMS, Public Health, State Department of Health, State Department of Social Services) or other regulating bodies who by regulation, statute, or other applicable law are required to be given access to medical records in the course of their work conducting a survey or investigation.



<b>ACCESS TO PHI - RESIDENT OR AUTHORIZED REPRESENTATIVE</b>	Effective Date	05/2003
	Revision Dates	07/2013
		01/01/21
	Departments Approving	Legal
	Departments Affected	CCRC Operations – Medical Records

## **I. POLICY**

Individuals have a right to access their protected health information (PHI) in a designated record set (as defined below). HumanGood team members grant individuals access to PHI in a designated record set when required or permitted by law or with the written authorization of the individual who is the subject of the records, as outlined in this policy, which must be read in conjunction with the Medical Records Requests Policy.

## **II. SUMMARY DEFINITIONS**

- A. “Authorized representative” means a personal representative and includes a person that has the authority to act on behalf of a resident on matters related to healthcare and could be a court-assigned conservator, the person holding a durable power of attorney for healthcare or attorney-in-fact; or, if the resident is in skilled nursing, the person who is a next-of-kin that has been previously authorized by the resident to access or receive a copy of the resident’s records. An authorized representative is treated as the individual for purposes of this and HumanGood’s other applicable HIPAA policies.
- B. “Covered entity” means a healthcare provider, healthcare clearinghouse, or health plan.
- C. “Designated record set” means a group of records maintained by or for a covered entity that comprises the (a) medical and billing records about individuals maintained by or for a covered healthcare provider; (b) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.
- D. “Psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- E. “Record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.





### **III. PROCEDURE**

- A. Request for Access. If a resident or authorized representative makes a verbal request for access to PHI in a designated record set, the requestor should be instructed to complete, sign and return the Authorization for Release of Protected Health Information form. Once the completed and signed form has been received, the Executive Director and/or Health Services Administrator or his/her designee must verify the identity of the party requesting the medical records. See Verification of Identity Before Release of PHI Policy.
- B. Request for Copy. If the individual is requesting access by receiving a copy of PHI (whether paper or electronic) in a designated record set or having a copy sent to a third party, process the request under the Medical Records Requests Policy and include documents within the definition of a designated record set in the production. The resident/client may designate another person or entity to be the recipient of the copy of his/her PHI (whether paper or electronic). If an individual's request is for an electronic form or format that is not readily producible, HumanGood shall offer other electronic formats that are available on its system or provide a summary of documents on file. In the event the individual declines to accept any of the electronic formats that are readily producible, they shall be provided with a hard copy.
- C. Summary of PHI: If the resident/client or their authorized representative agrees, we may provide a summary of the health information requested in lieu of providing a copy of the designated record set. If the resident/client or authorized representative agrees to receive a summary, a reasonable cost-based fee for preparing the summary may be charged and collected before the summary is released.
- D. Response Timing.
  - 1. Skilled Nursing Timing. Access must be provided within two (2) working days of the request.
  - 2. General Timing. Access must be provided within thirty (30) days of receipt of the request.
- E. Providing Access to Inspect. Any on-site inspection must be coordinated with the Executive Director and/or Health Services Administrator or his/her designee and supervised by a designated staff member. Verification of the individual's identity (and authority, where applicable) must be done prior to allowing access to inspect the resident/client's health record.
- F. Basis for Denial of Access.
  - 1. HumanGood is permitted to refuse access to PHI in the following circumstances: (1) the designated record set requested was given to us in confidence by someone other than a healthcare provider, biller, or payer of services; (2) to the extent that the requested designated record set contains within it PHI that belongs to another individual such as a family member, a licensed healthcare professional has to determine whether, in the exercise of his/her professional judgment, access to that specific PHI by the resident or authorized representative is reasonably likely to cause substantial harm to that other person or to the resident/client. In these instances, access to or a copy of the specific PHI involved may be denied; (3) to the extent that the requested designated record set contains "sensitive information" (as defined below), this information must be specifically requested and signed for by the resident, or it cannot be accessed. **All denials of a resident's or authorized representative's**





**request access to PHI must be coordinated with the Privacy Officer or other Legal Department.**

2. HumanGood may deny access to the resident's authorized representative if a designated licensed professional, in their exercise of professional judgment, believes that such access is reasonably likely to cause substantial harm to the resident/client or to another person. This decision may not be appealed.

#### **IV. EXCEPTIONS / SPECIAL CIRCUMSTANCE**

- A. Exceptions from Production and Access. Do not produce or permit access to quality assurance/improvement documents, risk management reports, notes from any internal investigation into an incident, lawsuit information (including, documents prepared in anticipation of litigation), or documents regarding research activities and results.
- B. Sensitive Records: Access to PHI concerning psychiatric evaluation and treatment or psychotherapeutic counseling, alcohol or drug abuse evaluation and treatment, and evaluation/treatment of sexual abuse or venereal disease, including HIV/AIDS will be denied, unless specifically identified in an Authorization to Release Protected Health Information form signed and initialed in each category by the resident. For access to psychotherapy notes, contact the Legal Department and see the Permitted and Required Uses and Disclosures of PHI Policy. When such access is denied, we will provide the individual with a written denial and the reason(s) for it, and will inform them of their right to have their physician, psychiatrist, clinical psychologist, licensed clinical social worker, or family therapist of their choice review the record on the resident's/client's behalf. Although any professional so chosen, is not permitted by law to enable the resident/client to inspect or receive a copy of the information, that professional is permitted to provide HumanGood with their determination so that we can make the decision related to access.
- C. Deceased Individuals. If the resident is deceased, access may only be granted to the executor or administrator of the resident's estate or a beneficiary named in the resident's Last Will and Testament. See also Release of PHI of Deceased Resident/Client Policy.
- D. Hyperlinks in Designated Record Set. If the designated record set contains electronic links to images or other data, the images or other data that are linked to the designated record set must be included in the electronic copy provided to the individual *only if*, HumanGood created the documents in the record set. If HumanGood did not create the documents, those documents are not included in the designated record set, and the links must be deactivated by the Information Technology Department before release.
- E. Accounting of Disclosures. Communities must maintain a system(s) for logging and tracking requests for inspection, access and copies of medical records that have been disclosed without the resident's written authorization or for other than for treatment, payment or healthcare operations, as outlined in the Accounting for Disclosures of PHI Policy.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



ACCOUNTING OF PHI DISCLOSURES	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## I. POLICY

It is HumanGood's policy to appropriately account to residents/clients for disclosures of protected health information (PHI) made without their written authorization, except disclosures made to resident/clients themselves. HumanGood documents and tracks the applicable PHI disclosures in order to account for them when requested.

## II. DEFINITIONS

- A. **Accounting of Disclosures** means a listing of disclosures of PHI made to any person or entity other than the resident/client without their written authorization, unless excluded as described in this policy.
- B. **Disclosure** means release, transfer, provision of access to, or divulging in any manner of PHI outside of HumanGood or the business associate that maintains the PHI on HumanGood's behalf.
- C. **Electronic PHI** means individually-identifiable health information that is transmitted by or maintained in electronic form.
- D. **PHI** means **protected health information**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.

## III. PROCEDURE

- 1. Lookback Period. The timeframe requirement for an accounting of disclosures by hard copy is limited to six (6) years prior to the date of the written request for an accounting or the timeframe the resident/client identifies in the request, whichever is shorter.
- 2. Receipt and Acknowledgement of Request. Each written request for an accounting of disclosures is date and time stamped by the medical records team member upon receipt. The medical records team member then sends the resident/client an Acknowledgement of Receipt of Request for Accounting of Disclosures of PHI Form, which includes the fee that is to be assessed to the requestor for the accounting, if any. The accounting must be provided within sixty (60) days of receipt of the request. The medical records team member should work with the Information Technology Department if an accounting of disclosures of e-PHI must be produced. If the 60-day timeframe cannot be met for any reason, the community will provide the resident/client with an interim letter explaining the need for an extension. Only one such extension is permitted under the Privacy Rule.

3. **Content of the Accounting:** At a minimum, the accounting of disclosures must include, **for each disclosure**, the following information:
  - Date of the disclosure made during the timeframe on the written request.
  - Name, address and telephone number of the entity or individual who received the PHI.
  - A brief description of the PHI disclosed.
  - A brief statement of the purpose of the disclosure that reasonably informs the resident of the basis for it or, in lieu thereof, a copy of the entity or individual request for a disclosure, if available.
4. **Accounting Exceptions:** An accounting is not required for the following disclosures:
  - Disclosure for the purpose of treatment, payment for services and health care operations.
  - Disclosures made between members of the HumanGood workforce as part of their function in delivering health care services.
  - Any disclosure made pursuant to a written authorization from the resident/client or their authorized representative.
  - Disclosure of a limited data set to a person involved in the resident/client's care, payment for services, or other notification purposes.
  - Discussion with family regarding resident changes in condition.
  - Disclosures to law enforcement for the purpose of locating the resident when s/he is missing, reporting an incident of suspected or actual elder abuse, or reporting a crime involving a resident.
  - Reports of elder abuse to the local LTC Ombudsman.
  - Disclosures to organ and tissue organizations relative to a resident's wish to donate.
  - Disclosures made as part of a limited data set.
  - Disclosures to the Department of Defense or the FBI for the purposes of conducting lawful intelligence, counter-intelligence and other national security activities.
  - Disclosure necessary in litigation in which HumanGood is a defendant.
  - Disclosures of de-identified PHI.
  - Posting of a resident's name on the wall outside their residence in the community, for which only verbal agreement is required.
  - Disclosure of a resident information in the community's directory, for which only verbal agreement is required.
5. **Multiple Disclosures to the Same Entity or Person:** Where multiple disclosures were made to the same entity or individual for a single purpose or pursuant to a single authorization during the time period in the accounting request, the accounting shall include the information as set forth above for the first disclosure, followed by a description of the frequency of times the same or different disclosure was made during the accounting period, and the date of the last disclosure during the accounting period.
6. **Disclosures to Public Health Authorities:** HumanGood may disclose or allow access to resident/client's PHI to a public health authority that is legally permitted to collect or receive it for public health surveillance or related activities. Such disclosure and/or access must be included in the accounting, if it occurs during a time period within a resident/client's request for an accounting. Such access should be documented on the Log (described below) and include the date of access, the identity and address of the public

health authority to which access was provided, the medical record numbers accessed, the PHI within each one that was accessed, and the purpose for the access.

7. Disclosures for Research Purposes: Disclosures made for research purposes, unless authorization was either waived by an Institutional Review Board or is not otherwise required by law, must be included in the accounting of disclosure, unless the resident/client has specifically authorized use and disclosure of their PHI for the research project. This is not the same as written consent to participate in the research project. For additional information regarding the accounting for research-related disclosures, please contact the Privacy Officer.
8. Business Associate Accounting of Disclosures: HumanGood business associates that use, transmit, maintain and disclose PHI on our behalf must also provide an accounting of disclosures to a resident/client who requests one. The resident/client can make that request directly of the business associate, and should be provided the contact information for the applicable business associate(s), including, but not limited, mailing address, phone number, and email address.
9. Accounting of Disclosures Log. As disclosures of PHI are made, each disclosure that is subject to an accounting, should be recorded on the Accounting of Disclosures of PHI Log.
10. Fee. There is no charge for the first accounting to an individual in any 12-month period. A reasonable, cost-based fee may be charged for each subsequent request for an accounting by the same individual within the 12-month period; provided that, the individual is given advance written notice of the fee and an opportunity to withdraw or modify the request in order to avoid or reduce the fee.

#### **IV. EXCEPTIONS**

1. Withdrawal/Modification of Request. Each person requesting an accounting shall be provided with the opportunity to withdraw or modify their request for an accounting for any reason.
2. Suspension of Right to Accounting. The community must temporarily suspend an individual's accounting of disclosures that are made to a health oversight agency or law enforcement official, where the agency or official submits a written statement that inclusion of this disclosure in the accounting is reasonably likely to impede the activity for which the PHI is need. In that case, the suspension is to last only as long as the time specified in the written statement. If the agency or official statement is made verbally to the community, a medical records team member must: document the statement, including the identity of the agency or official making the statement; and, limit the temporary suspension to no longer than 30 days from the date of the verbal statement.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.

**ACKNOWLEDGEMENT OF RECEIPT OF REQUEST  
FOR ACCOUNTING OF DISCLOSURES OF PHI**

**Resident/Client Name** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

We have received your request for an accounting of disclosures of your protected health information (PHI) from the dates of \_\_\_\_\_ to \_\_\_\_\_.

Please allow up to sixty (60) days to prepare the accounting for you. If we need more time, we will notify you.

- ☐ You have no requests for an accounting on file for 12 months prior to this request; and, therefore, there will be no fee charged for the preparation of the accounting.
- ☐ You have \_\_\_\_ prior request(s) for an accounting in the 12 months prior to your current request. Therefore, we are permitted to charge a cost-based fee for the accounting. Please pay the fee of \_\_\_\_\_ by \_\_\_\_\_, and we will begin the preparation. Alternatively, you may withdraw or modify your request to eliminate or reduce the cost. Please send us your withdrawal or modification in writing.

If you have any questions after receiving this information, please call \_\_\_\_\_.

Thank you,

Medical Records Department

(All references on this form to "us", "we" and "our" means HumanGood and \_\_\_\_\_.

[Insert Community Name]

**CHARGES:** The requestor may be responsible for payment of a reasonable, cost-based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information. Unless stated otherwise, only amounts above \$25 or higher will require fee-approval before copying.

**THIRD-PARTY RECORDS:** We can only release records that we created. Please contact your third-party provider for copies of third-party records.

1. **Authorization:** I authorize disclosure of medical information and health records as described below:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Last 4 of SSN: \_\_\_\_

Email Address: \_\_\_\_\_

**Record Holder's (Community's) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Records Released To:** \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Information to be Released for these Dates of Service:** From \_\_\_\_\_ To \_\_\_\_\_

3. **Information to Release:** Place your initials next to each category of information to be released.

<input type="checkbox"/> HIV/AIDS or STD Diagnosis, Treatment, Counseling	<input type="checkbox"/> Psychiatric Records
<input type="checkbox"/> Alcoholism/Drug Abuse Diagnosis, Treatment, Counseling	<input type="checkbox"/> Billing Information
<input type="checkbox"/> Admission/Discharge Summary	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Developmental Disability Records	<input type="checkbox"/> Laboratory Tests
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> History/Physical Exam
<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Nursing Notes
<input type="checkbox"/> Entire Medical Record (except records protected by law)	
<input type="checkbox"/> Other (Please Specify): _____	
<input type="checkbox"/> I want an electronic copy (e.g., compact disk) of the above indicated information, if available.	

4. **Use of Information:** The individual or entity identified above is permitted to use my information for the following purposes: Please initial all that apply.

<input type="checkbox"/> Continuing Medical Care	<input type="checkbox"/> Second Opinion	<input type="checkbox"/> Legal
<input type="checkbox"/> Print Marketing or Educational Media	<input type="checkbox"/> Personal	<input type="checkbox"/> Insurance
<input type="checkbox"/> Audio/Visual Marketing or Education Media		
<input type="checkbox"/> Other (please specify): _____		

(All references on this form to “us”, “we” and “our” means HumanGood and \_\_\_\_\_.

[Insert Community Name]

**5. Signature:**

Printed Name: \_\_\_\_\_

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

If signed by other than resident/patient, indicate relationship to resident/patient (check one): \_\_\_\_ Guardian  
\_\_\_\_ Power of Attorney \_\_\_\_ Legal Representative \_\_\_\_ Guardian \_\_\_\_ Other (specify)

**6. Mailing Instructions:** Please mail both sides of this authorization form to: [insert community address]



<b>BREACH NOTIFICATION</b>	Effective Date	06/03
	Revision Dates	07/13
		01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy that its team members report any suspected or known breach of protected health information ("PHI"), whether in paper or electronic form, to the Privacy Officer and/or Security Officer.

## **II. SUMMARY DEFINITIONS**

- A. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. "Breach" means the impermissible acquisition, access, use or disclosure of PHI that compromises the security or privacy of the PHI, which may include, by way of example, unexpected loss or damage to PHI (e.g., a lost laptop, thumb drive, or paper copy), theft or improper disposal of PHI (e.g., placing PHI in a trash can, instead of shredding it), accidental release to unauthorized people (e.g., misdirected email or fax) and unauthorized acquisition, access, use, or disclosure (e.g., hacking or giving your EHR password to an unauthorized person).
- C. "Unauthorized access" means a person who is not authorized to have access to PHI or to use or disclose it, has accessed, used or disclosed that PHI.
- D. "Unsecured PHI" means: (1) paper PHI that is left unattended, in a place that it might be seen, read, or taken by an unauthorized person; (2) electronic PHI that has been sent via unencrypted email and/or to the wrong person; or, (3) paper or electronic PHI that is not rendered unreadable, unusable, or indecipherable to unauthorized individuals or entities.

## **III. PROCEDURE**

- A. Any team member who discovers that PHI has been left in an area that is exposed to unauthorized viewing, such as on a fax machine, or PHI has been lost or stolen, or that PHI has been accessed by unauthorized individuals, immediately notifies his or her shift supervisor and describes the situation to him/her.
  - 1. If the situation involves lost PHI, the supervisor and team member begin an immediate search for it, including searching waste receptacles. If the PHI cannot





<b>BUSINESS ASSOCIATE AGREEMENTS</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	All

## **I. POLICY**

It is HumanGood's policy to obtain satisfactory assurances in the form of a written contract from each business associate that will create, receive, maintain, or transmit protected health information (PHI) from or on behalf of HumanGood. Each business associate must in turn do the same with regard to each subcontractor that handles PHI on its behalf.

## **II. SUMMARY DEFINITIONS**

- A. "Business associate" means an entity or person that creates, receives, maintains, or transmits PHI in performing a function, activity, or service for or on HumanGood's behalf under a signed service contract and also includes Health Information Organizations, vendors of personal health records, and other businesses that facilitate data transmission.
- B. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident. PHI may be in any form or medium; for example, oral, electronic, on paper, or in photographs or videos.
- C. "Subcontractor" means an entity or person (other than a workforce member of a business associate) to whom a business associate delegates a function, activity, or service of such business associate.

## **III. PROCEDURE**

- A. Any service contract that involves the creation, receipt, maintenance, or transmission of PHI in performing the service for or on behalf of HumanGood must either have an accompanying business associate agreement (BAA) (if the other party is a business associate) or PHI protection terms incorporated into the service contract (if the other party is not a business associate).
- B. Business associate agreements and PHI protection terms should be reviewed by the Legal Department by sending the contract to [contracts@humangood.org](mailto:contracts@humangood.org) (or other specified email address or team member).
- C. Whether the BAA is HumanGood's form or the other party's form, it must include, at a minimum, the following elements:
  - 1. Specify permitted and required uses and disclosures of PHI;

2. Prohibit other uses and disclosures, unless each use and disclosure is required by law;
3. Require appropriate safeguards to prevent unauthorized use and disclosure, loss, damage, or elimination of PHI
4. Require notification(s) of use or disclosure not permitted under the BAA and any breaches of PHI
5. Require compliance with PHI access requirements
6. Require maintenance of a log accounting for PHI uses and disclosures without the written authorization of the person who is the subject of the PHI
7. Make and incorporate amendments to the PHI, as appropriate
8. Make internal practices, books and records available to the Secretary of DHS
9. Provide for HumanGood's right to terminate contract for material breach if not cured
10. Require post-contract termination return or destruction of PHI; and
11. Require subcontractors and agents to agree to the same restrictions and conditions as business associate with regard to PHI

If using the other party's BAA, the following provisions should be proposed:

1. Exclude damages related to a breach of PHI from any limitation of liability in the services contract;
2. Indemnification against losses attributable to business associate's breach of PHI; and
3. Require business associate's applicable employees to complete HIPAA privacy, security and breach notification training and training on HumanGood's business associate requirements .

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION (PHI)</b>	Effective Date	02/02/18
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

It is HumanGood's policy that where practicable and appropriate, HumanGood and its business associates shall de-identify protected health information (PHI) and electronic protected health information (ePHI) prior to use and disclosure. Where necessary and appropriate to de-identify PHI, HumanGood will use the "safe harbor" method of de-identifying PHI prior to use and disclosure where practicable and necessary.

## **II. DEFINITIONS**

- A. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident/client; the provision of healthcare to a resident/client; or, the past, present, or future payment for the provision of healthcare to a resident/client, which identifies the resident/client or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident/client.
- B. "Individual Identifiers" is PHI that includes many common identifiers, such as name, address, birth date, age, health plan number, medical record number, and social security number. These identifiers both in and of themselves or in combination with other identifiers can produce a risk to the privacy of the individual who is the subject of the data. The process of de-identification, by which identifiers are removed from the health information, reasonably removes the risk of violating the individual's privacy and confidentiality and thereby, supports the secondary use of this data for comparative effectiveness studies, policy assessment, research, and other endeavors.
- C. "De-Identified PHI" means PHI from which all elements that would or could associate a specific individual with the information has been removed. For example, a health plan report that only presented that the average age of health plan members was 45 years would not be PHI because that information, although developed by aggregating information from individual plan member records, does not identify any individual, and there is no reasonable basis to believe that it could be used to identify an individual.

## **III. PROCEDURE**

- A. **The "Safe Harbor" method:** Removal of specified identifiers, such as name of the individual who is the subject of the information and his/her social security number, medical record number, health plan beneficiary number, street address, state, and zip code, and removal of the names and location of all of his/her relatives that are documented in the information, and other identifiers as follows:

1. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of the zip code if, according to the current publicly available data from the Bureau of the Census: (i) the geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (ii) the initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.
  2. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
  3. Telephone and facsimile numbers and email addresses.
  4. Account numbers.
  5. Certificate/license numbers.
  6. Vehicle identifiers and serial numbers, including license plate numbers.
  7. Device identifiers and serial numbers, such as hip replacement device.
  8. Web Universal Resource Locators (URLs) and Internet Protocol (IP) addresses.
  9. Biometric identifiers, including finger and voice prints.
  10. Full-face photographs and any comparable images.
- B. A designated manager, medical records team member and/or IT team member pulls necessary and appropriate identifiers out of the PHI and assigns the applicable code. The method used and the type and amount of identifiers to be removed depends on the nature of the request for information. To remove all identifiers might render the information useless for the purpose intended; however, leaving too many identifiers increases the risk that the privacy and protection of the information might be breached. Codes may be applied to the de-identified PHI for reporting quality improvement projects or reporting quality deficiencies in Quality Improvement Committee for example, but the code cannot be the medical record number nor shall it be selected from any of the 18 identifiers recognized in the Privacy Rule (see sections A and A(1)-(10) above).
- C. The de-identified information is reviewed by an administrator prior to release to assure that the information cannot reasonably be used by anyone to identify the resident/client, but that it still meets the requester's need for data reliability.

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

## DISCLOSURES OF PHI AUTHORIZATION, FEE AND ACCOUNTING TABLE

<i><b>Who is the Requestor?</b></i>	<i><b>Is Resident / Client Authorization Required?</b></i>	<i><b>Are Copy Fees Allowed?</b></i>	<i><b>Should Request be Documented on Log of Accounting for PHI Disclosures?</b></i>
<b>Accrediting Agencies</b>	No	No	No
<b>Attorney for Resident/Client</b>	Yes	<b>Yes</b>	No
<b>Attorney for HumanGood</b>	No	No	No
<b>Attorney, Plaintiff</b>	No	<b>Yes</b>	<b>Yes</b>
<b>Business Associates that Transmit, Maintain, Disclose or Use PHI under their contractual obligation to HumanGood</b>	No	No	<b>Yes</b>
<b>Deceased Persons</b> <input type="checkbox"/> Coroner or Medical Examiner, Funeral Directors <input type="checkbox"/> Organ Procurement <input type="checkbox"/> Beneficiary/Heir of estate <input type="checkbox"/> Family Member	No	No	No
<b>Employer</b> <input type="checkbox"/> PHI specific to work related illness or injury <input type="checkbox"/> Required for employer's compliance with occupational safety and health laws	No <b>Yes</b>	No No	No <b>Yes</b>
<b>Family Members</b>	Yes, unless deceased resident/client.	<b>Yes</b>	No, if authorized by resident/client <b>Yes, if not authorized in writing by resident/client</b>
<b>Health Plan Quality Improvement Audits</b>	<b>Yes</b>	No	<b>Yes</b>
<b>Health Oversight by Regulators</b> <input type="checkbox"/> Government benefits program <input type="checkbox"/> Fraud and abuse compliance <input type="checkbox"/> Office of Civil Rights <b>Reporting of abuse to LTC Ombudsman &amp; licensing Reporting of suspected or actual elder abuse to LTC Ombudsman &amp; licensing</b>	No	No	<b>Yes, except for reporting suspected or actual elder abuse to the LTC Ombudsman</b>

<b><i>Who is the Requestor?</i></b>	<b><i>Is Resident / Client Authorization Required?</i></b>	<b><i>Are Copy Fees Allowed?</i></b>	<b><i>Should Request be Documented on Log of Accounting for PHI Disclosures?</i></b>
<b>Reports to Manufacturer &amp; Food and Drug Administration</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adverse events</li> <li><input type="checkbox"/> Product defects</li> <li><input type="checkbox"/> Track products</li> <li><input type="checkbox"/> Product recalls</li> <li><input type="checkbox"/> Product surveillance</li> </ul>	No	No	Yes
<b>To treating Physicians for the purpose of providing treatment, including Emergency Departments</b>	No	No	Not for hard copy release <b>Yes, for electronic release</b>
<b>For Claims Payment Requirements</b>	No	No	No
<b>Judicial and Administrative Proceedings</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court order, or warrant</li> <li><input type="checkbox"/> Subpoena duces tecum</li> <li><input type="checkbox"/> Lawsuits</li> </ul>	No No No	No <b>Yes</b> <b>Yes</b>	No No <b>Yes, unless HumanGood is an involved party</b>
<b>Law Enforcement</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Locating a suspect, fugitive, material witness</li> <li><input type="checkbox"/> Searching for missing person</li> <li><input type="checkbox"/> Reporting of crime against an elder</li> <li><input type="checkbox"/> Crimes on premises including homicide</li> <li><input type="checkbox"/> Suicide</li> <li><input type="checkbox"/> To avert a serious threat to health or safety</li> </ul>	No	No	<b>Yes, for crime on premises and searching for missing person</b> No for all others
<b>Access to or Requests for PHI by Public Health Authorities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surveillance for Infectious Disease Prevention/Control</li> <li><input type="checkbox"/> Investigations</li> <li><input type="checkbox"/> Audits</li> <li><input type="checkbox"/> Communicable disease reporting</li> </ul>	No	No	<b>Yes, except for reporting communicable disease</b>
<b>To Principle Researcher with written authorization</b>	<b>Yes</b>	No	No
<b>To Resident/Client or Authorized Representative</b>	No	No, if first request in a 12-mo period <b>Yes if 2<sup>nd</sup></b>	No

<b><i>Who is the Requestor?</i></b>	<b><i>Is Resident / Client Authorization Required?</i></b>	<b><i>Are Copy Fees Allowed?</i></b>	<b><i>Should Request be Documented on Log of Accounting for PHI Disclosures?</i></b>
		request or more	
<b>For Specialized Government Functions</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Military and Veterans' activities</li> <li><input type="checkbox"/> Protective services for the President</li> <li><input type="checkbox"/> National security and intelligence activities</li> <li><input type="checkbox"/> Disaster response</li> </ul>	No	No	<b>Yes</b> , for all disclosures <b>except</b> national security and intelligence activities.
<b>To Workers' Compensation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compliance with existing laws (see state law)</li> <li><input type="checkbox"/> For case management</li> <li><input type="checkbox"/> For third party administrator</li> </ul>	No	See applicable state law	<b>Yes</b>

<b>MEDICAL RECORDS REQUESTS</b>	Effective Date	06/01/17
	Revision Dates	09/16/20
		01/01/21
	Departments Approving	Legal; IT Security
	Departments Affected	CCRC Operations – Medical Records

## **I. POLICY**

HumanGood team members only release medical records when required or permitted by law or with the written authorization of the individual who is the subject of the records, as outlined in this policy.

## **II. SUMMARY DEFINITIONS**

- A. **Medical Records** means the records, whether paper or electronic, of a resident's medical information, such as history, care, treatments, test results, diagnoses, medications, and "notes" entered over time by health care professionals.
- B. **Resident** means an individual who resides or resided in a HumanGood Life Plan Community regardless of the level of care.
- C. **Psychotherapy notes** means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

## **III. PROCEDURE**

### **A. Request Type**

1. **Third Party Request**. When a subpoena, attorney letter or other written third party request for medical records is received, (a) the request should be date/time stamped and initialed by the receiving team member; and, (b) immediately scanned and emailed to the Executive Director and/or Health Services Administrator for the community.
2. **Resident or Verbal Request**. If a resident requests a copy of their medical records or a verbal request for medical records is received, the requestor should be instructed to complete, sign and return the Authorization to Release Protected Health Information form. Once the completed and signed form has been received, (i) the request should be date/time stamped and initialed by the receiving team member; and, (b) immediately scanned and emailed to the Executive Director and/or Health Services Administrator for the community.
3. **Send Request to Medical Records Team**. The Executive Director and/or Health Services Administrator (or his/her designee) sends the request to the email group "Medical Records Team."

### **B. Verification of Identity and Authority**

The Executive Director and/or Health Services Administrator or his/her designee must verify the identity of the party requesting the medical records. For resident or legal representative requests, verification may be a state-issued identification card. For attorney requests, verification may be the attorney's signed



letterhead. For public official requests, verification may be an agency identification badge or written request on appropriate government letterhead. For verification of authority (i.e. the requesting party's right to obtain the records), contact the Legal Department.

#### C. Claims Reporting / Clinical Review

Some medical record requests are also reportable events. HumanGood's insurer considers a request from family or an attorney for medical records "addressing the care or treatment of a resident" to be a reportable claim. The Executive Director and/or Health Services Administrator (or his/her designee) should report the request to the insurer, if it should be reported. The report should include the caption, "For Quality Improvement Discussion Only, Protected by CA H & S Code §1370 and CA Evidence Code §1167 and other state's laws."

If the medical records request is reportable, the Executive Director and/or Health Services Administrator (or his/her designee) should scan and email the request to the email group "Medical Records Team" with confirmation that the request has been reported to the insurer as well as an indication of whether a clinical review should be performed. The Legal Department will request that one of the corporate clinical services directors review the resident's chart.

#### D. Medical Records Production

1. Produce only those requested documents within our care, custody and control and that we have created. Do not produce hospital records or documentation by private physicians in the form of "office notes." Do not produce quality assurance/improvement documents, risk management reports, notes from any internal investigation into an incident, lawsuit information, or research activities and results. If the requestor asks about records created or maintained by others, the requestor should be advised to go to the source of those documents to obtain a copy.
2. If the same records are maintained in more than one location, HumanGood is only required by law to produce the information once in order to fulfill the particular request.
3. If the amount of records requested is very large, a summary of the records may be provided as long as the requestor agrees to receive a summary.
4. The production of the records should include a copy of the request. If the requestor also requests a signed declaration of the custodian of records (or other written verification regarding the records), please forward the proposed declaration or other written verification to the Legal Department for review before signing. The authorization and response letter are placed into and become part of the resident's record.

#### E. Response Timing

1. Skilled Nursing Timing. The copy of records must be made available within two (2) working days of the request.
2. General Timing. The copy of records must be provided within thirty (30) days of receipt of the request. If additional time is needed, a one-time thirty (30) day extension is permissible, and the requestor must be given notice of the delay, including the reason(s) for the delay. (Use the Release of Medical Records 30-Day Extension Notice form.)
3. Subpoena Timing. Note the due date on the face of the subpoena, and produce (mail) the records on that date, unless the Legal Department provides another production date. If additional time is needed, the community or Legal can call the attorney (or other party) that issued the subpoena to secure an extension of time.
4. Attorney Request (or Other) Timing. Where the requestor has requested the records by a specific date, a good faith effort should be made to produce the records by the requested date.

#### F. Fees. See Charges for Medical Records Policy.

#### **IV. EXCEPTIONS/SPECIAL CIRCUMSTANCES**

- A. Insurance Requests. If the medical record request is an insurance request for a current resident that needs immediate attention from a care manager, the request is forwarded to that team member for fulfillment; no need to email the “Medical Records Team.”
- B. Sensitive Information. If the resident’s medical records include documents related to chemical dependency diagnosis, treatment or counseling; alcoholism diagnosis, treatment or counseling; mental health diagnosis, treatment or counseling; sexually transmitted disease diagnosis, treatment or counseling; or, HIV/AIDS diagnosis, treatment or counseling, re-confirm that the resident’s authorization has been checked, initialed and signed specifically authorizing the release of that portion of the record.
- C. Psychotherapy Notes. If a resident requests copies of or access to their psychotherapy notes, contact the Legal Department. Also, see the Permitted and Required Uses and Disclosures of PHI Policy and Access to PHI – Resident and Authorized Representative Policy.
- D. Accounting of Disclosures. Communities must maintain a system(s) for logging and tracking requests for inspection, access and copies of medical records that have been disclosed without the resident’s written authorization or for other than for treatment, payment or healthcare operations. (See Accounting for Disclosures of PHI Policy.)
- E. Electronic Health Record. If the community uses or maintains an electronic health record, the resident may request a copy in an electronic format and direct the community to send the e-copy to a third party.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

## **AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

**Please read carefully and complete the reverse side of this form. All sections on the reverse side of this authorization must be completely filled out before we are permitted to disclose your protected health information (PHI).**

**EXPLANATION:** This form authorizes the release of PHI in the manner described below and is voluntary. We cannot condition treatment, payment, enrollment or eligibility for benefits on your execution of this form, except in the limited circumstances described in our Notice of Privacy Practices (if any). Please be aware that once your information leaves us, we will no longer be able to protect that information, and the recipients of your information may not be legally required to protect your information.

**AUTHORIZATION TO DISCLOSE SPECIFIC PROTECTED HEALTH INFORMATION (PHI):** Federal and State laws require us to obtain specific authorization from patients to release especially sensitive information. Sensitive information is defined as treatment or documentation related to HIV/AIDS or sexually transmitted disease (STD) test results; psychiatric care, and treatment for alcohol or drug abuse. Be aware that we will automatically exclude these types of information unless you specifically identify them for release.

**RECEIVING RECORDS ELECTRONICALLY:** This option is available for resident/patient or resident/patient representative requests; not businesses, medical providers or third-parties. If you prefer this option, initial the appropriate line in number 3.

**RESTRICTIONS:** You understand that we may not further use or disclose the information described on the reverse side of this form unless another authorization is obtained from you or unless such use or disclosure is specifically required or permitted by law. You hereby release us from any/all liability that may arise from the release of this information to the party named on this form.

**ADDITIONAL COPY:** I further understand that I have a right to receive a copy of this authorization upon my request.

**REVOCATION:** I understand that I may revoke this authorization in writing at any time (effective upon receipt), except for actions already taken in reliance upon this authorization.

**DURATION:** I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance upon it. Unless otherwise noted, this authorization will expire one year from the date of my signature.

**CHARGES:** The requestor may be responsible for payment of a reasonable, cost-based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information. Unless stated otherwise, only amounts above \$25 or higher will require fee-approval before copying.

**THIRD-PARTY RECORDS:** We can only release records that we created. Please contact your third-party provider for copies of third-party records.

1. **Authorization:** I authorize disclosure of medical information and health records as described below:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Last 4 of SSN: \_\_\_\_

Email Address: \_\_\_\_\_

**Record Holder's (Community's) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Records Released To:** \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Information to be Released for these Dates of Service:** From \_\_\_\_\_ To \_\_\_\_\_

3. **Information to Release:** Place your initials next to each category of information to be released.

____ HIV/AIDS or STD Diagnosis, Treatment, Counseling	____ Psychiatric Records
____ Alcoholism/Drug Abuse Diagnosis, Treatment, Counseling	____ Billing Information
____ Admission/Discharge Summary	____ Genetic Information
____ Developmental Disability Records	____ Laboratory Tests
____ Progress Notes	____ History/Physical Exam
____ Consultation Reports	____ Nursing Notes
____ Entire Medical Record (except records protected by law)	
____ Other (Please Specify): _____	
____ I want an electronic copy (e.g., compact disk) of the above indicated information, if available.	

4. **Use of Information:** The individual or entity identified above is permitted to use my information for the following purposes: Please initial all that apply.

____ Continuing Medical Care	____ Second Opinion	____ Legal
____ Print Marketing or Educational Media	____ Personal	____ Insurance
____ Audio/Visual Marketing or Education Media		
____ Other (please specify): _____		

5. **Signature:**

Printed Name: \_\_\_\_\_

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

If signed by other than resident/patient, indicate relationship to resident/patient (check one): \_\_\_\_ Guardian  
\_\_\_\_ Power of Attorney \_\_\_\_ Legal Representative \_\_\_\_ Guardian \_\_\_\_ Other (specify)

6. **Mailing Instructions:** Please mail both sides of this authorization form to: [insert community address]

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**RELEASE OF MEDICAL RECORDS**  
**NOTICE OF 30-DAY EXTENSION**

Date of Notice: \_\_\_\_\_

\_\_\_\_\_  
Name of Resident

We are unable to process your request for medical records within the thirty (30) day timeframe, due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The anticipated date of completion is: \_\_\_\_\_.

Please feel free to contact us at \_\_\_\_\_ if you have any questions about this Notice.

Sincerely,

Medical Records Department



MINIMUM NECESSARY RULE	Effective Date	02/22/19
	Revision Date:	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to take reasonable steps to limit use and disclosure of protected health information (PHI) to only that amount which is **minimally necessary** to achieve the purpose of the request for use or disclosure, regardless if the use or disclosure is to be made by hard copy or by electronic means. This is referred to as the "Minimum Necessary Rule".

## **II. GUIDELINES, DEFINITION AND PROCEDURE**

- A. The minimum necessary requirement does not apply to the following requests:
  1. Disclosure of a resident's PHI to their health care provider for treatment purposes.
  2. Disclosure of a resident's own PHI to a resident/client upon written request.
  3. Disclosures made to the Secretary of Health and Human Services, where such disclosure of PHI is requested for enforcement purposes.
  4. Disclosure required for compliance with the administrative simplification rules under the Health Insurance Portability and Accountability Act (HIPAA).
  5. Disclosures required by an administrative law judge in a Medicare appeal.
  6. Disclosure to a court of law pursuant to a subpoena.
  7. Use or disclosure that is required by state or federal law.
- B. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- C. Team members should only access or use the amount of PHI that is needed to do their job and no more. Team member access or use of PHI may also be controlled by the degree of access a team member has been given by HumanGood. For example, a team member who does not need access to PHI may not be given access codes or login information for physical locations or electronic systems containing PHI.
- D. For disclosure of PHI to others, the determination of "minimum necessary" may be made by a medical records team member who reviews the statement of purpose that has been checked on the authorization form. If there is any question about what information is required to fulfill a specific purpose, the medical records team member should contact the requesting party by phone or contact the Legal Department. See the Permitted and Required Uses and Disclosures of PHI Policy.

## **III. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.



<b>NOTICE OF PRIVACY PRACTICES</b>	Effective Date	02/20 04/28/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

HumanGood has developed its Notice of Privacy Practices to distribute to our residents/clients. Whenever a substantive change is made to our Privacy Practices, our Notice is revised and redistributed to residents/clients.

## **II. GUIDELINES**

- A. The Privacy Rule requires that the content of the Notice is written in plain language, and describes how we may use and disclosure protected health information (PHI) about an individual, their rights with respect to this information and how to exercise those rights, how they may complain about our privacy practices, and our legal duties with respect to their PHI. The Notice shall include an effective date.
- B. All team members receive education, both on hire and annually thereafter, regarding the purpose for and content of our Notice, their individual role in addressing resident requests to exercise their privacy rights, and their role in distribution of our Notice to residents.
- C. The HumanGood Privacy Officer is responsible for oversight and management of content of the Notice, publishing the Notice, and archiving old Notices. The Privacy Officer also directs or conducts periodic audits to assess adherence with this policy.
- D. Directors, managers, and supervisors are responsible for communicating to team members the method of distribution within their units and how to answer resident questions about their privacy rights.

## **III. PROCEDURE**

- A. Changes to our Notice of Privacy Practices
  1. The Privacy Officer reviews the Notice at least annually in concert with any amendments that have been made to the federal Privacy Rule in that year.
  2. The Privacy Officer makes or requests changes to the Notice when required by Privacy Rule revisions or additions or whenever HumanGood makes material changes to any of our privacy practices.
  3. Changes to the Notice are made by the Privacy Officer or designee, and become effective on the date published by HumanGood, and the Notice is distributed to residents by team members and given to newly admitted residents within sixty (60) days of the effective date on the Notice.
  4. The revised Notice is posted on the HumanGood website by Information Technology within sixty (60) days of the effective date.
  5. Team members are educated about the changes and how to answer questions from residents should questions arise.



**B. Distribution of the Notice**

1. As a covered entity, HumanGood is required by the Privacy Rule to provide a copy of our Notice to anyone who asks for a copy.
2. The Notice is required by law to be provided to residents prior to the first date of health care service delivery, and appropriate team members are advised of this requirement when the revised Notice is initially published.
3. A signature and acknowledgement of receipt of the Notice is obtained by a team member from each resident who is given the Notice; that signature and acknowledgement is maintained in the resident's health record.
4. Where the signature and acknowledgement cannot be obtained from the resident, team members document all reasonable efforts to follow up and obtain it and place it in the resident's health record.
5. For newly admitted RCFE residents, a Sales & Marketing team member reviews the Notice with new residents, gives a copy to them, and has the resident sign and date the acknowledgement and places it in the resident's new HumanGood health record.
6. For newly admitted Village residents and patients, an Admission team member follows the same process as in B.5. above.
7. Residents are also given a copy of our Notice at the following junctures:
  - a. Within sixty (60) days of material changes.
  - b. Upon verbal or written request from a resident.

**C. Methods of distribution**

1. The Notice is delivered in paper form and reviewed with each resident by a team member in person, and the team member obtains the acknowledgement signature and date and inserts it into the resident health record.
2. The document is placed on the HumanGood website and can be downloaded by residents, signed and dated, and the signature portion signed and given by the resident to their unit manager for placement in their health record.
3. The Notice is placed on bulletin boards in common areas of each Community and in the Community's library.
4. The Notice may be sent to a resident via e-mail if he or she verbally agrees to receive it electronically and in this situation, the resident is advised to provide his or her acknowledgement signature and date to their unit manager for placement in their health record. In the event this does not occur, team members will make good faith efforts to obtain it and place it in the resident's health record.
5. The Notice may be provided to a resident with other HumanGood or Plan documents as long as the Notice is reviewed with the resident and the signed and dated acknowledgement is retained by management and placed in the resident's health record.

**D. Monitoring and Auditing Process, Distribution of Notice**

1. The Privacy Officer or designee monitors the distribution process for newly admitted residents at least once every quarter.
2. The Privacy Officer or designee formally audits the process on a bi-annual basis and takes corrective action when any failure is identified.
3. Results of the distribution monitoring activities are reported to unit managers and the Chief Operating Officer upon completion of monitoring.
4. Results of formal audits of the distribution process and the corrective action plan are reported to unit managers and the Chief Operating Officer upon completion of the formal auditing.

### **III. EXCEPTION**

During the COVID-19 public health emergency, monitoring, auditing and reporting timeframes may be altered.

### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Request amendment of your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
-

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to provide you with notice of our legal duties and privacy practices with respect to protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date of Notice: January 15, 2021*

### **This Notice of Privacy Practices applies to the following organizations.**

All life plan communities under HumanGood, including:

HumanGood Arizona, Inc., d/b/a The Terraces of Phoenix  
HumanGood Washington, d/b/a Judson Park  
HumanGood NorCal, d/b/a Grand Lake Gardens  
HumanGood NorCal, d/b/a Piedmont Gardens  
HumanGood NorCal, d/b/a Plymouth Village  
HumanGood NorCal, d/b/a Rosewood Senior Living  
HumanGood NorCal, d/b/a The Terraces at Los Altos  
HumanGood NorCal, d/b/a The Terraces of Los Gatos  
HumanGood NorCal, d/b/a Valle Verde  
HumanGood SoCal, d/b/a Redwood Terrace  
HumanGood SoCal, d/b/a Regents Point  
HumanGood SoCal, d/b/a Royal Oaks  
HumanGood SoCal, d/b/a Westminster Gardens  
HumanGood SoCal, d/b/a White Sands La Jolla  
HumanGood SoCal, d/b/a Windsor  
HumanGood Idaho, d/b/a The Terraces of Boise  
HumanGood Nevada, d/b/a Las Ventanas Retirement Community  
HumanGood Fresno, d/b/a The Terraces at San Joaquin Gardens  
HumanGood Pennsylvania, d/b/a Rydal Park  
HumanGood Pennsylvania, d/b/a Rosemont  
HumanGood Pennsylvania, d/b/a Spring Mill

*Privacy Officer: Shacasey Rogers*  
*Shacasey.Rogers@HumanGood.org*  
*(925) 924-7299*

**Acknowledgment of Receipt of**  
**Notice of Privacy Practices**

I acknowledge that I have received a copy of the HumanGood Notice of Privacy Practices, which sets forth HumanGood's privacy practices, my rights regarding privacy of my protected health information, and HumanGood's legal duties regarding privacy of my protected health information.

\_\_\_\_\_  
Printed Name (Resident/Authorized Representative Name)

\_\_\_\_\_  
Signature (Resident/Authorized Personal Representative)

Please complete this page and hand it to your Sales & Marketing team member or Admissions team member, or send it to:

Attn: Privacy Officer  
6120 Stoneridge Mall Rd, Suite 100  
Pleasanton, CA 94588

*OR*

Email: [shacasey.rogers@humangood.org](mailto:shacasey.rogers@humangood.org)



<b>PERMITTED AND REQUIRED USES AND DISCLOSURES OF PHI</b>	Effective Date	02/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## I. POLICY

It is HumanGood's policy that its team members protect and secure the protected health information (PHI) of all residents/clients by complying with its established access, use and disclosure controls. Except as provided in this policy, HumanGood team members cannot disclose paper or electronic PHI (ePHI) outside of HumanGood without written authorization from the resident/client who is the subject of that information.

## II. SUMMARY DEFINITIONS

- A. **"Disclose"** and **"disclosure"** mean the release, transfer, provision of access to, or divulging in any manner of PHI outside HumanGood.
- B. **"PHI"** means **"protected health information"**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident. PHI may be in any form or medium; for example, oral, electronic, on paper, or in photographs or videos. Identifying information alone such as personal name, residential address or phone number, is not considered to be PHI if it is used in financial records, for example or if it is used in publicly accessible locations such as a phone book, it is not PHI because it is not related to health information as described.
- C. **"Use"** means the sharing, employment, application, utilization, examination, or analysis of PHI within HumanGood.

## III. PROCEDURE

- A. ACCOUNTING OF DISCLOSURES OF PHI: Under the Privacy Rule and with certain exceptions, residents/clients have a right upon request to receive an accounting of disclosures of PHI we make. The instances where a covered entity is not required to account for disclosures, include disclosures for treatment, payment and health care operations, and disclosures authorized by the individual. See the Accounting of Disclosures of PHI Policy.
- B. DISCLOSURES REQUIRED BY LAW THAT DO NOT REQUIRE WRITTEN AUTHORIZATION:
  1. **State law or regulations that specifically authorize disclosure.**
  2. **To comply with a court order, court-ordered warrant, subpoena duces tecum or summons issued by a judicial officer.**
  3. **To comply with an administrative request**, such an Administrative Law Judge hearing in a Medicare appeal.

<b>PERMITTED AND REQUIRED USES AND DISCLOSURES OF PHI</b>	Effective Date	02/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

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- C. **"Psychotherapy notes"** means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- D. **"Use"** means the sharing, employment, application, utilization, examination, or analysis of PHI within HumanGood.

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B. DISCLOSURES REQUIRED BY LAW THAT DO NOT REQUIRE WRITTEN AUTHORIZATION:

1. **State law or regulations that specifically authorize disclosure.**
2. **To comply with a court order, court-ordered warrant, subpoena duces tecum or summons issued by a judicial officer.**
3. **To comply with an administrative request,** such an Administrative Law Judge hearing in a Medicare appeal.

C. PERMITTED USE & DISCLOSURE WITHOUT RESIDENT/CLIENT WRITTEN AUTHORIZATION: Our residents/clients receive information about the following permitted disclosures in our Notice of Privacy Practices. Each disclosure for these purposes is documented and that documentation is retained, tracked, reportable and auditable.

1. **To the resident/client** who is the subject of the PHI. **The minimum necessary requirement does not apply here,** and a HumanGood “Authorization to Release Protected Health Information” form is to be completed and signed by the resident/client and maintained in the resident/client’s health record or service record.
2. **To a medical health care provider,** hard copy information for the purpose of treatment for the resident/client. Treatment means the provision, coordination or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. For release of electronic health information for this purpose, the disclosure must be documented on the Log of PHI Disclosures. **The minimum amount necessary requirement does not apply here.**
3. **To obtain or provide payment for health care services: in the minimum necessary amount,** in order to obtain reimbursement or payment for health care services provided to a resident/client in claims submissions to third party payers, including health plans, or to a resident’s authorized representative for payment of health care services.
4. **For Healthcare Operations: in the minimum necessary amount** for such activities as quality improvement activities, health plan credentialing activities, HumanGood legal services, general administrative activities, including the sharing of PHI with business associates to fulfill the purposes of their service contract with HumanGood. Disclosure to health department for health oversight and licensing activities (including audits and investigations), reporting of communicable disease, and emergency response in a disaster are to be tracked on the Accounting of Disclosures of PHI Log. Disclosures for quality improvement, HumanGood legal services, credentialing, and general administrative activities are not tracked on the Accounting of Disclosures of PHI Log.
5. **Workers compensation claims and case management** activities related to a HumanGood team member, **in the minimum amount necessary,** with disclosures tracked on the Accounting of Disclosures of PHI Log.
6. **For cadaveric Organ, Eye, or Tissue Donation in the minimum amount necessary.**
7. **To a coroner, medical examiner, or funeral director** after a resident/client expires. In relation to release to a coroner. The minimum amount necessary requirement does not apply.
8. **Release of a limited data set that has been de-identified,** which means that all individually-identifiable information has been removed. See also De-Identification of Protected Health Information Policy.

D. SPECIFIC WRITTEN AUTHORIZATION REQUIRED FOR PSYCHOTHERAPY NOTES: Disclosure of psychotherapy notes may not be performed without both the written authorization of the resident/client and the originator of the psychotherapy notes.

E. DISCLOSURE OF PHI FOR LAW ENFORCEMENT PURPOSES WITHOUT WRITTEN AUTHORIZATION: Under most circumstances, the Privacy Rule requires HumanGood to obtain verbal permission from persons who have been the victim of domestic violence or abuse before disclosing PHI to law enforcement. Where State law imposes additional restrictions on disclosure of PHI to law enforcement, those State laws apply. If the law enforcement official making the request for information is not known to the team member making the disclosure, that team member must verify the identity and authority of the officer by taking a business card from him/her prior to disclosing the information.

Otherwise, HumanGood may provide **the minimum necessary** PHI with no requirement to track such disclosures on the Accounting of Disclosures of PHI Log:

1. To enable law enforcement **to identify or locate a suspect, fugitive, or material witness.**
2. **To notify law enforcement of a missing resident/client** if the information is limited to the minimum necessary to search for the person.
3. **To comply with a Police Officer request for information about a victim or suspected victim of a crime.**
4. **To notify law enforcement of a resident/client's death** if it is suspected or known that criminal activity caused the death.
5. **To a coroner** when a resident/client is under a coroner's jurisdiction, or to a funeral director when a resident/client dies and the funeral home is to come retrieve the body.
6. **When we believe that PHI provides evidence of a crime**, including elder abuse and domestic violence where release of PHI is expressly authorized by law and where we, in good faith, believe that the event occurred on our premises.
7. **To federal officials authorized to conduct** intelligence, counter-intelligence and other national security activities under the National Security Act or to provide protective services to the President and others and conduct related investigations.

F. USE OR DISCLOSURE OF PHI REQUIRING WRITTEN AUTHORIZATION: Written authorization of the resident/client or if cognitively impaired, of the resident/client's authorized representative, **is required** for the following:

1. Disclosure of any PHI or other health information to a family member or friend of a resident/client who is not the resident/client's authorized representative. (But see Exhibit A to HIPAA Privacy Policy and Release of PHI of Deceased Resident/Client Policy.)
2. Disclosure of PHI to the media.
3. Taking photographs or videos of a resident/client and using it for internal or external publication and/or posting in the Community.
4. Publishing a resident/client's "story" (that contains PHI) in a HumanGood publication, which will be sent to potential candidates for residency or which will be used for

- fundraising or marketing purposes, both of which the resident/client can elect to “opt-out” of use of their information for such purposes.
5. Use for HumanGood marketing activities except where the purpose of the activity is only to provide a resident/client with information about products or services that we believe he or she might benefit from knowing about and purchasing on their own.
  6. Disclosure of psychotherapy notes, for which both the originator of the notes and the resident/client must specifically consent to release of this documentation.
  7. Disclosure of documentation regarding substance and/or alcohol abuse diagnosis, treatment, and counseling.
  8. Disclosure of documentation regarding venereal disease or sexual abuse diagnosis, treatment, and counseling, including HIV/AIDs.
  9. Disclosure of PHI to a researcher conducting an approved human research project.

#### **G. DISCLOSURES THAT MAY BE MADE WITH VERBAL CONSENT**

1. **Family or other persons designated by the resident/client:** To make verbal disclosures to family involved in a resident/client’s care or for notification purposes, or to other persons who the resident/client wants to be notified, verbal permission from the resident/client must be obtained and documented. If the resident/client did not object when given the opportunity to agree, acquiesce or object, it is then understood that he or she agrees. In an emergency situation or to notify the family that the resident/client had an unexpected change in condition, the minimum necessary information may be provided without obtaining verbal consent.
2. **Facility Directory:** Resident/client name, room number, and contact phone number, and e-mail address may be disclosed in the directory if the resident/client gives verbal permission.
3. **Signage at the resident/client’s front door:** Resident/client first and last name may be displayed on this sign with verbal consent.
4. **To a clergyperson** for visitation with the resident/client. The information given may include resident location and condition in terms of good, fair, or serious.

### **III. INCIDENTAL DISCLOSURES**

- A. An incidental disclosure is one that cannot reasonably be prevented, is limited in nature, and that occurs as the result of another, primary use or disclosure that is permitted by the Privacy Rule. The Privacy Rule as amended allows for certain incidental disclosures of PHI when the covered entity, in this case HumanGood, is maintaining all other elements of compliance with the Rule, including the use of necessary safeguards to protect against this type of disclosure.
- B. It is HumanGood’s practice to make good faith efforts to avoid incidental disclosures by, for example: speaking quietly when discussing a resident/client’s condition or needs with family members in a public area or in a two-person room; isolating or locking file cabinets and records rooms; and, turning computer screens away from public view, and logging out or turning them off when not using them or using a time-out screen.

### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats and identified vulnerabilities.





<b>PROCESS FOR HANDLING HIPAA PRIVACY VIOLATION COMPLAINTS</b>	Effective Date	02/02/18
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

HumanGood takes all alleged HIPAA privacy violation complaints seriously and attempts to address them in a fair and expeditious fashion. Complaints determined to be of merit are appropriately handled.

## **II. DEFINITION AND GUIDELINE**

- A. “PHI” means “protected health information”, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. Complaints may be filed by the resident (i.e., the person who is the subject of the PHI), the resident’s authorized representative, a HumanGood team member, a HumanGood business associate, and accrediting, health oversight or advocacy agencies or organizations (“Complainant”). This list is not exhaustive and HumanGood will accept all complaints that are filed in accordance with Section III.A. below.

## **III. PROCEDURE**

- A. Process for filing a complaint. The process for filing a complaint is as follows:
  - 1. Except for complaints received via the compliance hotline, anyone lodging a verbal complaint should be instructed to file the complaint in writing, either electronically or on paper. The Complainant may file the complaint on the Privacy Practices Complaint form.
  - 2. The complaint should describe the acts or omissions believed to be in violation of the HIPAA privacy regulations.
  - 3. The complaint should be filed within 180 days of when the Complainant knew or should have known that the act or omission complained of occurred, although this timeframe may be waived if good cause is shown.
  - 4. The complaint should be sent to the Privacy Officer.
- B. Process for Handling a Complaint
  - 1. Within five (5) business days of receipt of the written complaint, the Privacy Officer or his/her designee (“Designee”) will attempt to contact the Complainant by telephone to

- acknowledge receipt of the complaint and to obtain any additional information that may be needed in order to investigate the complaint.
2. The Privacy Officer or Designee will review and conduct a preliminary investigation of the complaint.
  3. Complaints deemed to have merit will be discussed with the Privacy Officer (if the Designee conducted the preliminary investigation).
    - a. If indicated, the Designee, in conjunction with the Privacy Officer, will investigate the complaint further to determine if the Complainant's privacy was violated under the HIPAA regulations.
    - b. Based on the investigation findings, the Privacy Officer will take (or recommend to the appropriate department, team member or governing body) the indicated corrective actions necessary to mitigate the violation and prevent a future reoccurrence. Corrective action to prevent future privacy violations may include, for example, changes to policies and/or team member discipline.
  4. A response to the Complainant will be made as soon as possible, but no later than sixty (60) days from receipt of the written complaint.
  5. The complaint resolution can be documented on the HIPAA Privacy Concern Resolution form.

#### **IV. DOCUMENTATION**

Investigations are conducted under the Quality Improvement protection state statutes and are confidential. No copies of the Privacy Practices Complaint Form are kept in any operational department or otherwise outside the Legal Department.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**PRIVACY PRACTICES COMPLAINT FORM**

You may mail this completed form to:

Attn: Privacy Officer  
6120 Stoneridge Mall Rd, Suite 100  
Pleasanton, CA 94588

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

Reporting Person's Name: \_\_\_\_\_

Affected Resident (if not reporting person):  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you (check one): ☐ HumanGood team member ☐ Resident ☐ Authorized Representative

Describe your concern or complaint with as much information as possible, including the date you became concerned, what you saw or heard, names of people involved, and so forth:

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**Add additional pages if necessary**

\_\_\_\_\_  
Reporting Party Signature

\_\_\_\_\_  
Date

**For Internal Use Only:**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

## **HIPAA Privacy Concern Resolution**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST (FIRST (M.I.)

Reporting Party (if different from resident): \_\_\_\_\_  
(LAST (FIRST (M.I.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reviewer's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

Date and method patient/reporting party was notified of resolution: \_\_\_\_\_

Additional communication:

Date: \_\_\_\_\_  
Reviewer's Signature

Note: Attach written complaint to this document.



<b>RECORD RETENTION, STORAGE AND DESTRUCTION</b>	Effective Date	September 2018
	Revision Dates	October 2019
		January 2021
	Departments Approving	Legal Information Security Risk Management  Office of CIO
	Departments Affected	All

**Policy:**

All physical and electronic documents and records must be retained, stored and destroyed based on applicable legal, regulatory and business requirements. As a general rule, important records other than medical records should be retained and stored safely for **seven years** after they are no longer active or needed. Medical records should be retained for **ten years**, and personnel records may be destroyed after **five years**. There are exceptions to these rules, noted below. When the appropriate period has passed, records should be disposed of by shredding or other secure method.

For example:

- Accounting records should generally be retained for seven years after the ending date of the period they record.
- Contracts, including contracts with residents and vendors, should generally be retained for seven years after the later of their termination date or the end of the relationship (resident death or move-out, or vendor replacement contract).
- Personnel records should be retained for five years after a team member is no longer employed by HumanGood, with some exceptions (described in HR Personnel Records Policy and Procedure).
- Most medical records should be retained for ten years from the date of a patient's last visit, prescription refill, telephone contact, test, other patient contact, or death, or for such longer time if required by law or contract.

HumanGood produces many kinds of records that do not need to be retained for seven years, for example, dining menus, petty cash vouchers, scheduling charts, news stories, and most emails.

**Procedure:**

1. Each department manager shall ensure that:
  - A. Each document, record, policy, generated information, reviewed agreement or contract



or any other work product generated by the department reflects the date initiated, revised, and is stored as an archive when it is retired or revised.

B. Archived documents are stored in secure onsite, offsite or electronic storage during the period between when they are no longer effective and the date they may be destroyed. If records are to be maintained permanently in accordance with the table below, they must be indexed in such a way that they can be found if or when needed.

C. Documents are properly shredded at the end of the retention period.

### **Medical Record Retention:**

HumanGood will retain medical records for 10 years from the date of a patient's last visit, prescription refill, telephone contact, test, other patient contact, or death.

This 10-year period is required by federal Medicaid rules governing managed care organizations, and federal laws for providers who contract with a Medicare Advantage or Medicare Part D plan. For other organizations and records, CMS defers to each state's laws, which vary. However, for consistency and ease of recordkeeping, HumanGood will use 10 years as its standard for medical records.

If there are any problems with a patient's care which we are aware may give rise to the patient or their family bringing a claim or litigation against HumanGood, we should retain those records until resolution of the claim or seven years after the statute of limitations has run.

### **Other Record Retention Exceptions:**

As stated above, the standard period of time for retention of records other than medical records and personnel records is seven years. Below is a listing of certain types of records that must be held for a longer period than seven years, or may be destroyed prior to seven years. *If a record is not on the list below, the department manager shall retain the records for seven years or consult with the Legal Department if a shorter retention period is desired.*

<b>ACCOUNTING</b>	
Auditors' reports and schedules	Permanently
Bank deposit slips	3 years
Cash disbursements journal	Permanently
Cash receipts journal	Permanently
Depreciation records	Permanently
Financial Statements, Annual	Permanently
Financial Statements, Interim/Internal	3 years
General journal/ledger and end-of-year trial balances	Permanently
Income tax returns	Permanently
Internal audit reports	Permanently



Medicare cost reports	5 years after the month that the Medicare cost report is filled with the intermediary
Property tax returns	Permanently

<b>HR PERSONNEL RECORDS</b>	
Personnel files. (For more information see HR-12 Personnel Records Policy and Procedure.)	Five years from the separation date for most records. Retention is shorter for a few documents, longer if there is a pending dispute. See the detailed HR policy.
<b>CORPORATE RECORDS</b>	
Affiliation agreements / contracts	Permanently
Annual reports	Permanently
Construction documents (contracts, change orders, completion certificates, etc.) for <u>major</u> projects	Permanently
Contracts relevant to bond-financed property (major capital expenditures contracts and contracts with for-profit vendors using bond-financed space)	Permanently
Deeds, mortgages and bills of sale	Permanently
Real estate property records and surveys	Permanently
Tax-exemption documents (determination of tax-exempt status)	Permanently

**Disposal:**

Dispose of hard copy paper records as follows:

- a. Documents containing non-sensitive, non-confidential records can generally be disposed of into company trash bins.
- b. Documents containing sensitive or confidential records should be shredded (at the end of the retention period) and disposed of securely.

The Information Technology Department will handle (or coordinate and oversee) the secure disposal of aged email and redundant, aged and unneeded unstructured content from the network. The Information Technology Department manages (or assists other departments in managing) all media and technology hardware/devices in an inventory and securely erasing/sanitizing prior to disposal.

**Enforcement:**

All records created and received by HumanGood and its agents are the property of HumanGood. No HumanGood team member, by virtue of his/her position, has any personal or property right to such records even though s/he may have developed or compiled them. The unauthorized destruction, removal or use of such records is prohibited. No one may falsify or



inappropriately alter information in any record or document. Information pertaining to unauthorized destruction, removal or use of HumanGood records, or falsifying or inappropriately altering information in a record or document, should be reported to the Compliance Officer.

### **Resources:**

Federal law is found in the record-keeping rule applicable to Medicaid and Children's Health Insurance Program (CHIP) Programs at 42 CFR 421, 433, 438, 440, and 457.

State laws around medical record retention.

a. In Washington, the Washington State Medical Association recommends that providers retain medical records for at least ten years.

b. Nevada law (NRS 629.051) permits a provider to destroy records five years after production.

c. Arizona law (12-2291) permits a provider to destroy records six years after the last contact.

d. Idaho law (IDAPA 16.0302.203.04) requires that a provider retain records for seven years.

e. California law, modified effective January 1, 2018, requires providers of health care services rendered under Medi-Cal or any other California Department of Health Care Services health care program to keep records for at least 10 years. Specifically, Assembly Bill 1688 (Chapter 511, Statutes of 2017) requires providers to keep a record of each service rendered, the beneficiary or person to whom rendered, the date of service and any additional information that the Department of Health Care Services may require. These records must be maintained for 10 years from the final date of the contract period between the plan and the provider (for Medi-Cal managed care enrollees), from the completion date of any audit or from the date the service was rendered, whichever is later.

### **Review and Revision History:**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>RELEASE OF PHI OF DECEASED RESIDENT/CLIENT</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to safeguard the protected health information (PHI) of deceased residents for a period of fifty (50) years following the resident's date of death. After this 50-year period, the HIPAA Privacy Rule (the "Privacy Rule") explicitly excludes from the definition of "protected health information" all individually identifiable health information of a decedent.

## **II. DEFINITION AND GUIDELINES**

- A. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. Although permitted by the Privacy Rule, disclosures of a deceased person's PHI to family members is not required by the Rule. We are not required to make this disclosure if (1) we cannot verify the relationship of the person to the decedent; (2) doing so is inconsistent with any prior expressed preference of the decedent; or (3) we determine that disclosure would be inappropriate.
- C. Any disclosure of a deceased resident's PHI is to be limited to the minimum amount necessary. The Privacy Rule recognizes that the deceased resident's PHI may be relevant to a surviving family member's healthcare, and it therefore, permits disclosures of PHI for treatment purposes, even if that treatment is for a person other than the decedent. Otherwise, disclosures of a deceased resident's PHI should only include that PHI which is related to the requestor's involvement in the decedent's care or in the payment for the decedent's health care.
- D. During the 50-year period of protection, the personal representative of the decedent, who is the person under applicable law with authority to act on behalf of the decedent or the decedent's estate, may exercise the decedent's rights under the Privacy Rule with regard to the decedent's PHI, such as authorizing certain uses and disclosures of and gaining access to, the information.

## **III. PROCEDURE**

- A. Any person requesting access to or inspection or a copy of a deceased resident's PHI must complete the Authorization to Release Protected Health Information form, and his/her identity and relationship to the decedent must be verified.
- B. Once the completed and signed form has been received, (i) the request should be date/time stamped and initialed by the receiving team member; and, (b) immediately

scanned and emailed to the Executive Director and/or Health Services Administrator (or his/her designee) for the community.

- C. The Executive Director and/or Health Services Administrator or his/her designee reviews and assesses sufficient details provided by the requestor to indicate (1) whether s/he was involved in the resident's healthcare or payment for the resident's healthcare before the resident's death; (2) whether s/he is requesting the decedent's PHI for the requestor's own treatment; (3) identifying any other purpose for the requested disclosure; and (4) verifying the requestor's identity. See the "Verification of Identity Before Release of PHI Policy."
- D. Contact the Privacy Officer, and send a copy of the requesting party's DPOA document signed by the resident before death or other documentation provided by the requestor to show their authority to request the decedent's PHI.
- E. Once the requesting person's identity is verified and their involvement with the resident's healthcare or payment for healthcare has reviewed and assessed (or the purpose for their request has been reviewed as outlined in section III.C. above), the Executive Director/Health Services Administrator or his/her designee sends the request and supporting documentation (including any DPOA document) to the email group "Medical Records Team."
- F. Where a person does not rise to the level of authorized representative, executor of the estate, or heir of the estate; was not involved in the resident's healthcare or payment for the resident's healthcare before the resident's death; is not requesting the decedent's PHI for the requestor's own treatment; has not identified any other purpose for the requested disclosure; or, we determine the disclosure would be inappropriate, written denial of access to, inspection of, or a copy of the decedent's PHI will be provided to the requestor, and the denial may not be appealed. Contact the Privacy Officer for assistance with processing such denial.

#### **IV. EXCEPTIONS**

- A. HumanGood may disclose a decedent's PHI under the following circumstances: (A) to alert law enforcement of the death of the resident, when there is a suspicion that the death resulted from criminal conduct; (B) to coroners or medical examiners, for purposes of identifying a deceased person, determining cause of death, or other duties authorized by law; (C) to funeral directors, as necessary to carry out their duties with respect to the decedent (including disclosing information prior to and in reasonable anticipation of the resident's death); and (D) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue, for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- B. HumanGood may disclose a decedent's PHI for research that is solely on the PHI of the decedent; however, any requests for decedent PHI for research purposes should be forward to the Privacy Officer for review, before disclosure.
- C. A decedent's PHI may be disclosed to a public health department and to defend a lawsuit involving HumanGood.
- D. In most states, unless the information is relevant to payment for services or healthcare operations, a resident's communications with physicians, psychologists, psychiatrists and certain other health care providers are considered "sensitive" information that cannot be disclosed after death without either previous authorization from the decedent before death or the written authorization of their authorized representative. Contact the Privacy Officer for guidance, if such a request is received.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without





limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>REQUEST FOR AMENDMENT OF PHI</b>	Effective Date:	01/01/21
	Revision Dates:	
	Departments Approving:	Legal
	Departments Affected:	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood’s policy to review and respond to resident/client requests for amendment of protected health information (“PHI”) in a timely manner.

## **II. DEFINITIONS AND GUIDELINES**

- A. “Designated record set” means a group of records maintained by or for a covered entity that comprises the (a) medical and billing records about individuals maintained by or for a covered healthcare provider; (b) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.
- B. “PHI” means “protected health information”, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- C. HumanGood must permit a resident/client to request to amend part or all of their PHI that HumanGood created and maintains in a designated record set.
- D. If the PHI was not created by HumanGood, the resident/client should be referred to the healthcare provider(s) that created the documentation.
- E. The resident/client is to be advised of HumanGood’s acceptance or denial of the request for amendment in writing within sixty (60) days of receipt of the written request.
- F. The request may be denied, in whole or in part, if it is determined that the PHI subject to the request: (1) was not created by HumanGood; (2) is not part of the designated record set; (3) is accurate and complete; or (4) would not be available for inspection. See Access to PHI - Resident or Authorized Representative Policy.

## **III. PROCEDURE**

- A. If a resident/client makes a verbal request to amend their PHI, s/he should be instructed to complete and sign the Request for Amendment of Protected Health Information form.
- B. The resident/client gives the completed and signed form to the Executive Director/Health Services Administrator (the “ED/HSA”) (or his/her designee) and is given a copy.



- C. The ED/HSA (or his/her designee) completes the date and time receipt and name and title portions of the form and forwards the request to the Privacy Officer for review and guidance.
- D. The Privacy Officer will work with the ED/HSA or his/her designee, the Security Officer and any other appropriate team member(s) to determine whether the request should be accepted or denied.
- E. Acceptance: If the request to amend the resident/client's PHI is granted, the following actions are to be taken:
  - 1. The ED/HSA or his/her designee will notify the resident/client of the acceptance of the request by sending him/her the Determination of Request for Amendment of Protected Health Information along with an Authorization to Release Protected Health Information form. A copy of the Determination form should be placed in the resident/client's health record. The Authorization form is provided so the ED/HSA or his/her designee can (a) obtain the identification of relevant persons, such as a health care provider, with whom to share the amendment; and (b) obtain the resident/client's written authorization to share the amendment with that person(s).
  - 2. The ED/HSA or his/her designee (or the Information Technology Department) makes the amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment. The existing PHI itself is not changed.
  - 3. Within a reasonable time, the ED/HSA or his/her designee must make reasonable efforts to inform, and provide the amendment to, the person(s) identified by the resident/client on the Authorization form.
  - 4. The ED/HSA or his/her designee must inform others of the amendment where the community knows that other persons, including business associates, have the PHI that is being amended by the resident/client and that they have relied or could foreseeably rely, on such information to the detriment of the resident/client.
- F. Denial: If the request to amend the resident/client's PHI is denied, the following actions are to be taken:
  - 1. The ED/HSA or his/her designee will notify the resident/client of the denial of the request by sending him/her the Determination of Request for Amendment of Protected Health Information. A copy of the form should be placed in the resident/client's health record.
  - 2. If resident/client submits a statement of disagreement, any subsequent disclosure of the PHI to which the disagreement relates must include (a) the resident's request for an amendment, our denial of the request, the resident's statement of disagreement (if any), and our rebuttal (if any); or, (b) at our election, an accurate summary of any such information. Where the resident/client has not submitted a written statement of disagreement, and only if the resident/client requests that we do so, we are to include the resident/client's request for amendment and our denial, or an accurate summary of such information, with any subsequent disclosure of the related PHI.
- G. Recordkeeping. As appropriate, we must identify the PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the resident's



request for an amendment, our denial of the request, the resident's statement of disagreement (if any), and our rebuttal (if any) to the designated record set.

#### **IV. EXCEPTIONS/OTHER INFORMATION**

- A. Notice of Extension. If we are unable to act on the request for amendment within the required sixty (60) day timeframe, we must notify the resident/client that additional time, up to thirty (30) days, is needed. For that notification, the "Notice of 30-Day Extension" is provided to the resident/client. This Notice is to include the reason(s) for the delay and the date by which we will complete our action on the request, even if that action is to deny the amendment. Only one such extension is permitted by the Privacy Rule.
- B. Amended PHI when using a standard transaction. When a subsequent disclosure of the PHI document that we agreed to amend is to be disclosed by using a standard transaction under the HIPAA Administration Simplification Standard, and that transaction does not permit the additional material about the amendment to be included with the disclosure, we may separately transmit the material to the recipient of the standard transaction.
- C. Actions on notices of amendment. If another covered entity notifies HumanGood of an amendment to an individual's PHI, we must amend the PHI in a designated record set as indicated in the covered entity's notice.

#### **V. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

\_\_\_\_\_  
Name of Resident/Client (Please Print) Date of Birth: \_\_\_\_\_

Relationship to Resident/Client: ☐ Self ☐ Authorized Representative

*(If completed by Authorized Representative, request must include proof of authority to make request (e.g. power of attorney).*

I hereby request that HumanGood consider the attached amendment that I want to make to the following document in my health record:

☐ Other: \_\_\_\_\_,  
Date of service: \_\_\_\_\_.

**NOTE: YOUR REQUEST MUST INCLUDE A REASON OR REASONS TO SUPPORT THE REQUESTED AMENDMENT.**

I understand that HumanGood is not required by law to add this addendum into my health record.

I understand that HumanGood will notify me of their decision to accept or deny my request within sixty (60) days of receipt of this completed and signed form. I also understand that, in the event there are circumstances delaying response to my request, HumanGood will provide me with notice of the delay and an updated timeframe for response.

\_\_\_\_\_  
Signature, Resident/Client or Authorized Representative Date

\_\_\_\_\_  
Printed Name (if Authorized Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

---

***FOR OFFICE USE ONLY:***

**Date/Time of Receipt of Request:** \_\_\_\_\_

\_\_\_\_\_  
**Received by (Name, Title)**

**Reviewed by Privacy Officer on:** \_\_\_\_\_

**Determination:** ☐ Accepted ☐ Denied



**DETERMINATION REGARDING**  
**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

\_\_\_\_\_ Date: \_\_\_\_\_  
Resident/Client Name

Dear \_\_\_\_\_:

This is to notify you that we received your Request for Amendment of Protected Health Information (PHI) dated \_\_\_\_\_.

Our decision is as follows:

- ☐ **Agree.** We will make an amendment to the PHI.
- ☐ **Deny.** Your request to amend the PHI is denied for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you disagree with our determination, you may submit a statement of disagreement to us for our further consideration. If you do not submit a statement of disagreement, you may request that we provide a copy of your request for amendment and our denial with any future disclosures of the PHI that is the subject to the requested amendment. Please send the statement of disagreement or your request to your Community's Executive Director or Health Services Administrator.

If you disagree with our denial of your request for amendment, you may file a written complaint by writing to Privacy Officer, 6120 Stoneridge Mall Rd, Suite 100, Pleasanton, CA 94588 or calling (25) 924-7299. You may also file a complaint with the Office for Civil Rights at Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

If we have agreed to make an amendment to your PHI, you must provide us with the identity of person(s) that you want to receive the amended PHI; and, your authorization to provide the amended PHI to him/her/them. Please complete and sign the attached Authorization to Release Protected Health Information form. Please return the completed and signed form to your Community's Executive Director or Health Services Administrator.



**NOTICE OF 30-DAY EXTENSION**

Date of Notice: \_\_\_\_\_

\_\_\_\_\_  
Name of Resident/Client

We are unable to process your request for an amendment to protected health information (PHI) within the sixty (60) day timeframe, due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The anticipated date of completion is: \_\_\_\_\_.

Please feel free to contact us at \_\_\_\_\_ if you have any questions about this Notice.

Sincerely,

Medical Records Department



<b>REQUESTS FOR COMMUNICATION OF PHI BY ALTERNATE MEANS</b>	Effective Date:	01/01/21
	Revision Dates:	
	Departments Approving:	Legal
	Departments Affected:	LPC; Health Plan

### **I. POLICY**

It is HumanGood's policy to accommodate resident/client requests for communications of protected health information (PHI) by alternate means or at alternate locations, without determining the merits of the request. HumanGood may condition the provision of this accommodation on how payment, if any, will be handled and the provision of an alternative address or other method of contact.

### **II. DEFINITION**

"PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.

### **III. PROCEDURE**

1. If a resident/client makes a verbal request for communications of PHI by alternate means or at alternate locations, s/he should be instructed to complete and submit the Request for Communication of PHI by Alternate Means and/or at Alternate Locations form.
2. The completed Form should be date and time stamped and given to the Executive Director/Health Services Administrator (ED/HSA) or his/her designee.
3. The Form must be reviewed to determine if it is reasonable in context with the resident's/client's own unique circumstance and, if there is concern that it is not, the ED/HSA or his/her designee will speak directly with the resident/client to determine how best to move forward with the request. Note, we may not require an explanation from the resident/client as to the basis for the request as a condition of providing communications on a confidential basis.
4. With regard to HumanGood health plan operations, the plan must permit and accommodate requests for communications of PHI by alternate means and at alternate locations, if the resident/client clearly states that disclosure of all or part of the information could endanger him/her.
5. When this process is completed, the ED/HSA or his/her designee completes the "Action" section in the "For Office Use Only" space at the bottom of the Form and gives a copy of the completed Form back to the resident/client for their records.
6. The ED/HSA or his/her designee will oversee the correct placement of the completed Form in the resident's/client's health or service record to ensure that the request is





followed by all pertinent departments and send a copy of the completed Form to the affected departments and the Privacy Officer.

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**REQUEST FOR COMMUNICATION OF PHI  
BY ALTERNATE MEANS AND/OR AT ALTERNATE LOCATIONS**

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

Resident Address: \_\_\_\_\_

I wish to receive communication of my Protected Health Information from the Community by the following means:

E-mail at \_\_\_\_\_ Telephone at \_\_\_\_\_

Other: \_\_\_\_\_

If this request relates to the HumanGood health plan, and you believe that disclosure of all or part of the information could endanger you, please sign here:

\_\_\_\_\_

**Notice to Resident:** You have the right to revoke this request in writing at any time. However, such revocation will not apply to communications made or omitted prior to receipt of the revocation. Submit your revocation request to the individual who received your request for communication by alternate means/location. If you do not revoke it, this request will continue to be followed by the Community.

\_\_\_\_\_  
Resident/Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

***For Office Use Only:***

Date Request Received: \_\_\_\_\_ Action: ☐ Reviewed with Resident ☐ Changes made ☐ Approved

*Original: Privacy Practices File*

*Copy: To Resident*

*Copy: To Health or Service Record*

*Copy: To Privacy Officer and Affected Department(s)*



<b>REQUESTS FOR RESTRICTION OF PHI DISCLOSURE</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

It is HumanGood’s policy to review and respond to requests for restriction of disclosure of protected health information (“PHI”) in a timely manner.

## **II. DEFINITION AND GUIDELINES**

- A. “PHI” means “protected health information”, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. HumanGood must permit a resident/patient to request that it restrict (1) uses or disclosures of their PHI to carry out treatment, payment, or health care operations; and (2) disclosures of their PHI to their family members, other relatives, close personal friends, or any other person they have identified, when the PHI is directly relevant to such person’s involvement with the resident/patient’s healthcare or payment related to their healthcare.
- C. HumanGood is not required to agree to a restriction (except as noted in section II.D below); however, if restricted PHI is disclosed to a healthcare provider for emergency treatment, we must request that such healthcare provider does not further use or disclose that PHI.
- D. HumanGood must agree to a resident’s/patient’s request to restrict disclosure of PHI about the resident/patient to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the PHI pertains solely to a health care item or service for which the resident/patient or a person other than the health plan on behalf of the resident/patient, has paid in full (out of pocket).
- E. The resident/patient is to be advised of HumanGood’s acceptance or denial of the request for restriction in writing within thirty (60) days of receipt of the written request. Additionally, once a restriction is agreed to, we are required to notify other providers of services to the resident/patient of the restriction, so they can prevent disclosure of that PHI.
- F. Necessary steps to ensure that agreed-upon restrictions are honored are to be carefully followed, in particular those necessary to (1) identify where in the health record the specific restricted PHI exists and labeling it to avoid inadvertent disclosure to the restricted party; and, (2) ensure that team members who receive a written request for restriction of PHI disclosure know what to do with it and understand the limited timeframe for response.



### **III. PROCEDURE**

- A. If a resident/patient makes a verbal request to restrict disclosure of their PHI to a health plan, physician, family member, or friend, they should be instructed to complete and sign the Request for Restriction of PHI Disclosure form. If the PHI at issue pertains solely to a healthcare item or service for which the resident/patient or a person on their behalf, paid out of pocket in full, a copy of the receipt for payment is to be included with the written request for restriction.
- B. The resident/patient gives the completed and signed form to the Executive Director/Health Services Administrator (the "ED/HSA") (or his/her designee) and is given a copy.
- C. The ED/HSA (or his/her designee) completes the date and time receipt and name and title portions of the form and forwards the request to the Privacy Officer for review and guidance.
- D. The Privacy Officer will work with the ED/HSA or his/her designee, the Security Officer and any other appropriate team member(s) to determine whether the request should be accepted or denied.
- E. The ED/HSA or his/her designee will notify the resident/patient of the acceptance or denial of the request by completing and sending him/her the Determination Regarding Request for Restriction of PHI Disclosure form. A copy of the form should be placed in the resident/patient's health or service record. If the restriction is agreed to, the appropriate departments are notified by ED/HSA or his/her designee.
- F. In the event it is necessary and appropriate to terminate the agreed-upon restriction, either at the resident/patient's written request or upon our determination to terminate the agreement, the resident is notified by completing and sending a Notice of Termination of Restriction of PHI Disclosure form. A copy of the notice should be placed in the resident/patient's health or service record, and appropriate departments are notified by ED/HSA or his/her designee.

### **IV. EXCEPTIONS**

- A. If HumanGood agrees to the requested restriction, we must adhere to the restriction for all future disclosures, except where the specific PHI is needed to provide emergency treatment to the resident/patient by another healthcare provider. If the restricted PHI is disclosed for this purpose, HumanGood must notify the provider receiving the information that further use or disclosure of this PHI is prohibited.
- B. HumanGood is required to disclose PHI when required by the Secretary of the Department of Health and Human Services (or his/her designee) to investigate or determine HumanGood's compliance with the Privacy Rule.
- C. Any restriction HumanGood agrees to does not prevent our use or disclosure of the restricted PHI where disclosure is permitted or required by the Privacy Rule. See also Permitted and Required Uses and Disclosures of PHI Policy.



**V. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.





**DETERMINATION REGARDING**  
**REQUEST FOR RESTRICTION OF PHI DISCLOSURE**

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

\_\_\_\_\_  
Resident/Patient Name

Dear \_\_\_\_\_:

This is to notify you that we received your Request for Restriction on Disclosure of protected health information (PHI) dated \_\_\_\_\_ to your:    ☐ Health Plan   ☐ Doctor   ☐ Service Provider

Our decision is as follows:

- ☐ **Agree.** We will take action to restrict disclosure of your PHI to this party.
- ☐ **Deny.** Your request to restrict disclosure of your PHI is denied for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you disagree with our determination, you may submit a statement of disagreement to us for our further consideration. Please send the statement to your Community's Executive Director or Health Services Administrator.

If we have agreed to restrict disclosure of your PHI, you understand that HumanGood reserves the right to terminate this agreement for the following reasons: (1) if you request or agree to the termination in writing; (2) if you verbally agree to the termination and we document this agreement; or, (3) if we determine, in our sole discretion, that continuing this restriction is no longer necessary or appropriate.



**NOTICE OF TERMINATION OF RESTRICTION OF PHI DISCLOSURE**

\_\_\_\_\_  
Name of Resident/Patient

Dear \_\_\_\_\_;

This Notice is to advise you that we are terminating the agreement to restrict disclosure of your PHI to your:

☐ Health Plan   ☐ Doctor   ☐ Health Plan   ☐ Other: \_\_\_\_\_

The reason(s) for this termination:

- ☐ You requested or agreed in writing to terminate the restriction on \_\_\_\_\_.
- ☐ You verbally requested that we terminate the restriction on \_\_\_\_\_.
- ☐ We have determined that continuing this restriction is no longer necessary or appropriate.

If you have any questions about this Notice, please feel free to contact me at \_\_\_\_\_.

Sincerely,

[insert printed name and title]





<b>SALE OF PHI</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	All

## **I. POLICY**

It is HumanGood's policy that it does not sell resident/patient protected health information (PHI) at any time in return for payment that is either direct or indirect or as a benefit-in-kind exchange, unless the resident/patient who is the subject of the PHI has signed a written authorization for release of the PHI that includes a clause advising the resident/patient that HumanGood may receive payment or benefit-in-kind for the disclosure. The disclosure must comply with the minimum necessary rule, limiting the PHI to only that which is necessary to accomplish the intended purpose of the use or disclosure.

## **II. DEFINITIONS**

- A. **PHI** means **protected health information**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. **Sale of PHI** means disclosure of protected health information by a covered entity, such as HumanGood, where it either directly or indirectly receives money from the recipient of the PHI in exchange for that information.

## **III. PROCEDURE**

Any sale of PHI must be coordinated amongst several HumanGood departments; therefore, any third-party request to purchase PHI (other than a medical records request) must be forwarded to the Legal Department.

## **IV. EXCEPTIONS**

HumanGood may receive payment in exchange for PHI without the resident/patient's written authorization in the following circumstances: (A) in a merger, acquisition, or consolidation (and related due diligence) of all or part of HumanGood with a covered entity or where the resulting entity will become a covered entity following the transaction; (B) payment in the form of grants, contracts or other arrangements to perform programs or activities that require the use of PHI (e.g., a research study), and/or where necessary for processing and transmission of PHI for research purposes; and (C) payment received from a resident/patient, authorized representative, attorney or other third-party when a request for medical records (including requests by subpoena) is received. Medical Records Requests Policy, and see Charges for Medical Records Policy.



#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

<b>USE AND DISCLOSURE OF PHI BY WORKFORCE MEMBERS</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to permit its workforce members (as defined below) to use and disclose the minimum necessary protected health information ("PHI"), within the course and scope of their job function.

## **II. SUMMARY DEFINITIONS**

- A. "Workforce member" means HumanGood employees and excludes contractors and vendors/suppliers. Although not considered HumanGood workforce members, there are occasions that contractors, vendors, suppliers, volunteers, trainees, rehabilitation therapists, laboratory technicians, pharmacists and students providing services within a community will be provided with the minimum necessary PHI to perform their functions. Where appropriate, HumanGood enters into business associate agreements with contractors, vendors, or suppliers who will create, receive, maintain, use or disclose PHI on HumanGood's behalf. See Business Associate Agreements Policy.
- B. "Minimum necessary" means to limit use and disclosure of protected health information (PHI) to only that amount which is minimally necessary to achieve the purpose of the request for use or disclosure, regardless if the use or disclosure is to be made by hard copy or by electronic means. The minimum necessary rule does not apply when disclosures are made to or requested by a healthcare provider for treatment.
- C. "PHI" means "protected health information", and is any information created or received by HumanGood that relates to the past, present, or future physical or mental health or condition of a resident/client; the provision of healthcare to a resident/client; or, the past, present, or future payment for the provision of healthcare to a resident/client, which identifies the resident/client or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident/client.
- D. "Use" means sharing, employment, application, utilization, examination, or analysis of PHI within HumanGood.
- E. "Disclose" and "disclosure" mean the release, transfer, provision of access to, or divulging in any manner of PHI outside HumanGood.

## **III. PROCEDURE**

- A. Internal communications. Workforce members may communicate PHI to one another as necessary to perform their duties. Verbal communications containing PHI should be undertaken in a manner and place that reasonably safeguards confidentiality, including speaking quietly and, where possible, doing so in resident rooms or in the nursing station.
- B. External communications. Verbal disclosures of PHI to are allowed for payment, treatment or healthcare operations; otherwise, verbal disclosures are only allowed if the resident/client has provided written authorization for the disclosure. (See Permitted and Required Uses and

Disclosures of PHI Policy for additional guidance.) Before faxing, mailing or emailing PHI outside HumanGood, the recipient's fax number, mailing address or email address must be confirmed. Additionally, emailed PHI must be encrypted (i.e. sent in an encrypted or password-protected attachment and/or encrypted email).

C. Examples of appropriate PHI use by job category are as follows:

1. Licensed nurses, including agency nurses, and attending physicians may have access to the entire contents of a medical record of the resident/clients for whom they are providing care or services;
2. Certified nurse assistants may have access to that PHI which they need to assist the resident/client with activities of daily living and functional limitations;
3. Volunteers may not have access to resident/client PHI either manually or electronically, but may be given selected information by licensed nurses and certified nurse assistants to the extent necessary to perform their volunteer assignment, such as resident name and location;
4. Housekeeping/laundry/maintenance staff may have PHI communicated to them only to the extent that they must be aware of an infectious disease, fall risk, and wandering behavior;
5. Medical records team members may have access to residents/clients PHI for fulfilling record requests, requests for PHI amendments, and as otherwise required to fulfill their job duties.
6. Business office and accounting team members may have access to PHI that relates to billing and payment for healthcare and other services;
7. Dietary staff may have access to PHI as it relates to food intake, weight, diet, and hydration, and dieticians may have access to nursing notes, physician orders, and hydration/nutrition documentation;
8. Receptionists and telephone operators may have access to resident names and location within the community;
9. Information Technology staff may have access to electronic PHI to enable them to maintain the electronic health records and other electronic systems;
10. Management staff may have access to PHI as necessary to supervise service and care staff, properly place residents, and communicate with family; and
11. The HumanGood Board of Directors may have PHI provided to them by management or executive leadership as necessary for making policy or exceptions to policy.

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>USE AND DISCLOSURE OF PHI FOR FUNDRAISING ACTIVITIES</b>	Effective Date	08/2013
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC

## **I. POLICY**

It is HumanGood's policy to obtain a resident/patient's written authorization before using his/her diagnosis, nature of services, or treatment information to filter, target, use or disclose as part of it fundraising efforts. Additionally, HumanGood's policy is to use the minimum necessary amount of protected health information (PHI) when using or disclosing PHI for its fundraising activities. See Minimum Necessary Rule Policy.

## **II. PROCEDURE**

- A. Types of PHI That May be Used or Disclosed. The categories of PHI that can be used or disclosed in fundraising activities include: the resident's/patient's demographic information (including name, address, other contact information, age, gender, and date of birth); date(s) of healthcare provided; department of service information (e.g., skilled nursing, assisted living); treating physician; outcome information; and, health insurance status.
- B. Right to Opt-Out. With each fundraising communication made to our residents/patients, whether made in writing or over the phone, we must provide a clear and conspicuous opportunity to opt-out of receiving any further fundraising communications. The opt-out is applicable to HumanGood Life Plan Communities and our business associates who assist us with fundraising.
1. Residents/patients may opt-out of future fundraising communications by completing our Opt-Out Form. A copy of the Opt-Out Form is attached to this policy.
  2. When a resident/patient completes an Opt-Out Form, they should be given the original and copies should be (a) placed in the resident/patient's health or service record; and (b) given to the Privacy Officer (who will inform HumanGood fundraising managers and any applicable business associates of the resident's/patient's opt out.
  3. Residents/patients will not be subject to a penalty or retribution of any kind if they desire to opt-out of receiving fundraising communications and/or other fundraising activities.
- C. HumanGood may not make fundraising communications to a resident/patient that has opted out, but we can provide them with a method to opt back in, if they wish.

## **III. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**OPT-OUT FORM**

**(FUNDRAISING COMMUNICATIONS)**

HumanGood Life Plan Communities may conduct fundraising activities. On occasion, HumanGood uses outside services to help with these activities. For our fundraising efforts, we communicate to our residents about our fundraising activities. We also send information to our residents and outside people about how to donate to a Human Good foundation, if they wish to do so. In addition, we may contact you if we believe a specific fundraising activity may be of interest to you. We would use your personal information to contact you, such as your e-mail address, your telephone number, or your apartment number.

**If you wish to opt out of these communications so that we do NOT contact you about our fundraising activities, please sign, date, and return this form to the **Community Executive Director**.**

After the date that we receive this form, we will not to use your personal information in any fundraising communications, unless we request and receive your specific written permission to do so. You may revoke this Opt-Out at any time, by submitting a written request to receive fundraising communications and information about out fundraising activities.

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☐ **I do not want to receive fundraising communications from HumanGood, HumanGood life plan communities, affiliated foundation(s), or any outside business that is assisting any of these entities with fundraising activities.**

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Signature of Resident/Patient

Date

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Print Name

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FOR OFFICE USE ONLY:

Date of Receipt: \_\_\_\_\_

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Signature of Manager

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Title

**[Original to Resident; Copy to Resident's File; Copy to the Privacy Officer]**



<b>USE AND DISCLOSURE OF PHI IN MARKETING ACTIVITIES</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	Marketing; LPC

## **I. POLICY**

HumanGood team members do not use or disclose protected health information (PHI) for marketing purposes that will result in financial remuneration to HumanGood, unless the resident's/patient's written and signed authorization has been obtained.

## **II. SUMMARY DEFINITIONS**

- A. **PHI** means **protected health information**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. **Financial remuneration** means a direct or indirect payment from or on behalf of a third party whose product or service is being described. Direct or indirect payment does not include a payment for the treatment of an individual.
- C. **Marketing** means making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. The term also refers to an arrangement between a covered entity such as HumanGood and any other entity whereby we disclose PHI to the other entity in exchange for direct or indirect remuneration, or payment, so that the other entity can make communication between them and our residents/patients about its own product or services that is designed to encourage our residents/patients to buy or use that product or services. For this to be permitted under the HIPAA Privacy Rule, HumanGood must have a signed authorization from the resident/patient for that marketing.
- D. **Non-Marketing** means a communication made by HumanGood to describe to residents/patients a health-related product or service that is provided by or included in their Care and Residence Agreement or other contract under which such health-related products and services are provided.

## **III. PROCEDURE**

- A. **Authorization Requirement.** An authorization to use or disclose PHI for marketing purposes must include (1) a statement about any direct or indirect remuneration HumanGood has received or will receive from a third party for making a marketing communication; and (2) the right to revoke the authorization in writing. Contact the Legal



Department for a marketing authorization. A copy of the signed authorization must be provided to the resident/patient.

- B. Authorization Conditions. HumanGood does not condition treatment or payment for services on whether or not a resident/patient signs a written authorization for marketing purposes or opts-out of marketing activities. However, in its capacity as a health plan, the HumanGood Benefits Plan may condition enrollment or benefit eligibility on a resident/patient signing an authorization.
- C. Marketing Communications. Marketing communications must identify HumanGood as the company that is making and distributing communications about products and services. Face-to-face marketing encounters must be limited, as must provision to residents/patients anything of nominal value, such as HumanGood pens and brochures about products and services.
- D. Opt-Out. Residents/patients must be given the opportunity to opt-out of receiving marketing information or communications from us and from any of our business associates.

#### **IV. EXCEPTIONS**

- A. An authorization is not required for any use or disclosure of PHI for marketing purposes, if the communication is in the form of: (a) a face-to-face communication made by a team member to a resident or patient; or (b) a promotional gift of nominal value provided by HumanGood to the resident or patient (for example, pens, brochures about HumanGood products or services, or coffee cups).
- B. The definition of “financial remuneration” in the context of marketing does not include non-financial benefits, such as in-kind benefits, which may be provided to a Covered Entity in exchange for making a communication about a product or service. Only payments made in exchange for making such communications are included within the definition.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.





<b>VERIFICATION OF IDENTITY BEFORE RELEASE OF PHI</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	CCRC Operations – Medical Records

## **I. POLICY**

It is Human Good's policy to take reasonable steps to verify the identity of anyone who requests release of a resident/client's PHI before release.

## **II. PROCEDURE**

- A. Request. In each case, the requesting party must submit either (1) a written and signed HumanGood Authorization to Release Protected Health Information Form; or, (2) another written and signed request that complies with federal and applicable state law.
- B. Verification Documentation. The requestor should also submit documents that will be used to verify their identity and relationship to the resident/client (if applicable). The Executive Director and/or Health Services Administrator or his/her designee (for example, the medical records team member) must verify the identity of the party requesting medical records.
  1. For resident or legal representative requests, verification may be a state-issued identification card, comparison of signatures on the request with signatures on a power of attorney or residency contract, or other documentation in the resident's medical or service record. If the resident/client is deceased, the requestor should also provide evidence that they are the beneficiary to the will or the heir of the estate. See also Release of PH of Deceased Resident/Client Policy.
  2. For attorney requests, verification may be the attorney's signed letterhead. For public official requests, verification may be an agency identification badge or written request on appropriate government letterhead.
  3. Regardless what identity verification documents are provided, each medical records team member uses their judgment to determine the requestor's identity to make the request. (For verification of authority (i.e. the requesting party's right to obtain the records), contact the Privacy Officer.)
- C. Verbal Requests. If a verbal or e-mail medical record release request is received, the team member taking the call or receiving the e-mail will explain the need for a written and signed medical record release request and identity verification documentation and provide copy of the Authorization to Release Protected Health Information form.

## **III. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>VIOLATIONS OF HIPAA PRIVACY PRACTICES ENFORCEMENT</b>	Effective Date	02/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	All Departments

### **I. POLICY**

This Policy applies to all team members in HumanGood organizations and Communities where protected health information (PHI) is created, collected, accessed, maintained, used and/or disclosed, regardless of form. It is HumanGood's policy to promptly investigate reported or suspected HIPAA privacy violations and take indicated corrective action. Team members may face discipline, up to and including, termination of employment for HIPAA privacy violations.

HumanGood enforces a non-retaliation policy, which prohibits any team member (regardless of job title) from intimidating, threatening, coercing, discriminating against, or taking any other type of retaliatory action against any individual who:

- A. Exercises his/her rights under our Notice of Privacy Practices or related policies.
- B. Participates in the HumanGood HIPAA privacy complaint process.
- C. Files a complaint with the Secretary of the Department of Health and Human Services, the Office for Civil Rights, or a HumanGood licensing agency.
- D. Testifies, assists or participates in an investigation, compliance review, proceeding or hearing regarding our HIPAA privacy practices.
- E. Opposes any act or practice unlawful under the HIPAA Privacy Rule; provided, the individual acted in good faith in the belief that the practice was unlawful, the manner of opposition is reasonable, and the opposition does not involve disclosure of PHI in violation of Privacy Rule regulations.

### **II. DISCIPLINARY ACTION/VIOLATION EXAMPLES**

Disciplinary action will depend on the intent and severity of the violation. The following are examples of violations of HumanGood's privacy policies:

- A. Improper and/or intentional disclosure of PHI in any form (e.g., releasing a resident's PHI without authorization to do so);
- B. Access and/or use or disclosure of PHI by an unauthorized team member or any other individual;
- C. Access, use or disclosure of PHI for personal gain; and
- D. Destruction of PHI for the purpose of preventing discovery of an error or other untoward event.

### **III. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>WORKFORCE PRIVACY EDUCATION</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to provide its workforce members (as defined below) HIPAA privacy, security and breach notification training ("training") that is appropriate for their job duties and functions.

## **II. DEFINITION AND PROCEDURE**

- A. "Workforce member" means HumanGood employees (hereinafter, "team members") and excludes contractors and vendors/suppliers. Although not considered HumanGood workforce members, there are occasions that contractors, vendors, suppliers, volunteers, trainees, or other non-employees may use or disclose PHI to perform their functions. Where appropriate, HumanGood will provide such non-employees with a copy of its Notice of Privacy Practices and/or appropriate training or contractually require them to conduct their own training and comply with applicable laws.
- B. Team Member Training. Newly hired team members receive training within thirty (30) days of hire. Current team members receive training on, at least, an annual basis. Team members will also receive periodic training, as needed and appropriate to job function, based on changes in our privacy practices, operational processes related to privacy, and/or changes in law. Team members who experience a material change in their employment status, such as promotion, may receive supplemental training appropriate to their new job functions. Any team member who desires additional training may contact his/her direct supervisor, the Privacy Officer, or Human Resources.
- C. Recordkeeping. Records of the training materials, course dates, and team member completion will be kept for not less than six (6) years from the later of the date of creation, completion or last use and will be maintained by Human Resources.

## **III. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



# **HumanGood Fall Prevention and Management Program**



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## INTRODUCTION

HumanGood recognizes the wide spread impact of falls and the resulting injuries to our residents, team members and the organization.

- For a frail older adult, the results of a fall can lead to a decrease in quality of life and the ability to function.
- Fear of falling may lead to self-imposed limitations on activity resulting in isolation and depression.
- Falls are a high risk, high cost challenge for the organization. Their impact on residents' lives, community operations and finances can be devastating.

For all of these reasons, Human Good has committed to the development and maintenance of a written, organization-wide, falls prevention and management program that includes evidence-based practices and extends across all levels of service and care as appropriate.

## PROGRAM GOALS

This program offers risk identification, reporting recommendations, treatment options and team member guidance in its aim to prevent, to the fullest extent possible, and manage falls in all HumanGood Communities while continuing to provide individualized, person centered care and services.

## DEFINITIONS

To assist our organization in fall-related incident reporting, the following definition of a fall and a description of fall-types are included in this written program. We request that anyone who experiences a fall or witnesses a fall or possible fall-related incident report the occurrence immediately to a supervisor or to nursing personnel. This includes situations where a resident is found on the floor or ground. While it may be unknown at that time if the resident fell, it is the practice of our organization to treat these situations as a fall-related incident so that proper measures are taken to respond to the resident's needs and investigate the incident.

### Fall Definition

"The unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat).

- The fall may be witnessed, reported by the resident or an observer or identified when the resident is found on the floor or ground.
- Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home.
- Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident).
- An *intercepted fall* occurs when the resident would have fallen if he/she had not caught him/herself or had not been intercepted by another person-this is still considered a fall"



## Other Definitions

- **Adverse event:** An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the resident, or delivery of services.
- **Hazard/hazardous condition:** Any set of circumstances (exclusive of a resident's own disease process or condition) that significantly increases the likelihood of a serious adverse outcome or of a loss due to an accident or injury to a resident, visitor, employee, volunteer, or other individual.
- **Incident** is an event that could lead to loss of, or disruption to, an organization's operations, services or functions
- **Incident Management:** is a term describing the activities of an organization to identify, analyze, and correct hazards to prevent a future re-occurrence.
- **Intercepted fall** occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person
- **Intrinsic Risk Factors:**
  - a. Effects of aging on gait, balance and strength
  - b. Acute medical conditions
  - c. Chronic diseases
  - d. Deconditioning from inactivity
  - e. Behavioral symptoms and unsafe behaviors
  - f. Medication side effects
- **Extrinsic Risk Factors:**
  - Environmental hazards
  - Unsafe equipment
  - Unsafe personal care items
- **Near miss or close call:** An event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention. For example, a procedure almost performed on the wrong resident due to lapse in verification of patient identification but caught at the last minute by chance. Close calls are opportunities for learning and afford the chance to develop preventive strategies and actions. Close calls receive the same level of scrutiny as adverse events that result in actual injury.
- **Proactive risk assessment:** Activities undertaken before an adverse event occurs in order to identify potential risks and hazardous conditions inherent in the organization or within targeted systems or processes.



- **Risk analysis:** Determining the causes, potential probability, and potential harm of an identified risk and alternatives for dealing with the risk. Examples of risk analysis techniques include failure mode and effects analysis, systems analysis, root cause analysis, tracking and trending of adverse occurrences and near misses, and other methods.

## **CULTURE OF SAFETY**

The term “culture of safety” is used to describe how the behavior of team members and management affects the safety of residents. The development of a culture of safety is an important first step to ensure that the Fall Management Program is effective and integrated into the organizational system.

Developing a culture of safety requires changes in team member attitudes, beliefs and behaviors as well as changes in management style. This change process requires strong leadership, effective communication, new policy development, and the formation of multi-disciplinary teams to address areas for improvement. Empowered staff should be encouraged to participate in all levels of care. Finally, an environment of “no blame/no shame” will provide an open atmosphere where staff members can report errors and safety concerns without fear of punishment.

## **FALL ATTRIBUTES**

- **Accidental Falls:** Falls associated with extrinsic environmental risk factors or hazards: spills on the floor, clutter, tubing / cords on the floor, etc., or errors in judgment, such as not paying attention
- **Anticipated Physiological Falls:** Falls associated with known fall risks, such as those indicated on the Morse Fall Scale or other screening scales, that are predictive of a fall occurring: loss of balance, impaired gait or mobility, impaired cognition/confusion, impaired vision. Falls that we anticipate will occur due to the patients’ existing physiological status, history of falls, and decreased mobility upon assessment.
- **Unanticipated Physiological Falls:** Falls associated with unknown fall risks that were not predicted (cannot be predicted) on a fall risk scale: syncope; extreme hypoglycemia; stroke; heart attack; seizure.
- **Assisted Fall:** A fall in which a team member is present and acts to keep the resident upright, sit on a bed, toilet, a chair, or assists the resident to the floor.
- **Unwitnessed Fall:** A fall that occurs unseen by team members or others. If a team member or other person are in close proximity to the resident, but do not see the resident fall, the fall is considered unwitnessed. Any injury related to an unwitnessed fall should be reviewed for possible resident abuse.
- **Witnessed Fall:** A fall in which team member or other persons observe the resident fall.





## REPORTING FALLS

Any resident, visitor, team member or contractor who experiences a fall, witnesses a fall or what they believe is the outcome of a fall, who finds a resident on the floor, or who receives a report of a fall is to report the occurrence immediately to a community supervisor or to a nursing team member. This includes situations where a resident is found on the floor or ground and falls or suspected falls which occurred while off of the HumanGood property. While it may be unclear if a fall actually occurred, for the purposes of reporting, it is the practice of this organization to report these situations as a fall-related incident so that appropriate measures can be taken to investigate the incident and evaluate the resident's needs and implement interventions.

**Documentation Responsibilities:** Documentation of any actual or suspected fall is to be completed by the team member with the first best knowledge of the event in the area where the event is reported:

- Skilled Nursing –Nurse
- Senior Living - Assisted Living/Personal Care and Licensed Residential Living – Charge Nurse, Med Tech, or Aide
- Unlicensed Residential Living - Security Guard, Concierge or Community Supervisor as assigned.

### Reporting - Hazardous Conditions:

Human Good encourages all team members, contract service providers, residents, families and visitors to immediately report hazardous conditions that contribute to fall-related incidents in an effort to prevent harm before it occurs. These conditions should be reported to a community supervisor or nursing team member based on the location of the event. Examples of these conditions include, but are not limited to:

- Trip hazards (e.g., electric cords, floor clutter, broken flooring, unsafe floor mats)
- Slip hazards (e.g., water or other liquids on the floor, untreated ice or snow)
- Broken equipment (e.g., chairs, walkers, wheelchairs, resident lifts, hand-holds in bathrooms)

## TEAM MEMBER RESPONSIBILITIES

HumanGood recognizes that falls represent a major area of potential harm and risk for older adults. The prevention and management of falls is an organization wide organization wide initiative, from beside to boardroom and strives for participation and engagement from all stakeholders – team members, residents and Residents, families, and visitors.

### All Team Members

- Respond to significant events and hazardous situations either addressing them immediately or notifying the appropriate team member/manager at the time they are identified and following up to ensure the situation is addressed.
- All are expected to maintain a safe working environment at all times.



### **Community Management Team**

- Establish and maintain an organization-wide Culture of Safety with the engagement of governance that promotes timely reporting, risk management, continuous quality improvement, and safety within a Just Culture.
- Establish and maintain a Culture of Accountability that actively identifies risks, hazards, and opportunities for performance improvement – and acts on them to reduce risk, the potential for harm, improve quality and increase safety.
- Ensure all fall incident reports, regardless of presence and severity of injury, are complete and documentation includes identification and implementation of preventative interventions.
- Include risk, quality, and safety objectives in the organization's regular strategic planning and operational planning efforts.
- Facilitate participation in educational programs in resident safety and risk management; ensuring resources are available to allow staff to participate.
- Allocate the necessary human, financial, and time resources to identify and mitigate risks in the organization.
- Create and maintain, as applicable, management positions that have the necessary authority to address risks.
- Participate fully in the organization's risk management, quality, and safety efforts to prevent and manage falls, including environmental rounding and safety walk-throughs.
- Ensure the community budget provides adequate funding to provide a safe environment for resident's and team members.

### **Medical Director (Skilled Nursing)**

The Medical Director is responsible for ensuring the overall quality of care and that falls and fall-related injury prevention is:

- A high priority at the community
- Promoted across all community levels of care through education, direct care, administrative support and team member resources
- Included in Quality Assurance/Performance Improvement (QAPI) activities

### **Corporate Risk Manager**

The Corporate Risk Manager is responsible for ensuring that falls policy, implementation, and investigation of falls and injury by:

- Chairing the Corporate Risk Management Committee and ensuring that falls are a key performance indicator
- Providing reports to CEO describing tracking and trending of falls and quality improvement work to prevent, reduce and manage falls
- Ensuring that a falls management policy is in place which addresses risk identification, assessment, the implementation of interventions and follow-up.



- Overseeing the collection and analysis of data used to monitor the performance of processes that involve risk or that may result in serious adverse events (e.g., medication processes, care of residents at risk of pressure ulcers, unsafe conditions, etc.)
- Proactively advises the organization on strategies to reduce hazards and improve the overall safety of residents, visitors, and team members.
- Facilitates the development and scheduling of educational programs related to safety and risk management.

**Campus Risk Manager (Executive Director/Community Manager or designated individual)**

- Ensures appropriate timely reporting (internal and external) of unusual occurrences
- Participates in high severity fall investigations and Root Cause Analyses (RCA)
- Facilitates the resolution of reported unsafe or hazardous conditions which contribute to falls
- Participates in the QAPI Committee and Performance Improvement Plans (PIPs) related to high risk events such as falls

**Service Area/Level of Care Leader (Health Services Administrator, Director of Nursing or Wellness, Community Director, or other designee)**

- Contributes to a Culture of Safety, setting a positive example for all persons within their service area
- Ensures timely reporting to internal and external parties
- Participates in the QAPI Committee and as appropriate in a Performance Improvement Plan (PIP) which addresses falls
- Ensures team members act in compliance with population-based fall and injury prevention programs in each care area/service level
- Utilizes assessment tools and interventions which are evidence-based when possible
- Emphasizes the importance of input from all disciplines as well as clinical expertise in determining and managing fall and injury risks
- Ensures equipment is working properly and scheduled maintenance is done in collaboration with maintenance and central supply team members
- Assures interdisciplinary involvement in all service areas, both internal and external providers, for fall and injury prevention programs.

**Nurse Team Members (ADON, Nurse Managers/Charge Nurse, Nursing Supervisors/LPN/RN)**

- Ensuring compliance of fall and fall-related injury interventions
- Assess factors that make Residents more or less at risk for falling, complete fall-risk screening on transfers, following a change in status, after a fall and quarterly.
- Respond, report and document resident falls.
  - Complete post-fall protocol and incident report



- Participate in post fall huddle/ falls committee meetings after a Resident fall
- Develop an individualized fall and injury prevention plan of care, review and revise care plan to include any additional fall interventions.
- Ensure that care plan interventions are implemented
- Collaborate with interdisciplinary team members for implementation and evaluation of the individualized plan of care
- Communicate Resident 's fall and injury history, risk factors, treatment plan during hand off processes
- Implement Resident education based on health literacy to assure Resident engagement as partner in care, along with family / caregiver as appropriate
- Ensuring that equipment and rooms are free of slip and trip hazards, assure a safe environment for the Resident to protect from injury should a fall occur
- Participate in quality improvement to evaluate Resident safety and quality of care

**Admitting Nurse:**

- Oversees the completion of the fall-risk assessment upon admission.
- Notifies team members of any resident admitted with a history of recent falls (in the last 3 months), who are prescribed an anticoagulant, who has had a post fall fracture or head injury and who may have triggered as “at risk” on the admission falls assessment.
- Initiates a baseline care plan/service plan on falls for those residents assessed as a fall risk.

**Physicians/Physician Assistants/Advanced Practice Nurses:**

- Ensure treatment plan and medications are current and address fall risk.
- Takes into consideration the recommendations of Interdisciplinary Team Members including the pharmacists regarding medications that increase the likelihood of falls.
- Document the presence of fall risk factors like osteoporosis.
- Screen residents for fall-risk as appropriate (Senior Living and Unlicensed Independent Living).
- Refer residents who have recently returned from the hospital due to a fall to the applicable ancillary care providers such as the pharmacist for medication review and to physical and/or occupational therapy for a more thorough assessment of fall risk and treatment.

**Pharmacy consultant :**

- Periodically review medications and supplements to evaluate their impact on fall risk and make recommendations for change as indicated.
- Communicates with the physician and appropriate members of the Interdisciplinary team if a drug interaction or medication level has the potential to increase the likelihood of falls.

**Physical and Occupational Therapy:**

- Conduct resident/Resident assessments of rehabilitation needs and falls risks.
- Evaluate resident/Resident mobility and safety in the environment to ensure safe transfers, mobility, and activities of daily living.
- Develop, implement and evaluate an intervention program for residents/Resident s to reduce their fall-risk and injury risk.
- Contribute to interdisciplinary care planning.
- Participate in clinical education of team members and program evaluation.
- Conduct clinical cross-training with nursing team member for mobility and training.
- Examine and enhance tools and products for fall and injury prevention (rolling seated walkers, w/c brake extenders, non-skid seating, etc.)

**Certified Nursing Assistants/ Med Tech/Aides/Care Partners:**

- Ensure that care plan/service plan interventions are implemented.
- Participate community fall prevention activities (such as purposeful rounding) as developed/ directed by QAPI or falls team.
- Notify charge nurse and/or nursing supervisor of changes in resident's condition/behavior.
- Respond to and report resident falls.
- Contribute to the interdisciplinary care planning/service plan completion process.
- Participate in clinical education.
- Maintain safety awareness, promptly report safety issues.

**Ancillary Care Departments (Social Services, Dietary, Recreational Therapy)**

- Recognize their role in a Culture of Safety.
- Understand that all team members have a role in preventing hazardous situations and falls.
- Maintain safety awareness, promptly report safety issues.

**Building and Grounds/Maintenance/Housekeeping Team Members:**

- Ensure a safe environment by conducting environmental assessments as part of the safety committee and every day responsibilities.
- Manage or participate in processes implementing interim measures to mitigate unsafe and hazardous conditions immediately upon identification or notification.
- Conduct timely repairs and replacement of equipment, furnishings, and other building elements that contribute to falls as indicated.
- Maintain safety precautions during daily activities.
- Put into place interim measures to mitigate unsafe and hazardous conditions immediately upon identification or notification



### **Education/Staff Development:**

- Support fall prevention and management efforts as needed by the community, provides education, participate in fall prevention meetings, QAPI and post event follow-up.
- Address fall prevention during TM onboarding, annual inservices and fall prevention training as needed.
- Develop and implement competencies for team members of all departments related to the fall prevention program.
- Oversee resident and family education programs and periodically including fall and injury prevention and related topics in the training program.

### **FALL MANAGEMENT STRATEGIES- Skilled Nursing**

#### **Fall Management Team – Skilled Nursing**

A Fall Management Team is essential in the skilled setting and Interdisciplinary Team work is needed for the success of any Fall Management Program. The selection of members for a Falls Team is an important step. The Falls Team functions in collaboration with or as part of a team that addresses residents at high risk for multiple conditions including falls. The following clinical and nonclinical team members should be included on the falls team:

- The Falls champion - This may be the nurse managing the Restorative program. It is estimated that 8 hours a week is need for falls management responsibilities. Having a second nurse as a backup coordinator helps ensure no gap in services if the primary nurse is unavailable.
- A nursing assistant, possibly a Restorative Aide, or a senior-level certified nursing assistant - This team member must be able to work well with peers and is recognized as a leader on his or her care area. Based on the size of the resident population served more than one aide may be beneficial.
- A physical or occupational therapist - able to assess resident transfer, mobility, and wheelchair seating.
- A member of the maintenance department - able to inspect, repair, and modify equipment and the environment.
- Director of nursing – ad hoc member.

Additional representatives from nursing (staff development, ADON), pharmacy, quality, central supply, recreation therapy, housekeeping and dietary may also be added to the falls team.

#### **Assessments**

In the skilled nursing setting fall assessments are completed as part of the admission/move in process and then:

- Following return from treatment in another level of care, such as the hospital
- Following a fall



- Following any change of status
- Quarterly, annually, and/or as required by regulations

## **Care Planning- Skilled Nursing**

### **Baseline Care Plan for New Admissions**

As residents are at the highest risk of falling in the first 48 hours then at a high risk for the first 2-3 weeks following admission to a community this time period is critical. However, it may take team members a significant portion of this period to develop a comprehensive, multidisciplinary care plan based on the resident's level of disability

For that reasons, a baseline fall risk plan of care is implemented for all new admissions regardless of risk level. This plan is based on results of fall assessments and team member observations. Besides fall assessment, during the first weeks following admission team members observe the resident and collect information about risk factors and behaviors which are used to develop a more comprehensive plan. If after the initial observation and the completion of a falls assessment the resident is found not to be at high risk for falls, some measures may be removed from the treatment plan.

#### **Sample Interventions:**

- Close observation and increased supervision
- Re-orientation to room, bathroom and community during care
- Medication review and adjustment
- Use of safe footwear
- Team member assistance to toilet or bedside commode
- Use of monitoring or sensor devices
- Use of protective clothing/devices: helmet, wrist guards or hip protectors
- Therapy evaluations and treatment

### **Comprehensive Care Plan Driven by Post Fall Assessment**

A comprehensive falls care plan is developed using two steps:

1. Complete the fall assessment
  - a. Fall Assessment is completed by the assigned nurse team member.
  - b. The Interdisciplinary team, Primary Care Physician (PCP), and therapy make recommendations and when applicable obtain orders for fall prevention interventions which are then added to the care plan. These interventions may include additional testing, equipment or treatment changes such as lab tests, assistive devices and seating modifications. This step ensures multidisciplinary involvement. As interventions will be revised as treatment continues the care plan is a living document in a state of constant revision and update.
2. Select and individualize interventions





- a. Development of Fall Interventions are based on results of the Fall Assessment as well as investigation of all circumstances and related resident outcomes. In order to be specific during care plan development, the team must have the following information:
  - i. Input from direct care team member about effective and ineffective strategies tried in the past
  - ii. Input from direct care team member about resident's individual behaviors and needs
  - iii. Past fall history including as much detailed data as is available. This data should include trends such as time of day, antecedent activity, medications or medical conditions adding to fall risk
  - iv. Input from family and resident

### **Fall Management Interventions**

To be effective, the Interdisciplinary Treatment team must use results of multidisciplinary assessments, creative problem solving, input from direct care team members and regular monitoring of interventions implemented and resident response.

Understanding that there will be adjustments to the care plan and a willingness to try both new and old interventions is needed.

This process is time consuming and labor intensive but residents will benefit from ongoing team efforts. General guidelines for managing residents at high risk for falls include careful investigation in the following areas:

1. **Toileting.** Often for recurrent fallers, toileting by team member must be individualized and more frequent. If it is determined that urgency, frequency or incontinence are reasons for unsafe transfer or ambulation, team member must develop a toileting plan that will minimize these symptoms. Strategies may include medication review, an individualized toileting plan and restorative care measures.
2. **Monitoring.** Recurrent fallers need more supervision than other residents either by team member, family, volunteers or through the use of equipment. Room sensors to detect resident movement; position or pressure alarms on the bed, chair or wheelchair; and alarms to prevent unsafe wandering can be helpful. Recurrent fallers should be placed in structured activities and exercise programs whenever possible so that observation by other residents and the activities team member occurs. As new models of care develop within the long-term care industry, new living space and staffing structures will enable increased interaction between residents and team member and therefore may improve observation.
3. **Bed safety.** Residents who try to get out of the bed unsafely when alone should be evaluated for a low bed and floor mat. Full side rails should not be used as a means to keep a resident in the bed when they are trying to exit. Trying to climb over bedrails may well result in a serious fall related injury. Cradle mattresses or perimeters are useful options.





4. **Individualized seating.** For residents who exhibit unsafe behavior while in a wheelchair, individualized seating modifications and equipment prescribed by an OT/PT experienced in functional seating can reduce fall risk. The Wheelchair Seating Assessment outlines specific solutions to seating problems and can be used by a qualified therapist to perform a detailed assessment.
5. **Environment.** Team member should work with residents and their families to eliminate all possible hazards in the resident's room and bathroom. Adequate lighting at night and safe footwear are crucial.
6. **Underlying medical conditions.** Every effort should be made to determine what health conditions may be increasing the resident's fall risk. Infections, uncontrolled blood sugar, stroke and other acute conditions should be treated promptly.
7. **Chronic conditions.** Ongoing management of risk for residents with chronic degenerative diseases is difficult. Team member must have a good picture of the resident's baseline function such as known periods of weakness during the day and side effects of the medications used to treat the disease. From this team member can determine routine measures and respond appropriately when the resident's condition worsens.
8. **Pain management.** Appropriate pain assessment and treatment may reduce unsafe behaviors stemming from pain or discomfort.
9. **Protective clothing.** For residents who are in danger of head injury, a helmet can provide protection. Wrist guards may also be used to protect the resident's wrists and forearms during a fall. Hip protectors should be used for all frail, ambulatory residents. Newer brands are easier to use during toileting and residents should be encouraged to wear them on a daily basis.
10. **Behavior management.** All direct care team member should be skilled in responding to behavioral symptoms in a way to minimize the resident's anxiety and agitation rather than fuel it through inappropriate team member attitudes and responses.

### **Intensive Care Planning for Residents with Recurrent Falls**

Often in nursing facilities there are recurrent fallers, that is, residents who fall two or more times. Developing care plans for these residents is challenging, not only because of their high fall risk but also because staff may become discouraged and feel nothing will work. However, careful assessment and care planning can reduce risk of additional falls in most residents. These common risk factors include:

- Unsafe behaviors
- Acute illness such as delirium or UTI
- Chronic illness such as Parkinson's disease, Alzheimer's disease, and arthritis
- High-risk medication use



- Cognitive impairment
- Sensory impairment (visual, hearing or other neurological impairment)

### **Up and Coming Interventions**

Newer technologies designed to enable elderly adults to live independently are emerging and are of interest to organizations like Human Good with unlicensed settings. For example, motion sensors can detect unusual activity, such as a fall to the floor, and relay that information to a central monitoring system, prompting staff to contact the resident to ask whether he or she is all right.

## **FALL MANAGEMENT STRATEGIES –Residential Living, AL/ MC, Personal Care**

### **Fall Review /Assessment**

The Assisted Living/Personal Care/Licensed Residential Living settings are less stringently regulated than skilled nursing. The regulations vary by state and community location. Fall assessments are completed at a minimum prior to or at the time of move in and then after a known fall.

The continuum of care to manage fall risk includes three areas of focus which need special consideration:

- Initial Service Plan for new admissions
- Service Plan development driven by the Falls Risk Assessment
- Updated Service Plan for residents with recurrent falls

### **Fall Prevention Team**

In the Personal Care/Assisted Living/Licensed Residential setting a similar team structure is recommended for Fall Prevention with a few substitutions based on staff make-up. The Wellness Director or residential Nurse may oversee the program and training. Each community may review the program and substitute appropriate personnel.

### **Fall Interventions**

- Increased observation/ check in
- Frequent orientation to room, bathroom and community
- Medication review by MD or Pharmacy
- Reminders to resident for use of mobility devices (walker, cane, etc.)
- Assistance or reminders to remove clutter in room
- Use of monitoring or sensor devices



### **Fall Assessment/ Risk Review Tools**

Depending on the setting, either an assessment with a licensed health care professional such as an RN or physician or a review by trained community staff must be completed.

Most residents are at a higher risk of falling in the first 2-3 weeks following admission or re-admission to a community. For that reason an assessment is recommended either just before or at the time of move-in. For those with the greatest care needs, periodic reassessments/ reviews are recommended.

Despite diligent fall risk reviews and monitoring by internal and external care team members it may still be difficult to determine a resident's level of risk, especially early in their stay. Ideally this risk will decrease once adjustment to the community is made, but for many it will be a need that does not resolve.

The ability to complete a fall risk review or assessment, the format used, the party who completes the assessment, results and response all vary based on service area and licensing status. What is constant is the need to identify and address this area of risk.

There are a variety of tools available for use in all settings, Licensed and Unlicensed, to assess a resident's risk of falling. Assessment tools are available in the electronic health record. Frequently used examples of these tools are:

- Morse Fall Score
- Timed get-up-and-go test (TUG)

### **Care and Service Plans**

Fall Risk Service/Care Plan should be implemented for all new residents, regardless of risk level due to the greater probability that a fall will occur in the 2-3 weeks post move-in. If at a later date a resident is found not to be at high risk the Service/Care Plan may be adjusted.

Besides the admission review, it is recommended that each care/service plan be periodically updated as per regulatory requirements and as determined necessary by team members.

Care Plans and Service Plans that incorporate Interdisciplinary input; Physician and physician extenders, Nursing, Therapy and other health care professionals, both internal and external providers, are more likely to address the multiple risk factors common in this population. Input from team members can provide the personal details necessary to target specific behaviors and personal situations of increased risk.



## **FALL MANAGEMENT STRATEGIES- Unlicensed Residential Living**

### **Fall Risk Review/ Assessment**

In the unlicensed residential living setting Human Good strives to balance the need for awareness and vigilance related to fall risks while maintaining respect for those individuals' autonomy. Unless specified in the resident's contract, residents in the unlicensed setting are not required to participate in fall assessments. Resident buy-in to the importance of assessing and treating fall risk issues and working in conjunction with internal and external care providers becomes a major part of the fall risk assessment and treatment program.

The time to discuss falls' risks and management is during preadmission conversations between representatives from the community and the incoming residents and their families. This is when expectations are discussed and established and the communities' commitment to high quality services is emphasized. Potential residents are asked to disclose any conditions that may predispose him or her to falls so that the community is able to provide assistance, set up services, if appropriate. The admissions coordinator reminds individuals about maintaining a safe living space free of hazards that could cause falls. Additionally, residents are encouraged to report falls when they occur so that the community is able to work with the resident to identify the cause of the fall and to eliminate any hazards. This discussion emphasizes the importance of reporting falls to ensure the well-being of the resident and to address residents' concerns that reporting falls might trigger a transfer to a more closely supervised setting.

At regular intervals the community is encouraged to present to residents the facts about falls: they do occur, they can cause injury, there are effective strategies to prevent falls, and residents' independence may place them at a higher risk for falls.

It may be difficult for each community, on its own, to implement a fall prevention program. By collaborating with other community organizations and professionals that specialize in different types of services for older adults, such as health care, exercise, home safety assessments, and education, you can make your program more comprehensive, effective, and possibly less costly. For example, a public health or health care organization may partner with a senior services or parks and recreation organization to offer a Tai Chi program. Collaborating with other community agencies can provide additional resources, outreach channels, or referral sources for your program. Because of its many benefits, collaboration can be essential to implementing your program and sustaining it over time.

#### **Some specific interventions that can be done at the community level include:**

- Review of Fall History with the resident.
- If applicable, assist the resident with the following:
  - a. request a pharmacist review of medications and supplements for any drug interactions or side effects that could increase the likelihood of falls.



- b. Request a fall assessment be completed by a care provider, physician, wellness nurse, home care nurse or licensed therapist.
- c. Request therapy evaluation and treatment

In the unlicensed setting, a written plan may not exist but team members are expected to be knowledgeable about activities and interventions in place to decrease fall and injury risk such as home health aides and mobility equipment

### **External Care Providers**

These include the Physician or designee, who become primary participants in the falls management process. They may either review the fall risk assessment completed by another healthcare practitioner or screen various fall risk factors such as gait and balance, and then make referrals for at-risk residents to therapy for more in-depth balance and functional assessments. This is after the primary care provider has ruled out medical causes for the fall(s) such as syncope, brady/tachyarrhythmia, seizure, etc. Therapy provides fall management assistance through physical therapist interventions to restore function, the occupational therapist who evaluates fall risks associated with activities of daily living and the environment/equipment.

## **OTHER CONSIDERATIONS- All Levels of Care**

### **Quality Assurance and Performance Improvement (QAPI)**

As part of Human Good's fall prevention and management program, all fall-related data is collected and reported as part of the community's/service areas' QAPI process. This information serves as a source of performance improvement data and is used for tracking and trending. The information obtained is then used to identify specific opportunities for performance improvement and to charter performance improvement projects to reduce fall-related incidents and the harm that is associated with such incidents.

Each Life Plan community is required to (at a minimum) track and review falls monthly in all levels of care

Health Care (skilled nursing centers) are required to review falls data and trends during periodic QAPI meetings, and establish a falls committee.

### **Environmental Checklists and Rounds**

While Intrinsic risk factors are addressed clinically, extrinsic factors are identified and managed by clinical and/or non-clinical community team members working together to identify and address potential environmental risks. Environmental rounds, often done in conjunction with the community safety committee, insurance consultants, etc. are a means to accomplish this responsibility.

Community management oversees the completion and effectiveness of environmental rounds. In licensed communities membership includes nursing team members as well as other disciplines. In non-licensed settings these rounds are often conducted by teams of building services and



administrative and management staff. In either setting an insurance consultant or other external specialist may participate in the rounds process.

Whatever the setting, an equipment safety checklist and an environmental rounds checklist, often combined, serve as a consistent format for these safety checks. These checklists record findings and allow for documentation of any corrective action needed. Depending on the communities licensing status and if applicable to level of care reviewed, results of rounds and corrective action may be included in QAPI and/or safety committee meeting reviews.

### **Organization Wide Falls Management Education**

A critical component of any organization-wide risk, quality and safety program such as falls prevention and management includes the methods and curriculum necessary to communicate position-related expectations about fall prevention and response.

This education also addresses ongoing skill and competency development specific to each position so that duties and responsibilities are understood and can be carried out day-to-day. Falls prevention and response curriculum is an education and training need for all parties involved in the overall falls reduction and management program, whether they are internal or external stakeholders.

This education would include the following at minimum:

- New Employee Education
- Annual and Team member Education
- Resident and Family Education

In the unlicensed setting resident and family education is a priority as they interact with external care providers and so must be able to report their own weaknesses and strengths related to fall risk. The greater their understanding of fall risk and management the better they will be in the role of personal advocate.

### **POST-FALL RESPONSE AND MANAGEMENT**

This Fall Management Program includes two primary approaches to the management of falls and injuries. The first is through the immediate response to a fall and the second, long term management. Up to this point this program has primarily focused on long term management, the screening for risk, implementation of interventions, monitoring and managing the response followed by plan revisions.

However, when a fall occurs, care evaluation and investigation along with immediate intervention during the first 24 hours can help identify risk and prevent future incidents.

There are two key elements of the post-fall response and management:

- Initial post-fall assessment
- Documentation and follow-up – including ongoing monitoring for resident changes in condition where medically indicated



### **Initial Post Fall Assessment/review:**

First priority is to assess the faller for any obvious injuries and to then conduct an initial investigation to collect facts about the fall-related incident.

The post fall assessment/review may either be a form or documented in the electronic health record or risk management software. The internal incident report, unusual incident report, state required forms, and Root cause analysis forms are designed to prompt questions about the fall.

Examples of the information gathered

1. Date/time of fall-
  - a. when using electronic health records, the time stamp on documentation is the time written. It is important in the body of the document that actual time and date of fall is included.
2. Resident/Witnesses' description of fall (if possible)
  - a. What was the faller trying to accomplish at the time of the fall?
  - b. Where was the faller at the time of the fall (resident room, bathroom, common room, hallway etc.)?
3. Timely notification of provider and family/guardian, and state regulatory agency.
4. Vital signs (temperature, pulse, respiration, blood pressure, orthostatic pulse and blood pressure — lying, sitting and standing, blood sugar as applicable)
  - a. Is the resident experiencing a physical or mental change in condition that is contributing to a higher risk for falls?
5. Current medications
  - a. Were all medications taken/given as prescribed?
  - b. Was a medication taken/ given twice?
  - c. Is the resident currently on medications that could increase fall-related risks factors?
6. Resident assessment
  - a. Presence of Injury and reassessment for delayed injury identification
  - b. Immediate/root cause of fall
  - c. Comorbid conditions (e.g., Orthostasis, dementia, heart disease, neuropathy, etc.)
  - d. Intrinsic fall risk factors (e.g. incontinence, impaired vision, gait/balance disorders, weakness)
  - e. Extrinsic fall risk factors (e.g. medications, clothing/shoes, proper and accessible mobility aid, eye glasses on)
7. Environmental factors include, but are not limited to:
  - a. Bed in high or low position?
  - b. Bed wheels locked?
  - c. Wheelchair locked?
  - d. Floor wet?
  - e. Lighting appropriate?
  - f. Call light within reach?
  - g. Bedside table within reach?





- h. Area clear of clutter and other items?
- i. Toilet environment? (too low, no safety rails, slip hazards)
- 8. Were care plan/ service plan interventions being followed? If not, why not?

**Documentation and Follow-up:**

Following the post-fall assessment/review and implementation of any immediate measures to protect the resident the following steps are recommended:

1. Determine the need for ongoing resident monitoring if there is a suspected head trauma or if the resident may have head trauma but it cannot be clearly determined
  - a. Immediately notify the attending physician and family or guardian of condition changes
  - b. Transfer the resident for further evaluation and treatment where medically indicated
  - c. Perform neuro-checks according to physician orders and community protocol
2. Complete written/ Electronic documentation:
  - a. Internal incident report
  - b. Post fall assessment
3. Complete internal and external notification and reporting requirements, including to applicable licensing agencies as applicable
4. As part of Human Good's fall prevention and management program, notify the QAPI/RM committee of a fall with serious or sentinel outcomes per Human Good's internal notification policy so that appropriate and protected secondary investigations and root cause analyses may be conducted in a timely manner.
5. A detailed progress note should be entered into the resident record including the results of the post-fall assessment
6. Refer the resident for further evaluation by physician to ensure other serious injuries have not occurred where medically indicated
7. Implement an ongoing communication plan with the resident and their family or guardian where indicated
8. Refer to the interdisciplinary treatment team to review fall prevention interventions and modify care-plans as appropriate
9. Communicate to all shifts that the resident has fallen and is at risk for recurrent falls
10. Director of Nursing/ Wellness or designee oversees the completion of a root cause analysis (RCA), investigation and documents findings (incident report- investigation notes, or RCA form).





## References

- U.S. Agency for Healthcare Research and Quality (AHRQ), “Common Formats”.
- CMS RAI Version 3.0 Manual; Section J; October 2015.
- National Database of Nursing Quality Indicators® (NDNQI®) Guidelines for Data Collection and Submission on Quarterly Indicators. Available at: [ndnqi@kumc.edu](mailto:ndnqi@kumc.edu)
- AHRQ’s “The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities. Chapter 4. <https://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspix/fallspxman4.html>
- U.S. Department of Veterans Affairs. Interventions. In: National Center for Patient Safety. Falls toolkit [online]. 2004 May [cited 2014 Dec 2].  
<http://www.patientsafety.va.gov/professionals/onthejob/falls.asp>
- Taylor JA, Parmelee P, Brown H, et al. The falls management program: a quality improvement initiative for nursing facilities [online]. 2005 Oct [cited 2015 Dec 16].  
<http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspix/index.html>; ECRI Institute. *Falls prevention strategies in healthcare settings*. Plymouth Meeting (PA): ECRI Institute; 2006.

## Resources

- STEADI: Stopping Elderly Accidents, Deaths and Injuries  
<https://www.cdc.gov/steady/index.html>
- TUG: Timed Up and Go test to assess mobility  
[https://www.cdc.gov/steady/pdf/TUG\\_test-print.pdf](https://www.cdc.gov/steady/pdf/TUG_test-print.pdf)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**

**Administrative Policies  
Bioterrorism**

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**Environmental Infection Control**

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**Interpretive Guidelines**




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## Locating Specific Information:


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To use the hyperlinked text function, place the cursor on the **blue text**; when the cursor changes to the **“Pointing Finger”** icon, click once to advance to the link. To return to the previous page, click on the  icon.


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### An Important Reminder –

When printing a page(s) from this manual you must first determine the page(s) you wish to print by referring to the **“Page Counter”** at the bottom of the computer screen. Due to the digital formatting of this manual, page numbers on the **“Page Counter”** will not match the page numbers that appear on the pages within the document.

### Printing Pages from the Manual Flash Drive –

Printing pages from the Manual flash drive can be accomplished by printing a single page or multiple pages.

Once you have located the page you wish to print, click on the page in the document and then click on the **“Printer”** icon  located in the horizontal tool bar at the top of your computer screen. Clicking on this icon will produce the **“Print”** prompt. When the **“Print”** prompt appears, select **“Current Page”** and press **“Enter”** on your keyboard. The page you are viewing on your computer screen will be printed.

To print more than one page you must first determine the page numbers you wish to print. This information can be found in the **“Page Counter”** located at the bottom of the computer screen. Click on the **“Printer”** icon  located in the horizontal tool bar at the top of your computer screen. When the **“Print”** prompt appears, select **“Pages from”** and enter the appropriate page numbers, then press **“Enter”** on your keyboard. The selected pages will be printed.

## Customizing Policies:

Text in the PDF file format can only be customized using the Adobe Acrobat Professional 9, **not** the Adobe Reader 9 software provided on the manual flash drive. The Adobe Acrobat Professional 9 may be purchased from an authorized reseller or from [www.adobe.com](http://www.adobe.com). *It is important to note that Adobe Acrobat is not intended for use as a word processing application. It is possible to make minor (“touch up text”) changes within the application, but large-scale editing is not recommended. If page numbers are altered, the hyperlinks in the PDF file may become unusable.*

*Note: This flash drive may also contain Microsoft Word (.doc) files. If these files are available, we highly recommend making custom changes in those files using the Microsoft Word application.*

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# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Part 1 - Operational**

**Item # H50045**



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# Record of Adoption

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On \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_ the Governing Board of this facility adopted the policies and procedures outlined in this manual. Such policies and procedures have been reviewed by the Board, the Medical Director, and the Quality Assurance and Performance Improvement Committee and found to be adequate in meeting the day-to-day operational needs of this facility and our residents. The Administrator has been delegated the administrative authority, responsibility, and accountability of assuring that all personnel, residents, and the community are made aware of these policies and procedures through an established orientation and/or in-service training program.

Approved on:

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Adopted on:

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Signature—Administrator:

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Authorized Signature—Governing Board:

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Signature—Medical Director:

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Approved by the Quality Assurance and Performance Improvement Committee on:

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Signature—Committee Chairperson

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Comments:

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## Record of Reviews and Revisions

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Date	Title of Section(s) Changed	Paragraph No.	Page No.	Reason for Revision	Posted By

# Table of References

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- Association for Professionals in Infection Control and Epidemiology. 2013. Guide to preventing Clostridium Difficile infections. APIC Implementation Guide. [www.apic.org/implementationguides](http://www.apic.org/implementationguides)
- Association for Professionals in Infection Control and Epidemiology. 2014. Guide to preventing catheter-associated urinary tract infections. <http://www.apic.org/Professional-Practice/Implementation-guides>
- Centers for Disease Control and Prevention and U.S. Environmental Protection Agency. 2010. Joint statement on bed bug control in the United States from the U.S.
- Centers for Disease Control and Prevention (CDC) and the U.S. Environmental Protection Agency (EPA). Atlanta: U.S. Department of Health and Human Services.
- Centers for Disease Control and Prevention. 2002. Guideline for hand hygiene in health-care settings. *Morbidity and Mortality Weekly Report* 51 (RR-16): 1-44.
- Centers for Disease Control and Prevention. 2003. Exposure to Blood: What Healthcare Personnel Need to Know. [http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf).
- Centers for Disease Control and Prevention. 2003. Prevention and Control of Vaccine-Preventable Diseases in Long-Term Care Facilities. [http://www.cdc.gov/vaccines/pubs/downloads/bk\\_long-term-care.pdf](http://www.cdc.gov/vaccines/pubs/downloads/bk_long-term-care.pdf).
- Centers for Disease Control and Prevention. 2004. Campaign to Prevent Antimicrobial Resistance in Healthcare Settings: 12 Steps to Prevent Antimicrobial Resistance among Long-term Care Residents. [www.cdc.gov/drugresistance/Healthcare/ltc/12steps\\_ltc.htm](http://www.cdc.gov/drugresistance/Healthcare/ltc/12steps_ltc.htm).
- Centers for Disease Control and Prevention. 2004. Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings. [www.cdc.gov/ncidod/dhqp/ppe.html](http://www.cdc.gov/ncidod/dhqp/ppe.html).
- Centers for Disease Control and Prevention. 2004. Guidelines for preventing health-care-associated pneumonia, 2003: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *Morbidity and Mortality Weekly Report* 53(RR-3):1-36.
- Centers for Disease Control and Prevention. 2005. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health care settings. *Morbidity and Mortality Weekly Report* 54(17): 1-141 <http://cdc.gov/mmwr/pdf/rr/rr5417.pdf>
- Centers for Disease Control and Prevention. 2007. CDC Essentials of public reporting of healthcare associated infections.
- Centers for Disease Control and Prevention. 2007. Infection control measures for preventing and controlling influenza transmission in long-term care facilities. [www.cdc.gov/flu](http://www.cdc.gov/flu).
- Centers for Disease Control and Prevention. 2007. MRSA in healthcare settings. <http://www.cdc.gov/mrsa/index.html>
- Centers for Disease Control and Prevention. 2007. Prevention and control of mumps in healthcare settings. <http://www.cdc.gov/mumps/prev-control-settings/index.html>
- Centers for Disease Control and Prevention. 2008. Prevention of herpes zoster: Recommendations of the Advisory Committee on Immunization Practices (ACIP), *Morbidity and Mortality Weekly Report* 57 (RR-5). [www.cdc.gov/mmwr/PDF/rr/rr5705.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5705.pdf)
- Centers for Disease Control and Prevention. 2008. Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. *Morbidity and Mortality Weekly Report* 57 (RR-8). [www.cdc.gov/mmwr/PDF/rr/rr5708.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5708.pdf).

- Centers for Disease Control and Prevention. 2009. Healthcare Infection Control Practices Advisory Committee. Guideline for Prevention of Catheter-Associated Urinary Tract Infections. [http://www.cdc.gov/ncidod/dhqp/dpac\\_uti\\_pc.html](http://www.cdc.gov/ncidod/dhqp/dpac_uti_pc.html).
- Centers for Disease Control and Prevention. 2010. Clinical Reminder: Use of Fingerstick Devices On More Than One Person Poses Risk For Transmitting Bloodborne Pathogens. [http://www.cdc.gov/injectionsafety/PDF/Clinical\\_Reminder\\_Fingerstick\\_Devices\\_RiskBBP.pdf](http://www.cdc.gov/injectionsafety/PDF/Clinical_Reminder_Fingerstick_Devices_RiskBBP.pdf)
- Centers for Disease Control and Prevention. 2010. Hepatitis B General Information. <http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>.
- Centers for Disease Control and Prevention. 2010. Prevention Strategies for Seasonal Influenza in Healthcare Setting. <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>
- Centers for Disease Control and Prevention. 2010. Updated guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection - United States, 2010. *Morbidity and Mortality Weekly Report* 59 (RR-5). [www.cdc.gov/mmwr/pdf/rr/rr5905.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5905.pdf)
- Centers for Disease Control and Prevention. 2011. Guidelines for the prevention of intravascular catheter-related infections, 2011. <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf>. Accessed April 2011.
- Centers for Disease Control and Prevention. 2011. Immunization of Health-Care Personnel. *Morbidity and Mortality Weekly Report* 60(7): 1-48.
- Centers for Disease Control and Prevention. 2011. Updated norovirus outbreak management and disease prevention guidelines. *Morbidity and Mortality Weekly Report* 60 (RR-3): 1-15.
- Centers for Disease Control and Prevention. 2012. Clinical Reminder: Insulin Pens Must Never Be Used For More Than One Person. <http://www.cdc.gov/injectionsafety/PDF/Clinical-Reminder-insulin-pen.pdf>
- Centers for Disease Control and Prevention. 2012. Single-dose/Single-use Vial Position and Messages. <http://www.cdc.gov/injectionsafety/PDF/CDC-SDV-Position05022012.pdf>
- Centers for Disease Control and Prevention. 2012. Updated CDC recommendations for the management of hepatitis B virus-infected health-care providers and students. *Morbidity and Mortality Weekly Report*. 61(3).
- Centers for Disease Control and Prevention. 2014. Use of 13-Valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults aged  $\geq 65$  Years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report* 63(37).
- Centers for Disease Control and Prevention. 2015. Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE). <https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>
- Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion. 2015. Investigation and control of Vancomycin-resistant Staphylococcus aureus (VISA): 2015 update. [http://www.cdc.gov/hai/pdfs/VISA-Investigation-Guide-05\\_12\\_2015.pdf](http://www.cdc.gov/hai/pdfs/VISA-Investigation-Guide-05_12_2015.pdf)
- Centers for Disease Control and Prevention. MRSA – Methicillin Resistant Staphylococcus aureus, [www.cdc.gov/mrsa/index.html](http://www.cdc.gov/mrsa/index.html).
- Centers for Disease Control and Prevention. 2016. Hepatitis B General Information. <http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>
- Centers for Disease Control and Prevention. 2016. Infection Prevention and Control Assessment Tool for Long-term Care Facilities available at <https://www.cdc.gov/infectioncontrol/pdf/ICAR/LTCF.pdf>
- Centers for Disease Control and Prevention. 2016. The Core Elements of Antibiotic Stewardship for nursing homes. <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

- Centers for Disease Control and Prevention. 2017. Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings. Available at <https://www.cdc.gov/legionella/index.html>.
- Centers for Disease Control and Prevention. 2017. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States 2017. MMWR 66(1). <https://www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6601.pdf>
- Centers for Disease Control and Prevention. 2017. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006. <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>.
- Centers for Disease Control and Prevention. 2017. Pandemic Influenza Plan – 2017 Update. <https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>
- Centers for Disease Control and Prevention/National Healthcare Safety Network (NHSN). 2017. Patient Safety Component Manual. Available at: [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)
- Centers for Disease Control and Prevention. 2018. Nationally Notifiable Conditions <https://www.cdc.gov/nndss/conditions/notifiable/2018/>
- Centers for Disease Control and Prevention. 2018. Protocol for public health agencies to notify CDC about the occurrence of nationally notifiable conditions. [https://www.cdc.gov/nndss/document/NNC\\_2018\\_Notification\\_Requirements\\_By\\_Time\\_Frame\\_20171120.pdf](https://www.cdc.gov/nndss/document/NNC_2018_Notification_Requirements_By_Time_Frame_20171120.pdf)
- Centers for Disease Control and Prevention. 2018 Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>
- Centers for Disease Control and Prevention, Division of Tuberculosis Elimination. 2019. Latent TB Infection Testing and Treatment: Summary of U.S. Recommendations. <https://www.cdc.gov/tb/publications/ltbi/pdf/CDC-USPSTF-LTBI-Testing-Treatment-Recommendations-508.pdf>
- Centers for Disease Control and Prevention. 2019. Guideline for Disinfection and Sterilization in Healthcare Facilities. <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>
- Centers for Disease Control and Prevention. 2019. Guidelines for Environmental Infection Control in Health-care Facilities. Available at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html>.
- Centers for Disease Control and Prevention. 2019. Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- Centers for Disease Control and Prevention. 2019. Interim Guidance For a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs). <https://www.cdc.gov/hai/containment/guidelines.html>
- Centers for Disease Control and Prevention. 2019. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings <https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>
- Centers for Disease Control and Prevention. 2019. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *Morbidity and Mortality Weekly Report* 68(RR-19): 439-443.
- Centers for Disease Control and Prevention. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) - Recommendations for current influenza season: <http://www.immunize.org/acip/>
- Centers for Medicare and Medicaid Services Publication # 100-07, State Operations Manual, Appendix P. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>

- Centers for Medicare and Medicaid Services Publication # 100-07, State Operations Manual, Appendix PP.
- Centers for Medicare and Medicaid Services Publication # 100-07, State Operations Manual, Appendix Z.
- Centers for Medicare and Medicaid Services. 2014. A Process Tool Framework. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/ProcessToolFramework.pdf>
- Centers for Medicare and Medicaid Services. 2014. QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>
- Centers for Medicare & Medicaid Services. 2018. Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD). QSO-17-30. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO17-30-HospitalCAH-NH-REVISED-.pdf>
- Department of Health and Human Services. 2005. HHS pandemic influenza plan. <http://www.flu.gov>
- Department of Health and Human Services. 2006. Long-term care and other residential facilities pandemic influenza planning checklist. <http://www.flu.gov>
- Department of Health and Human Services. 2013. National Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination. <https://health.gov/hcq/prevent-hai-action-plan.asp>
- Gorski L, Hadaway L, Hagle ME, McGoldrick M, Orr M, Doellman D. Infusion therapy standards of practice. *J Infus Nurs*. 2016;39(suppl 1):S1-S159.
- Henderson DK, Dembry L, Fishman NO, et. al. March 2010. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infect Control Hosp Epidemiol*, Volume 31, (3):203-232.Number 3.
- High KP, Bradley SF, Gravenstein S, et al., Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008. Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases* 2009; 48: 149-71.
- Kuhar DT, Henderson DK, Struble KA, 2013. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. *Inf Ctrl Hosp Epidemiol* 34(9):875-892.
- Levenson, SA., Medical Director and Attending Physician Policy and Procedure Manual for Long-Term Care. Miamisburg, OH: MED-PASS, Inc., 2005 (Revised September 2017).
- Lewinsohn DM, Leonard MK, LoBue PA, et.al. 2019. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: Diagnosis of tuberculosis in adults and children. *Clin Infect Dis*. 64(2):e1-e33.
- Loeb M, Bently DW, Bradley S, et al. Development of minimum criteria for the initiation of antibiotics in residents of long-term care facilities: Results of a consensus conference. *Infect Control Hosp Epidemiol*. 2001; 22:120-124.
- Lui C, Bayer A, Cosgrove SE, et. Al., Clinical practice guidelines by the Infectious Diseases Society of America for the treatment of methicillin-resistant *Staphylococcus aureus* infections in adults and children. *Clinical Infectious Diseases* 52(1): 1-15.
- MacCannel T, Umscheid CA, Rajender AK, et.al., Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. <http://www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf>.

- McDonald LC, Gerding DN, Johnson S, et.al., Clinical practice guidelines for *Clostridium difficile* infection in adults and children: 2017 update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) *Clinical Infectious Diseases*, 66(7):e1-e48.
- Michigan Department of Community Health and the Bed Bug Working Group. 2010. Comprehensive guidance to identify, treat, manage and prevent bed bugs. [http://www.michigan.gov/documents/emergingdiseases/Bed\\_Bug\\_Manual\\_v1\\_full\\_reduce\\_326605\\_7.pdf](http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf)
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. 2019. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Australia.
- National Pressure Ulcer Advisory Panel. 2016. NPUAP Pressure Injury Stages. available at <http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/>
- Occupational Safety and Health Administration. 2001. Instruction CPL Document 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens.
- Occupational Safety and Health Administration. 2001. Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030).
- Pittet, D. 2005. Infection control and quality healthcare in the new millennium. *American Journal of Infection Control* 33(5): 258-267.
- Society for Healthcare Epidemiology of America (SHEA). 2008. SHEA/APIC Guideline: Infection prevention and control in the long-term care facility. *Infect Control Hosp Epidemiol* 29(9): 785-814.
- Society for Healthcare Epidemiology of America (SHEA). 2014. Strategies to prevent healthcare-associated infections through hand hygiene, *Infect Control Hosp Epidemiol* 35(8):937-960.
- Stone ND, Ashraf S, Calder J, et. al. 2012. Surveillance definitions of infection in long-term care: Revisiting the McGeer Criteria. *Infect Control Hosp Epidemiol* 33(10):965-977
- United States Pharmacopeia, 35th rev. USP General Information Chapter <797> Compounding Sterile Preparations. Rockville, MD: The United States Pharmacopeial Convention, 2011.
- Uyeki TM, Bernstein HH, Bradley JS, et.al., 2018. Clinical practice guidelines by the Infectious Disease Society of America: 2018 update on diagnosis, treatment, chemoprophylaxis, and institutional outbreak management of seasonal influenza. *Clin Infect Dis* available at <https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-seasonal-influenza.pdf>
- World Health Organization. 2007. Avian influenza, including Influenza A (H5N1), in humans: WHO interim infection control guideline for health care facilities. <http://www.who.int/topics/influenza/en>
- Zoutman DE, BD Ford. 2003. The relationship between hospital infection surveillance and control activities and antibiotic-resistant pathogen rates. *American Journal of Infection Control* 33(1):1-5.

## COVID-19

- Centers for Disease Control and Prevention. 04-30-2020. Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html> .
- Centers for Disease Control and Prevention. 05-01-2020. Instructions for Completing the Human Infection with 2019 Novel Coronavirus (COVID-19) Case Report Form. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Persons-Under-Investigation-and-Case-Report-Form-Instructions.pdf>.



- Centers for Disease Control and Prevention. 05-08-2020. Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>.
- Centers for Disease Control and Prevention. 05-12-2020. Considerations for Memory Care Units in Long-term Care Facilities. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>.
- Centers for Disease Control and Prevention. 06-04-2020. Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>.
- Centers for Disease Control and Prevention. 06-18-2020. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- Centers for Disease Control and Prevention. 06-25-2020. Preparing for COVID-19 in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#interim-guidance> **(document on flash drive)**.
- Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of Eye Protection. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>.
- Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.
- Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of N95 Respirators. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>.
- Centers for Disease Control and Prevention. 06-30-2020. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.
- Centers for Disease Control and Prevention. 07-15-2020. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html).
- Centers for Disease Control and Prevention. 07-16-2020. Optimizing Supply of PPE and Other Equipment during Shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- Centers for Disease Control and Prevention. 07-17-2020. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.
- Centers for Disease Control and Prevention. 07-17-2020. Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.
- Centers for Disease Control and Prevention. 07-17-2020. Mitigating Staff Shortages (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.
- Centers for Disease Control and Prevention. 07-21-2020. Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>.
- Centers for Medicare and Medicaid Services. 03-10-2020. Guidance for use of Certain Industrial Respirators by Health Care Personnel. QSO-20-17-ALL <https://www.cms.gov/files/document/qso-20-17-all.pdf>.



- Centers for Medicare and Medicaid Services. 03-13-2020. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED). QSO-20-14-NH. <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>.
- Centers for Medicare & Medicaid Services. 03-23-2020. Prioritization of Survey Activities CMS QSO-20-20-ALL. <https://www.cms.gov/files/document/qso-20-20-all.pdf>.
- Centers for Medicare and Medicaid Services. 04-13-2020. 2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios. QSO-20-25-NH <https://www.cms.gov/files/document/qso-20-25-nh.pdf>.
- Centers for Medicare and Medicaid Services. 04-19-2020. Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes. QSO-20-26-NH. <https://www.cms.gov/files/document/qso-20-26-nh.pdf>.
- Centers for Medicare & Medicaid Services. 05-06-2020. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes. QSO-20-29-NH. <https://www.cms.gov/files/document/qso-20-29-nh.pdf> (**document on flash drive**).
- Department of Health and Human Services. 2020. Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program. *Federal Register* 85(90): May 8, 2020. 27550. <https://www.govinfo.gov/content/pkg/FR-2020-05-08/pdf/2020-09608.pdf>.
- Environmental Protection Agency. 2020. EPA List N: Disinfectants for Use Against SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **About the Manual**

Item # H50045

# About the Manual

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This manual has been designed to help establish infection control programs that meet the specific needs of the elderly population and the facilities caring for them. Infections are one of the most significant and costly problems nursing facilities face today. They account for a large proportion of morbidity and mortality among residents, and for many hospital transfers. Preventing infections in long-term care is an arduous task that requires the ongoing cooperation of staff, administration, residents and visitors.

## Structure and Organization

The documents in this manual are divided into two general categories to help users locate information quickly. These categories are Operational and Clinical.

**Operational Policies and Procedures (Part 1)** contains infection control policies and procedures that are facility-wide and operational in nature. The following list describes these chapters:

- **Administrative Policies** - contains administrative infection control policies and documentation tools (e.g., committee duties and responsibilities; monitoring compliance with infection control; policy review and updating, etc.) This chapter also includes a job description for the Infection Preventionist.
- **Bioterrorism and Disaster Preparedness** - contains policies and related guidelines regarding infectious disease threats; and current CDC information regarding biological and chemical agents and related threats (anthrax, smallpox, plague, etc.), as well as recommendations to prepare facilities for natural and man-made disasters.
- **Employee Health** - includes policies, procedures, and documentation tools that govern the health and safety of employees, including what to do if an exposure incident occurs, employee work assignments, and how to screen employees for infectious diseases. This chapter also includes a discussion of the role of the Medical Director in employee health.
- **Environmental Infection Control** - provides policies, procedures, and documentation tools that guide the proper cleaning and disinfecting of the environment, disposal of medical waste, and infection control during construction.
- **Surveillance** - contains policies, recordkeeping forms and documentation tools that assist facilities in surveillance of infections, recognition of outbreaks of communicable disease, and reporting.
- **OBRA Regulations and Interpretive Guidelines** - provides the most current OBRA regulations and interpretive guidelines for infection control.

**Clinical Practices and Procedures (Part 2)** contains information related to specific clinical situations and conditions, including practices to prevent or minimize the spread or occurrence of infections while caring for residents. These topics include:

- **Clinical Policies and Procedures** - includes clinical protocols, policies, procedures, and documentation tools related to infection control aspects of clinical situations and conditions common in long-term care (e.g., fecal incontinence, soiled dressings, suctioning, multidrug-resistant organisms, etc.). This chapter also contains CDC recommendations for preventing antimicrobial resistance in long-term care.
- **General Infection Control Practices** - contains policies and procedures that guide routine infection control practices, including personal protective measures, handwashing and hand hygiene, and guidelines for Standard and Transmission-Based Precautions.
- **Immunization and Vaccination** - includes policies, procedures, and documentation tools that govern immunization and vaccination of residents.

- **Miscellaneous** - a placeholder for miscellaneous information that may be added in future updates.
- **Guidelines and Recommendations** - lists current guidelines and recommendations (CDC, APIC, OSHA, etc.) with URLs for the current web documents. Selected full text documents are available on the flash drive.

## Locating Topics

There are three ways to locate documents or topics:

1. **Alphabetical Index** - located in the back of each part. This is a comprehensive index of topics, keywords, phrases, and document titles cross-referenced to page numbers and chapters throughout the manual.
2. **Chapter Tables of Content** - located behind the title page of each chapter. The TOC provides a list of documents in that chapter with the corresponding page numbers.
3. **Flash Drive** - provided with the manual. The flash drive contains a searchable Adobe Acrobat™ (pdf) version of the manual. It is a single, bookmarked, hyperlinked document file.

## Navigating the Documents

**Clinical Protocols** - clinical protocols provide a multidisciplinary approach to addressing specific clinical conditions and situations. The protocols are evidence-based and consistent with current standards of practice. References are included in the documents. The format of the clinical protocols reflects a problem-oriented, multidisciplinary approach to care and includes:

- **Assessment and recognition** - guides the multidisciplinary team in recognizing signs and symptoms of new onset or worsening conditions.
- **Cause identification** - assists in defining problems and identifying root causes, including problems that lead to other problems.
- **Management** - helps to identify functions and tasks associated with care delivery, and encourages care delivery in the proper context.
- **Monitoring and follow-up** - guides the review of resident progress, and helps to determine the effect (desired and undesired) of treatments.
- **References Box** - provides regulatory and reference information, lists related documents located throughout the manual, and provides the document version number. Clinical protocols contain a list of sources referenced in the content development.

**Policies** - policies establish the underlying premise for all procedures. They are governing statements that facilitate consistency and simplify decision-making. Each policy format is designed to help the reader locate information quickly.

- **Policy Statement** - a summary statement that indicates the primary focus of the policy.
- **Policy Interpretation and Implementation** - the detailed steps that outline what the policy statement means and how it is implemented in the facility.
- **References Box** - provides regulatory and reference information, lists related documents located throughout the manual, and provides the document version number.

**Procedures** - procedures provide step-by-step guidelines for specific actions, treatments, or processes.

- **Purpose of the Procedure** - a summary statement that indicates the general purpose of the procedure.
- **Clinical Tier** - establishes the complexity of the procedure and the level of skill and training associated with the procedure. (Note: Facilities should use this as a guideline only and always defer to

the state licensing requirements and practice standards for each discipline.) Clinical tiers for procedures consist of the following parameters:

- **Level I:** Consists of procedures that represent basic levels of care in the facility. These procedures may be performed by all trained and oriented clinical staff (licensed or unlicensed) and in some cases non-clinical staff (e.g., housekeeping).
- **Level II:** Represents procedures that require additional skill, experience, or special training for non-licensed staff to perform. In some cases, procedures may only be performed under the supervision of licensed staff.
- **Level III:** Represents specialized or complex procedures that should be performed by licensed and trained staff (for details, consult state licensing and practice guidelines).

### **Finding Related Information**

- **Related Documents** - listed (where applicable) in the References box. Where possible, like topics are grouped in the same chapter, however, in some cases related documents may be located in other chapters (or appendices of chapters) in the manual. We recommend using the cumulative index to search for the location of related documents, or using the hyperlinks and search function in the Adobe Acrobat™ (pdf) version of the manual on the flash drive.
- **Chapter Appendices** - contain documentation tools, references, and forms that compliment the policies and procedures within the chapter.



# **INFECTION CONTROL**

## **Policy and Procedure Manual**

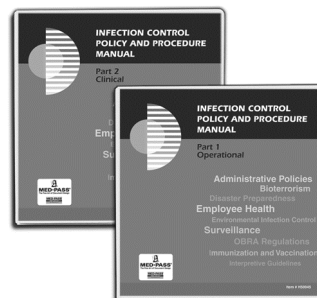


## **Update Letters**

**Item # H50045**

# Infection Control Policy and Procedure Manual

## UPDATE: 2nd Period 2020



Product #: H50045

### WHAT INFORMATION DOES THIS UPDATE CONTAIN?

This manual has been updated to reflect the following:

- 2020** Centers for Medicare and Medicaid Services (CMS). Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases among Residents and Staff in Nursing Homes. QSO-20-29-NH. May 6, 2020.
- 2020** Centers for Disease Control and Prevention. Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19. May 8, 2020.
- 2020** Centers for Disease Control and Prevention. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. June 18, 2020.
- 2020** Centers for Disease Control and Prevention (CDC). Preparing for COVID-19 in Nursing Homes. June 25, 2020.
- 2020** Centers for Disease Control and Prevention (CDC). Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) Clinical Care Guidance. June 30, 2020.
- 2020** Centers for Disease Control and Prevention (CDC). Criteria for Return To Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). July 17, 2020.
- 2020** Centers for Disease Control and Prevention (CDC). Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel. July 21, 2020.
- 2020** Centers for Medicare and Medicaid Services (CMS). Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool (QSO-20-38-NH).

### IMPORTANT – PLEASE READ

This update is provided **FREE** as part of your *Subscription Service*. There is **no additional charge** for this update. If the name of the person on the shipping label is no longer at your facility, please contact our customer service department and inform them of the name of the person to whom your update service should be directed. It is not necessary to return this update to us. If you need information about your Subscription Service, please contact our customer service department at 800-438-8884.

**See Filing Instructions**

### Tips for Filing Updates...

- File this update as soon as possible to prevent loss of important information.
- Remove all pages that are **replaced** by this update and retain all removed information indefinitely. (See *Archiving Removed Pages*.)
- File updates in the order in which you receive them.
- Do not file updates out of sequential order.

**Need assistance with this update or have questions about our subscription services?**

**Contact Customer Service**

**1-800-438-8884**

(8:00 a.m. to 6:30 p.m. EST)



## List of Revisions – 2<sup>nd</sup> Period 2020

The following documents have been created/revised/deleted based on changes to regulatory or clinical guidelines. The content changes in these documents should be reviewed to determine their impact on facility staff and operations, and an appropriate date of adoption. Documents that are included in this update but do not appear on this list have minor revisions such as a revised page number or small typographical changes.

Document Type	Status	Title	Chapter	Page No.	Date Reviewed	Initials
Policy	New	Coronavirus Disease (COVID-19) – Education and Training	Administrative Policies	25		
Policy	New	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	Administrative Policies	27		
Policy	New	Coronavirus Disease (COVID-19) – Overview of Prevention and Control Strategies	Administrative Policies	29		
Policy	New	Coronavirus Disease (COVID-19) – Phased Reopening	Administrative Policies	31		
Policy	New	Coronavirus Disease (COVID-19) – Reporting Facility Data to Residents and Families	Administrative Policies	32		
Policy	New	Coronavirus Disease (COVID-19) – Telemedicine and Telehealth	Administrative Policies	33		
Tool	New	COVID-19 PPE Burn Rate Calculator	Administrative Policies	FD		
Tool	New	COVID-19 Resident – Family Letter	Administrative Policies	FD		
Tool	New	COVID-19 Resident – Family Notice	Administrative Policies	FD		
Tool	New	Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit	Administrative Policies	FD		
Tool	New	Resident Family Letter (Help Keep our Residents Safe from COVID-19)	Administrative Policies	FD		
Policy	New	Coronavirus Disease (COVID-19) – Emergency Management	Bioterrorism and Disaster Preparedness	23		
Policy	New	Coronavirus Disease (COVID-19) – Surge Capacity Staffing	Bioterrorism and Disaster Preparedness	25		
Tool	New	COVID-19 Response Committee Contact List	Bioterrorism and Disaster Preparedness	FD		
Policy	Revised	Hepatitis B Vaccine	Employee Health	22		
Policy	Revised	Tuberculosis – Employee Exposure Follow-Up	Employee Health	28		
Policy	Revised	Tuberculosis, Employee Screening for	Employee Health	30		
Policy	New	Coronavirus Disease (COVID-19) – Occupational Health	Employee Health	35		



**List of Revisions – 2<sup>nd</sup> Period 2020 (Continued)**

<b>Document Type</b>	<b>Status</b>	<b>Title</b>	<b>Chapter</b>	<b>Page No.</b>	<b>Date Reviewed</b>	<b>Initials</b>
Policy	New	Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	Employee Health	38		
Guideline	New	COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers	Employee Health	FD		
Guideline	New	Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2	Employee Health	FD		
Procedure	Revised	Bed Bugs, Preventing and Managing Infestation of	Environmental Infection Control	1		
Policy	Revised	Cleaning and Disinfection of Environmental Surfaces	Environmental Infection Control	11		
Policy	Revised	Legionella Water Management Program	Environmental Infection Control	30		
Policy	Revised	Antibiotic Stewardship	Surveillance	1		
Policy	Revised	Antibiotic Stewardship – Orders for Antibiotics	Surveillance	3		
Policy	New	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	Surveillance	21		
Tool	New	Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (QSO-20-29-NH)	Surveillance	FD		
Tool	New	Long-Term Care Facility (LTCF) Facility Guide to Using the COVID-19 Module (NHSN)	Surveillance	FD		
Tool	New	COVID-19 Module – Long Term Care Facility: Resident Impact and Facility Capacity	Surveillance	FD		
Tool	New	COVID-19 Module – Long Term Care Facility: Staff and Personnel Impact	Surveillance	FD		
Tool	New	Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Staff and Personnel Impact Form (CDC 57.145)	Surveillance	FD		
Tool	New	COVID-19 Module – Long Term Care Facility: Supplies and Personal Protective Equipment	Surveillance	FD		

**List of Revisions – 2<sup>nd</sup> Period 2020 (Continued)**

<b>Document Type</b>	<b>Status</b>	<b>Title</b>	<b>Chapter</b>	<b>Page No.</b>	<b>Date Reviewed</b>	<b>Initials</b>
Tool	New	Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Supplies and Personal Protective Equipment Form (CDC 57.146)	Surveillance	FD		
Tool	New	COVID-19 Module – Long Term Care Facility: Ventilator Capacity and Supplies	Surveillance	FD		
Tool	New	Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF): Ventilator Capacity and Supplies Form (CDC 57.147)	Surveillance	FD		
Regulations	Revised	F836 - Administration	OBRA Regulations and Interpretive Guidelines	1		
Regulations	Revised	F866 - QAPI	OBRA Regulations and Interpretive Guidelines	3		
Regulations	Revised	F880 – Infection Prevention and Control	OBRA Regulations and Interpretive Guidelines	4		
Regulations	Revised	F881 – Antibiotic Stewardship	OBRA Regulations and Interpretive Guidelines	29		
Regulations	Revised	F882 – Infection Preventionist	OBRA Regulations and Interpretive Guidelines	35		
Regulations	Revised	F883 - Immunizations	OBRA Regulations and Interpretive Guidelines	36		
Regulations	New	F884 – COVID-19 Reporting	OBRA Regulations and Interpretive Guidelines	43		
Regulations	New	F885 – COVID-19 Reporting (Informing Residents/Representatives/Families)	OBRA Regulations and Interpretive Guidelines	44		
Regulations	New	F886 – COVID-19 Testing	OBRA Regulations and Interpretive Guidelines	45		
Regulations	Revised	F921 – Safe, Sanitary Environment	OBRA Regulations and Interpretive Guidelines	47		
Regulations	Revised	F945 – Training Requirements	OBRA Regulations and Interpretive Guidelines	48		
Regulations	New	Appendix Z - §483.73 Emergency Preparedness	OBRA Regulations and Interpretive Guidelines	49		
Policy	Revised	Clostridium Difficile	Clinical Policies and Procedures	1		
Procedure	Revised	Cultures for MRSA (Staphylococcus Screening)	Clinical Policies and Procedures	6		
Procedure	Revised	Dressings, Sterile	Clinical Policies and Procedures	15		
Policy	Revised	Influenza, Prevention and Control of Seasonal	Clinical Policies and Procedures	25		
Policy	New	Measles Prevention and Control	Clinical Policies and Procedures	30		

**List of Revisions – 2<sup>nd</sup> Period 2020 (Continued)**

<b>Document Type</b>	<b>Status</b>	<b>Title</b>	<b>Chapter</b>	<b>Page No.</b>	<b>Date Reviewed</b>	<b>Initials</b>
Policy	Revised	Multidrug-Resistant Organisms	Clinical Policies and Procedures	34		
Policy	Revised	Norovirus Prevention and Control	Clinical Policies and Procedures	42		
Clinical Protocol	Revised	Pneumonia, Bronchitis and Lower Respiratory Infections – Clinical Protocol	Clinical Policies and Procedures	75		
Policy	New	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	Clinical Policies and Procedures	81		
Procedure	New	Coronavirus Disease (COVID-19) – Specimen Collection, Reporting and Documentation for COVID-19 Testing	Clinical Policies and Procedures	85		
Policy	New	Coronavirus Disease (COVID-19) – Testing Residents	Clinical Policies and Procedures	89		
Sample Documentation	New	COVID-19 Resident Health Screen (CP1820)	Clinical Policies and Procedures	FD		
Tool	New	2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios	Clinical Policies and Procedures	FD		
Tool	New	Considerations for Memory Care Units in Long-term Care Facilities	Clinical Policies and Procedures	FD		
Tool	New	Long-Term Care (LTC) Respiratory Surveillance Line List	Clinical Policies and Procedures	FD		
Tool	New	Resident Screening for COVID-19 Signs and Symptoms	Clinical Policies and Procedures	FD		
Tool	New	Documentation of COVID-19 Outbreak Testing: Staff and Residents	Clinical Policies and Procedures	FD		
Tool	New	Documentation of COVID-19 Outbreak Testing: Staff and Residents (Example)	Clinical Policies and Procedures	FD		
Tool	New	Documentation of COVID-19 Test Refused or Not Administered	Clinical Policies and Procedures	FD		
Tool	New	Documentation of COVID-19 Testing Supply Shortages	Clinical Policies and Procedures	FD		
Tool	New	Documentation of Routine (Asymptomatic) Staff Testing for COVID-19)	Clinical Policies and Procedures	FD		
Tool	New	Documentation of Routine (Asymptomatic) Staff Testing for COVID-19) (Example)	Clinical Policies and Procedures	FD		
Tool	New	Documentation of Symptom-Based Testing for COVID-19	Clinical Policies and Procedures	FD		
Policy	Revised	Isolation – Categories of Transmission-Based Precautions	General Infection Control Practices	28		
Policy	New	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	General Infection Control Practices	63		

**List of Revisions – 2<sup>nd</sup> Period 2020 (Continued)**

<b>Document Type</b>	<b>Status</b>	<b>Title</b>	<b>Chapter</b>	<b>Page No.</b>	<b>Date Reviewed</b>	<b>Initials</b>
Policy	New	Coronavirus Disease (COVID-19) – Visitors	General Infection Control Practices	67		
Procedure	New	Personal Protective Equipment – Contingency and Crisis Use of Eye Protection (COVID-19 Outbreak)	General Infection Control Practices	69		
Procedure	New	Personal Protective Equipment – Contingency and Crisis Use of Facemasks (COVID-19 Outbreak)	General Infection Control Practices	72		
Procedure	New	Personal Protective Equipment – Contingency and Crisis Use of Isolation Gowns (COVID-19 Outbreak)	General Infection Control Practices	76		
Procedure	New	Personal Protective Equipment – Contingency and Crisis Use of N-95 Respirators (COVID-19 Outbreak)	General Infection Control Practices	79		
Sample Documentation	New	Visitor Health Screen (CP1819)	General Infection Control Practices	FD		
Sample Documentation	New	Visitor Log (Facility) (CP1823)	General Infection Control Practices	FD		
Sample Documentation	New	Visitor Log – Individual Resident (CP1822)	General Infection Control Practices	FD		
Tool	New	COVID-19 Focused Survey for Nursing Homes	General Infection Control Practices	FD		
Tool	New	Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19	General Infection Control Practices	FD		
Tool	New	Visitor Notice (We are Restricting Individuals from Entering our Building)	General Infection Control Practices	FD		
Sample Documentation	Revised	Informed Consent for Influenza Vaccine (Inactivated or Recombinant)/Informed Consent for Pneumococcal Vaccine (CP1800-19)	Immunization and Vaccination	FD		
Guideline	Revised	Vaccine Information Statement – Pneumococcal Conjugate Vaccine (PCV13)	Immunization and Vaccination	FD		
Guideline	Revised	Vaccine Information Statement - Live Zoster (Shingles) Vaccine	Immunization and Vaccination	FD		
Guideline	Revised	Vaccine Information Statement - Recombinant Zoster (Shingles) Vaccine	Immunization and Vaccination	FD		
Guideline	Revised	Vaccine Information Statement - Td (Tetanus, Diphtheria) Vaccine	Immunization and Vaccination	FD		
Guideline	Revised	Vaccine Information Statement - DTaP (Diphtheria, Tetanus, Pertussis) Vaccine	Immunization and Vaccination	FD		
Guideline	New	Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19	Guidelines and Recommendations	FD		

**List of Revisions – 2<sup>nd</sup> Period 2020 (Continued)**

<b>Document Type</b>	<b>Status</b>	<b>Title</b>	<b>Chapter</b>	<b>Page No.</b>	<b>Date Reviewed</b>	<b>Initials</b>
Tool	New	Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19	Guidelines and Recommendations	FD		
Guideline	New	Preparing for COVID-19 in Nursing Homes – Nursing Homes & Long Term Care Facilities	Guidelines and Recommendations	FD		
Guideline	New	Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) Clinical Care Guidance	Guidelines and Recommendations	FD		
Guideline	New	Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel	Guidelines and Recommendations	FD		
Guideline	New	Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (QSO-20-29-NH)	Guidelines and Recommendations	FD		
Guideline	New	Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool (QSO-20-38-NH)	Guidelines and Recommendations	FD		

## Record of Initials

[illegible]

# Infection Control Policy and Procedure Manual

## Update — 2<sup>nd</sup> Period 2020

### Filing Instructions

#### Archiving Removed Pages

In the event that you need to retrieve replaced information in the future, please archive removed pages. We suggest that you:

1. Create a separate binder for archived information.
2. Insert and date a tab for archived information. (**Note:** Insert additional tabs for subsequent updates.)
3. File removed information under tab.

Part/Chapter in which Information was Added/Revised	Remove the Following Pages	Put in the Following New Pages	Filing Record
Part 1	Title Page through Table of References	Title Page through Table of References	[ ] Check as Done Date _____ Initials _____
Part 1	_____	Place Update Letter (2 <sup>nd</sup> Period 2020) and filing instructions AFTER tab and title page entitled "Update Letters"	[ ] Check as Done Date _____ Initials _____
	_____	Place <i>Heaton Resources Customer Letter</i> and <i>COVID-19 Preparedness and Response Checklist</i> AFTER Update Letter filing instructions	[ ] Check as Done Date _____ Initials _____
Part 1 Administrative Policies	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	_____	25 through Page 33	[ ] Check as Done Date _____ Initials _____
Part 1 Bioterrorism and Disaster Preparedness	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	_____	Page 23 through Page 27	[ ] Check as Done Date _____ Initials _____
Part 1 Employee Health	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	Page 21 through Page 24; Page 27 through Page 32; _____	Page 21 through Page 24; Page 27 through Page 32; Page 35 through Page 40	[ ] Check as Done Date _____ Initials _____

# Infection Control Policy and Procedure Manual

## Update — 2<sup>nd</sup> Period 2020

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Part/Chapter in which Information was Added/Revised	Remove the Following Pages	Put in the Following New Pages	Filing Record
Part 1 Environmental Infection Control	Title Page	Title Page	[ ] Check as Done Date _____ Initials _____
	Page 1 through Page 4; Page 11 through Page 14; Page 29 through Page 32	Page 1 through Page 4; Page 11 through Page 14; Page 29 through Page 32	[ ] Check as Done Date _____ Initials _____
Part 1 Surveillance	Table of Contents Page i through Page ii	Table of Contents Page i through Page iii	[ ] Check as Done Date _____ Initials _____
	Page 1 Through Page 4; _____	Page 1 Through Page 4; Page 21	[ ] Check as Done Date _____ Initials _____
Part 1 OBRA Regulations and Interpretive Guidelines	Table of Contents Page i	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
	Page 1 Through Page 44	Page 1 Through Page 54	[ ] Check as Done Date _____ Initials _____
Part 1 Alphabetical Index	Title Page through Page v	Title Page through Page v	[ ] Check as Done Date _____ Initials _____
Part 2	Title Page through Copyright Page	Title Page through Copyright Page	[ ] Check as Done Date _____ Initials _____



# Infection Control Policy and Procedure Manual

## Update — 2<sup>nd</sup> Period 2020

### Filing Instructions

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3. File removed information under tab.

Part/Chapter in which Information was Added/Revised	Remove the Following Pages	Put in the Following New Pages	Filing Record
Part 2 Clinical Policies and Procedures	Table of Contents Page i through Page ii	Table of Contents Page i through Page iv	[ ] Check as Done Date _____ Initials _____
	Page 1 through Page 8; Page 15 through Page 16; Page 25 through Page 44; Page 75 through Page 76; _____	Page 1 through Page 8; Page 15 through Page 16; Page 25 through Page 44; Page 75 through Page 76; Page 81 through Page 90	[ ] Check as Done Date _____ Initials _____
Part 2 General Infection Control Practices	Table of Contents Page i through Page iii	Table of Contents Page i through Page iii	[ ] Check as Done Date _____ Initials _____
	Page 27 through Page 32; _____	Page 27 through Page 32; Page 63 through Page 82	[ ] Check as Done Date _____ Initials _____
Part 2 Immunization and Vaccination	Table of Contents Page i through Page ii	Table of Contents Page i through Page ii	[ ] Check as Done Date _____ Initials _____
Part 2 Guidelines and Recommendations	Page 1 through Page 6	Page 1 through Page 8	[ ] Check as Done Date _____ Initials _____
Part 2 Alphabetical Index	Title Page through Page v	Title Page through Page v	[ ] Check as Done Date _____ Initials _____

**After filing this update, place this Update Letter and Filing Instructions  
AFTER tab and title page entitled “Update Letters”**

Dear Heaton Resources Customer:

Since late February 2020, we have monitored the public health and federal guidelines pertaining to COVID-19 preparedness and response in Long-Term Care facilities. The documents in this update are current as of the publication date, which is September 3, 2020. However, the COVID-19 pandemic is an evolving situation and we urge you to review the enclosed policies and make changes as necessary. In addition, State and local public health resources should inform your facility's specific mitigation plans and phases of reopening.

The COVID-19 related policies and procedures are organized in the Infection Control Policy and Procedure Manual as follows:

<b>Policy/Procedure Title</b>	<b>Chapter</b>
Coronavirus Disease (COVID-19) – Education and Training	Administrative Policies
Coronavirus Disease (COVID-19) – Managing Supplies and Resources	Administrative Policies
Coronavirus Disease (COVID-19) – Overview of Prevention and Control Strategies	Administrative Policies
Coronavirus Disease (COVID-19) – Phased Reopening	Administrative Policies
Coronavirus Disease (COVID-19) – Reporting Facility Data to Residents and Families	Administrative Policies
Coronavirus Disease (COVID-19) – Telehealth and Telemedicine	Administrative Policies
Coronavirus Disease (COVID-19) – Emergency Management	Bioterrorism and Disaster Preparedness
Coronavirus Disease (COVID-19) – Surge Capacity Staffing	Bioterrorism and Disaster Preparedness
Coronavirus Disease (COVID-19) – Testing Residents	Clinical Policies and Procedures
Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	Clinical Policies and Procedures
Coronavirus Disease (COVID-19) – Specimen Collection, Reporting and Documentation for COVID-19 Testing	Clinical Policies and Procedures
Coronavirus Disease (COVID-19) – Occupational Health	Employee Health
Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	Employee Health
Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	General Infection Control Practices
Coronavirus Disease (COVID-19) – Visitors	General Infection Control Practices
Personal Protective Equipment – Contingency and Crisis Use of Eye Protection (COVID-19 Outbreak)	General Infection Control Practices
Personal Protective Equipment – Contingency and Crisis Use of Facemasks (COVID-19 Outbreak)	General Infection Control Practices
Personal Protective Equipment – Contingency and Crisis Use of Isolation Gowns (COVID-19 Outbreak)	General Infection Control Practices

Personal Protective Equipment – Contingency and Crisis Use of N-95 Respirators (COVID-19 Outbreak)	General Infection Control Practices
Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	Surveillance

Each document contains hyperlinks to the guidelines that informed that policy, and related policies and tools included in the manual. Finally, the **COVID-19 Preparedness and Response Checklist** that accompanies this letter is a cross reference to guidelines and policies by topic. Our goal is to provide you with the most current information to date along with a way to monitor changing recommendations.

Thank you for your dedication to keeping residents and staff safe during this challenging time.

Sincerely,

Stacy Yale, RN, BSN  
Managing Editor, Heaton Resources  
September 2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Emergency Preparedness	Emergency Management Plan for COVID-19	<a href="#">Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 (05-08-20)</a>	Coronavirus Disease (COVID-19) – Emergency Management	5/13/2020
Emergency Preparedness	Emergency Planning Committee	<a href="#">Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings</a>	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Emergency Preparedness	COVID-19 Response Plan Coordinator	<a href="#">Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings</a>	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Emergency Preparedness	Committee Members	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Emergency Preparedness	Availability of Plan	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Emergency Preparedness	Review of Federal, State and Local Plans	<a href="#">FEMA Coronavirus Response</a>	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Emergency Preparedness	Review of Federal, State and Local Plans	<a href="#">Status of COVID-19 Emergency Orders – States and Territories</a>	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Emergency Preparedness	Organizational Structure and Implementation of the Plan	[Refer to Facility Emergency Management Manual]	[Refer to Facility Emergency Management Manual]	
Communications	Facility Point of Contact	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Communications	Staff, Resident and Family Communications	<a href="#">CDC COVID-19 Communication Toolkits</a>	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Communications	Family Members Contact List	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Communications	Communications Plan	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Communications	Inter-Facility Communication – Points of Contact	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Communications	Inter-Facility Coordination	[Refer to Facility Emergency Management Manual]	Coronavirus Disease (COVID-19) – Emergency Management	7/31/2020
Communications	Notification	<a href="#">Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes. QSO-20-26-NH (04-19-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Communications	Notification	<a href="#">Instructions for Completing the Human Infection with 2019 Novel Coronavirus (COVID-19) Case Report Form (05-00-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Communications	Notification	<a href="#">Medicare and Medicaid Programs, Basic Health Program, and Exchanges: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program. Federal Register 85(90): May 8, 2020. 27550. (05-08-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Supplies and Equipment	ABHR Supplies	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Handwashing Supplies	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Isolation Precaution Signs	<a href="#">Signs for Transmission-Based Precautions</a>	Isolation – Notices of Transmission-Based Precautions	4/30/2007

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Supplies and Equipment	Tissues and Facemasks	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	PPE	<a href="#">Strategies to Optimize Current PPE Supply (07-16-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Supplies and Equipment	PPE	<a href="#">Guidance for use of Certain Industrial Respirators by Health Care Personnel QSO-20-17-ALL</a>	PPE Policies	
Supplies and Equipment	Trash Bins	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Availability of Disinfectants	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Availability of Disinfectants	<a href="#">EPA List N: Disinfectants for Use Against SARS-CoV-2 (current)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Monitoring Supplies	<a href="#">PPE Burn Rate Calculator</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Monitoring Supplies	<a href="#">NIOSH PPE Tracker App</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020
Supplies and Equipment	Supply Shortages	<a href="#">Local Healthcare Coalitions</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Supplies and Equipment	Supply Shortages	<a href="#">Strategies to Optimize Current PPE Supply (07-16-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Supplies and Equipment	Supply Shortages	<a href="#">Strategies for Optimizing the Supply of Eye Protection. (06-28-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Supplies and Equipment	Supply Shortages	<a href="#">Strategies for Optimizing the Supply of Facemasks. (06-28-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Supplies and Equipment	Supply Shortages	<a href="#">Strategies for Optimizing the Supply of N95 Respirators (06-28-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Infection Prevention and Control	General – Infection Prevention and Control	<a href="#">Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings</a>	Coronavirus Disease (COVID-19) – Overview of Prevention and Control Strategies	7/31/2020
Infection Prevention and Control	Infection Prevention and Control Strategies	<a href="#">Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic (07-15-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	Infection Prevention and Control Strategies	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	Infection Prevention and Control Strategies	<a href="#">Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (CMS QSO-20-29-NH) (05-06-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	Infection Prevention and Control Strategies	See Updated Survey Tools	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	Transmission-Based Precautions	<a href="#">Types and Durations of Precautions (09-18)</a>	Isolation – Categories of Transmission-Based Precautions	10/31/2018
Infection Prevention and Control	Transmission-Based Precautions	<a href="#">Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) (07-17-20)</a>	Isolation – Categories of Transmission-Based Precautions	10/31/2018
Infection Prevention and Control	Surveillance and Monitoring	<a href="#">Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (CMS QSO-20-29-NH) (05-06-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Infection Prevention and Control	Surveillance and Monitoring	<a href="#">National Health Safety Network COVID-19 Module</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Infection Prevention and Control	Reporting COVID-19 Information to Public Health Authorities	<a href="#">Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (CMS QSO-20-29-NH) (05-06-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Infection Prevention and Control	Monitoring Public Health Advisories	<a href="#">Current Cases (State and Local)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	New Admissions and Readmissions	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	Transfer Scenarios	<a href="#">2019 Novel Coronavirus (COVID-19) LTC Facility Transfer Scenarios QSO-20-25-nh (04-13-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Infection Prevention and Control	General – Infection Prevention and Control	<a href="#">Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19 04-30-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Facility Restrictions	Group Activities	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Facility Restrictions	Signs Notifying Visitors	Note to Visitors	Coronavirus Disease (COVID-19) – Visitors	7/31/2020
Facility Restrictions	Screening Visitors and HCP	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures	7/31/2020
Facility Restrictions	Visitor Restrictions	<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (CMS QSO-20-14-NH) (03-13-20)</a>	Coronavirus Disease (COVID-19) – Visitors	7/31/2020
Facility Restrictions	Remote Visitation	<a href="#">Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit (03-27-20)</a>	Coronavirus Disease (COVID-19) – Telehealth and Telemedicine	7/31/2020
Facility Restrictions	Relaxing Visitor Restrictions	<a href="#">Nursing Home Reopening Recommendations for State and Local Officials (05-18-20)</a>	Coronavirus Disease (COVID-19) – Phased Reopening	7/27/2020



## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Managing Ill Residents	Monitoring and Surveillance	<a href="#">Long-Term Care Respiratory Surveillance Line List</a>	Surveillance Policies	
Managing Ill Residents	Monitoring and Surveillance	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Managing Ill Residents	Testing Residents	<a href="#">Testing Guidelines for Nursing Homes (07-21-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Managing Ill Residents	Testing Residents	<a href="#">Considerations for Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes (05-19-20)</a>	Coronavirus Disease (COVID-19) – Testing Residents	8/31/2020
Managing Ill Residents	Testing Residents	<a href="#">Nursing Home Reopening Recommendations for State and Local Officials (CMS QSO-20-30) (05-18-20)</a>	Coronavirus Disease (COVID-19) – Phased Reopening	7/27/2020
Managing Ill Residents	Testing Residents	<a href="#">Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool. (CMS-OSO-20-38) (08-26-20)</a>	Coronavirus Disease (COVID-19) – Specimen Collection, Reporting and Documentation for COVID-19 Testing	9/3/2020
Managing Ill Residents	Testing Residents	<a href="#">Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool. (CMS-OSO-20-38) (08-26-20)</a>	Coronavirus Disease (COVID-19) – Testing Residents	8/31/2020
Managing Ill Residents	Clinical Care	<a href="#">Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) (06-30-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Managing Ill Residents	Transmission-Based Precautions	<a href="#">Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) (07-17-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Managing Ill Residents	Memory Care Units	<a href="#">Considerations for Memory Care Units in Long-Term Care Facilities (05-12-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Managing Ill Residents	Notifying Health Department	<a href="#">Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes (CMS QSO-20-29-NH) (05-06-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Managing Ill Residents	Notifying Health Department	<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (CMS QSO-20-14-NH) (03-13-20)</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Managing Ill Residents	Notifying Health Department	<a href="#">State and Territorial Health Department Contacts</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Managing Ill Residents	Notifying Health Department	<a href="#">Directory of Local Health Departments</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention	7/31/2020
Managing Ill Residents	Dedicating Space in Facility to Monitor and Care for Residents with COVID-19	<a href="#">Preparing for COVID-19 in Nursing Homes (06-25-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Managing Ill Residents	Resident Placement and Cohorting	<a href="#">Considerations for the Public Health Response to COVID-19 in Nursing Homes (04-30-20)</a>	Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents	7/31/2020
Employee Health	Sick Leave Policies	<a href="#">Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (06-18-20)</a>	Coronavirus Disease (COVID-19) – Occupational Health	7/31/2020
Employee Health	Self-Monitoring of HCP	<a href="#">Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (06-18-20)</a>	Coronavirus Disease (COVID-19) – Occupational Health	7/31/2020
Employee Health	Screening HCP	<a href="#">Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (06-18-20)</a>	Coronavirus Disease (COVID-19) – Occupational Health	7/31/2020
Employee Health	Testing HCP	<a href="#">Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 (07-17-20)</a>	Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	8/31/2020
Employee Health	Testing HCP	<a href="#">Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool. (CMS-OSO-20-38) (08-26-20)</a>	Coronavirus Disease (COVID-19) – Specimen Collection, Reporting and Documentation for COVID-19 Testing	9/3/2020
Employee Health	Testing HCP	<a href="#">Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool. (CMS-OSO-20-38) (08-26-20)</a>	Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	8/31/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Employee Health	Identifying and Managing Exposed or symptomatic HCPs	<a href="#">Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (06-18-20)</a>	Coronavirus Disease (COVID-19) – Occupational Health	7/31/2020
Employee Health	Work Restrictions	<a href="#">Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (06-18-20)</a>	Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	8/31/2020
Employee Health	Work Restrictions	<a href="#">Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 (07-17-20)</a>	Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	8/31/2020
Employee Health	Work Restrictions	<a href="#">Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance) (07-17-20)</a>	Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel	8/31/2020
Employee Health	Respiratory Protection Plan	Evaluation, fit testing and training have been temporarily suspended		
Training and Education	Education and Training on Basic Prevention and Control	<a href="#">Coronavirus (COVID-19) How to Protect Yourself (04-24-20)</a>	Coronavirus Disease (COVID-19) – Education and Training	7/31/2020
Training and Education	Education Coordinator		Coronavirus Disease (COVID-19) – Education and Training	5/27/2020
Training and Education	Materials, Support and Training Programs	<a href="#">Get the Facts About Coronavirus</a>	Coronavirus Disease (COVID-19) – Education and Training	5/27/2020
Training and Education	Materials, Support and Training Programs	<a href="#">Public Health Foundation COVID-19 Training Resources</a>	Coronavirus Disease (COVID-19) – Education and Training	5/27/2020
Training and Education	Information, Resources and Policies for Residents and Families	<a href="#">Get the Facts About Coronavirus</a>	Coronavirus Disease (COVID-19) – Education and Training	5/27/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Training and Education	Information, Resources and Policies for Residents and Families	<a href="#">Get the Facts About Coronavirus</a>	Coronavirus Disease (COVID-19) – Visitors	7/31/2020
Training and Education	Information, Resources and Policies for Residents and Families	<a href="#">Get the Facts About Coronavirus</a>	Coronavirus Disease (COVID-19) – Reporting Facility Data to Residents and Families	5/26/2020
Staffing	Staffing Plan	<a href="#">Strategies to Mitigate Healthcare Personnel Staffing Shortages (07-17-20)</a>	Coronavirus Disease (COVID-19) – Surge Capacity Staffing	7/31/2020
Staffing	Legal Counsel	<a href="#">COVID-19 and the FLSA</a>		
Staffing	Legal Counsel	<a href="#">Department of Labor Coronavirus Resources</a>		
Staffing	Legal Counsel	<a href="#">State Labor Laws</a>		
Staffing	Strategies for Collaborating	<a href="#">Local Healthcare Coalitions</a>		
Staffing	Expediting Credentialing and Training			
Surge Capacity Supplies and Equipment	Supply and Equipment Estimates	<a href="#">PPE Burn Rate Calculator</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources;	7/31/2020
Surge Capacity Supplies and Equipment	Supply and Equipment Estimates	<a href="#">PPE Burn Rate Calculator</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Surge Capacity Supplies and Equipment	Estimates Shared with Planning Groups	<a href="#">Local Healthcare Coalitions</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources	7/31/2020

## COVID-19 Preparedness and Response Checklist

TOPIC	Steps	Reference Document(s)/Information	Related Policies	Policy Date
Surge Capacity Supplies and Equipment	Planning for Supply Shortages	<a href="#">Strategies to Optimize Current PPE Supply (07-16-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources;	7/31/2020
Surge Capacity Supplies and Equipment	Planning for Supply Shortages	<a href="#">Strategies to Optimize Current PPE Supply (07-16-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Surge Capacity Supplies and Equipment	Prioritization Strategies	<a href="#">Strategies to Optimize Current PPE Supply (07-16-20)</a>	Coronavirus Disease (COVID-19) – Managing Supplies and Resources;	7/31/2020
Surge Capacity Supplies and Equipment	Prioritization Strategies	<a href="#">Strategies to Optimize Current PPE Supply (07-16-20)</a>	PPE Contingency and Crisis Strategy (Policies)	4/7/2020
Post Mortem Care	Process for Tracking and Reporting Available Quantities	<a href="#">Local Healthcare Coalitions</a>		
Post Mortem Care	Disposition of Deceased Residents	<a href="#">Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19 (06-04-20)</a>		
Post Mortem Care	Postmortem Specimens	<a href="#">Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19 (06-04-20)</a>		
Post Mortem Care	Temporary Morgue			
Post Mortem Care	Plans for Local Morgue Capacity			



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Introduction**

**Item # H50045**

# Introduction: Infection Prevention and Control in Long-Term Care

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Infections are among the most frequent and significant problems facing nursing facility residents today. They account for a large proportion of morbidity and mortality, and for many hospital transfers. Most infections involve the urinary tract, respiratory tract, gastrointestinal tract, or skin and soft tissues.

The Centers for Medicare and Medicaid Services' Conditions of Participation requires an infection prevention and control program in certified nursing facilities. In addition, state and local health departments typically require certain infection prevention and control systems to be in place to control outbreaks and report potentially contagious infections and diseases.

Infection prevention and control is a facility-wide effort involving all disciplines and individuals. It should also be considered an integral part of a facility's overall quality assurance and performance improvement program, and should have the active support of the administration, residents, families, clinical and support staff, and attending physicians. Because of changing requirements and circumstances, the infection prevention and control program should be considered a dynamic, not static, process. Its usefulness and effectiveness should be reevaluated periodically.

## The Purposes of Infection Prevention and Control Programs (IPCP)

The major purposes of infection prevention and control program in the nursing facility are to minimize the effects of infections on residents and employees, and to educate the staff about methods to prevent, control and mitigate the spread of transmissible diseases. A successful infection prevention and control program requires an underlying commitment and facility-wide participation. It should not just be seen as a way to meet paperwork requirements but as a way to analyze and use information effectively to improve care and prevent problems.

Infection prevention and control programs should fulfill essential functions and also be flexible enough to fit a facility's specific environment, pertinent to residents' potential and actual problems, and able to accommodate new issues or requirements. The program's benefits should justify its costs in resources, staff time, and inconvenience. Each component of the program should be reasonable (i.e., supported by information in the medical literature wherever possible), meaningful, and coherent.

In addition to preventing and controlling the spread of communicable disease, programs must also be designed to capture, track and make sense of infection data so that processes improvements can be made where necessary. Surveillance tools and protocols for gathering and submitting data, like those available through the National Health Safety Network are among some of the resources available to long-term care facilities.

## Elements of the IPCP

While infection prevention and control programs vary slightly with regard to systems and tools, the following elements should be included:

- Coordination and Oversight
- Policies and Procedures
- Surveillance and Data Analysis
- Antibiotic Stewardship
- Prevention of Healthcare Associated Infections
- Outbreak Management
- Influenza and Pneumococcal Immunization
- Employee Health and Safety

## Using this Manual to Develop the IPCP

Details on the components of an infection prevention and control program are found throughout this manual. For example, the program highlights and roles and responsibilities are described in the *Administrative Policies* chapter, surveillance tools are provided in the *Surveillance* chapter (with electronic forms on the flash drive), and specific infection prevention and control measures are outlined in the *General Infection Control* chapter, and the Guidelines and recommendations lists by topic standards of practice established by industry experts.

We hope this manual is used to help standardize infection prevention and control practices in long-term care and support the efforts to maintain a safe, sanitary and comfortable environment for residents and help prevent the development and transmission of communicable disease.





# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Administrative Policies**

Item # H50045

# **Infection Control**

## **Policy and Procedure Manual**

### **Administrative Policies**

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# **Infection Control**

## **Policy and Procedure Manual**

### **Administrative Policies**

### **Appendices - Flash Drive Only**

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#### **Guidelines**

Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the Healthcare Infection Control Practices Advisory Committee

#### **Sample Documentation**

Inter-facility Infection Control Transfer Form  
Report of Incident/Accident (MP5415)

#### **Tools**

Animal Bite Incident Report  
COVID-19 PPE Burn Rate Calculator  
COVID-19 Resident – Family Letter  
COVID-19 Resident – Family Notice  
Infection Control Training Resources  
Infection Prevention and Control Assessment Tool for Long-term Care Facilities  
Infection Preventionist Job Description  
IPC Observation Tools  
Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit  
Resident Family Letter (Help Keep our Residents Safe from COVID-19)

# Admission of Residents with Communicable Disease

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## Policy Statement

Admission to this facility depends upon our ability to provide appropriate medical and nursing care. This includes situations where a resident has a known communicable disease or infection.

## Policy Interpretation and Implementation

1. Prior to or upon admission, the Infection Preventionist, or designee, will assess the following infection risks for each admission:
  - a. *M. tuberculosis* (TB) infection, by purified protein derivative (PPD) test or recent chest x-ray;
  - b. Immunization status, by history;
  - c. During the period of October 1 through March 31, current status of influenza immunization, by history;
  - d. Evidence of continuing active infection or clinically significant colonization by multidrug-resistant organism by history and review of hospital discharge summaries;
  - e. Clinical evidence of a current infection; and
  - f. Evidence of pediculosis or scabies, by direct observation.
2. The Infection Preventionist or designee will request an Infection Control Transfer Form from the sending facility prior to the resident's transfer. This form should provide information on the resident's infection status, isolation precautions, signs and symptoms of infection(s), antibiotic usage, and influenza/pneumococcal immunization status.
3. The Infection Preventionist or designee will maintain a log of residents with current evidence of infection or colonization due to multidrug-resistant organisms, including methicillin-resistant *staphylococcus aureus*, vancomycin-resistant *enterococci* and *Clostridium difficile* (MRSA/VRE/*C. difficile*). When considering room assignments the log will be checked to prevent placing a resident with MDRO infection or colonization with a resident at risk of infection.
4. A resident who is transferred to an acute care facility with infection due to a multidrug-resistant organism should be reviewed prior to return for details of the status of any such infection and clarification of any possible infection control risks that the situation presents.
5. A resident admitted with colonization or infection due to a multidrug-resistant organism may be placed in a private room, or cohorted with another resident of the same sex who is colonized with a similar organism. A colonized resident also may be cohorted or placed with a non-colonized resident who is not immunocompromised, if no other bed is available.
6. Our facility will not deny admission to someone just because they have infection with the human immunodeficiency virus (HIV), or are HIV antibody positive.
7. Placement of individuals with other potentially infectious conditions such as herpes zoster or scabies will be made based on appropriate clinical evaluation by the Attending Physician and/or Medical Director of the status of the infection and risk for its dissemination.
8. The facility will not admit individuals with active tuberculosis or acid-fast bacillus (AFB) positive sputum until they have been treated elsewhere for long enough to no longer be considered contagious.

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9. Persons found upon admission evaluation to have a positive PPD reaction or a suspicious chest X-ray will be evaluated promptly to determine whether they might have active TB, in which case they will either not be admitted, will be moved to a section of the facility where appropriate isolation can occur (if available), or will be discharged promptly to a facility where they can be isolated or treated appropriately for active TB.
10. Admissions requiring infection control restrictions will be placed on appropriate Isolation Precautions based on this facility's policies governing Isolation Precautions.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.20(a); §483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F635; F880
<b>Other References</b>	CDC/HICPAC Guidelines for Isolation Precautions at <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a> and CDC MRSA information at <a href="http://www.cdc.gov/mrsa/index.html">http://www.cdc.gov/mrsa/index.html</a>
<b>Related Documents</b>	<a href="#">Inter-facility Infection Control Transfer Form</a> <a href="#">Multidrug-Resistant Organisms</a> <a href="#">Tuberculosis, Screening Residents for</a> <a href="#">Vaccination of Residents</a>
<b>Version</b>	2.3 (H5MAPL0039)

# Biohazard Labeling

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## Policy Statement

Materials contaminated with blood or body fluids shall be labeled and discarded appropriately.

## Policy Interpretation and Implementation

1. All wastes containing blood or body fluids will be identified by a red bag, “Biohazard” tag, label, or sign.
2. The primary purposes of identifying and labeling biohazardous waste are to warn about possible occupational exposure and to prevent accidental injury or illness to hazardous or potentially hazardous materials.
3. Biohazard bags, labels, tags, or signs will remain in place until the material is removed or disposed of according to approved procedures.
4. A second uncontaminated outer bag must be used if the outside of a bag is contaminated with body fluids (e.g., if blood splashes onto the container, if the outside of the container is handled by an employee wearing contaminated gloves, etc.) to prevent exposure.
5. Biohazard labeling tags used by our facility shall contain the following information:
  - a. The word “Biohazard” or the biological hazard symbol (The word “Biohazard” will be readable at a minimum distance of five feet (1.52m) or greater, as warranted by the hazard.); and
  - b. The specific hazardous condition or the instructions to be communicated to the employee (presented in writing, graphically, or both).
6. All staff will be informed in writing about the meaning of biohazard labels and related precautions.
7. Refrigerators or freezers containing blood or other potentially infectious materials, or other equipment contaminated by such materials, must contain an appropriate warning label or sign.
8. Anyone who willfully removes, tampers with, defaces, or otherwise alters a hazard warning sign, label, or tag will be subjected to disciplinary action, which could include termination of employment.
9. Any container used to store, transport, or ship blood or other potentially infectious materials must be properly labeled with a biohazard warning before it is transported within, or removed from, the premises.
10. Regulated waste that has been decontaminated does not need to be labeled or color-coded.
11. All inquiries concerning the identification of biohazards should be referred to the Infection Preventionist (or designee).

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov/SLTC/bloodbornepathogens/index.html">www.osha.gov/SLTC/bloodbornepathogens/index.html</a>
<b>Related Documents</b>	<a href="#">Medical Waste, Categories of</a> <a href="#">Medical Waste Handling</a> <a href="#">Medical Waste Storage</a>
<b>Version</b>	1.3 (H5MAPL0090)

# Employee Training on Infection Control

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## Policy Statement

The facility shall provide staff with appropriate information and instruction about infection control through various means, including initial orientation and ongoing training programs.

Personnel are required to attend and participate in task and job-specific infection control training programs.

## Policy Interpretation and Implementation

1. All staff and personnel will complete orientation and training on preventing the transmission of healthcare associated infections.
2. The Infection Preventionist and Administrator will identify those disciplines or individuals who need task- or job-specific infection control training beyond that provided by initial orientation or policies and procedures.
3. Infection control training topics will include at least:
  - a. Standard Precautions, including hand hygiene;
  - b. Transmission-Based Precautions (airborne, droplet, contact);
  - c. OSHA's bloodborne pathogens standard and needlestick prevention;
  - d. Use of personal protective measures;
  - e. Prevention, transmission and symptoms of communicable diseases (tuberculosis, influenza, etc.);
  - f. Prevention, transmission, monitoring and treatment of multidrug-resistant organisms (MDROs);
  - g. Information about the use of vaccines as an adjunct to infection control measures (i.e., influenza vaccination for staff members);
  - h. Sanitation procedures; and
  - i. Information on any newly developed or revised infection control policies and procedures.
4. Infection control training programs will include:
  - a. Material that applies the principles of teaching the adult learner;
  - b. Content and language that is appropriate to the target audience; and
  - c. Return demonstration competency checklists, where appropriate.
5. The Infection Preventionist (or designee) will maintain appropriate records of topics, content, and attendance at any training sessions, as well as copies of any handouts, pre/post tests, competency demonstration checklists, etc., and any other information relative to recordkeeping and documentation requirements.

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6. Contracted and agency personnel are required to participate in facility-specific infection control orientation and training before having direct contact with residents.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.3 (H5MAPL0275)

# Facility Assessment

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## Policy Statement

A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. Determining our capacity to meet the needs of and care for our residents during emergencies is included in this assessment.

## Policy Interpretation and Implementation

1. Once a year, and as needed, a designated team conducts a facility-wide assessment to ensure that the resources are available to meet the specific needs of our residents.
2. The team responsible for conducting, reviewing and updating the facility assessment includes the following:
  - a. The Administrator;
  - b. A representative of the governing body;
  - c. The medical director;
  - d. The director of nursing services;
  - e. The infection preventionist; and
  - f. The director (or designee) from the following departments:
    - (1) Environmental services;
    - (2) Physical operations;
    - (3) Dietary services;
    - (4) Social services;
    - (5) Activity services; and
    - (6) Rehabilitative services.
3. The facility assessment includes a detailed review of the resident population. This part of the assessment includes:
  - a. Resident census data from the previous 12 months;
  - b. Resident capacity of the facility and its occupancy rate for the past 12 months;
  - c. Factors that affect the overall acuity of the residents, such as the number and percentage of residents with:
    - (1) Need for assistance with ADLs;
    - (2) Mobility impairments;
    - (3) Incontinence (bowel or bladder);
    - (4) Cognitive or behavioral impairments; and
    - (5) Conditions or diseases that require specialized care (e.g., dialysis, ventilators, wound care).
  - d. Religious, ethnic or cultural factors that affect the delivery of care and services, such as:
    - (1) Food and nutrition requirements;
    - (2) Decision making and end of life care;
    - (3) Activities; and
    - (4) Language translation requirements.

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4. The facility assessment also includes a detailed review of the resources available to meet the needs of the resident population. This part of the assessment includes:
  - a. The physical characteristics of the facility including:
    - (1) Buildings and their intended or potential purpose;
    - (2) Number of beds/resident capacity; and
    - (3) Vehicles.
  - b. Equipment and supplies (medical and non-medical);
  - c. The contracts or agreements with third parties to provide services, equipment and supplies to the facility during normal operations and in the event of an emergency;
  - d. Services currently provided, including:
    - (1) Skilled or specialized care (e.g., memory care);
    - (2) Physical or occupational therapies;
    - (3) Rehabilitative or restorative; and
    - (4) Pharmacy.
  - e. All personnel, including:
    - (1) Directors;
    - (2) Managers;
    - (3) Regular employees (full and part time);
    - (4) Contracted staff (full and part time); and
    - (5) Volunteers.
  - f. A breakdown of the training, licensure, education, skill level and measures of competency for all personnel;
  - g. The current status of health information technology, including:
    - (1) Electronic health records;
    - (2) Electronic exchange of information with other organizations; and
    - (3) Personnel access to devices and equipment, internet and other tools.
5. Once the reviews of the resident needs and the facility resources are conducted, the facility assessment consists of systematically evaluating how well aligned these are. Each department provides input on current or potential gaps in care or services due to possible misalignment or lack of appropriate resources.
6. The facility assessment is intended to help our facility plan for and respond to changes in the needs of our resident population and helps to determine budget, staffing, training, equipment and supplies needed. It is separate from the Quality Assurance and Performance Improvement evaluation.
7. Our facility's ability to meet the requirements of our residents during emergency situations is a component of the facility assessment. This assessment is based on the information acquired during the assessment of operations under normal conditions, and the facility's Hazards Vulnerability Assessment conducted as part of our emergency preparedness plan.
8. Our facility's ability to address the needs of residents during the emergence of infectious disease events or outbreaks is a component of the facility assessment. This assessment is based on information acquired during a facility-based infection control risk assessment, as well as a community-based risk assessment.
9. The facility assessment is reviewed and updated annually, and as needed. Facility or resident changes or modifications that may prompt a reassessment sooner include:
  - a. A decision to provide specialized care or services that had not been previously available to residents;
  - b. A change to the physical environment that would affect the care and services provided to our residents;

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- c. A significant change in the resident census and/or overall acuity of our residents; or
  - d. A change in cultural, ethnic or religious factors that may affect the provision of care or service.
10. The QAPI Committee is responsible for reviewing facility and resident information quarterly to determine if a facility reassessment is warranted.
  11. Residents, representatives and family members may be asked to participate in the review of the care and services provided to meet the needs of our residents.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70(e) Facility assessment.
<b>Survey Tag Numbers</b>	F838
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Infection Prevention and Control Assessment Tool for Long-term Care Facilities</a>
<b>Version</b>	1.1 (H5MAPL1448)

# Facility Policies and Procedures – Annual Reviews

## Policy Statement

Policies and procedures are reviewed as needed and at least annually. Revisions to policies and procedures are made as necessary to reflect current facility operations, regulatory requirements and accepted standards of care.

## Policy Interpretation and Implementation

1. The Quality Assurance and Assessment Committee reviews policies and procedures and makes revisions as necessary:
  - a. When changes in regulations or professional standards of practice necessitate revisions;
  - b. When additional procedures are needed according to the facility assessment and/or individual resident needs; and
  - c. At least annually.
2. Personnel will be informed of changes in our policies and procedures.
3. Administrators, the medical director and department leaders are sent draft revisions with an opportunity to review and respond to proposed changes.
4. Final revisions are posted for staff with a summary of changes and effective date.
5. Staff are required to acknowledge receipt and review of the posted changes prior to the effective date.
6. Appropriate in-service training is conducted when changes in resident care policies and procedures are introduced.
7. Inquiries relative to policy and procedure reviews should be referred to the Administrator or his/her designee.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.70 Administration.
<b>Survey Tag Numbers</b>	F835
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0307)

# Infection Prevention and Control Committee

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## Objectives

Our facility has an Infection Prevention and Control Program. The objectives may be attained as a component of the Quality Assurance and Performance Improvement (QAPI) committee or by having a separate Infection Prevention and Control Committee (IPCC).

1. The objectives of the IPCC are to:
  - a. Assist in development and implementation of written policies and procedures for the prevention and control of infections among residents and personnel;
  - b. Provide facility guidelines for a safe and sanitary environment;
  - c. Review, establish, and monitor environmental infection prevention and control practices in accordance with CDC/HICPAC/OSHA guidelines and local or state requirements;
  - d. Develop isolation precaution protocols for when control of an infectious or communicable disease or disease risk is required in accordance with current CDC guidelines and recommendations;
  - e. Identify situations that may result in employees' exposure to blood, body fluids, or other potentially infectious materials;
  - f. Help develop an effective employee health program;
  - g. Develop infection prevention and control orientation and in-service training programs for all levels of facility personnel;
  - h. Develop policies and procedures for the surveillance and monitoring of infection control practices; and
  - i. Review and help monitor the medical waste management plan.

## Duties of the Committee

1. With the input of direct care staff, practitioners, the Medical Director, and the Director of Nursing Services, assist in the development and implementation of written policies and procedures for the prevention and control of infectious or communicable diseases within the facility.
2. Assist in developing the content and scope of the employee health program and help disseminate current information on health practices to all employees.
3. Assist in developing and implementing the written policies and procedures to identify and address infections within the facility.
4. Establish and monitor the facility Antibiotic Stewardship Program.
5. Notify appropriate government agencies of reportable contagious or infectious disease.
6. Assist in reviewing food handling practices, laundry practices, waste disposal and pest control.
7. Provide guidelines for review of pending construction, renovation, remediation, repair and demolition projects and coordinate effective environmental infection control and engineering standards in accordance with CDC/HICPAC/OSHA recommendations and state or local requirements.
8. Assist in monitoring and assessing facility-wide environmental infection prevention and control practices.
9. Assist in monitoring the infection-prevention impact of ventilation and water systems within the facility.

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10. Assist administration in evaluating job classifications and facility procedures to determine the risk of exposure potential to blood, body fluids, or other potentially infectious material.
11. Assist in developing written policies and procedures for the care of residents who have contagious, infectious or communicable diseases.
12. Provide guidelines for, and help monitor the health status of all employees, ensuring that all personnel receive (as necessary) appropriate skin tests, chest x-rays, physicals, etc., prior to, and during employment as outlined in our personnel policies and in accordance with federal and state guidelines.
13. Collaborate with Environmental Services Director to establish policies and procedures that are consistent with environmental infection prevention and control best practices.
14. Meet at least monthly, or more often if deemed necessary.
15. Maintain written accounts of meetings conducted and action taken by the committee (minutes of meeting).
16. Ensure infection prevention and control orientation and in-service training programs are provided to employees on a timely basis.
17. Review, and revise if necessary, isolation precaution techniques and procedures to help ensure that all personnel, residents, and visitors follow established procedures/precautions.
18. Review written infection prevention and control policies, techniques, procedures and documentation tools and provide/ recommend necessary revisions or updates.
19. Provide the QAPI Committee with a copy of the minutes of all Infection Prevention and Control Committee meetings held.
20. Help assure that sufficient inventory of personal protective equipment (i.e., gowns, gloves, masks, etc.), is on hand and readily accessible.
21. Maintain access to current CDC, OSHA and State/Federal regulations, guidelines and recommendations relative to infection control issues in healthcare facilities.
22. Other functions that may become necessary to enable the prevention and control of communicable diseases.

### **Composition of the Committee**

1. If the Infection Control Committee is a separate entity, it will consist of the following individuals:
  - a. Administrator (or designee);
  - b. Medical Director;
  - c. Director of Nursing Services;
  - d. Infection Preventionist;
  - e. Dietitian/Food Services Director;
  - f. Environmental Services Director/Supervisor;
  - g. Maintenance Director/Supervisor;
  - h. Laundry Director/Supervisor; and
  - i. Others as appropriate.
2. The Administrator will appoint committee members.
3. The administration shall provide all necessary logistical support for the committee or the committee's functions if assumed by the QAPI committee.

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## Risk Exposure Categories

1. The Infection Prevention and Control Committee shall advise the Administrator about working conditions and specific tasks that employees are expected to encounter that may pose an infection risk, including:
  - a. Evaluating the workplace to:
    - (1) Establish categories of risk classifications for all routine and reasonably anticipated job-related tasks;
    - (2) Identify all workers whose employment requires performance of tasks that may involve exposure to blood/body fluids; and
    - (3) Determine for identified tasks those body fluids to which workers most probably will be exposed and the potential extent and route of exposure.
  - b. Developing, or supervising the development of, standard operating procedures (SOPs) for tasks involving exposure to blood/body fluids. These SOPs include mandatory work practices and protective equipment for identified tasks.
  - c. Monitoring the effectiveness of work practices and protective equipment. This includes:
    - (1) Surveillance of the workplace to ensure that required work practices are observed and that protective clothing and equipment are provided and properly used; and
    - (2) Investigating known or suspected exposures to blood/body fluids to establish the condition surrounding the exposure and to improve training, work practices, or protective equipment to prevent a recurrence.

## Training and Education

The Infection Control Committee shall oversee training programs for all employees who may have the potential for exposure to blood, or to body fluids containing visible blood, during the course of their workday. Instructions will focus on identifying and using procedures related to the prevention of bloodborne illnesses, including but are not limited to:

1. Disease transmission and prevention;
2. The modes of transmission of hepatitis B and C (HBV/HCV) and AIDS (HIV) viruses;
3. Standard and Transmission-based Precautions;
4. How to recognize and determine tasks that involve exposure to blood/body fluids;
5. Types of personal protective equipment (i.e., gowns, gloves, masks, etc.) that are necessary when performing tasks that may involve exposure to blood/body fluids;
6. How to select appropriate barrier equipment;
7. Appropriate actions to take if unplanned potential exposure to blood occurs, or is anticipated;
8. Procedures to follow when personal protective equipment is used;
9. How personal protective equipment maintained in the facility is to be used, decontaminated, and disposed of;
10. Limitations of personal protective equipment (e.g., needlesticks will occur through gloves);
11. Corrective actions and cleaning procedures for spills of blood and body fluids;

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12. Proper action to follow should exposure to blood or body fluids occur (i.e., emergency procedures, reporting measures, follow-up monitoring, medical treatment, counseling, etc.); and
13. Other state specified education/training and/or those listed in training/education policy.

### **Recordkeeping**

The Infection Prevention and Control Committee will advise administration and management about ensuring that records are maintained to document the following:

1. Infection Prevention and Control in-service training records, indicating the dates of training sessions, the content of those training sessions along with the names of all persons conducting the training, and the names of all those receiving training;
2. Findings made during routine surveillance for compliance with work practices and use of protective clothing or equipment and actions taken in case of noncompliance;
3. Findings made during surveillance of antibiotic usage patterns; and
4. Circumstances related to incidents of exposure to body fluids or tissue, and a description of any corrective measures taken to prevent a recurrence of other similar exposures.

### **Delegation of Authority**

1. The Infection Preventionist will oversee the Infection Prevention and Control program and report to the Infection Prevention and Control Committee. The Administrator, will be responsible for oversight of the Infection Prevention and Control Program.

### **Meetings**

1. The Infection Prevention and Control Committee shall meet whenever necessary, or its functions will be covered by the QAPI committee, and at least monthly.
2. During outbreak situations, emergency meetings may be called.
3. Over time, committee meetings will cover at least:
  - a. Directives from the health department (state and local);
  - b. Surveillance reports of infections or infectious diseases;
  - c. Surveillance reports of antibiotic usage and antibiotic susceptibility patterns;
  - d. Policy review and revisions;
  - e. Current infection control/prevention concerns;
  - f. Environmental infection control concerns as they relate to construction, renovation, remediation, repair, and demolition;
  - g. Changes in regulations, guidelines and recommendations relative to infection control issues in healthcare facilities;
  - h. Exposure to blood, body fluids, secretions, or excretions;
  - i. Antibiotic utilization patterns and emergence of antibiotic-resistant organisms;
  - j. Measures to prevent infections or exposures in the future; and
  - k. In-service training programs.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards</a> .
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.1 (H5MAPL1419)

# Infection Prevention and Control Program

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## Policy Statement

An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

## Policy Interpretation and Implementation

1. The infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary.
2. The program is based on accepted national infection prevention and control standards.
3. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program.
4. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety.
5. **Coordination and Oversight**
  - a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist).
  - b. The qualifications and job responsibilities of the Infection Preventionist are outlined in the *Infection Preventionist Job Description*.
  - c. The infection prevention and control committee is responsible for reviewing and providing feedback on the overall program. Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include:
    - (1) documented IPCP incidents and corrective actions taken;
    - (2) whether physician management of infections is optimal;
    - (3) whether antibiotic usage patterns need to be changed because of the development of resistant strains;
    - (4) whether information about culture results or antibiotic resistance is transmitted accurately and in a timely fashion; and
    - (5) whether there is appropriate follow-up of acute infections.
  - d. The committee meets regularly, at least quarterly, and consists of team members from across disciplines, including the Medical Director.
6. **Policies and Procedures**
  - a. Policies and procedures are utilized as the standards of the infection prevention and control program.
  - b. Policies and procedures reflect the current infection prevention and control standards of practice.
  - c. The infection prevention and control committee, Medical Director, Director of Nursing Services, and other key clinical and administrative staff review the infection control policies at least annually. The review will include:
    - (1) Updating or supplementing policies and procedures as needed;

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- (2) Assessment of staff compliance with existing policies and regulations; and
- (3) Any trends or significant problems since the previous review.

## **7. Surveillance**

- a. Process surveillance (adherence to infection prevention and control practices) and outcome surveillance (incidence and prevalence of healthcare acquired infections) are used as measures of the IPCP effectiveness.
- b. Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications.
- c. The information obtained from infection control surveillance activities is compared with that from other facilities and with acknowledged standards (for example, acceptable rates of new infections), and used to assess the effectiveness of established infection prevention and control practices.
- d. Standard criteria are used to distinguish community-acquired from facility-acquired infections.

## **8. Antibiotic Stewardship**

- a. Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities.
- b. Medical criteria and standardized definitions of infections are used to help recognize and manage infections.
- c. Antibiotic usage is evaluated and practitioners are provided feedback on reviews.

## **9. Data Analysis**

- a. Data gathered during surveillance is used to oversee infections and spot trends.
- b. One method of data analysis is by manually calculating number of infections per 1000 resident days as follows:
  - (1) The infection preventionist collects data from the nursing units, categorizes each infection by body site (these can also be categorized by organism or according to whether they are facility- or community-acquired), and records the absolute number of infections;
  - (2) To adjust for differences in bed capacity or occupancy on each unit, and to provide a uniform basis for comparison, infection rates can be calculated as the number of infections per 1000 patient days (a patient day refers to one patient in one bed for one day), both for each unit and for the entire facility;
  - (3) Monthly rates can then be plotted graphically or otherwise compared side-by-side to allow for trend comparison; and
  - (4) Finally, calculating means and standard deviations (using computer software) allows for screening of potentially clinically significant rates of infections (greater than two standard deviations above the mean).
- c. The Medical Director will help design data collection instruments, such as infection reports and antibiotic usage surveillance forms, used by the Infection Preventionist.

## **10. Outbreak Management**

- a. Outbreak management is a process that consists of:
  - (1) determining the presence of an outbreak;
  - (2) managing the affected residents;
  - (3) preventing the spread to other residents;
  - (4) documenting information about the outbreak;
  - (5) reporting the information to appropriate public health authorities;

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- (6) educating the staff and the public;
- (7) monitoring for recurrences;
- (8) reviewing the care after the outbreak has subsided; and
- (9) recommending new or revised policies to handle similar events in the future.
- b. Specific criteria will be used to help differentiate sporadic cases from true outbreaks or epidemics.
- c. The medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases.

## **11. Prevention of Infection**

- a. Important facets of infection prevention include:
  - (1) identifying possible infections or potential complications of existing infections;
  - (2) instituting measures to avoid complications or dissemination;
  - (3) educating staff and ensuring that they adhere to proper techniques and procedures;
  - (4) communicating the importance of standard precautions and cough etiquette to visitors and family members;
  - (5) enhancing screening for possible significant pathogens;
  - (6) immunizing residents and staff to try to prevent illness;
  - (7) implementing appropriate isolation precautions when necessary; and
  - (8) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).

## **12. Immunization**

- a. Immunization is a form of primary prevention.
- b. Widespread use of influenza vaccine in the nursing facility is strongly encouraged.
- c. Policies and procedures for immunization include the following:
  - (1) the process for administering the vaccines;
  - (2) who should be vaccinated;
  - (3) contraindications to vaccination;
  - (4) potential facility liability and release from liability;
  - (5) obtaining direct and proxy consent, and how often;
  - (6) monitoring for side effects of vaccination; and
  - (7) availability of the vaccine, and who pays for it.

## **13. Monitoring Employee Health and Safety**

- a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors, and volunteers, including:
  - (1) situations when these individuals should report their infections or avoid the facility (for example, draining skin wounds, active respiratory infections with considerable coughing and sneezing, or frequent diarrheal stools);
  - (2) pre-employment screening for infections required by law or regulation (such as TB);
  - (3) any limitations (such as visiting restrictions) when there are infectious out breaks in the facility; and
  - (4) precautions to prevent these individuals from contracting infections such as hepatitis and the HIV virus from residents or others.
- b. Testing for medical conditions is done in compliance with other laws (such as the Americans with Disabilities Act), and regulations protecting individual confidentiality and/or prohibiting discrimination against those with certain disabilities or conditions.

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- c. Those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment.
  - (1) The facility provides personal protective equipment, checks for its proper use, and provides appropriate means for needle disposal.
  - (2) A protocol is in place for managing those who stick themselves with a needle that was possibly or actually in contact with blood or body fluids.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Related Documents</b>	<a href="#">Facility Assessment</a> <a href="#">Antibiotic Stewardship Policies</a> <a href="#">Infection Prevention and Control Committee</a> <a href="#">Infection Preventionist</a> <a href="#">Policies and Practices – Infection Control</a> <a href="#">Infection Prevention and Control Assessment Tool for Long-term Care Facilities</a> <a href="#">Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the Healthcare Infection Control Practices Advisory Committee</a>
<b>Version</b>	1.1 (H5MAPL1445)

# Infection Preventionist

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## Policy Statement

The Infection Preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and practices.

## Policy Interpretation and Implementation

1. The Infection Preventionist (or designee) shall coordinate the development and monitoring of our facility's established infection prevention and control policies and practices.
2. The Infection Preventionist shall report information related to compliance with our facility's established infection prevention and control policies and practices to the Administrator and Quality Assurance and Performance Improvement Committee.
3. The Infection Preventionist shall keep abreast of changes in infection prevention and control guidelines and regulations to ensure our facility's protocols remain current and aid in preventing and controlling the spread of infections.
4. Upon approval from the Administrator, the Infection Preventionist may designate other employees to assist him/her in the performance of these duties.
5. The Infection Preventionist will collect, analyze and provide infection and antibiotic usage data and trends to nursing staff and health care practitioners; consult on infection risk assessment and prevention control strategies; provide education and training; and implement evidenced-based infection prevention and control practices.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards</a> .
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Infection Preventionist Job Description</a>
<b>Version</b>	1.3 (H5MAPL0401)

# Monitoring Compliance with Infection Control

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## Policy Statement

Routine monitoring and surveillance of the workplace are conducted to determine compliance with infection prevention and control policies and practices.

## Policy Interpretation and Implementation

1. The infection preventionist or designee monitors the compliance and effectiveness of our infection prevention and control policies and practices.
2. Monitoring includes regular surveillance of adherence to hand hygiene practices and availability of hand hygiene supplies, and the availability of personal protective equipment and its appropriate use.
3. The infection preventionist conducts compliance surveillance at least quarterly or at a frequency determined by the Infection Prevention and Control Committee (IPCC) or the Quality Assurance and Performance Improvement (QAPI) committee.
4. Compliance surveillance is unannounced.
5. Compliance surveillance includes the use of standardized assessment and observation tools.
6. The infection preventionist and/or the IPC committee provides reports to the QAPI committee that reflect:
  - a. Staff adherence to infection prevention processes (hand hygiene, use of personal protective equipment, etc.);
  - b. Incidents of employee exposure to blood/body fluids (including a description of the precipitating events and outcomes);
  - c. Adherence to the facility's antibiotic stewardship program; and
  - d. All infection surveillance data.
7. The QAPI committee reviews and acts upon, as necessary, surveillance and monitoring records.
8. Gaps identified in infection prevention and control processes are addressed promptly.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880; F836</a>
<b>Other References</b>	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm">www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm</a> <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Employee Training on Infection Control</a> <a href="#">Exposure Reports</a> <a href="#">Policies and Practices – Infection Control</a> <a href="#">Sharps Injury Record</a> <a href="#">IPC Observation Tools</a> <a href="#">Infection Prevention and Control Assessment Tool for Long-term Care Facilities</a>
<b>Version</b>	2.2 (H5MAPL0528)

# Policies and Practices – Infection Control

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## Policy Statement

This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.

## Policy Interpretation and Implementation

1. This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and the general public alike, regardless of race, color, creed, national origin, religion, age, sex, handicap, marital or veteran status, or payor source.
2. The objectives of our infection control policies and practices are to:
  - a. Prevent, detect, investigate, and control infections in the facility;
  - b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public;
  - c. Establish guidelines for implementing Isolation Precautions, including Standard and Transmission-Based Precautions;
  - d. Establish guidelines for the availability and accessibility of supplies and equipment necessary for Standard and Transmission-Based Precautions;
  - e. Maintain records of incidents and corrective actions related to infections; and
  - f. Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment.
3. The Quality Assurance and Performance Improvement Committee, through the Infection Control Committee, shall establish, review, and revise infection control policies and practices, and help department heads and managers ensure that they are implemented and followed.
4. All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities.
5. The Administrator or Governing Board, through the Quality Assurance and Performance Improvement and the Infection Control Committees, has adopted the infection control policies and practices. Inquiries concerning our infection control policies and facility practices should be referred to the Infection Preventionist or Director of Nursing Services.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<a href="http://www.osha.gov">www.osha.gov</a> <a href="http://www.cdc.gov">www.cdc.gov</a> <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm">www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm</a>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0654)

# Coronavirus Disease (COVID-19) – Education and Training

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## Policy Statement

Residents, visitors, family and staff are provided educational materials and updated information on COVID-19, including signs and symptoms, infection prevention and control, and testing.

## Policy Interpretation and Implementation

1. The Infection Prevention and Control Committee has appointed a COVID-19 Education Coordinator who is responsible for providing information about COVID-19 to the staff, residents and families.
2. Information provided to personnel includes:
  - a. Reinforcement of standard and transmission-based precaution procedures (including hand hygiene, respiratory hygiene, and proper use and disposal of personal protective equipment);
  - b. Signs and symptoms of COVID-19 infection;
  - c. Self-monitoring and shift screening requirements;
  - d. Reporting of signs or symptoms of infection in self or residents;
  - e. Revised or updated sick leave policies;
  - f. Return to work criteria;
  - g. Management of ill residents;
  - h. Visitor policies; and
  - i. Contingency staffing plans.
3. Information provided to residents and their representatives and families, presented in a language and format that can be understood by each, includes:
  - a. What is being done to protect residents and staff from infection;
  - b. Signs and symptoms of COVID-19 infection;
  - c. How to report symptoms or concerns;
  - d. Availability of testing;
  - e. Access to information for families; and
  - f. Visitor policies.
4. New suspected or confirmed COVID-19 infections and deaths in the facility are reported to residents and their representatives and families within 24 hours, with a cumulative number reported at least weekly.
5. Educational information for personnel, residents and families on COVID-19 is found at:
  - a. [Get the Facts about Coronavirus](#) (CDC);
  - b. [Infection Control Guidance for Healthcare Professionals about COVID-19](#) (CDC); and
  - c. [Coronavirus Disease: Coping with Stress](#) (CDC).

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References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F884</a> ; <a href="#">F885</a>
<b>Other References</b>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/index.html">https://www.cdc.gov/coronavirus/2019-ncov/index.html</a> <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html</a> <a href="https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html">https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Overview of Prevention and Control Strategies</a> <a href="#">Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents</a> <a href="#">Coronavirus Disease (COVID-19) – Visitors</a> <a href="#">Coronavirus Disease (COVID-19) – Reporting Facility Data to Residents and Families</a> <a href="#">Resident Family Letter (Help Keep our Residents Safe from COVID-19)</a> <a href="#">COVID-19 Resident – Family Notice</a>
<b>Version</b>	1.1 (H5MAPL1484)

# Coronavirus Disease (COVID-19) – Managing Supplies and Resources

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## Policy Statement

Essential infection prevention and control supplies are systematically monitored and anticipated.

## Policy Interpretation and Implementation

1. The Infection Preventionist appoints an Infection Prevention and Control Supply Coordinator who is responsible for monitoring the current supply and anticipated needs for:
  - a. Handwashing supplies (soap and paper towels);
  - b. Alcohol-based hand rub (ABHR) (containing 60%-95% alcohol);
  - c. Tissues;
  - d. Personal protective equipment (gloves, gowns, eyewear, facemasks);
  - e. Cleaning supplies (including EPA hospital-registered disinfectants effective against human coronaviruses);
  - f. Trash bins;
  - g. \_\_\_\_\_ ;
  - h. \_\_\_\_\_ ;
  - i. \_\_\_\_\_ ; and
  - j. \_\_\_\_\_ .
2. Supplies are stationed throughout the facility to facilitate access and ease of use, for example:
  - a. ABHR in all resident rooms, resident care and common areas;
  - b. Soap and paper towels at all handwashing sinks;
  - c. Tissues and trash cans in all resident rooms and common areas; and
  - d. PPE in all resident care areas and nursing stations.
3. The Infection Prevention and Control Supply Coordinator is: \_\_\_\_\_ .
4. The supply coordinator communicates the infection prevention and control supply needs to the purchasing or business office.
5. The supply coordinator is responsible for maintaining relationships with the local, regional and tribal planning groups, vendors, and/or healthcare coalitions, including:
  - a. Communicating estimated needs and current supplies;
  - b. Participating in stockpiling and resource sharing arrangements;
  - c. Developing strategies for prioritizing limited allocation of resources; and
  - d. Identifying normal and alternative channels for procuring resources.
6. Supply needs are estimated using formulas that calculate current and projected demands (for a minimum of eight weeks), including those for surge capacity.
7. Contingency and crisis capacity strategies for personal protective equipment have been established and can be reviewed in the Personal Protective Equipment Procedures.

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References	
<b>OBRA Regulatory</b>	<a href="#">§483.73 Emergency preparedness.; 483.73(a) Emergency plan.; 483.73(a)(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.</a>
<b>Survey Tag Numbers</b>	<a href="#">E-0009</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">COVID-19 PPE Burn Rate Calculator</a> <a href="#">PPE Contingency and Crisis Capacity Strategies</a>
<b>Version</b>	1.1 (H5MAPL1473)

# Coronavirus Disease (COVID-19) – Overview of Prevention and Control Strategies

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## Policy Statement

The strategies to prevent and control the current outbreak of COVID-19 are based on existing best practices in infection control and disaster response, as well as emerging guidelines and directives specific to COVID-19.

## Policy Interpretation and Implementation

1. Infection prevention and control measures are based on established Centers for Disease Control and Prevention guidelines governing all communicable diseases and those developed specifically for coronavirus disease (COVID-19).
2. Disaster Response and Continuity of Operations Planning are based on this facility's existing Emergency Preparedness and Response Plans for Infectious Disease Threats.
3. A COVID-19 Response Committee has been established to oversee the development of the COVID-19 Plan/Mitigation Strategy.
4. A COVID-19 Response Plan Coordinator provides on-site management of the COVID-19 prevention and response activities in collaboration with the COVID-19 Response Committee. The name and contact number of the coordinator is: \_\_\_\_\_.
5. The COVID-19 Plan/Mitigation Strategy includes the following elements:
  - a. Communications Planning;
  - b. Management of Supplies and Resources;
  - c. Infection Prevention and Control;
  - d. Implementation of Facility Restrictions and Phased Reopening;
  - e. Identification and Management of Ill residents;
  - f. Occupational Health;
  - g. Education of Families and Residents and Staff Training; and
  - h. Surge Capacity Strategies for Staffing, Supplies and Equipment.
6. The details and progress of preparedness strategies are managed in the *COVID-19 Preparedness and Response Checklist* Table referenced below and described in accompanying policies and procedures.

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References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control</a> ; <a href="#">§483.73 Emergency preparedness</a> ; <a href="#">483.73(a) Emergency plan</a> ; <a href="#">483.73(a)(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation</a> ; <a href="#">483.73(b) Policies and procedures</a> .
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">E-0001</a> ; <a href="#">E-0004</a> ; <a href="#">E-0009</a> ; <a href="#">E-0013</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Emergency Management</a> <a href="#">COVID-19 Preparedness Checklist (Table)</a> <a href="#">Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures</a>
<b>Version</b>	1.1 (H5MAPL1476)

# Coronavirus Disease (COVID-19) – Phased Reopening

## Policy Statement

Strategies for mitigating the transmission of COVID-19 in the facility are in place and will remain at the levels recommended by state and local public health authorities. Criteria for phased reopening (relaxing restrictions) are specific and measurable.

## Policy Interpretation and Implementation

1. Factors that inform decisions regarding mitigation efforts and stages of reopening include the following:
  - a. The status of new cases, hospitalizations and deaths due to COVID-19 in the surrounding community;
  - b. The status of cases of COVID-19 in the facility;
  - c. The status of staffing in the facility;
  - d. Access to testing and a testing plan in place, including:
    - (1) The capacity for the facility to test all residents and staff with a baseline test and to retest all staff (including volunteers and vendors) and to retest staff every week;
    - (2) The capacity to test all residents if another resident or healthcare personnel tests positive for COVID-19 and to re-test at least once a week until all residents test negative;
    - (3) The ability to arrange for laboratory processing of approved tests; and
    - (4) A process to address residents or staff who decline or are unable to take the test.
  - e. The implementation of written screening protocols for staff (each shift) and residents (daily), and anyone entering the building;
  - f. The implementation of universal source control (cloth face coverings and masks), physical distancing and strict adherence to hand hygiene protocols; and
  - g. The capacity for the local hospital to accept transfers from the facility.
2. For current recommendations and specific criteria for reopening, see [Nursing Home Reopening Recommendations for State and Local Officials](#).

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control; §483.73 Emergency preparedness.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880; E-0001</a>
<b>Other References</b>	<a href="#">Nursing Home Reopening Recommendations for State and Local Officials</a> (CMS QSO-20-30) <a href="#">Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Testing Residents</a>
<b>Version</b>	1.0 (H5MAPL1488)

# Coronavirus Disease (COVID-19) – Reporting Facility Data to Residents and Families

## Policy Statement

Residents and families are kept informed of the current COVID-19 situation in the facility.

## Policy Interpretation and Implementation

1. Residents and their representatives and families are notified when there is a single confirmed case of COVID-19, or three or more residents or staff with new onset of respiratory symptoms that occur within 72 hours of each other.
2. Notices of the above information are provided to residents, representatives and families not later than 5 p.m. of the calendar day following the occurrence(s).
3. Cumulative information on the number of cases of confirmed COVID-19 or new onset of respiratory symptoms is included with the notice of confirmed case(s), or clusters of three or more residents or staff with respiratory symptoms occurring within 72 hours of each other. Cumulative updates are reported at least weekly.
4. Notices are distributed through:
  - a. email;
  - b. website postings;
  - c. telephone recordings; and/or
  - d. \_\_\_\_\_.
5. The information in the notices:
  - a. does not include personally identifiable information;
  - b. includes steps that are being taken to prevent or reduce the risk of transmission; and
  - c. communicates any alterations or interruptions in normal facility operations.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID–19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—</a>
<b>Survey Tag Numbers</b>	<a href="#">F885</a>
<b>Other References</b>	CMS QSO-20-29-NH
<b>Related Documents</b>	<a href="#">COVID-19 Resident – Family Notice</a>
<b>Version</b>	1.0 (H5MAPL1482)

# Coronavirus Disease (COVID-19) – Telemedicine and Telehealth

## Policy Statement

For the duration of the Coronavirus (COVID-19) public health emergency, residents are encouraged to utilize telemedicine and telehealth services. These services are supported through the facility telehealth and telemedicine access program.

## Policy Interpretation and Implementation

1. Telehealth and telemedicine are utilized to help residents who need routine care and to keep residents with mild symptoms in the facility while maintaining access to the care they need. This is intended to reduce the exposure to and spread of the coronavirus.
2. Virtual services include Medicare telehealth visits, virtual check-ins and e-visits.
  - a. Medicare telehealth visits consist of provider-patient visits utilizing a telecommunication system.
  - b. Virtual check-ins are brief (5-10 minutes) check-ins to determine if an office visit or other service is needed.
  - c. E-visits are communication between a patient and his or her provider through an online portal.
3. Telehealth and telemedicine visits are facilitated by a designated staff person at the facility who is experienced with managing the platforms (e.g., FaceTime, Skype, Zoom, etc.) and devices necessary to successfully conduct telehealth and telemedicine visits.
4. Our telecommunications technology is capable of audio and video, two-way, and real-time interactive communication.
5. A licensed nurse is present with a resident during the telehealth/telemedicine visit. The nurse documents the telehealth visit in the nurses' note, including the time, duration, location of the resident, location of the provider, and the names and titles of those participating in the visit. Telemedicine orders are documented as telephone orders.
6. The provider submits documentation of the visit to the facility through the electronic health record platform if compatible. If not, hard copy documentation is provided by facsimile or other approved exchange of records.

References	
OBRA Regulatory	
Survey Tag Numbers	
Other References	
Related Documents	<a href="#">Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit</a>
Version	1.1 (H5MAPL1486)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Bioterrorism and Disaster Preparedness**

Item # H50045

WINDSOR 003326

# **Infection Control**

## **Policy and Procedure Manual**

### **Bioterrorism and Disaster Preparedness**

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# **Infection Control**

## **Policy and Procedure Manual**

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#### **Appendices - Flash Drive Only**

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#### **Guidelines**

Healthcare Preparedness Capabilities - National Guidelines

#### **Tools**

COVID-19 Response Committee Contact List

Emergency Contact Information and Recall Roster

Introduction: National Incident Management and Incident Command Systems

Line Listing Report, Influenza-Like Illness

Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist

Pandemic Influenza Planning Committee Roster

# Activation of Emergency Management Plan

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## Policy Statement

The facility has emergency response guidelines and procedures for activation of an emergency response.

## Policy Interpretation and Implementation

1. Any staff member aware of a crisis or disaster situation must notify his or her immediate supervisor and/or the Administrator.
2. In the event of a crisis or disaster situation (or notification of the potential for one), the most qualified staff member (in respect to the Incident Command System) on duty at the time assumes the Incident Commander position.
3. The facility ensures that all staff members are trained on the Incident Command System and identifies qualified/trained individuals who may assume the role of Incident Commander throughout the facility on all shifts.
4. The Incident Commander, in conjunction with the Administrator (if the Administrator does not function as the Incident Commander), has the responsibility to declare a situation a disaster and to activate the Emergency Management Plan.

## Procedure

1. Communicate the appropriate code to bring leadership staff to the pre-designated Incident Command Post and alert the facility of a disaster status.
2. Instruct staff to remain in their assigned areas to begin implementation of related emergency procedures and then report to the Incident Command Post as called.
3. Activate the recall roster if the Incident Commander determines the situation requires such action.
4. If staff members are called in from home to respond to the emergency, they do so after rendering their families safe and will report to the facility in a safe manner.
5. Activate the appropriate parts of the plan, based on the type of disaster that has occurred.
6. Notify the following as needed:
  - a. Emergency Management Services–CALL 911 if not already notified;
  - b. Administrator, Director of Maintenance and Director of Nursing to potentially activate Recall Roster;
  - c. Other key individuals within the organization (owner, corporate contact); and
  - d. Local, regional, tribal and state Emergency Management agencies, and State Licensing and Certification agencies.
7. Follow the guidance provided in the plan for the specific crisis or disaster situation

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References	
OBRA Regulatory Reference Numbers	<a href="#">§483.73 Emergency preparedness.</a> ; <a href="#">483.73(a) Emergency plan.</a>
Survey Tag Numbers	<a href="#">E-0001</a> ; <a href="#">E-0004</a>
Other References	
Related Documents	<a href="#">Activation of Incident Command System (ICS)</a>
Version	1.2 (PEMAPL0019)

# Activation of Incident Command System (ICS)

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## Policy Statement

This facility utilizes elements of the National Incident Management System (NIMS) and Incident Command System (ICS) in crisis and disaster situations to help manage the events in an organized and efficient manner.

## Policy Interpretation and Implementation

While long term care facilities are not required to implement this approach, our facility has made the decision to utilize elements of the ICS to handle emergencies.

### 1. Incident Command

- a. The most qualified staff member (with respect to the ICS) on duty at the time of the emergency assumes the Incident Commander position until the Administrator or his/her designee arrives at the facility. The Administrator or his/her designee then assumes the role of Incident Commander, if he/she is more or equally qualified.
- b. The facility trains the leadership team on the Incident Command System, so in the event of an emergency of significant magnitude, other Incident Command positions can be designated and filled as needed. It may not be practical for all positions to be filled due to lack of available/ICS qualified staff at any given time. Therefore some positions may be covered by the same individual.
- c. The facility utilizes an *Incident Action Plan (IAP)* to document the incident and pertinent details surrounding the disaster or crisis situation. The Incident Management Sheet also lists the employees who assume the ICS functions during the incident.

### 2. Transfer of Command

- a. Transfer of Command is the process of turning over responsibility from one Incident Commander to another.
- b. There are five steps in effectively assuming command of an incident in progress:
  - (1) The incoming Incident Commander, if possible, performs an assessment of the situation with the existing Incident Commander.
  - (2) The current Incident Commander briefs the incoming Incident Commander face-to-face if possible. The briefing includes the following:
    - (a) What has happened thus far (**Incident Briefing (ICS 201)**)
    - (b) Priorities and objectives (**Incident Objectives (ICS 202)**)
    - (c) Current plan (**Incident Action Plan (IAP)**)
    - (d) Resource assignments (**Assignment List (ICS 204)**)
    - (e) Incident organization (**Organization Assignment List (ICS 203)**)
    - (f) Resources update (**Resources Status Change (ICS 210)**)
    - (g) Facilities established
    - (h) Status of communications (**Incident Radio Communications (ICS 205)**)
    - (i) Any constraints or limitations
    - (j) Incident potential
    - (k) Delegation of authority

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- (3) The incoming Incident Commander determines a time for transfer of command after the incident briefing.
- (4) At the appropriate time, notice of a change in Incident Commander is made.
- (5) The incoming Incident Commander may give the previous Incident Commander another assignment, as he/she has first-hand knowledge of the incident.

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.2 (PEMAPL0020)

# Disaster Training

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## Policy Statement

This facility has established training and education programs that provide specific guidance and instruction on the proper handling of a crisis or disaster situation.

## Policy Interpretation and Implementation

1. Staff members, contract employees, and volunteers are trained upon hire and at least annually on the community's emergency preparedness and response plan and procedures.
2. Exercises, drills, and simulations are conducted on all levels of management within the organization and not just confined to routine fire or evacuation drills.
3. The main objectives for the training are:
  - a. to provide staff with relevant information on emergency procedures and emergency management in compliance with local, state, and federal guidelines, as well as nationally recognized standards and best practices;
  - b. to foster a "culture" of emergency preparedness within the facility to help ensure the safety of residents, families, visitors, and team members; and
  - c. to help ensure that proper planning, response, and recovery programs are in place and are appropriate for the facility.
4. Training exercises are conducted annually to test the emergency plan. Training exercises include all of the following:
  - a. unannounced drills using the emergency procedures;
  - b. community based, or facility based full-scale; and
  - c. community based or facility based "table top" exercise that includes a group discussion led by a facilitator using a narrative scenario with problems and questions designed to challenge an emergency plan.
5. Emergency training exercises, drills, and simulations are conducted in accordance with all applicable local, state, and federal guidelines.
6. Training topics presented to facility staff on a regular basis include the following subjects:
  - a. Discovering/Reporting an Emergency Situation;
  - b. Sounding the Alarm/Initiating Emergency Procedures;
  - c. Using, maintaining, and operating emergency equipment;
  - d. Emergency Code System;
  - e. Fire Control and Extinguishment;
  - f. Implementing evacuation, shelter-in-place and relocation procedures;
  - g. Containing or limiting the spread of infectious disease during outbreaks, including proper isolation precautions and the use of personal protective equipment;
  - h. Accessing emergency medical information, equipment, and medications for residents;
  - i. Transfer Trauma;
  - j. Evacuation Carries and Maneuvers;

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- k. Locating and shutting off utilities;
  - l. Severe Weather Awareness and Procedures;
  - m. Sheltering-in-Place Principles and Procedures;
  - n. Emergency Response/Succession of Command;
  - o. General principles of the National Incident Management System (NIMS) and the Incident Command System (ICS); and
  - p. Utilizing community support services.
7. An annual schedule of exercises, drills, and simulations is maintained to help ensure compliance with regulations as well as meet recommended practices.
  8. Disaster training is organized and conducted by qualified persons within the organization or from other credible resources, such as local emergency responders, qualified vendors, and consultants.
  9. Outside resources, including local emergency responders, local emergency coordinator, and other appropriate persons or agencies are invited periodically to participate in, observe, and evaluate internal exercises and drills.
  10. An actual natural or man-made emergency that requires activation of the emergency plan will satisfy the annual training requirement.
  11. All exercises, drills, and simulations are documented and include the individuals who participated, issues identified, an analysis of the response and any revisions made to the plan.
  12. Documentation of training is maintained for at least two years.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.73(d)(1) Training program
<b>Survey Tag Numbers</b>	E-0037
<b>Other References</b>	<a href="http://www.fema.gov/emergency/nims/nims_training">http://www.fema.gov/emergency/nims/nims_training</a>
<b>Related Documents</b>	
<b>Version</b>	1.3 (PEMAPL0009)

# Emergency Communications

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## Policy Statement

This facility has methods of communicating both internally and externally during a crisis or disaster situation, and recognizes that traditional communication systems may not be available (failure) or may be overwhelmed (overload) during such a critical event.

## Policy Interpretation and Implementation

### Planning for Alternate Communications

1. In the event that the primary method of communication fails, alternate communication methods are:
  - a. cellular phones (possibly cellular phones with outside area codes);
  - b. satellite phones (both of which may not always be reliable);
  - c. internet (if computer systems are operable);
  - d. two-way radios;
  - e. CB or Ham radios; and/or
  - f. mass notification systems.
2. The facility utilizes \_\_\_\_\_ as the primary communication method for internal usage in the event of a disaster event.
3. \_\_\_\_\_ is the alternate and supplemental method of internal communication in the event the primary system is inoperable.
4. \_\_\_\_\_ is the primary means of external communication in the event of a disaster.
5. \_\_\_\_\_ is the alternate and supplemental method of external communication in the event of a disaster.
6. \_\_\_\_\_ (facility position) is responsible for the testing and maintenance of the above devices. Testing is done quarterly to ensure proper functioning.

### Communication with Residents and Family Members

1. The facility shares with residents, families and/or legal representatives the All Hazards Emergency Plan upon admission and annually. A copy is maintained \_\_\_\_\_ for residents and legal representatives to review upon request.
2. The facility maintains emergency contact numbers in addition to primary telephone numbers for resident responsible parties and family members. Responsible parties and family members are notified as quickly as possible when there is a disaster/emergency situation at the facility.

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3. Staff members are briefed on the following elements to share with residents and family members as assigned:
  - a. Type of threat;
  - b. Estimated time and severity of impact;
  - c. General outlook at the current time;
  - d. Expected disruptions to services or routines;
  - e. What the facility administration has done and is doing right now to lessen negative outcomes;
  - f. When to expect updated status reports; and
  - g. What the residents, responsible parties, and family members can do to help.

### Public Relations – Information for the Community

1. In advance of an impending crisis or disaster situation, the facility informs staff members, residents, family members, and the community-at-large that the facility has developed a relationship with local emergency responders as well as the local/regional/tribal, state or federal Emergency Management Agency to properly plan for, prepare for, respond to, and recover from such situations.
2. The facility designates an individual to educate staff members, residents, family members, and other applicable members/organizations within the community that the facility has initiated a comprehensive program to address issues pertaining to emergency preparedness and planning in order to lessen its perceived burden on the community.
3. The following persons are the official spokespersons with alternates designated:

Name/Contact Information	Title	Department

4. In advance of a crisis or disaster scenario that may require the facility to evacuate or shelter-in-place and present media and public relations issues/concerns, the following points are considered:
  - a. Standardized ways of disseminating information (regular briefings, scheduled press conferences, etc.);
  - b. What information will be released, when and to whom;
  - c. Appropriate training for anyone in the organization who may deal with the media or perform public relations duties;
  - d. Information that will need to be provided pertaining to the situation:
  - e. How residents will be protected;
  - f. How residents and family will be kept informed of the situation;
  - g. How residents and family members can help or be involved;
  - h. Who will be in charge of the situation;
  - i. Who will be providing the most accurate information about the facility's status; and
  - j. Training for all employees to clearly define responsibilities and limitations regarding contact with the media and the release of information as part of the employees' conditions of employment.
5. Factors to consider when releasing information must balance protection of the privacy, health, and welfare of the residents. When the information cannot be disclosed, the release is refused with an explanation.

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6. While addressing the public's need for information and reassurance, communication includes:
  - a. Advising the public not to come to the scene unless asked to do so;
  - b. Methods of apprising the public of the situation;
  - c. Anticipated "next steps";
  - d. Coordination of messages to residents, physicians, and staff members; and
  - e. Coordination of messages for handling the "worried well" (volunteers, separate locations, family members).

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.73(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.
<b>Survey Tag Numbers</b>	E-0029
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (PEMAPL0010)



# Emergency Management Plan

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## Policy Statement

The purpose of the Emergency Management Plan is to provide an all-hazards approach to guide in the event of an emergency, a crisis, or a disaster scenario that would affect the safety and well-being of our residents and employees as well as community members affected by the situation. The desired outcome is to protect the residents, employees, families, volunteers and facility from various emergencies.

## Policy Interpretation and Implementation

1. The Emergency Management Plan is written to be applicable in all disaster and emergency situations. As part of emergency management planning, unique characteristics and vulnerabilities of the facility are identified.
2. Facility characteristics are determined through comprehensive facility, hazard vulnerability and security vulnerability assessments.
3. Facility characteristics and vulnerabilities are documented in the Emergency Management Plan.
4. The unique needs of the resident population are documented in the facility assessment.
5. Through the completion of the Hazard Vulnerability Assessment the top three potential hazards to the safety and welfare of the residents and employees are:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
6. The Emergency Management Plan complies with elements of the National Incident Management System (NIMS) and Incident Command System (ICS).
7. The Emergency Management Plan has been distributed to individual administrative personnel and departments within the facility, as well as other relevant organizations, including but not limited to local emergency responders and municipal, township, county, and state agencies.
8. The following chart is a record of distribution.

## Record of Distribution

Individual Name/Facility Department/Outside Organization	Date Distributed

9. The Administrator has developed a list of specific key personnel based on job title to clearly identify the Succession of Command.
10. The person in charge at the time of an emergency is the individual who remains in charge until someone higher in the chain of command arrives on the scene.
11. The following table describes the Succession of Command during normal business hours or if the designated staff members are present during an after-hour emergency. Unless otherwise specified, the designated person in charge after normal business hours (Monday – Friday 8:00 a.m. to 5:00 p.m.) is the RN Unit Manager or RN Charge Nurse.

Succession of Command	
1.	Name: _____ Job Title: _____ Contact Information: _____
2.	Name: _____ Job Title: _____ Contact Information: _____
3.	Name: _____ Job Title: _____ Contact Information: _____
4.	Name: _____ Job Title: _____ Contact Information: _____

12. The Incident Command Post is a designated area where the Administrator/Designee, Incident Commander, management team, and other staff members convene to review the situation and develop tactics and strategies to manage the incident.
13. The Incident Command Post is located \_\_\_\_\_ during an emergency or disaster situation.
14. If the disaster occurs in or disables the Incident Command Post, the Alternate Incident Command Post is \_\_\_\_\_ (alternate location).
15. A master copy of the Emergency Management Plan is kept in a secure location within the facility. The location of the plan is: \_\_\_\_\_.
16. Copies of the Emergency Management Plan are distributed to every department as well as to key members of the organization.

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17. In addition, a copy of the Emergency Management Plan is kept in a remote location that is secure and accessible in the event the facility is stricken by a crisis or disaster situation during which copies of the plan are not accessible within the facility.
18. The remote location of the plan is: \_\_\_\_\_.
19. The Emergency Management Plan is reviewed and updated at a minimum annually to ensure its accuracy.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.73 Emergency preparedness.; 483.73(a) Emergency plan.
<b>Survey Tag Numbers</b>	E-0001; E-0004; E-0007
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL1460)

# Emergency Procedure – Infectious Disease Threat

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## Policy Statement

This facility has an emergency protocol for an infectious disease event.

## Policy Interpretation and Implementation

1. An infectious disease threat is defined as a rapidly spreading (highly contagious), virulent illness that threatens the health and safety of residents, staff and visitors.
2. A communicable disease outbreak is not considered a disaster unless the disease results in loss of life or severe illness *and* has the potential to spread easily from person to person.
3. All staff members are trained on preventing, containing and responding to an infectious disease threat.
4. Emerging (newly identified) infectious pathogens and diseases are identified by public health agencies (for example, local health departments, the Centers for Disease Control and Prevention and the World Health Organization).
5. The Infection Preventionist is responsible for establishing relationships and managing information from public health agencies regarding existing or emerging infectious disease events.
6. The Infection Preventionist is responsible for establishing and implementing policies and procedures for screening residents, visitors and staff for exposure to and signs and symptoms of serious infectious diseases.
7. An Infectious Disease Threat Plan is initiated when the spread of a serious pathogen is sustaining human-to-human transmission in the United States, and the Infection Prevention and Control team determines that residents, staff and visitors face imminent threat of infection.

## Emergency Procedure - Infectious Disease

Utilize the following procedure in the event of an infectious disease emergency.

1. Announce “CODE PURPLE,” if appropriate. Otherwise, mobilize the Infection Prevention and Control team to prepare for the incident.
2. Notify the Administrator, Director of Maintenance, and Director of Nursing if not on the premises.
3. Activate the Recall Roster if warranted.
4. Facility staff report to the Incident Command Post for briefing and instruction.
5. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (with respect to the Incident Command System) on duty at the time assumes the Incident Commander position.
6. Screen all residents, visitors and employees for exposure to and symptoms of the infectious disease, and continue to monitor daily until the threat has been contained.
7. Provide methods for staff and residents to self-report symptoms and exposure.

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8. Follow infection prevention and control protocols specific for the disease to manage infected residents, high-risk employees and for guidelines regarding when infected employees can return to work.
9. Strictly adhere to infection prevention and control policies and procedures.
10. Restrict admissions and visitations as indicated. Communicate this to the affected parties.
11. Contact local, regional, tribal and state health departments to discuss the availability of prevention and treatment protocols.
12. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if widespread outbreak occurs in the geographic region or at the facility.
13. Cohort residents and employees as necessary.
14. Implement contingency staffing plans as needed.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.73 Emergency preparedness</a> ; <a href="#">483.73(a) Emergency plan</a> ; <a href="#">§483.80(a) Infection prevention and control program</a> .
<b>Survey Tag Numbers</b>	E-0004; F880
<b>Other References</b>	<a href="https://www.cdc.gov/niosh/topics/emerginfectediseases/default.html">https://www.cdc.gov/niosh/topics/emerginfectediseases/default.html</a> Key Infection Control Precautions Recommended for Preventing Ebola Transmission in U.S. Hospitals Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)
<b>Related Documents</b>	<a href="#">Infectious Disease Threat Communications Plan</a> <a href="#">Infectious Disease Threat Surveillance and Detection</a> <a href="#">Infectious Disease Threat Training and Education</a> <a href="#">Multidrug-Resistant Organisms</a>
<b>Version</b>	2.1 (PEMAPR0004)

# Emergency Procedure – Terrorism/Biological Attack

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## Policy Statement

This facility has completed training exercises in preparation for a biological attack. The following procedures will be utilized in response to such an event.

## General Guidelines

1. Biological agents are organisms or toxins that can kill or incapacitate people, livestock, and crops.
2. The three basic groups of biological agents that would likely be used as weapons are bacteria, viruses, and toxins.
3. Most biological agents are difficult to grow and maintain. Many break down quickly when exposed to sunlight and other environmental factors, while others, such as anthrax spores, are long-lived.
4. Biological agents can be dispersed by spraying them into the air, by infecting animals that carry the disease to humans, and by contaminating food and water. Delivery methods include:
  - a. Aerosols – Biological agents are dispersed into the air, forming a fine mist that may drift for miles. Inhaling the agent may cause disease in people or animals.
  - b. Animals – Some diseases are spread by insects and animals, such as fleas, mice, flies, mosquitoes, and livestock.
  - c. Food and water contamination – Some pathogenic organisms and toxins may persist in food and water supplies. Most microbes can be killed, and toxins deactivated, by cooking food and boiling water. Most microbes are killed by boiling water for one minute, but some require longer. Follow official instructions.
  - d. Person-to-person spread of a few infectious agents is also possible. Humans have been the source of infection for smallpox, plague, and the Lassa viruses.
5. Children and older adults are particularly vulnerable to biological agents.

## Planning Considerations for Biological Attack

1. Determine the type and level of filtration in the facility and the level of protection it provides against biological agents.
2. The National Institute of Occupational Safety and Health (NIOSH) provides technical guidance on this topic in their publication *Guidance for Filtration and Air-Cleaning Systems to Protect Building Environments from Airborne Chemical, Biological, or Radiological Attacks*. To obtain a copy, call 1 (800) 35NIOSH or visit the National Institute for Occupational Safety and Health Web site, <http://www.cdc.gov/NIOSH/>, and request or download NIOSH Publication 2003-136.
3. Consider installing a high efficiency particulate air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter the facility.
4. HEPA filters are useful in some biological attacks. HEPA filters do not filter chemical agents.

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5. If you have a central heating and cooling system with a HEPA filter, leave it on if it is running or turn the fan on if it is not running. Moving the air in the facility through the filter helps to remove the agents from the air.
6. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.
7. If you have a portable HEPA filter, take it with you to the internal room where you are seeking shelter and turn it on.
8. If you are in a facility that has a modern, central heating and cooling system, the system's filtration should provide a relatively safe level of protection from outside biological contaminants.

### **Emergency Procedure – Terrorism/Biological Attack**

1. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease.
2. Individuals who find or become aware of an unusual and suspicious substance or package should notify the Administrator or highest ranking individual in the facility and follow the Suspicious Package Protocol below):
  - a. The first evidence of an attack may be when symptoms of the disease caused by exposure to an agent appear.
  - b. Be suspicious of any symptoms you notice, but do not assume that any illness is a result of the attack.
  - c. Use common sense and practice standard precautions.
3. Notify the Administrator, Director of Maintenance and Director of Nursing if a biological attack has occurred, if they are not aware or on the premises.
4. Activate the Recall Roster if warranted.
5. Activate the Incident Command System (ICS). The most qualified staff member (with respect to the Incident Command System) on duty at the time assumes the Incident Commander position.
6. Announce "CODE WHITE, a Biological Attack has occurred: Attention all staff members, residents, and visitors please remain in the facility until further notice."
7. Facility management staff report to the Incident Command Post for a briefing and instruction.
8. With suspicious envelopes and packages other than those that might contain explosives, take these additional steps against possible biological and chemical agents:
  - a. Contact 911 and Emergency Services immediately. Do not disturb the package.
  - b. Leave the room and close the door, or section off the area to prevent others from entering.
  - c. Wash your hands with soap and water.
  - d. List all people who were in the room or area when this suspicious letter or package was recognized. Give a copy of this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
9. If exposure occurs with a biological agent:
  - a. Remove and bag clothes and personal items. Follow official instructions for disposal of contaminated items.
  - b. Wash with soap and water and put on clean clothes.
  - c. Seek medical assistance as soon as possible when it is announced by the local authorities where to go to receive medical care. You may be advised to stay away from others or even be quarantined.

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10. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
11. Continue to listen for official instructions via radio, television, and emergency alert systems for further instructions.
12. Account for all staff members and residents.

### **After a Biological Attack**

1. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease.
2. Pay attention to official instructions via radio, television, and emergency alert systems.

### **Protocol for Suspicious Packages**

1. Be wary of suspicious packages and letters. They can contain explosives or chemical or biological agents.
2. Be particularly cautious in the mail handling area and refrain from eating or drinking in that area.
3. Characteristics that should trigger suspicion, include parcels that:
  - a. Are unexpected or from someone unfamiliar to you.
  - b. Have no return address, or have one that can't be verified as legitimate.
  - c. Have protruding wires or aluminum foil, strange odors, or stains.
  - d. Show a city or state in the postmark that doesn't match the return address.
  - e. Are of unusual weight given their size, or are lopsided or oddly shaped.
  - f. Are marked with threatening language.
  - g. Have inappropriate or unusual labeling.
  - h. Have excessive postage or packaging material, such as masking tape and string.
  - i. Have misspellings of common words.
  - j. Are addressed to someone no longer with your organization or otherwise outdated.
  - k. Have incorrect titles or titles without a name.
  - l. Are not addressed to a specific person.
  - m. Have handwritten or poorly typed addresses.
4. If suspicious envelopes and packages are found (other than those that might contain explosives), take these additional steps against possible biological and chemical agents:
  - a. Notify the Administrator or highest ranking individual in the facility.
  - b. Contact 911 and Emergency Services immediately. Do not disturb the package.
  - c. Leave the room and close the door, or section off the area to prevent others from entering.
  - d. Wash your hands with soap and water.
  - e. List all people who were in the room or area when this suspicious letter or package was recognized. Give a copy of this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.

### **Emergency Job Tasks – Terrorism/Biological Attack**

1. Administrator/Incident Commander
  - a. Contact 911 and Emergency Management Services if necessary.

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- b. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation
  - c. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
  - d. Instruct all staff members to remain in the facility.
  - e. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
  - f. Ensure staff members and residents are accounted for and safe.
  - g. Continuously remind all staff to remain calm and in control so as to not upset the residents.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members to remain in the facility with windows and doors closed.
  - c. Follow instructions if exposure occurs.
  - d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
  - e. Remain calm so as to not upset the residents.
  - f. Assist the Incident Commander as needed.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Instruct staff members to keep windows and doors closed.
  - c. Follow instructions if exposure occurs.
  - d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
  - e. Remain calm so as to not upset the residents.
  - f. Assist the Incident Commander as needed.
4. Staff Members of All Departments
  - a. Keep windows and doors shut.
  - b. Ensure residents and visitors remain in the facility until further notice from the local authorities.
  - c. Follow procedures if exposure occurs.
  - d. Remain calm to not upset the residents.
  - e. Assist the Incident Commander as needed

References	
<b>OBRA Regulatory</b>	<a href="#">§483.73 Emergency preparedness.; 483.73(a) Emergency plan.</a>
<b>Survey Tag Numbers</b>	<a href="#">E-0004</a>
<b>Other References</b>	<a href="http://www.cdc.gov/NIOSH">http://www.cdc.gov/NIOSH</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (PEMAPR0010)

# Infectious Disease Threat Communications Plan

## Policy Statement

As part of the facility's overall disaster plan, the Infection Prevention and Control Committee has an infectious disease threat communications plan.

## Policy Interpretation and Implementation

1. The Infection Preventionist maintains a list of critical contact points and attends regional meetings, workshops and training sessions to obtain information on coordinating the facility's plans with other infectious disease threat plans.
2. Critical points of contact for all stages of an infectious disease threat include:
  - a. Local health department;
  - b. State health department;
  - c. The Centers for Disease Control and Prevention;
  - d. State long-term care professional/trade association;
  - e. Local emergency preparedness groups;
  - f. State emergency preparedness groups;
  - g. Other regional emergency preparedness groups;
  - h. Local area hospitals; and
  - i. Other local healthcare providers (other long-term care facilities; emergency medical services; etc.).
3. The Infection Preventionist communicates with staff, residents, and families regarding the status and impact of infectious disease threats in the facility.
  - a. Various communication methods are utilized to disseminate information regarding the status of infectious disease threats in the facility.
  - b. The Infection Preventionist will determine the most appropriate communication methods (signs, phone trees, internet, etc.) for the situation.
4. The Infection Preventionist receives a current list of facility residents and contact information of resident family members on a weekly basis.
5. The Infectious Disease Threat Communications Plan is reviewed and updated at least annually.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">483.73 (a) Emergency plan.</a> ; §483.73(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.
<b>Survey Tag Numbers</b>	<a href="#">E-0004</a> ; <a href="#">E-0029</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Pandemic Influenza Planning Committee Roster</a>
<b>Version</b>	1.2 (H5MAPL1005)

# Infectious Disease Threat, Infection Control Measures During

## Policy Statement

When an infectious disease threat is detected in the geographic region of the facility, aggressive infection control measures will be implemented to prevent introduction of the pathogen to residents, staff and visitors.

## Policy Interpretation and Implementation

1. The following infection prevention and control measures may be implemented to prevent or contain an infectious disease threat in the facility:
  - a. Training clinical staff in the mode of transmission of the pathogen;
  - b. Training residents, families and non-clinical staff on the early symptoms of disease;
  - c. Training all staff, residents and visitors on the importance of standard infection control precautions (e.g., handwashing, respiratory hygiene/cough etiquette, etc.);
  - d. Vaccinating residents and staff, if vaccines are available;
  - e. Surveillance and early detection of infection in the facility;
  - f. Treatment of infected individuals, according to current clinical practice guidelines;
  - g. Strict adherence to appropriate transmission-based precautions;
  - h. Restriction of visitors as necessary;
  - i. Displaying signs and/or posters (in appropriate languages) at the entry to the facility restricting entry by any persons who have been exposed to or have symptoms of the infectious disease threat;
  - j. Screening visitors at facility entry points for symptoms of the infectious disease; and
  - k. Screening employees for symptoms before coming on duty and send any symptomatic employees home.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.73 Emergency preparedness</a> ; <a href="#">483.73(a) Emergency plan</a> ; <a href="#">§483.80(a) Infection prevention and control program</a> .
<b>Survey Tag Numbers</b>	<a href="#">E-0004</a> ; <a href="#">F880</a>
<b>Other References</b>	<a href="http://www.cdc.gov/flu">www.cdc.gov/flu</a> and <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>
<b>Related Documents</b>	<a href="#">Infectious Disease Threat Surveillance and Detection</a>
<b>Version</b>	1.3 (H5MAPL1006)

# Infectious Disease Threat Surveillance and Detection

## Policy Statement

As part of the pandemic influenza preparedness plan this facility has established a program for surveillance and detection of infectious diseases among residents and staff, and actively monitors public health surveillance and advisories.

## Policy Interpretation and Implementation

1. The Infection Preventionist coordinates infectious disease threat planning, surveillance and detection.
2. Recognizing and reporting symptoms of infectious diseases in residents and staff is ongoing and is the responsibility of all clinical direct care staff.
3. The Infection Preventionist monitors public health advisories (federal and state) at least weekly, and is responsible for updating the Medical Director and the Director of Nursing when a serious infectious disease threat is reported in the United States and is nearing the geographic area.
4. Evaluation and diagnosis of residents and/or staff with symptoms shall follow current CDC Guidelines for evaluation of symptoms and laboratory diagnostic procedures.
5. Enhanced surveillance of residents and staff will be considered on a case-by case basis in collaboration with the local public health department. Determination of enhanced surveillance will be based on the clinical presentation of symptoms, risk factors for exposure, and current CDC recommendations.
6. Confirmed and suspected cases will be reported to the local public health department and the CDC as appropriate.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.73 Emergency preparedness.</a> ; <a href="#">483.73(a) Emergency plan.</a>
<b>Survey Tag Numbers</b>	F881; E-0004
<b>Other References</b>	<a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a> and <a href="http://www.cdc.gov/flu/professionals/diagnosis/labprocedures.htm#table">www.cdc.gov/flu/professionals/diagnosis/labprocedures.htm#table</a>
<b>Related Documents</b>	<a href="#">Outbreak of Communicable Diseases</a>
<b>Version</b>	1.2 (H5MAPL1009)

# Infectious Disease Threat Training and Education

## Policy Statement

This facility has developed an education and training program for disaster preparedness, including infectious disease threat preparedness training for staff, residents, and families.

## Policy Interpretation and Implementation

1. The Infection Preventionist, in collaboration with the Staff Development Coordinator, is responsible for developing and overseeing clinical training on infectious disease threats.
2. Staff training on infectious disease emergencies includes the following components:
  - a. Communication with residents and family members;
  - b. Quarantine and/or visitor restrictions;
  - c. Control measures, including vaccinations and infection control precautions; and
  - d. Screening and detection.
3. Local (e.g., health department, hospital-based) and long-distance (web-based) training opportunities may be utilized for additional staff training.
4. Resident and family education may include the following:
  - a. The facility's current state of emergency preparedness;
  - b. Fact sheets and bulletins regarding infection prevention and control; and
  - c. The importance of strict adherence to any transmission-based precautions that are implemented.
5. Printed information distributed to residents and family will be in a language and reading level that can be understood by the resident and family.

References	
OBRA Regulatory Reference Numbers	§483.73(d) Training and testing
Survey Tag Numbers	E-0036
Other References	
Related Documents	
Version	1.2 (H5MAPL1008)

# Coronavirus Disease (COVID-19) – Emergency Management

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## Policy Statement

This facility has developed a structure for decision making and emergency response planning amid the current coronavirus disease (COVID-19) outbreak.

## Policy Interpretation and Implementation

1. The response to the current outbreak of coronavirus disease is based on the most current recommendations from health policy officials, state agencies and the federal government.
2. COVID-19 Plan/Mitigation Strategy has been incorporated into the emergency management plan (“the plan”) for the facility.
3. A COVID-19 Response Committee (“the committee”) has been established to oversee the development of the emergency management plan for COVID-19. Members of the COVID-19 Response Committee include:
  - a. Facility administration;
  - b. Medical director;
  - c. Director of nursing;
  - d. Infection preventionist;
  - e. Occupational health;
  - f. Staff training and orientation;
  - g. Engineering/maintenance services;
  - h. Environmental (housekeeping) services;
  - i. Dietary (food) services;
  - j. Pharmacy services;
  - k. Occupational/rehabilitation/physical therapy services;
  - l. Transportation services;
  - m. Purchasing agent;
  - n. Facility staff representative; and
  - o. Other member(s) as appropriate.
4. The committee appoints a COVID-19 Response Plan Coordinator (“the coordinator”) to organize the development of the response plan. The name and contact number of the coordinator is: \_\_\_\_\_.
5. The coordinator communicates with local, regional and federal planning groups, and oversees inter-facility communications.
6. The plan follows the organizational structure of the National Incident Management and Incident Command Systems (NIMS and ICS).
7. The plan is available at the following location in the facility and is accessible to staff at all times: \_\_\_\_\_.

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References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control; §483.73 Emergency preparedness.; 483.73(a) Emergency plan.; 483.73(b) Policies and procedures.; 483.73(c)(3) Primary and alternate means for communicating with the following:</a>
<b>Survey Tag Numbers</b>	<a href="#">F880; E-0001; E-0004; E-0013; E-0032</a>
<b>Other References</b>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Overview of Prevention and Control Strategies</a> <a href="#">COVID-19 Response Committee Contact List</a> <a href="#">COVID-19 Preparedness Checklist (Table)</a>
<b>Version</b>	1.1 (H5MAPL1477)

# Coronavirus Disease (COVID-19) – Surge Capacity Staffing

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## Policy Statement

When staffing shortages are anticipated, the Director of Human Resources (DHR), in collaboration with the Director of Nursing Services (DNS), will use contingency capacity strategies to ensure staffing needs are met.

## Policy Interpretation and Implementation

1. In order to provide a safe working environment and sufficient coverage for resident care, the DHR and the DNS collaborate to understand and anticipate the staffing needs of this facility.
2. The DHR communicates with the health department, emergency planning agencies and healthcare coalitions (state and local) to identify available options for additional staffing.

## Contingency Staffing Strategies

Contingency staffing strategies are adopted when staffing shortages are anticipated. Contingency strategies are based on current guidelines from the CDC and CMS and include:

1. Adjusting schedules, hiring additional staff and rotating positions including:
  - a. Cancelling non-essential procedures;
  - b. Cross-training staff so that they can be reassigned to essential resident care functions;
  - c. Addressing social factors, such as childcare issues and transportation by offering flexible scheduling and accommodation of adjusted hours to the extent possible;
  - d. Identifying sources of additional licensed and non-licensed staff (e.g., healthcare coalitions, collaboration with other facilities, etc.); and
  - e. Asking staff to postpone elected time off.
2. Identifying outside facilities that have been designated as isolation or alternate care sites with appropriate levels of staff.
3. Allowing asymptomatic staff who have been exposed to COVID-19 to continue working when:
  - a. They report normal temperature and lack of symptoms every day before reporting to work;
  - b. They wear a facemask at work for 14 days after the exposure event; and
  - c. They agree to stop any resident care activities, report to their supervisor, and leave the facility if (even mild) symptoms develop.
4. Prioritizing exposed and symptomatic personnel for testing. When personnel are tested and found to be infected with SARS-CoV-2 they are excluded from work until they meet all [Return to Work Criteria](#) unless staffing shortages continue despite other mitigation strategies and certain criteria are met.
5. Allowing staff with suspected or confirmed COVID-19 infection (who are well enough to work) to return to work before all [Return to Work Criteria](#) have been met is based on the following considerations:
  - a. The type of staffing shortages that need to be addressed;
  - b. Where the individual is in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness);

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- c. The types of symptoms they are experiencing (e.g., persistent fever);
  - d. Their degree of interaction and contact with residents and other staff in the facility; and
  - e. The type of residents they typically care for (e.g., immunocompromised patients).
6. Notifying residents, family and other staff members of measures that will be taken to protect them from exposure if staff with suspected or confirmed COVID-19 are allowed to work.

### **Crisis Staffing Strategies**

Crisis staffing strategies are implemented if staffing shortages are interfering with safe resident care. Crisis strategies are based on current guidelines from the CDC and CMS and include:

1. Implementing regional plans to transfer residents with COVID-19 to designated healthcare facilities, isolation sites or alternate care sites with adequate staffing.
2. If not already done, allowing asymptomatic staff who have had an unprotected exposure to COVID-19 to continue to work. These individuals will:
  - a. report temperature and absence of symptoms each day before starting work;
  - b. wear a facemask while at work for the 14 days after the exposure event;
  - c. stop resident care activities and notify their supervisor and leave the facility if even mild symptoms consistent with COVID-19 develop; and
  - d. be prioritized for testing.
3. If shortages continue despite other mitigation strategies, implementing criteria to allow staff with suspected or confirmed COVID-19 (who are well enough to work but have not met all [Return to Work Criteria](#)) to work.
4. If staff are allowed to work before meeting all [Return to Work Criteria](#), restricting them from contact with severely immunocompromised patients and prioritizing their duties in the following order:
  - a. If not already done, allowing staff with suspected or confirmed COVID-19 to perform job duties where they do not interact with others, such as in telemedicine services.
  - b. Allow staff with confirmed COVID-19 to provide direct care only for residents with confirmed COVID-19, preferably in a cohort setting.
  - c. Allow staff with confirmed COVID-19 to provide direct care for residents with suspected COVID-19.
  - d. As a last resort, allow staff with confirmed COVID-19 to provide direct care for residents without suspected or confirmed COVID-19.
5. If staff are permitted to return to work before meeting all [Return to Work Criteria](#), requiring adherence to all Return to Work Practices and Work Restrictions recommendations described in that guidance. These include:
  - a. Wearing a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer;
  - b. Reminding them that in addition to potentially exposing residents, they could also expose their co-workers:
    - (1) Facemasks will be worn even when they are in non-resident care areas such as breakrooms; and
    - (2) If they must remove their facemask, for example, in order to eat or drink, they are asked to separate themselves from others.
  - c. Restricting them from contact with severely immunocompromised patients until the full [Return to Work Criteria](#) have been met;

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- d. Adhering to hand hygiene and respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles); and
- e. Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<a href="#">Strategies to Mitigate Healthcare Personnel Staffing Shortages</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel</a> <a href="#">Emergency Contact Information and Recall Roster</a>
<b>Version</b>	1.1 (H5MAPL1475)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Employee Health**

**Item # H50045**

# **Infection Control**

## **Policy and Procedure Manual**

### **Employee Health**

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# **Infection Control**

## **Policy and Procedure Manual**

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COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers  
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Employee Medical Treatment Record  
Employee Orientation Checklist, Infection Control Program  
Employee Record of Vaccination  
Employee's Notice of Reportable Conditions  
Health Care Personnel (HCP) Baseline Individual TB Risk Assessment  
Hepatitis B General Information  
Hepatitis B Vaccine Information Statement  
Sample Contract between the Infection Prevention and Control Committee and Healthcare Worker  
Sharps Injury Record  
Standard Precautions Barrier Checklist  
Standard Precautions Barrier Checklist (Example)  
Task Evaluation and Classification Record  
Task Evaluation and Classification Record (Example)

# Communicable/Contagious Diseases, Employee

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## Policy Statement

Personnel with active communicable infections that can be transmitted by direct contact are prohibited from coming in direct contact with residents or their food.

## Policy Interpretation and Implementation

1. Employees with acute or active communicable or infectious diseases or infected skin lesions may not participate in direct resident care responsibilities or handle resident food until they are no longer considered infectious or contagious. Such conditions include (but are not limited to):
  - a. Tuberculosis;
  - b. Mononucleosis;
  - c. Herpes varicella zoster (HVZ);
  - d. Herpes simplex virus (HSV);
  - e. Influenza;
  - f. Pneumonia;
  - g. \_\_\_\_\_;
  - h. \_\_\_\_\_; and
  - i. \_\_\_\_\_.
2. Healthcare workers will not be prohibited from participating in resident-care activities strictly on the basis of their infection with bloodborne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV), or HIV/AIDS.
3. Restrictions on participation in resident-care activities will be based on factors associated with the risk of transmission.
4. The Infection Prevention and Control Committee (IPCC), along with the Medical Director and Infection Preventionist, will review cases in which healthcare workers or providers are infected with HBV, HCV, or HIV/AIDS.
5. The following restrictions/limitations apply to healthcare workers who are infected with **hepatitis B virus (HBV)**:
  - a. Healthcare workers who test positive for HBV “e” antigen (HBeAg) OR have circulating HBV burden of greater than  $10^4$  genome equivalents per mL of blood (GE/mL):
    - (1) Will double glove during any invasive procedure, contact with mucous membranes or non-intact skin, and for any procedure in which gloving is recommended.
    - (2) Will NOT perform procedures that are associated with increased risk for transmission of HBV (see Related Documents for a list of risk categories).
  - b. Healthcare workers infected with HBV who have circulating viral burdens of less than  $10^4$  GE/mL will be allowed to perform procedures that are associated with increased risk of transmission of HBV, provided the healthcare worker:
    - (1) Has not previously transmitted HBV infection to his or her residents;
    - (2) Consults with the IPCC regarding his or her practice and optimal infection control practices;

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- (3) Obtains follow-up testing at least twice a year to demonstrate a continued viral burden of less than  $10^4$  GE/mL;
  - (4) Seeks ongoing care from a personal physician who has expertise in the management of HBV infection and allows that physician to communicate with the IPCC about the healthcare worker's clinical status;
  - (5) Strictly adheres to all infection control practices and procedures; and
  - (6) Signs a contract agreeing to his or her responsibilities as an HBV-infected healthcare worker.
6. The following restrictions/limitations apply to healthcare workers who are infected with **hepatitis C virus (HCV)**:
  - a. Healthcare workers who have circulating HCV burden of greater than  $10^4$  GE/ mL of blood:
    - (1) Will double glove during any invasive procedure, contact with mucous membranes or non-intact skin, and for any procedure in which gloving is recommended.
    - (2) Will NOT perform procedures that are associated with increased risk for transmission of HCV (see Related Documents for a list of risk categories).
  - b. Healthcare workers infected with HCV who have circulating viral burdens of less than  $10^4$  GE/mL will be allowed to perform procedures that are associated with increased risk of transmission of HCV provided the healthcare worker:
    - (1) Has not previously transmitted HCV infection to his or her residents;
    - (2) Consults with the IPCC regarding his or her practice and optimal infection control practices;
    - (3) Obtains follow-up testing at least twice a year to demonstrate a continued viral burden of less than  $10^4$  GE/mL;
    - (4) Seeks ongoing care from a personal physician who has expertise in the management of HCV infection and allows that physician to communicate with the IPRP about the healthcare worker's clinical status;
    - (5) Strictly adheres to all infection control practices and procedures; and
    - (6) Signs a contract agreeing to his or her responsibilities as an HCV-infected healthcare worker.
7. The following restrictions/limitations apply to healthcare workers who are infected with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS):
  - a. Healthcare workers who have circulating HIV burden of greater than  $5 \times 10^5$  GE/ mL of blood:
    - (1) Will double glove during any invasive procedure, contact with mucous membranes or non-intact skin, and for any procedure in which gloving is recommended.
    - (2) Will NOT perform procedures that are associated with increased risk for transmission of HIV (see Related Documents for a list of risk categories).
  - b. Healthcare workers infected with HIV/AIDS who have circulating viral burdens of less than  $5 \times 10^5$  GE/mL will be allowed to perform procedures that are associated with increased risk of transmission of HIV provided the healthcare worker:
    - (1) Has not previously transmitted HCV infection to his or her residents;
    - (2) Consults with the IPRP regarding his or her practice and optimal infection control practices;
    - (3) Obtains follow-up testing at least twice a year to demonstrate a continued viral burden of less than  $5 \times 10^5$  GE/mL;
    - (4) Seeks ongoing care from a personal physician who has expertise in the management of HIV infection and allows that physician to communicate with the IPRP about the healthcare worker's clinical status;

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- (5) Strictly adheres to all infection control practices and procedures; and
  - (6) Signs a contract agreeing to his or her responsibilities as an HIV-infected healthcare worker.
8. In-service training programs on the following diseases are conducted annually:
- a. HIV/AIDS;
  - b. Hepatitis;
  - c. Tuberculosis;
  - d. \_\_\_\_\_;
  - e. \_\_\_\_\_; and
  - f. \_\_\_\_\_.
9. Employees are required to attend in-service training classes.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F881</a>
<b>Other References</b>	SHEA Guideline for the Management of Healthcare Workers Who Are Infected With Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus (available at <a href="http://www.jstor.org">www.jstor.org</a> )
<b>Related Documents</b>	<a href="#">Employee Infection and Vaccination Status</a> <a href="#">Categories of Procedures According to Level of Risk for Transmission of Bloodborne Pathogens</a> <a href="#">Sample Contract between the Infection Prevention and Control Committee and Healthcare Worker</a>
<b>Version</b>	2.1 (H5MAPL0138)



# Employee Health – Medical Director Role

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## Policy Statement

The Medical Director shall advise the facility about employee health and safety issues; help develop employee health policies and shall be utilized appropriately in rendering medical care to facility employees.

## Policy Interpretation and Implementation

1. The Medical Director will advise the facility about employee health issues, including safety, immunization, and the risk of infection exposure and transmission. Examples of such involvement may include:
  - a. Helping identify the scope and contents of a pre-employment medical questionnaire.
  - b. Reviewing and helping the facility identify the physical and emotional demands of a particular position or job category.
  - c. Helping interpret the significance of any health problems or physical limitations in relation to job responsibilities.
  - d. Interpreting and discussing findings related to employee health problems.
  - e. Helping make appropriate referrals for follow-up of employee illnesses and injuries.
  - f. Evaluating for possible return to work after illness or injury.
  - g. Conferring with an employee's personal physician.
2. The Medical Director will advise the administration and Employee Health Coordinator concerning clinical aspects of employee health policies, including emergency and follow-up care of injuries and illnesses.
3. The Medical Director will advise the facility Infection Preventionist regarding infection control issues involving employees.
4. The Medical Director will help the facility identify and address safety issues, including protecting employees against health hazards in the work environment; for example, transmission of bloodborne illnesses and preventing injuries while caring for individuals with dementia who are physically aggressive.
5. The Medical Director will advise the Employee Health Coordinator about medical topics or issues related to employee health education and counseling.
6. The facility's Medical Director and other physicians are not expected to treat the staff, but they may establish a doctor-patient relationship outside of the work setting by mutual agreement.
7. An employee with a work-related health problem or injury will report to his/her supervisor, who will evaluate the situation and identify the need for subsequent referral for medical evaluation and care.

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8. The facility will only render first aid on site and will refer staff for subsequent evaluation; for example, to a physician's office or a medical clinic.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(a) Licensure.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a> ; 483.70(f)(1)(2); 483.70(h)(1)(2)
<b>Survey Tag Numbers</b>	F835; <a href="#">F836</a> ; F839; F841
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Employee Health – Role of the Medical Director</a>
<b>Version</b>	1.0 (H5MAPL0260)

# Employee Health Records

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## Policy Statement

Health records will be maintained for all employees.

## Policy Interpretation and Implementation

1. A health record for each employee will contain, at a minimum:
  - a. Employee identification information (e.g., name, social security number, etc.);
  - b. History of immunization status and any related medical information;
  - c. Associate TB Screening Record;
  - d. Record of job-related injuries or illnesses;
  - e. Any exposure history to bloodborne pathogens;
  - f. Employee vaccination consent/declination forms;
  - g. Dates of all hepatitis B vaccinations;
  - h. Medical information relevant to whether the employee should receive, and can be given, hepatitis B vaccination;
  - i. A copy of any results of examinations, medical testing, and follow-up procedures related to employee health and infection control issues;
  - j. A copy of any information provided to a healthcare professional, clinic, etc.;
  - k. Treatments or vaccinations administered by this organization; and
  - l. Other pertinent health-related information deemed appropriate or necessary.
2. Employee health records will be filed separately from other employee records, and shall be kept confidential. The Director of Human Resources (or designee) shall maintain them.
3. Employee health-related information may only be released in accordance with established facility policy and current laws/regulations governing the release of such information.
4. Employees may request a release of information from their health records. To do so, they must first submit a signed and dated request to the Administrator or designee(s). The request must include a description of the information to be released and to whom it is to be released.
5. Employee health records will be maintained for the length of the employee's employment, plus thirty (30) years or as mandated by current state law if the employee has had a bloodborne pathogens exposure.

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6. An employee who leaves our employment may obtain a copy of his/her health record upon submitting a written request to the business office. A fee may be charged for copying such records.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(a) Licensure.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	<a href="#">F881</a> ; <a href="#">F836</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Associate/Employee TB Screening Record (CP1807)</a> <a href="#">Employee Medical Treatment Record</a> <a href="#">Employee Record of Vaccination</a>
<b>Version</b>	1.2 (H5MAPL0262)

# Employee Infection and Vaccination Status

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## Policy Statement

Prior to or upon an employee's duty assignment, the facility will assess the status of an employees' vaccination against infectious conditions, screening or tuberculosis, and recent history of communicable diseases. History of infectious diseases will be documented in the employee's health record and vaccinations will be documented on the *Employee Record of Vaccination*.

## Policy Interpretation and Implementation

### Reportable Conditions

1. Employees must report the following conditions to the Infection Preventionist (or designee):
  - a. Temperature greater than 100°F;
  - b. Nausea/vomiting;
  - c. Head or body lice (pediculosis);
  - d. Skin rashes, poison ivy/oak;
  - e. Acute diarrheal illness with other symptoms (i.e., fever, abdominal cramps, bleeding, etc.) or diarrhea lasting longer than twenty-four (24) hours;
  - f. Oro-facial herpes simplex virus or herpetic whitlow;
  - g. Diagnosed Streptococcal (Group A) sore throat;
  - h. Skin lesions which are infected, especially on exposed body parts, including impetigo and other staphylococcal infection;
  - i. Acute Upper Respiratory Infection (URI) or influenza; and/or
  - j. Active infection with/or exposure to:
    - (1) Hepatitis (jaundice);
    - (2) Human Immunodeficiency Virus (HIV) (if HIV antibody positive);
    - (3) Measles (if the employee is not immune);
    - (4) Mumps (if the employee is not immune);
    - (5) Rubella (if the employee is not immune);
    - (6) Herpes varicella zoster (chickenpox/shingles) virus (if the employee is not immune);
    - (7) Tuberculosis (symptoms including fever, fatigue, weight loss, cough, coughing blood, or night sweats); or
    - (8) Pertussis.
2. The Medical Director and Infection Preventionist will collaborate to determine the significance of any employee health condition in relation to job responsibility and the employees' restrictions regarding direct resident contact.
3. Staff must report any exposure to a resident's blood or body fluids to the Infection Preventionist or designee as soon as practical after the exposure.

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## Vaccinations

1. Employees will be current with mandated vaccinations (i.e., TST) prior to performing direct resident care.
2. Employees will also be offered vaccinations per state or local agency policies/regulations. Employees will be provided with educational materials to make informed decisions for non-mandated vaccinations. If declined, a declination form will be completed and placed in the employee's health record.
3. The facility will obtain and/or administer vaccinations required for pre- and post-exposure to infectious diseases in the workplace. Vaccinations may also be provided by the employee's personal physician or healthcare provider.
4. Documentation of vaccinations will include the signature of a licensed healthcare provider and employee when being administered. Vaccinations that are declined by the employee will be documented on the applicable declination form and placed in the employee's health record.
5. Employees who are HIV antibody positive may be exempt from routine vaccination mandates, consistent with their condition. (Note: MMR vaccination is indicated in asymptomatic HIV infection in those who are susceptible.)
6. Inquiries concerning employee vaccination evaluations should be referred to the Infection Preventionist (or designee).

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(d) Influenza and pneumococcal immunizations</a> ; <a href="#">§483.80(a) Infection prevention and control program</a> .
<b>Survey Tag Numbers</b>	<a href="#">F883</a> ; <a href="#">F880</a>
<b>Other References</b>	Centers for Disease Control and Prevention's immunization website at: <a href="http://www.cdc.gov/vaccines">http://www.cdc.gov/vaccines</a>
<b>Related Documents</b>	<a href="#">Immunization of Healthcare Personnel – Summary of Recommendations of the Advisory Committee on Immunization Practices</a> <a href="#">Tuberculosis, Employee Screening for</a> <a href="#">Employee's Notice of Reportable Conditions</a> <a href="#">Sharps Injury Record</a> <a href="#">Associate/Employee TB Screening Record (CP1807)</a> <a href="#">Employee Record of Vaccination</a>
<b>Version</b>	1.2 (H5MAPL0265)

# Employee Work Assignments

## Policy Statement

Staff members providing care to residents in isolation or to residents with an infectious/communicable disease must be medically able to perform such services.

## Policy Interpretation and Implementation

1. Upon employment, employees will be assessed for previous immunization for hepatitis B and others, as required by state regulatory agencies.
2. Staff members who may be at risk of exposure to an infectious agent(s) as a result of responsibility for the care of a resident with an infectious/communicable disease shall be informed of that resident's diagnosis, or possible diagnosis, prior to providing care to the resident.
3. Staff members who are not immune to varicella will not be assigned to provide nursing care to residents with chickenpox or herpes varicella zoster (HVZ).
4. Employees with communicable or contagious diseases may work as long as they are physically and mentally able to perform the essential functions of their jobs, and as long as they do not pose any undue risks to themselves or other employees, residents, or visitors of this facility.
5. Healthcare workers will not be prohibited from participating in resident-care activities strictly on the basis of their infection with a bloodborne pathogen such as hepatitis B virus (HBV), hepatitis C virus (HCV) or HIV/AIDS.
6. Restrictions on participation in resident-care activities will be based on factors associated with the risk of transmission.
7. Policies and procedures governing our facility's employee health program have been established by our facility.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Communicable/Contagious Diseases, Employee</a>
<b>Version</b>	1.3 (H5MAPL0276)

# Employees of Other Employers, Infection Control

## Policy Statement

Employees of other employers performing work on our premises shall cooperate fully with the facility in recognizing, preventing, and avoiding infection control hazards while in the workplace.

## Policy Interpretation and Implementation

1. The Infection Preventionist (or designee) is responsible for informing employees of other employers (e.g., construction workers, repairmen, temporary employees, consultants, etc.) of any infection control hazards they may encounter while in the work area or while on our premises.
2. The Infection Preventionist (or designee) will inform any employers of other employees performing work on our premises of our infection control risks and requirements. The contracted employer will be responsible for informing his/her employees of such risks and safety requirements.
3. The failure of any contractor's employees to abide by pertinent infection control procedures and precautions may jeopardize the work contract with that company.
4. The Infection Preventionist will inform the facility management of a contracted employee's failure to follow pertinent procedures and precautions.
5. The facility management will inform the contractor of such violations and any necessary corrective action.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a> ; 483.70(d)(1)-(3)
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; F837
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0277)



# Engineering Controls

## Policy Statement

The facility employs engineering controls to reduce worker exposure to bloodborne pathogens including the AIDS (HIV) and hepatitis B and C (HBV/HCV) viruses.

## Policy Interpretation and Implementation

1. Whenever possible, engineering controls will be used as the primary method to reduce employee exposure to harmful substances and bloodborne pathogens, and to provide protection to our employees.
2. The purpose of engineering controls is to use, to the fullest extent feasible, inherently safe substances, procedures, and/or devices (i.e., providing puncture-resistant sharps containers, single-use devices, protective shields, needleless devices, etc.).
3. Our facility utilizes work practices and protective equipment to reduce the possibility of exposing staff to potentially infectious materials.
4. All staff is required to use protective equipment and to follow established work practices to reduce exposures to potentially infectious materials.
5. Each procedure performed on our premises has been evaluated and the work practices and protective equipment necessary to perform the procedure have been identified. Such information is posted and/or available in the area in which the procedure is performed.
6. Non-managerial staff helps select protective devices and help develop, implement, and revise procedures to help prevent occupational exposure to hazardous substances.
7. Staff is responsible for reporting faulty engineering control practices and procedures to the Infection Preventionist (or designee).
8. Our facility has developed an exposure control plan that provides detailed information relative to engineering controls and preventive measures. Staff undergoes training when engineering controls and practices are modified and when new procedures are implemented. The Infection Preventionist (or designee) maintains a master copy of our facility's exposure control plan.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control; §483.70(a) Licensure.; §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.; §483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880; F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">http://www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Task Evaluation and Classification Record</a>
<b>Version</b>	1.2 (H5MAPL0279)

# Exposure Classification of Tasks/Procedures

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## Policy Statement

All tasks/procedures performed on the premises will be evaluated to determine the potential for exposure to bloodborne pathogens and other potentially infectious materials.

## Policy Interpretation and Implementation

1. The Infection Preventionist (or designee), with the assistance of the Medical Director and other staff, shall be responsible to identify, evaluate, and classify each task/procedure performed on premises.
2. Task/Procedure classification will include as a minimum:
  - a. Identifying body fluids that are likely to be contaminated with the AIDS (HIV) and hepatitis B and C (HBV/HCV) viruses;
  - b. Determining the amount of body fluids that staff are likely to encounter as a result of performing a procedure;
  - c. Determining the probability of the employee being exposed to contaminated body fluids as a result of performing the procedure;
  - d. Identifying the ways in which the AIDS (HIV) or hepatitis B and C (HBV/HCV) viruses could enter the employee's body as a result of performing the procedure;
  - e. Identifying the protective equipment that should be used while performing the procedure; and
  - f. Identifying work practices necessary to perform the procedure.
3. A *Standard Precautions Barrier Checklist* will be developed, based on the foregoing task/procedure classifications.
4. At least annually, and in conjunction with other staff and the administration, the Infection Preventionist (or designee) will re-evaluate the task/procedure classifications to determine if any task/procedure should be reclassified to a higher or lower risk category.
5. Department heads and staff will be included in the classification effort as well as to help identify engineering controls that may be useful in preventing potential exposure to blood, body fluids or other potentially infectious materials.

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6. Inquiries concerning our facility's classification system should be referred to the Infection Preventionist (or designee).

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Exposure Reporting and Investigating</a> <a href="#">Exposure Reports</a> <a href="#">Needlesticks and Cuts</a>
<b>Version</b>	1.2 (H5MAPL0298)

# Exposure Reporting and Investigating

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## Policy Statement

All employee exposure incidents to blood, body fluids or other potentially infectious materials must be reported to the Infection Preventionist as soon as practical after such incident occurs.

## Policy Interpretation and Implementation

1. Any accident or incident that results in an occupational exposure to blood, body fluids or other potentially infectious materials is to be reported to the Infection Preventionist within twenty-four (24) hours of such exposure.
2. The Infection Preventionist (or designee) will investigate the exposure incident. The following data, as applicable, must be included in the investigation:
  - a. The date and time the exposure incident took place;
  - b. The circumstances surrounding the accident/incident;
  - c. Where the incident took place (e.g., resident room, treatment room, etc.);
  - d. The name(s) of any witness(es) and his/her account of the incident;
  - e. The injured employee's account of the incident;
  - f. The nature of the injury (e.g., needlestick, cut, eye/mouth splash, etc.);
  - g. A description of the task/procedure being performed at the time of the incident;
  - h. A description of the safety measures established for completing the task/procedure;
  - i. A description of the safety measures not followed by the injured (as applicable);
  - j. A description of the safety measures that failed to protect the injured while performing such task/procedure;
  - k. A description of the measures implemented/modified to aid in preventing the recurrence of such exposure incidents;
  - l. A description of how non-managerial staff members participated in the selection of safety measures to prevent the recurrence of exposure incidents while performing such task/procedure;
  - m. Follow-up information as may be necessary/required by facility policy;
  - n. Other pertinent data as necessary or required by facility policy or current regulatory agencies; and
  - o. The signature and title of the person completing the report.
3. The Infection Preventionist (or designee) responsible for conducting the investigation and/or completion of the investigation report(s), must provide such completed documents to the Administrator or designee(s), within twenty-four (24) hours of completing them.
4. The facility has established procedures governing the recording of occupational injuries and illnesses on the current OSHA approved form/log. Copies of such procedures and current OSHA logs are available from the Infection Preventionist and Director of Nursing Services.

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5. A sharps injury record must be completed for all occupational percutaneous exposure incidents (e.g., injuries caused by needlesticks, scalpel cuts, etc.).

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.90(i) Other Environmental</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F921</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">http://www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Employee Health Records</a> <a href="#">Exposure Classification of Tasks/Procedures</a> <a href="#">Exposure Reports</a> <a href="#">Needlesticks and Cuts</a> <a href="#">Sharps Injury Record</a> <a href="#">Task Evaluation and Classification Record</a>
<b>Version</b>	1.2 (H5MAPL0301)

# Exposure Reports

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## Policy Statement

An occupational exposure report shall be completed for all known employee exposures to blood and/or body fluids.

## Policy Interpretation and Implementation

1. Exposures meeting the following criteria shall be reported to the Infection Preventionist (or designee) as soon as practical following emergency site care:
  - a. Parenteral exposure to blood, body fluids (whether or not they contain visible blood) including semen, vaginal secretions, amniotic, cerebrospinal, pericardial, peritoneal, pleural, and synovial fluids, by needlestick or contamination of an open wound;
  - b. Mucous membrane exposure to blood, body fluids including semen, vaginal secretions, amniotic, cerebrospinal, pericardial, peritoneal, pleural, and synovial fluids;
  - c. Cutaneous exposure to large amounts of blood; and/or
  - d. Prolonged contact with blood.
2. The Infection Preventionist (or designee) will investigate all known exposures to determine the cause of the exposure. The Infection Preventionist (or designee) will complete an exposure report form. A supply of exposure report forms is maintained at each nurses' station.
3. The Infection Preventionist will submit a copy of the exposure report, including any investigative reports, corrective actions taken, etc., to the administrator not later than forty-eight (48) hours after the exposure incident.
4. Exposure reports shall be kept confidential to protect the privacy of the injured. Release of such information will only be on a need-to-know basis (for example, to the Administrator, Director of Nursing Services, Infection Preventionist, employee's physician, and government officials, as required by law).
5. Completed exposure report forms shall be maintained separately from employee personnel records.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">http://www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Employee Health Records</a> <a href="#">Exposure Classification of Tasks/Procedures</a> <a href="#">Exposure Reporting and Investigating</a> <a href="#">Needlesticks and Cuts</a> <a href="#">Sharps Injury Record</a> <a href="#">Task Evaluation and Classification Record</a>
<b>Version</b>	1.2 (H5MAPL0302)

# First Aid Treatment

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## Policy Statement

Residents and employees who experience minor injuries shall be treated at the facility. If the injuries cannot be treated with basic Red Cross first aid intervention, the emergency medical system (EMS) will be activated.

## Policy Interpretation and Implementation

1. As part of the initial orientation and training, all licensed staff will complete an American Red Cross basic life support and first aid training course (or similar program that has been approved by the Quality Assurance and Performance Improvement Committee).
  - a. Instructor-led, “hands-on” training will occur initially upon hire and periodically thereafter. Skills for basic first aid shall be reviewed as needed.
  - b. Training shall be up to date with current first aid techniques and knowledge.
  - c. Training and reference materials shall be replaced as necessary.
2. The goal of staff training is to enable employees to provide basic life support and/or first aid intervention to injured residents or employees. In the case of life-threatening injuries or situations, the goal is patient stabilization until the EMS arrives.
3. Basic first aid intervention includes (but is not limited to) interventions for the following situations:
  - a. Choking, breathing emergencies;
  - b. Burns (chemical, heat, electrical);
  - c. Cuts, lacerations;
  - d. Bleeding (mild and moderate);
  - e. Shock;
  - f. Joint, bone and musculoskeletal injuries;
  - g. Allergic reactions and anaphylaxis; and/or
  - h. Bites and stings.
4. The goal of emergency intervention is to stabilize the resident and the situation until further treatment is available.
5. In addition to providing basic first aid intervention, contact the emergency medical system (EMS) or advanced medical personnel immediately for the following situations:
  - a. Unconsciousness or altered consciousness;
  - b. Difficulty or absence of breathing;
  - c. Chest pain;
  - d. Persistent abdominal pain or pressure;
  - e. Severe bleeding;
  - f. Vomiting blood or blood in stool;
  - g. Severe burns;
  - h. Suspected poisoning;
  - i. Seizures;
  - j. Suspected stroke (sudden unilateral weakness, slurred speech or severe headache);

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- k. Suspected head, neck or spine injury;
  - l. Suspected broken bone or open fracture; or
  - m. Condition is not clear or is worsening.
6. Procedures for basic first aid intervention are located in the facility First Aid Manual/Guide Book. A copy of this manual is kept at each nurse's station with the first aid kit.
7. A first aid kit shall be maintained at each nurse's station for use in treating minor injuries. Each kit contains, as a minimum, the following supplies:
- a. Assorted Bandages (50-75);
  - b. Fingertip Fabric Bandages (10);
  - c. Knuckle Fabric Bandages (10);
  - d. 2" x 2" Gauze Pads (5) – Packs of 2;
  - e. 3" x 3" Gauze Pads (5) – Packs of 2;
  - f. 2" Gauze Roll Bandage (1) – 2" Roll;
  - g. 3" Gauze Roll Bandage (1) – 3" Roll;
  - h. Elastic Wrap Bandage (1) – 2" x 5 yd. Bandage;
  - i. Triangular Sling/Bandage (1);
  - j. 5" x 9" Trauma Pad (1);
  - k. Butterfly Wound Closure Bandages (10);
  - l. Alcohol Cleansing Pads (20);
  - m. Antiseptic Cleansing Wipes (10);
  - n. First Aid/Burn Cream Packs (10);
  - o. First Aid Antibiotic Ointment Packs (10);
  - p. Burn Relief Gel 3.5 gm. Packs (6);
  - q. Eye Wash 1 oz. Bottle (1);
  - r. Castile Soap Towelettes (10);
  - s. Moleskin – 2" Square (10);
  - t. CPR Face Shield and Vinyl Gloves (1) Shield, (1) Pair Gloves;
  - u. Vinyl Gloves (2) Pairs;
  - v. First Aid Tape (1) – 1/2" x 10 yd. Roll;
  - w. Cloth First Aid Tape (1) – 1" x 5 yd. Roll;
  - x. Bandage Protectant/Finger Cot (50);
  - y. Nickel Plated Scissors (1) 4-1/2" Scissor;
  - z. Stainless Steel Tweezers, Slanted (1) 3"; and
  - aa. First Aid Guide (1) Guidebook.
8. The Director of Nursing Services, or his/her designee, shall be responsible for ensuring that first aid kits are inspected quarterly and that adequate supplies are on-hand at all times.
9. First aid kits may not be removed from their assigned locations except for treatment of the injured, drill exercises, and/or the replenishment of supplies.
10. Emergency first aid treatment will be provided to injured residents and employees. However, residents and employees have the right to refuse such medical treatment. Such information must be recorded in the resident's medical record or the employee's personnel file. For residents who refuse the treatment, the Charge Nurse and Attending Physician shall be notified of the refusal.

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11. Regardless of the nature or severity, any resident's injury/situation shall be reported to the resident's Attending Physician and family, and documented in the resident's medical record. If the resident's Attending Physician is not available, follow the facility policy for Emergency Physician Care.
12. An injured employee may seek medical attention from his/her Personal Physician, the facility's Medical Director, or from a Medical Treatment Center.
13. Regardless of the nature or severity of an employee's injury, all on-the-job injuries must be reported to the employee's department director or supervisor.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.10(g)(14); 483.30(d); <a href="#">§483.70(a) Licensure</a> .
<b>Survey Tag Numbers</b>	F580; F713; <a href="#">F836</a>
<b>Other References</b>	OSHA Standard 29 CFR 1910.1030(a) <i>2010 American Heart Association and American Red Cross Guidelines for First Aid</i>
<b>Related Documents</b>	<a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.3 (H5MAPL0329)

# Hepatitis B Vaccine

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## Policy Statement

Hepatitis B vaccination is offered to all unvaccinated adults at risk for HBV infection and for adults requesting protection from HBV infection, unless the vaccine is contraindicated.

## Policy Interpretation and Implementation

### Immunization of Staff

1. Our facility provides hepatitis B vaccines to staff who have not previously been immunized or who are not known to be immune to the hepatitis B virus (HBV).
2. If an individual has previously received the hepatitis vaccine series, his or her antibody to hepatitis B surface antigen (anti-HBs) status may be measured. If the anti-HBs is <10 mIU/mL, he or she will be offered one or more additional doses of Hep B vaccine and retested. (See Figure 1 below.)
3. Employees who are pregnant at the time of vaccination must provide the Infection Preventionist (or designee) with written authorization from an obstetrician before the vaccine may be administered.
4. Lactating mothers must provide the Infection Preventionist (or designee) with written authorization from a pediatrician before the vaccine may be administered.
5. All eligible employees are given the hepatitis B vaccine series free of charge.
6. If an employee receives the vaccine series from his or her personal physician, the employee should provide the Infection Preventionist (or designee) with proof of vaccination.
7. If an employee initially declines the vaccines, he or she may opt to receive the vaccine at a later time in accordance with this policy.

### Immunization of Residents

1. Residents are screened for vaccination status and risk for HBV infection and offered the vaccine if appropriate.
2. For residents who were previously vaccinated, serological testing prior to re-vaccination may be indicated.<sup>1</sup>
3. Serological testing<sup>2</sup> is considered for:
  - a. Household, sexual, or needle contacts of hepatitis B surface antigen (HBsAg)–positive persons†;
  - b. HIV-positive persons†;
  - c. Persons with elevated alanine aminotransferase/aspartate aminotransferase of unknown etiology†;
  - d. Hemodialysis patients†;
  - e. Men who have sex with men†;

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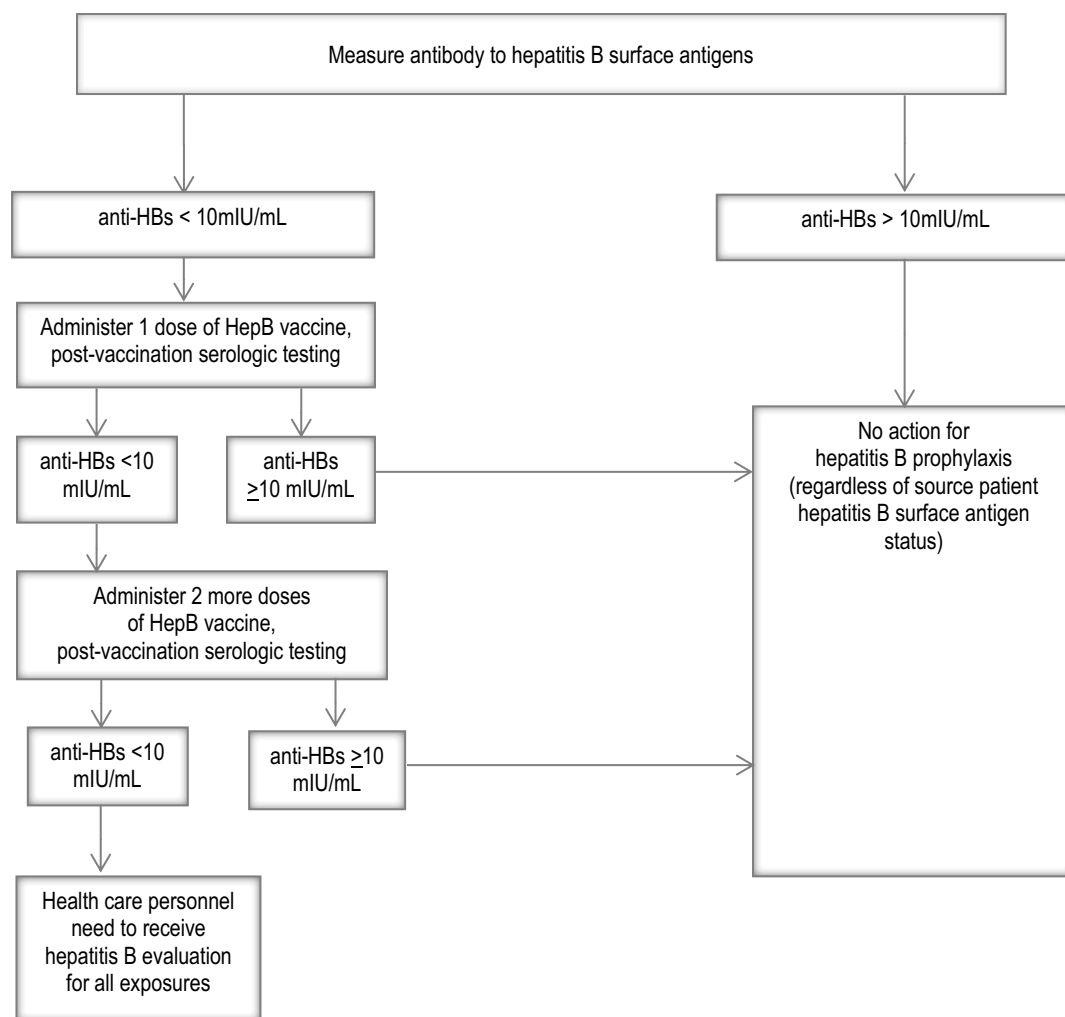
- 
1. Serologic testing comprises testing for hepatitis B surface antigen (HBsAg), antibody to HBsAg, and antibody to hepatitis B core antigen.
  2. †Denotes persons also recommended for hepatitis B vaccination. Serologic testing should occur prior to vaccination. Serologic testing should not be a barrier to vaccination of susceptible persons. The first dose of vaccine should typically be administered immediately after collection of the blood for serologic testing.

- f. Past or current persons who inject drugs†;
  - g. Persons born in countries of high and intermediate hepatitis B virus (HBV) endemicity (HBsAg prevalence  $\geq 2\%$ );
  - h. U.S.-born persons not vaccinated as infants whose parents were born in countries with high HBV endemicity ( $\geq 8\%$ );
  - i. Persons needing immunosuppressive therapy, including chemotherapy, immunosuppression related to organ transplantation, and immunosuppression for rheumatologic or gastroenterologic disorders; or
  - j. Donors of blood, plasma, organs, tissues, or semen.
4. Residents who have a history of immunosuppressive disorders, receive hemodialysis, or are infected with the human immunodeficiency virus (HIV), must have an order from their physician before the vaccine may be administered.
  5. Residents may be charged for the hepatitis vaccine.

### Informed Consent

1. Prior to vaccine administration, the Infection Preventionist (or designee) provides residents (or representatives) and staff with information pertaining to hepatitis B vaccination.
2. Staff and residents (or representatives) are required to sign an informed consent acknowledging their understanding of the information provided.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	<p>Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices <a href="https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm">https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm</a></p> <p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards <a href="http://www.osha.gov/SLTC/bloodbornepathogens/index.html">www.osha.gov/SLTC/bloodbornepathogens/index.html</a></p> <p>Centers for Disease Control and Prevention's Guidelines and Recommendations <a href="http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm">www.cdc.gov/ncidod/diseases/hepatitis/index.htm</a></p> <p>Centers for Disease Control and Prevention's Immunization of Health-Care Personnel. <a href="http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf</a></p>
<b>Related Documents</b>	<p><a href="#">Hepatitis B Vaccine Acceptance/Declination and Hepatitis B Vaccination Record (CP1815)</a></p> <p><a href="#">Immunization Record (CP1811)</a></p> <p><a href="#">Hepatitis B General Information</a></p>
<b>Version</b>	2.1 (H5MAPL0372)

**Figure 1.** Pre-exposure evaluation for health care personnel who were previously vaccinated.

Source: Adapted from CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part II: immunization of adults. MMWR 2006;55(No. RR-16)

# Needlesticks and Cuts

## Policy Statement

All personnel must follow our facility's established procedures to help prevent injuries caused by needlesticks, sharp blades, broken glass, or other sharp instruments or devices, and to report all such incidents that occur.

## Policy Interpretation and Implementation

1. The staff shall handle with caution used needles, sharp blades, broken glass, or other sharp objects or devices, to reduce the possibility of needlestick injuries and cuts.
2. To help prevent needlestick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
3. Staff shall place used needles and other sharp objects in puncture-resistant containers.
4. All personnel shall report needlestick injuries and cuts to their supervisor, who shall report the injury to the Infection Preventionist as soon as practical.
5. The facility has established procedures governing the handling and disposing of used needles and syringes. Copies of such procedures are available from the Infection Preventionist and Director of Nursing Services.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures and Needlestick Guidelines located at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Exposure Classification of Tasks/Procedures</a> <a href="#">Exposure Reporting and Investigating</a> <a href="#">Exposure Reports</a> <a href="#">HIV Antibody Testing and Post-Exposure Prophylaxis</a> <a href="#">Sharps Injury Record</a> <a href="#">Task Evaluation and Classification Record</a>
<b>Version</b>	1.2 (H5MAPL0534)

# Sharps Injury Record

## Policy Statement

All percutaneous injuries from contaminated sharps shall be recorded on the Sharps Injury Record.

## Policy Interpretation and Implementation

1. Any incident that results in an occupational exposure to blood, body fluids or other potentially infectious materials from contaminated sharps shall be recorded on the *Sharps Injury Record*.
2. The Infection Preventionist (or designee) will complete the *Sharps Injury Record*. This record will contain, at a minimum:
  - a. The injury identification number established by the facility;
  - b. The type of device involved in the incident;
  - c. The brand of device involved in the incident;
  - d. The department or work area where the exposure incident occurred;
  - e. An explanation of how the incident occurred;
  - f. The injured employee's account of the incident;
  - g. The injured employee's opinion about engineering controls and/or work practices that could have been implemented or followed that might have prevented the injury;
  - h. Other pertinent data as necessary or required by facility policy or current regulatory agencies; and
  - i. The signature and title of the person completing the report.
3. The *Sharps Injury Record* must be completed within fourteen (14) days of the date the incident was reported to the Infection Preventionist.
4. Information contained in the *Sharps Injury Record* shall be recorded and maintained to protect the confidentiality of the injured employee.
5. A supply of *Sharps Injury Records* is maintained at each nurses' station and the Infection Preventionist's office.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(a) Licensure.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Employee Health Records</a> <a href="#">Needlesticks and Cuts</a> <a href="#">Sharps Injury Record</a> <a href="#">Task Evaluation and Classification Record</a>
<b>Version</b>	1.3 (H5MAPL0818)

# Standard Precautions Barrier Checklist

## Policy Statement

The Infection Preventionist (or designee) shall provide classification of occupational exposure risk and barriers needed for specific tasks on the *Standard Precautions Barrier Checklist*.

## Policy Interpretation and Implementation

1. Staff shall apply Standard Precautions to the care of all residents in all situations, regardless of suspected or confirmed presence of infectious disease.
2. Hand hygiene and safe needle handling/injection practices are always applied in the care of all residents.
3. In addition, specific tasks will be evaluated for occupational exposure risk to:
  - a. Blood;
  - b. Body fluids;
  - c. Secretions;
  - d. Excretions;
  - e. Non-intact skin; and
  - f. Mucous membranes.
4. All tasks will be evaluated for:
  - a. Volume of exposure;
  - b. Probability of exposure; and
  - c. Route of exposure.
5. Using this information, the Infection Preventionist (or designee) shall determine barriers that are indicated for specific departmental tasks. Barriers include gloves, gowns, masks, eye protection, and face shields.
6. The Infection Preventionist (or designee) shall enter barrier information for each departmental task on the *Standard Precautions Barrier Checklist* and shall post the checklist in a location where employees in each department have access to it.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Exposure Classification of Tasks/Procedures</a> <a href="#">Standard Precautions Barrier Checklist</a> <a href="#">Task Evaluation and Classification Record</a>
<b>Version</b>	1.3 (H5MAPL0845)



# Tuberculosis – Employee Exposure Follow-Up

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## Policy Statement

The Employee Health Coordinator (or designee) shall notify, monitor and document the health status of employees who, while working in the facility, are exposed to an active case of tuberculosis (TB). Follow-up shall consist of screening employees for signs and symptoms of active TB and referring the employees for treatment appropriately.

## Policy Interpretation and Implementation

1. If employees ARE EXPOSED TO AN ACTIVE CASE OF TB, the Infection Preventionist (or designee) will:
  - a. Inform (in writing) other employees who may have been exposed;
  - b. Review each identified employee's baseline screening for TB; and
  - c. Conduct a TB symptom evaluation for exposed individuals.
2. The Infection Preventionist determines the appropriate screening test (tuberculin skin test [TST] or TB blood test [interferon gamma release assay/IGRA]) according to CDC recommendations, availability and individual situation.
3. For TST or IGRA testing:
  - a. Screening is administered as soon as possible after exposure.
  - b. Employees with positive baseline screening tests are not tested again. These individuals are monitored for clinical signs and symptoms of active TB disease and follow up treatment is based on consideration of medical history.
  - c. If the initial test is negative, a second test is administered eight (8) to ten (10) weeks after the exposure.
  - d. Exposed employees are educated about symptoms suggesting TB, such as persistent cough, night sweats, bloody sputum, weight loss, or fever and instructed to report the development of such symptoms to the Infection Preventionist immediately.
4. After results are confirmed:
  - a. Employees with positive screening tests or those with symptoms suggesting active TB disease are referred for immediate evaluation, chest X-ray, treatment and follow-up.
  - b. If latent tuberculosis infection (LTBI) is diagnosed, treatment is strongly encouraged.
  - c. Any employee found to have active TB is reported to the local health department and must complete recommended treatment and be free of clinical symptoms prior to returning to work.
  - d. Positive screening tests and positive chest X-rays are recorded on the OSHA 300 log.
  - e. All positive screening results, active TB cases, and follow-up screenings, recommendations, and results are reported to the Infection Prevention and Control Committee.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	Centers for Disease Control and Prevention <a href="http://www.cdc.gov/tb/">http://www.cdc.gov/tb/</a> Occupational Safety and Health Administration <a href="http://www.osha.gov/SLTC/tuberculosis/index.html">www.osha.gov/SLTC/tuberculosis/index.html</a>
<b>Related Documents</b>	<a href="#">Tuberculosis Infection Control Program</a> <a href="#">Associate/Employee TB Screening Record (CP1807)</a> <a href="#">Tuberculosis, Employee Screening for</a>
<b>Version</b>	2.0 (H5MAPL0900)

# Tuberculosis, Employee Screening for

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## Policy Statement

All employees are screened for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease, using tuberculin skin test (TST) or interferon gamma release assay (IGRA) and symptom screening, prior to beginning employment.

## Policy Interpretation and Implementation

### Screening

1. Each newly hired employee is screened for LTBI and active TB disease after an employment offer has been made but prior to the employee's duty assignment.
2. Screening includes a baseline test for LTBI using either a TST or IGRA, individual risk assessment and symptom evaluation.
  - a. If the baseline test is negative and the individual risk assessment indicates no risk factors for acquiring TB, then no additional screening is indicated.
  - b. If the baseline test is positive, but the individual risk assessment is negative and the individual is asymptomatic, a second test (either TST or IGRA) is conducted.
3. The Employee Health Coordinator (or designee) will accept documented verification of TST or IGRA results within the preceding 12 months.
  - a. If the previous TST or IGRA result was negative and the individual is at low risk of TB infection, the employee will not be re-tested prior to beginning employment.
  - b. If the previous TB test was positive, but the individual is at low risk for TB infection, is asymptomatic, and is at low risk of disease progression, a second test will be conducted.
  - c. Individuals who have had BCG vaccination will have an initial screening test. An IGRA is the preferred method of testing for individuals who have received the BCG vaccine.
4. Third party contractors who may come in contact with residents, including service employees, consultants and privately hired sitters, must provide proof of screening for LTBI and active TB disease prior to contact with residents, or as required by State regulations.

### Evaluation and Treatment of Positive Screening

1. If first baseline test and individual risk assessment are both positive, or if the follow-up test is positive the individual must undergo symptom evaluation and chest X-ray to rule out active TB disease.
2. If the chest X-ray is negative and he/she is free of symptoms of active TB, the employee is considered free of active tuberculosis but positive for LTBI.
  - a. Employees who are diagnosed with LTBI are strongly encouraged to complete the recommended treatment for LTBI.
  - b. Employees who do not complete LTBI treatment are monitored and screened annually for symptoms. In addition, they are provided with education about the signs and symptoms of active TB and advised to contact the Employee Health Coordinator immediately if symptoms develop.

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3. If the X-ray shows signs of lung abnormalities or the symptom questionnaire is positive, the employee is referred to his/her private physician or the appropriate health department to discuss possible TB prophylaxis or treatment.
  - a. The private physician or health department must provide the Employee Health Coordinator with a signed medical release indicating that the individual is free from active TB prior to beginning or returning to work.

### Serial Testing of Employees

1. The decision to perform serial (e.g., annual) testing after baseline is based on individual risk factors of exposure both at work and outside of work.
2. The Infection Preventionist determines how to proceed with follow up testing based on individual risk factors and baseline test results.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a> ; <a href="#">§483.70(a) Licensure.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controller's Association and CDC, 2019.
<b>Related Documents</b>	<a href="#">Health Care Personnel (HCP) Baseline Individual TB Risk Assessment</a> <a href="#">Tuberculosis – Employee Exposure Follow-Up</a> <a href="#">Tuberculosis Infection Control Program</a> <a href="#">Associate/Employee TB Screening Record (CP1807)</a>
<b>Version</b>	1.3 (H5MAPL0910)

# Waste Disposal

## Policy Statement

All infectious and regulated waste shall be handled and disposed of in a safe and appropriate manner.

## Policy Interpretation and Implementation

1. All infectious and regulated waste destined for disposal shall be placed in closable leak-proof containers or bags that are color-coded or labeled as herein described. The Infection Preventionist and Environmental Services Director will ensure that waste is properly disposed of and the following rules are observed:
  - a. If outside contamination of the container or bag is likely to occur, a second leak-proof container or bag which is closable and labeled (or color-coded) shall be placed over the outside of the first container or bag and closed to prevent leakage during handling, storage, and transport.
  - b. Disposal of all infectious and regulated waste shall be in accordance with applicable federal, state, and local regulations.
  - c. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and are labeled or color-coded.
    - (1) These containers shall be easily accessible to personnel and located in the immediate area of use; and
    - (2) These containers shall be replaced routinely and not allowed to overfill.
2. The facility has established procedures governing infectious and regulated waste disposal. Copies of such policies are available from the Infection Preventionist and Environmental Services Director.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Medical Waste Policies</a>
<b>Version</b>	1.3 (H5MAPL0945)

# Work Practices

## Policy Statement

In our facility, employees shall follow personal hygiene and established work practices at all times.

## Policy Interpretation and Implementation

1. Employees shall wash their hands as soon as possible after removing gloves or other personal protective equipment and after contact with blood or other potentially infectious materials.
2. All personal protective equipment shall be removed in the area where contamination occurred, or as soon as possible if overtly contaminated, and placed in an appropriately designated area or container for storage, washing, decontaminating or disposal.
3. Used needles and other sharps shall not be sheared, bent, broken, recapped, or re-sheathed by hand. Used needles shall not be removed from disposable syringes.
4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are all prohibited in work areas where there is a potential for occupational exposure.
5. Food and drink shall not be stored in refrigerators, freezers, or other cabinets where blood or other potentially infectious materials are stored or in other areas of possible contamination.
6. All procedures involving blood or other potentially infectious materials, shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.
7. Mouth pipetting/suctioning is prohibited.
8. Employees who fail to follow our established policies and procedures governing occupational exposure to blood or body fluids are subject to disciplinary action in accordance with our personnel policies.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.70
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at <a href="http://www.osha.gov">www.osha.gov</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0955)

# Coronavirus Disease (COVID-19) – Occupational Health

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## Policy Statement

Facility practices are in place to protect Healthcare personnel from exposure to COVID-19 to the extent possible, in accordance with Occupational Health and Safety Administration (OSHA) and Center for Disease Control and Prevention (CDC) recommendations.

## Policy Interpretation and Implementation

1. This facility has engineering, administrative, and work practice measures in place to protect staff from exposure to COVID-19 and other infectious diseases.
2. Engineering controls consist of physical barriers that separate staff from infected individuals, for example, barrier curtains, dedicated rooms, or airborne infection isolation rooms if available.
3. Administrative controls include specific measures adopted by the facility, for example policies, procedures, training, and facility practices that reduce the risk of exposure for healthcare workers.
4. Safe work practices are measures that staff are asked to comply with in order to reduce their exposure, for example, hand hygiene, proper donning and removal of PPE, handling waste and potentially infectious material, and complying with all infection prevention and control practices.
5. This facility has [ ] does not have [ ] an OSHA approved respiratory protection program.
  - a. This facility is equipped with \_\_\_\_\_ airborne infection isolation (negative-pressure) rooms.
  - b. The number of personnel who have been trained, medically cleared and fit-tested for N95 respirators: \_\_\_\_\_.
  - c. Current and projected 30-day supply of N95 respirators: \_\_\_\_\_.
6. Healthcare workers and other facility staff are required to self-monitor and report fever (temperature > 100°F or subjective fever), or symptoms consistent with COVID-19. Staff are screened before each shift for signs and symptoms of COVID-19 infection, including temperature > 100°F.
7. Any staff member with potential exposure to a resident, visitor or other staff member with confirmed COVID-19 is managed according to [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#).
8. Employee safety and health standards related to COVID-19 are based on [The Occupational Safety and Health Act standards and regulations](#).

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## Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19

This following table applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19.

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged <sup>(1)</sup> close contact <sup>(2)</sup> with a patient, visitor, or HCP with confirmed COVID-19 <sup>(3)</sup>	<ul style="list-style-type: none"> <li>- HCP not wearing a respirator or facemask<sup>(4)</sup></li> <li>- HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</li> <li>- HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure<sup>(1)</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Exclude from work for 14 days after last exposure<sup>(5)</sup>.</li> <li>- Advise HCP to monitor themselves for fever or <a href="#">symptoms consistent with COVID-19<sup>(6)</sup></a>.</li> <li>- Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19<sup>(6)</sup></a> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul>
HCP other than those with exposure risk described above	N/A	<ul style="list-style-type: none"> <li>- No work restrictions.</li> <li>- Follow all <a href="#">recommended infection prevention and control practices</a>, including wearing a facemask for source control while at work, monitoring themselves for fever or <a href="#">symptoms consistent with COVID-19<sup>(6)</sup></a> and not reporting to work when ill, and undergoing active screening for fever or <a href="#">symptoms consistent with COVID-19<sup>(6)</sup></a> at the beginning of their shift.</li> <li>- Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19<sup>(6)</sup></a> should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul>
HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.		

HCP = healthcare personnel

(1) Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

(2) Data are limited for the definition of close contact. For this guidance it is defined as:

- being within 6 feet of a person with confirmed COVID-19; or
- having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

(3) Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:

- For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.

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- b. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
- (1) In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions.
  - (2) If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.
- (4) While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
- (5) If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to [Strategies to Mitigating HCP Staffing Shortages](#).
- (6) For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0°F (37.8°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

References	
OBRA Regulatory	
Survey Tag Numbers	
Other References	<a href="#">Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19</a> <a href="https://www.osha.gov/SLTC/covid-19/healthcare-workers.html">https://www.osha.gov/SLTC/covid-19/healthcare-workers.html</a>
Related Documents	<a href="#">COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers</a>
Version	1.1 (H5MAPL1485)

# Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel

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## Policy Statement

Healthcare Personnel (HCP) in this facility, including all paid and unpaid individuals with potential for direct or indirect exposure to residents or infectious materials, are tested for the SARS-CoV-2 virus to detect the presence of current infections (viral testing) and to help prevent the transmission of COVID-19 in the facility.

Testing may be provided by this facility (Point of Care testing) or offsite through an approved laboratory that has rapid testing capabilities (the ability to process large numbers of tests and report results within 48 hours).

Tests must be able to detect the SARS-CoV-2 virus (e.g., polymerase chain reaction/PCR) with greater than 95% sensitivity, greater than 90% specificity and with results obtained within 48 hours. Antibody tests are not used to diagnose active infection, or to inform the infection prevention and control strategy for COVID-19.

## Policy Interpretation and Implementation

### Testing

1. Symptomatic HCP (those with signs or symptoms associated with COVID-19) are tested, regardless of severity of symptoms. Symptomatic HCP are restricted from the facility pending the results of testing.
2. Asymptomatic HCP with known or suspected exposure to SARS-CoV-2 (including those who have had close contact with SARS-CoV-2 infection in the community) are tested as part of community contact tracing efforts.
3. If there is a COVID-19 outbreak in the facility, expanded viral testing of all HCP and residents, regardless of symptoms and/or exposure, will be initiated.
  - a. An outbreak is defined as a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident.
  - b. Expanded viral testing includes initial testing of all HCP followed by repeat testing of all previously negative HCP, generally between every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result.
4. Routine testing of HCP (those who are asymptomatic and have no known or suspected exposure to SARS-CoV-2) is based on the extent of the virus in the community.
  - a. Routine testing consists of initial viral testing of all HCP, along with periodic retesting.
  - b. Frequency of retesting is based on the following criteria:
    - (1) Low COVID-19 activity (county positivity rate <5%) – once a month;
    - (2) Medium COVID-19 activity (county positivity rate 5-10%) – once a week; or
    - (3) High COVID-19 activity (county positivity rate >10%) – twice a week.
5. Frequency of retesting is based on data reported for the previous week and is accessed at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>.

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6. The county positivity rate is monitored every other week (the first and third Mondays of every month).
  - a. If the county positivity rate increases to a higher level of testing, increased frequency of testing begins as soon as that data is accessed.
  - b. If the county positivity rate decreases to a lower level of testing, the higher frequency of testing will remain in place until the county positivity rate remains at the lowered activity level for at least two weeks.
7. The infection preventionist, or designee, reports positive test results to the local or state health department (as appropriate) for contact tracing and the Occupational Health and Safety Administration according to requirements for Recording and Reporting Occupational Injuries and Illness (29 CFR part 1904).
8. Symptomatic HCP who refuse testing may not enter the building until return to work criteria have been met. Asymptomatic HCP who refuse outbreak testing or routine testing are restricted from the building until testing has been completed.
9. HCP who have recovered from COVID-19 and are asymptomatic do not need to be retested until three months from initial onset of symptoms from prior infection.

### **Return to Work – Symptom-Based Strategies**

1. HCP who have suspected or confirmed infection with SARS-CoV-2 and who have been asymptomatic may return to work based on the following criteria:
  - a. For exposures considered to pose a higher risk of transmission, HCP are excluded from work for 14 days following exposure.
    - (1) If there are staffing shortages, HCP with higher risk exposures may be allowed to return to work prior to the 14 day time period with daily symptom screening (prior to start of shift) and source control (with a facemask) while at work.
  - b. For exposures considered lower risk, HCP are allowed to work with daily symptom screening (prior to start of shift) and source control measures while at work.
2. HCP who have suspected or confirmed infection with SARS-CoV-2 and who have been symptomatic may return to work based on the following criteria:
  - a. HCP with mild to moderate illness who are not severely immunocompromised:
    - (1) At least 10 days have passed since symptoms first appeared;
    - (2) At least 24 hours have passed since last fever without the use of fever-reducing medications; and
    - (3) Symptoms (e.g., cough, shortness of breath) have improved.
  - b. HCP with severe to critical illness or who are severely immunocompromised:
    - (1) At least 20 days have passed since symptoms first appeared;
    - (2) At least 24 hours have passed since last fever without the use of fever-reducing medications; and
    - (3) Symptoms (e.g., cough, shortness of breath) have improved.

### **Return to Work – Test-Based Strategies**

1. HCP who have been symptomatic:
  - a. Resolution of fever without the use of fever-reducing medications; and
  - b. Improvement in symptoms (e.g., cough, shortness of breath); and
  - c. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

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2. HCP who have been asymptomatic:
  - a. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

### Return to Work Practices

1. After returning to work, HCP will:
  - a. Wear a facemask (not a cloth face covering) for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. After this time period, these HCP may return to approved facility source control measures.
  - b. Wear an N95 or equivalent or other recommended PPE when indicated, as a facemask does not replace the need for PPE when caring for residents with suspected or confirmed SARS-CoV-2 infection.
  - c. Self-monitor for symptoms and seek re-evaluation if symptoms of SARS-CoV-2 infection recur or worsen.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control; §483.80(h) COVID-19 Testing.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880; F886</a>
<b>Other References</b>	<a href="#">Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2</a> <a href="#">Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)</a> <a href="#">Strategies to Mitigate Healthcare Personnel Staffing Shortages</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Specimen Collection, Reporting and Documentation for COVID-19 Testing</a>
<b>Version</b>	1.0 (H5MAPL1487)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Environmental Infection Control**

Item # H50045

WINDSOR 003398

# **Infection Control**

## **Policy and Procedure Manual**

### **Environmental Infection Control**

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# **Infection Control**

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# Bed Bugs, Preventing and Managing Infestations of

Level I

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## Purpose

Staff will employ infection control strategies to prevent and manage infestation of bed bugs (*Cimex lectularius*).

## Preparation

Staff should be trained to recognize bed bugs and bed bug infestation, and know what their specific roles will be should an infestation occur.

## General Guidelines

1. Bed bugs belong to the arthropod family Cimicidae.
2. They feed on human blood and other warm-blooded hosts.
3. Adult bed bugs can be as large as 5 mm in length, are red-brown in color and oval shaped.
4. They feed primarily at night. Each feeding “session” lasts for approximately 5 minutes, after which the bugs return to their hiding places – under mattresses, in linens or rugs, or on clothing.
5. There is a distinct odor associated with bed bug infestation. Some describe it as soured fruit or rotting meat.
6. Female bed bugs can lay up to three eggs daily; eggs hatch in 3-5 days.
7. Lifespan of bed bugs can be up to two years with a food source, and up to a year without.
8. Bed bug bites can cause pruritus, papules, vesicle and wheals on the skin. Bites frequently appear in clusters of three. Scratching the bites can lead to local and (later) systemic infections. Severe allergy to the bed bug saliva can lead to anaphylaxis.
9. Infestation can cause psychological stress and “psychogenic itching.”
10. Bed bug management is part of an overall integrated pest management philosophy, which utilizes the most effective combination of methods to control pests while minimizing resident exposure to pesticides.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Flashlight;
2. Gloves;
3. Magnifying glass;
4. Plastic containers for insect specimen;
5. Tweezers or forceps;
6. Photos or drawings of bed bugs and bed bug infestations;
7. Vacuums;
8. Insecticides;
9. Mattress encasements; and
10. Medications, as ordered.

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## Steps in the Procedure

Identifying and eradicating bed bug infestation is a multi-disciplinary task, involving the resident, nursing, infection control, administration, and housekeeping. The following section identifies areas of responsibility that may be assigned to one or more disciplines.

## Monitoring and Inspection

1. Maintain vigilance if there is an outbreak reported in the geographic region.
2. Thoroughly screen newly admitted residents, as well as those who are returning from a stay away from the facility.
  - a. Assess skin for papules, vesicles, wheals, or bullae.
  - b. Ask the resident if they have been exposed to bed bugs or have experienced pruritus.
  - c. Check medication orders for any medication used to treat pruritic rash.
3. Remain alert to complaints of pruritus. (Note that many elderly residents have a reduced sensation of itching.) Pay particular attention to unusual developments in skin appearance in any resident.
4. Regularly inspect mattresses, box springs, bed frames and headboards following current published guidelines for inspection and identification (see References).
  - a. Check resident rooms at night when bed bugs are active. Use a flashlight to check for signs of bed bug activity.
  - b. Use contact and standard precautions during inspections.
5. Consider the use of dogs trained to detect bed bugs, which has been used with success.
6. Signs of bed bug activity include:
  - a. Visual identification of the bugs. Adults and nymphs can be seen with the naked eye. Eggs require a magnifying glass.
  - b. Fecal spots, egg cases, or exuviae (shed skins). These may be visible on mattresses, headboards, bedframes or box springs.
  - c. Odor resembling rotting fruit or meat.

## Identification

1. During monitoring and inspection, use a visual guide (see Bed Bug Identification Guide) to help identify insects and residue from insects that are thought to be bed bugs.
2. If evidence of bedbugs is found, collect specimens and contact a pest management company or service that can identify the specimens. Positive identification of bed bugs by a pest control professional should be made before treatment of the infestation begins.

## Treatment

1. Effective treatment includes the following components:
  - a. Staff and resident education;
  - b. Recordkeeping and reporting;
  - c. Pre-Treatment (see Pre-Treatment Preparation Checklist);
  - d. Treatment of resident symptoms;
  - e. Treatment of infestation (chemical and non-chemical); and
  - f. Evaluation of treatment effectiveness and continued monitoring.

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## Treatment of Symptoms

1. The primary goals of treatment are to relieve itching and prevent secondary infections.
2. Administer medications as ordered. These may include antibiotics, antihistamines, corticosteroids, or topical antiseptics.

## Treatment of Infestation

1. Remove and/or treat all infested materials using non-chemical methods, including:
  - a. Washing and drying bedding, linens, and clothing at high temperatures;
  - b. Vacuuming or steam-cleaning floors, mattresses, and any porous surfaces that cannot be machine-washed;
  - c. Steaming or heat-treating infested rooms and areas (commercial heating services can be contracted for this procedure);
  - d. Freezing, dry ice or liquid CO<sup>2</sup>; and
  - e. Using mattress encasements that are specifically designed to stop bed bugs.
2. Contract with a licensed pest-control service for chemical methods if non-chemical interventions do not resolve the infestation. However, many bed bugs are resistant to even commercial grade insecticides and insecticides alone will usually not eradicate the problem.
3. Combine chemical and non-chemical efforts for the best results. For severe infestation, relocation may be necessary until the life cycle of nymphs and eggs are complete.

## Evaluation and Continued Monitoring

1. After treatment methods have been applied it is important to follow up by monitoring for subsequent infestations. Even if eradication of adult bed bugs was successful, eggs may have survived and hatched.
2. Reapplication of treatments may be needed for several weeks.
3. Keep clutter to a minimum to reduce the potential hiding places for bed bugs.
4. Vacuum regularly.
5. Monitor for bed bugs on a daily basis.
6. Seal cracks and crevices to remove hiding places.

## Documentation

The following should be documented at the facility level:

1. Identified instances of infestation (including who reported, how it was confirmed, and the date and time).
2. Response to the report of infestation.
3. Actions taken, including all interventions and strategies to eliminate the infestation.
4. Staff training on eradication measures.
5. Names and license numbers of professional service contractors.
6. The facility-wide plan to monitor and respond to future infestation (Integrated Pest Management Plan).

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The following should be documented at the resident level for those directly affected by the infestation:

1. Resident response to the infestation.
2. Interventions and treatments.
3. Notification of family/responsible party.
4. If complications ensue (bites, psychological stress, infections, etc.) accident/incident reports must be completed for each resident affected.

## Reporting

Check with local health department regarding mandatory reporting of bed bug infestation.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F925
<b>Other References</b>	<a href="http://www.cdc.gov/nceh/ehs/Publications/Bed_Bugs_CDC-EPA_Statement.htm">http://www.cdc.gov/nceh/ehs/Publications/Bed_Bugs_CDC-EPA_Statement.htm</a> Michigan Manual for the Prevention and Control of Bed Bugs <a href="http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf">http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf</a>
<b>Related Documents</b>	<a href="#">Bed Bug Identification Guide</a> <a href="#">Bed Bug Pre-Treatment Preparation Checklist</a>
<b>Version</b>	1.1 (H5MAPR0328)

# Cleaning and Disinfecting Non-Critical Resident-Care Items Level I

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## Purpose

The purpose of this procedure is to provide guidelines for disinfection of non-critical resident-care items.

## Preparation

1. Assemble the equipment and supplies as needed.

## General Guidelines

1. Discard resident-care items when damaged or so grossly soiled that a disinfection process is not effective in rendering the item clean.
2. Single resident use items are for single resident use only. Mark with the resident's name and/or room number and discard upon transfer or discharge.
3. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care:
  - a. **Critical items** consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.
  - b. **Semi-critical items** consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)
  - c. **Non-critical items** are those that come in contact with intact skin but not mucous membranes.
    - (1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers.
    - (2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location).
  - d. **Reusable items** are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment).
    - (1) **Single resident-use items** are cleaned/disinfected between uses by a single resident and disposed of afterwards (e.g., bedpans, urinals).
  - e. **Single-use items** are disposed of after a single use (e.g., thermometer probe covers).
4. Intermediate and low-level disinfectants for non-critical items include:
  - a. Ethyl or isopropyl alcohol;
  - b. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. Phenolic germicidal detergents;
  - d. Iodophor germicidal detergents; and
  - e. Quaternary ammonium germicidal detergents (low-level disinfection only).

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5. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including:
  - a. Recommended use-dilution;
  - b. Material compatibility;
  - c. Storage;
  - d. Shelf-life; and
  - e. Safe use and disposal.

## **Equipment and Supplies**

The following equipment and supplies will be necessary when performing this procedure.

1. Non-critical resident care item;
2. Soap and water;
3. Disinfectant solution;
4. Wipes;
5. Paper towels; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## **Steps in the Procedure**

1. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.

### **Bedpans**

1. Cover the bedpan or urinal before taking it to the bathroom or to the dirty utility room.
2. Empty contents (urine and feces) into the toilet. Flush the toilet.
3. Rinse bedpan or urinal with cool water to remove feces and urine.
4. Wash surface of bedpan or urinal with disinfectant solution.
5. Rinse with hot running water.
6. For disinfection, use EPA-registered and facility approved low-level disinfectant solution (e.g., sodium hypochlorite). Follow manufacturer's dilution instructions.
7. Pour small amount of disinfectant solution (enough to thoroughly wet surfaces) on and into bedpan or urinal or spray liberally to thoroughly wet the surfaces.
8. Do not use a brush to clean the bedpan or urinal as this may cause splashes or spatters of urine or feces.
9. Rotate bedpan or urinal to allow solution to cover entire inner surface.
10. Place article on paper towel and allow to air dry or dry article with paper towel.
11. Discard disposable equipment and supplies in designated containers.
12. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
13. Return the bedpan or urinal to resident's bedside cabinet.
14. Wash and dry your hands thoroughly.

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**Measuring Graduates/Urinals**

1. Rinse measuring graduate/urinal with warm water after each use.
2. Disinfect measuring graduates/urinals weekly using EPA-registered and facility approved low-level disinfectant solution (e.g., sodium hypochlorite). Follow manufacturer's dilution instructions.
3. Pour solution into measuring graduate/urinal. Let sit ten (10) minutes.
4. Flush solution down the toilet.
5. Allow the measuring graduate/urinal to air dry.
6. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.

**Stethoscope**

1. Examine stethoscope for damages. Report damaged equipment to your supervisor.
2. Select facility approved low-level disinfectant (e.g., ethyl or isopropyl alcohol).
3. Applying firm pressure in a circular motion, use disinfectant and wipes to clean stethoscope ear pieces, tubing, diaphragm and bell.
4. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
5. Return the stethoscope to its designated storage area.
6. Discard disposable equipment and supplies in designated containers.
7. Clean and disinfect the surface area used to clean the stethoscope.
8. Wash and dry your hands thoroughly.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	CDC Guideline for Disinfection and Sterilization In Healthcare Facilities, 2008 <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a>
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Environmental Surfaces</a> <a href="#">Cleaning and Disinfection of Resident-Care Items and Equipment</a>
<b>Version</b>	1.2 (H5MAPR0109)

# Cleaning and Disinfecting Residents' Rooms

Level I

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## Purpose

The purpose of this procedure is to provide guidelines for cleaning and disinfecting residents' rooms.

## General Guidelines

1. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled.
2. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.
3. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including:
  - a. Recommended use-dilution;
  - b. Material compatibility;
  - c. Storage;
  - d. Shelf-life; and
  - e. Safe use and disposal.
4. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled.
5. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently.
6. Floor mopping solution will be replaced every three resident rooms, or changed no less often than at 60-minute intervals.
7. Personnel should remain alert for evidence of rodent activity (droppings) and report such findings to the Environmental Services Director.
8. Use heavy-duty gloves (and other PPE as indicated) for housekeeping tasks.
  - a. Gloves, protective eyewear and masks may be indicated to reduce exposure levels to disinfectant chemicals as well as to protect employees from exposure to blood and OPIM while cleaning or disinfecting.
  - b. Heavy-duty gloves may be reused as long as the integrity of the gloves is intact and they are disinfected regularly.
9. Clean medical waste containers intended for reuse (e.g., bins, pails, cans, etc.) daily or when such receptacles become visibly contaminated with blood, body fluids or other potentially infectious materials.
10. Perform hand hygiene after removing gloves.
11. Intermediate and low-level disinfectants for non-critical items include:
  - a. Ethyl or isopropyl alcohol;
  - b. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. Phenolic germicidal detergent;
  - d. Iodophor germicidal detergent; and
  - e. Quaternary ammonium germicidal detergent (low-level only).
12. The Environmental Services Director and Administrator, in conjunction with the Infection Preventionist, will select appropriate facility disinfectants.

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## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Supplies and equipment appropriate for the task (for example):
  - a. Disinfectant solution;
  - b. Cleaning cloths;
  - c. Mop;
  - d. Bucket; and
  - e. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Resident Room Cleaning:

1. Gather supplies as needed.
2. Prepare disinfectant according to manufacturer's recommendations.
3. Discard disinfectant/detergent solutions that become soiled or clouded with dirt and grime and prepare fresh solution.
4. Change mop solution water at least every three (3) rooms, or as necessary.
5. Change cleaning cloths when they become soiled. Wash cleaning cloths daily and allow cloths to dry before reuse.
6. Clean horizontal surfaces (e.g., bedside tables, overbed tables, and chairs) daily with a cloth moistened with disinfectant solution. Do not use feather dusters.
7. Clean personal use items (e.g., lights, phones, call bells, bedrails, etc.) with disinfectant solution at least twice weekly.
8. When cleaning rooms of residents on isolation precautions, use personal protective equipment as indicated.
9. When possible, isolation rooms should be cleaned last and water discarded after cleaning room.
10. Utilize disinfectant solution based on type of precaution.
11. Clean curtains, window blinds, and walls when they are visibly soiled or dusty.
12. Clean spills of blood or body fluids as outlined in the established procedure.

### Terminal Room Cleaning:

1. Terminal room cleaning is done when the resident is transferred, discharged, or expires.
2. Gather equipment (e.g., heavy-duty gloves, freshly prepared disinfectant, cleaning cloth, plastic trash bag, mop, and bucket).
3. Prepare disinfectant according to manufacturer's recommendations.
  - a. Use fresh solutions for terminal and thorough cleaning of all rooms.
  - b. Discard solution when the procedure has been completed.
4. Clean all high-touch furniture items (e.g., bedside tables, overbed tables, chairs, and beds) with disinfectant solution.
5. Clean all high-touch personal use items (e.g., lights, phones, call bells, bedrails, etc.) with disinfectant solution.
6. Discard personal (e.g., powder, toothpaste, toothbrushes, mouthwash, lotions, and soaps) and single-resident use items (e.g., thermometers).
7. Return items still in their original wrappers to stock if the integrity of the wrapper is not compromised, the outside of the container is visibly clean, and the item is not outdated.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	F880; F925
<b>Other References</b>	<p>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 at <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a></p> <p>For lists of Selected EPA- Registered Disinfectants see <a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a></p>
<b>Related Documents</b>	<p><a href="#">Cleaning and Disinfection of Environmental Surfaces</a></p> <p><a href="#">Cleaning and Disinfection of Resident-Care Items and Equipment</a></p> <p><a href="#">Environmental Checklist for Monitoring Terminal Cleaning</a></p>
<b>Version</b>	2.0 (H5MAPR0108)

# Cleaning and Disinfection of Environmental Surfaces

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## Policy Statement

Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA Bloodborne Pathogens Standard.

## Policy Interpretation and Implementation

1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care and those in the resident's environment:
  - a. **Critical items** consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.
  - b. **Semi-critical items** consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)
  - c. **Non-critical items** are those that come in contact with intact skin but not mucous membranes.
    - (1) Non-critical environmental surfaces include bed rails, some food utensils, bedside tables, furniture and floors.
    - (2) Most non-critical items can be decontaminated where they are used (as opposed to being transported to a central processing location).
2. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions.
  - a. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes.
  - b. By law, all applicable label instructions on EPA-registered products must be followed.
3. Devices that are used by staff but not in direct contact with residents (e.g., computer keyboards, PDAs, etc.) shall be cleaned and disinfected regularly (according to facility schedule) by the environmental services staff and as needed by the nursing staff.
4. Intermediate and low-level disinfectants for non-critical items include:
  - a. Ethyl or isopropyl alcohol;
  - b. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. Phenolic germicidal detergents;
  - d. Iodophor germicidal detergents; and
  - e. Quaternary ammonium germicidal detergents (low-level disinfection only).
5. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including:
  - a. Recommended use-dilution;
  - b. Material compatibility;
  - c. Storage;
  - d. Shelf-life; and
  - e. Safe use and disposal.

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6. A one-step process and an EPA-registered hospital disinfectant designed for housekeeping purposes will be used in resident care areas where:
  - a. uncertainty exists about the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or
  - b. uncertainty exists about the presence of multidrug-resistant organisms on such surfaces.
7. Detergent and water will be used for cleaning surfaces in non resident care areas (e.g., administrative offices).
8. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical surfaces.
9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled.
10. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.
11. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled.
12. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently (e.g., floor mopping solution will be replaced every three resident rooms, or changed no less often than at 60-minute intervals).
13. Mop heads and cleaning cloths will be decontaminated regularly (e.g., laundered and dried at least daily).
14. Horizontal surfaces will be wet dusted regularly (e.g., daily, three times per week) using clean cloths moistened with an EPA-registered hospital disinfectant (or detergent). The disinfectant (or detergent) will be prepared as recommended by the manufacturer.
15. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA Bloodborne Pathogens Standard).
16. The following procedures will be implemented for site decontamination of spills of blood or other potentially infectious materials (OPIM):
  - a. Use protective gloves and other PPE (e.g., when sharps are involved use forceps to pick up sharps and discard these items in a puncture-resistant container) appropriate for this task.
  - b. Disinfect areas contaminated with blood spills using an EPA-registered tuberculocidal agent, a registered germicide on the EPA Lists D and E (i.e., products with specific label claims for HIV and HBV) or freshly diluted hypochlorite solution.
  - c. If sodium hypochlorite solutions are selected use a 1:100 dilution to decontaminate nonporous surfaces after a small spill (e.g., <10 mL) of either blood or OPIM.
  - d. If a spill involves large amounts (e.g., >10 mL) of blood or OPIM, or involves a culture spill in the laboratory, use a 1:10 dilution for the first application of hypochlorite solution before cleaning in order to reduce the risk of infection during the cleaning process in the event of a sharps injury.
  - e. Follow this decontamination process with a terminal disinfection, using a 1:100 dilution of sodium hypochlorite.
17. If the spill contains large amounts of blood or body fluids, the visible matter will be cleaned with disposable absorbent material, and the contaminated materials discarded in an appropriate, labeled container.

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18. Protective gloves and other PPE appropriate for this task will be used.
19. In units with high rates of endemic *Clostridium difficile* infection or in an outbreak setting, dilute solutions of 5.25%–6.15% sodium hypochlorite (e.g., 1:10 dilution of household bleach) or an EPA registered antimicrobial product effective against *Clostridium difficile* spores will be used for routine environmental disinfection. If chlorine solution is not prepared fresh daily, it will be stored at room temperature for up to 30 days in a capped, opaque plastic bottle. (Note: A 50% reduction in chlorine concentration will occur by day 30.)
20. An EPA-registered sodium hypochlorite product is preferred, but if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	<p>OSHA’s Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a>;</p> <p>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 at: <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a></p> <p>For lists of Selected EPA- Registered Disinfectants see <a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a></p>
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Resident-Care Items and Equipment</a>
<b>Version</b>	1.2 (H5MAPL1198)

# Cleaning and Disinfection of Resident-Care Items and Equipment

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## Policy Statement

Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard.

## Policy Interpretation and Implementation

1. The following categories are used to distinguish the levels of sterilization/ disinfection necessary for items used in resident care:
  - a. **Critical items** consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.
  - b. **Semi-critical items** consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)
  - c. **Non-critical items** are those that come in contact with intact skin but not mucous membranes.
    - (1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers.
    - (2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location).
  - d. **Reusable items** are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment).
    - (1) **Single resident-use items** are cleaned/disinfected between uses by a single resident and disposed of afterwards (e.g., bedpans, urinals).
  - e. **Single-use items** are disposed of after a single use (e.g., thermometer probe covers).
  - f. **Reprocessed single-use devices** are those that have been previously used by a resident and then subjected to additional processing (manufacturing) for the purpose of an additional single use on another resident. Use of reprocessed single-use devices is permitted if:
    - (1) The device is reprocessed by a FDA-registered third party preprocessor; and
    - (2) There is documentation from the third party processor indicating that it has been cleared by the FDA to reprocess the device.
2. Critical and semi-critical items will be sterilized/disinfected in a central processing location and stored appropriately until use. Equipment to be processed will be labeled with at least the following information:
  - a. That the equipment is contaminated;
  - b. The address to which the equipment is to be shipped;
  - c. The address from which the equipment was removed (including telephone number);
  - d. The name of the person labeling the equipment; and
  - e. The date and time the label was affixed to the equipment.
3. Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.
4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions.

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5. Only equipment that is designated reusable shall be used by more than one resident.
6. Single use items will be discarded after a single use.
7. Intermediate and low-level disinfectants for non-critical items include:
  - a. Ethyl or isopropyl alcohol;
  - b. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. Phenolic germicidal detergents;
  - d. Iodophor germicidal detergents; and
  - e. Quaternary ammonium germicidal detergents (low-level disinfection only).
8. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical items.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at <a href="http://www.osha.gov">www.osha.gov</a> CDC <i>Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008</i> at <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a> Selected EPA-Registered Disinfectants: <a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a>
<b>Related Documents</b>	<a href="#">Cleaning and Disinfecting Non-Critical Resident-Care Items</a> <a href="#">Cleaning and Disinfection of Environmental Surfaces</a>
<b>Version</b>	1.3 (H5MAPL0175)

# Cleaning Broken Glass When Contaminated With Blood or Body Fluids

Level I

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## Purpose

The purpose of this procedure is to remove the hazards of broken glass from all areas while taking care to disinfect the area in the event of blood/body fluid spills.

## Preparation

Assemble the equipment and supplies needed.

## General Guidelines

1. Notify environmental services of spills of blood or body fluids with incidents that result in broken glass.
2. Never pick up broken glass by hand, regardless of glove usage.
3. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA Bloodborne Pathogens Standard).

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure for blood and body fluid spills.

1. OSHA compliant Blood Spill Kit.
2. If spill kit is unavailable, proceed to obtain the following equipment:
  - a. Absorbent granules;
  - b. Mop;
  - c. Disinfectant/bleach/EPA Registered germicidal solution;
  - d. Plastic scoop or specially marked dustpan;
  - e. Brush/tongs/forceps;
  - f. Sharps container (or larger puncture-proof container if glass fragments are larger); and
  - g. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Arrange the supplies so they can be easily reached.
2. Put on gloves.
3. Sprinkle absorbent granules over spill area and allow to absorb.
4. When all liquid has been absorbed by granules, carefully (using tongs, forceps, or brush) place gel and glass fragments into the dustpan or scoop.
5. Discard glass fragments and gel into the sharps container.
6. Thoroughly mop spill area. If the spill contained blood/body fluids, follow procedures for cleaning spills of blood.
7. Discard disposable equipment and supplies in designated containers.

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8. Clean and disinfect equipment used to pick up glass fragments.
9. Remove gloves carefully (avoiding embedded glass fragments) and discard in designated container.
10. Wash and dry your hands thoroughly.

## Reporting

1. Notify environmental services of spills of blood or body fluids with incidents that result in broken glass.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Policy)</a> <a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Procedure)</a>
<b>Version</b>	2.1 (H5MAPR0060)



# Cleaning/Repairing Carpeting and Cloth Furnishings

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## Policy Statement

Carpeting and cloth furnishings shall be cleaned regularly and repaired promptly.

## Policy Interpretation and Implementation

1. Carpeting throughout the facility shall be vacuumed regularly in accordance with facility cleaning schedules.
2. Carpets shall be deep-cleaned periodically (approximately once per month), or more often as needed.
3. Spills of blood or body fluids shall be cleaned promptly. Carpet tiles will be replaced if contaminated by blood or body fluids.
4. Carpet that becomes wet shall be dried thoroughly within 72 hours.
5. Upholstered furniture shall be kept in good repair and replaced if torn excessively.
6. Stained or soiled upholstered furniture shall be cleaned in a manner consistent with the type of fabric and stain.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.90(i) Other Environmental</a>
<b>Survey Tag Numbers</b>	<a href="#">F921</a>
<b>Other References</b>	CDC's Guidelines for Environmental Infection Control at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL0131)

# Cleaning Spills or Splashes of Blood or Body Fluids

## Policy Statement

Spills or splashes of blood or other body fluids must be cleaned and the spill or splash area decontaminated as soon as practical.

## Policy Interpretation and Implementation

1. Whoever spills or splashes blood or body fluid, or witnesses splattered or spilled blood anywhere in the facility, shall notify environmental services that a spill or splash of blood or body fluids has occurred and shall provide pertinent information, including the amount and area in which the incident occurred.
2. An appropriately trained and authorized individual shall clean and disinfect any surfaces or equipment contaminated with spills or splashes of blood or body fluids as soon as practical to prevent exposure.
3. Whoever is exposed to blood or body fluids shall report the occurrence to the Infection Preventionist (or designee) and wash his/her hands as soon as practical after exposure.
4. Staff must wear gloves when cleaning spills or splashes of blood or body fluids. (Note: Other protective equipment, i.e., gowns, masks, and goggles, may be necessary if splashing of blood or body fluids into the eyes, nose, or mouth, or soiling of clothing is likely. Shoe coverings will be necessary if there is a large amount of blood or body fluids on the floor.)
5. Wash hands as soon as practical after exposure to blood or body fluids.
6. The facility has established procedures governing the cleaning and disinfection of spills or splashes of blood or body fluids.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a> CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	<a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Procedure)</a>
<b>Version</b>	1.2 (H5MAPL0130)

# Cleaning Spills or Splashes of Blood or Body Fluids

Level I

## Purpose

The purpose of this procedure is to minimize the danger of environmental contamination and the possible spread of bloodborne infections, including the AIDS (HIV) and Hepatitis B (HBV) viruses, to employees and residents while cleaning up spills of blood or body fluid splashes.

## Preparation

Assemble the equipment and supplies as needed.

## General Guidelines

1. Hands must be washed as soon as practical after an exposure to blood.
2. As all residents' blood and body fluids are considered potentially infectious, all exposures to blood/body fluids must be reported to the Infection Preventionist (or designee) or supervisor.
3. Do not pick up broken glass by hand. Use forceps, tongs, or brush and dustpan.
4. Report spills of blood or body fluids to the Infection Preventionist (or designee) so that an investigation into the cause of the spill can be initiated and the corrective measures identified to prevent similar spills from occurring.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Nonsterile gloves (exam or heavy-duty);
2. Bleach (EPA registered sodium hypochlorite 5.25%);
3. Spray bottle;
4. Water;
5. Cloth or paper towels;
6. Plastic bag (Note: If a red bag is not used, a "biohazard" label must be affixed to the bag);
7. Forceps, tongs, or brush and dustpan (as applicable if picking up broken glass);
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and
9. Other as appropriate or as may be needed.

## Steps in the Procedure

1. Arrange the supplies so they can be easily reached.
2. Using appropriate personal protective measures, mix and label the following disinfectant solutions:
  - a. One (1) part bleach and ten (10) parts water (written as 1:10); and/or
  - b. One (1) part bleach and one hundred (100) parts water (written as 1:100).
3. Put on nonsterile exam gloves or heavy-duty gloves.
4. If the spill involves large amounts of blood (two cups or more), spray the area with 1:10 disinfectant solution until thoroughly saturated.
5. Use forceps, tongs, or brush and dustpan to pick up broken glass.

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6. Place contaminated items, including equipment used to pick up glass fragments, in properly labeled receptacle for decontamination.
7. Wipe up the spill or splash with a cloth or paper towels or use granules to absorb spill.
8. Discard the saturated cloth or paper towels into the plastic “biohazard” bag.
9. Repeat as necessary until the spill or splash area is dry.
10. Disinfect the area by swabbing with a cloth or paper towel which has been moderately saturated with a 1:100 bleach solution. Allow to air dry.
11. Discard the contaminated cleaning cloth or paper towels into the plastic “biohazard” bag.
12. Spray disinfectant solution onto the discarded cloth or paper towels inside the plastic bag.
13. Tie the bag. If the outside of the plastic bag becomes contaminated with blood, body fluids, secretions, or excretions, place the contaminated bag into a clean plastic bag.
14. Place the plastic bag into a designated container for medical waste.
15. Remove gloves and place them into designated container. Wash and dry hands thoroughly.
16. Return unused supplies or equipment to the designated storage areas.
17. Wash and dry your hands thoroughly.

## Reporting

1. Notify environmental services of spills of blood or body fluids and/or incidents that result in broken glass.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS Items (CAAs)	
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	<a href="#">Cleaning Spills or Splashes of Blood or Body Fluids (Policy)</a>
Version	2.0 (H5MAPR0080)

# Construction and Renovation – Maintaining Air Quality and Safety

## Policy Statement

This facility shall take environmental infection control measures pertaining to air quality and safety.

## Purpose

To prevent and control airborne opportunistic infections (e.g., Legionnaire's Disease, healthcare-acquired *Aspergillosis*) caused by air handling systems or due to construction, renovation, remediation, repair, and demolition.

1. All new and renovated air handling systems will be designed following *American Institute of Architects* (AIA) standards and state or local requirements.
2. Ventilation systems are maintained by the Environmental Services Director (or designee) consistent with manufacturers' instructions and Centers for Disease Control and Prevention (CDC) and Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations to ensure optimal removal of particulates, elimination of excess moisture, and appropriate pressure differentials.
3. Humidity controls will be monitored periodically to ensure adequate moisture removal.
4. The facility does not use cool mist humidifiers.
5. Air duct grills will be cleaned regularly, according to the facility maintenance schedule.
6. The Administrator will ensure that all construction, renovation, remediation, repair and demolition projects are reviewed to determine the need for dust-control procedures and barrier precautions.
7. If a case of suspected acquired airborne illness such as *Legionella pneumonia* or *aspergillosis* or other opportunistic environmental airborne disease occurs during or immediately after construction, follow-up measures will be initiated in accordance with current CDC/HICPAC recommendations.

References	
<b>OBRA Regulatory Reference Numbers</b>	483.90(i)(2)
<b>Survey Tag Numbers</b>	F923
<b>Other References</b>	CDC's Guidelines for Environmental Infection Control at: <a href="http://www.cdc.gov/mmwr/PDF/rr/r5210.pdf">www.cdc.gov/mmwr/PDF/rr/r5210.pdf</a>
<b>Related Documents</b>	<a href="#">Construction and Renovation – Role of the Administrator or Designee(s)</a>
<b>Version</b>	1.0 (H5MAPL0152)

# Construction and Renovation – Role of the Administrator or Designee(s)

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## Policy Statement

The Administrator or designee(s) shall plan, implement, and supervise infection control practices during construction, renovation, remediation, repair, and/or demolition of the facility in accordance with recommendations of the Centers for Disease Control and Prevention (CDC), the Healthcare Infection Control Practices Advisory Committee (HICPAC), and state or local requirements.

## Purpose

To reduce resident and employee exposure to potentially infectious agents released into the environment due to construction, renovation, remediation, repair and demolition or related activities.

1. The Administrator or designee(s) will review all plans for construction, renovation, remediation, repair and demolition projects prior to beginning projects.
2. Prior to beginning any construction-related projects, the Administrator or designee(s) will perform an infection control risk assessment (ICRA) to define the scope of the project and the need for dust control procedures and barrier measures.
3. The Administrator or designee(s) will monitor dust control procedures and barriers and other infection control measures during internal and external construction in accordance with the most recent CDC/HICPAC recommendations and state or local requirements.
4. The Administrator or designee(s) will establish or designate a multidisciplinary construction team that includes infection control staff and will maintain a log of the team's activities and considerations.
5. The Administrator or designee(s) will provide to construction workers and healthcare staff educational materials and in-services, as needed, regarding the following issues:
  - a. Airborne infection risks to immunocompromised patients as they relate to construction projects;
  - b. Dispersal of fungal spores and other dust-borne or airborne infectious agents during construction projects; and
  - c. Methods to control the dissemination of dust-borne or airborne infectious agents.
6. The Administrator or designee(s) will review construction contracts and incorporate mandatory adherence agreements for infection control practices in accordance with CDC/HICPAC recommendations and state or local requirements.
7. The Administrator or designee(s) will consider including monetary penalties for noncompliance when necessary, and will implement mechanisms to ensure timely correction if problems are identified.
8. The Administrator or designee(s) will establish and maintain surveillance for airborne and waterborne environmental disease (e.g. aspergillosis, Legionnaire's disease) as appropriate throughout the project to protect immunocompromised patients.
9. The Administrator or designee(s) will monitor construction and renovation projects until completion to ensure adherence to current CDC/HICPAC guidelines and state or local requirements.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.90(i) Other Environmental</a>
<b>Survey Tag Numbers</b>	<a href="#">F921</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Construction and Renovation – Maintaining Air Quality and Safety</a>
<b>Version</b>	1.0 (H5MAPL0153)

# Equipment and Supplies Used During Isolation

## Policy Statement

Appropriate infection prevention and control equipment and supplies are obtained, stored and used in accordance with current guidelines and manufacturer instructions.

## Policy Interpretation and Implementation

1. All equipment and supplies needed to implement transmission-based (isolation) precautions are obtained from an approved vendor.
2. Infection prevention and control supplies are stored and maintained in accordance with current guidelines and manufacturer's recommendations.
3. The Infection Preventionist (or designee) oversees the availability and inventory of infection prevention and control supplies.
4. The nursing department will notify environmental services when equipment used to care for a resident needs to be sanitized.
  - a. Personal protective equipment (i.e., gloves, gowns, etc.) are worn when handling or transporting resident-care equipment and supplies that are visibly soiled or have been in contact with blood or body fluids.
  - b. Environmental services staff is responsible for cleaning and sanitizing equipment before it is returned to Central Supply or to designated storage areas.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Resident-Care Items and Equipment</a> <a href="#">Isolation – Categories of Transmission-Based Precautions</a>
<b>Version</b>	2.0 (H5MAPL0284)



# Ice Machines and Ice Storage Chests

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## Policy Statement

Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice.

## Policy Interpretation and Implementation

1. Ice-making machines, ice storage chests/containers, and ice can all become contaminated by:
  - a. Unsanitary manipulation by employees, residents, and visitors;
  - b. Waterborne microorganisms naturally occurring in the water source;
  - c. Colonization by microorganisms; and/or
  - d. Improper storage or handling of ice.
2. To help prevent contamination of ice machines, ice storage chests/containers or ice, staff shall follow these precautions:
  - a. Limit access to ice machines or ice storage chests/containers to employees only;
  - b. Keep access doors or storage container tops closed when not in use;
  - c. Do not handle ice directly by hand;
  - d. Use a smooth-surface ice scoop to obtain and dispense ice;
  - e. Keep the ice scoop/bin in a covered container when not in use. (Note: If the ice scoop is maintained on a chain, be sure the chain is short enough to ensure the scoop does not touch the floor.);
  - f. Clean and sanitize the tray and ice scoop daily;
  - g. Do not store pharmaceuticals or medical solutions on ice intended for consumption;
  - h. If another receptacle such as a small chest or bin is used to transport ice from the source to another point of distribution, follow the same steps as above. Do not distribute ice directly from an open container;
  - i. To keep medical solutions cold, use equipment specifically manufactured for this purpose; and
  - j. Flush and clean the ice machine and dispenser after lengthy water disruptions (if not disconnected prior to disruption).
3. Our facility has established procedures for cleaning and disinfecting ice machines and ice storage chests which adhere to the manufacturer's instructions. The Infection Preventionist (or designee) maintains a copy of these procedures.
4. Microbiologic sampling of ice, ice machines and ice storage chests/containers will be conducted during epidemiologic investigations.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.90(i) Other Environmental</a>
<b>Survey Tag Numbers</b>	<a href="#">F921</a>
<b>Other References</b>	Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	<a href="#">Water Supply</a>
<b>Version</b>	1.3 (H5MAPL0385)

# Laundry and Bedding, Soiled

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## Policy Statement

Soiled laundry/bedding shall be handled, transported and processed according to best practices for infection prevention and control.

## Policy Interpretation and Implementation

### Handling

1. All used laundry is handled as potentially contaminated until it is properly bagged and labeled for appropriate processing.
  - a. Soiled laundry and bedding (e.g., personal clothing, uniforms, scrub suits, gowns, bed sheets, blankets, pillows, towels, etc.) contaminated with blood or other potentially infectious materials is handled as little as possible and with a minimum of agitation.
  - b. Laundry that is contaminated with blood or body substances is placed in leak-proof bags or containers.
  - c. Contaminated laundry is placed in a bag or container at the location where it is used and not sorted or rinsed at the location of use.

### Transport

1. Contaminated laundry bags/containers are not held close to the body or squeezed during transport.
2. There are no additional requirements for transporting linen from rooms where transmission-based precautions are in effect.
3. Linen carts are cleaned and disinfected whenever visibly soiled and according to the established schedule.
4. Carts that are used for transport of dirty linen are thoroughly cleaned and disinfected before being used to transport clean linens.
5. Clean linens are protected from dust and soiling during transport and storage to ensure cleanliness.
6. Clean linens are stored separately, away from soiled linens, at all times.

### Processing

1. Laundry services are provided by:
  - a. \_\_\_\_\_ (onsite); or
  - b. \_\_\_\_\_ (offsite).
2. Sharps containers are located in the laundry room. Sharps (e.g., needles, razor blades, etc.) found in laundry are discarded in the sharps container.
3. Forceps/tongs or similar safe sorting devices are available for sorting laundry.

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## Mattresses, Pillows and Overlays

1. Moisture-resistant mattress covers are cleaned and disinfected using EPA-registered disinfectants between uses by different residents.
2. Fabric mattress covers are laundered between uses by different residents.
3. Mattresses that are torn, stained with bodily fluids, or have been wet for prolonged periods are discarded.
4. Air fluidized beds and pressure-reducing overlays are maintained, cleaned, and replaced in accordance with manufacturers' instructions.
5. Washable pillows are laundered in hot water when soiled with bodily substances and before exchange between residents. Pillows that are torn, damaged, or permanently stained are discarded.

## Personal Clothing

1. Personal clothing that becomes soiled with blood or body fluids is covered (e.g., with a gown) or removed and immediately laundered before leaving the work area.
2. Employees' personal protective equipment, uniforms or clothing contaminated with blood or other potentially infectious materials are laundered, replaced, or repaired at no cost to the employee.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(e) Linens.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Biohazard Labeling</a>
<b>Version</b>	1.3 (H5MAPL0458)

# Legionella Water Management Program

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## Policy Statement

Our facility is committed to the prevention, detection and control of water-borne contaminants, including *Legionella*.

## Policy Interpretation and Implementation

1. As part of the infection prevention and control program, our facility has a water management program, which is overseen by the water management team.
2. The water management team will consist of at least the following personnel:
  - a. The infection preventionist;
  - b. The administrator;
  - c. The medical director (or designee);
  - d. The director of maintenance; and
  - e. The director of environmental services.
3. The purposes of the water management program are to identify areas in the water system where *Legionella* bacteria can grow and spread, and to reduce the risk of Legionnaire's disease.
4. The water management program used by our facility is based on the Centers for Disease Control and Prevention and ASHRAE recommendations for developing a *Legionella* water management program.
5. The water management program includes the following elements:
  - a. An interdisciplinary water management team;
  - b. A detailed description and diagram of the water system in the facility, including the following:
    - (1) Receiving;
    - (2) Cold water distribution;
    - (3) Heating;
    - (4) Hot water distribution; and
    - (5) Waste.
  - c. The identification of areas in the water system that could encourage the growth and spread of *Legionella* or other waterborne bacteria, including:
    - (1) Storage tanks;
    - (2) Water heaters;
    - (3) Filters;
    - (4) Aerators;
    - (5) Showerheads and hoses;
    - (6) Misters, atomizers, air washers and humidifiers;
    - (7) Hot tubs;
    - (8) Fountains; and
    - (9) Medical devices such as CPAP machines, hydrotherapy equipment, etc.

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- d. The identification of situations that can lead to *Legionella* growth, such as:
    - (1) Construction;
    - (2) Water main breaks;
    - (3) Changes in municipal water quality;
    - (4) The presence of biofilm, scale or sediment;
    - (5) Water temperature fluctuations;
    - (6) Water pressure changes;
    - (7) Water stagnation; and
    - (8) Inadequate disinfection.
  - e. Specific measures used to control the introduction and/or spread of *legionella* (e.g., temperature, disinfectants);
  - f. The control limits or parameters that are acceptable and that are monitored;
  - g. A diagram of where control measures are applied;
  - h. A system to monitor control limits and the effectiveness of control measures;
  - i. A plan for when control limits are not met and/or control measures are not effective; and
  - j. Documentation of the program.
6. The Water Management Program will be reviewed at least once a year, or sooner if any of the following occur:
- a. The control limits are consistently not met;
  - b. There is a major maintenance or water service change;
  - c. There are any disease cases associated with the water system; or
  - d. There are changes in laws, regulations, standards or guidelines.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	ASHRAE Standard 188
<b>Related Documents</b>	<a href="#">Legionella Surveillance and Detection</a> <a href="#">Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings</a> <a href="#">Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)</a>
<b>Version</b>	1.0 (H5MAPL1450)

# Medical Waste, Categories of

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## Policy Statement

This facility classifies its medical wastes in accordance with current guidelines and recommendations for regulated medical wastes.

## Policy Interpretation and Implementation

1. Medical wastes from this facility are categorized into the following classifications:
  - a. Cultures and stocks of infectious agents and associated biologicals, including:
    - (1) Cultures from medical and pathological laboratories;
    - (2) Cultures of infectious agents; and
    - (3) Culture dishes and devices used to transfer, inoculate and mix cultures, including those used to obtain patient specimens to send to a diagnostic laboratory.
  - b. Human blood and blood products, including:
    - (1) Liquid wastes;
    - (2) Human blood;
    - (3) Products of blood, including plasma and platelets;
    - (4) Items saturated and/or dripping with human blood or other potentially infectious materials (OPIM); and
    - (5) Items that were saturated and/or dripping with human blood that are now caked with dried human blood, including serum, plasma, and other blood components and their containers, which were used or intended for use in either patient care, testing or laboratory analysis. Intravenous bags are also included in this category.
  - c. Pathological wastes, including:
    - (1) Human pathological and anatomical wastes and body fluids; and
    - (2) Specimens of body fluids in their containers, including patient specimens obtained to send to a diagnostic laboratory.
  - d. Contaminated sharps, including:
    - (1) Sharps that have been used in patient care or treatment, including hypodermic needles, syringes with or without needle attached (if state specifies);
    - (2) Pipettes;
    - (3) Scalpel blades;
    - (4) Blood vials;
    - (5) Test tubes;
    - (6) Needles with attached tubing;
    - (7) Culture dishes (regardless of the presence of infectious agents);
    - (8) Broken or unbroken glassware that was in contact with infectious agents such as used slides and cover slips; and
    - (9) Razor blades (if state specifies).

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- e. Unused discarded sharps, including:
- (1) Hypodermic needles;
  - (2) Suture needles;
  - (3) Syringes (if state specifies); and
  - (4) Scalpel blades.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) at: <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a></p>
<b>Related Documents</b>	<a href="#">Medical Waste Policies</a>
<b>Version</b>	1.3 (H5MAPL0507)



# Medical Waste Containers

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## Policy Statement

Medical waste containers shall be located throughout the facility and treatment areas.

## Policy Interpretation and Implementation

1. Medical waste containers shall be located throughout the facility and treatment areas and must be kept covered at all times. Designated individuals will be responsible for ensuring that containers are placed in locations where needed.
2. Medical waste containers are located in the following areas of the facility:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
3. Medical waste containers used by this facility will be:
  - a. Closable;
  - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - c. Labeled or color-coded in accordance with established policies governing the labeling of containers;
  - d. Closed prior to removal from the facility, treatment areas, or from the premises to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
  - e. Impermeable and capable of maintaining impermeability through final waste disposal.
4. A container that becomes contaminated must be placed in a second container, which must also meet the requirements outlined in paragraph 3.
5. Designated individuals will dispose of medical waste in accordance with current federal, state, and local statutes.

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References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) at:  <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a></p>
<b>Related Documents</b>	<a href="#">Medical Waste Policies</a>
<b>Version</b>	1.3 (H5MAPL0502)

# Medical Waste Handling

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## Policy Statement

Medical waste will be handled and disposed of safely and in accordance with regulatory requirements.

## Policy Interpretation and Implementation

1. For the purpose of this policy, medical wastes include human blood and blood-soiled articles, contaminated items (i.e., soiled dressings), and disposable sharps (e.g., needles/scalpels).
2. Medical waste is regulated at the state level. State medical waste regulations can be accessed at: <http://www.epa.gov/osw/nonhaz/industrial/medical/programs.htm>.
3. All sharps must be handled as medical waste, placed in approved sharps containers, and sent for eventual incineration.
4. Liquid blood, excretions, and secretions shall be flushed into the sewer system.
5. Disposable items contaminated with excretions or secretions from residents believed to be infectious must be placed in plastic bags and sealed, and either decontaminated with bleach/EPA registered germicidal (1:10 or 1:100 dilution) or stored in appropriate container until removal from the premises.
6. Disposable items soiled with blood or other potentially infectious materials must be placed in plastic bags or containers, and a solution of one (1) part bleach/EPA registered germicidal and nine (9) parts water added to saturate the items. Alternatively, items can be placed in appropriate containers and handled as medical waste.
7. Medical wastes will be weighed at the time of collection and/or storage prior to disposal, per state requirements.
8. \_\_\_\_\_ is responsible for weighing medical wastes.
9. The weight, in pounds, will be recorded on the medical waste tracking form (manifest) and/or the shipment log maintained by this facility.
10. Any compactor/dumpster must be locked from the outside when not in use and at night.
11. Only authorized vendors are permitted to collect regulated wastes.

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References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) at:  <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a></p>
<b>Related Documents</b>	<p><a href="#">Sharps Disposal</a></p> <p><a href="#">Medical Waste Policies</a></p>
<b>Version</b>	1.1 (H5MAPL0503)

# Medical Waste Management – Employee Training

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## Policy Statement

All personnel will be required to attend and participate in regularly scheduled in-service training programs.

## Policy Interpretation and Implementation

1. All personnel who generate or handle infectious waste will be required to attend and participate in infectious waste management training. The training will provide an overview of the issues and will identify relevant policies and procedures.
2. Training in medical waste management includes, but is not limited to:
  - a. An explanation and review of the medical waste management plan;
  - b. A review of each employee's duties and responsibilities concerning the handling, disposing, and storage of medical wastes; and
  - c. Possible health and safety hazards associated with handling and disposal of potentially infectious medical waste.
3. All staff and practitioners will refer to relevant policies and procedures regarding management of infectious wastes in their everyday activities.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	<a href="#">Medical Waste Policies</a>
<b>Version</b>	1.0 (H5MAPL0504)

# Medical Waste – Preparing for Pickup

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## Policy Statement

Medical waste generated by this facility will be properly packaged, labeled, and marked before being transported to an off-site facility for treatment or disposal.

## Policy Interpretation and Implementation

1. Individuals cleaning up medical waste generated by this facility will place it in a container or combination of containers that are rigid and leak resistant, impervious to moisture, strong enough to prevent tearing or bursting under normal handling, and securely sealed.
2. Individuals who handle sharps (e.g., needles, razor blades, broken glass, syringes, lancets, scalpel blades, etc.) will package them in a rigid container resistant to punctures.
3. Individuals who handle blood or body fluids will pour them into a container resistant to breaking and equipped with a tightly fitting lid or stopper.
4. Individuals who handle medical waste for disposal will affix a water-resistant label to all containers or packages of untreated medical waste.
5. When there is inner and outer packaging, or containers, the individuals who package them will label each container (inside and outside) “Infectious Waste,” “Medical Waste,” or “Biohazard,” or will affix the universal Biohazard Symbol.
6. Red plastic bags, when used as inner packaging for untreated waste, need no labels. However, the outer packaging or container will be identified by the proper label or symbol.
7. Before shipment, designated individuals will mark all packaging—inner and outer—with indelible ink or with a water-resistant identification tag. Each inner container, if used, will show the name and address of this facility (or identifying numbers).
8. Each outer container will identify the contents as “medical waste” and include the information as it appears on the *sample* tag shown below:

*continues on next page*

<b>BIOHAZARD</b>	
<b>GENERATOR:</b>	Date of Shipment: <u>06/15/12</u>
Name	<u>ABC Facility</u>
Address	<u>First Avenue</u>
	<u>Anytown, USA 00000</u>
<b>TRANSPORTER:</b>	
Name	<u>We-Haul MedWaste</u>
Address	<u>123 Haula Way</u>
	<u>Anytown, USA 00000</u>
<b>BIOHAZARD</b>	

References	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Other References	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) at: <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a></p>
Related Documents	<a href="#">Medical Waste Policies</a>
Version	1.2 (H5MAPL0500)

# Medical Waste – Segregating and Separating

## Policy Statement

Medical waste generated by this facility will be segregated from general waste in accordance with current federal and state guidelines.

## Policy Interpretation and Implementation

1. Medical waste may not be discarded with general trash.
2. General trash that is placed in containers with medical waste will be handled as regulated medical waste.
3. Designated individuals will be responsible for separating (to the extent practical) medical waste generated by this facility into the following groups:
  - a. Sharps (e.g., needles, scalpels, glassware, and syringes);
  - b. Other regulated medical waste (e.g., blood-soaked bandages, tubing, gauze pads, swabs, etc.); and
  - c. Other items per state-specific regulation.
4. Everyone who generates or handles medical waste will be responsible for discarding it into appropriate receptacles.
5. Medical waste will be discarded into designated containers (e.g., red bag or container marked with the “biohazard” symbol).

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA’s Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC’s Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>CDC’s Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) at: <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a></p>
<b>Related Documents</b>	<a href="#">Medical Waste Policies</a>
<b>Version</b>	1.1 (H5MAPL0501)



# Medical Waste Storage

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## Policy Statement

Medical waste stored for treatment, disposal, or pickup shall be protected in accordance with established policies and procedures.

## Policy Interpretation and Implementation

1. Containers of untreated medical waste will be labeled with a “biohazard” or “infectious medical waste” water-resistant label affixed to the outside of the container.
2. Warning labels must be large enough to ensure that they are clearly visible and readable from a distance of at least five (5) feet.
3. Containers of medical waste will be stored in the following location(s):

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4. **Note:** Containers must be protected from the wind, rain, and water.
5. Medical waste that is likely to decay or rot before being treated, disposed of, or picked up, will be refrigerated or kept in a manner that prevents the waste from decaying or rotting until it has been properly disposed of. Medical wastes meeting this criteria will be maintained at the following location(s):

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6. Medical wastes must be stored so that it is protected from animals and does not provide a food source for insects and rodents.
7. Containers or buildings that are used to store medical wastes and sharps outdoors (e.g., dumpsters, sheds, etc.), will be locked at all times to prevent unauthorized access.
8. Access to medical wastes storage areas are limited to the following personnel:

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9. Anyone who discovers violations of these policies must report such incidents to the Infection Preventionist (or designee) immediately or as soon as practical.

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10. Medical waste will not be stored on premises for more than \_\_\_\_\_ days.
11. Should our medical waste storage area become full or the maximum number of storage days be exceeded, the Infection Preventionist (or designee) will notify appropriate personnel/agencies and request that the waste be removed promptly.
12. The Infection Preventionist (or designee), with the assistance of administrative staff, shall monitor the medical waste storage areas to assure that medical waste is treated, disposed of, or picked up by the authorized vendor on a timely basis.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	<a href="#">Medical Waste Policies</a>
<b>Version</b>	1.2 (H5MAPL0505)

# Medical Waste Tracking

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## Policy Statement

A medical waste tracking form (or manifest) will be used to maintain a record (log) of infectious waste generated by and transported from this facility.

## Policy Interpretation and Implementation

1. Should our facility generate more than fifty (50) pounds of regulated medical waste (or the state-designated limit) monthly, we will prepare and maintain approved medical waste tracking forms of all waste transported from our premises.
2. Should our facility generate less than fifty (50) pounds a month of regulated waste (or the state-designated limit), we will prepare and maintain a shipment log of all waste transported from our premises.
3. All medical waste generated by this facility, including waste treated, destroyed, and disposed of on site, must be stored in accordance with medical waste storage policies.
4. Our tracking form (manifest) will contain at least:
  - a. The date of the pickup or shipment;
  - b. The weight of the shipment;
  - c. The type of medical waste shipped (e.g., cultures and stocks of infectious agents/biologicals, pathological waste, human blood, blood products, contaminated sharps, etc.);
  - d. Whether or not shipment contains treated or untreated medical waste;
  - e. Any special handling instructions;
  - f. Appropriate permit or identification numbers (e.g., state permit/ID number; EPA medical waste ID number, etc.);
  - g. Name and address of facility;
  - h. Name, address, telephone number, and permit/ID numbers of waste hauler; and
  - i. Signatures of facility representative, waste hauler, and employee accepting containers for shipment.
5. If a shipment log is maintained, it shall include at least:
  - a. The name, address, and telephone number of the transporter;
  - b. The transporter's state permit or ID number;
  - c. The quantity and category of waste transported (e.g., treated or untreated);
  - d. The number of containers transported;
  - e. The weight of the shipment;
  - f. The date of shipment; and
  - g. The signature of the person accepting the waste for transport.
6. Within thirty-five (35) days of the removal of medical waste from our premises, the destination facility's owner/operator must provide this facility with a completed copy of the tracking form, which includes the following:
  - a. The method of treatment of the medical waste received from this facility;
  - b. The location of the landfill used to deposit our medical waste; and
  - c. The date and signature of the destination facility's owner/operator.

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7. If, after thirty-five (35) days, our facility has not received the signed and dated tracking form, the Infection Preventionist (or designee) will try to determine the location of the medical waste. Documentation will be maintained of such attempts and filed in the business office.
8. If, after forty-five (45) days, a signed and dated tracking form has not been received, the Administrator will file an Exception Report with the state and the EPA Regional Administrator the next day.
9. Exception Reports shall include at least:
  - a. A letter explaining our efforts to locate the waste and the results of such effects; and
  - b. A legible copy of the original tracking form.
10. The administration shall maintain copies of all tracking forms, shipping logs, exception reports, etc., for at least three (3) years from the date of receipt or as required by current federal, state, or local statutes.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	<a href="#">Medical Waste Tracking Form</a>
<b>Version</b>	1.1 (H5MAPL0506)

# Pets, Animals, and Plants

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## Policy Statement

Animals are permitted in this facility when they are part of animal-assisted activities, as service animals, and for pet visits when deemed appropriate by the Administrator and/or Director of Nursing.

Animals allowed in the facility will be monitored and managed in order to prevent the spread of microorganisms/infections resulting from contact with animals.

The Administrator has the authority to allow or prohibit animal visitation in the facility.

## Policy Interpretation and Implementation

### Service Animals

1. Service animals are permitted in the facility in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws.
  - a. A service animal, by ADA definition is *any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability ([www.ada.gov](http://www.ada.gov))*.
  - b. Only dogs are recognized as service animals.
2. A service animal is not required to have “certification” or any documentation identifying them as a service animal. Therefore, staff may not request such documentation as a prerequisite for allowing the animal to be in the facility.
  - a. Staff may only screen service animals by asking the handler or owner what work or tasks the animal assists the person with.
  - b. A dog used to provide emotional support, comfort, or well-being to its owner is not considered a service animal according to the ADA definition.
3. The facility is not required to permit service animals that are in training, but may do so at the discretion of the Administrator.
4. Service animals that demonstrate aggressive behavior, that do not have the ability to contain urine or feces, are vomiting, or are excessively noisy will be excluded from animal service in this facility.
  - a. Any decision to restrict a service animal from its owner or handler will include a discussion with the resident or designee in order to reach a consensus about the concerns and potential solutions. Staff will document the concern(s), discussion and decision made.
  - b. The legal department will be consulted before removing a designated service animal from the facility.
5. The owner/handler is responsible for the health of the animal.
  - a. If staff suspects that a service animal is ill, he or she may temporarily remove the animal from his or her owner until a certified veterinarian evaluates the animal. A discussion with the owner prior to making such a decision is required and will be documented.
  - b. The facility is not liable for any costs associated with healthcare-associated infections transmitted to the animal.

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6. Service animals are not allowed in the following areas of the facility:
  - a. Treatment or procedure areas;
  - b. In rooms or areas where a resident is immunocompromised or otherwise at high risk for infection;
  - c. Medication rooms;
  - d. Food preparation areas; and
  - e. Areas where the animal may be harmed by equipment, or vice versa.
7. Visitors who are accompanied by a service animal will be instructed to check with the resident's primary care nurse to ensure that the resident has no allergy or condition that prohibits close contact with the animal.
8. Any roommate of a resident who has a service animal will be given the opportunity to change rooms if he or she has an allergy or condition that prohibits close contact with the animal.

### **Animal-Assisted Activities**

1. The Director of Activity Services coordinates and oversees animal-assisted activities.
2. Only dogs will be allowed to participate in animal-assisted activities.
3. Dogs participating in animal-assisted activities must:
  - a. be in good health and not in heat (estrus);
  - b. be at least one year of age;
  - c. be groomed, brushed and have trimmed nails;
  - d. have been successfully temperament-tested within the past three years;
  - e. have received a health evaluation by a licensed veterinarian within the past year;
  - f. have proof of vaccination for animal-borne diseases and negative tests for enteric parasites; and
  - g. be kept on a leash or in a carrier at all times.
4. Dogs will have a formally trained handler, preferably one who is certified through a recognized animal therapy organization.
5. Training programs for dog handlers will include the following modules:
  - a. Zoonotic diseases;
  - b. Standard precautions;
  - c. Cleaning and disinfection of surfaces contaminated by animal waste;
  - d. Disposal of animal waste;
  - e. Inspecting animals for ectoparasites;
  - f. Detecting signs of fear, aggression, stress fatigue or discomfort in dogs; and
  - g. What to do in the event of an emergency.
6. Dog handlers will be subjected to the same screening process and requirements as staff and volunteers, including:
  - a. Background checks;
  - b. Immunization requirements;
  - c. Compliance with policies and procedures; and
  - d. Restrictions on resident contact when infected with a contagious or communicable disease.
7. Animal-assisted activities will be restricted to certain areas of the facility and will not exceed one hour.
8. Animals used in activities will be protected from harm, stress, fear or fatigue to the greatest extent possible.

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## **Personal Pet Visits**

1. Visits by dogs owned by residents or family members of residents will be considered on an individual basis.
2. The following rules and restrictions apply to personal pet visits:
  - a. A staff member, volunteer, or other designated individual must accompany animals at all times;
  - b. Dogs must be on a leash and/or restrained while in the facility;
  - c. The resident's physician and primary care nurse must approve the visit; and
  - d. The visit should not last longer than one hour.
3. All animal visits and activities will be logged.

## **Safety Precautions**

1. Nursing staff will record any safety issues and known allergies on resident care plans relative to animal visitation programs.
2. Animals will not be allowed in food preparation areas, dining areas, bathrooms, or treatment areas.
3. Any dog that shows aggressive or inappropriate behavior, including lunging, growling or biting will be immediately removed from the facility and visiting privileges will be revoked.
4. Bites or any other wounds caused by an animal will be treated immediately, documented, and reported according to state or local requirements.

## **Infection Prevention**

1. Hand hygiene is required after contact with animals.
2. Animals will not come in contact with medical devices, catheter insertion sites, wounds, etc.
3. Equipment that has been in substantial (i.e., more than incidental) contact with animals must be cleaned and disinfected before reuse.
4. If a dog vomits or has diarrhea, he or she will be restricted from the facility for a minimum of one week.

## **Resident Rights**

1. Animals may not come into contact with any resident who does not give verbal permission for contact.
2. Before entering an elevator with an animal, the handler will ask permission of the other passengers before entering.

## **Plants and Flowers**

1. Plants and flowers will be cared for by staff not directly involved in resident/patient care, when practical.
2. Direct care staff must wear gloves to care for plants and flowers and perform hand hygiene after removing gloves.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>R. Murthy, G. Bearman, S. Brown. 2015. Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks. <i>Infection Control &amp; Hospital Epidemiology</i>: 36(05): 495 – 516.</p>
<b>Related Documents</b>	
<b>Version</b>	1.3 (H5MAPL0629)



# Sharps Disposal

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## Policy Statement

This facility shall discard contaminated sharps into designated containers.

## Policy Interpretation and Implementation

1. Whoever uses contaminated sharps will discard them immediately or as soon as feasible into designated containers.
2. Contaminated sharps will be discarded into containers that are:
  - a. Closable;
  - b. Puncture resistant;
  - c. Leakproof on sides and bottom;
  - d. Labeled or color-coded in accordance with our established labeling system; and
  - e. Impermeable and capable of maintaining impermeability through final waste disposal.
3. During use, containers for contaminated sharps will be handled as follows:
  - a. Designated individuals will ensure that the containers are easily accessible to employees and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
  - b. Nursing staff will ensure that the containers are maintained in an upright position throughout use; and
  - c. Designated individuals will be responsible for sealing and replacing containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container.
4. When moving containers of contaminated sharps from the area of use, employees must:
  - a. Close the container immediately prior to removal or replacement to prevent contents from spilling or protruding during handling, storage, transport, or shipping;
  - b. Place the container in a secondary container if leakage is possible; and
  - c. If a second container is used, it must be:
    - (1) Closable;
    - (2) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
    - (3) Labeled or color-coded according to established policies governing the labeling of containers.
  - d. Seal and replace containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container.

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5. No one shall open, empty, or manually clean reusable containers, or handle such containers in a manner which would expose him/her to the risk of percutaneous injury.
6. No one shall bend, recap, or break used syringe needles before discarding into the sharps container.
7. Whoever observes incorrect disposal or handling of contaminated sharps should report the information to the Infection Preventionist (or designee).

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards <a href="http://www.osha.gov">www.osha.gov</a> CDC's Guidelines for Environmental Infection Control in Healthcare Facilities <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	<a href="#">Biohazard Labeling</a>
<b>Version</b>	1.1 (H5MAPL0817)

# Water Supply

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## Policy Statement

Our facility handles and maintains its water supply in accordance with recommendations of the CDC, the Healthcare Infection Control Practices Advisory Committee and the FDA.

## Purpose

To maintain a sanitary water supply and control the spread of waterborne microorganisms.

## Policy Interpretation and Implementation

1. Approaches to controlling waterborne microorganisms (i.e., water system decontamination) will be consistent with current Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Food and Drug Administration (FDA) recommendations or state and local health department requirements.
2. Do not place decorative fountains and fish tanks within easy access of cognitively impaired residents.
3. Hot water distribution systems serving resident care areas will be continuously recirculated.

References	
OBRA Regulatory Reference Numbers	<a href="#">§483.90(i) Other Environmental</a>
Survey Tag Numbers	<a href="#">F921</a>
Other References	CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
Related Documents	<a href="#">Water Supply – Disruption Due to Repairs or Emergencies</a>
Version	1.2 (H5MAPL0946)

# Water Supply – Disruption Due to Repairs or Emergencies

## Policy Statement

Our facility will take precautions to avoid using contaminated water supply during repairs or emergencies.

## Policy Interpretation and Implementation

1. Our facility has estimated the basic water needs for the entire facility for three days (e.g., 1 to 3 liters per resident per day for hydration plus 50 gallons per day per 100 residents for general use) and has secured provisions for these needs with our municipal water source. The Administrator maintains documentation supporting this arrangement.
2. The ice machines will be disconnected prior to planned water disruptions.
3. During any advisory to boil water issued by the municipal water utility, the staff will:
  - a. Alert residents, family, and staff not to consume water from drinking fountains, ice, or drinks made from municipal tap water;
  - b. Adhere to the advisory until the municipal water utility lifts the advisory; and
  - c. After the advisory is lifted, run faucets at full flow for at least 5 minutes, or decontaminate the water according to current recommendations.
4. After any advisory to boil water is lifted, the nursing staff, physicians, and Infection Preventionist (or designee) shall be alert for any outbreaks of gastrointestinal (GI) illnesses among residents.
5. After a disruption or contamination of water supply, the maintenance department and Infection Preventionist (or designee) will evaluate the need for decontamination of the hot water system. Our facility will adhere to the current CDC/HICPAC guidelines if decontamination is necessary.
6. In the event of sewage system flooding or failure, our facility will evaluate infection control risks to the residents and implement appropriate measures including possible transfer of residents as needed, and in accordance with current CDC/HICPAC guidelines and state and local health department requirements.
7. Regardless of the original source of water damage (e.g., flooding, water leaks), wet, absorbent, structural items (e.g., carpeting, wallpaper, wallboard) and cloth furnishings will be assessed for possible replacement if they are not thoroughly dried within 72 hours and are considered to present continuing sources of contamination

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.90(i) Other Environmental</a> ; 483.90(i)(1)
<b>Survey Tag Numbers</b>	<a href="#">F921</a> ; F922
<b>Other References</b>	CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/tr/r5210.pdf">www.cdc.gov/mmwr/PDF/tr/r5210.pdf</a>
<b>Related Documents</b>	<a href="#">Water Supply</a>
<b>Version</b>	1.2 (H5MAPL0947)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



**Surveillance**

**Item # H50045**

WINDSOR 003454

# **Infection Control**

## **Policy and Procedure Manual**

### **Surveillance**

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# **Infection Control**

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# **Infection Control**

## **Policy and Procedure Manual**

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Facility-Wide 12-Month Pathogen Trends Graph (Example)



# Antibiotic Stewardship

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## Policy Statement

Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program.

## Policy Interpretation and Implementation

1. The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents.
2. Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community.
3. Training and education will include emphasis on the relationship between antibiotic use and:
  - a. Gastrointestinal disorders;
  - b. Opportunistic infections (e.g., *C. difficile*, *candida albicans*, etc.);
  - c. Medication interactions; and
  - d. The evolution of drug-resistant pathogens.
4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:
  - a. Drug name;
  - b. Dose;
  - c. Frequency of administration;
  - d. Duration of treatment:
    - (1) Start and stop date; or
    - (2) Number of days of therapy;
  - e. Route of administration; and
  - f. Indications for use.
5. When a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders.
6. Discharge or transfer medical records must include all of the above drug and dosing elements.
7. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including:
  - a. The reason for the antibiotic;
  - b. How to take the antibiotic, including all dosing essentials;
  - c. Possible side effects;
  - d. The importance of taking the antibiotic until the prescribed end-date;
  - e. The date his/her next doctor's appointment should be scheduled; and
  - f. Drug monograph as provided by the dispensing pharmacy or other approved drug information resource, when discharging the resident with the antibiotic.
8. When a nurse calls a physician/prescriber to communicate a suspected infection, he or she will have the following information available:
  - a. Signs and symptoms;

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- b. When symptoms were first observed;
  - c. Resident's hydration status;
  - d. Current medication list;
  - e. Allergy information;
  - f. Infection type;
  - g. Any orders for warfarin and results of last INR;
  - h. Last creatinine clearance or serum creatinine, if available; and
  - i. Time of the last antibiotic dose.
9. When an interacting antibiotic is to be administered concomitantly with warfarin, an INR will be ordered within three days. When results are returned:
  - a. INR will be communicated to prescriber as soon as received;
  - b. The appropriate dose of warfarin will be confirmed;
  - c. Any changes in warfarin orders will be communicated to the pharmacy; and
  - d. The next scheduled INR will be ordered.
10. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.
11. When a culture and sensitivity (C&S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.
12. Before a nurse removes an antibiotic from the facility emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin, along with the following:
  - a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions;
  - b. The pharmacy removal slip for the dose(s) removed will be completed; and
  - c. As soon as clinically appropriate, the prescriber will be asked to review converting parenteral antibiotics to an oral formulation.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Antibiotic Stewardship – Orders for Antibiotics</a> <a href="#">Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes</a> <a href="#">Antibiotic Stewardship – Staff and Clinician Training and Roles</a>
<b>Version</b>	1.1 (H5MAPL1443)

# Antibiotic Stewardship – Orders for Antibiotics

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Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program and in conjunction with the facility's general policy for Medication Utilization and Prescribing.

## Policy Interpretation and Implementation

1. Prior to calling a physician/prescriber to communicate a suspected infection, the nurse will obtain and have the following information available:
  - a. Clinical signs and symptoms of suspected infection (based on approved definitions of infection);
  - b. A history of the present illness;
  - c. Resident's hydration status;
  - d. Current medication list;
  - e. Allergy information;
  - f. Any orders for warfarin and results of last INR;
  - g. Last creatinine clearance or serum creatinine, if available; and
  - h. Time of the last antibiotic dose.
2. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:
  - a. Drug name;
  - b. Dose;
  - c. Frequency of administration;
  - d. Duration of treatment:
    - (1) Start and stop date; or
    - (2) Number of days of therapy;
  - e. Route of administration; and
  - f. Indications for use.
3. Appropriate indications for use of antibiotics include:
  - a. Criteria met for clinical definition of active infection or suspected sepsis; and
  - b. Pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or therapy begun while culture is pending).
4. Empirical use of an antibiotic based on clinical criteria of suspected sepsis may be appropriate. The staff and practitioner will document the specific criteria that support the suspicion in the resident's clinical record.
5. If a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders. Discharge or transfer medical records must include all of the above drug and dosing elements.
6. When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order.

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7. When a culture and sensitivity (C&S) is ordered, it will be completed, and:
  - a. Lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.
8. As soon as clinically appropriate, the prescriber will be asked to review converting parenteral antibiotics to an oral formulation.
9. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including:
  - a. The reason for the antibiotic;
  - b. How to take the antibiotic, including all dosing essentials;
  - c. Possible side effects;
  - d. The importance of taking the antibiotic until the prescribed end-date;
  - e. The date their next doctor's appointment should be scheduled; and
  - f. Drug monograph as provided by the dispensing pharmacy or other approved drug information resource, when discharging the resident with the antibiotic.
10. Before a nurse removes an antibiotic from the emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin, along with the following:
  - a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions;
  - b. The pharmacy removal slip for the dose(s) removed will be completed; and
  - c. The use will be reported to the infection preventionist.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1440)

# Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes

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## Policy Statement

Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship.

## Policy Interpretation and Implementation

1. As part of the facility Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the Infection Preventionist, or designee.
2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics.
  - a. Therapy may require further review and possible changes if:
    - (1) The organism is not susceptible to antibiotic chosen;
    - (2) The organism is susceptible to narrower spectrum antibiotic;
    - (3) Therapy was ordered for prolonged surgical prophylaxis; or
    - (4) Therapy was started awaiting culture, but culture results and clinical findings do not indicate continued need for antibiotics.
3. At the conclusion of the review, the provider will be notified of the review findings.
4. All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include:
  - a. Resident name and medical record number;
  - b. Unit and room number;
  - c. Date symptoms appeared;
  - d. Name of antibiotic (see approved surveillance list);
  - e. Start date of antibiotic;
  - f. Pathogen identified (see approved surveillance list);
  - g. Site of infection;
  - h. Date of culture;
  - i. Stop date;
  - j. Total days of therapy;
  - k. Outcome; and
  - l. Adverse events.

References	
OBRA Regulatory	<a href="#">§483.80 Infection Control</a>
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	
Version	1.1 (H5MAPL1441)

# Antibiotic Stewardship – Staff and Clinician Training and Roles

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The facility will educate and train staff and practitioners about the facility Antibiotic Stewardship Program, including appropriate prescribing, monitoring, and surveillance of antibiotic use and outcomes.

## Policy Interpretation and Implementation

### Nursing Assistants

1. Nursing assistants and other unlicensed staff will be trained and in-serviced on:
  - a. Recognizing signs and symptoms of infection that should be reported to the nurse; and
  - b. How to report resident changes of condition to the nurse (e.g., using tools such as INTERACT Stop and Watch Early Warning Tool).

### Nursing and Direct Care Licensed Staff

1. Nurses will receive initial orientation and ongoing training on:
  - a. The facility's Antibiotic Stewardship Program, including the need for judicious use of antibiotics;
  - b. Common clinical conditions and associated pathogens treated at this facility;
  - c. How to utilize the standardized assessment and communication tool for residents suspected of having an infection;
  - d. How to access the list of antimicrobial agents available through the pharmacy formulary;
  - e. How to communicate with residents and family about the need for appropriate use of antibiotics;
  - f. Specific information that should be reported to the physician or provider upon identifying signs and symptoms of possible infection; and
  - g. Specific information that should be obtained when an order for an antibiotic is received.

### Director of Nursing (DON) and Infection Preventionist (IP)

1. Administrative and management personnel with clinical oversight responsibilities will receive initial orientation and ongoing training on:
  - a. The facility's Antibiotic Stewardship Program;
  - b. The rationale for judicious use of antibiotics;
  - c. Common clinical conditions and associated pathogens treated at this facility;
  - d. How to access the current facility antibiogram, if applicable;
  - e. How to access the list of antimicrobial agents available through the pharmacy formulary;
  - f. How to use surveillance tools to monitor infections rates, antibiotic usage patterns and outcomes;
  - g. How to report notifiable infections when applicable;
  - h. How and when to gather data to present to the Infection Prevention and Control Committee (IPCC) for scheduled meetings; and
  - i. Individual roles and responsibilities in maintaining antibiotic stewardship.
2. The DON will monitor individual resident antibiotic regimens, including:
  - a. Reviewing clinical documentation supporting antibiotic orders; and
  - b. Compliance with start/stop dates and/or days of therapy.

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3. The IP will audit and the DON will provide feedback to providers on antibiotic prescribing practices.
4. The IP will monitor over time and report to the IPCC:
  - a. Measures of antibiotic use (new antibiotic starts/1000 resident days AND days of therapy/1000 resident days);
  - b. Antibiotic susceptibility patterns (antibiogram data for specific timeframe); and
  - c. Negative outcomes or events related to antibiotic use, for example:
    - (1) *C. difficile* infections;
    - (2) Adverse drug events; and
    - (3) Antibiotic resistance rates.
5. The IP will obtain, and the DON will provide to healthcare practitioners, educational resources and materials about antibiotic resistance and opportunities for improved antibiotic use.
6. The IP and DON will participate in IPCC meetings on a regular basis.

### Consultant Pharmacist

1. During the drug regimen review, the Consultant Pharmacist will identify, and flag, orders for antibiotics that are not consistent with antibiotic stewardship practices.
2. The CP will review the microbiology culture data (antibiogram) and share with the providers to help guide antibiotic selection.
3. The CP will provide the facility with the most current medication formulary.
4. The CP will participate in IPCC meetings on a regular basis.

References	
OBRA Regulatory	<a href="#">§483.80 Infection Control</a>
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	
Version	1.1 (H5MAPL1442)



# Healthcare-Associated Infections, Identifying

## Policy Statement

The facility shall attempt to identify and distinguish healthcare-associated infections from those acquired in the community.

## Policy Interpretation and Implementation

1. Healthcare-associated infections (HAIs) are those that are acquired during the delivery of healthcare across settings, in contrast to those that were acquired prior to entering the healthcare setting but may persist after admission to the facility.
2. The goals of identifying healthcare-associated infections are:
  - a. To identify and correct breaches in infection control practices that may have contributed to the spread of a healthcare-associated infection;
  - b. To prevent the further spread of infection (resident-to-resident, staff-to resident) through the initiation of appropriate isolation precautions where warranted; and
  - c. To identify, treat and report epidemiologically important organisms (e.g., *C. difficile*, MDROs) that have a high risk of transmission, severity of disease, and/or are difficult to treat.
3. When an infection is identified the Infection Preventionist will determine whether it meets the criteria of infection for surveillance purposes and/or a healthcare-associated infection. This will be based upon standardized, published definitions of infections for surveillance and healthcare-associated infections.
4. The Infection Preventionist will report surveillance information to the Infection Control Committee and the Quality Assurance and Performance Improvement Committee performing infection control oversight functions. The committee will review the reports and identify trends, patterns, or problems that might contribute to the development of healthcare-associated infections.
5. The facility has established procedures and forms to perform and document surveillance. Targeted surveillance and reporting of certain healthcare-associated infections may be conducted through the National Health Safety Network using NHSN protocols and forms.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<a href="#">National Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination (Long-Term Care Facilities)</a>
<b>Related Documents</b>	<a href="#">Surveillance for Infections</a> <a href="#">Infection Report Form (CP1817)</a> <a href="#">Identifying Healthcare-Associated Infections (HAI) for NHSN Surveillance</a>
<b>Version</b>	2.1 (H5MAPL0544)

# **Legionella Surveillance and Detection**

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## **Policy Statement**

Our facility is committed to the prevention, detection and control of water-borne contaminants, including *Legionella*. Legionnaire's disease will be included as part of our infection surveillance activities.

## **Policy Interpretation and Implementation**

1. As part of the Infection Prevention and Control Program, all cases of pneumonia that are diagnosed in residents  $\geq 48$  hours after admission will be investigated for possible Legionnaire's disease.
2. Clinical staff will be trained on the following signs and symptoms associated with pneumonia and Legionnaire's:
  - a. Cough;
  - b. Shortness of breath;
  - c. Fever;
  - d. Muscle aches;
  - e. Headache; and
  - f. Diarrhea, nausea and confusion associated with Legionnaire's disease.
3. If pneumonia or Legionnaire's disease are suspected, the nurse will notify the physician or practitioner immediately.
4. Residents who have signs and symptoms of pneumonia may be placed on transmission-based (droplet) precautions, although person-to-person transmission is rare.
5. Diagnosis of Legionnaire's disease is based on a culture of lower respiratory secretions and urinary antigen testing (concurrently).
6. Depending on the severity of illness, a hospital transfer may be initiated.
7. If *Legionella* is detected in one or more residents, the Infection Preventionist will:
  - a. Initiate active surveillance for Legionnaire's diseases;
  - b. Notify the local health department; and
  - c. Notify the Administrator and the Director of Nursing Services.
8. The Infection Preventionist will meet with the Water Management Team to investigate the possible source of contamination.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Legionella Water Management Program</a>
<b>Version</b>	1.0 (H5MAPL1449)

# Outbreak of Communicable Diseases

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## Policy Statement

Outbreaks of communicable diseases within the facility will be promptly identified and appropriately handled.

## Policy Interpretation and Implementation

1. An outbreak of most communicable diseases can be defined as one of the following:
  - a. One case of an infection that is highly communicable;
  - b. Trends that are ten (10) percent (or more) above the historical rate of infection for the facility; or
  - c. Occurrence of three (3) or more cases of the same infection over a specified period of time and in a defined area.
2. An outbreak of food poisoning is defined as two (2) or more cases in persons who shared the same meal or one (1) case of botulism.
3. An outbreak of diarrhea is defined as anything exceeding the endemic rate, or a single case if unusual for the facility.
4. An outbreak of influenza is defined as anything exceeding the endemic rate, or a single case if unusual for the facility. A single case of influenza is reportable to the Department of Health.
5. Contacts will be assessed as appropriate to determine if any actions need to be taken.
6. Symptomatic residents and employees are to be considered potentially infected and will be assessed for appropriate actions.
7. The Administrator will be responsible for:
  - a. Telephoning a report to the health department;
  - b. Restricting admissions to the facility as indicated or as authorized by the health department/Medical Director;
  - c. Submitting periodic progress reports to the health department, as requested;
  - d. Calling emergency meetings of the Infection Control Committee;
  - e. Discontinuing group activities, as indicated;
  - f. Limiting visitors if indicated (i.e., influenza in the community); and
  - g. Forwarding Communicable Disease Report Cards to the health department, as required.
8. The Infection Preventionist and Director of Nursing Services will be responsible for:
  - a. Receiving surveillance information and tabulating data;
  - b. Maintaining a line listing of identified cases on the appropriate *Line Listing Report*;
  - c. Notifying the Medical Director and the Attending Physicians;
  - d. Assigning nursing personnel, if appropriate, to same residents group for the duration of the outbreak; and
  - e. Completing the *Infection Treatment/Tracking Report* form, if required.
9. The nursing staff will be responsible for:
  - a. Notifying the Director of Nursing Services of symptomatic residents;
  - b. Providing infection surveillance data in a timely manner;
  - c. Obtaining laboratory specimens as directed;

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- d. Initiating isolation precautions as directed or as necessary; and
  - e. Confining symptomatic residents to their rooms as much as feasible, when indicated.
10. All employees should:
- a. Practice good hygiene and handwashing technique; and
  - b. Report any symptoms relating to the current disease outbreak to their supervisor.
11. The Medical Director is responsible for:
- a. Working with the Attending Physician(s) and the health department to determine the need for laboratory specimens; and
  - b. Overseeing the management of the outbreak.
12. The Attending Physician will be responsible for:
- a. Ordering isolation precautions, as needed or as per state regulations;
  - b. Working with the Medical Director and health department to determine the need for laboratory specimens;
  - c. Determining the need for follow-up specimens and discontinuing isolation precautions;
  - d. Obtaining nasal (or sometimes throat) specimens for rapid influenza test in an influenza outbreak, if necessary; and
  - e. In case of an influenza A outbreak, determining the need for prophylaxis.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Infection Treatment/Tracking Report</a> <a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Surveillance for Infections</a>
<b>Version</b>	2.0 (H5MAPL0591)

# Reportable Diseases

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## Policy Statement

Certain infectious, contagious, or communicable diseases are reported to appropriate city, county and/or state health department officials.

## Policy Interpretation and Implementation

1. Should any resident(s) or staff be suspected or diagnosed as having a reportable communicable/infectious disease according to State-specific criteria, such information is promptly reported to appropriate local and/or state health department officials.
2. If the disease or condition is listed as a Nationally Notifiable Infectious Disease according to the CDC, the Infection Preventionist, or designee, notifies the State health department.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(a) Licensure.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<a href="http://www.cdc.gov">www.cdc.gov</a> <a href="http://wwwnc.cdc.gov/eid/">wwwnc.cdc.gov/eid/</a>
<b>Related Documents</b>	<a href="#">Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2018</a>
<b>Version</b>	2.1 (H5MAPL0737)

# Reporting Communicable Diseases

## Level III

### Purpose

The purpose of this procedure is to guide reporting of suspected and confirmed communicable diseases to the appropriate governmental agency or authority.

### General Guidelines

1. All reportable infectious diseases (residents' or employees') must be reported to the Infection Preventionist as soon as a definite diagnosis is made or strongly suspected.
2. The Infection Preventionist is responsible for notifying the local, district, or state health department of confirmed cases of state-specific reportable diseases.
3. Diseases that are included in state lists of reportable diseases may also include diseases that must be reported to the CDC (Nationally Notifiable Diseases).
4. Reportable diseases are divided into several groups:
  - a. Mandatory written reporting: a report of the disease must be made in writing.
  - b. Mandatory reporting by telephone: a health care provider must make a report by phone.
  - c. Report of total number of cases.
  - d. Cancer: Cancer cases are reported to the state Cancer Registry.
5. When a disease has been reported to the local, district, or state health department, the Infection Preventionist is responsible for maintaining an in-house report of such action, including the date and time of the report.
6. Should the resident or employee reside in another county, the disease must be reported directly to the county of residence (if known). If such information is not known, the disease will be reported to the local county health department.
7. Cases of sexually transmitted diseases (STDs) must be reported directly to the appropriate local health agency; for example, the STD Branch of the Public Health Department.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F880
Other References	Current list of State Health Departments and links to reportable disease information at: <a href="http://www.cdc.gov/mmwr/international/relres.html">http://www.cdc.gov/mmwr/international/relres.html</a>
Related Documents	<a href="#">Reportable Diseases</a> <a href="#">Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2018</a>
Version	2.0 (H5MAPR0236)

# Surveillance for Infections

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## Policy Statement

The Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.

## Policy Interpretation and Implementation

1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriate interventions, and to prevent future infections.
2. The criteria for such infections are based on the current standard definitions of infections.
3. Infections that will be included in routine surveillance include those with:
  - a. Evidence of transmissibility in a healthcare environment;
  - b. Available processes and procedures that prevent or reduce the spread of infection;
  - c. Clinically significant morbidity or mortality associated with infection (e.g., pneumonia, UTIs, *C. difficile*); and
  - d. Pathogens associated with serious outbreaks. (e.g., invasive *Streptococcus* Group A, acute viral hepatitis, norovirus, scabies, influenza).
4. Infections that may be considered in surveillance include those with limited transmissibility in a healthcare environment; and/or limited prevention strategies.
5. Nursing Staff will monitor residents for signs and symptoms that may suggest infection, according to current criteria and definitions of infections, and will document and report suspected infections to the Charge Nurse as soon as possible.
6. If a communicable disease outbreak is suspected, this information will be communicated to the Charge Nurse and Infection Preventionist immediately.
7. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
8. The Charge Nurse will notify the Attending Physician and the Infection Preventionist of suspected infections.
  - a. The Infection Preventionist and the Attending Physician will determine if laboratory tests are indicated, and whether special precautions are warranted.
  - b. The Infection Preventionist will determine if the infection is reportable.
  - c. The Attending Physician and interdisciplinary team will determine the treatment plan for the resident.
9. If transmission-based precautions or other preventative measures are implemented to slow or stop the spread of infection, the Infection Preventionist will collect data to help determine the effectiveness of such measures.

*continues on next page*



10. When transmission of Healthcare-Associated Infections continues despite documented efforts to implement infection control and prevention measures, the appropriate state agency and/or a specialist in infection control and epidemiology will be consulted for further recommendations.

### Gathering Surveillance Data

1. The Infection Preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data. The Infection Control Committee and/or QAPI Committee may be involved in interpretation of the data.
2. The surveillance should include a review of any or all of the following information to help identify possible indicators of infections:
  - a. Laboratory records;
  - b. Skin care sheets;
  - c. Infection control rounds or interviews;
  - d. Verbal reports from staff;
  - e. Infection documentation records;
  - f. Temperature logs;
  - g. Pharmacy records;
  - h. Antibiotic Review; and
  - i. Transfer log/summaries.
3. If laboratory reports are used to identify relevant information, the following findings merit further evaluation:
  - a. Positive blood cultures;
  - b. Positive wound cultures that do not just represent surface colonization;
  - c. Positive urine cultures (bacteriuria) with corresponding signs and symptoms that suggest infection;
  - d. Positive sputum culture;
  - e. Other positive cultures (i.e., stool culture, eye cultures, etc.); and
  - f. All cultures positive for Group A Streptococcus.
4. After removing duplicates and negative reports, prioritize the reports as follows:
  - a. Multidrug-resistant reports:
    - (1) All multidrug-resistant reports require immediate attention.
    - (2) Ensure that appropriate precautions, if needed, are in place.
    - (3) If this is a new or unexpected report notify the Administrator, Director of Nursing Services, and Medical Director;
  - b. Blood cultures;
  - c. Positive wound cultures if there are corresponding signs and symptoms that indicate infection;
  - d. Positive sputum cultures;
  - e. Bacteriuria WITH corresponding signs and symptoms of UTI; and
  - f. Other positive cultures (i.e., eye cultures).
5. In addition to collecting data on the incidence of infections, the surveillance system is designed to capture certain epidemiologically important data that may influence how the overall surveillance data is interpreted; for example, focused surveillance data may be gathered for residents with a high risk for infection or those with a recent hospital stay.

*continues on next page*

## Data Collection and Recording

1. For residents with infections that meet the criteria for definition of infection for surveillance, collect the following data as appropriate:
  - a. Identifying information (i.e., resident's name, age, room number, unit, and Attending Physician);
  - b. Diagnoses;
  - c. Admission date, date of onset of infection (may list onset of symptoms, if known, or date of positive diagnostic test);
  - d. Infection site (be as specific as possible, e.g., cutaneous infections should be listed as "pressure ulcer, left foot," pneumonia as "right upper lobe," etc.);
  - e. Pathogens;
  - f. Invasive procedures or risk factors (i.e., surgery, indwelling tubes, Foley, etc., fractured hip, malnutrition, altered mental status, etc.);
  - g. Pertinent remarks (additional relevant information, i.e., temperatures, other symptoms of specific infection, white blood cell count, etc.). Also, record if the resident is admitted to the hospital, or expires; and
  - h. Treatment measures and precautions (interventions and steps taken that may reduce risk).
2. Using the current suggested criteria for Healthcare-Associated Infections, determine if the resident has a Healthcare-Associated Infection.
3. For targeted surveillance and reporting through the CDC National Health Safety Network (NHSN), follow the surveillance protocols for each module using the data collection tools provided at <https://www.cdc.gov/nhsn/ltc/index.html>
4. For targeted surveillance using facility-created tools, follow these guidelines:
  - a. DAILY (as indicated): Record detailed information about the resident and infection on an individual infection report form (e.g., *Infection Treatment/Tracking Report*, *Infection Report Form*, or similar form).
  - b. MONTHLY: Collect information from individual resident infection reports and enter line listing of infections by resident for the entire month (e.g., *Line Listing of Infections by Resident* or similar form).
  - c. MONTHLY: Summarize monthly data for each nursing unit by site and by pathogen (e.g., *Facility-Wide Monthly Infection Report by Site*, *Facility-Wide Monthly Infection Report by Pathogen*, or similar form).
  - d. MONTHLY/QUARTERLY: Identify predominant pathogens or sites of infection among residents in the facility or in particular units by recording them month to month and observing trends. (See *Facility-Wide 12-Month Pathogen Trends* or *Facility-Wide 12-Month Infection Site Trends* or similar tool.)
  - e. MONTHLY/QUARTERLY: Compare incidence of current infections to previous data to identify trends and patterns. Use an average infection rate over a previous time period (for example, over the past 12 months) as the baseline. Compare subsequent rates to the average rate to identify possible increases in infection rates.

## Calculating Infection Rates

1. Obtain the month's total resident days from the business office. The following data is used as the denominator to calculate the monthly infection rate:
  - a. Total resident days (daily census of each day in the designated time period added together).

*continues on next page*

2. To determine the incidence of infection per 1000 resident days, divide the number of new healthcare associated infections for the month by the total resident days for the month (obtained from the business office) X 1000.

Example	
Total number of new infections for the month	16
Total resident days for the month	3025
<b>Infections per 1000 resident days</b>	<b><math>16 \div 3025 \times 1000 = 5.3</math></b>

### Interpreting Surveillance Data

1. Analyze the data to identify trends.
  - a. Compare the rates to previous months in the current year and to the same month in previous years, to identify seasonal trends.
  - b. Consider how increases or decreases might relate to recent process changes, events, or activities in the facility (i.e., change in handwashing preparations, increased turnover in personnel or residents, etc.). These, of course, are not necessarily the reason for the change. However, trends should be monitored.
  - c. If the infection rates rise each month over a period of six (6) months, additional advice is warranted.
2. Surveillance data will be provided to the Infection Control Committee regularly.
3. The Infection Control Committee will determine how important surveillance data will be communicated to the Physicians and other providers, the Administrator, nursing units, and the local and State Health Departments.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<p>Stone, N.D., Ashraf, M.S., Calder, J., et al. (2012). Surveillance definitions of infections in long-term care facilities: Revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiology</i>. 33(10), 965-977.</p> <p>The National Health Safety Network (NHSN): Tracking Infections in Long-Term Care Facilities</p>
<b>Related Documents</b>	<p><a href="#">Healthcare-Associated Infections, Identifying Infection Report Form (CP1817)</a></p> <p><a href="#">Antibiotic Stewardship – Review and Surveillance of Antibiotic Use and Outcomes</a></p> <p><a href="#">Surveillance Tools - Nursing Unit (Electronic Form) (E-tools on Flash Drive)</a></p> <p><a href="#">Surveillance Tools - Facility Wide (Electronic Form) (E-tools on Flash Drive)</a></p> <p><a href="#">Identifying Healthcare-Associated Infections (HAI) for NHSN Surveillance</a></p> <p><a href="#">CDC/NHSN Surveillance Definitions for Specific Types of Infections</a></p>
<b>Version</b>	2.2 (H5MAPL0866)

# Coronavirus Disease (COVID-19) – Reporting Facility Data to the Centers for Disease Control and Prevention

## Policy Statement

Data related to suspected and confirmed cases of COVID-19 among residents and staff is reported to the Centers for Disease Control and Prevention electronically and in the standardized format specified per federal regulations. Data reporting begins no later than 11:59 p.m. (EST) on May 31, 2020.

## Policy Interpretation and Implementation

1. Data related to suspected and confirmed cases of COVID-19 among residents and staff is reported to the Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN), including the following:
  - a. Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19;
  - b. Total deaths and COVID-19 deaths among residents and staff;
  - c. Personal protective equipment and hand hygiene supplies in the facility;
  - d. Ventilator capacity and supplies in the facility;
  - e. Resident beds and census;
  - f. Access to COVID-19 testing while the resident is in the facility; and
  - g. Staffing shortages.
2. Data is reported to the CDC as specified in 483.80(g)(2). Data is collected daily and submitted to the CDC no less than weekly.
3. Collection periods (e.g., Sunday through Monday) and submission of data (e.g., every Tuesday) are to remain consistent.
4. The Infection Preventionist (or a designee) is responsible for enrollment, collection and submission of data and serving as the NHSN Facility Administrator.

References	
<b>OBRA Regulatory</b>	<a href="#">483.80(g)(1)(2)</a>
<b>Survey Tag Numbers</b>	<a href="#">F884</a>
<b>Other References</b>	CMS QSO-20-29-NH
<b>Related Documents</b>	<a href="#">Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes</a> <a href="#">Long-Term Care Facility (LTCF) – Facility Guide to Using the COVID-19 Module Data Collection Forms and Instruments</a> <a href="#">Coronavirus Disease (COVID-19) – Reporting Facility Data to Residents and Families</a>
<b>Version</b>	1.1 (H5MAPL1483)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **OBRA Regulations and Interpretive Guidelines**

Item # H50045

# Infection Control

## Policy and Procedure Manual

### OBRA Regulations and Interpretive Guidelines

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# F836

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(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

## **§483.70(a) Licensure.**

**A facility must be licensed under applicable State and local law.**

## **§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.**

**The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.**

## **§483.70(c) Relationship to Other HHS Regulations.**

**In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.**

### **DEFINITIONS §483.70(a)-(c)**

**"Accepted professional standards and principles"** means Federal, State and local laws or professional licensure standards.

An **"authority having jurisdiction"** is the public agency, i.e., Federal, State or local, or official(s) having the authority to make a determination of noncompliance, and is responsible for providing and signing official correspondence notifying the facility or professional of their final adverse action.

### **GUIDANCE §483.70(a)-(c)**

This regulation and guidance only applies to actions taken under State licensure authority or other Federal HHS agencies as defined in the regulation, it does NOT include any federal CMS enforcement actions as required at 42 CFR Part §488.

### **PROCEDURES: §483.70(a)-(c)**

Facility licenses, permits, and approvals must be provided upon request if necessary to determine compliance with these requirements. Surveyors may not interpret or enforce another agency's requirements. If surveyors identify a situation indicating that the facility or any professional providing services may not be in compliance with a State or local law, regulation, Code and/or standard, refer that information to the authority having jurisdiction for their follow-up action. The Centers for Medicare & Medicaid Services (CMS), Regional Office (RO) will assist you to contact the appropriate Federal agency to refer your concerns. Do not delay a survey waiting for confirmation of receipt from another agency or authority having jurisdiction.

If surveyors determined and received confirmation from the authority having jurisdiction that a final adverse action has been taken, then the facility could be found to not meet the requirements at

§483.70(b) or (c) and a deficiency may be cited here. A final adverse action includes an action imposed by the authority having jurisdiction and is not under appeal or litigation by the facility or the professional providing services in the facility.

**Do not** cite this tag:

- When the authority having jurisdiction has not taken a final adverse action;
- To simply cite non-compliance with State or local licensure requirements unless final adverse action from the authority having jurisdiction has been confirmed; or
- As past non-compliance if, at the time of the current survey, the facility or professional is in compliance with the Federal, State or local law, regulation, code and /or standard but was found not to be in compliance with those requirements during a time before the current survey. If there is a question, confirm the facility's current compliance status with the authority having jurisdiction.

### **KEY ELEMENTS OF NONCOMPLIANCE**

To cite deficient practice at F836, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Hold a current license from the State or other applicable authority to operate as a nursing home and this information has been verified with the appropriate authority; or
- Provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to any professional providing services in the facility, whether temporary or permanent.

# F866

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*(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

**§483.75(c) Program feedback, data systems and monitoring.**

**(§483.75(c) will be implemented during Phase 3) A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:**

**§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.**

**§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.**

**§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.**

**§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.**

## F880

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(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

### **§483.80 Infection Control**

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The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

#### **§483.80(a) Infection prevention and control program.**

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- (ii) When and to whom possible incidents of communicable disease or infections should be reported;
- (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
- (iv) When and how isolation should be used for a resident; including but not limited to:
  - (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
  - (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

#### **§483.80(e) Linens.**

Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

#### **§483.80(f) Annual review.**

The facility will conduct an annual review of its IPCP and update their program, as necessary.

**INTENT §483.80(a),(e),(f)**

The intent of this regulation is to ensure that the facility:

- Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection to the extent possible and reviews and updates the IPCP annually and as necessary. This would include revision of the IPCP as national standards change;
- Establishes facility-wide systems for the prevention, identification, investigation and control of infections of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections; **NOTE:** For purposes of this guidance, "staff" includes employees, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.
- Develops and implements written policies and procedures for infection control that, at a minimum:
  - Explain how standard precautions and when transmission-based precautions should be utilized, including but not limited to the type and duration of precautions for particular infections or organisms involved and that the precautions should be the least restrictive possible for the resident given the circumstances and the resident's ability to follow the precautions;
  - Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
  - Require staff follow hand hygiene practices consistent with accepted standards of practice.
- Requires staff handle, store, process, and transport all linens and laundry in accordance with accepted national standards in order to produce hygienically clean laundry and prevent the spread of infection to the extent possible.

**DEFINITIONS**

**"Airborne precautions":** actions taken to prevent or minimize the transmission of infectious agents/organisms that remain infectious over long distances when suspended in the air. These infectious particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas receiving exhaust air.<sup>1</sup>

**"Alcohol-based handrub (ABHR)":** a 60-95 percent ethanol or isopropyl alcohol-containing preparation base designed for application to the hands to reduce the number of viable microorganisms.

**"Cleaning":** removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents or enzymatic products.

**"Cohorting":** the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents).<sup>1</sup> During outbreaks, healthcare staff may be assigned to a specific cohort of residents to further limit opportunities for transmission (cohorting staff). The terms "cohort or cohorting" is standardized language used in the practice of infection prevention and control; the use of this terminology is not intended to offend residents or staff.

**"Colonization"**: the presence of microorganisms on or within body sites without detectable host immune response, cellular damage, or clinical expression.<sup>1</sup>

**"Communicable disease" (also known as [a.k.a.] "contagious disease")**: an infection transmissible (e.g., from person-to-person) by direct contact with an affected individual or the individual's body fluids or by indirect means (e.g., contaminated object).

**"Community-acquired infections" (a.k.a. "present on admission")**: infections that are present or incubating at the time of admission and which generally develop within 72 hours of admission.

**"Contact precautions"**: measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment.<sup>1</sup>

**"Contaminated laundry"**: laundry which has been soiled with blood/body fluids or other potentially infectious materials or may contain sharps.

**"Decontamination"**: the use of physical or chemical means to remove, inactivate, or destroy pathogenic organisms on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**"Disinfectant"**: usually a chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects.<sup>2</sup>

**"Disinfection"**: thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilization because it destroys most recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).<sup>2</sup>

**"Droplet precautions"**: actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

**"Hand hygiene"**: a general term that applies to hand washing, antiseptic hand wash, and alcohol-based hand rub.<sup>3</sup>

**"Hand washing"**: the vigorous, brief rubbing together of all surfaces of hands with plain (i.e., nonantimicrobial) soap and water, followed by rinsing under a stream of water.<sup>4</sup>

**"Healthcare-associated infection (HAI)"**: an infection that residents acquire, that is associated with a medical or surgical intervention (e.g., podiatry, wound care debridement) within a nursing home and was not present or incubating at the time of admission.

**"Hygienically clean"**: being free of pathogens in sufficient numbers to cause human illness.<sup>5</sup>

**"Infection"**: the establishment of an infective agent in or on a suitable host, producing clinical signs and symptoms (e.g., fever, redness, heat, purulent exudates, etc.).

**"Infection preventionist"**: term used for the person(s) designated by the facility to be responsible for the infection prevention and control program. NOTE: Designation of a specific individual, detailed training, qualifications, and hourly requirements for an infection preventionist are not required until implementation of Phase 3.

**"Personal protective equipment (PPE)"**: protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.

**"(Regulated) Medical waste"**: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other

potentially infectious materials and are capable of releasing these materials during handling (e.g., blood-soaked bandages); contaminated sharps.<sup>6</sup>

**NOTE:** Authorities having jurisdiction may have more stringent regulations than OSHA.

**"Standard Precautions":** infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices, and respiratory hygiene/cough etiquette. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient).<sup>1</sup>

**"Transmission-based precautions" (a.k.a. "Isolation Precautions"):** actions (precautions) implemented, in addition to standard precautions that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. **NOTE:** Although the regulatory language refers to "isolation," the nomenclature widely accepted and used in this guidance will refer to "transmission-based precautions" instead of "isolation".

**NOTE:** References to non-U. S. Department of Health and Human Services (HHS) sources or sites on the internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.

## **GUIDANCE §483.80(a),(e),(f)**

### **INFECTION PREVENTION AND CONTROL PROGRAM**

Healthcare-associated infections (HAIs) can cause significant pain and discomfort for residents in nursing homes and can have significant adverse consequences. The facility must establish and maintain an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This program must include, at a minimum, a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, and visitors. The IPCP must follow national standards and guidelines.

For purposes of this guidance, we would expect facilities to tailor the emphasis of their IPCP for visitors. We expect facilities to work to prevent transmission of infection to the resident from the visitor using reasonable precautions and national standards.<sup>1</sup> For example, passive screening through the use of signs at the entrances to alert visitors with signs and symptoms of communicable diseases not to enter the facility.<sup>1</sup> If a facility has a visitor exception protocol (e.g., end-of-life care), this would need to be determined by the facility. In this case, if a symptomatic visitor/family member must enter the facility, the visitor must still follow the facility's policies for prevention of transmission (e.g., following respiratory hygiene/cough etiquette procedures).

The Infection Prevention and Control Program must include the following parts:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that:

- Covers all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement;
- Is based on the individual facility assessment;
- Follows accepted national standards;
- Written standards, policies and procedures in accordance with §483.80(a)(2);
- A system for recording incidents identified under the IPCP and corrective actions taken by the facility; and
- An antibiotic stewardship program (ASP) (F881).

## **FACILITY ASSESSMENT**

Pursuant to §483.70(e) (F838), the facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach. See §483.70(e) (F838) for guidance on the facility assessment. The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.

**NOTE:** A community-based risk assessment should include review for risk of infections (e.g., multidrug-resistant organisms-MDROs) and communicable diseases such as tuberculosis and influenza. Appropriate resident tuberculosis screening should be performed based on state requirements.

**NOTE:** While not required for compliance, a sample tool of an infection control risk assessment is available for adaptation.<sup>7</sup>

## **INFECTION CONTROL POLICIES AND PROCEDURES**

The facility must develop and implement written policies and procedures for the provision of infection prevention and control. The facility administration and medical director should ensure that current standards of practice based on recognized guidelines are incorporated in the resident care policies and procedures. These IPCP policies and procedures must include, at a minimum:

- As necessary, and at least annually, review and revision of the IPCP based upon the facility assessment (according to §483.70(e)) which includes any facility and community risk;
- An ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- When and to whom possible incidents of communicable disease or infections should be reported within the facility;
- Which communicable diseases are reportable to local/state public health authorities;
- How to use standard precautions and how and when to use transmission-based precautions (i.e., contact precautions, droplet precautions, airborne isolation precautions). The areas described below are part of standard and transmission-based precautions<sup>1</sup> which are further described under their respective sections. For example:
  - Hand hygiene (HH) (e.g., hand washing and/or ABHR): consistent with accepted standards of practice such as the use of ABHR instead of soap and water in all clinical situations except when hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident



with known or suspected *Clostridium (C.) difficile* or norovirus infection during an outbreak, or if infection rates of *C. difficile* infection (CDI) are high; in these circumstances, soap and water should be used;<sup>8</sup> NOTE: According to the CDC, strict adherence to glove use is the most effective means of preventing hand contamination with *C. difficile* spores as spores are not killed by ABHR and may be difficult to remove even with thorough hand washing. For further information on appropriate hand hygiene practices see the following CDC website: <http://www.cdc.gov/handhygiene/providers/index.html>

- The selection and use of PPE (e.g., indications, donning/doffing procedures) and the clinical conditions for which specific PPE should be used (e.g., CDI, influenza);
- Addressing the provision of facemasks for residents with new respiratory symptoms;
- Addressing resident room assignment (e.g. single/private room/cohorted) as appropriate and/or available, based on a case by case analysis of the presence of risk factors for increased likelihood of transmission (e.g., uncontained drainage, stool incontinence);<sup>1</sup>
- The process to manage a resident on transmission-based precautions when a single/private room is not available;
- Limiting the movement of a resident with a highly infectious disease (e.g., norovirus, CDI) who is on transmission-based precautions with active symptoms (e.g., resident has diarrhea, vomiting, draining wounds, or other uncontained excretions or secretions) while outside of his/her room for medically necessary purposes only;<sup>1</sup> and
- Respiratory Hygiene/Cough Etiquette<sup>1</sup>: Implementing policies and procedures would include providing resources and instructions for performing HH in or near lobby areas or entrances; provide conveniently-located dispensers of ABHR and supplies for hand washing where sinks are available. During times of increased prevalence of respiratory infections in the community, facilities must have facemasks available and should offer facemasks to coughing or sneezing visitors and other symptomatic persons (e.g., family who accompany ill residents upon entry to the facility). Symptomatic (e.g., coughing) visitors should wear a facemask or maintain at least a three foot separation from others in common areas (e.g., admitting office). In addition, the facility should consider posting signs in the facility with instructions to family/visitors with symptoms of respiratory infection to cover their mouth/nose when coughing or sneezing; use and dispose of tissues; perform hand hygiene after contact with respiratory secretions; and to take appropriate precautions if they are having symptoms of respiratory infection or other communicable diseases.
- Resident Care Activities:
  - The use and care of urinary catheters, which must include a written rationale for the use, consistent with evidence-based guidelines (e.g., acute urinary retention, bladder outlet obstruction, neurogenic bladder or terminally ill for comfort measures) (Refer to §483.25(e)(2)(i)(ii)&(iii) Incontinence, F690, for further information.);
  - Wound care, fecal/urinary incontinence care, and skin care. Since the IPCP must be based on the facility assessment, the presence of certain resident conditions would require that the facility have policies and procedures related to other specific services such as mechanical ventilation, infusion therapy, and/or dialysis either onsite or at an offsite dialysis facility;
  - Performing fingersticks and point-of-care testing (e.g., assisted blood glucose monitoring) to the extent identified as a resident need based on the facility assessment;
  - Preparation, administration, and care for medications administered by injection or peripheral and central venous catheters, if performed by the facility; and
  - Use and care of peripheral and central venous catheters, if performed by the facility.

- Environmental cleaning/disinfection:
  - Routine cleaning and disinfection of high-touch surfaces in common areas, resident rooms, and at the time of discharge; and

**NOTE:** Privacy curtains in the resident's room should be changed when visibly dirty by laundering or cleaning with an Environmental Protection Agency (EPA)-registered disinfectant per manufacturer's instructions.

  - Cleaning/disinfection of resident care equipment including equipment shared among residents (e.g., blood pressure cuffs, rehabilitation therapy equipment, blood glucose meters, etc.).
- Written occupational health policies that address:
  - Reporting of staff illnesses and following work restrictions per nationally recognized standards and guidelines;<sup>9</sup>
  - Prohibiting contact with residents or their food when staff have potentially communicable diseases or infected skin lesions;
  - Assessing risks for tuberculosis (TB) based on regional/community data and screening staff to the extent permitted under applicable federal guidelines<sup>10</sup> and state law;
  - Monitoring and evaluating for clusters or outbreaks of illness among staff;
  - Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, from dialysis, glucose monitoring or any other point of care testing; and
- Education and competency assessment: facilities must ensure staff follow the IPCP's standards, policies and procedures. Therefore, staff must be informed and competent. Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff in order to follow proper infection control practices (e.g., hand hygiene and appropriate use of personal protective equipment) while other needs are specific to particular roles, responsibilities, and situations (e.g., injection safety and point of care testing). Furthermore, residents and their representatives should receive education on the facility's IPCP as it relates to them (e.g., hand hygiene, cough etiquette) and to the degree possible/consistent with the resident's capacity. For example, residents should be advised of the IPCP's standards, policies and procedures regarding hand hygiene before eating and after using the restroom.

## SURVEILLANCE

The facility must establish a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided. The facility must establish routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections (i.e., HAI and community-acquired), infection risks, communicable disease outbreaks, and to maintain or improve resident health status. As part of the system of surveillance, identification and prevention, the facility should determine how it will track the extent to which staff are following the facility's IPCP policies and procedures, and facilities would want to particularly address any areas that are related to a corrective action.

The facility's surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria such as but not limited to CDC's National Healthcare Safety Network (NHSN) Long Term Care Criteria to define infections or updated McGeer criteria<sup>11</sup>. Furthermore, the facility must know when and to whom to report communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks (e.g., list of

communicable diseases which are reportable to local/state public health authorities). The facility must document follow-up activity in response to important surveillance findings (e.g., outbreaks).

In addition, the facility must establish and implement a system, including who to notify (e.g. infection preventionist), for early detection and management of a potentially infectious, symptomatic resident at the time of admission. This includes the identification and use of appropriate transmission-based precautions.<sup>1</sup> This is important to incorporate into the resident's baseline care plan that must be developed within 48 hours of admission and include the minimum healthcare information necessary to properly care for a resident, including physician orders (e.g., medication orders). See §483.21, Comprehensive Person-Centered Care Planning for further information.

Furthermore, the facility must have a process for communicating information at the time of transfer (e.g., CDC, state, or other standardized inter-facility infection transfer form) when a resident has an infection or is colonized.<sup>12</sup> When a resident is transferred, the information provided to the receiving provider must include special instructions or precautions for ongoing care and other necessary information including a discharge summary. When a resident is discharged, the discharge summary must include the resident's disease diagnoses and health conditions, course of illness/treatment or therapy, medications, and pertinent lab, radiology, consultation results, and instructions or precautions for ongoing care. See §483.21(c)(2), Discharge Summary (F661) and §483.15(c)(2)(iii), Transfer and Discharge (F622) for further information on these requirements.

Additionally, as part of the overall IPCP for surveillance, the facility shall establish process and outcome surveillance.

### **Process Surveillance**

Process surveillance is the review of practices by staff directly related to resident care.<sup>13</sup> The purpose is to identify whether staff implement and comply with the facility's IPCP policies and procedures. Some areas that facilities may want to consider for process surveillance are the following:

- Hand hygiene;
- Appropriate use of personal protective equipment (e.g., gowns, gloves, facemask);
- Injection safety;
- Point-of-care testing (e.g., during assisted blood glucose monitoring);
- Implementation of infection control practices for resident care such as but not limited to urinary catheter care, wound care, injection/IV care, fecal/urinary incontinence care, skin care, respiratory care, dialysis care, and other invasive treatments;
- Managing a blood borne pathogen exposure.

**NOTE:** This may not lend itself to monitoring and feedback;

- Cleaning and disinfection products and procedures for environmental surfaces and equipment;
- Appropriate use of transmission-based precautions; and
- Handling, storing, processing, and transporting linens so as to prevent the spread of infection.

### **Outcome Surveillance**

Another component of a system of identification is outcome surveillance. For example, this addresses the criteria that staff would use to identify and report evidence of a suspected or confirmed HAI or communicable disease. This process consists of collecting/documenting data on individual resident cases and comparing the collected data to standard written definitions (criteria) of infections.

**NOTE:** Refer to the CDC/SHEA Position Statement: Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria<sup>11</sup> or NHSN at <https://www.cdc.gov/nhsn/> for examples of nationally accepted surveillance definitions.

The following are some sources of data that can be utilized in outcome surveillance for infections, antibiotic use and susceptibility: Monitoring a resident(s) with fever or other signs or symptoms suspicious for infection;

- Laboratory cultures or other diagnostic test results consistent with potential infections to detect clusters, trends, or susceptibility patterns;
- Antibiotic orders;
- Medication regimen review reports;
- Documentation from the clinical record of residents with suspicion of an infection such as physician orders/progress notes; and/or
- Transfer/discharge summaries for new or readmitted residents for infections.<sup>13</sup>

## **SYSTEM OF SURVEILLANCE: DATA ANALYSIS, DOCUMENTATION AND REPORTING**

The facility's policies and procedures for a system of surveillance must include data to properly identify communicable diseases or infections before they spread. Therefore, the policies and procedures would include identifying:

- Data to be collected, including how often and the type of data to be documented, including:
  - The infection site (i.e., type of infection), pathogen (if available), signs and symptoms, and resident location, including summary and analysis of the number of residents (and staff, if applicable) who developed infections;
  - Observations of staff including the identification of ineffective practices (e.g., not practicing hand hygiene and/or using PPE when indicated as well as practices that do not follow the facility's IPCP policies and procedures), if any; and
  - The identification of unusual or unexpected outcomes (e.g. foodborne outbreak), infection trends and patterns.
- How the data will be used and shared with appropriate individuals (e.g., staff, medical director, director of nursing, quality assessment and assurance committee-QAA), when applicable, to ensure that staff minimize spread of the infection or disease (e.g., require revision of staff education and competency assessment).

The facility must identify how reports will be provided to staff and/or prescribing practitioners in order to revise interventions/approaches and/or re-evaluate medical interventions related to the infection rates and outcomes.

## **RECOGNIZING, CONTAINING AND REPORTING COMMUNICABLE DISEASE OUTBREAKS**

The facility must know how to recognize and contain infectious disease outbreaks. An outbreak is the occurrence of more cases than expected in a given area or among a specific group of people over a particular period of time.<sup>14</sup> If a condition is rare or has serious health implications, an outbreak may involve only one case. While a single case of a rare infectious condition or one that has serious health implications may or may not constitute an outbreak, facilities should not wait for the definition of an outbreak to act. For example, one case of laboratory confirmed influenza in a resident should alert the facility to begin an outbreak investigation.<sup>15</sup> If an outbreak is identified, the facility must:

- Take the appropriate steps to diagnose and manage cases, implement appropriate precautions, and prevent further transmission of the disease as well as documentation of follow-up activity in response; and
- Comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.

**NOTE:** Some states have specific regulations regarding responding to and reporting outbreaks that must be included in the IPCP.

## PREVENTION AND CONTROL OF TRANSMISSION OF INFECTION

Infectious organisms (e.g., bacteria, viruses, or parasites) may be transmitted by direct contact (e.g., skin-to-skin) or indirect contact (e.g., inanimate objects). Healthcare staff and resident care equipment often move from resident to resident and therefore may serve as a vehicle for transferring infectious organisms.

**Direct Contact Transmission (Person-to-Person)** occurs when microorganisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), carbapenem-resistant *Enterobacteriaceae* (CRE), influenza, or mites from a scabies-infected resident are transferred from an infected or colonized person to another person. In nursing homes, resident-to-resident direct contact transmission may occur in common areas of the facility such as the recreation room, rehabilitation area, and/or dining room.

**Indirect Contact Transmission:** involves the transfer of an infectious agent through a contaminated inanimate object or person.

**The following are examples of opportunities for indirect contact transmission:**

- Clothing, uniforms, laboratory coats, or isolation gowns used as PPE may become contaminated with potential pathogens after care of a resident colonized or infected with an infectious agent, (e.g., MRSA, VRE, and *C. difficile*); and
- Contamination of high touch environmental surfaces (e.g., bedside table, bed rails, toilets, sinks, and handrails), contributes to transmission of pathogens including *C. difficile* and norovirus.

Certain pathogens may contaminate and survive on equipment and environmental surfaces for long periods of time. Examples include, but are not limited to:

- *C. difficile* spores can live on inanimate surfaces for up to 5 months;<sup>16</sup>
- The hepatitis B virus can last up to a week on inanimate surfaces;<sup>17</sup> and
- The influenza virus can survive on fomites (e.g., any inanimate object or substance capable of carrying infectious organisms and transferring them from one individual to another) for up to 8 hours.<sup>18</sup>

Mechanisms to prevent and control transmission of infectious organisms through direct and indirect contact include standard and transmission-based precautions and are described in their subsequent sections.

## STANDARD PRECAUTIONS

Standard precautions represent the infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where healthcare is being delivered. These evidence-based practices are designed to protect healthcare staff and residents by preventing the spread of infections among residents and ensuring staff do not carry infectious pathogens on their hands or via equipment during resident care. As mentioned in

the definitions section, standard precautions include hand hygiene, use of PPE (e.g., gloves, gowns, facemasks), respiratory hygiene and cough etiquette, safe injection practices, and safe handling of equipment or items that are likely contaminated with infectious body fluids, as well as cleaning and disinfecting or sterilizing of potentially contaminated equipment.<sup>1</sup>

In order to perform hand hygiene appropriately, soap, water, ABHR, and a sink should be readily accessible in appropriate locations including but not limited to resident care areas, and food and medication preparation areas. Staff must perform hand hygiene (even if gloves are used):

- Before and after contact with the resident;
- Before performing an aseptic task;
- After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident's room;
- After removing personal protective equipment (e.g., gloves, gown, facemask);
- After using the restroom; and
- Before meals.

If residents need assistance with hand hygiene, staff should assist with washing hands after toileting, before meals, and use of ABHR or soap and water at other times when indicated.

The use of PPE during resident care is determined by the nature of staff interaction and the extent of anticipated blood, body fluid, or pathogen exposure to include contamination of environmental surfaces. Furthermore, appropriate use of PPE includes but is not limited to the following:

- Gloves worn before and removed after contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care;
- Gown worn for direct resident contact if the resident has uncontained secretions or excretions or with contaminated or potentially contaminated items;
- Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for procedures that are likely to generate splashes or sprays of blood or body fluids;
- PPE appropriately discarded after resident care prior to leaving room followed by hand hygiene; and
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms) although, equipment supply carts should not be brought into the resident's room.

The facility must prevent infections through indirect contact transmission. This requires the decontamination(i.e., cleaning and/or disinfecting an object to render it safe for handling) of resident equipment, medical devices, and the environment. Alternatively, the facility may also consider using single-use disposable devices or designating reusable equipment for only an individual resident. NOTE: Refer to the CDC website for information on environmental cleaning - [https://www.cdc.gov/hicpac/pdf/guidelines/eic\\_in\\_HCF\\_03.pdf](https://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf)

The facility must identify the decontamination method based upon the risk of infection to the resident coming into contact with equipment or medical devices. Equipment or items in the resident environment likely to have been contaminated with infectious fluids or other potentially infectious matter must be handled in a manner so as to prevent transmission of infectious agents, (e.g., wear gloves for handling soiled equipment and properly clean and disinfect or sterilize reusable equipment before use on another resident).<sup>1</sup>

The CDC has adopted the Spaulding classification system that identifies three risk levels associated with medical and surgical instruments: critical, semi-critical, and noncritical.<sup>19</sup> This includes:

- Critical items (e.g., needles, intravenous catheters, indwelling urinary catheters) enter sterile tissue or the vascular system. These items or equipment must be sterile when used, based on one of several accepted sterilization procedures. Most of the items in this category should be purchased as sterile or be sterilized;
- Semi-critical items (e.g., dental, podiatry equipment, electric razors) contact mucous membranes or non-intact skin. Such items require meticulous cleaning followed by high-level disinfection treatment using a Food and Drug Administration (FDA)-approved high-level chemical disinfectant, or they may be sterilized. High-level disinfection is traditionally defined as complete elimination of all microorganisms in or on an instrument, except for small numbers of bacterial spores. Refer to the specific disinfectant label claim to determine effectiveness; and
- Non-critical items are those that come in contact with intact skin but not mucous membranes. Noncritical items are divided into noncritical resident care items (e.g., blood pressure cuffs, stethoscopes, wheelchairs, therapy equipment) and noncritical environmental surfaces (e.g., bed rails, bedside tables). They require low level disinfection by cleaning periodically and after visible soiling, following manufacturer's instructions with an EPA-registered disinfectant, detergent or germicide that is approved for health care settings. All applicable label instructions on EPA-registered disinfectant products must be followed (e.g., use-dilution, shelf life, storage, material compatibility, safe use and disposal).

Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident. Nursing homes may purchase reprocessed single-use devices when these devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA. The nursing home must have documentation from the third party reprocessor that indicates that it has been cleared by the FDA to reprocess the specific device in question.

**NOTE:** Refer to the CDC website for information on disinfection and sterilization - <https://www.cdc.gov/infectioncontrol/guidelines/Disinfection/index.html>

## TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions must be used when a resident develops signs and symptoms of a transmissible infection, arrives at a nursing home with symptoms of an infection (pending laboratory confirmation), or has a laboratory confirmed infection and is at risk of transmitting the infection to other residents. For example, a resident with influenza and signs of infection should wear a facemask (e.g., surgical or procedure facemask) when leaving his/her room for medically-necessary care (i.e., droplet precautions for the duration of the illness). The diagnosis of many infections is based on clinical signs and symptoms, but often requires laboratory confirmation. However, since laboratory tests (especially those that depend on culture techniques) may require two or more days to complete, transmission-based precautions may need to be implemented while test results are pending, based on the clinical presentation and the likely category of pathogens.<sup>1,12</sup>

Facility policies must identify the type (i.e., contact, droplet, airborne) and duration of the transmission-based precautions required, depending upon the infectious agent or organism involved. Furthermore, transmission-based precautions should be the least restrictive possible for the resident based on his/her clinical situation and used for the least amount of time. When used appropriately, transmission-based precautions is not to be considered involuntary seclusion. However, once the resident is no longer a risk for transmitting the infection (e.g., duration of the

illness and/or can contain secretions), removing transmission-based precautions is required in order to avoid unnecessary involuntary seclusion. For example, a resident with vancomycin-resistant enterococci (VRE) who is colonized based on a urine culture, but is continent and cognitively intact, should be instructed regarding or as necessary, assisted with performing hand hygiene before leaving his/her room, but is not placed on transmission-based precautions.

Facility staff should take measures to reduce or minimize any potential psychosocial negative effects of isolation for whom transmission-based precautions are being used. Boredom, anger, withdrawal or depression are just some of the mood changes that could occur. The facility must pro-actively ensure that individualized needs (e.g., activities) are met.

### **Implementation of Transmission-Based Precautions**

When implementing transmission-based precautions, consideration should be given to the following:<sup>1</sup>

- The identification of resident risk factors that increase the likelihood of transmission, (such as uncontained secretions or excretions, non-compliance, cognition deficits, incontinence, etc.);
- The provision of a private room as available/appropriate;
- Cohorting residents with the same pathogen; and
- Sharing a room with a roommate with limited risk factors (e.g., without indwelling or invasive devices, without open wounds, and not immunocompromised) as appropriate.

When a resident is placed on transmission-based precautions, the staff should implement the following:

- Clearly identify the type of precautions and the appropriate PPE to be used;
- Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering. Ensure that signage also complies with residents' rights to confidentiality and privacy;
- Make PPE readily available near the entrance to the resident's room;
- Don appropriate PPE upon entry into the environment (e.g., room or cubicle) of resident on transmission-based precautions (e.g., contact precautions);<sup>1</sup>
- Use disposable or dedicated noncritical resident-care equipment (e.g., blood pressure cuff, bedside commode). If noncritical equipment is shared between residents, it will be cleaned and disinfected following manufacturer's instructions with an EPA-registered disinfectant after use;<sup>1</sup>
- Clean and disinfect objects and environmental surfaces that are touched frequently (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled;<sup>1</sup> and
- Provide education to residents (to the degree possible/consistent with the resident's capacity) and their representatives or visitors on the use of transmission-based precautions.

**NOTE:** Refer to CDC guidelines for current recommendations on standard and transmission-based precautions. <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

### **Contact Precautions**

Contact precautions are intended to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and require the use of appropriate PPE, including a gown and gloves upon entering (i.e., before making contact with the



resident or resident's environment) the room or cubicle. Prior to leaving the resident's room or cubicle, the PPE is removed and hand hygiene is performed.

### **Droplet Precautions**

The use of droplet precautions applies when respiratory droplets contain viruses or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae and less frequently the mouth.<sup>20</sup> Examples of droplet-borne organisms that may cause infections include, but are not limited to *Mycoplasma pneumoniae*, influenza, and other respiratory viruses.

Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation.<sup>1</sup> The maximum distance for droplet transmission is currently unresolved, but the area of defined risk based on epidemiological findings is approximately 3-10 feet.<sup>1</sup> In contrast to airborne pathogens, droplet-borne pathogens are generally not transmitted through the air over long distances.

Facemasks are to be used upon entry (i.e., within three feet of a resident) into a resident's room or cubicle with respiratory droplet precautions.<sup>1</sup> If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn.<sup>1</sup> The preference for a resident on droplet precautions would be to place the resident in a private room.<sup>1</sup> If a private room is not available, the resident could be cohorted with a resident with the same infectious agent, or share a room with a roommate with limited risk factors.<sup>1</sup> Spatial separation of at least 3 feet and drawing the curtain between resident beds is especially important for residents in multi-bed rooms with infections transmitted by the droplet route.<sup>1</sup>

### **Airborne Precautions**

Airborne transmission occurs when pathogens are so small that they can be easily dispersed in the air, and because of this, there is a risk of transmitting the disease through inhalation. These small particles containing infectious agents may be dispersed over long distances by air currents and may be inhaled by individuals who have not had face-to-face contact with (or been in the same room with) the infectious individual. Staff caring for residents on airborne precautions should wear a fit-tested N95 or higher level respirator that is donned prior to room entry.<sup>1</sup>

**NOTE:** According to the CDC, preventing the spread of pathogens that are transmitted by the airborne route requires the use of special air handling and ventilation systems such as an airborne infection isolation room (AIIR) to contain and then safely remove the infectious agent.<sup>1</sup> Residents with infections requiring an AIIR must be transported to an acute care setting unless the facility can place the resident in a private AIIR room with the door closed. In cases when AIIR is required, such as for a resident with TB, it is important for the facility to have a plan (e.g., public health notification and exposure workup) in place to effectively manage a situation involving a resident with suspected or active TB while awaiting the resident's transfer to an acute care setting.<sup>1</sup>

## **MEDICAL DEVICE SAFETY**

Medical devices may be used for administration of medications, point-of-care testing, or for other medical uses.

### **Point-of-Care Testing**

Point-of-care testing is diagnostic testing that is performed at or near the site of resident care. This may be accomplished through use of portable, handheld instruments such as blood glucose meters

or prothrombin time meters. This testing may involve obtaining a blood specimen from the resident using a fingerstick device. The guidance regarding fingerstick devices and blood glucose meters is applicable to other point-of-care devices where a blood specimen is obtained (e.g., prothrombin time meters).

### **Fingerstick Devices**

CDC recommends the use of single-use, auto-disabling fingerstick devices in settings where assisted blood glucose monitoring is performed. This practice prevents inadvertent reuse of fingerstick devices for more than one person. Additionally, the use of single-use, auto-disabling fingerstick devices protects healthcare staff from needlestick injuries. If reusable fingerstick devices are used for assisted monitoring of blood glucose, then they must never be used for more than one resident. Although the package instructions for some fingerstick devices may indicate or imply the potential for multiple resident use, CMS guidance, based upon nationally recognized standards of practice from the CDC and FDA, prohibits the use of fingerstick devices for more than one resident.

**NOTE:** If fingerstick devices are used on more than one resident, surveyors must cite at this tag and utilize the guidelines in Appendix Q for immediate jeopardy. Furthermore, the state survey agency (SA) must notify the appropriate state public health authority of the deficient practice.

**NOTE:** For information on fingerstick safety, please refer to:

- <https://www.cdc.gov/injectionsafety/fingerstick-devicesbgm.html>
- [https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring\\_faqs.html](https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html)

### **Blood Glucose Meters**

Blood glucose meters, can become contaminated with blood and, if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer's instructions for multi-patient use. Additionally, staff must not carry blood glucose meters in pockets. The FDA has released guidance for manufacturers regarding appropriate products and procedures for cleaning and disinfection of blood glucose meters. This guidance can be found at the FDA's website: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm227935.htm>

An excerpt from this guidance reads:

"The disinfection solvent you choose should be effective against HIV, Hepatitis C, and Hepatitis B virus. Outbreak episodes have been largely due to transmission of Hepatitis B and C viruses. However, of the two, Hepatitis B virus is the most difficult to kill. Please note that 70% ethanol solutions are not effective against viral bloodborne pathogens and the use of 10% bleach solutions may lead to physical degradation of your device." A list of Environmental Protection Agency (EPA) registered disinfectants can be found at the following website: <https://www.epa.gov/pesticide-registration/selected-epa-registereddisinfectants>.

Furthermore, "healthcare personnel should consult the manufacturers of blood glucose meters in use at their facilities to determine what products, meeting the criteria specified by the FDA, are compatible with their meter prior to using any EPA-registered disinfectant for disinfection purposes. If manufacturers are unable to provide this information then the meter should not be used for multiple patients."<sup>21</sup>

Blood glucose meters dedicated for single-resident use should be stored in a manner that will protect against inadvertent use of the device for additional residents and also cross-contamination via contact with other meters or equipment.

**NOTE:** If the facility failed to clean and disinfect, per device manufacturer's instructions, and blood glucose meters are used for more than one resident, surveyors must cite this tag and utilize the guidelines in Appendix Q as it may constitute immediate jeopardy.

For more information on point-of-care testing, refer to CDC's website at: <https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

### **Safe Medication Administration**

All injectable medications must be prepared and administered in accordance with safe injection practices, including but not limited to the following:

- Injections are prepared using aseptic technique in a clean area, free from potential sources of contamination (e.g., blood, body fluids, contaminated equipment);
- Needles and syringes are used for only one resident (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).

**NOTE:** If it is identified that needles or syringes are used for more than one resident, surveyors must cite noncompliance at this tag and utilize the guidelines in Appendix Q for immediate jeopardy. The SA must notify the appropriate state public health authority of the deficient practice;

- Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same resident. If noncompliance is found, further investigation is warranted.

**NOTE:** If the medication container is used for more than one resident, a new needle and/or syringe was not used with each access, and the container was then used for another resident, surveyors must cite noncompliance at this tag and utilize the guidelines in Appendix Q for immediate jeopardy. The SA must notify the appropriate state public health authority of the deficient practice;

- Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one resident;
- Medication administration tubing and connectors are used for only one resident.

**NOTE:** Surveyors must cite at this tag if noncompliance is identified and utilize the guidelines in Appendix Q for immediate jeopardy. The SA must notify the appropriate state public health authority of the deficient practice; and

- Multi-dose vials to be used for more than one resident are kept in a centralized medication area (e.g., medication room or cart) and do not enter the immediate resident treatment area (e.g., resident room). If multi-dose vials enter the immediate resident treatment area, they should be discarded immediately after use.

**NOTE:** For more information on multi-dose vials, please refer to: [https://www.cdc.gov/injectionsafety/providers/provider\\_faqs\\_multivials.html](https://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html)

Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection and are intended for single-person use, using a new needle for each injection. Insulin pens are designed to be used multiple times by a single resident only and must never be shared. Facility staff must follow manufacturer's instructions for administration. Regurgitation of blood into the insulin cartridge after injection will create a risk of blood borne pathogen transmission if the pen is used for more than one resident, even when the needle is changed. The FDA makes the following recommendations to prevent transmission of blood borne infections in residents who require insulin pens:

- Insulin pens containing multiple doses of insulin are meant for single-resident use only, and must never be used for more than one person, even when the needle is changed;
- Insulin pens must be clearly labeled with the resident's name and other identifiers to verify that the correct pen is used on the correct resident; and
- Facilities should review their policies and procedures and educate their staff regarding safe use of insulin pens.

**NOTE:** Sharing insulin pens, or similar devices, between residents is similar to reusing needles or syringes for more than one resident. If noncompliance is found, surveyors must cite at this tag and utilize the guidelines in Appendix Q for immediate jeopardy. The SA must notify the appropriate state public health authority of the finding.

For more information on insulin pens, please refer to: <https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHeathcareProfessionals/ucm133352.htm>

### **Accessing Vascular Devices**

Vascular access devices, especially central venous catheters (CVC), increase the risk for local and systemic infections as well as additional complications such as septic thrombophlebitis. Intravascular access devices such as implanted ports may be accessed multiple times per day, for hemodynamic measurements or to obtain samples for laboratory analysis, thus increasing the risk of contamination and subsequent clinical infection. Limiting access to CVCs for only the primary purpose may help reduce the risk of infection. The following CDC guidelines are provided as a reference for current standards of practice for the care of CVCs:

- <http://www.cdc.gov/HAI/settings/outpatient/basic-infection-control-prevention-plan-2011/central-venous-catheters.html>
- <http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf>
- <http://www.cdc.gov/dialysis/PDFs/collaborative/Catheter-Exit-Site-CareObservations.pdf>
- <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf>

### **SYSTEM OF RECORDING IPCP INCIDENTS**

A facility must develop and implement a system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility based on the investigation of the incidents. A facility-identified incident (e.g., HAI) may include the spread of disease due to errors in infection prevention and control. The facility's system should include defining, identifying, analyzing, and reporting incidents related to failures in infection control practices to the director of nursing, medical director, and the QAA committee. These may include but are not limited to the following:

- Identification of methods by which the facility would obtain information on incidents from residents, family, and direct care/direct access staff;
- A description of how the facility addresses and investigates the incident(s);
- Measures to be implemented for the prevention of incidents or potential incidents as they relate to infection prevention and control;
- Development and implementation of corrective actions;
- Monitoring for the effectiveness of its implemented changes; and
- Methods for feedback to appropriate individuals involved in the failed practices.

## **LINENS**

### **Laundry Services**

The facility must develop and follow practices on handling, storing, processing, and transporting laundry. The facility must monitor to ensure that the laundry practices are implemented, any deviations from practices must be identified, and corrective actions are put in place.

Laundry includes resident's personal clothing, linens, (i.e., sheets, blankets, pillows), towels, washcloths, and items from departments such as nursing, dietary, rehabilitative services, beauty shops, and environmental services. Laundry services may be provided onsite or the facility may have a written agreement in place for offsite laundry services. Regardless of the location where the laundry is processed, the facility must ensure that all laundry is handled, stored, processed and transported in a safe and sanitary method.

### **Handling Laundry**

The facility staff should handle all used laundry as potentially contaminated and use standard precautions (i.e., gloves). Alternatively, if not all used linens are handled as potentially contaminated, staff would provide separation with special identification of bags and containers for contaminated linens with labels, color coding, or other alternative means of separation of the laundry for appropriate handling and processing. The facility should use the following practices:

- Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used);<sup>19</sup>
- Leak-resistant containers or bags are used for linens or textiles contaminated with blood or body substances;<sup>19</sup>
- Sorting and rinsing of contaminated laundry at the point of use, hallways, or other open resident care spaces is prohibited; and <sup>19</sup>
- Staff should handle soiled textiles/linens with minimum agitation to avoid the contamination of air, surfaces, and persons.<sup>19</sup>

### **Transport of Laundry**

The facility practices must include how staff will handle and transport the laundry with appropriate measures to prevent cross-contamination. This includes but is not limited to the following:

- Contaminated linen and laundry bags are not held close to the body or squeezed when transporting;<sup>6</sup>
- No special precautions (i.e., double bagging) or categorizing for linen originating in transmission-based precaution rooms is necessary;<sup>19</sup>
- Double bagging of linen is only recommended if the outside of the bag is visibly contaminated or is observed to be wet through to the outside of the bag;<sup>6</sup>
- Contaminated linen carts must be cleaned and disinfected whenever visibly soiled and according to a schedule developed by the facility;<sup>2</sup>
- Separate carts must be used for transporting clean and contaminated linen. If this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens; and <sup>19</sup>
- Clean linens must be transported by methods that ensure cleanliness and protect from dust and soil during intra or inter-facility loading, transport, and unloading.<sup>19</sup>

## **Linen Storage**

Facility practices must address linen storage, and should include but are not limited to:

- Covers are not needed on contaminated textile hampers in resident care areas (unless state licensing rules require them); and<sup>19</sup>
- Clean linen must always be kept separate from contaminated linen. The use of separate rooms, closets, or other designated spaces with a closing door provides the most secure methods for reducing the risk of accidental contamination.<sup>22</sup>

## **Processing Laundry Including the Use of Laundry Equipment and Detergents in the Facility**

The facility must have a process to clean laundry. Detergent and water physically remove many microorganisms from the linen through dilution during the wash cycle. Advances in laundry equipment technology allow modern-day detergents to be much more effective in removing soil and reducing the presence of microbes than those used in the past when much of the research on laundry processing was first conducted. Washing/drying processes includes the use of manufacturer's instructions for use (IFU) for laundry additives and equipment maintenance. The facility staff must prevent contamination of laundry in processing areas. The facility has laundry practices that includes but are not limited to the following:

- Availability and use of hand hygiene products, as well as appropriate PPE (i.e., gloves and gowns) while sorting and handling contaminated linens; <sup>19</sup>
- The receiving area for contaminated textiles is clearly separated from clean laundry areas. Workflow should prevent cross-contamination; <sup>19</sup>
- If using fans in laundry processing areas, prevent cross-contamination of clean linens from air blowing from soiled processing areas (i.e., the ventilation should not flow from soiled processing areas to clean laundry areas); <sup>19</sup>
- Laundry equipment (e.g., washing machines, dryers) is used and maintained according to the manufacturer's IFU to prevent microbial contamination of the system;<sup>19</sup>
- Damp laundry is not left in machines overnight;<sup>19</sup>
- Laundry detergents, rinse aids or other additives are used according to the manufacturer's IFU's;<sup>19</sup>

**NOTE:** Facilities should communicate information regarding allergies that may impact how an individual resident's laundry is processed.

- Ozone cleaning systems are acceptable for processing laundry;
- If laundry chutes are used, they are designed and maintained so as to minimize dispersion of aerosols from contaminated laundry (e.g., no loose items in the chute and bags are closed before tossing into the chute);<sup>19</sup> and
- The facility should be using the fabric manufacturer's recommended laundry cycles, water temperatures and chemical detergent products:
  - Recommendations for laundry processed in hot water temperatures is 160°F (71°C) for 25 minutes;<sup>19</sup> and
  - For laundry that is not hot water compatible, low temperature washing at 71 to 77 °F (22-25 °C) plus a 125-part-per-million (ppm) chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.<sup>19</sup>

**NOTE:** The facility is not required to monitor water temperatures during laundry processing cycles, unless specified by state rules. A chlorine bleach rinse is not required for all laundry items processed in low temperature washing environments due to the availability of modern

laundry detergents that are able to produce hygienically clean laundry without the presence of chlorine bleach. The facility should refer to the manufacturer's recommendations for the use of the detergent and items being laundered.

### **Offsite Professional Laundry Services**

If linen is sent off-site to a professional laundry, the facility has practices that address how the service will be provided, including how linen is processed and handled to prevent contamination from dust and dirt during loading and transport. The facility should assure that this laundry service meets healthcare industry laundry standards.

### **Mattresses and Pillows**

Standard permeable mattresses and pillows can become contaminated with body substances during resident care if the integrity of the covers of these items is compromised. A mattress cover is generally a fitted, protective material, the purpose of which is to prevent the mattress from becoming contaminated with body fluids and substances. A linen sheet placed on the mattress is not considered a mattress cover. Patches for tears and holes in mattress covers do not provide an impermeable surface over the mattress. NOTE: Bed and bath linens must be maintained in good condition (Refer to §483.10(i) Safe environment, F584, for further information).

The facility must have practices that address the methods for cleaning and disinfecting items that are to be used for another resident after an individual resident's use such as but not limited to the following:<sup>19</sup>

- Mattress covers with tears or holes are replaced;
- Moisture resistant mattress covers are cleaned and disinfected between use for different residents with an EPA-approved germicidal detergent to help prevent the spread of infections;
- Fabric mattress covers are laundered between use for different residents;
- Pillow covers and washable pillows are laundered in a hot water laundry cycle between use for different residents or when they become contaminated with body substances; and
- Mattresses are discarded if bodily fluids have penetrated into the mattress fabric.

### **ANNUAL REVIEW OF IPCP**

The facility's IPCP and its standards, policies and procedures must be reviewed at least annually to ensure effectiveness and that they are in accordance with current standards of practice for preventing and controlling infections; the IPCP must be updated as necessary. In addition, the facility population and characteristics may change over time, and the facility assessment may identify components of the IPCP that must be changed accordingly.

### **INVESTIGATIVE SUMMARY**

Surveyors would use the Infection Control Facility Task to determine compliance with the infection control part of the survey. One surveyor should coordinate the review of the facility's overall infection prevention and control program (IPCP), however, each member of the survey team should assess for compliance throughout the entire survey when observing his/her assigned areas and tasks. The IPCP must be facility-wide and include all departments and contracted services. The surveyor should corroborate any concerns observed through interviews and record and/or document review.

### **Observations**

Specific observations for the provision of infection prevention and control practices such as following standard precautions (e.g., hand hygiene and the appropriate use of PPE) should be made by all team members throughout the survey. Observe care of a resident on transmission-

based precautions, if any, to determine if implemented appropriately based on precaution type (i.e., contact, droplet, airborne). If concerns are identified, expand the sample to include more residents with transmission-based precautions.

Observe laundry services throughout the survey (e.g., resident and laundry rooms) to determine whether staff handle, store, and transport linens appropriately.

### **Interviews**

Surveyors should interview appropriate facility staff regarding the IPCP. In addition, any potential concerns should be followed up with interviews and record reviews as needed.

### **KEY ELEMENTS OF NONCOMPLIANCE**

To cite deficient practice at F880, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:

- Establish and maintain an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent development and transmission of disease and infection;
- The IPCP must be reviewed at least annually and updated as necessary;
- Implement a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, based on the facility assessment (see §483.70(e)) and follows accepted national standards;
- Develop and implement written IPCP standards, policies, and procedures that are current and based on national standards. These must include:
  - When and to whom possible incidents of communicable diseases should be reported;
  - Developing and implementing a system of surveillance to identify infections or communicable diseases;
  - How to use standard precautions (to include appropriate hand hygiene) and how and when to use transmission-based precautions (i.e., "isolation precautions"); and/or
  - Prohibiting staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease.
- Assure that staff handle, store, process and transport laundry to prevent the spread of infection; and/or
- Maintain a system for recording identified incidents, and taking appropriate corrective actions.

### **DEFICIENCY CATEGORIZATION**

**Examples of Severity Level 4 Non-Compliance: Immediate Jeopardy to Resident Health or Safety include but are not limited to:**

- The facility failed to follow standard precautions during the performance of routine testing of blood glucose. The facility reused fingerstick devices for more than one resident. This practice of reusing fingerstick devices for more than one resident created an immediate jeopardy to resident health by potentially exposing residents who required blood glucose testing to the spread of blood borne infections in the facility.
- The facility failed to investigate, document surveillance of, and implement preventative measures to address an outbreak of gastrointestinal illness among residents in one unit of the facility. As a result, several residents in an adjoining unit became seriously ill with diarrheal illnesses resulting in dehydration.
- Facility staff failed to handle soiled linens using safe and sanitary techniques. A resident was observed to have an acute onset of vomiting and diarrhea resulting in soiled clothing and linens.



The nursing staff removed the soiled/contaminated clothing and linens, rinsed them out in the bathroom sink, and placed the wet/soiled linen onto the floor. The bathroom was shared with a roommate who utilized the sink for oral hygiene purposes and stored his/her toothbrush and glass on the sink. The roommate, subsequently developed vomiting and diarrhea, with the development of severe dehydration, resulting in hospitalization.

**An Example of Severity Level 3 Non-Compliance: Actual Harm that is not Immediate Jeopardy includes but is not limited to:**

- The facility failed to identify and prevent the spread of infestation when a case of scabies (i.e., a highly contagious skin condition caused by the itch mite *Sarcoptes scabiei*) was not diagnosed or adequately treated, and the resident was not placed on transmission-based precautions. Resident A was admitted with an undiagnosed, reddened, itchy pinpoint rash which spread, became infected, and disrupted the resident's sleep. A month later, multiple residents developed a red, pin-point rash with severe itching, which was not present prior to resident A being admitted. The facility failed to identify through assessment and therefore, implement control measures to prevent the transmission of scabies among multiple residents in the facility, causing the residents physical harm. In addition to the physical harm, the residents experienced psychosocial harm due to anxiety and loss of sleep from severe itching and lack of timely diagnosis.
- The facility failed to ensure that linens were handled and processed in a manner to prevent the spread of pediculosis (i.e., head lice) after a resident (resident A) in a semi private room was diagnosed with pediculosis. Staff were aware of the presence of pediculosis, but did not handle the resident's linens or clothing appropriately, removing bed linens and placing them on the roommate's chairs and other furnishings. The resident's roommate (resident B) became infested with pediculosis. The resident's roommate was non-verbal and unable to express that he had intense itching and began to scratch himself.

**An Example of Severity Level 2 Non-Compliance: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy includes but is not limited to:**

- The facility failed to ensure that its staff demonstrates proper use of gloves with hand hygiene between residents to prevent the spread of infections. The nurse administered medications to a resident via a gastric tube and while wearing the same gloves proceeded to administer oral medications to another resident. The nurse did not remove the used gloves nor perform hand hygiene between the two residents.
- The facility failed to implement appropriate measures for the transport of contaminated linens. As a result, the potential exists for transmission of organisms from contaminated uniforms to residents during the delivery of care. A nursing assistant was observed removing bed linens contaminated with urine and fecal material without the use of gloves, and carrying the contaminated linens against his/her uniform down the hall to the laundry bin. The nursing assistant proceeded to assist the resident's roommate with transferring to his/her chair, and his/her uniform made contact with the resident's skin and clothing.
- The facility failed to ensure that a staff member implemented appropriate processes related to handling and storing wound care supplies. As a result, the potential existed for transmission of organisms between residents who received dressing changes. A staff member who was providing wound care, was observed to place dressing supplies on one resident's bedding and after completing the dressing change, placed the supplies, which are used for other residents, in the unit's dressing cart.

**An Example of Severity Level 1 Non-Compliance: No actual harm with potential for minimal harm includes but is not limited to:**

- The facility failed to ensure that the IPCP program was reviewed annually. The survey was conducted and it was determined that the facility last reviewed the IPCP at 14 months instead of annually (i.e., 12 months). There were no infection control findings outside of annual review and documentation.

**POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION**

For staff competency concerns, refer to the following F tags:

- F725 or 726, §483.35(a),(c) for Nursing Services;
- F741, §483.40 for any Behavioral Health staff caring for residents with dementia or a history of trauma and/or post-traumatic stress disorder;
- F801, §483.60(a) for Food and Nutrition staff; and
- F839, §483.70(f), Administration for any other staff not referenced above.

If the surveyor has concerns about 1) the overuse of transmission-based ("isolation") precautions, 2) the inappropriate transferring of rooms unnecessarily; or 3) the inappropriate use of PPE such as gloves when used unnecessarily, where residents indicate they are "untouchable," dirty or unclear, review under §483.10(a)(1), F550, Resident Rights (Dignity) or §483.24, F675, Quality of Life.

For concerns related to possible involuntary seclusion, refer to §483.12 (a)(1), F603.

Data from injectable, scheduled drug tracking should be regularly reviewed and discrepancies or unusual access patterns are investigated including whether residents should be screened for exposure to blood borne pathogens (refer to §483.45, F755, Pharmacy Services for further information on reconciliation concerns).

For concerns related to the QAA committee's responsibility to identify or correct quality deficiencies, which may include systemic infection control concerns, refer to 483.75(g)(2)(ii), F867, QAA Activities.

For concerns related to the medical director's role in responsibility for care, refer to §483.70(h), F841, Medical Director.

## Endnotes (F880)

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- <sup>1</sup> Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., & the Healthcare Infection Control Practices Advisory Committee. (2007). 2007 Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings. Accessed on June 9, 2017 from <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- <sup>2</sup> Centers for Disease Control and Prevention. (2008). Guideline for disinfection and sterilization in healthcare facilities, 2008. Accessed on June 9, 2017 from [https://www.cdc.gov/hicpac/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](https://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf)
- <sup>3</sup> Centers for Disease Control and Prevention. (2002, October 25). Guideline for hand hygiene in health-care settings: Recommendations of The Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR;51(No.RR-16). Accessed on June 9, 2017 from <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
- <sup>4</sup> Centers for Disease Control and Prevention (2009, July 20). OPRP - General information on hand hygiene. Accessed on June 9, 2017 from [https://www.cdc.gov/nceh/vsp/cruiselines/hand\\_hygiene\\_general.htm](https://www.cdc.gov/nceh/vsp/cruiselines/hand_hygiene_general.htm).
- <sup>5</sup> Association for the Advancement of Medical Instrumentation (AAMI). (2009). ANSI/AAMI ST65:2008/(R)2013. Processing of reusable surgical textiles for use in health care facilities, 2008. Arlington, VA.
- <sup>6</sup> Occupational Safety and Health Administration. Title 29 Part 1910.1030. Bloodborne pathogens. Accessed on June 9, 2017 from [http://www.ecfr.gov/cgi-bin/text-idx?SID=4e5245f66094d270bc2bd93105f6a92d&mc=true&node=se29.6.1910\\_11030&rgn=div8](http://www.ecfr.gov/cgi-bin/text-idx?SID=4e5245f66094d270bc2bd93105f6a92d&mc=true&node=se29.6.1910_11030&rgn=div8)
- <sup>7</sup> Association for Professionals in Infection Control and Epidemiology. IC risk assessment tool form and IC risk assessment analysis. Accessed on June 9, 2017 from
- <sup>8</sup> Dubberke, E.R., & Gerding, D.N. (2011). Rationale for hand hygiene recommendations after caring for a patient with *Clostridium difficile* infection. In A compendium of strategies to prevent healthcare-associated infections in acute care hospitals: A fall 2011 update. Accessed on June 9, 2017 from <https://www.shea-online.org/images/patients/CDI-hand-hygiene-Update.pdf>
- <sup>9</sup> Bolyard, E.A., Tablan, O.C., Williams, W.W., Pearson, M.L., Shapiro, C.N., Deitchman, S.D., & The Healthcare Infection Control Practices Advisory Committee. (1998). Guideline for infection control in health care personnel, 1998. American Journal of Infection Control 26, 289-354. Accessed on June 9, 2017 from <https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>
- <sup>10</sup> Jensen, P.A., Lambert, L.A., Iademarco, M.F., & Ridzon, R. (CDC's Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention). (2005, December 30). Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. MMWR; 54 (No.RR-17). Accessed on June 9, 2017 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>
- <sup>11</sup> Stone, N.D., Ashraf, M.S., Calder, J., Crnich, C. J., Crossley, K., Drinka, P.J., ... Bradley, S.F. (2012). Surveillance definitions of infections in long-term care facilities: Revisiting the McGeer criteria. Infect Control Hosp Epidemiology. 33(10), 965-977.
- <sup>12</sup> Siegel, J.D., Rhinehart, E., Jackson, M., and Chiarello, L. (2006). Management of multidrug-resistant organisms in health-care settings, 2006. Accessed on June 9, 2017 from <https://www.cdc.gov/hicpac/pdf/mdro/mdroguideline2006.pdf>
- <sup>13</sup> Smith, P.W., Bennett, G., Bradley, S., Drinka, P., Lautenbach, E., Marx, J.... Stevenson, K. (2008). SHEA/APIC Guideline: infection prevention and control in the long-term care facility. Infect Control Hosp Epidemiology. 29(9), 785-814.
- <sup>14</sup> Centers for Disease Control and Prevention. (2015, January 21). Epidemiology glossary. Accessed on June 9, 2017 from [http://www.cdc.gov/reproductivehealth/data\\_stats/glossary.html#O](http://www.cdc.gov/reproductivehealth/data_stats/glossary.html#O)
- <sup>15</sup> Schweon, S., Burdsall D., Hanchett, M., Hilley, S., Greene, D., Kenneley, I., Marx, J., Rosenbaum, P. (2013). Infection preventionist's guide to long-term care. Washington DC: APIC.

- <sup>16</sup> Kim, K.H., Fekety, R., Batts, D.H., Brown, D., Cudmore, M., Silva, J. Jr., & Waters, D. (1981, January 1). Isolation of *Clostridium difficile* from the environment and contacts of residents with antibiotic-associated colitis. *Journal of Infectious Disease*. 143(1), 42-50.
- <sup>17</sup> Centers for Disease Control and Prevention (CDC). Hepatitis B FAQs for health professionals. Accessed on June 9, 2017 from <http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm>
- <sup>18</sup> Centers for Disease Control and Prevention (CDC). (2007, February 15). Preventing seasonal flu. Accessed on June 9, 2017 from <https://www.cdc.gov/flu/protect/vaccine/index.htm>
- <sup>19</sup> Schulster, L.M., Chinn, R.Y., Arduino, M.J., Carpenter, J., Donlan, R., Ashford, D., ... Cleveland, J. (2003, June 6). Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). *MMWR*; 52(No. RR10). Accessed on June 9, 2017 from [https://www.cdc.gov/hicpac/pdf/guidelines/eic\\_in\\_HCF\\_03.pdf](https://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf)
- <sup>20</sup> Hall, C.B., Douglas, Jr., R.G., Schnabal, K.C., and Geiman, J.M. (1981, September). Infectivity of respiratory syncytial virus by various routes of inoculation. *Infection and Immunity*. 33(3), 779-783.
- <sup>21</sup> Centers for Disease Control and Prevention. (2016). Frequently asked questions (FAQs) regarding assisted blood glucose monitoring and insulin administration. Accessed on June 9, 2017 from [https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring\\_faqs.html](https://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html)
- <sup>22</sup> Healthcare Laundry Accreditation Council. (2015). Checklist: Accreditation standards 2016 edition. Accessed on June 9, 2017 from [http://media.wix.com/ugd/076879\\_24e999ab2b484cac8c3c30ee9af77cc0.pdf](http://media.wix.com/ugd/076879_24e999ab2b484cac8c3c30ee9af77cc0.pdf)

# F881

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(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

## §483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

**§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.**

### INTENT

The intent of this regulation is to ensure that the facility:

- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

### DEFINITIONS

**"Antibiotic"**: a medication used to treat bacterial infections. They are not effective for infections caused by viruses (e.g., influenza or most cases of bronchitis).

**"Antibiotic Stewardship"**: refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.<sup>24</sup> This can be accomplished through improving antibiotic prescribing, administration, and management practices thus reducing inappropriate use to ensure that residents receive the right antibiotic for the right indication, dose, and duration.<sup>25</sup>

**"Clostridium difficile infection (C. difficile or CDI)"**: an infection from a bacterium that causes colitis, an inflammation of the colon, causing diarrhea.

**"Colonization"**: the presence of microorganisms on or within body sites without detectable host immune response, cellular damage, or clinical expression.

**"Methicillin-resistant Staphylococcus aureus (MRSA)" (a.k.a. Oxacillin-resistant Staphylococcus aureus)**: Staphylococcus aureus bacteria that are resistant to treatment with one of the semi-synthetic penicillins (e.g., Oxacillin/Nafcillin/Methicillin).

**"Multidrug-Resistant Organisms (MDROs)"**: microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents.<sup>23</sup> Although the names of certain MDROs describe resistance to only one agent, these pathogens are frequently resistant to most available antimicrobial agents and include multidrug-resistant gram negative bacteria (GNB), Carbapenem-resistant Enterobacteriaceae (CRE), and extended spectrum beta-lactamase-producing Enterobacteriaceae (ESBLs).

**"Vancomycin resistant enterococcus (VRE)"**: species of enterococcus which have developed resistance to the antibiotic, vancomycin.

## **GUIDANCE**

### **Antibiotic Stewardship**

As part of their IPCP programs, facilities must develop an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring to improve resident outcomes and reduce antibiotic resistance.<sup>26,27,29</sup> This means that the antibiotic is prescribed for the correct indication, dose, and duration to appropriately treat the resident while also attempting to reduce the development of antibiotic-resistant organisms.

Nursing home residents are at risk for adverse outcomes associated with the inappropriate use of antibiotics that may include but are not limited to the following:

- Increased adverse drug events and drug interactions (e.g., allergic rash, anaphylaxis or death);
- Serious diarrheal infections from *C. difficile*;
- Disruption of normal flora (e.g., this can result in overgrowth of *Candida* such as oral thrush); and/or
- Colonization and/or infection with antibiotic-resistant organisms such as MRSA, VRE, and multidrug-resistant GNB.

**NOTE:** The Centers for Disease Control and Prevention (CDC) has identified core actions to prevent antibiotic resistance within the control of the nursing home. For more information, refer to CDC NH Core Elements at: <http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship-appendix-a.pdf>

**NOTE:** For examples of antibiotic use protocols, policies and practices developed by the Agency for Healthcare Research and Quality, see: <http://www.ahrq.gov/nhguide/index.html>

**NOTE:** References to non-U. S. Department of Health and Human Services (HHS) sources or sites on the internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.

### **Antibiotic Stewardship Program**

As summarized by the CDC<sup>25</sup>, the core elements for antibiotic stewardship in nursing homes include:

- Facility leadership commitment to safe and appropriate antibiotic use;
- Appropriate facility staff accountable for promoting and overseeing antibiotic stewardship;
- Accessing pharmacists and others with experience or training in antibiotic stewardship;
- Implement policy(ies) or practice to improve antibiotic use;
- Track measures of antibiotic use in the facility (i.e., one process and one outcome measure);
- Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff; and
- Educate staff and residents about antibiotic stewardship.

The facility must develop an antibiotic stewardship program which includes the development of protocols and a system to monitor antibiotic use. This development should include leadership support and accountability via the participation of the medical director, consulting pharmacist, nursing and administrative leadership, and individual with designated responsibility for the infection control program if different.<sup>25</sup>

The antibiotic stewardship program protocols shall describe how the program will be implemented and antibiotic use will be monitored, consequently protocols must:

- Be incorporated in the overall infection prevention and control program;
- Be reviewed on an annual basis and as needed;
- Contain a system of reports related to monitoring antibiotic usage and resistance data. Examples may include the following:
  - Summarizing antibiotic use from pharmacy data, such as the rate of new starts, types of antibiotics prescribed, or days of antibiotic treatment per 1,000 resident days;<sup>25</sup>
  - Summarizing antibiotic resistance (e.g., antibiogram) based on laboratory data from, for example, the last 18 months; and/or<sup>25</sup>
  - Tracking measures of outcome surveillance related to antibiotic use (e.g., *C. difficile*, MRSA, and/or CRE).<sup>25</sup>
- Incorporate monitoring of antibiotic use, including the frequency of monitoring/review. Monitor/review when the resident is new to the facility; when a prior resident returns or is transferred from a hospital or other facility<sup>25</sup>; during each monthly medication regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic regimen review as requested by the QAA committee. In addition, establish the frequency and mode or mechanism of feedback (e.g., verbal, written note in record) to prescribing practitioners regarding antibiotic resistance data, their antibiotic use and their compliance with facility antibiotic use protocols.<sup>25</sup> Feedback on prescribing practices and compliance with facility antibiotic use protocols may include information from medical record reviews for new antibiotic starts to determine whether the resident had signs or symptoms of an infection; laboratory tests ordered and the results; prescription documentation including the indication for use (i.e., whether or not an infection or communicable disease has been documented), dosage and duration; and clinical justification for the use of an antibiotic beyond the initial duration ordered such as a review of laboratory reports/cultures in order to determine if the antibiotic remains indicated or if adjustments to therapy should be made (e.g., more narrow spectrum antibiotic);
- Assess residents for any infection using standardized tools and criteria<sup>25</sup> (e.g., SBAR tool for urinary tract infection (UTI) assessment<sup>29</sup>, Loeb minimum criteria for initiation of antibiotics<sup>30</sup>); and
- Include the mode (e.g., verbal, written, online) and frequency (as determined by the facility) of education for prescribing practitioners and nursing staff on antibiotic use (stewardship) and the facility's antibiotic use protocols. NOTE: Prescribing practitioners can include attending physicians and non-physician practitioners (NPP) (i.e., nurse practitioners, clinical nurse specialists, and physician assistants).

### **The Antibiotic Stewardship Program in Relation to Pharmacy Services**

The assessment, monitoring, and communication of antibiotic use shall occur by a licensed pharmacist in accordance with §483.45(c), F756, Drug Regimen Review. A pharmacist must perform a medication regimen review (MRR) at least monthly, including review of the medical record and identify any irregularities, including unnecessary drugs.

### **INVESTIGATIVE SUMMARY**

Surveyors should use the Infection Control Facility Task to assess for compliance with the antibiotic stewardship program during the standard survey.

### **Antibiotic Stewardship Review**

Determine whether the facility's antibiotic stewardship program includes antibiotic use protocol(s) addressing antibiotic prescribing practices (i.e., documentation of the indication, dose, and

duration of the antibiotic; review of laboratory reports to determine if the antibiotic is indicated or needs to be adjusted; an infection assessment tool or management algorithm is used when prescribing) and a system to monitor antibiotic use (i.e., antibiotic use reports, antibiotic resistance reports).

### **Specific Concerns That May Warrant Further Investigation**

If concerns have been identified, it may be necessary to conduct record reviews of one (or more) residents receiving antibiotics to identify whether the documented indication for the use of the antibiotic, dosage, and duration is appropriate. It may also be necessary to interview the appropriate person, (e.g., director of nursing, medical director, consulting pharmacist, administrator, or infection preventionist) to verify how antibiotic use is monitored in the facility. Furthermore, review records including evidence of actions taken by the QAA committee related to antibiotic use and stewardship.

### **KEY ELEMENTS OF NONCOMPLIANCE**

To cite deficient practice at F881, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:

- Develop and implement antibiotic use protocols to address the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotics;
- Develop and implement antibiotic use protocols that address unnecessary or inappropriate antibiotic use thereby reducing the risk of adverse events, including the development of antibiotic-resistant organisms; and/or
- Develop, promote and implement a facility-wide system to monitor the use of antibiotics.

### **DEFICIENCY CATEGORIZATION**

**An Example of Severity Level 4 Non-Compliance: Immediate Jeopardy to Resident Health or Safety includes but is not limited to:**

- The facility failed to develop and implement an antibiotic use protocol which included reporting results of laboratory data to the ordering practitioner. Medical record review indicated the prescribing practitioner had ordered a culture and sensitivity for a resident and prescribed an antibiotic for treatment of pneumonia prior to receipt of the results of the lab test. The facility received the results of the lab test which indicated that the bacteria was resistant to the antibiotic prescribed, however, they did not provide this information to the practitioner. As a result, the antibiotic was not adjusted accordingly and the resident was hospitalized for complications related to the pneumonia.

**An Example of Severity Level 3 Non-Compliance: Actual Harm that is not Immediate Jeopardy includes but is not limited to:**

- The facility did not develop a protocol for antibiotic use, and did not develop or implement a system to monitor antibiotic use. Based on record review, two residents were currently being treated with antibiotics without an appropriate indication for use. The two residents had indwelling urinary catheters and were asymptomatic for UTIs. There was no established criteria for use in the facility for when to treat a catheter-associated urinary tract infection. As a result of the antibiotic therapy, the two residents developed numerous watery, foul-smelling stools, elevated temperature, nausea, and decreased appetite. The medical record revealed that stool cultures identified positive bacteria for antibiotic-related colitis (*C. difficile*). The two residents were treated for antibiotic-related colitis, but did not require hospitalization and fully recovered.



**An Example of Severity Level 2 Non-Compliance: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy includes but is not limited to:**

- The facility failed to implement its protocol for antibiotic use and failed to monitor actual antibiotic use. Record review indicated that the facility developed a protocol which indicated "residents with MDROs are not to be treated with antibiotics for colonization". However, record review revealed one resident colonized with an MDRO receiving an antibiotic to eliminate colonization. As a result, the potential exists for residents to develop antibiotic resistance.

**An Example of Severity Level 1 Non-Compliance: No Actual Harm with Potential for Minimal Harm includes but is not limited to:**

- The facility failed to implement their protocol to monitor the rate of new starts of antibiotics monthly. On review, the monitoring was not completed for 6 weeks. There were no findings of increased MDROs or CDI in the facility.

**POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION**

Additionally, refer to §483.45(c), F756, for concerns related to the failure of the pharmacist to review and report any unnecessary antibiotic irregularity and §483.45(d), F757, for concerns related to unnecessary antibiotic use.

Refer to §483.10(c)(1), §483.10(c)(4)-(6):- the right to be fully informed in advance about care and treatment (F552) for concerns about education of residents and their representatives.

## Endnotes (F881)

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- <sup>23</sup> Siegel, J.D., Rhinehart, E., Jackson, M., and Chiarello, L. (2006). Management of multidrug-resistant organisms in health-care settings, 2006. Accessed on June 9, 2017 from <https://www.cdc.gov/hicpac/pdf/mdro/mdroguideline2006.pdf>
- <sup>24</sup> Centers for Disease Control and Prevention. (2014). Core elements of hospital antibiotic stewardship programs. Accessed on June 9, 2017 from <https://www.cdc.gov/getsmart/healthcare/implementation/coreelements.html>
- <sup>25</sup> Centers for Disease Control and Prevention. (2015). The core elements of antibiotic stewardship for nursing homes. Accessed on June 9, 2017 from <https://www.cdc.gov/longtermcare/prevention/antibioticstewardship.html>
- <sup>26</sup> Centers for Disease Control and Prevention. (2013). Antibiotic resistance threats in the United States, 2013. Accessed on June 9, 2017 from <http://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf>
- <sup>27</sup> Spellberg, B., Bartlett, J.G., & Gilbert, D. N. (January 24, 2013). The future of antibiotics and resistance. *The New England Journal of Medicine*, 368, 299-302.
- <sup>28</sup> The White House. (2014). National Strategy for Combating Antibiotic Resistant Bacteria. Accessed on June 9, 2017 from [https://obamawhitehouse.archives.gov/sites/default/files/docs/carb\\_national\\_strategy.pdf](https://obamawhitehouse.archives.gov/sites/default/files/docs/carb_national_strategy.pdf)
- <sup>29</sup> Agency for Healthcare Research and Quality. (2016). Toolkit 3. Minimum criteria for common infections. Accessed on June 9, 2017 from <http://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit3-minimum-criteria.html>
- <sup>30</sup> Loeb, M., Brazil, K., Lohfeld, L., McGeer, A., Simor, A., Stevenson, K., Zoutman, D.,....Walter, S.D. (2005). Effect of a multifaceted intervention on number of antimicrobial prescriptions for suspected urinary tract infections in residents of nursing homes: Cluster randomised controlled trial. *BMJ*, 331, 669. Accessed on June 9, 2017, from <http://www.bmj.com/content/bmj/early/2004/12/31/bmj.38602.586343.55.full.pdf>

# F882

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*(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

## **§483.80(b) Infection preventionist**

**[§483.80(b) and all subparts will be implemented beginning November 28, 2019 (Phase 3)] The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:**

**§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;**

**§483.80(b)(2) Be qualified by education, training, experience or certification;**

**§483.80(b)(3) Work at least part-time at the facility; and**

**§483.80(b)(4) Have completed specialized training in infection prevention and control.**

**§483.80(c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.**

**[§483.80(c) will be implemented beginning November 28, 2019 (Phase 3)]**

## F883

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(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

### **§483.80(d) Influenza and pneumococcal immunizations**

**§483.80(d)(1) Influenza.** The facility must develop policies and procedures to ensure that-

- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;**
- (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;**
- (iii) The resident or the resident's representative has the opportunity to refuse immunization; and**
- (iv) The resident's medical record includes documentation that indicates, at a minimum, the following:**
  - (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and**
  - (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.**

**§483.80(d)(2) Pneumococcal disease.** The facility must develop policies and procedures to ensure that-

- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;**
- (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;**
- (iii) The resident or the resident's representative has the opportunity to refuse immunization; and**
- (iv) The resident's medical record includes documentation that indicates, at a minimum, the following:**
  - (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and**
  - (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.**

### **INTENT**

The intent of this regulation is to:

- Minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza and pneumococcal disease by ensuring that each resident:
  - Is informed about the benefits and risks of immunizations; and
  - Has the opportunity to receive the influenza and pneumococcal vaccine(s), unless medically contraindicated, refused or was already immunized.
- Ensure documentation in the resident's medical record of the information/education provided regarding the benefits and risks of immunization and the administration or the refusal of or medical contraindications to the vaccine(s).

## DEFINITIONS

**"The Advisory Committee on Immunization Practices (ACIP)":** a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. A CIP's recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products. See <http://www.cdc.gov/vaccines/acip/index.html> for further information.

**"Medical contraindication":** a condition or risk that precludes the administration of a treatment or intervention because of the substantial probability that harm to the individual may occur.

**"Precaution":** a condition in a potential recipient that might increase the risk for a serious adverse reaction or that might compromise the vaccine's induction of immunity. For example, as a result of the resident's condition, complications could result, or a person might experience a more severe reaction to the vaccine than would have otherwise been expected. However, the risk for this happening is less than expected with medical contraindications.

## GUIDANCE

### Overview

Receipt of vaccinations is essential to the health and well-being of long-term care residents. Establishing an immunization program against influenza and pneumococcal disease facilitates achievement of this objective. Influenza outbreaks place both the residents and staff at risk of infection. Pneumococcal pneumonia, a type of bacterial pneumonia, is a common cause of hospitalization and death in older people. People 65 years or older are two to three times more likely than the younger population to get pneumococcal infections.

An effective immunization program involves collaborating with the medical director to develop resident care policies for immunization(s) that reflect current standards of practice and that include:

- Physician approved policies for orders of influenza and pneumococcal vaccines (administration must be based on an assessment of each resident for possible medical contraindications - see §483.30(b)(3), F711, for physician orders for vaccinations);
- Review of the resident's record of vaccination and immunization status, including assessment for potential medical contraindications;
- How pertinent information and education will be provided to residents or their representatives. The facility may wish to use educational resources such as those provided by the U. S. Centers for Disease Control and Prevention (CDC)<sup>31</sup>; and
- The vaccination schedule including mechanisms for recording and monitoring for administration of both influenza and pneumococcal vaccines in accordance with national recommendations.<sup>32</sup>

**NOTE:** Review facility policies regarding the provision of vaccines in order to determine if the policies reflect current standards of practice. Refer to §483.21(b)(3)(i) the services provided or arranged by the facility must meet professional standards of quality (F658). Also, refer to F880 for concerns with infection prevention and control.

### Provision of Immunizations

In order for a resident to exercise his or her right to make informed choices, it is important for the facility to provide the resident or resident representative with education regarding the benefits and potential side effects of immunizations. Facilities are required to document the provision of this

education and the administration, refusal of the immunization or the medical contraindication of the immunization. There may be clinical indications or other reasons that a resident may not have received immunizations. The resident's record should show vaccination administration unless it contains documentation as to why the vaccine was not administered, including but not limited to the following:

- A decision may have been made to delay vaccination for a resident because a precaution is present. According to the CDC, "in general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution because the benefit of protection from the vaccine outweighs the risk for an adverse reaction. The presence of a moderate or severe acute illness with or without a fever is a precaution to administration of all vaccines".<sup>32</sup> The benefits and risks of receiving the vaccine should be discussed with the resident or resident representative if a resident has a precaution to a vaccine. The vaccine can be administered if the benefit of the vaccine outweighs the risk, the resident or resident representative provides consent, and the resident's physician approves (refer to §483.30 Physician Services for further information on physician supervision);
- A resident may be in the end stages of a terminal illness and receiving care that is limited to comfort or palliative measures only and although eligible, the resident or representative has refused the vaccination(s);
- A resident may have a medical contraindication to receiving an influenza or pneumococcal vaccine such as severe allergic reaction to a vaccine component or following prior dose of vaccine;
- The resident or representative refused the vaccine; or
- The resident has already been immunized.

**NOTE:** For information related to current vaccine recommendations including scheduling and contraindications, refer to <http://www.cdc.gov/vaccines/acip/index.html> or <https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html>.

**NOTE:** A nursing home may encounter residents who do not have adequate documentation of vaccinations. With the exception of influenza vaccine and pneumococcal polysaccharide vaccine (PPSV), providers should only accept written, dated records as evidence of vaccination. Self-reported doses of influenza vaccine and PPSV are acceptable. A resident representative can report on behalf of the resident if he/she is unable to self-report and the representative has knowledge of the resident's medical care. State laws may have more stringent requirements related to documentation.

### **Influenza Immunization**

The influenza vaccine is given seasonally. The CDC indicates that administering the vaccine when it becomes available each season, rather than date specific, (i.e., "October 1") is most effective. Facilities should administer the influenza vaccine when it becomes available to the facility. Residents admitted late in the influenza season (typically February or March) should be offered the influenza vaccine as late season outbreaks do occur. If a resident was admitted outside the influenza season, the facility is not expected to offer the influenza vaccine to the resident, but it may, at its discretion.

**NOTE:** Flu seasons are unpredictable in a number of ways. They can vary in different parts of the country and from season to season. While flu spreads every year, the timing, severity, and length of the season varies from one year to another.

If there is a national shortage of influenza vaccine or other issue with availability leading to an inability to implement the influenza vaccine program, ask the facility to demonstrate that:

- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available;
- Plans are developed on how and when the vaccines are to be administered;
- Residents have been screened to determine how many and which residents are eligible and wish to receive the vaccine; and
- Education regarding immunizations has been implemented.

### **Pneumococcal Immunizations**

The regulation requires that each resident is offered pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized. There should be documentation in the medical record if there is reason to believe that pneumococcal vaccine(s) was given previously, but the date cannot be verified, and this had an impact upon the decision regarding administration of the vaccine(s). Facilities must follow the CDC and ACIP recommendations for vaccines.

**NOTE:** As of the date of publication of this guidance, ACIP recommends that "both 23-valent pneumococcal polysaccharide vaccine (PPSV23) and 13-valent pneumococcal conjugate vaccine (PCV13) vaccines should be administered routinely in series to all adults aged  $\geq 65$  years."<sup>33</sup> ACIP explained that PPSV23 is effective in preventing invasive pneumococcal disease (IPD) but the effectiveness of PPSV23 in preventing non-bacteremic pneumococcal pneumonia has been inconsistent. ACIP expects administration of both PCV13 and PPSV23 will provide optimal protection against pneumococcal infections. The recommendations for adults aged  $< 65$  years are different than for adults aged  $\geq 65$  years so they should be vaccinated based on the ACIP recommendations for their age group. For more up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations located at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html> and <https://www.cdc.gov/vaccines/schedules/hcp/index.html>.

### **INVESTIGATIVE SUMMARY**

Surveyors must use the Infection Control Facility Task for investigating compliance with this tag. A summary of this facility task is provided below.

#### **Sampling Procedure**

Select five residents in the sample to review for the provision of influenza and pneumococcal immunizations. Give precedence in selection to those residents whom the survey team has selected as sampled residents.

#### **Record Review**

Review sampled residents' records for education on and provision, refusal, or documentation of medical contraindications for influenza and pneumococcal immunizations. As necessary, determine if the facility developed influenza and pneumococcal vaccine policies and procedures.

### **KEY ELEMENTS OF NONCOMPLIANCE**

To cite deficient practice at F883, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:

- Develop, maintain, or follow policies and procedures for immunization of residents against influenza and pneumococcal disease in accordance with national standards of practice;

- Vaccinate an eligible resident with the influenza and/or the pneumococcal vaccine(s), unless the resident had previously received the vaccine, refused, or had a medical contraindication present;
- Allow a resident or a resident's representative to refuse either the influenza and/or the pneumococcal vaccine(s);
- Provide and/or document the provision of pertinent information regarding the immunizations to the resident or the resident's representative such as the benefits and potential side effects of the influenza and, as applicable, the pneumococcal immunization(s); and/or
- Document that the resident either received the pneumococcal and influenza vaccine(s) or did not receive the vaccine(s) due to medical contraindications, previous vaccination, or refusal.

## **DEFICIENCY CATEGORIZATION**

### **Examples of Severity Level 4 Non-Compliance: Immediate Jeopardy to Resident Health or Safety include but are not limited to:**

- The facility failed to ensure that medical contraindications were identified for the influenza or pneumococcal vaccine, and administered the vaccine to a resident with identified allergies/contraindications. As a result, the resident experienced a life-threatening reaction of anaphylactic shock requiring immediate treatment and admission to the hospital.
- The facility failed to ensure that eligible residents received the influenza vaccines because it did not have a program for vaccinating residents. As a result, several unvaccinated residents in one unit developed influenza, with elevated temperatures, coughing, labored breathing, and required hospitalization for respiratory compromise and dehydration.

### **Examples of Severity Level 3 Non-Compliance: Actual Harm that is not Immediate Jeopardy include but is not limited to:**

- A resident who was not eligible to receive the influenza vaccine due to medical contraindications received the vaccine and experienced a reaction that was not serious or life-threatening (i.e., hives and dizziness). The reaction resulted in fear and anxiety that was not to the level of panic and immobilization, but required treatment.
- The facility failed to administer the influenza vaccine for several weeks, despite its availability. The facility failed to offer influenza immunizations to three residents who were eligible to receive the vaccine. Record review and staff interview revealed that the three residents had been admitted in the past two months, but their names were not included in the facility's monitoring log for residents who had not received the vaccine and when they had last received one. During interviews, two of the three residents stated that they had not taken "a flu shot in over a year", and one stated that he had never taken a flu shot, but all three stated they would have taken one if offered. Based on record review, two of the three residents were diagnosed with influenza with symptoms of a fever, chills, body aches, and had received treatment with an antiviral in the facility. The two residents were unable to participate in activities or leave their rooms due to the acute illness. Record review corroborated the interview information and when interviewed, staff stated they had overlooked the three residents.

### **Examples of Severity Level 2 Non-Compliance: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy include but is not limited to:**

- An eligible resident did not receive the vaccine, but did not develop symptoms of influenza.
- An eligible resident received two doses of the same pneumococcal vaccine. The facility could have determined the resident already received the vaccine had it documented in the medical record when it was previously given by the facility. The resident did not experience any untoward reactions from the second immunization.



- The staff did not assess a resident for medical contraindications prior to providing the vaccines, but there were no reactions to the vaccine.

**An Example of Severity Level 1 Non-Compliance: No Actual Harm with Potential for Minimal Harm includes but is not limited to:**

- The facility failed to document that the resident was provided education on the influenza vaccine prior to administration. When interviewed, the resident stated he had received a copy of the information on influenza risks and benefits and provided the copy to the surveyor. However, the medical record did not reflect receipt of the information.

## Endnotes (F883)

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- <sup>31</sup> Centers for Disease Control and Prevention. Vaccine information statements. Accessed on June 9, 2017 from <https://www.cdc.gov/vaccines/hcp/vis/index.html>
- <sup>32</sup> Centers for Disease Control and Prevention. (2011). General recommendations on immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR;60(RR02), I-60. Accessed on June 9, 2017 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>
- <sup>33</sup> Centers for Disease Control and Prevention. (2014). Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults aged  $\geq 65$  years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR: 63(37); 822-825. Accessed on June 9, 2017 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm>

# F884

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*The following section was released in the Federal Register, dated May 8, 2020. For more information pertaining to COVID-19 reporting requirements see [Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel](#) located in the [Guidelines and Recommendations](#) chapter.*

## **§483.80(g) COVID–19 reporting. The facility must—**

**§483.80(g)(1) Electronically report information about COVID–19 in a standardized format specified by the Secretary. This report must include but is not limited to—**

- (i) Suspected and confirmed COVID–19 infections among residents and staff, including residents previously treated for COVID–19;**
- (ii) Total deaths and COVID–19 deaths among residents and staff;**
- (iii) Personal protective equipment and hand hygiene supplies in the facility;**
- (iv) Ventilator capacity and supplies in the facility;**
- (v) Resident beds and census;**
- (vi) Access to COVID–19 testing while the resident is in the facility;**
- (vii) Staffing shortages; and**
- (viii) Other information specified by the Secretary.**

**§483.80(g)(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention's National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public.**

## F885

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*The following section was released in the Federal Register, dated May 8, 2020. For more information pertaining to COVID-19 reporting requirements see [Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel](#) located in the [Guidelines and Recommendations](#) chapter.*

**§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID–19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—**

- (i) Not include personally identifiable information;**
- (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and**
- (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: Each time a confirmed infection of COVID–19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.**

# F886

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*The following section was released in the Federal Register, dated September 2, 2020. For more information pertaining to COVID-19 testing requirements see [QSO-20-38-NH Interim Final Rule \(IFC\)](#), [CMS-3401-IFC](#), [Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care \(LTC\) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool](#) located in the [Guidelines and Recommendations](#) chapter of this manual.*

## **§483.80(h) COVID-19 Testing.**

**The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:**

**§483.80(h)(1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:**

- (i) Testing frequency;**
- (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;**
- (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;**
- (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;**
- (v) The response time for test results; and**
- (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.**

**§483.80(h)(2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;**

**§483.80(h)(3) For each instance of testing:**

- (i) Document that testing was completed and the results of each staff test; and**
- (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.**

**§483.80(h)(4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.**

**§483.80(h)(5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.**

**§483.80(h)(6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.**

# F921

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*(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

## **§483.90(i) Other Environmental**

**Conditions** The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.

## F945

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*(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

### **§483.95(e) Infection control.**

**A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2). [§483.95(e) will be implemented beginning November 28, 2019 (Phase 3)]**

# E-0001

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(Rev. 200, Issued: 02-21-20, Effective: 02-21-20, Implementation: 02-21-20)

## §483.73 Emergency preparedness.

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**The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:**

*(Interpretive guidance for this section does not accurately reflect all changes for Transmittal 200 (published 02-21-20). The guidance is pending and will be published as soon as it is available.)*

### Interpretive Guidelines

Under this condition/requirement, facilities are required to develop an emergency preparedness program that meets all of the standards specified within the condition/requirement. The emergency preparedness program must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation. The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility). The emergency preparedness program must be reviewed annually.

A comprehensive approach to meeting the health and safety needs of a patient population should encompass the elements for emergency preparedness planning based on the “all-hazards” definition and specific to the location of the facility. For instance, a facility in a large flood zone, or tornado prone region, should have included these elements in their overall planning in order to meet the health, safety, and security needs of the staff and of the patient population. Additionally, if the patient population has limited mobility, facilities should have an approach to address these challenges during emergency events. The term “comprehensive” in this requirement is to ensure that facilities do not only choose one potential emergency that may occur in their area, but rather consider a multitude of events and be able to demonstrate that they have considered this during their development of the emergency preparedness plan.

### Survey Procedures

- Interview the facility leadership and ask him/her/them to describe the facility’s emergency preparedness program.
- Ask to see the facility’s written policy and documentation on the emergency preparedness program.
- For hospitals and CAHs only: Verify the hospital’s or CAH’s program was developed based on an all-hazards approach by asking their leadership to describe how the facility used an all-hazards approach when developing its program.



## E-0004

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(Rev. 200, Issued: 02-21-20, Effective: 02-21-20, Implementation: 02-21-20)

### (a) Emergency plan.

**The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do the following:**

*(Interpretive guidance for this section does not accurately reflect all changes for Transmittal 200 (published 02-21-20). The guidance is pending and will be published as soon as it is available.)*

#### Interpretive Guidelines

Facilities are required to develop and maintain an emergency preparedness plan. The plan must include all of the required elements under the standard. The plan must be reviewed and updated at least annually. The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review. The format of the emergency preparedness plan that a facility uses is at its discretion.

An emergency plan is one part of a facility's emergency preparedness program. The plan provides the framework, which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing the needs of their patient populations, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters;
- Man-made disasters;
- Facility-based disasters that include but are not limited to:
  - Care-related emergencies;
  - Equipment and utility failures, including but not limited to power, water, gas, etc.;
  - Interruptions in communication, including cyber-attacks;
  - Loss of all or portion of a facility; and
  - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).
- EIDs such as Influenza, Ebola, Zika Virus and others.
  - These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.

When evaluating potential interruptions to the normal supply of essential services, the facility should take into account the likely durations of such interruptions. Arrangements or contracts to re-establish essential utility services during an emergency should describe the timeframe within which the contractor is required to initiate services after the start of the emergency, how they will be procured and delivered in the facility's local area, and that the contractor will continue to supply the essential items throughout and to the end of emergencies of varying duration.

### **Survey Procedures**

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards (e.g. natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all of the required elements.
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

## E-0009

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(Rev. 200, Issued: 02-21-20, Effective: 02-21-20, Implementation: 02-21-20)

**(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.**

*(Interpretive guidance for this section does not accurately reflect all changes for Transmittal 200 (published 02-21-20). The guidance is pending and will be published as soon as it is available.)*

### **Interpretive Guidelines**

While the responsibility for ensuring a coordinated disaster preparedness response lies upon the state and local emergency planning authorities, the facility must document its efforts to contact these officials to engage in collaborative planning for an integrated emergency response. The facility must include this integrated response process in its emergency plan. Facilities are encouraged to participate in a healthcare coalition as it may provide assistance in planning and addressing broader community needs that may also be supported by local health department and emergency management resources.

For ESRD facilities, §494.120(c)(2) of the ESRD Conditions for Coverage on Special Purpose Dialysis Facilities describes the requirements for ESRD facilities that are set up in an emergency (i.e., an emergency circumstance facility) which are issued a unique CMS Certification Number (CCN). ESRD facilities must incorporate these specific provisions into the coordination requirements under this standard.

### **Survey Procedures**

Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.

- Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.
- For ESRD facilities, ask to see documentation that the ESRD facility contacted the local public health and emergency management agency public official at least annually to confirm that the agency is aware of the ESRD facility's needs in the event of an emergency and know how to contact the agencies in the event of an emergency.

## E-0013

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(Rev. 200, Issued: 02-21-20, Effective: 02-21-20, Implementation: 02-21-20)

### (b) Policies and procedures.

**The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:**

*(Interpretive guidance for this section does not accurately reflect all changes for Transmittal 200 (published 02-21-20). The guidance is pending and will be published as soon as it is available.)*

#### **Interpretive Guidelines**

Facilities must develop and implement policies and procedures per the requirements of this standard. The policies and procedures are expected to align with the identified hazards within the facility's risk assessment and the facility's overall emergency preparedness program.

We are not specifying where the facility must have the emergency preparedness policies and procedures. A facility may choose whether to incorporate the emergency policies and procedures within their emergency plan or to be part of the facility's Standard Operating Procedures or Operating Manual. However, the facility must be able to demonstrate compliance upon survey, therefore we recommend that facilities have a central place to house the emergency preparedness program documents (to include all policies and procedures) to facilitate review.

#### **Survey Procedures**

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

## E-0032

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(Rev. 200, Issued: 02-21-20, Effective: 02-21-20, Implementation: 02-21-20)

### **(3) Primary and alternate means for communicating with the following:**

#### **(i) LTC facility's staff.**

#### **(ii) Federal, State, tribal, regional, or local emergency management agencies.**

*(Interpretive guidance for this section does not accurately reflect all changes for Transmittal 200 (published 02-21-20). The guidance is pending and will be published as soon as it is available.)*

### **Interpretive Guidelines**

Facilities are required to have primary and alternate means of communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. Facilities have the discretion to utilize alternate communication systems that best meets their needs. However, it is expected that facilities would consider pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators' (HAM Radio) systems, as well as satellite telephone communications systems. We recognize that some facilities, especially in remote areas, may have difficulty using some communication systems, such as cellular phones, even in non-emergency situations, which should be outlined within their risk assessment and addressed within the communications plan. It is expected these facilities would address such challenges when establishing and maintaining a well-designed communication system that will function during an emergency.

The communication plan should include procedures regarding when and how alternate communication methods are used, and who uses them. In addition the facility should ensure that its selected alternative means of communication is compatible with communication systems of other facilities, agencies and state and local officials it plans to communicate with during emergencies. For example, if State X local emergency officials use the SHARED RESOURCES (SHARES) High Frequency (HF) Radio program and facility Y is trying to communicate with RACES, it may be prudent to consider if these two alternate communication systems can communicate on the same frequencies.

Facilities may seek information about the National Communication System (NCS), which offers a wide range of National Security and Emergency Preparedness communications services, the Government Emergency Telecommunications Services (GETS), the Telecommunications Service Priority (TSP) Program, Wireless Priority Service (WPS), and SHARES. Other communication methods could include, but are not limited to, satellite phones, radio, and short wave radio. The Radio Amateur Civil Emergency Services (RACES) is an integral part of emergency management operations.

### **Survey Procedures**

- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equipment or communication systems listed in the plan.



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Part 2 - Clinical**

**Item # H50045**



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Clinical Policies and Procedures**

**Item # H50045**

# **Infection Control**

## **Policy and Procedure Manual**

### **Clinical Policies and Procedures**

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General Recommendations for Routine Prevention and Control of MDROs in Healthcare Settings  
NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) & *Clostridium difficile* Infection (CDI) Events for Long-term Care Facilities (LTCFs)  
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#### **Sample Documentation**

COVID-19 Resident Health Screen (CP1820)  
TB Screening and Immunization Record (CP1801)

#### **Tools**

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# Clostridium Difficile

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## Policy Statement

Measures are taken to prevent the occurrence of *Clostridium difficile* infections (CDI) among residents. Precautions are taken while caring for residents with *C. difficile* to prevent transmission to others residents.

## Policy Interpretation and Implementation

1. Clostridium difficile infection is suspected in residents with acute, unexplained onset of diarrhea (three or more unformed stools within 24 hours).
2. Residents considered at high risk of developing symptoms associated with *C. difficile* include those with:
  - a. Advancing age;
  - b. Gastrointestinal manipulation (especially nasogastric tube insertion);
  - c. Previous confirmed infection with *C. difficile*; and
  - d. Antibiotic or anti-neoplastic therapy.
3. The primary reservoirs for *C. difficile* are infected people and surfaces. Spores can persist on resident-care items and surfaces for several months and are resistant to some common cleaning and disinfection methods.
4. *C. difficile* is transmitted via the fecal-oral route. Therefore, any resident-care activity that involves contact with the resident's mouth when hands or instruments are contaminated may provide an opportunity for transmission, for example:
  - a. Oral care/suctioning;
  - b. Administration of tube feedings;
  - c. Administration of oral medications; and
  - d. Insertion of a nasogastric tube.
5. Steps toward prevention and early intervention include:
  - a. Ongoing surveillance of CDI;
  - b. Increasing awareness of symptoms and risk factors among staff, residents and visitors;
  - c. Considering *C. difficile* in differential diagnoses, especially in residents with symptoms or risk factors;
  - d. Frequent hand washing with soap and water by staff and residents;
  - e. Wearing gloves when handling feces or articles contaminated with feces;
  - f. Disinfection of items with potential fecal soiling (e.g., bedpans, commode chairs, bed rails, etc.) using a disinfecting agent recommended for *C. difficile* (e.g., household bleach and water solution or an EPA registered germicidal agent effective against *C. difficile* spores); and
  - g. Removal of environmental sources of *C. difficile* (i.e., replacement of electronic thermometers with disposables).

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6. Stool specimens for testing are:
  - a. performed on unformed stool only (unless ileus is suspected);
  - b. submitted in a clean, leak-proof container;
  - c. transported to the laboratory as soon as possible;
  - d. stored at 2°C to 8°C for up to 24 hours, or freeze at -70°C for >24 hour storage times (if timely submission to the laboratory is not possible); and
  - e. not submitted from residents receiving laxatives.
7. Testing of asymptomatic residents and of residents who have responded to therapy is not done routinely.
8. Repeat testing (after initial negative result) is not performed routinely.
9. Residents with diarrhea associated with *C. difficile* (i.e., residents who are colonized and symptomatic) are placed on Contact Precautions.
10. Residents with diarrhea and suspected CDI are placed on Contact Precautions while awaiting laboratory results.
11. Residents who are colonized with *C. difficile* but are asymptomatic do not require Contact Precautions.
12. Residents who are asymptomatic (diarrhea free) for 48 hours can be removed from precautions.
13. Residents with CDI are placed in a private room if available. If a private room is not available, residents will be cohorted with a dedicated commode for each resident.
14. When caring for residents with CDI, staff is to maintain vigilant hand hygiene. Hand washing with soap and water is superior to ABHR for the mechanical removal of *C. difficile* spores from hands.
15. Enhanced infection control measures may be used on units with high rates of *C. difficile* infection, including:
  - a. Universal glove use;
  - b. Enhanced environmental cleaning;
  - c. Reduced sharing of or dedicated medical equipment; and
  - d. Staff cohorting.
16. Environmental cleaning in rooms of residents with CDI is done with a disinfecting agent recommended for *C. difficile* (e.g., household bleach and water solution or an EPA registered germicidal agent effective against *C. difficile* spores).
17. Residents with diarrhea are monitored for signs and symptoms of dehydration.
18. Surveillance and reporting of confirmed CDI is conducted by the infection preventionist.

*continues on next page*

References	
<b>OBRA Regulatory Reference Numbers</b>	483.25(k); <a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	F697; <a href="#">F880</a>
<b>Other References</b>	<p>McDonald LC, Gerding DN, Johnson S, et.al, 2018. Clinical practice guidelines for Clostridium difficile infection in adults and Children: 2017 update by the Infectious Disease Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA). Clinical Infectious Diseases 66(7): e3-e48.</p> <p>EPA's Registered Antimicrobial Products Effective against <i>Clostridium difficile</i> Spores</p>
<b>Related Documents</b>	<p><a href="#">Diarrhea and Fecal Incontinence</a></p> <p><a href="#">Handwashing/Hand Hygiene</a></p> <p><a href="#">Infections – Clinical Protocol</a></p> <p><a href="#">NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) &amp; Clostridium difficile Infection (CDI) Events for Long-term Care Facilities (LTCFs)</a></p> <p><a href="#">Surveillance for Infections</a></p>
<b>Version</b>	2.1 (H5MAPL0995)

# Colostomy/Ileostomy Care

Level III

## Purpose

The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Skin cleansing preparation;
2. Clean drainage bag;
3. Soap and water;
4. Barrier creams and lotions (as indicated); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gown if soiling of clothing with feces is likely.
4. Put on gloves.
5. Remove drainage bag.
6. Remove gloves, wash hands, put on clean gloves.
7. Cleanse skin with appropriate skin cleansing preparation.
8. When evaluating the condition of the resident's skin, note the following:
  - a. Breaks in the skin.
  - b. Excoriation.
  - c. Signs of infection (heat, swelling, pain, redness, purulent exudate, etc.).
9. Remove soiled items. Do not place on overbed table. Replace with clean drainage bag.
10. Place disposable bags into appropriate receptacle.
11. Discard disposable items into designated containers.
12. Remove and discard gown into designated container.
13. Remove and discard gloves into designated container. Wash and dry your hands thoroughly.
14. Reposition the bed covers. Make the resident comfortable.
15. Place the call light within easy reach of the resident.
16. Clean the overbed table and return it to its proper position.
17. Wash and dry your hands thoroughly.

*continues on next page*

18. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.
19. Document the procedure in resident's documentation form.

## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the colostomy/ileostomy care was provided.
2. The name and title of the individual(s) who provided the colostomy/ileostomy care.
3. Any breaks in resident's skin, signs of infection (purulent discharge, pain, redness, swelling, temperature), or excoriation of skin.
4. How the resident tolerated the procedure.
5. If the resident refused the procedure, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the colostomy/ileostomy care.
2. Notify the supervisor of any abnormal findings (i.e., breaks in skin, excoriation, signs of infection, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; Section O
<b>Survey Tag Numbers</b>	F691
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0089)



# Cultures for MRSA (Staphylococcus Screening)

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for proper culturing of residents known or suspected to have Methicillin Resistant Staphylococcus Aureus (MRSA) infection, or who may be exposed to MRSA. (This is not a routine procedure but may be needed during an outbreak or upon advice of the local or state health department.)

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

### For Nasal Culture

1. Clean gloves; and
2. Sterile culture swab.

### For Wound Culture

1. Sterile gloves;
2. Sterile culture swab;
3. Sterile general purpose tray;
4. Alcohol sponges; and
5. Betadine sponges (or ACU-dyne).

## Procedure Guidelines

1. Mark the laboratory request with the following:
  - a. The exact location of the wound; or
  - b. "Anterior nares," if appropriate;
  - c. "Staphylococcus screen, R/O MRSA";
  - d. Resident's name and room number;
  - e. Name of person taking culture; and
  - f. Date.

### Nasal Culture

1. Validate Physician's order for the culture.
2. Wash hands and put on clean gloves.
3. Using thumb, gently elevate nares by pushing up on tip of nose.
4. Insert sterile culture swab into anterior tips of nares, rotate swab to collect any moisture.
5. Remove swab from nose and replace in sheath.
6. Squeeze capsule to release culture medium. Be sure swab is in medium.
7. Discard gloves and other protective equipment into appropriate receptacle. Wash hands.
8. Label specimen and send to lab.

### Wound Culture

1. Validate Physician's order for the culture.
2. Wash hands, open the general equipment tray and put on sterile gloves.
3. Using sterile forceps, remove the dressings to expose the wound.

*continues on next page*

4. Cleanse the area around the wound with alcohol and then cleanse with Betadine sponges (if resident not allergic). Remove all old drainage from site.
5. Allow the area to dry.
6. Using the sterile culture swab, collect as much fresh drainage as possible, or insert the swab gently into any open, draining area of the wound and rotate it to obtain drainage. Never collect drainage from the outside and then insert the same swab into the wound.
7. Place the swab back into the sheath and squeeze the capsule to release the culture medium.
8. Remove the sterile gloves and discard into appropriate receptacle. Wash hands.
9. Label specimen and send to lab.

**(Note:** A swab culture is not recommended for a pressure ulcer. All pressure ulcers are colonized with bacteria and the culture will only detect surface colonization and may not reflect the organism responsible for the infection. Notify the physician if infection is suspected.)

## Miscellaneous

1. Implement Contact Precautions on a case-by-case basis as determined by risks for transmission including uncontrolled secretions, stool incontinence, draining wounds, diarrhea, and total dependence for activities of daily living.
2. Do not treat or continue to culture asymptomatic colonized individuals unless the realistic clinical goal is to decolonize the individual.
3. A resident who has recently had MRSA bacteremia does not need additional blood cultures once his/her clinical condition has improved.
4. Prioritize known MRSA residents for placement with like MRSA individuals, or a low risk individual.
5. When notification of previous MRSA infection or colonization comes after admission, make decisions on surveillance and precautions based on the individual's ability to contain infected/colonized body fluids or body sites, personal hygiene (e.g., handwashing, keeping hands away from infected/colonized areas) and risk to other residents.
6. Place culture tubes in clear plastic bags for transport.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">CDC Campaign to Prevent Antimicrobial Resistance in Healthcare Settings</a> <a href="#">Cultures, Specimen Collection for</a> <a href="#">Multidrug-Resistant Organisms</a> <a href="#">Reporting Communicable Diseases</a>
<b>Version</b>	1.2 (H5MAPR0092)

# Diapers/Underpads

Level II

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## Purpose

The purpose of this procedure is to provide guidelines for the proper handling of diapers and underpads.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Skin cleansing preparation;
2. Disinfectant; and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### In Resident Rooms

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Put on gown or apron if soiling of clothing is likely.
5. Remove diaper or underpad from resident by rolling the diaper/underpad toward the inside soiled area. Contain as much fecal soil as possible.
6. Clean skin of resident and replace fresh diaper or underpad.
7. If fecal material is solid, take the diaper or underpad to the hopper or toilet and let the fecal matter fall, being careful to avoid splashes. Flush the toilet/hopper.
8. Place diaper or underpad into designated hamper/container.
9. Discard disposable equipment and supplies in designated containers.
10. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
11. Clean the overbed table and return it to its proper position.
12. Lower the bed into lowest position and place the side rails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
13. Reposition the bed covers. Make the resident comfortable.
14. Place the call light within easy reach of the resident.
15. Remove protective clothing before leaving the room. Discard into appropriate receptacles.
16. Wash and dry your hands thoroughly.
17. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

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## Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. All assessment data (e.g., the condition of the resident's skin) obtained while changing the diaper/underpad.
4. If the resident refused the care, the reason(s) why and the intervention taken.
5. The signature and title of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F684; <a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0103)

# Diarrhea and Fecal Incontinence

Level II

## Purpose

The purpose of this procedure is to provide guidelines that will aid in preventing the resident's exposure to feces.

## Preparation

1. Review the resident's care plan to assess for any special needs of the resident.
2. Assemble the equipment and supplies as needed.

## General Guidelines

1. When residents have diarrhea or fecal incontinence, and there is a possibility of soiling clothing during clean-up, gowns or aprons should be worn and removed immediately after completing the procedure and placed into the laundry hamper or discarded, as appropriate.
2. Residents must be cleaned after each episode of incontinence.
3. Disposable items soiled with feces (i.e., disposable briefs or disposable underpads) must be handled so as to prevent contamination of the environment with feces. Such items must be placed in closed containers in the soiled utility room and discarded in accordance with established procedures.
4. Cloth briefs and underpads must be placed into assigned linen hampers and washed separately, using a prewash cycle. Solid feces should be dropped into toilet or hopper before placing items into linen hamper.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Brief (disposable or cloth);
2. Underpad (disposable or cloth);
3. Disposable or cloth as designated by resident plan of care;
4. Draw sheet;
5. Soap and water (or incontinence preparation);
6. Barrier creams and lotions (as indicated); and
7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. Put on gloves.
4. Put on gown or apron if soiling of clothing is likely.
5. Use high degree of caution when turning residents who are known to be incontinent.
6. Wipe feces from the resident's skin with edge of brief or underpad. Wipe away from the perineum and any indwelling catheters.
7. Wash the resident's skin with soap and water or incontinence preparation.
8. Provide catheter care as indicated, if catheter is soiled with feces.

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9. Rinse well and pat dry.
10. Apply barrier creams or lotions as indicated.
11. When evaluating the condition of the resident's skin, note the following:
  - a. Maceration, softening, or breaks in the skin;
  - b. Irritation, chafing, excoriation, or rash; and
  - c. Pressure ulcers.
12. Remove soiled items. Replace with clean dry briefs or underpad, as indicated.
13. Drop solid fecal matter into toilet or hopper and flush.
14. Place disposable brief or underpad into special waste container.
15. Place cloth brief, underpad or draw sheet into designated container.
16. Discard disposable equipment and supplies in designated containers.
17. Remove gown or apron (if worn) and discard into designated container.
18. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
19. Clean the overbed table and return it to its proper position.
20. Lower the bed into lowest position and place the siderails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. Remove protective clothing before leaving the room. Discard into appropriate receptacles.
24. Wash and dry your hands thoroughly.
25. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

## Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section H; (CAA 6)
<b>Survey Tag Numbers</b>	F690; <a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Clostridium Difficile</a> <a href="#">Diapers/Underpads</a> <a href="#">Handwashing/Hand Hygiene</a>
<b>Version</b>	1.2 (H5MAPR0104)

# Dressings, Dry/Clean

Level III

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## Purpose

The purpose of this procedure is to provide guidelines for the application of dry, clean dressings.

## Preparation

1. Verify that there is a physician's order for this procedure. (Note: This may be generated from a facility protocol.)
2. Review the resident's care plan, current orders, and diagnoses to determine if there are special resident needs.
3. Check the treatment record.
4. Assemble the equipment and supplies as needed. Date and initial all bottles and jars upon opening (unless product is single use). Wipe nozzles of wound with alcohol pledget or facility disinfectant wipe. (Note: This may be performed at the treatment cart.)
5. Explain procedure to the resident and provide privacy.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Clean dressing(s);
2. Cleaning solution, as ordered;
3. Tape;
4. Scissors; and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Tape a biohazard or plastic bag on the bedside stand or use a waste basket below clean field.
4. Position resident and adjust clothing to provide access to affected area.
5. Wash and dry your hands thoroughly.
6. Put on clean gloves. Loosen tape and remove soiled dressing.
7. Pull glove over dressing and discard into plastic or biohazard bag.
8. Wash and dry your hands thoroughly.
9. Open dry, clean dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface.
10. Label tape or dressing with date, time and initials. Place on clean field.
11. Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze).
12. Wash and dry your hands thoroughly.
13. Put on clean gloves.
14. Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage.

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15. Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
16. Use dry gauze to pat the wound dry.
17. Apply the ordered dressing and secure with tape or bordered dressing per order. (Note: Use non-allergenic tape as indicated.) Label with date and initials to top of dressing.
18. Discard disposable items into the designated container.
19. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
20. Reposition the bed covers. Make the resident comfortable.
21. Place the call light within easy reach of the resident.
22. Clean the bedside stand.
23. Wash and dry your hands thoroughly.
24. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record, treatment sheet or designated wound form:

1. The date and time the dressing was changed.
2. Wound appearance, including wound bed, edges, presence of drainage.
3. The name and title (or initials) of the individual changing the dressing.
4. The type of dressing used and wound care given.
5. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.
6. How the resident tolerated the procedure.
7. Any problems or complaints (e.g., pain or discomfort) made by the resident related to the procedure.
8. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal.
9. The signature and title (or initials) of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the dressing change.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	F684
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Dressings, Soiled/Contaminated</a> <a href="#">Dressings, Sterile</a>
<b>Version</b>	1.1 (H5MAPR0115)



# Dressings, Soiled/Contaminated

## Policy Statement

All soiled/contaminated dressings must be handled in a safe and sanitary manner and must be incinerated or disposed of following decontamination or containment.

## Policy Interpretation and Implementation

1. Disposable items such as bandages, applicators, gauze pads, etc., that are soiled or contaminated with infective material, blood, or body fluids must be placed in a plastic bag and removed from the resident's room upon completion of any procedure.
2. Soiled dressings that are not heavily soiled with exudate may be placed in a plastic bag and placed in regular waste.
3. Soiled dressings that are heavily soiled with exudate or drainage or from a resident with an infectious condition must be placed in specially designated **"BIOHAZARD"** containers for disposal.
4. Gloves must be worn when changing a dressing and/or when handling items contaminated with blood, body fluids, or potentially infective materials.
5. Follow established procedures governing wound care.

References	
OBRA Regulatory Reference Numbers	<a href="#">§483.80 Infection Control</a>
Survey Tag Numbers	<a href="#">F880</a>
Other References	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov/SLTC/bloodborne pathogens/index.html">www.osha.gov/SLTC/bloodborne pathogens/index.html</a>
Related Documents	<a href="#">Dressings, Dry/Clean</a> <a href="#">Dressings, Sterile</a>
Version	1.2 (H5MAPL0223)

# Dressings, Sterile

## Level III

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### Purpose

The purpose of this procedure is to provide guidelines for the application of sterile dressings.

### Preparation

1. Verify that there is a physician's order for this procedure. (Note: This may be generated from a facility protocol.)
2. Review the resident's care plan, current orders, and diagnoses to determine if there are special resident needs.
3. Check the treatment record.
4. Assemble the equipment and supplies as needed. Date and initial all bottles and jars upon opening. Wipe nozzles, foil packets, bottle tops, etc., with alcohol pledget before opening, as necessary. (Note: This may be performed at the treatment cart.)
5. Explain procedure to the resident and provide privacy.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Sterile dressing tray;
2. Cleaning solution, as ordered;
3. Tape;
4. Scissors;
5. Sterile gauze; and
6. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Tape a biohazard or plastic bag on the bedside stand or use a waste basket below the clean field.
4. Position resident and adjust clothing to provide access to affected area.
5. Wash and dry your hands thoroughly.
6. Put on clean gloves. Loosen tape and remove soiled dressing.
7. Pull glove over dressing and discard into plastic or biohazard bag.
8. Wash and dry your hands thoroughly.
9. Open sterile dressing tray, touching only the exterior surface, and carefully open the exterior wrapping to create a sterile field.
10. Using sterile technique, open other sterile products (i.e., prescribed dressing, sterile gauze) and drop onto sterile field.
11. Wash and dry your hands thoroughly.
12. Put on sterile gloves.
13. Assess the wound and surrounding skin for edema, redness, drainage, progress of tissue healing, and wound stage.

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14. Cleanse the wound using sterile forceps to hold gauze. Use separate gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
15. Use dry gauze to pat the wound dry.
16. Apply the ordered dressing and secure with tape. (Note: Use non-allergenic tape, as indicated.) Label tags (tape or sterile kit label) with date and initials to top of dressing.
17. Discard disposable items into the designated container.
18. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. Clean the bedside stand.
22. Wash and dry your hands thoroughly.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

The following information should be recorded in the resident's medical record, treatment sheet or designated wound form:

1. The date and time the dressing was changed.
2. Wound appearance, including wound bed, edges, presence of drainage.
3. The name and title (or initials) of the individual changing the sterile dressing.
4. The type of dressing used and wound care given.
5. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.
6. How the resident tolerated the procedure.
7. Any problems or complaints (e.g., pain or discomfort) made by the resident related to the procedure.
8. Complications related to the wound (e.g., pain, redness, drainage, swelling, bleeding).
9. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal.
10. The signature and title (or initials) of the person recording the data.

## Reporting

1. Notify the supervisor if the resident refuses the dressing change.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Dressings, Dry/Clean</a> <a href="#">Dressings, Soiled/Contaminated</a>
<b>Version</b>	1.1 (H5MAPR0116)

# Guidelines for Preventing Intravenous Catheter-Related Infections

Level III

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## Purpose

The purpose of this procedure is to maximally reduce the risk of infection associated with indwelling intravenous (IV) catheters.

## General Guidelines

1. Facility staff who manage infusion catheters will have training and demonstrated clinical competency in intravenous therapy, including:
  - a. indications for IV catheter use;
  - b. proper procedures for the insertion and maintenance of IV catheters; and
  - c. appropriate infection control measures to prevent IV catheter-related infections.
2. Staff may only insert catheter types for which they have adequate training and demonstrated skill.
3. Aseptic technique shall be observed at all times when working with IV equipment.
4. All infusion equipment shall be sterile when first opened. At all times equipment shall remain aseptic. If it becomes contaminated it must be changed.
5. Resident complaints of pain or problems regarding the catheter or treatment shall be investigated immediately. Interventions shall be initiated as soon as the appropriate measure is identified.

## Overview of CRIs

1. Potential risk factors associated with central venous access device (CVAD) and infusion-related infections include:
  - a. catheter dwell time, sutures;
  - b. frequent manipulation of CVAD;
  - c. multi-lumen catheters; and
  - d. presence of immunosuppression.
2. Signs and symptoms that can indicate infection include:
  - a. fever, chills;
  - b. hypotension, hyperventilation;
  - c. altered mental status;
  - d. tenderness at insertion site;
  - e. erythema, induration, purulent drainage;
  - f. positive blood cultures or catheter tip; and
  - g. phlebitis.
3. Infections can be local, systemic, or both.

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## **Nursing Practice Guidelines to Prevent Catheter-Related Infections**

### **Surveillance**

1. Observe the insertion site (and sutures if present) on every shift, on admission, and with dressing changes.
2. Observe visually or by palpation through the intact dressing.
3. If signs and symptoms of catheter-related infection are present, contact the Physician.
4. Obtain an order for culture if there are signs of drainage, expanding redness, tenderness at insertion site, and/or fever without obvious source.
5. Cultures may be taken from the site of drainage, the catheter, peripheral blood samples, or any other suspected source as ordered.
6. Any time that dressing is not intact or end caps are missing, the catheter has potential for contamination.
7. The Infection Preventionist is responsible for documenting, reporting, and retaining infection rate statistics.

### **Hand Hygiene**

1. Observe proper hand hygiene procedures either by washing hands with conventional soap and water, or with waterless alcohol-based hand rubs.
2. Observe hand hygiene before and after palpating catheter-insertion sites, as well as before and after inserting, replacing, accessing, repairing, or dressing an IV catheter.
3. Palpate insertion site after hand hygiene and non-sterile gloves are applied.
4. Palpation of the insertion site should not be performed after the application of an antiseptic, unless aseptic technique is maintained.

### **Selection of IV Catheters**

1. Select the appropriate type of catheter to accommodate the resident's vascular access needs based on the intended purpose and duration of use, known infectious and non-infectious complications, and experience of individual catheter operators.
2. Select the smallest and shortest length catheter that will accommodate the prescribed therapy.
3. Select the catheter with the fewest number of lumens possible.
4. Therapies that are not appropriate for peripheral or midline catheters include vesicant therapy, parenteral nutrition, infusate with pH <5 or >9, or osmolality of >600mOsm/L.
5. Use steel winged infusion sets for single dose administration of medication only. These catheters cause vein irritation and cannot be kept in place.
6. Use a midline or PICC catheter if duration of treatment will likely exceed 6 days.
7. Catheters that are placed in the femoral veins are at higher risk of infection due to their proximity to urinary and rectal areas. These catheters require vigilant care and usually have short stay-in-place times.

### **Aseptic Technique During Catheter Insertion and Care**

1. Peripheral short catheters
  - a. Maintain aseptic technique during catheter insertion and care.
  - b. Wear clean gloves when inserting a peripheral IV catheter.
  - c. Wear clean gloves during dressing changes for peripheral catheters.
  - d. Before peripheral catheter insertion, prepare the site with an antiseptic.
    - (1) Use seventy percent (70%) alcohol, alcoholic chlorhexidine gluconate solution, or povidone-iodine tincture for skin antisepsis.
    - (2) Clean the area with a circular motion moving from the insertion site outward, and allow it to air dry.
    - (3) Antiseptics should be left to air dry according the manufacturer's instructions.

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2. Midline Catheters
  - a. Wear sterile gloves for the insertion of midline catheters.
3. Central Venous Catheters
  - a. Use maximal sterile barrier precautions (e.g., cap, mask, sterile gown, sterile gloves, and large sterile drape) when inserting or assisting in the insertion of central venous catheters (CVCs).
  - b. Wear sterile gloves for the insertion of arterial and central catheters.
  - c. Maintain sterile technique when changing midline and central catheter dressings or performing site care.
  - d. Remove hair near the insertion site with scissors or electric clippers, not razors, before catheter is inserted (hair removal requires resident consent).
  - e. Before central venous catheter and peripheral arterial catheter insertion and during dressing changes, prepare the site with >0.5% chlorhexidine preparation with alcohol. (If there is a contraindication to chlorhexidine, use tincture of iodine, an iodophor, or 70% alcohol as an alternative.)
  - f. Avoid using the femoral vein for central venous access.
4. Use only one catheter for each cannulation attempt.
5. Do not attempt more than two catheter insertions per Nurse.

### **Catheter Site Dressing Regimens**

1. Change initial dressing after catheter placement within 24 hours.
2. Use either sterile gauze or sterile transparent, semi permeable membrane (TSM) to cover central or peripheral catheter sites.
3. If the patient is diaphoretic or the site is bleeding or oozing, use gauze dressing until resolved.
4. Change TSM dressings on CVADs every 5-7 days or PRN if damp, loosened, or visibly soiled. This does not require a physician's order.
5. Do not use antibiotic ointments or creams on the insertion site.
6. Gauze dressings covered with TSM dressing should be considered a gauze dressing and changed at least every 48 hours.
7. Change the TSM dressing on a peripheral short catheter when site is rotated or compromised.
8. Replace transparent dressings on tunneled or implanted CVCs every 5-7 days, unless the dressing is loose or soiled.
9. Chlorhexidine-impregnated sponge dressing is recommended for temporary, short-term catheters if the central line associated bloodstream infection (CLABSI) rate is not decreasing despite adherence to basic prevention measures (i.e., skin antisepsis, education, training).
10. Monitor the catheter site visually during dressing changes. Palpate catheter-skin junction site for tenderness at least daily through the intact dressing.
11. Do not use topical antibiotic ointments or creams on insertion sites.
12. Do not submerge the catheter or catheter site in water. Patients may shower if the catheter and connecting device can be protected with an impermeable cover. If the dressing becomes wet, change immediately.

### **Replacement of IV Catheters**

1. Promptly obtain physician order for the removal of any peripheral or central IV catheter that is no longer essential.
2. Remove a peripheral venous catheter if the resident develops signs of phlebitis or infection, or if the catheter malfunctions.
3. A peripheral short catheter can stay in place up to 96 hours in an adult resident unless there is suspected contamination, complication, or if therapy is discontinued.

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4. If catheter is left in place longer than 96 hours, obtain a physician's order to keep catheter in place and document rationale for leaving the catheter in place.
5. If a catheter is placed under emergency conditions, and aseptic technique cannot be ensured, replace the catheter as soon as possible (within 48 hours).
6. Do not routinely replace midline catheters, CVC or arterial catheters solely for the purpose of reducing the incidence of infection.
7. Any time the resident complains of discomfort or pain related to the catheter, or there are signs and symptoms of complications, assess the resident and catheter site and intervene as appropriate. CVCs and PICCs should not be removed on the basis of fever alone.
8. If a catheter-related bloodstream infection is suspected and a culture is ordered, cultures of catheter and site are obtained before removing catheter.
9. Removal of a midline or any central line is to be performed upon the order of a Physician or authorized prescriber in accordance with state Nurse Practice Act.
10. Never re-advance a catheter that is found out of place.
11. When a new site is selected for cannulation, the site should be proximal to the previous site.
12. Remove midlines or central lines if tip has incorrect placement.
13. Remove catheters at the end of a treatment if there are no further plans for use of the catheter.

### **Replacement of Administration Sets, Needleless System Equipment**

1. Administration Set Replacement
  - a. Replace administration sets whenever the peripheral site is rotated.
  - b. Change continuous primary and secondary administration sets (used for fluids other than blood, blood products, or lipids) no more frequently than every 96 hours, unless there is suspected contamination, or when integrity of the product or system has been compromised.
  - c. Change intermittent sets every 24 hours, immediately upon suspected contamination, or when integrity of product or system has been compromised.
  - d. Once a secondary administration set (piggyback) is detached from the primary set, it is considered an intermittent set.
  - e. Change lipid-containing parenteral nutrition sets at least every 24 hours, when new bag is started, immediately upon suspected contamination, or when the integrity of the product or system has been compromised.
  - f. Change administration sets and add on filters that are used for blood or blood components after administration of each unit or at the end of 4 hours, whichever comes first.
  - g. Discard sets found without a sterile cap on the end of the tubing, or if not labeled.
2. Replacement of the Needleless System Equipment
  - a. Use aseptic technique and observe standard precautions when changing all add-on devices. Add-on devices include, but are not limited to, stopcocks, extension sets, manifold set, extension loops, solid cannula caps, injection/access caps, filters, and any other needleless system equipment.
  - b. Change needleless connection devices if there is blood or debris in the connector, before obtaining blood samples for culture, after blood draws, upon contamination, and in accordance with manufacturer recommendations.
  - c. Change stabilization devices per manufacturer recommendation, usually weekly with dressing change.
  - d. Change filters that are used with medication administration sets with each new dose of medication that is administered.
  - e. Use new extension tubing with any new peripheral short catheter placement.

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**Cleaning Needleless Connection Devices**

1. Keep administration sets and needleless devices aseptic between medication dosages.
2. Disinfect the needleless connector prior to each access using alcohol, tincture of iodine, or chlorhexidine gluconate/alcohol combination.

**Preparation and Quality Control of IV Admixtures**

1. Do not use any container of parenteral fluid that is visibly cloudy (turbid) or has leaks, cracks, or particulate matter, or if the manufacturer's expiration date has passed.
2. If any IV system is discarded because of suspected fluid contamination, the fluid should be cultured and the implicated bottle saved. If contamination is confirmed, notify the Infection Preventionist. The Infection Preventionist will report contamination that may be related to the manufacturing process to the local health department, Centers for Disease Control, and the U.S. Food and Drug Administration.
3. Use single-dose vials for parenteral additives or medications when practical. Do not combine leftover content of single-use vials for later use.
4. Vials labeled "single dose" or "single use" will not be used on multiple residents. Such vials will be used only for one resident in a single procedure.
5. Refrigerate multi-dose vials after they are opened, if recommended by the manufacturer.
6. Cleanse the access diaphragm of multi-dose vials with alcohol wipe before inserting a device into the vial.
7. Use a sterile device to access a multi-dose vial and avoid contaminating the device or the access diaphragm before penetrating. Discard a multi-dose vial if sterility is compromised.
8. When mixing medications in the facility, do so in an area that is away from traffic. A medication room with a door that closes is preferred. Clean countertop area with soap and water, alcohol, or use waterproof barrier. Use aseptic technique while mixing medicine.

**Multi-Lumen Catheters**

1. A catheter with the fewest number of lumens possible should be used for the infusion management of the resident.
2. Each lumen is a separate catheter. Flush each lumen at least once every 24 hours to avoid blood clot formation.
3. If catheter is found to have clotted blood in lumens or if catheter is found without needleless connection devices (end cap) or sterile dressing, the catheter should be considered contaminated and replacement is recommended.
4. Consider labeling each lumen as to purpose, to avoid cross contamination and medication interaction.
5. Follow manufacturer recommendations or facility policy for purpose and use of lumens.

**Documentation**

The following information should be recorded in the resident's medical record:

1. Objective information regarding appearance of insertion site, catheter, and dressing.
2. Any interventions that were done (dressing change, cultures, etc.).
3. Results of any laboratory tests, cultures.
4. Communication with Physician, Supervisor, oncoming shift.

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## Reporting

1. Report objective information, lab results, and interventions to Supervisor, Physician, and oncoming shift.
2. Report any infection control information to Infection Preventionist, pharmacy, federal agencies if needed.

References	
<b>MDS Items (CAAs)</b>	Section I; Section N; Section O
<b>Survey Tag Numbers</b>	F694; <a href="#">F880</a>
<b>Other References</b>	<i>Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011</i> at: <a href="http://www.cdc.gov/hicpac/pubs.html">http://www.cdc.gov/hicpac/pubs.html</a> Infusion Nurses Society 2011, <i>Infusion Nursing Standards of Practice</i>
<b>Related Documents</b>	
<b>Version</b>	3.0 (H5MAPR0169)

# HIV Antibody Testing and Post-Exposure Prophylaxis

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## Policy Statement

HIV antibody testing and post-exposure prophylaxis (PEP) will be made available to healthcare personnel as appropriate, following possible exposure in the workplace.

## Policy Interpretation and Implementation

1. HIV antibody testing will be made available to healthcare personnel following occupational:
  - a. Parenteral exposure to blood or body fluids by needlestick or contamination of an open wound;
  - b. Mucous membrane exposure to blood or body fluids;
  - c. Cutaneous exposure to large amounts of blood; and
  - d. Contact with blood, especially if skin is chapped, abraded, or inflamed.
2. If the healthcare personnel is exposed to a source person who is HIV infected, or there is reasonable suspicion of HIV infection, a PEP protocol will be initiated as soon as possible (within 72 hours).
3. The post exposure protocol includes:
  - a. Counseling;
  - b. Baseline and follow-up HIV antibody testing;
  - c. Anti-retroviral therapy; and
  - d. Monitoring for drug toxicity.
4. Initial counseling will be available to exposed individuals immediately after exposure. Exposed healthcare personnel will be re-evaluated within 72 hours of reported exposure.
5. Pre- and post-test counseling will be performed by a licensed healthcare professional knowledgeable in the indications, implications, and interpretations of HIV antibody testing.
6. Expert consultation will be sought under the following situations:
  - a. Exposure is reported later than 72 hours after the incident;
  - b. Source of exposure is unknown (e.g., needle stick from sharps container);
  - c. Exposed healthcare personnel is pregnant or breastfeeding;
  - d. Known resistance of source virus to one or more anti-retroviral agents;
  - e. Adverse reaction(s) to the medication regimen; and/or
  - f. Significant underlying illness of the exposed healthcare personnel.
7. All counseling, testing, and maintenance of files will be performed in a confidential manner.
8. The HIV status of the source individual will be determined (upon consent) as soon as possible after the exposure incident.
9. The source individual will be tested in accordance with current federal, state, and/or local regulations governing antibody testing. An informed consent from the source individual (or legal representative) will be obtained before conducting an HIV antibody test.
10. Baseline and follow-up testing (frequency and duration) of exposed healthcare personnel will be consistent with current guidelines and recommendations regarding PEP. Current recommendations are:

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- a. HIV tests at baseline (within 72 hours of reported exposure), then follow-up tests at 6 weeks, 12 weeks and 6 months after exposure.
  - b. If 4<sup>th</sup> generation (combination HIV p24 antigen–HIV antibody) test is used, test at baseline, 6 weeks and 4 months after exposure.
11. HIV test results will be forwarded to the healthcare professional selected by the facility, or chosen by the exposed individual, who will coordinate post-test counseling and therapy, as indicated and in accordance with current guidelines.
  12. Anti-retroviral therapy of exposed healthcare personnel will be implemented under the consultation of a physician or provider who has experience and expertise in the administration of anti-retroviral therapy and HIV transmission.
  13. Medication regimen will be started (upon consent) as soon as possible after occupational exposure.
  14. Exposed healthcare personnel will be counseled about the risks and benefits of post-exposure anti-viral therapy.
  15. Medication regimen and duration will follow current guidelines and recommendations for post-exposure prophylaxis.
  16. Healthcare personnel receiving anti-retroviral therapy will be monitored for drug toxicity, adverse effects, and potential drug interactions. Complete blood counts and renal and hepatic function tests should be ordered at baseline and 2 weeks after exposure. If toxicities are identified, an expert will be consulted for possible modification of the regimen.
  17. Should an employee be exposed to the blood of a known HIV antibody positive person, the employee will be offered the option of entering the Centers for Disease Control's (CDC) prospective surveillance system.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F836</a>
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov">http://www.osha.gov</a></p> <p>Society for Healthcare Epidemiology of America (SHEA) 2013. Updated US Public Health Service guidelines for the management of occupational exposure to human immunodeficiency virus and recommendations for post-exposure prophylaxis.  <a href="http://www.jstor.org/stable/10.1086/672271">http://www.jstor.org/stable/10.1086/672271</a></p>
<b>Related Documents</b>	<p><a href="#">Resources for HIV PEP Consultation</a></p> <p><a href="#">HIV/HBV Antibody Testing – Exposed Individual Consent/Refusal Form</a></p> <p><a href="#">HIV/HBV Antibody Testing – Source Individual Consent/Refusal Form</a></p>
<b>Version</b>	1.3 (H5MAPL0378)

# Influenza, Prevention and Control of Seasonal

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## Policy Statement

This facility follows current guidelines and recommendations for the prevention and control of seasonal influenza.

## Policy Interpretation and Implementation

1. The prevention of seasonal influenza outbreaks is a coordinated effort which is organized by the infection preventionist and overseen by the medical director.
2. The strategies for prevention are reviewed annually and revised as necessary.

## Vaccination

1. The Infection Preventionist organizes and oversees an annual influenza vaccine campaign.
2. All residents and staff are offered the vaccine prior to the onset of the influenza season.
3. All residents and staff are encouraged to receive the vaccine unless there is a medical contraindication.
4. Systematic strategies to improve staff vaccination rates may include:
  - a. Providing education about the risks and benefits of vaccination;
  - b. Providing vaccine at no cost to staff;
  - c. Improving access (e.g., offering vaccination at work and during work hours); and
  - d. Mandating influenza vaccination for staff without contraindication.

## Surveillance

1. When there is influenza activity in the local community, or one laboratory-confirmed influenza case is identified in the facility, active daily surveillance for influenza illness is conducted among all new and current residents, healthcare personnel and visitors.

## Environmental Cleaning

1. Established procedures for environmental cleaning are based on current CDC recommendations.
2. Standard cleaning and disinfection procedures are used for influenza virus environmental control in all settings within the facility.
3. Management of laundry, food service utensils, and medical waste are also performed in accordance with standard procedures.

## Training and Education

1. All staff receive job- or task-specific education and training on preventing transmission of infectious agents, including influenza, during orientation to the facility.
2. Key aspects of influenza prevention and control training include:
  - a. The modes of influenza transmission;
  - b. Influenza signs, symptoms, complications, and risk factors for complications;

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- c. Self-assessment and reporting of signs and symptoms of influenza;
  - d. Employee sick leave policies;
  - e. Review of standard and transmission-based precautions;
  - f. Appropriate use of personal protective equipment; and
  - g. Engineering controls, work practices and procedures to reduce exposure.
3. New or revised information is provided during subsequent education and training programs.
  4. Competencies are evaluated and documented, as appropriate, for specific staff positions.
  5. Staff employed by outside employers must meet these education and training requirements through programs offered by the outside employer or by participation in our programs.

## **Visitation**

1. During periods of increased influenza activity in the community steps are taken to minimize elective visits by individuals with suspected or confirmed influenza.
2. Visitor restrictions may be considered at the discretion of the administrative staff, including the Director of Nursing Services, the Administrator and the Infection Preventionist.
3. All visitors are instructed to follow respiratory hygiene and cough etiquette precautions.

## **Influenza Control**

### **Symptomatic Residents and Visitors**

1. Residents and visitors are asked to inform staff if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever).
2. This request is made as part of the admission assessment process and/or during screening for communicable diseases.
3. Residents and visitors are reminded to report signs and symptoms of respiratory infection through the posting of signs at the entrance to and in public areas of the facility.
4. Staff are trained in recognizing and reporting signs of respiratory illness observed in residents.
5. All persons with symptoms of a respiratory infection are encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures throughout the duration of the stay/visit.
6. Visits to residents on precautions for influenza are scheduled and controlled to allow for:
  - a. screening visitors for symptoms of acute respiratory illness before entering the facility; and
  - b. providing instruction, before visitors enter residents' rooms, on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) while in the resident's room.
7. Visual alerts (e.g., signs, posters) are posted at the entrance to and in common areas of the facility to provide residents, visitors and staff with instructions about respiratory hygiene and cough etiquette. Instructions (in appropriate languages) include:
  - a. How to use facemasks or tissues to cover nose and mouth when coughing or sneezing and to dispose of contaminated items in waste receptacles; and
  - b. How and when to perform hand hygiene.

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8. Any resident with signs and symptoms of respiratory infection may be asked to take appropriate preventive actions (e.g., wearing a face mask) until he or she can be evaluated by a clinician.
9. Facemasks are provided to visitors with signs and symptoms of respiratory infection.
10. Supplies to perform hand hygiene are available to all residents and visitors in common areas and in resident rooms.

### **Symptomatic Healthcare Workers**

1. The Infection Preventionist and/or designee monitors and manages ill healthcare personnel.
2. Staff who develop fever and respiratory symptoms are:
  - a. Instructed not to report to work, or if at work, to stop resident-care activities, don a facemask, and promptly notify their supervisor and the Infection Preventionist and/or designee before leaving work.
  - b. Excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms will be considered for evaluation by the Infection Preventionist and/or designee to determine appropriateness of contact with residents.
  - c. Considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for immunocompromised residents.
3. Staff with fever alone will follow the general policy for staff with fever until a more specific cause of fever is identified or until fever resolves.
4. Staff who develop acute respiratory symptoms without fever may still have influenza infection and are evaluated by the Infection Preventionist to determine appropriateness of contact with residents.
5. If assigned to care for immunocompromised residents the Infection Preventionist may consider, temporary reassignment or exclusion of staff from work for 7 days from symptom onset or until the resolution of all non-cough symptoms, whichever is longer.
6. Sick leave policies for staff are non-punitive, flexible and consistent with public health guidance to allow and encourage staff with suspected or confirmed influenza to stay home.

### **Laboratory Testing for Influenza**

1. Laboratory testing for influenza is considered for residents (whether or not it is influenza season):
  - a. with signs or symptoms of influenza ([Table 2](#)); OR
  - b. for high risk residents ([Table 4](#)) who have atypical signs and symptoms ([Table 3](#)); AND
  - c. for residents in which test results will influence clinical management.
2. Confirmation of influenza infection by laboratory testing is not required in order to prescribe antiviral medication, and antiviral treatment is not delayed while awaiting test results.

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## Antiviral Medication

1. Antiviral Treatment and Chemoprophylaxis are administered to residents and staff when appropriate, and in accordance with current CDC guidelines.

## Infection Precautions

1. Contact and droplet precautions are implemented for residents with suspected or confirmed influenza for seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautions may be applied for longer periods based on clinical judgment.
2. Information about residents with suspected, probable, or confirmed influenza is communicated to appropriate personnel before transferring them to other departments in the facility or to other facilities.
3. Residents are discharged from care when clinically appropriate, not based on the period of potential virus shedding or recommended duration of transmission-based precautions. Before discharge, the resident's diagnosis and current precautions are provided to care providers as well as transporting personnel.
4. Precautions for aerosol-generating procedures (e.g., suctioning, intubation, etc.) include:
  - a. Only performing these procedures on residents with suspected or confirmed influenza if they are medically necessary and cannot be postponed;
  - b. Limiting the number of staff present during the procedure to only those essential for resident care and support;
  - c. Conducting the procedures in an airborne infection isolation room (AIIR) when feasible;
  - d. Considering use of portable HEPA filtration units to further reduce the concentration of contaminants in the air;
  - e. Wearing respiratory protection equivalent to a fitted N95 filtering face piece respirator or equivalent N95 respirator; and
  - f. Conducting environmental surface cleaning following procedures.
5. Work accommodations to avoid potentially high-risk exposure scenarios, such as performing or assisting with aerosol-generating procedures on residents with suspected or confirmed influenza, are considered for staff at high risk for complications.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.80(d) Influenza and pneumococcal immunizations</a>
<b>Survey Tag Numbers</b>	F880; F883
<b>Other References</b>	<a href="http://www.cdc.gov">www.cdc.gov</a> (What You Should Know about Using Facemasks and Respirators) <a href="http://www.fda.gov">www.fda.gov</a> (Masks and N95 Respirators) <a href="http://www.osha.gov">www.osha.gov</a> (OSHA Respiratory Protection eTool)
<b>Related Documents</b>	<a href="#">Cleaning and Disinfection of Environmental Surfaces</a> <a href="#">Handwashing/Hand Hygiene</a> <a href="#">Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza</a> <a href="#">Informed Consent for Influenza Vaccine (Inactivated or Recombinant)/Informed Consent for Pneumococcal Vaccine (CP1800-19)</a> <a href="#">Vaccine Information Statement – Influenza (Flu) Vaccine (Inactivated or Recombinant)</a> <a href="#">Vaccine Information Statement – Influenza (Flu) Vaccine (Live, Intranasal)</a> <a href="#">Visitation, Infection Control During</a>
<b>Version</b>	1.3 (H5MAPL1421)



# Measles Prevention and Control

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## Policy Statement

1. Staff members will provide documentation of measles vaccine (MMR) and comply with the measles prevention policy outlined below.
2. Residents with signs or symptoms of measles are identified promptly.

## Policy Interpretation and Implementation

1. Staff members are to provide written documentation of presumptive immunity to measles, including:
  - a. Documentation of vaccination with 2 doses of measles vaccine:
    - (1) The first dose administered at age 12 months or after; and
    - (2) Second dose at least 28 days after the first; OR
  - b. Laboratory evidence of immunity; OR
  - c. Laboratory confirmation of disease; OR
  - d. Birth before 1957.<sup>1</sup>
2. Staff members without presumptive immunity to measles are not permitted to enter the room or provide care to residents with known or suspected measles infection.
3. The Infection Preventionist is responsible for monitoring facility and community infection rates of measles.
4. If measles infection is reported in the community, visitors are screened for signs and symptoms of measles infection before entering the facility.
5. During a measles outbreak, residents, staff and visitors are evaluated for exposure to measles (see *Evaluating a Person for Exposure to Measles in a Healthcare Setting*).
6. Visitors with known or suspected measles exposure or infection are asked to limit or stop visitation with residents until infection is resolved.
7. The Infection Preventionist reports known or suspected measles cases within the facility to the public health authorities.

## Management of Staff Members Who are Exposed or Infected

1. Staff without presumptive immunity who are exposed to measles:
  - a. receive post-exposure prophylaxis<sup>2</sup>; AND
  - b. are excluded from work from the 5<sup>th</sup> day after the first exposure to the 21<sup>st</sup> day after the last exposure.

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1. During a measles outbreak, evidence of two previous doses of measles vaccine is required, regardless of birth year.
  2. If a healthcare provider without evidence of immunity is exposed to measles, MMR vaccine should be given within 72 hours, or immunoglobulin should be given within 6 days when available.

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2. If a healthcare provider without evidence of immunity is exposed to measles, MMR vaccine should be given within 72 hours, or immunoglobulin should be given within 6 days when available.
3. Staff who received the first dose of MMR prior to exposure:
  - a. may remain at work;
  - b. must obtain the second dose of vaccine at least 28 days after the first; and
  - c. are monitored for signs and symptoms for at least 21 days after the last exposure.
4. Staff with known or suspected measles infection are excluded from work for 4 days after the rash appears (onset of rash is considered day “0”). Immunosuppressed individuals are excluded from work for the duration of the illness.

### Management of Residents Who are Exposed or Infected

1. Residents without presumptive immunity who are exposed to measles:
  - a. are placed on airborne precautions for 21 days after last exposure, or until discharge (if earlier); AND
  - b. receive post-exposure prophylaxis, as ordered.
2. Residents with signs or symptoms of measles are placed on airborne precautions. Airborne precautions will remain in place for 4 days after the onset of rash (onset of rash is considered day “0”).
3. Rooms of residents infected with measles are cleaned using standard cleaning and disinfecting procedures.
4. Disposable PPE and resident-care items of residents with measles infection are treated as medical waste, in accordance with local and federal regulations.

### Outbreak Considerations

1. The infection preventionist will communicate and collaborate with public health authorities regarding outbreak management, including surveillance, reporting and managing large numbers of residents who require airborne precautions.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<a href="https://www.cdc.gov/measles/hcp/index.html#prophylaxis">https://www.cdc.gov/measles/hcp/index.html#prophylaxis</a> Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. <a href="https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html">https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html</a>
<b>Related Documents</b>	
<b>Version</b>	1.0 (H5MAPL1468)

# MRSA – Management of Recurrent Skin and Soft Tissue Infection

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## Policy Statement

Strategies for the management of recurrent skin and soft tissue infections (SSTI) with methicillin-resistant *Staphylococcus aureus* are consistent with current practice guidelines.

## Policy Interpretation and Implementation

1. When the infection preventionist or infection prevention and control committee (based on national or local regulations) deems MRSA to be of special clinical and/or epidemiologic significance to a resident or the facility, contact precautions will be initiated. The components of contact precautions may be adapted for use, especially if the resident has draining wounds or difficulty controlling body fluids.
2. Educate staff and residents about the need for personal hygiene and appropriate wound care, including:
  - a. Keeping draining wounds covered with clean, dry bandages;
  - b. Performing hand hygiene after touching infected area or any item that has been in contact with the wound;
  - c. Encouraging/assisting resident with regular bathing; and
  - d. Not allowing residents to share or reuse items that have come in contact with infected skin.
3. Enforce strict environmental cleaning procedures, including:
  - a. Focusing cleaning efforts on high-touch surfaces (e.g., door knobs, counters, bath tubs and showers, toilet seats, etc.); and
  - b. Using CDC recommended cleaners appropriate for the surface being cleaned.
4. Decolonization may be considered in the following situations:
  - a. A resident develops a recurrent SSTI despite optimizing wound care and hygiene measures; or
  - b. Ongoing transmission is occurring among residents or other close contacts despite optimizing wound care and hygiene measures.
5. Decolonization requires a physician order. Strategies may include:
  - a. Nasal decolonization with mupirocin twice daily for 5–10 days; or
  - b. Nasal decolonization with mupirocin twice daily for 5–10 days and topical body decolonization regimens with a skin antiseptic solution (e.g., chlorhexidine) for 5–14 days or dilute bleach baths.
    - (1) For dilute bleach baths, 1 teaspoon per gallon of water (or ¼ cup per ¼ tub or 13 gallons of water) given for 15 minutes twice weekly for 3 months.
6. In cases where interpersonal transmission is suspected:
  - a. Reinforce personal and environmental hygiene strategies; and
  - b. Evaluate contacts for evidence of *S. aureus* infection.
    - (1) Recommend evaluation and treatment of symptomatic contacts; and
    - (2) Recommend the possible decolonization for asymptomatic contacts.
7. Screening cultures prior to decolonization are not recommended if at least one of the previous infections was due to MRSA.

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8. Surveillance cultures following decolonization are not recommended in the absence of active infection.
9. Surveillance and reporting of confirmed MRSA infections through the NHSN is recommended.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<p>Clinical Practice Guidelines by the Infectious Disease Society of America for the Treatment of Methicillin-Resistant <i>Staphylococcus Aureus</i> Infections in Adults and Children (2011)</p> <p>Management of Multidrug-resistant Organisms in Healthcare Settings, 2006</p>
<b>Related Documents</b>	<p><a href="#">Isolation – Categories of Transmission-Based Precautions</a></p> <p><a href="#">Multidrug-Resistant Organisms</a></p> <p><a href="#">NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) &amp; Clostridium difficile Infection (CDI) Events for Long-term Care Facilities (LTCFs)</a></p>
<b>Version</b>	1.2 (H5MAPL1423)

# Multidrug-Resistant Organisms

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## Policy Statement

Appropriate precautions are taken when caring for individuals known or suspected to have infection with a multidrug-resistant organism.

## Policy Interpretation and Implementation

### General Guidelines

1. Multidrug-resistant organisms (MDROs) are bacteria and other microorganisms that have developed resistance to one or more classes of antimicrobial drugs.
2. Infection means that the organism is present and is causing illness. Colonization means that the organism is present in or on the body but is not causing illness.

### General Prevention and Control of MDROs

The following strategies are adopted from the Centers for Disease Control and Prevention and provide current recommendations for MDRO prevention and control. These recommendations are incorporated into the facility infection prevention and control processes as indicated.

### Administrative

1. Make MDRO prevention/control an organizational priority.
2. Provide administrative support and both fiscal and human resources to prevent and control MDRO transmission.
3. Identify experts who can provide consultation and expertise for analyzing epidemiologic data, recognizing MDRO problems, or devising effective control strategies, as needed.
4. Implement systems to communicate information about reportable MDROs to administrative personnel and state/local health departments.
5. Implement a multi-disciplinary process to monitor and improve staff adherence to recommended practices for Standard and Contact Precautions.
6. Implement systems to designate residents known to be colonized or infected with a targeted MDRO and to notify receiving healthcare facilities or personnel prior to transfer of such residents within or between facilities.
7. Support participation in local, regional and/or national coalitions to combat emerging or growing MDRO problems.
8. Provide updated feedback at least annually to healthcare providers and administrators on facility and resident- care unit MDRO infections. Include information on changes in prevalence and incidence, problem assessment and performance improvement plans.

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## Education/Training

1. Provide education and training on risks and prevention of MDRO transmission during orientation and periodic educational updates for staff. Include information on organizational experience with MDROs and prevention strategies.

## Antimicrobial Use

1. Ensure that a multi-disciplinary process is in place to review local susceptibility patterns (antibiograms), and antimicrobial agents included in the formulary, to foster appropriate antimicrobial use.
2. Implement systems (e.g., CPOE, susceptibility report comment, pharmacy or unit director notification) to prompt clinicians to use the appropriate agent and regimen for the given clinical situation.
3. Provide clinicians with antimicrobial susceptibility reports and analysis of current trends, updated at least annually, to guide antimicrobial prescribing practices.
4. In settings with limited electronic communication system infrastructures to implement physician prompts, etc., at a minimum implement a process to review antibiotic use. Prepare and distribute reports to providers.

## Surveillance

1. Use standardized laboratory methods and follow published guidelines for determining antimicrobial susceptibilities of targeted and emerging MDROs.
2. Establish systems to ensure that clinical micro labs (in-house and outsourced) promptly notify infection control or a medical director/designee when a novel resistance pattern for that facility is detected.
3. Develop and implement laboratory protocols for storing isolates of selected MDROs for molecular typing when needed to confirm transmission or delineate epidemiology of MDRO in facility.
4. Establish laboratory-based systems to detect and communicate evidence of MDROs in clinical isolates.
5. Prepare facility-specific antimicrobial susceptibility reports as recommended by CLSI and monitor reports for evidence of changing resistance that may indicate emergence or transmission of MDROs.
6. Develop and monitor special-care unit-specific antimicrobial susceptibility reports (e.g., ventilator-dependent units, ICUs, oncology units).
7. Monitor trends in incidence of target MDROs in the facility over time to determine if MDRO rates are decreasing or if additional interventions are needed.

## Infection Precautions

1. Follow Standard Precautions in all situations.
2. Consider the individual resident's clinical situation and facility resources in deciding whether to implement Contact Precautions.
3. Masks are not recommended for routine use to prevent transmission of MDROs from residents to HCWs.
4. Use masks according to Standard Precautions when performing splash-generating procedures, caring for residents with open tracheostomies with potential for projectile secretions, and when there is evidence for transmission from heavily colonized sources (e.g., burn wounds).

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## Room Placement

1. When single-resident rooms are available, assign priority for these rooms to residents with known or suspected MDRO colonization or infection.
2. Give highest priority to those residents who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions.
3. When single-resident rooms are not available, cohort residents with the same MDRO in the same room or resident-care area.
4. When cohorting residents with the same MDRO is not possible, place MDRO residents in rooms with residents who are at low risk for acquisition of MDROs and associated adverse outcomes from infection and are likely to have short lengths of stay.

## Environmental Cleaning

1. Follow recommended cleaning, disinfection and sterilization guidelines for maintaining resident care areas and equipment.
2. Dedicate non-critical medical items to use on individual residents known to be infected or colonized with an MDRO. Prioritize room cleaning of residents on Contact Precautions. Focus on cleaning and disinfecting frequently touched surfaces (e.g., bed rails, bedside commodes, bathroom fixtures in resident rooms, doorknobs) and equipment in immediate vicinity of resident.

## Decolonization

1. Routine decolonization of residents is not recommended.

## Intensified interventions to prevent MDRO transmission

### Indications and Approach

1. Indications for intensified MDRO control efforts:
  - a. When incidence or prevalence of MDROs are not decreasing despite implementation of and correct adherence to the routine control measures described above; or
  - b. When the first case or outbreak of an epidemiologically important MDRO (e.g., VRE, MRSA, VISA, VRSA, MDR-GNB) is identified within a healthcare facility or unit.
2. Indications for intensified MDRO control efforts should result in selection and implementation of one or more of the interventions/measures described below. Individualize the selection of control measures according to local considerations.
3. Continue to monitor the incidence of target MDRO infection and colonization after additional interventions are implemented. If rates do not decrease, implement more interventions as needed to reduce MDRO transmission.

### Administrative Measures

1. Identify persons with experience in infection control and the epidemiology of MDRO, either in house or through outside consultation, for assessment of the local MDRO problem and for the design, implementation, and evaluation of appropriate control measures.

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2. Provide necessary leadership, funding, and day-to-day oversight to implement interventions selected. Involve the governing body and leadership of the healthcare facility or system that have organizational responsibility for this and other infection control efforts.
3. Evaluate healthcare system factors for their role in creating or perpetuating transmission of MDROs, including: staffing levels, education and training, availability of consumable and durable resources, communication processes, policies and procedures, and adherence to recommended infection control measures (e.g., hand hygiene and Standard or Contact Precautions). Develop, implement, and monitor action plans to correct system failures.
4. During the process, update healthcare providers and administrators on the progress and effectiveness of the intensified interventions. Include information on changes in prevalence, rates of infection and colonization; results of assessments and corrective actions for system failures; degrees of adherence to recommended practices; and action plans to improve adherence to recommended infection control practices to prevent MDRO transmission.

### **Educational Interventions**

1. Intensify the frequency of MDRO educational programs for healthcare personnel, especially those who work in areas in which MDRO rates are not decreasing. Provide individual or unit-specific feedback when available.

### **Antimicrobial Use**

1. Review the role of antimicrobial use in perpetuating the MDRO problem targeted for intensified intervention. Control and improve antimicrobial use as indicated. Antimicrobial agents that may be targeted include vancomycin, third-generation cephalosporins, and anti-anaerobic agents for VRE; third-generation cephalosporins for ESBLs; and quinolones and carbapenems.

### **Surveillance**

1. Calculate and analyze prevalence and incidence rates of targeted MDRO infection and colonization in populations at risk. When possible, distinguish colonization from infection.
2. Include only one isolate per resident, not multiple isolates from the same resident, when calculating rates.
3. Increase the frequency of compiling and monitoring antimicrobial susceptibility summary reports for a targeted MDRO as indicated by an increase in incidence of infection or colonization with that MDRO.
4. Develop and implement protocols to obtain active surveillance cultures (ASC) for targeted MDROs from residents in populations at risk (e.g., patients in intensive care, burn, bone marrow/stem cell transplant, and oncology units; residents transferred from facilities known to have high MDRO prevalence rates; roommates of colonized or infected persons; and residents known to have been previously infected or colonized with an MDRO).
5. Obtain ASC from areas of skin breakdown and draining wounds. In addition, include the following sites according to target MDROs:
  - a. For MRSA: Sampling the anterior nares is usually sufficient. Throat, endotracheal tube aspirate, percutaneous gastrostomy sites, and perirectal or perineal cultures may be added to increase the yield. Swabs from several sites may be placed in the same selective broth tube prior to transport.
  - b. For VRE: Stool, rectal, or perirectal samples should be collected.
  - c. For MDR-GNB (gram-negative bacilli): Endotracheal tube aspirates or sputum should be cultured if a respiratory tract reservoir is suspected, (e.g., *Acinetobacter* spp., *Burkholderia* spp.).

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6. Obtain surveillance cultures for the target MDRO from residents at the time of admission to high-risk areas, e.g., ICUs, and at periodic intervals as needed to assess MDRO transmission.
7. Conduct culture surveys to assess the efficacy of the enhanced MDRO control interventions.
8. Conduct serial (e.g., weekly, until transmission has ceased and then decreasing frequency) unit-specific point prevalence culture surveys of the target MDRO to determine if transmission has decreased or ceased.
9. Repeat point prevalence culture surveys at routine intervals or at time of resident discharge or transfer until transmission has ceased.
10. If indicated by assessment of the MDRO problem, collect cultures to assess the colonization status of roommates and other residents with substantial exposure to residents with known MDRO infection or colonization.
11. Obtain cultures of healthcare personnel for target MDRO when there is epidemiologic evidence implicating the healthcare staff member as a source of ongoing transmission.

### **Enhanced Infection Control Precautions**

#### **Use of Contact Precautions**

1. Implement Contact Precautions routinely for all residents colonized or infected with a target MDRO.
2. Because environmental surfaces and medical equipment, especially those in close proximity to the resident, may be contaminated, don gowns and gloves before or upon entry to the resident's room or cubicle.
3. Modify Contact Precautions to allow MDRO colonized/infected residents whose site of colonization or infection can be appropriately contained and who can observe good hand hygiene practices to enter common areas and participate in group activities.
4. When ASC are obtained as part of an intensified MDRO control program, implement Contact Precautions until the surveillance culture is reported negative for the target MDRO.
5. No recommendation is made regarding universal use of gloves, gowns, or both in high-risk units in acute-care hospitals.

#### **Resident Admission and Room Placement**

1. Place MDRO residents in single-resident rooms.
2. Cohort residents with the same MDRO in designated areas (e.g., rooms, bays, resident care areas).
3. When transmission continues despite adherence to Standard and Contact Precautions and cohorting residents, assign dedicated nursing and ancillary service staff to the care of MDRO residents only. Some facilities may consider this option when intensified measures are first implemented.
4. Stop new admissions to the unit of facility if transmission continues despite the implementation of the enhanced control measures described above. (Refer to state or local regulations that may apply upon closure of units or services.)

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## Enhanced Environmental Measures

1. Implement resident-dedicated or single-use disposable noncritical equipment (e.g., blood pressure cuff, stethoscope), instruments and devices.
2. Intensify and reinforce training of environmental staff who work in areas targeted for intensified MDRO control and monitor adherence to environmental cleaning policies. Some facilities may choose to assign dedicated staff to targeted resident care areas to enhance consistency of proper environmental cleaning and disinfection services.
3. Monitor (i.e., supervise and inspect) cleaning performance to ensure consistent cleaning and disinfection of surfaces in close proximity to the resident and those likely to be touched by the resident and staff (e.g., bedrails, carts, bedside commodes, doorknobs, faucet handles).
4. Obtain environmental cultures (e.g., surfaces, shared medical equipment) when there is epidemiologic evidence that an environmental source is associated with ongoing transmission of the targeted MDRO.
5. Vacate units for environmental assessment and intensive cleaning when previous efforts to eliminate environmental reservoirs have failed.

## Decolonization

1. Consult with physicians with expertise in infectious diseases and/or healthcare epidemiology on a case-by-case basis regarding the appropriate use of decolonization therapy for residents or staff during limited periods of time, as a component of an intensified MRSA control program.
2. When decolonization for MRSA is used, perform susceptibility testing for the decolonizing agent against the target organism in the individual being treated or the MDRO strain that is epidemiologically implicated in transmission. Monitor susceptibility to detect emergence of resistance to the decolonizing agent. Consult with a microbiologist for appropriate testing for mupirocin resistance, since standards have not been established.
  - a. Because mupirocin-resistant strains may emerge and because it is unusual to eradicate MRSA when multiple body sites are colonized, do not use topical mupirocin routinely for MRSA decolonization of residents as a component of MRSA control programs in any healthcare setting.
  - b. Limit decolonization of staff found to be colonized with MRSA to persons who have been epidemiologically linked as a likely source of ongoing transmission to residents. Consider reassignment of staff if decolonization is not successful and ongoing transmission to residents persists.
3. No recommendation can be made for decolonizing residents with VRE or MDR-GNB. Regimens and efficacy of decolonization protocols for VRE and MDR-GNB have not been established.

## Novel or Targeted MDROs

1. Strategies to identify targeted MDROs include:
  - a. Surveillance of clinical cultures (retrospective and prospective) to identify organisms with patterns of resistance;
  - b. Additional follow-up testing of saved isolates with certain resistance phenotypes; and
  - c. Periodic point prevalence surveys on high-risk units.
2. When a novel or emerging MDRO is identified (facility- or community-based), colonization screening and containment strategies are implemented.

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3. Measures to control transmission are based on response tiers (Tier 1, 2, or 3 organisms)(see <https://www.cdc.gov/hai/containment/guidelines.html>) and include:
  - a. Investigation of the resident's healthcare exposure prior to and after the positive culture;
  - b. Contact investigation; and
  - c. Infection control measures.
4. The infection preventionist consults the health department for assignment of specific organisms to tiers.
5. For MDROs that are not identified as novel or emerging, the following precautions are implemented, as appropriate. Specific precautions indicated by organism are determined by the infection preventionist.

**Table 1: Summary of Response Recommendations for Containment of Novel or Targeted MDROs by Tier**

Description	Tier 1 Resistance mechanisms never or very rarely identified in the United States; pan-resistant organisms with the potential for wider spread in a region	Tier 2 Mechanisms and organisms not regularly found in a region	Tier 3 Mechanisms and organisms regularly found in a region but not endemic
<b>Healthcare Investigation</b>			
Review the resident's healthcare exposures prior to and after the positive culture	Always	Always	Always
<b>Contact Investigation</b>			
Screening of healthcare roommates	Always	Always	Always
Broader screening of healthcare contacts	Always	Sometimes	Sometimes
Prospective lab surveillance	Always	Always	Always
Retrospective lab surveillance	Always	Always	Sometimes
Household contact screening	Sometimes	Rarely	Rarely
Environmental sampling	Sometimes	Rarely	Rarely
Healthcare personnel screening	Sometimes	Rarely	Rarely
Evaluate potential spread to healthcare facilities that regularly share residents with the index healthcare facility	Sometimes	Sometimes	Rarely
<b>Infection Control Measures</b>			
Prompt notification of healthcare providers and resident and implementation of appropriate transmission-based precautions	Always	Always	Always
Clear communication of resident status with transferring facilities	Always	Always	Always
On-site infection control assessment with observations of practice	Always	Always	Sometimes

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<p>CDC Campaign to Prevent Antimicrobial Resistance in Healthcare Settings  Management of Multidrug-resistant Organisms in Healthcare Settings, 2006 <a href="https://www.cdc.gov/infectioncontrol/guidelines/mdro/">https://www.cdc.gov/infectioncontrol/guidelines/mdro/</a></p> <p>Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-Resistant Organisms (MDROs) <a href="https://www.cdc.gov/hai/containment/guidelines.html">https://www.cdc.gov/hai/containment/guidelines.html</a></p>
<b>Related Documents</b>	<p><a href="#">Isolation – Categories of Transmission-Based Precautions</a></p> <p><a href="#">MRSA – Management of Recurrent Skin and Soft Tissue Infection</a></p>
<b>Version</b>	3.0 (H5MAPL0996)

# Norovirus Prevention and Control

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## Policy Statement

This facility will implement strict infection control measures to prevent the transmission of norovirus infection.

## Policy Interpretation and Implementation

1. Avoid exposure to vomitus or diarrhea. Place residents on Contact Precautions in a single occupancy room, if possible, when symptoms are consistent with norovirus gastroenteritis.
2. When residents with norovirus gastroenteritis cannot be accommodated in single occupancy rooms, efforts will be made to separate them from asymptomatic residents.
3. Approaches for cohorting residents during outbreaks may include placing residents in multi-occupancy rooms, or designating resident care areas or contiguous sections within the facility for resident cohorts.
4. During outbreaks, residents with norovirus gastroenteritis will be placed on Contact Precautions for a minimum of 48 hours after the resolution of symptoms.
5. Longer periods of isolation or cohorting for medically complex residents may be considered based on clinical judgment.
6. The following may be considered in an effort to prevent or control norovirus transmission during outbreaks:
  - a. Minimizing resident movements within the unit;
  - b. Restricting symptomatic and recovering residents from leaving the resident-care area unless it is for essential care or treatment; and
  - c. Suspending group activities (e.g., dining events) for the duration of an outbreak.
7. During outbreaks, use soap and water for hand hygiene after providing care or having contact with residents suspected or confirmed with norovirus gastroenteritis.
8. Perform routine cleaning and disinfection of frequently touched environmental surfaces and equipment in isolation and cohorted areas, as well as high-traffic clinical areas. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand/bed railing, telephones, door handles, computer equipment, and kitchen preparation surfaces.
9. Clean and disinfect shared equipment between residents using EPA-registered products with label claims for use in healthcare. Follow the manufacturer's recommendations for application and contact times. The EPA lists products with activity against norovirus on their website.
10. During outbreaks of norovirus gastroenteritis unit level cleaning will be increased to twice daily, with frequently touched surfaces cleaned and disinfected three times daily using EPA-approved products for healthcare settings.
11. Clean and disinfect surfaces starting from the areas with a lower likelihood of norovirus contamination (e.g., tray tables, counter tops) to areas with highly contaminated surfaces (e.g., toilets, bathroom fixtures). Change mop heads when a new bucket of cleaning solution is prepared or after cleaning large spills of emesis or fecal material.

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12. All disposable resident-care items will be discarded and unused linens laundered after residents on isolation for norovirus gastroenteritis are discharged or transferred. Minimize waste by limiting the number of disposable items brought into rooms/areas with residents on Contact Precautions.
13. Use Standard Precautions for handling soiled resident-service items or linens, including the use of appropriate PPE.
14. During outbreaks, change privacy curtains when they are visibly soiled and upon resident discharge or transfer.
15. Handle soiled linens carefully, without agitating them, to avoid dispersal of virus. Use Standard Precautions, including the use of appropriate PPE (e.g., gloves and gowns), to minimize the likelihood of cross-contamination.
16. Double bagging, incineration, or modifications for laundering are not indicated for handling or processing soiled linen.
17. Clean surfaces and resident equipment prior to the application of a disinfectant. Follow the manufacturer's recommendations for optimal disinfectant dilution, application, and surface contact time with an EPA-approved product with claims against norovirus.
18. To prevent food-related outbreaks of norovirus gastroenteritis in healthcare settings, food handlers must perform hand hygiene prior to contact with or the preparation of food items and beverages.
19. Personnel who work with, prepare or distribute food will be excluded from duty if they develop symptoms of acute gastroenteritis. Personnel will not return to these activities until a minimum of 48 hours after the resolution of symptoms or longer as required by local health regulations.
20. All shared or communal food items for residents or staff will be removed from clinical areas for the duration of the outbreak.
21. Healthcare personnel who have symptoms consistent with norovirus infection will adhere to sick leave policies.
22. Ill personnel will be excluded from work for a minimum of 48 hours after the resolution of symptoms. Once personnel return to work, the importance of performing frequent hand hygiene will be reinforced, especially before and after each resident contact.
23. In the event of an outbreak of norovirus gastroenteritis, staff will care for one resident cohort on their unit and will not move between resident cohorts (e.g., resident cohorts may include symptomatic, asymptomatic exposed, or asymptomatic unexposed resident groups).
24. Non-essential visitors will be restricted from affected areas of the facility during outbreaks of norovirus gastroenteritis.
25. If it is necessary to have continued visitor privileges during outbreaks, visitors with symptoms consistent with norovirus infection will be screened and excluded. All visitors will comply with hand hygiene and Contact Precautions.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1422)

# Scabies Identification, Treatment and Environmental Cleaning

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## Level III

### Purpose

The purpose of this procedure is to treat residents infected with and sensitized to *Sarcoptes scabiei* and to prevent the spread of scabies to other residents and staff.

### Preparation

1. Obtain or verify the existence of a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

### General Guidelines

1. Scabies is an itching skin irritation caused by the microscopic human itch mite, which burrows into the skin's upper layers and eventually causes itching, tiny irregular red lines just above the skin and an allergic rash.
2. Secondary bacterial skin infections may result from untreated scabies.
3. Incubation period can be 2–6 weeks before onset of itching for persons with no previous exposure. Persons who have been previously infested develop more rapid symptoms, 1–4 days after re-exposure.
4. Symptoms sometimes include severe itching, which worsens at night.
5. Common locations of scabies:
  - a. Anterior axillary region or under breasts;
  - b. Around the waist;
  - c. Between fingers and palm of hand;
  - d. On the inner thigh, groin, buttocks;
  - e. Anterior surfaces of wrists and elbows;
  - f. On body parts which may come in contact with contaminated linens, bedding, or clothing;
  - g. Upper backs of nursing home residents; and
  - h. On hands of employees.
6. Scabies is spread by skin to skin contact with the infected area, or through contact with bedding, clothing, privacy curtains and some furniture.
7. Diagnosis may be established by recovering the mite from its burrow and identifying it microscopically. Failure to identify scrapings as positive does not necessarily exclude the diagnosis. It is difficult to obtain a positive scraping because only one or two mites may cause multiple lesions. Often diagnosis is made from signs and symptoms and treatment followed without scrapings, although scrapings are preferred.
8. Affected residents should remain on Contact Precautions until twenty-four (24) hours after treatment.
9. Family and friends of residents who have had close contact should be notified and given instructions regarding self-examination and treatment.
10. Staff members who may have been exposed should report any rashes developing on their bodies to the Infection Preventionist or Director of Nursing Services.

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11. A resident sharing a room with someone infected with scabies should be examined carefully for scabies. If signs and symptoms are present, the resident should be treated in accordance with these procedures. If symptoms are not present, daily assessments should be made until the case has resolved.
12. Individuals who come into contact with the infected resident or with potentially contaminated bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs.
13. During a scabies outbreak among residents and/or personnel, the Infection Preventionist or Committee will coordinate interdepartmental planning to facilitate a rapid and effective treatment program.
14. Control of an epidemic depends on treating all residents at risk. Specific drug selection for each resident will depend on that individual's risk factors, possible medication interactions, etc.
15. The use of Ivermectin po should be considered during widespread outbreak and/or when treatment with topical medication is unsuccessful.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Magnifying glass;
2. Pen light;
3. Felt tip pen;
4. Alcohol swabs;
5. #15 scalpel blade and handle;
6. Glass slides or curettes (for scraping);
7. Mineral oil;
8. Slides and cover slips;
9. Clear nail polish;  
(1) Forceps;
10. Elimite® (or other treatment lotion) or Ivermectin (oral dosage);
11. Disinfectant; and
12. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Skin Scraping for Microscopic Identification

1. Assess the resident's skin with a magnifying lens and look for lesions suggestive of scabies infestation.
  - a. The shoulders, back, abdomen, hands, wrists, elbows, buttocks, axillae, knees, thighs and breasts are common sites for burrows.
  - b. A bright light and magnifying lens will assist in visualizing the tiny dark speck (the mite) at the end of the burrow.
2. Test for burrows:
  - a. Using a wide felt tip pen (blue or green are best) draw over the burrows and then wipe off with an alcohol swab.
  - b. The alcohol will remove most surface ink, but will not remove the ink taken up by the burrow. Look for a dark irregular line.
3. Apply mineral oil to lesions or scalpel blade, and glass slides.
4. Scrape non-excoriated, non-inflamed areas (burrows and papules) with the scalpel blade or glass slide held at a 90-degree angle to the skin.

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5. Scrape while holding the skin taut, until the stratum corneum is removed.
  - a. Vigorous scraping appropriately results in a few red blood cells visible under the microscope, but there should not be frank bleeding.
6. If using a curette.
  - a. Change blades or curettes between scrapings on different persons.
  - b. Blades can be placed on and removed from the handle with a forceps.
7. Place used blades in a sharps container.

#### **Treatment with Permethrin (Elimite®)**

1. Bathe the resident, soaping the body completely, rinse well, and then dry thoroughly.
2. Allow his or her body to cool.
3. Apply Elimite® into the skin from the chin to the soles of the feet.
  - a. Scabies rarely infests the scalp of adults, although the hairline, neck, temple, and forehead may be infested in geriatric residents.
  - b. Pay particular attention to skin folds and creases.
  - c. Avoid contact with the eyes.
  - d. Reapply if washed off following use of the toilet, handwashing, etc.
4. Dress the resident with clean clothing. Use freshly laundered bed linens and towels.
5. Leave cream on for at least 8 hours but no more than 12 hours, and then shower or bath the resident in warm water, soaping the body completely, rinsing and drying well.
6. Put on clean clothing. Re-launder towels and bed linens used during treatment.
7. Itching may continue for several days or weeks.
8. A single treatment is generally adequate.

#### **Environmental Control: Typical Scabies**

1. Place residents with typical scabies on contact precautions during the treatment period; 24 hours after application of 5% permethrin cream or 24 hours after last application of scabicides requiring more than one application.
2. Wear gloves and a long-sleeved gown for direct hands-on contact.
3. Wash hands after removal of gloves.
4. Place bed linens, towels and clothing used by an affected person during the 4 days prior to initiation of treatment in plastic bags inside the resident's room, handled by gloved and gowned staff without sorting, and washed in hot water for at 10-20 minutes.
5. Use the hot cycle of the dryer for at least 10-20 minutes.
6. Place non-washable blankets and articles in a plastic bag for at least 72 hours. These items can also be dry cleaned or tumbled in a hot dryer for 20 minutes.
7. Change all bed linens, towels and clothes daily.
8. Disinfect multiple residents-use items, such as walking belts, blood pressure cuffs, stethoscopes, wheelchairs, etc., before using on other residents.
9. Discard all creams, lotions or ointments used prior to effective treatment.
10. Vacuum mattresses, upholstered furniture and carpeting. Wrap vacuum cleaner bag in a plastic bag and discard.
  - a. General cleaning and thorough vacuuming of furniture, mattresses or rug is recommended.
  - b. Fumigation is not necessary.
11. For non-fabric items, routine disinfection procedures are adequate.

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12. Infected employees can return to work as soon as treatment is completed but should use gowns and gloves for direct resident care to prevent reinfestation until all control measures for affected units/areas have been completed.

### **Environmental Control: Crusted/Atypical Scabies:**

1. Maintain contact precautions until treatment is complete and/or resident is determined (by dermatologist or primary care provider) to be scabies free.
2. Assign resident to a private room, if possible.
3. Restrict visitors until treatment regimen is complete; alternatively, require visitors to gown and glove as required for contact isolation precautions.
  - a. If resources permit, cohort employees to care for this resident only (no other direct care responsibilities) until effective treatment is completed.
4. Employees must wear gloves and a long-sleeved gown with the wrist area covered to attend to resident needs, for housekeeping duties, and handling of laundry. Remove gown and wash hands before leaving the room.
5. Bed linens, towels and clothing used by the affected persons during the 4 days prior to initiation of treatment should be placed in plastic bags inside the resident's room, handled by gloved and gowned laundry staff without sorting, and laundered in hot water for at least 10 minutes.
  - a. The hot cycle of the dryer should be used 50 °C (122 °F) for at least 10-20 minutes.
  - b. Non-washable blankets and articles can be placed in a plastic bag for 7 days, dry cleaned or tumbled in a hot dryer for 20 minutes.
6. Change all bed linens, towels and clothes daily.
7. Blood pressure cuffs, gait belts, stethoscopes, etc. should be designated for single resident use and left in the resident's room. Discard all creams, lotions or ointments used prior to effective treatment.
8. Upholstered furniture containing any cloth fabric should be removed from the room and, if necessary, replaced with plastic or vinyl furniture. Mattresses must be covered with plastic or vinyl.
9. The resident's room should be vacuumed daily with a vacuum cleaner designated for this room alone, followed by routine room cleaning and disinfection.
  - a. The vacuum cleaner bag should be changed daily;
  - b. Seal vacuum cleaner bag in plastic bag and dispose of properly.
10. The room should be terminally cleaned upon discharge or transfer of the resident from the room.

### **Documentation**

The following information should be recorded in the resident's medical record:

1. The date and time that care was given.
2. The name and title of the individual(s) who assisted with the care.
3. If the resident refused the treatment, the reason(s) why and the intervention taken.
4. The signature and title of the person recording the data.

### **Reporting**

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section M; Section O
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> Scabies Prevention and Control Guidelines: Acute and Long-Term Care Facilities (County of Los Angeles Public Health Department)
<b>Version</b>	2.0 (H5MAPR0246)

# Skin Tears – Abrasions and Minor Breaks, Care of

Level II

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## Purpose

The purpose of this procedure is to guide the prevention and treatment of abrasions, skin tears, and minor breaks in the skin.

## Preparation

1. Obtain a physician's order as needed. Document physician notification in medical record.
2. Review the resident's care plan, current orders, and diagnoses to determine resident needs.
3. Check the treatment record.
4. Generate "Non-Pressure" form and complete.
5. Assemble the equipment and supplies as needed.

## General Guidelines

1. An abrasion is an area on the skin that has been damaged by friction, scraping, rubbing or trauma. A skin tear is the disruption of epidermis resulting in a lifting or friction of the skin.
2. If the wound is bleeding, gently apply a compress with pressure over the wound and reinforce the compress as needed to control any bleeding.
3. If the bleeding persists after efforts to stop it, or an object is embedded into the abrasion, or other medical attention is needed, notify the physician.

## Equipment and Supplies

The following equipment and supplies may be necessary when performing this procedure:

1. Dressing material, as indicated (i.e., gauze, non-adhesive dressing, bandage, steri-strips tape, scissors, etc.);
2. Compress, as needed;
3. Disposable cloths, as needed;
4. Wound cleanser/normal saline (as ordered); and
5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

1. Clean bedside stand. Establish a clean field.
2. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.
3. Tape a biohazard or plastic bag on the bedside stand or use a waste basket below clean field.
4. Adjust the height of the bed to waist level.
5. Position resident and adjust clothing to provide access to affected area.
6. Wash and dry your hands thoroughly.
7. Put on clean gloves. Loosen tape and remove soiled dressing.
8. Pull glove over dressing and discard into plastic or biohazard bag.
9. Wash and dry your hands thoroughly.

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10. Open dry, clean dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface.
11. Label tape or dressing with date, time and initials. Place on clean field.
12. Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze).
13. Wash and dry your hands thoroughly.
14. Put on clean gloves.
15. Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage.
16. Cleanse the wound with ordered cleanser. Use a syringe to irrigate the wound, if ordered. If using gauze, use a clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
17. Use dry gauze to pat the wound dry.
18. Apply the ordered dressing and secure with tape or bordered dressing per order. (Note: Use non-allergenic tape as indicated.) Label with date and initials to top of dressing.
19. Discard disposable items into the designated container.
20. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
21. Reposition the bed covers. Make the resident comfortable.
22. Place the call light within easy reach of the resident.
23. Clean the bedside stand.
24. Wash and dry your hands thoroughly.
25. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

## Documentation

Record the following information in the resident's medical record:

1. Complete in-house investigation of causation.
2. Generate "Non-Pressure" form.
3. Document physician and family notification, and resident education (if completed) in medical record.
4. How the resident tolerated the procedure.
5. Any problems or resident complaints related to the procedure.
6. Any complications related to the abrasion (e.g., pain, redness, drainage, swelling, bleeding, decreased movement).
7. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives.
8. Interventions implemented or modified to prevent additional abrasions (e.g., clothes that cover arms and legs).
9. When an abrasion/skin tear/bruise is discovered, complete a *Report of Incident/ Accident*.

## Reporting

1. Notify the responsible family member. Physician notification may be routine (that is, non-immediate) if the abrasion is uncomplicated or not associated with significant trauma.
2. Notify the physician of any abnormalities (i.e., excessive bleeding, localized swelling, redness, drainage, tenderness, pain etc.).
3. Report other information in accordance with facility policy/guideline and professional standards of practice.

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References	
<b>MDS Items (CAAs)</b>	Section M
<b>Survey Tag Numbers</b>	F684; F686
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Report of Incident/Accident (MP5415)</a>
<b>Version</b>	1.1 (H5MAPR0254)

# Suctioning

## Level III

### Purpose

The purpose of this procedure is to help prevent nosocomial infections associated with suctioning and to prevent transmission of such infections to residents and staff.

### General Guidelines

1. Wash hands before and after suctioning and before and after manipulating any respiratory therapy equipment.
2. Wear gloves when there is potential exposure to resident's blood, body fluids, secretions, excretions, nonintact skin, or mucous membranes. Change gloves after contamination, before handling clean equipment, and before resident contact.
3. Wear exam gloves on each hand when performing oral or nasal suctioning of residents.
4. Wear sterile gloves on both hands when performing care of a tracheostomy and during endotracheal suctioning of residents, whether through the oropharynx, endotracheal tube or tracheostomy.
5. Masks and/or eyewear may or may not be indicated during suctioning. The use of such barriers will depend on the amount of aerosolization of secretions and likelihood of exposure of the oral or nasal mucous membranes or the eyes to blood or secretions. Generally, masks and/or eyewear would only be indicated while working with intubated residents or during bronchoscopic or other surgical procedures. Each situation must be evaluated for the likelihood of exposure by the nurse performing the suctioning.
6. Suction machines must be available at the bedside of residents who require suctioning because they cannot clear nasal, oral, and/or respiratory secretions by themselves and also at the bedside of all tracheostomy and ventilator residents. Wipe the machine with disinfectant to remove soil, as necessary.
7. When suction machines are available for use, the following items should also be available:
  - a. Supply of exam gloves;
  - b. Supply of sterile gloves, if tracheal suctioning is anticipated;
  - c. Supply of suction catheters;
  - d. Supply of sterile distilled water with which to flush suction catheters; and
  - e. Appropriate trash receptacle for used catheters.
8. Always date and initial multi-use bottles of sterile distilled water used to flush suction catheters when opened, and discard them after twenty-four (24) hours. Pour the solution, as needed, into a sterile container for each use.
9. Only use single-use containers of sterile distilled water found in suctioning kits once and then discard them.
10. Clean, fresh tap water in a disposable container may be used as flush solution for oral or nasal suctioning.
11. Suction tubing may be intermittently flushed with hydrogen peroxide to remove and decontaminate secretions inside connecting tubing. Hydrogen peroxide bottles must be dated and initialed when opened, and discarded after thirty (30) days, or when the integrity of the bottle or solution is suspect.
12. When suction equipment is designated for a particular resident for extended use, suction connecting tubing and suction collecting canister need not be discarded on a regular schedule, but should be cleaned and flushed as necessary when secretions are present. If the suction connecting tubing becomes visibly soiled with secretions that will not flush, new tubing may be attached. The suction collection canister should be emptied and cleaned daily and changed or decontaminated as necessary.

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13. Discard suction connecting tubing between residents' use. Take reusable suction collecting canisters to the soiled utility area to be cleaned and disinfected between residents' use. Discard disposable suction collecting canisters after a single resident use.
14. When disconnecting ventilator residents from ventilator breathing circuits to provide suctioning, direct the mist from the ventilator away from the resident's and the employee's faces, to prevent conjunctivitis.
15. Porous surfaces absorb phenolic disinfectants and may cause injury to mucous membranes. Do not use on plastic or rubber items, especially if they will be used near mucous membranes.
16. Alkaline glutaraldehyde must be used under controlled conditions by persons trained in their use.
17. A portable suction machine filter must be inspected weekly and changed as necessary.

## Equipment and Supplies

1. Gloves (as indicated);
2. Suction catheters;
3. Masks (as indicated);
4. Goggles/Face Shield (as indicated);
5. Suction machine;
6. Water, sterile or tap water (as indicated);
7. Cup, sterile or clean (as indicated); and
8. Hydrogen peroxide.

## Steps in the Procedure

1. Explain the procedure to the resident. (Note: Suctioning can be very uncomfortable for the resident. Only suction as long as you can hold your own breath. Give the resident an opportunity to catch his/her breath between episodes of suctioning. Do not drag suction catheter along mucous membranes while suction machine is on.) Set portable suction machines no higher than ten (10) to fifteen (15) inches of mercury (Hg) and the wall suction no higher than one hundred and twenty (120) millimeters Hg.
2. Wash hands.
3. Assess situation for likelihood of exposure of mucous membranes to blood, body fluids, secretions, or excretions. Put on mask and/or eyewear as indicated.
4. Put gloves on both hands. (Note: Exam gloves may be used for oral or nasal suctioning. However, sterile gloves must be used for endotracheal suctioning.)
5. Use fresh sterile suction catheter for each episode of suctioning. (Note: Each episode of suctioning is defined as a single suctioning or repeated suctioning done with only brief periods intervening to clear or flush the catheter.)
6. Use fresh tap water in disposable container to flush suction catheters used for oral or nasal suctioning. Discard residual solution after use during single episode of suctioning.
7. If using a multi-use bottle of sterile distilled water for source of water for flushing, mark bottle with resident's name, date, and your initials. Discard twenty-four (24) hours after opening or if contamination is suspected.
8. Use fresh sterile distilled water in sterile disposable container to flush suction catheters used for endotracheal suctioning. Discard residual solution after use during single episode of suctioning.
9. Flush the suction connecting tube with hydrogen peroxide as necessary. Mark the bottle of hydrogen peroxide with resident's name, date of opening, and your initials. Discard if the integrity of the bottle or solution is suspect or after thirty (30) days. Do not suction directly from the peroxide bottle.

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10. After completing a single episode of suctioning, wrap the suction catheter around a gloved hand. Pull glove over coiled catheter. Discard both into a designated trash receptacle. Remove the other glove and discard. Wash hands.
11. Empty the suction collection canister as necessary for repeated use on the same resident (usually at the end of each shift), and at least daily.
12. Rinse and clean suction collection canister as necessary. If secretions adhere to the canister and cannot be rinsed off, change the canister and discard or disinfect the canister as appropriate.
13. Wash hands after handling any suction equipment.
14. Reusable suction collection canister may be disinfected using the following methods:
  - a. Put on gloves.
  - b. Rinse canister with running water.
  - c. Soak with soapy water until secretions will rinse off.
  - d. If manual cleaning will be performed, decontaminate inside the canister with one of the following germicide solution:
    - (1) An EPA registered disinfectant. Use according to manufacturers' specifications. (If the canister holds 1000 cc, use 1/4 of the measure indicated for one (1) gallon of water. Do not use phenolic disinfectant on plastic items.)
    - (2) A 500–1000 p.p.m. available chlorine solution of sodium hypochlorite (household bleach) (approximately 10–20 cc of bleach in a 1000 cc canister).
  - e. Allow to sit for ten (10) minutes.
  - f. Moisten cleaning cloth with solution.
  - g. Wash inside and outside of the canister.
  - h. Pour the solution into the hopper/toilet. Flush the hopper/toilet.
  - i. Prepare fresh disinfectant solution to the correct dilution. Fill the canister or otherwise completely submerge it into the disinfectant solution for ten (10) minutes.
  - j. Rinse after disinfection is complete.
  - k. Be certain the inside of the canister is visibly clean of secretions. If the inside is still soiled, wash it manually with soap and water and repeat the disinfection.
  - l. Allow to air dry.
  - m. Remove gloves and discard into an appropriate receptacle.
  - n. Wash hands.

References	
MDS Items (CAAs)	
Survey Tag Numbers	
Other References	
Related Documents	<a href="#">Tracheostomy Care</a>
Version	1.1 (H5MAPR0264)

# Tracheostomy Care

Level III

## Purpose

The purpose of this procedure is to guide tracheostomy care and the cleaning of reusable tracheostomy cannulas.

## Equipment and Supplies

1. Gloves (clean and sterile);
2. Mask and eyewear (as indicated);
3. Tracheostomy care kit;
4. Hydrogen peroxide;
5. Sterile water or normal saline;
6. Suction catheter;
7. Suction machine;
8. Pulse oximeter; and
9. Extra gauze dressing.

## General Guidelines

1. Aseptic technique must be used:
  - a. During cleaning and sterilization of reusable tracheostomy tubes;
  - b. During all dressing changes until the tracheostomy wound has granulated (healed); and
  - c. During tracheostomy tube changes, either reusable or disposable.
2. Gloves must be used on both hands during any or all manipulation of the tracheostomy. Sterile gloves must be used during aseptic procedures.
3. A mask and eyewear must be worn if splashes, spattering, or spraying of blood or body fluids is likely to occur when performing this procedure.
4. Tracheostomy tubes should be changed as ordered and as needed (at least monthly).
5. Tracheostomy care should be provided as often as needed, at least once daily for old, established tracheostomies, and at least every eight hours for residents with unhealed tracheostomies.
6. A replacement tracheostomy tube must be available at the bedside at all times.
7. A suction machine, supply of suction catheters, exam and sterile gloves, and flush solution, must be available at the bedside at all times.

## Procedure Guidelines

### Preparation and Assessment

1. Check physician order.
2. Explain procedure to resident.
3. Wash hands.
4. Put exam gloves on both hands.
5. Remove supplemental oxygen mask from tracheostomy.
6. Inspect skin and stoma site for signs or symptoms of infection, leakage, subcutaneous crepitus, or dislodged tube.

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7. Assess resident for respiratory distress.
  - a. Measure resident's oxygen saturation with pulse oximeter.
  - b. Listen to lung sounds with a stethoscope.
  - c. Observe for asymmetrical chest expansion.
8. Remove old dressings. Pull soiled glove over dressing and discard into appropriate receptacle.
9. Wash hands.

#### **Clean the Removable Inner Cannula**

1. Open tracheostomy cleaning kit.
2. Set up supplies on sterile field.
3. Maintaining sterile field, pour equal parts hydrogen peroxide and normal saline in one compartment of opened kit. Pour normal saline in another compartment.
4. Open four gauze pads and saturate with hydrogen peroxide.
5. Open two gauze pads and saturate with antiseptic solution.
6. Open two gauze pads and saturate with sterile saline.
7. Open two gauze pads; keep them dry.
8. Put on sterile gloves.
9. Secure the outer neck plate with non-dominate gloved hand.
10. Unlock the inner cannula with gloved dominate hand.
11. Gently remove the inner cannula, rotating counterclockwise while lifting away from the resident.
12. Soak the cannula in hydrogen peroxide/saline mixture.
13. Clean with brush. Rinse with saline and dry with pipe cleaners.
14. Remove and discard gloves into appropriate receptacle.
15. Wash hands and put on fresh gloves.
16. Replace the cannula carefully and lock in place.
17. Ensure there is an emergency tracheostomy set up at resident's bedside.

#### **Site and Stoma Care:**

1. Apply clean gloves.
2. Clean the stoma with two peroxide-soaked gauze pads (using a single sweep for each side).
3. Rinse the stoma with saline-soaked gauze pads (using a single sweep for each side).
4. Wipe with dry gauze (using a single sweep for each side).
5. Disinfect the stoma with the antiseptic-soaked gauze pads (using a single sweep for each side). Allow to air dry or wipe with clean, dry gauze.
6. Remove neck ties and replace with clean ones.
  - a. If the resident's condition is unstable, or if the stoma is less than two weeks old, apply new ties before removing old ones.
7. Apply a fenestrated gauze pad around the insertion site.
8. Replace supplemental oxygen mask over tracheostomy.
9. Remove gloves and discard into appropriate receptacle.
10. Wash hands.
11. Document the procedure, condition of the site, and the resident's response.

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References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F695
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Suctioning</a>
<b>Version</b>	1.3 (H5MAPR0282)

# Tuberculosis Infection Control Program

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## Policy Statement

The facility recognizes that tuberculosis (TB) transmission has been identified as a risk in healthcare settings. To try to prevent nosocomial transmission of TB, our facility has instituted a Tuberculosis Infection Control Program.

## Policy Interpretation and Implementation

1. This facility's TB Infection Control Program includes the early identification, isolation, and transfer of persons with active tuberculosis. The program incorporates the following components:
  - a. Assignment of responsibility for the oversight of TB infection control to the Infection Control Committee. \_\_\_\_\_ is designated to oversee the TB program;
  - b. An annual TB risk assessment (TBRA) and TB risk classification based on the information obtained from the TBRA;
  - c. Administrative, environmental, and respiratory controls established in accordance with the current risk classification;
  - d. Screening and surveillance of residents and employees for latent tuberculosis infection (LTBI) and active TB as appropriate for the current TB risk classification;
  - e. A protocol for the prompt recognition and transfer of persons with suspected or identified active TB;
  - f. Administrative procedures and infection control methods to prevent and reduce the generation of infectious droplet nuclei (e.g., staff training on cough hygiene, airborne infection precautions);
  - g. Disinfection and environmental methods that reduce the number of infectious droplet nuclei in contaminated air;
  - h. Guidelines for cleaning, disinfecting, and sterilizing contaminated items; and
  - i. Investigation of any cases of healthcare-associated tuberculosis in collaboration with local or state health departments.
2. The Medical Director, Director of Nursing Services, and Infection Preventionist will review the Tuberculosis Infection Control Program annually with the Infection Control Committee. They shall consider the possible need to change or update current workplace procedures based on CDC and/or state recommendations.
3. The Infection Control Committee will present any recommendations to the facility's Quality Assurance Committee.
4. The Inservice Coordinator will provide annual staff education regarding tuberculosis recognition and prevention.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(a) Licensure.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	CDC <a href="http://www.cdc.gov/tb/">http://www.cdc.gov/tb/</a> OSHA <a href="http://www.osha.gov/SLTC/tuberculosis/index.html">www.osha.gov/SLTC/tuberculosis/index.html</a>
<b>Related Documents</b>	<a href="#">Tuberculosis, Employee Screening for</a> <a href="#">Tuberculosis (TB) Risk Assessment Worksheet</a> <a href="#">Tuberculosis – Employee Exposure Follow-Up</a> <a href="#">Tuberculosis, Screening Residents for</a>
<b>Version</b>	2.1 (H5MAPL0905)

# Tuberculosis Risk Assessment

**Level III**

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## Purpose

The purpose of the tuberculosis risk assessment (TBRA) is to help evaluate the risk of transmission of tuberculosis (TB) within the facility, and to help establish appropriate administrative, environmental and respiratory protection controls for the recognition and/or prevention of tuberculosis transmission.

## Preparation

1. Obtain current surveillance data on TB prevalence in the community (available from local or community health departments).
2. Obtain current surveillance data on TB prevalence in the state (available on the CDC web site or from the state health department).
3. Obtain current surveillance data on TB prevalence in the country (available on the CDC web site).
4. Obtain facility surveillance data on:
  - a. TB prevalence in the last five years (see infection control surveillance records).
  - b. TB prevalence in the last year (see infection control surveillance records).

## General Guidelines

1. A TBRA shall be conducted annually to determine appropriate administrative, environmental, and respiratory protection controls needed for the facility based on the current TB risk classification.
2. The TBRA and risk classification shall be used to help identify lapses in infection control that may have led to the transmission of TB infection, as well as to alert the facility of upward trends in TB prevalence in the community.
3. The TBRA and risk classification shall be used to help determine the frequency of employee and resident screening for TB infection.

## Equipment and Supplies

1. Case rate of TB disease per 100,000 population for the state.
2. Case rate of TB disease per 100,000 population for the nation.
3. Number of cases of TB disease in the facility for:
  - a. the previous five years; and
  - b. the previous year.
4. A tuberculosis risk assessment tool/worksheet.

## Steps in the Procedure

### Using the TB Risk Assessment Worksheet:

1. Record the TB case rate for the nation.
2. Record the TB case rate for the state.
3. Record the TB case rate for the community.
4. Record the number of cases of suspected or confirmed TB disease in the facility five years ago, two years ago, and in the past year.
5. Establish the facility risk classification.

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6. Review current environmental, administrative, and respiratory protection controls to determine if there are adjustments that must be made based on the risk classification. For example, an increase in the risk classification may warrant the need for an in-depth respiratory protection program to prevent the spread of TB infection to employees.
7. Record the type and frequency of employee screening for TB infection. Based on the TBRA and risk classification, determine if screening frequency is adequate. For example, if the risk classification for the previous year was “low” but has increased to “medium” for the current assessment, annual TB screening of employees and residents is needed.
8. Review the TB Infection Control Program/Plan in the Infection Control Committee and record applicable findings.
9. Review and record the laboratory processing of TB-related specimens, if applicable.
10. Review and record the current environmental controls in the facility.
11. Review and record the current respiratory protection program, if applicable.
12. Record the frequency of TBRA and any problems identified during the last assessment.
13. Record the actions taken to correct any lapses in infection control or to correct problems identified during the previous TBRA.

## Reporting

1. Report the findings of the TBRA and the risk classification to the Infection Control Committee and the Administrator.

References	
MDS Items (CAAs)	
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	
Version	1.2 (H5MAPR0272)

# Tuberculosis, Screening Residents for

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## Policy Statement

This facility shall screen all residents for tuberculosis infection and disease (TB). Individuals identified with active TB disease shall be isolated from other residents and ancillary staff, and transported to an appropriate care facility as soon as possible.

## Policy Interpretation and Implementation

### Screening New Admissions or Readmissions:

1. The admitting nurse will screen referrals for admission and readmission for information regarding exposure to or symptoms of TB.
2. Signs and symptoms of TB, include:
  - a. Coughing for > 3 weeks;
  - b. Loss of appetite;
  - c. Fatigue;
  - d. Weight loss;
  - e. Night sweats;
  - f. Bloody sputum or hemoptysis;
  - g. Hoarseness;
  - h. Fever; and/or
  - i. Chest pain.
3. If a potential resident has been exposed to active TB or is at increased risk of TB infection he or she will be screened for latent tuberculosis infection (LTBI) using tuberculin skin tests (TST) or interferon gamma release assay (IGRA).
4. If the IGRA or TST is positive, the nursing staff will contact the physician to obtain orders for a CXR and the physician will assess the resident prior to admission for possible active TB.
5. Individuals with signs and symptoms of active TB disease shall be isolated from other residents and ancillary staff, and transported to an appropriate care facility as soon as possible.
6. Screening of new admissions or readmissions for tuberculosis infection and disease is in compliance with State regulations.

### Handling Residents Suspected to Have Active TB:

1. The nursing staff and/or physician will immediately report to the Infection Preventionist the name of any resident with suspected active TB.
2. The Infection Preventionist will initiate a transfer to the hospital to ensure appropriate TB infection control until the case is clinically confirmed or denied.
3. Nursing staff will place a surgical mask over the mouth and nose of any resident having, or suspected of having, active TB, and will arrange for prompt transfer to an acute care hospital.

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4. The resident with suspected TB will remain in a room separate from other residents and visitors with the door closed until the resident is transferred.
5. The facility will not collect sputum specimens on such residents.
6. Only employees who have been fit-tested with HEPA N-95 high particulate filter masks will use such devices in the care for residents who are waiting for transfer.
7. Fit testing of HEPA N-95 masks will be completed annually in accordance with the TB Exposure Control Plan.
8. The Infection Preventionist will follow up and report confirmed cases to appropriate agencies as required by law.

#### **Admitting Residents with Recently Identified Active TB:**

1. An individual with known active TB must be treated for at least two weeks prior to admission and be cleared by his or her treating physician before he or she can be admitted or readmitted.
2. Before the facility admits or readmits anyone who has recently been treated as an inpatient or outpatient for active TB, the Medical Director and/or Attending Physician will consult with the treating physician and determine whether treatment was adequate and the admission is appropriate.

#### **Serial Testing of Residents:**

1. The facility will conduct an annual risk assessment to determine risk of exposure.
2. Risk factors for exposure to TB are:
  - a. Those born in or who frequently travel to countries where TB is common;
  - b. People who currently (or previously) live in large group settings where TB is common (homeless shelters, prisons, etc.); or
  - c. Those who have spent time with a person who has active TB disease.
3. Residents who have risk factors for exposure to active TB are re-tested for LTBI and symptoms of active TB.
4. Residents who have health conditions or take medications that predispose them to developing active TB disease once infected are tested regularly according to their exposure risk assessment. These conditions include:
  - a. HIV;
  - b. Substance abuse;
  - c. Silicosis;
  - d. Diabetes;
  - e. Kidney disease;
  - f. Low body weight;
  - g. Organ transplants;
  - h. Head and neck cancer;
  - i. Treatment with corticosteroids or organ transplant; and/or
  - j. Certain treatments for rheumatoid arthritis or Crohn's disease.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005 at <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf</a>
<b>Related Documents</b>	<a href="#">Tuberculosis (TB) Risk Assessment Worksheet</a> <a href="#">TB Screening and Immunization Record (CP1801)</a>
<b>Version</b>	2.1 (H5MAPL0903)

# Urinary Tract Infections (Catheter-Associated), Guidelines for Preventing

Level III

## Purpose

The purpose of this procedure is to provide guidelines for the prevention of catheter-associated urinary tract infections (CAUTIs).

## Preparation

1. Review the *Urinary Tract Infections/Bacteriuria Clinical Protocol* for assessment, recognition, cause identification and management of UTIs and CAUTIs.
2. Follow facility procedures for insertion and care of indwelling urinary catheters.
3. Be able to identify and report the clinical signs and symptoms of a urinary tract infection (with or without catheter), including:
  - a. Acute dysuria;
  - b. Fever;
  - c. Pain, swelling or tenderness of testes, epididymis or prostate;
  - d. Suprapubic tenderness;
  - e. Costovertebral angle tenderness;
  - f. Leukocytosis;
  - g. Hematuria;
  - h. Incontinence;
  - i. Increased urgency or frequency;
  - j. Hypotension;
  - k. Confusion and/or functional decline; and/or
  - l. Purulent discharge around catheter.
4. Diagnosis of a CAUTI will be made by the physician or other practitioner based on the individual resident's signs and symptoms, health history, and laboratory results.

## General Guidelines

1. It is the responsibility of the interdisciplinary team to maintain vigilant practices to prevent CAUTIs and to recognize and report early indications that a UTI may be developing.
2. Facility-wide surveillance of infections (as defined by currently adopted definitions of infections for surveillance purposes) is collected as part of the infection control program.
3. Targeted surveillance of UTIs and CAUTIs is performed as indicated by the Infection Control Committee. Surveillance and reporting of confirmed UTIs and CAUTIs through the National Health Safety Network is recommended.
4. Surveillance data gathered on infections is used as part of the overall facility Quality Assurance and Performance Improvement Program.

## Steps in the Procedure

The following CAUTI prevention strategies have been adopted and are to be followed by clinical staff:

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1. Insert catheters only for indications deemed appropriate for urinary catheter insertion, and as ordered. Appropriate indications for insertion of a urinary catheter are:
  - a. Acute urinary retention or obstruction;
  - b. Strict urinary output measurement;
  - c. To assist healing of perineal and sacral wounds in incontinent residents;
  - d. Hospice or palliative care at end of life; and/or
  - e. Required immobilization due to trauma or surgery.
2. Leave catheters in place only as long as needed.
  - a. Conduct ongoing assessment and monitoring of residents with indwelling catheters to establish continued need. Document every 24 hours or per facility protocol.
  - b. Initiate steps to discontinue order and remove catheter if criteria is no longer met.
3. Do not insert or maintain a urinary catheter unless you have been properly trained and demonstrated competency in this area.
  - a. Insert catheters using sterile equipment and aseptic technique.
  - b. Use the smallest bore catheter that is appropriate.
4. Always practice vigilant hand hygiene and standard precautions when handling catheter systems.
5. After aseptic insertion, maintain a sterile closed drainage system.
  - a. Replace catheter if aseptic technique is broken, the tubing is disconnected, or there is a leak in the system.
  - b. Do not routinely change catheters or drainage bags at fixed intervals.
  - c. Use sampling port to obtain urine samples aseptically.
  - d. Do not allow drainage spigot to contact non-sterile collection container when emptying.
6. Maintain unobstructed urine flow.
  - a. Keep the catheter and tubing free of kinks.
  - b. Secure catheter after insertion to prevent movement.
  - c. Keep drainage bag below the level of the bladder at all times. Do not place the drainage bag on the floor.
  - d. Do not allow bag to overfill. Empty at scheduled intervals (into a clean container) and immediately if more than 2/3 full.
7. Perform daily meatal hygiene with soap and water for residents with indwelling catheter.

## Documentation

1. Document (per facility protocol or as ordered) the following information:
  - a. The continued need for the resident's indwelling catheter; and
  - b. Any signs or symptoms of urinary tract infection.

## Reporting

1. Report signs or symptoms of urinary tract infection to the physician or provider.

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References	
<b>MDS Items (CAAs)</b>	Section H
<b>Survey Tag Numbers</b>	F690; F880
<b>Other References</b>	Centers for Disease Control and Prevention, Healthcare Infection Control Practices Advisory Committee, 2009. <i>Guideline for prevention of catheter-associated urinary tract infections</i> : <a href="http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf">http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf</a> Association for Professionals in Infection Control and Epidemiology, 2014. <i>Guide to preventing catheter-associated urinary tract infections</i> : <a href="http://www.apic.org/Professional-Practice/Implementation-guides">http://www.apic.org/Professional-Practice/Implementation-guides</a>
<b>Related Documents</b>	<a href="#">NHSN Protocol: Urinary Tract Infection Event for Long-Term Care Facilities</a> <a href="#">Urinary Tract Infections/Bacteriuria – Clinical Protocol</a>
<b>Version</b>	1.2 (H5MAPR0335)

# Fever/Septicemia – Clinical Protocol

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## Assessment and Recognition

1. A nurse will assess a resident with a suspected infection and will document related findings. Assessment data will include:
  - a. Vital signs, including respiratory rate and character of respirations (shallow, labored, rapid);
  - b. Onset (e.g., rapid, gradual) and pattern (e.g., continuous, intermittent) of fever;
  - c. Presence of shaking chills;
  - d. How well the resident is eating and drinking;
  - e. Any concurrent or related abnormal findings or symptoms (for example, cough, dysuria, or warmth and erythema surrounding a wound, etc.);
  - f. Whether antibiotics or antipyretics have been administered;
  - g. Any recent laboratory or diagnostic findings;
  - h. Current diagnoses and medications;
  - i. Recent history of fever before current illness started;
  - j. Known risk factors for recurrent infection or fever (for example, indwelling devices, recent hospitalization for pneumonia, known urinary tract obstruction, immunosuppression due to cancer-related radiation or chemotherapy, etc.); and
  - k. Description of any new or worsening decline in functional status, including confusion, incontinence, falling, decreased mobility, reduced food intake or lack of cooperation with staff.
2. The nurse will report findings to the physician or provider. As needed, the physician or provider will assess the resident to verify or clarify such findings, especially if the diagnosis of infection or source of infection is unclear.
3. The physician will help identify individuals with a recent history of fever and/or infection, and will help identify those at risk for infections or fever.
4. The nurse will discuss with the physician or provider whether a temperature elevation or temperature pattern constitutes a fever, and whether the presence of a fever indicates an infection.
  - a. “Normal” body temperature may range up to 99.5° Fahrenheit(F)/37.5°Celsius (C).
  - b. Daily temperature can vary normally by as much as 0.9° Fahrenheit/0.5° Celsius.
  - c. Fever often – but not always – indicates the presence of infection. It can be caused by other things such as inflammatory and rheumatologic disorders and some medications.
  - d. Relatively sensitive temperature predictors of infection include:
    - (1) an increased temperature of at least 2 degrees F (1.1 degrees C) over baseline; or
    - (2) a single temperature reading above 100°F (37.8°C); or
    - (3) two or more oral temperature readings above 99°F (37.2°C); or
    - (4) rectal temperature readings above 99.5°F (37.5°C).
5. The nurse will identify, document, and report to the physician or provider any evidence of possible infectious complications such as abscess, sepsis, or acute respiratory failure.

## Cause Identification

1. Nursing staff will collaborate with the physician or provider to try to identify causes of fever and infection.

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2. There are noninfectious causes of fever including rheumatologic and immunologic disorders, medication-related fever, and brainstem stroke.
3. Diagnostic tests should be ordered when they add to an understanding of the condition or are likely to change the treatment strategy. When indicated, appropriate tests may include:
  - a. CBC, including WBC count with differential;
  - b. Urinalysis or urine culture;
  - c. Pulse oximetry and/or chest X-ray for pneumonia evaluation;
  - d. Nasopharyngeal wash or swab samples of the throat and nasopharynx for rapid influenza-A and other virus detection;
  - e. Skin or lesion scraping for culture or viral antigen studies, or examination; or
  - f. Stool specimens for C. difficile toxin assay or other enteropathogens.
4. Test results, including positive cultures, do not necessarily indicate that an infection is present. The presence of infection is determined by clinical signs and symptoms that are consistent with identified criteria for infection and may be confirmed by test results.
5. Even if an extensive workup is not appropriate (for example, because of advance directives), a systematic review of the differential diagnosis of likely causes may be appropriate, based on existing information.
6. If causes are not apparent or readily diagnosed on clinical grounds, an additional workup may be appropriate. If an additional workup is not ordered under these circumstances, the staff and practitioner should collaborate to identify and document reasons for not doing so.

## **Management**

1. Nursing staff will implement the physician or provider's orders and general nursing measures for comfort, as indicated.
2. Nursing staff will collaborate with the physician or provider to distinguish individuals whose condition can be managed in the facility without hospital transfer from those requiring hospital transfers.
3. The physician and staff will collaborate to identify individuals who can be managed in the facility without hospital transfer.
  - a. Many individuals with infections, with or without fever, do not need hospitalization. Temperature level, degree of WBC count elevation, or pulse oximetry results alone do not indicate the need to hospitalize, but significantly unstable vital signs and respiratory distress with respirations above 26 per minute may indicate possible need for hospitalization.
4. The physician or provider will prescribe antibiotics judiciously, following CDC recommendations and facility policies regarding antibiotic stewardship, and will promote treatment for the shortest possible time (consistent with the complexity of the infection and related complications).
5. The physician will identify when a resident/patient can be switched from intravenous antibiotics to intramuscular or oral antibiotics based on such factors as the site and severity of the infection and the individual's overall medical stability.
6. The physician will address noninfectious causes of fever; for example, by stopping medications associated with drug fever, treating other underlying causes such as rheumatologic or immunologic disorders, or identifying uncorrectable causes such as central nervous system impairment due to a stroke.

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## Monitoring and Follow-Up

1. The physician and nursing staff will evaluate the progress of individuals with fever and/or infection until the symptoms resolve.
2. Nursing staff and physician will monitor for other complications of infection, fever, or sepsis (for example, anorexia, fluid and electrolyte imbalance, or delirium).
3. The nurses will communicate with the physician or provider to identify whether the resident needs any special monitoring, precautions, or interventions (for example, contact or airborne precautions).
4. The nursing staff will monitor, document, and report complications related to antibiotic treatment, such as diarrhea and colitis.

References	
<b>MDS Items (CAAs)</b>	Section J
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<p>AMDA. Common Infections in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.</p> <p>CDC Campaign to prevent antimicrobial resistance in healthcare settings: 12 steps to prevent antimicrobial resistance among long-term care residents. Available at <a href="http://www.cdc.gov/drugresistance/healthcare/ltc/12steps_ltc.htm">http://www.cdc.gov/drugresistance/healthcare/ltc/12steps_ltc.htm</a>.</p> <p>High KP, Bradley SF, Gravenstein S et al. Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008 Update by the Infectious Diseases Society of America. <i>J Am Geriatr Soc</i> 2009; 57:375-394.</p> <p>Mackowiak PA, Wasserman SS, Levine MM. A critical appraisal of 98.6 degrees F, the upper limit of the normal body temperature, and other legacies of Carl Reinhold August Wunderlich. <i>JAMA</i> 1992; 268:1578-80.</p> <p>Singer M, Deutschman CS, Seymour CW, Shankar-Hari M, Annane D, Bauer M, Bellomo R, Bernard GR, Chiche J, Coopersmith CM, Hotchkiss RS, Levy MM, Marshall JC, Martin GS, Opal SM, Rubenfeld GD, van der Poll T, Vincent J, Angus DC. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). <i>JAMA</i>. 2016;315(8):801–810. doi:10.1001/jama.2016.0287.</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiol</i>. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	<a href="#">Infections – Clinical Protocol</a>
<b>Version</b>	2.0 (H5MACL0018)

# Infections – Clinical Protocol

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## Assessment and Recognition

1. The physician or provider will help identify individuals who have had a recent infection or who are at high risk for developing an infection.
2. Infection may be suspected based on clinical signs and symptoms and/or temperature.
3. When a resident is suspected of having an infection (for example, because of an abrupt change in function, appetite, mental status, etc.), nursing staff will obtain a complete set of vital signs (temperature, heart rate, blood pressure, and respiratory rate) and will identify, report and document specific details of symptoms and physical findings.
4. Nursing staff will notify the physician or provider of all pertinent details about the resident's condition.
5. The nursing staff and physician or provider will identify possible complications of infections such as sepsis and delirium.

## Cause Identification

1. Based on the preceding information, the physician or provider and staff will discuss and determine whether an infection exists or is likely, whether additional evaluations or testing is indicated, and whether other active conditions related to an infection (for example, urinary retention or COPD) also need to be managed simultaneously.
2. Generally, a workup should focus primarily on low-risk tests that have a reasonable diagnostic yield and are likely to improve resident management; for example, in cases of unusual clinical presentations, where the resident fails to respond to initial therapy, or prolonged microbial therapy is being considered. Testing (for example, urine or wound cultures) may or may not add to the information provided by the clinical assessment.
3. Based on the overall clinical picture, including the severity of the current illness, the physician or provider will help the staff address the following issues:
  - a. Whether an infection is present;
  - b. Whether complications of an infection are present;
  - c. Whether the resident is taking medications that could be problematic while an infection is present (for example, anticoagulants that interact with antibiotics or medications that affect appetite or can cause fluid loss or sedation); and
  - d. Whether hospitalization might be indicated to evaluate or treat the individual.
    - (1) Elevated temperature and WBC count are not necessarily primary indicators of the severity of the illness or the need for hospitalization.
    - (2) If hospitalization is contemplated, the decision should consider the resident's wishes and limitations on care expressed in advance directives.
4. The physician or provider and staff will identify infection transmission risks and (in conjunction with the Infection Preventionist) will implement relevant precautions.

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## **Treatment/Management**

1. Based on review of the clinical situation, pertinent lab and diagnostic tests, and any resident medication allergies, the physician or provider and staff will identify whether antibiotics are warranted or whether those that have already been started should continue or change.
2. The staff and physician or provider will identify and document when limited or no antibiotic treatment is indicated because of resident or substitute decision-maker choices declining aggressive or life-sustaining medical interventions.
3. With the physician or provider's guidance, the staff will provide supportive measures as needed, such as supplemental fluids, oxygen, holding or tapering problematic medications, additional assistance with activities of daily living (ADLs), etc.

## **Monitoring and Follow-Up**

1. The nursing staff and physician or provider will monitor the progress of a resident with an infection until it is resolved (i.e., no further significant clinical signs or symptoms).
2. The nursing staff will evaluate and report to the physician or provider at least weekly until the individual is stable or improving, and more often if the individual is not improving as anticipated or is declining unexpectedly. In cases of more severe or prolonged infections, the physician or provider and staff will communicate more frequently if needed.
3. The physician or provider will determine whether any antibiotics should be started, extended, changed, or discontinued.
4. The physician or provider will manage complications such as abscess, sepsis, and delirium.
  - a. If an initial course of antibiotics does not resolve an infection, the physician or provider will review the situation in detail and may need to examine the individual before prescribing a continuation or change in antibiotics.
5. If the resident has been receiving parenteral (intravenous or intramuscular) antibiotics, the physician or provider will consider changing to oral antibiotics once the individual has been afebrile and asymptomatic for at least 48 hours, or will justify continuing parenteral antibiotics (for example, a complicated infection, individual still having significant systemic symptoms, recurrent infection, etc.).
6. The physician or provider will evaluate the duration of any antibiotic treatment and will identify whether antibiotics can be stopped (for example, if an individual with an uncomplicated infection is afebrile and asymptomatic for at least 48 hours).
  - a. In many cases, standard 7- or 10-day durations of antibiotics are only approximations and may be either longer or shorter than the patient actually needs.
7. The physician or provider will identify and address possible complications of antibiotic treatment including adverse drug reactions, allergic reactions, drug interactions, and antibiotic-related colitis or diarrhea.
  - a. If such complications occur, the physician or provider will reassess the situation and identify whether additional treatment is warranted and whether antibiotics should be modified or stopped to address the complications.

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References	
<b>MDS Items (CAAs)</b>	Section I
<b>Survey Tag Numbers</b>	F636; F684; F710; F713; <a href="#">F880</a>
<b>Other References</b>	<p>AMDA. Common Infections in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland.</p> <p>High KP, Bradley SF, Gravenstein S et al. Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities: 2008 Update by the Infectious Diseases Society of America. <i>J Am Geriatr Soc</i> 2009;57:375-394.</p> <p>Llewelyn Martin J, Fitzpatrick Jennifer M, Darwin Elizabeth, Sarah Tonkin-Crine, Gorton Cliff, Paul John et al. The antibiotic course has had its day <i>BMJ</i> 2017; 358 :j3418.</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiol</i>. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	<a href="#">Fever/Septicemia – Clinical Protocol</a>
<b>Version</b>	2.3 (H5MACL0024)

# Pneumonia, Bronchitis and Lower Respiratory Infections – Clinical Protocol

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## Assessment and Recognition

1. The physician will help identify residents who have recently had pneumonia or bronchitis and those who are at risk for getting respiratory infections (for example, those with COPD or a history of respiratory failure).
2. The staff will identify residents with symptoms that suggest possible bronchitis or pneumonia (for example, dyspnea [at rest and/or on exertion], tachypnea, increased sputum production, fever, chest pain, cough, or hemoptysis).
3. The staff and physician will identify individual risk, such as significant oral or dental disease, presence of a feeding tube, or clinically significant swallowing abnormalities.

## Cause Identification

1. The physician will examine the resident and order appropriate diagnostic tests (such as a chest X-ray and complete blood count [CBC]) as indicated to help verify the clinical diagnosis of pneumonia, differentiate causes of respiratory symptoms, and identify the severity of any infection or related complications.
  - a. In general, a routine sputum gram staining and culture are not likely to be useful in either the outpatient or inpatient settings, as many specimens primarily contain oral flora.
  - b. Sputum gram stain and culture might help in cases of suspected drug-resistant bacteria, non-bacterial or atypical infections such as *Mycobacterium tuberculosis*, or organisms not treated by commonly used empiric antibiotic therapy.
  - c. Pulse oximetry may be helpful for residents with respiratory rate >25 breaths/min.
  - d. A chest X-ray may be helpful for residents with suspected or documented pneumonia and hypoxemia (relative to their usual O<sub>2</sub> saturation levels).

## Treatment/Management

1. The physician will order appropriate treatment, including antibiotics, as indicated.
  - a. The staff and physician will indicate when limited or no antibiotic treatment may be indicated; for example, because nonbacterial pneumonia is suspected or confirmed, lack of clear indication for antibiotics, or resident/patient or substitute decision-maker choices declining aggressive or potentially life-sustaining medical interventions.
2. The physician and staff will manage significant comorbidities, complications, and risk factors (for example, adjust or temporarily stop diuretics that may impair hydration status, treat concurrent congestive heart failure, or address anemia).
3. The physician will order, and the staff will provide, interventions to support the individual with pneumonia (for example, administer oxygen to treat hypoxia, encourage coughing and deep breathing, provide nebulizer treatments for bronchospasm, etc.).
4. The physician will identify individuals who need hospitalization because of the severity of pneumonia or the presence of complications.

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5. Clinical signs suggesting more severe cases may include tachypnea (respiratory rate in the upper 20's/minute) with labored respirations, unstable vital signs, and a substantial and persistent decline in pulse oximetry results of greater than 3 percent from baseline.
6. The staff and physician will identify measures to try to prevent recurrent lower respiratory infections (for example, provide oral healthcare, adjust tube feedings, improve mobility, encourage smoking reduction or cessation, provide influenza and pneumococcal pneumonia vaccination, etc.).

### Monitoring

1. The staff and physician will monitor the respiratory status and overall condition of a resident with pneumonia, including complications such as recurrent infection, emphysema, pleural effusion, and respiratory failure.
2. If a resident who has received a course of antibiotics to treat pneumonia or bronchitis has not stabilized or improved as anticipated, the physician will see the resident and evaluate the situation before prescribing a second or subsequent course of antibiotics.

References	
<b>MDS Items (CAAs)</b>	Section I; Section J; Section O
<b>Survey Tag Numbers</b>	F636; F684; F695; F710; F713; F770; F776; F825; <a href="#">F880</a>
<b>Other References</b>	<p>AMDA. Common Infections in the Long-term Care Setting Clinical Practice Guideline. Columbia, Maryland. 2004.</p> <p>High KP, Bradley SF, Gravenstein S et al. Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities: 2008 Update by the Infectious Diseases Society of America. J Am Geriatr Soc 2009;57:375-394.</p> <p>Fried T, Gillick M, Lipsitz, LA. Whether to transfer? Factors associated with hospitalization and outcomes of elderly long-term care patients with pneumonia. J Gen Intern Med 1995;10:246-250.</p> <p>García-Vázquez E, Marcos MA, Mensa J, et al. Assessment of the usefulness of sputum culture for diagnosis of community acquired pneumonia using the PORT predictive scoring system. Arch Intern Med. 2004;164:1807-1811.</p> <p>Levenson SA and Crecelius CC. Know pneumonia. Caring for the Ages August 2003;14 (Available at <a href="http://www.amda.com/caring/august2003/evidencebased.htm">www.amda.com/caring/august2003/evidencebased.htm</a>).</p> <p>Levenson SA and Crecelius CC. Pulse oximetry. Caring for the Ages October 2003;16-17,23 (Available at <a href="http://www.amda.com/caring/october2003/evidencebased.htm">http://www.amda.com/caring/october2003/evidencebased.htm</a>).</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. Infect Control Hosp Epidemiol. 2012 Oct;33(10):965-77.</p>
<b>Related Documents</b>	
<b>Version</b>	2.2 (H5MACL0031)

# Urinary Tract Infections/Bacteriuria – Clinical Protocol

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## Assessment and Recognition

1. The physician and staff will identify individuals with a history of symptomatic urinary tract infections, and those who have risk factors (for example, an indwelling urinary catheter, kidney stones, urinary outflow obstruction, etc.) for UTIs.
2. The staff and practitioner will identify individuals with possible signs and symptoms of a UTI.
  - a. Signs and symptoms of a UTI may be specific to the urinary tract and/or generalized. The presentation of symptomatic UTIs varies.
  - b. Nurses should observe, document, and report signs and symptoms (for example, fever or hematuria) in detail and avoid premature diagnostic conclusions.
  - c. New onset of nonspecific or general symptoms alone (change in mental status, decline in appetite, etc.) is not enough to diagnose a UTI. Urine odor, color and clarity also are not adequate to indicate bacteriuria or a UTI.
  - d. Acute deterioration in previously stable chronic urinary symptoms may indicate an acute infection. Multiple concurrent findings such as fever with hematuria or catheter obstruction are more likely to be due to a urinary source.
  - e. A positive urine culture in someone with chronic genitourinary symptoms is not enough to diagnose a symptomatic UTI. The presence of either pyuria or a positive leukocyte esterase test alone are not enough to prove that the individual has a UTI, but the absence of pyuria or a negative leukocyte esterase test is fairly strong evidence that a UTI is not present.

## Cause Identification

1. The physician will help nursing staff interpret any signs, symptoms, and lab test results. Diagnosis must be based on the entire picture and not just on one or several findings in isolation.
  - a. Before diagnosing a UTI or urosepsis and ordering antibiotics, the physician should consider a resident's overall picture including specific evidence that helps confirm or refute the diagnosis of a UTI (as discussed above).
2. The physician will help identify causes of, and factors contributing to, bacteriuria or UTIs such as bladder outlet obstruction, kidney stones, neurological impairments, and medications that can cause urinary retention.
3. Because nonspecific or systemic symptoms can be due to diverse factors either instead of or along with a UTI, the staff and practitioner will also consider additional or alternative causes regardless of whether bacteriuria or urinary symptoms is present.
  - a. For example, a patient with a UTI could also have confusion caused by fluid and electrolyte imbalance such as hypernatremia as a result of several days of inadequate food and fluid intake.

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## **Treatment/Management**

1. The physician will order appropriate treatment for verified or suspected UTIs and/or urosepsis based on a pertinent assessment.
  - a. Empirical treatment should be based on a documented description of an individual's symptoms and on consideration of relevant test results, co-existing illnesses and conditions, and pertinent risk factors.
  - b. Generally, symptomatic UTIs should be treated. Bacteriuria alone (an "asymptomatic UTI") should not be treated routinely, because treating it does not materially change outcomes, improve longevity, or correct underlying problems.
  - c. In select situations, empirical antimicrobial therapy may be warranted if urosepsis or other complications are suspected.
  - d. In select situations, empirical antimicrobial therapy may be warranted for afebrile individuals with non-specific symptoms.
2. The physician will not treat asymptomatic individuals whose urine is colonized with yeast or with multidrug-resistant organisms such as methicillin-resistant *Staphylococcus aureus* or enterococcus without careful review and clinical rationale.
3. The physician should consider stopping antibiotics or switching parenteral to oral antibiotics in individuals with uncomplicated UTIs who have been afebrile and asymptomatic for at least 48 hours.
4. The physician will help the staff identify suspected sepsis related to a UTI and identify whether hospitalization may be warranted.
5. Fever and change in mental status alone do not automatically warrant hospitalization, nor is there compelling evidence that hospitalization improves the ultimate outcomes in individuals with symptomatic UTIs. Sepsis, however, may sometimes warrant more aggressive inpatient treatment.

## **Monitoring**

1. The physician and nursing staff will review the status of individuals who are being treated for a UTI and adjust treatment accordingly.
  - a. Decisions should be made primarily on the basis of clinical signs and symptoms. The goal of treatment in most cases is to control signs and symptoms of infection, not to eliminate bacteriuria.
  - b. Follow-up urine cultures after antibiotic treatment are not indicated routinely, but may be helpful if the symptoms are not resolving or complications are present.
2. When a resident has a persistent or recurrent urinary tract infection after treatment with antibiotics, the physician will review the situation carefully with the nursing staff and consider other or additional issues (such as urinary obstruction or indwelling catheter change or removal) before prescribing additional courses of antibiotics.
  - a. Physicians should justify continuing or resuming antibiotic treatment beyond an initial course.

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References	
MDS Items (CAAs)	Section I
Survey Tag Numbers	F636; F684; F690; F710; F713; <a href="#">F880</a> ; <a href="#">F836</a> ; F770
Other References	<p>Drugs for Urinary Tract Infections. <i>JAMA</i>. 2014;311(8):855-856. doi:10.1001/jama.2014.972.</p> <p>Lohfeld L, Loeb M, Brazil K. Evidence-based clinical pathways to manage urinary tract infections in long-term care facilities: a qualitative case study describing administrator and nursing staff views. <i>J Am Med Dir Assoc</i> 2007;8:477-484.</p> <p>Nicolle LE. Cranberry for Prevention of Urinary Tract Infection? Time to Move On. <i>JAMA</i>. 2016;316(18):1873-1874. doi:10.1001/jama.2016.16140.</p> <p>Nicolle LE, SHEA Long-term Care Committee. Urinary tract infections in long-term care facilities. <i>Infect Control Hospital Epidemiol</i> 2001;22:167-175.</p> <p>Ouslander JG, Schapira M, Schnelle JF, Uman G, Fingold S, Tuico E, Nigam JG. Does eradicating bacteriuria affect the severity of chronic urinary incontinence in nursing home residents? <i>Ann Intern Med</i> 1995;122(10):749-754.</p> <p>Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Mehta M, Lautenbach E, Loeb M, Maccannell T, Malani PN, Mody L, Mylotte JM, Nicolle LE, Roghmann MC, Schweon SJ, Simor AE, Smith PW, Stevenson KB, Bradley SF; Society for Healthcare Epidemiology Long-Term Care Special Interest Group. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. <i>Infect Control Hosp Epidemiol</i>. 2012 Oct;33(10):965-77.</p>
Related Documents	<a href="#">Multidrug-Resistant Organisms</a>
Version	3.0 (H5MACL0041)

# Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents

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## Policy Statement

Residents with signs and/or symptoms of COVID-19 will be identified and isolated to help control the spread of infection to other residents, staff and visitors.

## Policy Interpretation and Implementation

1. Strategies used for the rapid identification and management of COVID-19 infected residents include:
  - a. Screening and monitoring for symptoms;
  - b. Surveillance and reporting of respiratory illness;
  - c. Testing;
  - d. Clinical care;
  - e. Resident placement and cohorting;
  - f. Transfers; and
  - g. Admissions.

## Screening and Monitoring

1. The Infection Preventionist is responsible for establishing and overseeing the active screening and monitoring efforts.
2. Residents are monitored daily for signs of respiratory infection and/or symptoms of COVID-19, including:
  - a. Fever or chills;
  - b. Cough;
  - c. Shortness of breath or difficulty breathing;
  - d. Fatigue;
  - e. Muscle or body aches;
  - f. Headache;
  - g. New loss of taste or smell;
  - h. Sore throat;
  - i. Congestion or runny nose;
  - j. Nausea or vomiting; and/or
  - k. Diarrhea.
3. Less common symptoms of COVID-19 such as new or worsening malaise, headache, dizziness, or more than two temperatures >99.0°F will prompt isolation and further evaluation for COVID-19.
4. If a resident has signs or symptoms that suggest a developing respiratory infection or COVID-19:
  - a. The charge nurse is notified immediately;
  - b. The resident is assessed by a licensed nurse;
  - c. Assessment information is reported to the Infection Preventionist;

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- d. The Infection Preventionist notifies the local health department of any new suspected cases of COVID-19 and requests testing; and
- e. Resident information is added to the *Respiratory Surveillance Line* List and included in the Resident Impact data for reporting to the CDC.

## Surveillance and Reporting

1. All surveillance findings are collected and reviewed daily by the Infection Preventionist.
2. The health department is notified of any resident with suspected or confirmed COVID-19, severe respiratory infection, or a cluster (3 or more residents or staff with new onset respiratory symptoms within 72 hours).
3. The Infection Preventionist summarizes outbreaks of respiratory illness in the *LTC Respiratory Surveillance Outbreak Summary* and submits this to the local health department.
4. Suspected and confirmed cases of COVID-19 and COVID-19 deaths are reported to the CDC through the National Health Safety Network (NHSN).

## Testing

See [Coronavirus Disease \(COVID-19\) – Testing Residents](#).

## Clinical Care

1. Residents with suspected or confirmed COVID-19 are medically managed by their attending physician or designee, with supportive care provided by designated nursing staff, until the resident is transferred or recovers.
2. Staff caring for residents with suspected or confirmed COVID-19 must strictly adhere to infection prevention and control practices outlined in Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures.
3. Discontinuation of Transmission-Based precautions for residents with confirmed SARS-CoV-2 infection is based on a symptom-based strategy as described in [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\) Discharging COVID-19 Patients](#).

## Resident Placement and Cohorting

1. Residents with suspected COVID-19 are placed in a private room, moved to a dedicated unit, or cohorted with another resident who is suspected to have COVID-19 pending the results of SARS-CoV-2 testing.
2. Residents with confirmed COVID-19 are separated from residents who do not have confirmed COVID-19, or have an unknown status. Dedicated units must be able to adhere to strict infection control practices.
3. Consistent staff assignments are exercised for all residents regardless of symptoms or COVID-19 status. Staff members are not assigned to work across floors or units when possible.
4. Residents with known or suspected COVID-19 are cared for using all recommended PPE, including an N95 or higher level respirator (or facemask if respirators are not available), eye protection, gloves and gown.

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5. Residents who may have been exposed to someone with COVID-19 are monitored closely and not placed with unexposed residents until 14 days after exposure or until status of COVID-19 is determined.
6. Infection prevention and control practices and specific strategies for residents with suspected or confirmed COVID-19 on Memory Care Units are informed by [\*Considerations for Memory Care Units in Long-term Care Facilities\*](#). These practices and strategies are determined by the Infection Preventionist and the Director of Nursing Services, in conjunction with the Medical Director.

## Transfers

1. Residents with suspected or confirmed COVID-19 who have fever and/or respiratory symptoms are not automatically transferred to the hospital if their clinical condition and symptoms can be managed at the facility.
2. For the resident who develops severe symptoms of illness and requires transfer for a higher level of care:
  - a. Emergency medical services and the receiving facility are alerted of the resident's diagnosis (suspected or confirmed COVID-19) and notified of precautions to be taken (transferring and receiving staff); and
  - b. A facemask is placed on the resident during transfer (as supply allows).
3. The Infection Preventionist, in conjunction with the local health department, has identified facilities dedicated to residents with suspected or confirmed COVID-19, and those designated as non-COVID facilities, and has established arrangements to transfer residents if necessary.
4. Resident transfer to another certified LTC facility for the purpose of cohorting residents with COVID-19 will be conducted under the *Blanket Transfer Waiver* (QSO-20-25). Transfers or discharges to a non-certified location for the purposes of cohorting will only occur after obtaining permission from the state agency.
5. For residents who need to leave the facility for medically necessary purposes (e.g. dialysis, etc.), the transportation and receiving health care team is notified of the resident's suspected or confirmed COVID-19 status. Regardless of COVID-19 status, a facemask is placed on the resident prior to leaving his or her room.

## Procedures for Accepting Admissions from Hospitals

1. The decision to admit new residents to the facility is based on the ability to provide care and to keep current residents safe. Factors that are considered when presented with a potential hospital admission include physical space to provide appropriate distancing, staffing levels, and availability of personal protective equipment.
2. For patients/residents who are tested prior to hospital discharge and are COVID-19 negative (including those who were COVID-19 positive and recovered), ADMIT and:
  - a. cohort (in rooms or wings) with other residents of similar status (e.g., new hospital admissions with negative COVID-19 test, etc.), if possible;
  - b. monitor temperature and respiratory symptoms every shift;
  - c. limit contact with other residents (as much as possible); and
  - d. consistently assign staff and limit number of times staff enter resident room.

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3. DO NOT ADMIT patients who have not been tested in the hospital prior to discharge (status unknown) or patients who are presumptive or confirmed COVID-19 positive UNLESS:
  - a. There is a dedicated unit or floor in the facility for COVID-19 residents;
  - b. Staff movement between units is limited as much as possible; and
  - c. There are adequate staffing levels and PPE to manage COVID-19 positive residents.
4. For any resident admitted from the hospital with unknown status:
  - a. Place in a single room or observation area;
  - b. Restrict access to other residents to the extent possible;
  - c. Monitor temperature and respiratory symptoms every shift;
  - d. Place on contact and droplet precautions and wear recommended PPE when caring for the resident; and
  - e. Consistently assign staff and limit number of times staff enter resident room.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<a href="#">Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings</a> <a href="#">Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel</a> <a href="#">State Health Department Contacts</a> <a href="#">Considerations for the Public Health Response to COVID-19 in Nursing Homes</a> <a href="#">Considerations for Memory Care Units in Long-term Care Facilities</a> <a href="#">Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)</a> <a href="#">Discharging COVID-19 Patients</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures</a> <a href="#">COVID-19 Resident Health Screen (CP1820)</a> <a href="#">Resident Screening for COVID-19 Signs and Symptoms</a> <a href="#">Coronavirus Disease (COVID-10) Considerations for Memory Care Units in Long-term Care Facilities</a> <a href="#">2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios (QSO-20-25-NH)</a> <a href="#">Long-Term Care (LTC) Respiratory Surveillance Line List (CDC form and guidance)</a>
<b>Version</b>	1.1 (H5MAPL1474)

# Coronavirus Disease (COVID-19) – Specimen Collection, Reporting and Documentation for COVID-19 Testing

Level III

## Purpose

The purpose of this procedure is to provide testing and documentation guidelines for COVID-19 viral testing such as Reverse-Transcription Polymerase Chain Reaction (RT-PCR).

## General Guidelines

1. All rapid Point of Care (POC) testing must be ordered by a healthcare professional licensed under applicable state law or a pharmacist under HHS guidance.
2. Specimens are collected at the facility and processed by a contracted laboratory unless this facility provides its own laboratory services.
3. Laboratories that can quickly process large numbers of tests with rapid reporting of results (e.g., within 48 hours) are selected for facility-wide testing.
4. Results of tests are reported to the facility and the health department. The contract with the laboratory specifies who is responsible for communicating information and how this is done.
5. The facility is responsible for aggregating positive test results and reporting to the National Health Safety Network and for notifying staff, residents and families of new cases of COVID-19 in the facility (per requirements at §483.80(g)).
6. Testing and reporting is conducted in a way that protects resident and HCP privacy and confidentiality to the extent possible.

## Preparation

1. Determine the type of (Emergency Use Authorization or FDA-Approved) viral test that will be used.
2. Verify that the number of test kits and PPE required to perform tests are available.
3. Determine the specimen source (e.g., nasopharyngeal, anterior nares) that will be used.
4. Determine who is responsible for specimen collection from residents and healthcare personnel (HCP).
5. Provide staff training on specimen collection, infection prevention and control and proper use of PPE.
6. Verify that there is a physician or prescriber order for each test.
7. Be familiar with all plans to respond to the results of testing (e.g., notification of results, cohorting, transmission-based precautions, mitigation of staff shortages, etc.).
8. Be familiar with the process for documenting which residents and HCP are tested and the results, and which residents and HCP refused or were unable to be tested.
9. Read and understand the laboratory or manufacturer's collection, handling, storage and transport instructions for the specific type of test PRIOR to beginning the collection. Proper specimen collection ensures accuracy of test results and prevents unnecessary exposure.
10. For CDC guidance on proper specimen collection and handling, see [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19](#).

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11. When handling bulk-packaged swabs, don clean gloves and distribute individual swabs from the bulk container to individual disposable plastic bags before beginning specimen collections. Grasp the swab by the distal end of the handle, using gloved hands only. Otherwise, if accessing single swabs from a bulk package:
  - a. Use only fresh, clean gloves to retrieve a single new swab from the bulk container;
  - b. Close the bulk swab container after each swab removal and leave it closed when not in use to avoid inadvertent contamination;
  - c. Store opened packages in a closed, airtight container to minimize contamination; and
  - d. Keep all used swabs away from the bulk swab container to avoid contamination.

## Equipment and Supplies

1. Specimen collection kits (swabs, vials with transport media, labels).
2. Required PPE (gloves, gowns, face shields, face masks or N-95 respirators, eyewear).
3. Documentation tools.

## Steps in the Procedure

1. Only allow those essential for care and procedure support to be present during specimen collection.
2. Do not conduct specimen collection on multiple individuals in the same room at the same time unless appropriate separation between stations is maintained.
  - a. Collect resident specimen in the resident's room with the door closed, with no others present.
    - (1) Specimens may be self-collected by residents in order to preserve PPE supplies, as long as the resident is able to correctly self-swab and place the swab in the transport media.
    - (2) HCP and other residents are kept at a minimum of 6 feet from the resident when self-collecting.
    - (3) HCP who are handling specimens (but not directly involved in collection) must wear gloves and face mask for source control.
  - b. Collect HCP specimen on one person at a time in a room with the door closed and no others present.
    - (1) If individual rooms are not available, other considerations include swabbing multiple HCP in succession in a single room, and the use of large spaces or outdoor locations with at least 6 feet between stations.
    - (2) HCP awaiting swabbing must have a face mask or cloth cover in place for source control throughout the process, only removing it during swabbing.
    - (3) HCP will carry a prefilled specimen bag containing a swab and labeled sterile viral transport media container into the testing area from the check-in area.
3. Don PPE (eye protection, face mask or respirator, gloves and gown). Extended use of PPE is permitted if care is taken to avoid touching the face and eyewear.
  - a. Replace if it becomes damaged, soiled, or hard to breathe or see through.
  - b. Perform hand hygiene before and after manipulating PPE.
  - c. Perform hand hygiene and change gloves between each person being swabbed.
4. Collect specimen according to manufacturer or laboratory instructions. The following are acceptable specimens (See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19](#) for specific techniques):
  - a. A nasopharyngeal (NP) specimen collected by a healthcare provider; or
  - b. An oropharyngeal (OP) specimen collected by a healthcare provider; or

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- c. A nasal mid-turbinate swab collected by a healthcare provider or by supervised onsite self-collection (using a flocked tapered swab); or
  - d. An anterior nares (nasal swab) specimen collected by a healthcare provider or by home or supervised onsite self-collection (using a flocked or spun polyester swab); or
  - e. Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare provider.
5. Place swab immediately into the sterile transport tube containing approved transport medium and seal it.
  6. If resident is self-collecting under clinical supervision:
    - a. Hand a swab or individual bag with swab to the resident while wearing a clean set of protective gloves.
    - b. The resident can then self-swab and place the swab in transport media and seal it.
    - c. If the resident needs assistance, place the swab into transport media and seal it.
  7. Remove PPE and perform hand hygiene.
  8. Document date and time of sample collection on documentation tool.
  9. Clean and disinfect all surfaces within 6 feet of specimen collection when visibly soiled and at least hourly using an EPA-registered disinfectant from [List N](#). Conduct terminal cleaning and disinfection of all surfaces and equipment in the specimen collection area at the end of each day.

## Refusal of Testing

1. Symptomatic HCP who refuse testing are prohibited from the building(s) until [Return to Work Criteria](#) have been met.
2. Asymptomatic HCP who refuse testing are prohibited from the building until outbreak testing has been completed. Additional restrictions may be established based on occupational health and safety regulations and/or local jurisdiction.
3. Residents have the right to refuse testing. Staff may explain the importance of testing and encourage participation where appropriate, but may not test the resident without his or her consent. Some residents may be unable to test due to physical or behavioral concerns.
  - a. For a symptomatic or exposed resident who refuses or is unable to test, if there is a facility outbreak, place the resident on transmission-based precautions until he or she meets the [symptom-based criteria for discontinuation](#).
  - b. For an asymptomatic resident who refuses or is unable to test, if outbreak testing has been triggered, ensure that the resident remains physically distanced from other residents, wears a face covering, and practices frequent hand hygiene until the procedures for outbreak testing have been completed.

## Documentation

1. For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results. (See Form *Documentation of Symptom-Based Testing for COVID-19*.)
2. Upon identification of a new COVID-19 case in the facility (i.e., outbreak), document the date the case was identified, the date that all other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests. (See Form *Documentation of COVID-19 Outbreak Testing*.)
3. For staff routine testing, document the facility's county positivity rate, the corresponding testing frequency indicated (e.g., every week), and the date each positivity rate was collected. Also, document the date(s) that testing was performed for all staff, and the results of each test. (See Form *Documentation of Routine (Asymptomatic) Staff Testing for COVID-19*.)

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4. When necessary, such as in emergencies due to testing supply shortages, document that the facility contacted state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. (See Form *Documentation of COVID-19 Testing Supply Shortages*.)
5. Document names of, and procedures followed for, residents or staff who refuse or are unable to take tests. (See Form *Documentation of COVID-19 Test Refused or Not Administered*.)

## Reporting

1. Report new cases of COVID-19 in the facility to residents, family, and staff; local or state health departments; and the NHSN according to reporting and notification requirements.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	483.50(a)/F772; §483.80(h) COVID-19 Testing./F886
<b>Other References</b>	<a href="#">Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes; Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool (CMS-QSO-20-38-NH)</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Testing and Return to Work Criteria for Healthcare Personnel</a> <a href="#">Coronavirus Disease (COVID-19) – Testing Residents</a> <a href="#">Documentation of Symptom-Based Testing for COVID-19</a> <a href="#">Documentation of COVID-19 Outbreak Testing: Staff and Residents</a> <a href="#">Documentation of Routine (Asymptomatic) Staff Testing for COVID-19</a> <a href="#">Documentation of COVID-19 Test Refused or Not Administered</a> <a href="#">Documentation of COVID-19 Testing Supply Shortages</a>
<b>Version</b>	1.0 (H5MAPR0351)

# Coronavirus Disease (COVID-19) – Testing Residents

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## Policy Statement

Residents are tested for the SARS-CoV-2 virus to detect the presence of current infections (viral testing) and to help prevent the transmission of COVID-19 in the facility.

Testing may be provided by this facility (Point of Care testing) or offsite through an approved laboratory that has rapid testing capabilities (the ability to process large numbers of tests and report results within 48 hours).

Resident testing (POC or laboratory) requires a physician (or practitioner, according to state law) order. Standing orders are acceptable based on state scope of practice laws.

## Policy Interpretation and Implementation

1. All residents are screened daily for signs and symptoms of COVID-19.
2. Any resident with fever, signs or subjective symptoms of COVID-19 is tested. While results are pending, symptomatic residents are placed on transmission-based precautions.
3. Viral testing of all residents is conducted if there is an outbreak in the facility.
  - a. An outbreak is defined as any single new onset of SARS-CoV-2 infection in a resident or a single case of infection in healthcare personnel.
  - b. Testing is conducted as soon as a new confirmed case is confirmed.
  - c. If testing capacity is limited, testing will be directed initially to residents who have had close contact with the newly confirmed case (e.g., those on the same unit as an infected resident, or those who have been cared for by infected healthcare personnel).
  - d. Residents who test positive, including asymptomatic and pre-symptomatic residents, are cohorted.
  - e. Viral testing of all previously negative residents is repeated every 3 to 7 days until testing identifies no new cases of SARS-CoV-2 infection among residents or healthcare personnel for at least 14 days since the most recent positive result.
4. Routine testing of asymptomatic residents is not conducted unless prompted by a change in circumstances, such as a confirmed case of COVID-19 in the facility.
5. Tests must be able to detect the SARS-CoV-2 virus (e.g., polymerase chain reaction/PCR) with greater than 95% sensitivity, greater than 90% specificity and with results obtained within 48 hours.
6. Antibody tests are not used to diagnose active infection, or to inform the infection prevention and control strategy for COVID-19.
7. The logistics of the facility testing strategy (procurement of tests, management of laboratory relationships, scheduling and documenting tests and results, etc.) are managed by the Infection Preventionist in collaboration with the Director of Nursing.
8. The infection preventionist, or designee reports positive test results to the local or state health department (as appropriate) for contact tracing and to the CDC National Health Safety Network (NHSN).

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9. The facility will not relax restrictions (advance through any phase of “reopening”) until all residents and staff have received a baseline test. Asymptomatic residents who refuse (or are unable to complete) baseline testing must remain asymptomatic for 14 days prior to reopening.
10. Testing is not required to confirm resolution of infection before discontinuing transmission-based precautions unless the Infection Preventionist and/or Medical Director determines that the resident’s underlying condition(s) increase the potential to transmit infection beyond 20 days. In all other circumstances, a symptom-based strategy is used to determine when to discontinue transmission-based precautions.
11. Symptomatic residents who refuse or are unable to be tested are maintained on transmission-based precautions until symptom-based criteria for discontinuing are met.

References	
<b>OBRA Regulatory</b>	<a href="#">§483.80 Infection Control; §483.80(h) COVID-19 Testing; §483.73 Emergency preparedness.</a>
<b>Survey Tag Numbers</b>	F880; F886; E-0001
<b>Other References</b>	<a href="#">Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel</a> <a href="#">Nursing Home Reopening Recommendations for State and Local Officials</a> (CMS QSO-20-30)
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents</a>
<b>Version</b>	1.0 (H5MAPL1489)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **General Infection Control Practices**

Item # H50045

WINDSOR 003630

# **Infection Control**

## **Policy and Procedure Manual**

### **General Infection Control Practices**

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# **Infection Control**

## **Policy and Procedure Manual**

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# **Infection Control**

## **Policy and Procedure Manual**

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Transmission-Based Precautions

Visitor Notice (We are Restricting Individuals from Entering our Building)



# Administering Medications

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## Policy Statement

Medications are administered in a safe and timely manner, and as prescribed.

## Policy Interpretation and Implementation

1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so.
2. The Director of Nursing Services supervises and directs all personnel who administer medications and/or have related functions.
3. Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions.
4. Medications are administered in accordance with prescriber orders, including any required time frame.
5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include:
  - a. Enhancing optimal therapeutic effect of the medication;
  - b. Preventing potential medication or food interactions; and
  - c. Honoring resident choices and preferences, consistent with his or her care plan.
6. Medications errors are documented, reported, and reviewed by the QAPI committee to inform process changes and or the need for additional staff training.
7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).
8. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's Medical Director to discuss the concerns.
9. The individual administering medications verifies the resident's identity before giving the resident his/her medications. Methods of identifying the resident include:
  - a. Checking identification band;
  - b. Checking photograph attached to medical record; and
  - c. If necessary, verifying resident identification with other facility personnel.
10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.
11. The following information **is** checked/verified for each resident prior to administering medications:
  - a. Allergies to medications; and
  - b. Vital signs, if necessary.
12. The expiration/beyond use date on the medication label **is** checked prior to administering. When opening a multi-dose container, the date opened **is** recorded on the container.

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13. Vials labeled as “single dose” or “single use” **are not** used on multiple residents. Such vials **are** used only for one resident in a single procedure.
14. Repackaging single use vials requires compliance with USP <797> standards. If there is a need to repackage unopened single dose/single use vials for use for more than one resident or procedure, the Consultant Pharmacist **is** contacted.
15. Medications that have been repackaged from unopened single-dose vials in accordance with USP <797> standards may be administered as repackaged single-dose/single use vials.
16. Insulin pens containing multiple doses of insulin are for single-resident use only. Changing the needle does not make it safe to use insulin pens for more than one resident.
17. Insulin pens **are** clearly labeled with the resident’s name or other identifying information. Prior to administering insulin with an insulin pen, the Nurse verifies that the correct pen is used for that resident.
18. Post-exposure follow up procedures **are** conducted if an insulin pen is used for more than one resident.
19. During administration of medications, the medication cart **is** kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident’s room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.
20. For residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be “flagged.” After completing the medication pass, the nurse will return to the missed resident to administer the medication.
21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose.
22. The individual administering the medication initials the resident’s MAR on the appropriate line after giving each medication and before administering the next ones.
23. As required or indicated for a medication, the individual administering the medication records in the resident’s medical record:
  - a. The date and time the medication was administered;
  - b. The dosage;
  - c. The route of administration;
  - d. The injection site (if applicable);
  - e. Any complaints or symptoms for which the drug was administered;
  - f. Any results achieved and when those results were observed; and
  - g. The signature and title of the person administering the drug.
24. Topical medications used in treatments are recorded on the resident’s treatment record (TAR).
25. Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.
26. Medications ordered for a particular resident may not be administered to another resident, unless permitted by State law and facility policy, and approved by the Director of Nursing Services.
27. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.

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28. If a resident uses PRN medications frequently, the Attending Physician and Interdisciplinary Care Team, with support from the Consultant Pharmacist as needed, shall reevaluate the situation, examine the individual as needed, determine if there is a clinical reason for the frequent PRN use, and consider whether a standing dose of medication is clinically indicated.
29. New personnel authorized to administer medications are not permitted to prepare or administer medications until they have been oriented to the medication administration system used by the facility.
30. The Charge Nurse must accompany new nursing personnel on their medication rounds for a minimum of three (3) days to ensure established procedures are followed and proper resident identification methods are learned.
31. Each nurses' station has a current *Physician's Desk Reference* (PDR) and/or other medication reference, as well as a copy of the surveyor guidance for F755-761 (Pharmacy Services) available. Manufacturer's instructions or user's manuals related to any medication administration devices are kept with the devices or at the nurses' station.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.; §483.30(a) Physician Supervision.; §483.30(b) Physician Visits.; §483.45 Pharmacy Services; §483.45(a) Procedures.; §483.45(c) Drug Regimen Review.; <a href="#">§483.80(a) Infection prevention and control program.</a> ; §483.70(f) Staff qualifications.
<b>Survey Tag Numbers</b>	F554; F710; F711; F755; F756; <a href="#">F880</a> ; F839
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">CDC Clinical Reminder – Use of Fingertick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens</a>
<b>Version</b>	2.1 (H5MAPL0028)

# Blood or Body Fluids Exposure

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## Policy Statement

Any employee exposure to blood or body fluids occurring on our premises must be reported to the Infection Preventionist (or designee).

## Policy Interpretation and Implementation

1. Each employee must report any significant cuts or skin wounds that he/she may have to his/her supervisor or to the Infection Preventionist (or designee) prior to performing any task(s) that may involve potential exposure to blood or body fluids.
2. An employee with impairment of normal skin condition (e.g., wounds, cuts, scrapes, dermatitis, chapped skin, rash, etc.) must wear appropriate protective equipment (i.e., occlusive bandages, gloves, gown, masks, etc.) when performing tasks that may involve exposure to blood or body fluids.
3. All blood or body fluids should be considered potentially infectious at all times.
4. Staff must wear protective clothing when providing treatment to a resident with a potentially contagious bloodborne illness.
5. Should skin exposure to blood or body fluids occur, the employee should:
  - a. Stop the procedure as soon as it is safe and/or practical to do so;
  - b. Wash the exposed area thoroughly with soap and running water;
  - c. Report the incident to his/her supervisor, who will report to the Infection Preventionist (or designee);
  - d. Fill out and complete an exposure report form; and
  - e. Obtain further counseling from the Infection Preventionist regarding the exposure.
6. If the skin exposure involves large amounts of blood or prolonged contact with blood, especially if the exposed skin is chapped or otherwise broken, use alcohol or peroxide as an antiseptic after thorough handwashing.
7. Should exposure to blood or body fluids occur to the eyes or mouth, the employee should:
  - a. Flush the exposed area immediately with water;
  - b. If desired, rinse the mouth with peroxide;
  - c. Report the incident to the individual's supervisor, who will report it to the Infection Preventionist (or designee);
  - d. Complete an exposure report form; and
  - e. Obtain further counseling from the Infection Preventionist regarding the exposure.
8. Should an exposure to blood/body fluids occur from a needlestick, cut from a sharp instrument, or contamination of an open wound or broken skin, the employee should:
  - a. Allow the wound to bleed freely;
  - b. Wash the exposed area with soap and water;
  - c. Apply antiseptic as desired:
    - (1) Isopropyl alcohol 70%; or
    - (2) Hydrogen peroxide 3%.
  - d. Report the incident to the Infection Preventionist (or designee);

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- e. Complete an exposure report form; and
  - f. Obtain further counseling from the Infection Preventionist regarding the exposure.
9. Our facility follows current CDC Guidelines and Recommendations governing occupational exposure to blood and/or body fluids.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	CDC guidelines and OSHA’s Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.cdc.gov">http://www.cdc.gov</a> and <a href="http://www.osha.gov">http://www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Exposure Reporting and Investigating Needlesticks and Cuts</a>
<b>Version</b>	1.3 (H5MAPL0093)

# Blood Sampling – Capillary (Finger Sticks)

Level III

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## Purpose

The purpose of this procedure is to guide the safe handling of capillary-blood sampling devices to prevent transmission of bloodborne diseases to residents and employees.

## Equipment and Supplies

1. Alcohol pledgets;
2. Disinfected blood glucose meter (glucometer) with sterile lancet; *or* single-resident use spring-loaded device (e.g., Penlet) *or* automatic or safety type lancet;
3. Disposable lancet;
4. Personal protective equipment (e.g., gloves);
5. Sharps container; and
6. Approved EPA registered disinfectant for cleaning of sampling device.

## General Guidelines

1. Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses. Single-resident use fingerstick devices (pen-like devices) should never be used by more than one resident.
2. The lancets and platforms must always be changed after use on each resident.
3. Handle the lancet as a used needle.

## Steps in the Procedure

1. Wash hands.
2. Don gloves.
3. Place blood glucose monitoring device on clean field.
4. Place a new lancet and disposable platform on the spring-loaded finger-stick device.
5. Wipe the area to be lanced with an alcohol pledget.
6. Obtain the blood sample, following the manufacturer's instructions for the device.
7. Discard lancet and platform into the sharps container.
8. Following the manufacturer's instructions, clean and disinfect reusable equipment, parts, and/or devices after each use.
9. Remove gloves, and discard into appropriate receptacle.
10. Wash hands.
11. Replace blood glucose monitoring device in storage area after cleaning.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">CDC Clinical Reminder – Use of Fingertick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens</a>
<b>Version</b>	2.1 (H5MAPR0035)

# Cultures

## Policy Statement

Cultures will only be performed when necessary to help determine the presence or absence of infection.

## Policy Interpretation and Implementation

1. The resident's Attending Physician or the facility's Medical Director must order a culture before one is obtained and sent to the laboratory.
2. When cultures are ordered, they should be obtained and completed as soon as practical.
3. All culture results will be reported to the resident's Attending Physician as soon as the results are obtained.
4. Cultures related to infection control surveillance or monitoring may be done by the Infection Preventionist (or designee) after approval by the Medical Director and/or Infection Prevention Committee. These would only be ordered for special circumstances such as outbreak detection. (NOTE: Routine surveillance cultures are not recommended in the long term care setting.
5. If needed for infection control reasons, the Infection Preventionist (or designee) may obtain stool cultures following acute diarrheal illness in employees.
6. Based on a physician order, the Infection Preventionist (or designee) may obtain stool cultures for follow-up of *Salmonella* and *Shigella* forty-eight (48) hours after the discontinuance of antimicrobials.
7. In suspected or identified outbreaks, the Medical Director may order screening, surveillance and follow-up cultures as necessary and the Administrator, Infection Preventionist (or designee) may report laboratory findings to the health department, as appropriate.
8. The Infection Preventionist and the Infection Control Committee shall review statistics and other information related to infection control, including culture reports.
9. Culture reports must be filed in the resident's medical record.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80 Infection Control</a> ; <a href="#">§483.80(a) Infection prevention and control program</a> .
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	<a href="#">Biohazard Labeling</a> <a href="#">Cultures, Specimen Collection for Multidrug-Resistant Organisms</a> <a href="#">Reportable Diseases</a>
<b>Version</b>	1.3 (H5MAPL0169)



# Cultures, Specimen Collection for

**Level III**

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## Purpose

Correct collection and handling of culture specimens helps ensure more accurate and timely results and subsequent treatment.

## Procedure Guidelines

1. Labeling of the specimen must include:
  - a. Resident name;
  - b. Location of resident (room and bed number);
  - c. Physician ordering;
  - d. Date and time specimen collected;
  - e. Source of specimen;
  - f. Test desired; and
  - g. Name of person collecting specimen.
2. Explain the procedure completely to the resident.
3. Stay with the resident during the specimen collection if practical.
4. Use a sterile container (except for stool cultures).
5. Label the specimen correctly and send it to the laboratory.
6. Avoid contamination of the container.
7. Place all specimens in a secondary plastic bag with an appropriate biohazard label to contain spills.

## Equipment and Supplies

### For Throat Culture

1. Gloves;
2. Mask and goggles/face shield (if indicated);
3. Sterile culture swab;
4. Tongue blade; and
5. Penlight.

### For Nasopharyngeal Culture

1. Flexible cotton tipped wire;
2. Penlight;
3. Lab personnel at bedside with culture plates (or sterile container if lab unavailable); and
4. Clean gloves.

### For Nasal Culture

1. Sterile culture swab; and
2. Clean gloves.

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**For Eye Culture**

1. Sterile gloves;
2. Sterile culture swab;
3. Sterile normal saline solution; and
4. Sterile 2 x 2 gauze pads.

**For Ear Culture**

1. Clean gloves;
2. Sterile culture swab;
3. Sterile normal saline solution; and
4. Sterile 2 x 2 gauze pads.

**For Rectal Culture**

1. Clean gloves;
2. Sterile culture swab; and
3. Washcloth, soap, and water.

**For Wound Culture**

1. Sterile gloves;
2. Sterile general purpose tray;
3. Alcohol sponges;
4. Betadine sponges (or ACU-dyne); and
5. Sterile culture swab.

**For Vaginal Culture**

1. Clean gloves;
2. Sterile culture swab;
3. Sterile normal saline solution; and
4. Antiseptic solution.

**Swabs of Skin Surfaces**

1. Sterile culture swab;
2. Sterile normal saline solution; and
3. Clean gloves.

**Stool Culture**

1. Clean specimen container with lid;
2. Bedpan or bedside commode; and
3. Clean gloves.

**Urine Culture From Indwelling Catheter**

1. Alcohol sponge;
2. Syringe;
3. Sterile needle;
4. Sterile specimen container; and
5. Clean gloves.

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## Steps in the Procedure

### Throat Culture

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves. (Use a mask and eyewear if splashing, spraying, or spattering of blood or saliva is likely.)
4. Explain to the resident that he/she may gag during collection.
5. Ask the resident to sit up if possible.
6. Ask the resident to tilt head back, if possible.
7. Depress the tongue using the tongue blade and illuminate the throat using a penlight.
8. Swab the tonsillar areas from side to side, including any inflamed or purulent sites. Do not touch the tongue, cheeks, or teeth with the swab.
9. Withdraw the swab and place it in the sheath, immediately crush the ampule of culture medium at the bottom of the tube. Push the swab into the medium to keep it moist.
10. Label the specimen.
11. Discard gloves and other protective equipment into appropriate receptacles. Wash hands.
12. Label the specimen and send to the lab.

### Nasopharyngeal Culture

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Tell the resident he/she may gag or feel the urge to sneeze during the procedure.
5. Ask the resident to sit up if possible.
6. Ask the resident to blow his/her nose if possible.
7. Tell the resident to occlude one nostril and then the other as he/she exhales. Insert the swab tube into the more patent nostril.
8. Ask the resident to cough.
9. Open the package containing the swab and carefully bend the wire into a curve, maintaining sterility.
10. Ask the resident to tilt his/her head back and then pass the swab through the nostril about 3–4 inches, keeping it near the nasal septum and floor of the nose.
11. Rotate the swab quickly, then withdraw it and give to the lab person standing at bedside, or insert contaminated end of wire into sterile container and break, seal cap.
12. Discard gloves and other protective equipment into an appropriate receptacle. Wash hands.
13. Label the specimen and send to the lab.

### Nasal Culture

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Using your thumb, gently elevate the nares by pushing up on the tip of the nose.
5. Insert a sterile culture swab into the anterior tips of the nares, and rotate the swab to collect any moisture.
6. Remove the swab from the nose and replace in the sheath.
7. Squeeze the capsule to release the culture medium. Be sure the swab is in the medium.
8. Discard gloves and other protective equipment into an appropriate receptacle. Wash hands.
9. Label the specimen and send to the lab.

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### **Eye Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on sterile gloves.
4. Gently clean excess debris from the outside of the eye with sterile normal saline solution and gauze pads, wiping from inner to outer corners.
5. Retract the lower eyelid to expose the conjunctival sac. Gently rub a sterile swab over the conjunctiva (hold the swab parallel to the eye, rather than pointing it directly at the eye).
6. Place the swab immediately into the sheath and squeeze the ampule to release the culture medium.
7. Remove gloves and discard into appropriate receptacle. Wash hands.
8. Label the specimen and send immediately to the lab.

### **Ear Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Clean excess debris from the ear with sterile normal saline solution and gauze pads.
5. Insert the swab into the ear canal and rotate it gently along the walls of the canal.
6. Withdraw the swab, being careful not to touch any other surfaces.
7. Place the swab into the sheath and squeeze the capsule to release the culture medium.
8. Remove gloves and discard into an appropriate receptacle. Wash hands.
9. Label the specimen and send to the lab.

### **Rectal Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands, put on clean gloves.
4. Clean the area around the anus with soap and water.
5. Insert the swab, moistened with sterile normal saline into the anus and advance it (about 1 1/2 inches). While withdrawing the swab, gently rotate it against the walls of the lower rectum.
6. Place the swab into the sheath and squeeze the capsule to release the culture medium. Be sure the swab is in the medium.
7. Remove gloves and discard into appropriate receptacle. Wash hands.
8. Label the specimen and send to the lab.

### **Wound Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on gloves.
4. Remove the dressings to expose the wound.
5. Cleanse the wound area with normal saline, removing all old drainage from wound bed.
6. Allow the area to dry.
7. Using the sterile culture swab, collect as much fresh drainage as possible, or insert the swab gently into any open, draining area of the wound and rotate it to obtain drainage. Never collect drainage from the outside and then insert the same swab into the wound. Don't just swab the surface of the wound.
8. Place the swab back into the sheath and squeeze the capsule to release the culture medium.

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9. Remove the sterile gloves and discard into appropriate receptacle. Wash hands.
10. Label the specimen and send to the lab.

### **Vaginal Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on gloves.
4. With gloved hand, separate labia and cleanse the area with antiseptic solution (if the resident not allergic).
5. Moisten the swab with sterile saline.
6. Insert the swab into vagina with labia still separated and obtain culture.
7. In withdrawing the swab, take care not to contaminate with rectal organisms.
8. Place the swab in sheath and squeeze capsule to release culture medium. Be sure the swab is in medium.
9. Remove gloves and discard into appropriate receptacle. Wash hands.
10. Label the specimen and send to the lab.

### **Swabs of Skin Surfaces**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Wash hands and put on clean gloves.
4. Moisten sterile swab with sterile normal saline solution.
5. Roll moistened sterile swab over surface to be cultured.
6. If lesion is purulent, clean it out first with sterile swab sticks, then use a sterile specimen swab to take the specimen.
7. Place the swab in sheath and squeeze capsule to release culture medium. Be sure the swab is in medium.
8. Remove gloves and discard into appropriate receptacle. Wash hands.
9. Label the specimen and send to the lab.

### **Stool Culture**

1. Validate the Physician's order for culture.
2. Explain procedure to resident.
3. Tell the resident to notify you when he has the urge to defecate.
4. Have the resident defecate into a clean, dry bedpan or commode.
5. Instruct the resident to try to avoid contaminating the specimen with urine or toilet tissue.
6. Put on clean gloves.
7. Use a scoop attached to top of stool specimen container to obtain stool. A specimen the size of a pea pod is sufficient.
8. Place the specimen in container and close cap tightly.
9. Label the container.
10. Remove gloves and discard into appropriate receptacle. Wash hands.
11. Label the specimen and send to lab.

### **Urine Culture From Indwelling Catheter**

1. Validate the Physician's order for culture.
2. Approximately 30 minutes prior to collecting the specimen, clamp the collection tube to allow urine to accumulate.
3. Put on gloves.
4. Wipe the sampling port with an alcohol sponge.

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5. Connect a needle to a syringe and uncap the needle.
6. Insert the needle into the sampling port at a 90° angle to the tubing.
7. Aspirate the specimen into the syringe.
8. Transfer the specimen to a sterile container.
9. Unclamp the drainage tube.
10. Remove gloves and discard into appropriate receptacle.
11. Wash hands.
12. Label the specimen and send to the lab.

### Special Considerations

1. For a wound specimen, although you would normally cleanse the area around the wound to prevent contamination by normal skin flora, do not cleanse a perineal wound area with alcohol, to avoid irritating sensitive tissue.
2. Be sure antiseptic does not enter the wound.
3. Document the time, date, and site of the specimen collection. Note any unusual appearance or odor of the specimen.
4. Dry swabs from dry wounds are not acceptable; surface swabs from wounds are of little if any value.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Cultures</a> <a href="#">Cultures for MRSA (Staphylococcus Screening)</a> <a href="#">Multidrug-Resistant Organisms</a> <a href="#">Reporting Communicable Diseases</a>
<b>Version</b>	2.0 (H5MAPR0093)

# Departmental (Environmental Services) – Laundry and Linen

**Level I**

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## Purpose

The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen.

## General Guidelines

### Standard Precautions

1. Separate soiled and clean linen at all times.
2. Wash hands after handling soiled linen and before handling clean linen.
3. Consider all soiled linen to be potentially infectious and handle with standard precautions.

### Bagging and Handling Soiled Linen

1. All soiled linen must be placed directly into a covered laundry hamper which can contain the moisture.
2. Do not sort or pre-rinse soiled linens in resident-care areas.
3. Place any linen saturated with blood or body fluids into a leak-resistant bag before placing it into the hamper.
4. Handle soiled linen as little as possible to prevent agitation.
5. If laundry chutes are used, only closed and leak-resistant bags will be put into the chute. Loose items will not be placed in the laundry chute.

### Sorting Soiled Linen

1. Employees sorting or washing linen must wear a gown and gloves. A mask may be worn if aerosolization is expected.
2. Use heavy-duty rubber gloves for sorting laundry. Always wash hands after completing the task and removing gloves.
3. A sharps container should be available in the soiled linen sorting area to permit the disposal of any syringes found in the soiled laundry.
4. The \_\_\_\_\_ is responsible for ensuring that a sharps container is present at all times.
5. Pre-wash briefs, underpads and any other items soiled with feces, using the maximum setting of bleach/ EPA registered germicidal, and then process them through a regular cycle.

### Washing Linen and other Soiled Items

1. Laundry may be processed in either low-temperature or high-temperature cycles.
  - a. For high-temperature processing, wash linen in water that is at least 160°F, for a minimum of twenty-five (25) minutes.
  - b. For low-temperature processing, wash linen in water that is at least 71-77°F and use a 125-part-per-million (ppm) chlorine bleach rinse if the material being washed can withstand bleach and remain intact.
  - c. Ozone cleaning systems are also acceptable means of processing laundry.

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2. Use any detergent designated for laundry processing and follow manufacturer's instructions. Anti-microbial detergents are not required.
3. Follow any special requests for laundry processing of residents with allergies (hypo-allergenic or unscented detergents, etc.).
4. Do not leave damp linen in washing machines overnight.
5. Follow manufacturer's instructions for all laundry processing materials (equipment, detergents, rinses, etc.) and label items on clothing and linen.
6. Keep soiled and clean linen, and their respective hampers and laundry carts, separate at all times.
7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts.
8. Wash mops separately from linens, using the maximum setting of bleach/EPA registered germicidal.
9. Reprocess any linen that is not visibly clean upon completion of the cycle or any linen that falls onto the floor.
10. Leave washing machine doors open when not in use.
11. Remove barrier attire when leaving the soiled linen area.
12. Wash hands before handling clean linen (i.e., when moving from washer to dryer, moving from dryer to sorting table, and through the sorting process).

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Environmental Infection Control Policies</a> <a href="#">Laundry and Bedding, Soiled</a>
<b>Version</b>	2.2 (H5MAPR0097)



# Departmental (Maintenance) – Plumbing, HVAC and Related Systems

Level I

## Purpose

The purpose of this procedure is to guide the sanitary handling of the plumbing, heating, ventilation, air conditioning, and related systems within the facility.

## Preparation

Assemble the equipment and supplies needed.

## General Guidelines

1. The plumbing system should be manipulated with caution.
2. Use barriers, including isolation barriers, when indicated to prevent exposure to blood, body fluids, excretions, and secretions. Use isolation barriers as necessary.
3. Wear gloves when there is potential for exposure to infectious material.
4. Disinfect tools that are contaminated with blood, body fluids, excretions, or secretions. (Note: This includes used plumbing snakes, wet-vacs, and similar soiled items.)
5. If there is an overflow due to an occluded pipe, “snake” pipes or drains cautiously. If safety permits, wear heavy-duty gloves. Disinfect or discard gloves at the end of the procedure. Wear appropriate safety eyewear.
6. Flush drains in the janitor’s closet, laundry, showers, tubs, kitchen, etc., at least quarterly.
7. Maintain water fountain coils at least quarterly.
8. Vacuum ice machine coils as necessary. Check the drains and condensate pan at least weekly. Empty, clean, and maintain ice machines at least quarterly.
9. Report any injuries, especially breaks in the skin, to the supervisor immediately.
10. During construction within the facility, use or construct barriers to contain dust.
11. Inspect air-conditioning unit drains and filters weekly. Change filters at least monthly during use. Discard soiled filters.
12. Air-conditioning units should have major cleaning and maintenance performed in the spring and fall before the system is changed over. During the summer months check the unit daily for proper drainage of condensate. Promptly investigate reports of condensation appearing where it doesn’t belong.
13. Clean or discard filters in individual air-conditioning units in the resident rooms at least monthly during the summer. Vacuum and maintain units as necessary.
14. Clean air vents and air handling units at least annually. Maintain exhaust fans at least every six (6) months.
15. Wear masks when handling soiled filters on any system.
16. Maintenance personnel should wash their hands before and after leaving nursing areas, and especially following exposure to plumbing spills.
17. Items to be repaired should be free of visible soil.
18. The dumpster/compactor should be locked after last use in the evening and unlocked in the morning.
19. The pest control vendor should spray monthly (or as necessary) for insects and rodents.
20. Store contaminated waste as outlined in the facility Medical Waste Management Plan.
21. Personal protective clothing (e.g., gowns, gloves, masks, etc.) used during maintenance procedures should be discarded into appropriate receptacles.

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## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Tools necessary to perform the required maintenance.
2. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

References	
MDS Items (CAAs)	
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	<a href="#">Environmental Infection Control</a> Policies
Version	1.1 (H5MAPR0098)

# Departmental (Physical Therapy) – Prevention of Infection Level I

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## Purpose

The purpose of this procedure is to prevent the spread of infections in the physical therapy department.

## Preparation

1. Review the resident's care plan to assess for any special circumstances or precautions related to the resident.
2. Assemble the equipment and supplies needed.

## General Guidelines

1. Therapy workers should follow Standard Precautions for all individuals and Contact Precautions if indicated by a resident's condition, physician orders, or appropriate notification from the nursing staff. If unsure, discuss the situation with a Nursing Supervisor or Charge Nurse before treating a resident.
2. Handle all soiled dressings as infectious waste.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure:

1. Dressings as appropriate and per MD order;
2. Plastic bag or container;
3. Disinfectant (as indicated); and
4. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Dressing Removal or Change:

1. Wash and dry hands thoroughly.
2. Put on exam gloves.
3. Lift off dressing without having skin contact with the soiled dressing and discard into appropriate receptacle.
4. Handle wet dressings with the no-touch technique or with sterile gloves.
5. Remove gloves and discard into an appropriate receptacle.
6. Wash and dry hands thoroughly.

### Whirlpool:

1. Provide whirlpool treatment, as ordered.
2. Remove resident. Drain tank.
3. Wash and dry hands thoroughly.
4. After an individual has used the whirlpool, wash the whirlpool tank with approved disinfectant.
5. Allow turbine to run for ten (10) minutes.
6. Rinse tank thoroughly to remove any chemicals from the tub.

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7. Residents with draining wounds, fecal incontinence, or other conditions which present an infection control risk will not ordinarily be treated in whirlpools until their condition(s) is resolved, unless the whirlpool treatment is essential because no other means of adequate wound cleansing is available.
8. After a whirlpool is used to treat residents with the above mentioned conditions, clean and disinfect it as indicated.

**Hydroculator:**

1. Empty the tank every six (6) months and disinfect it with an approved disinfectant.
2. Place a towel between the resident and any hot pack.
3. Wash hot pack covers when soiled or as indicated.

**Paraffin Treatments:**

1. Always wash a resident's hands and arms before immersion into paraffin.

**Ultrasonic Treatments:**

1. Don't perform ultrasonic treatments in areas with broken skin unless specifically reviewed and approved by a physician.
2. Wash hands before and after close contact with the resident's skin.

**Tens:**

1. Use disposable electrodes on all individuals.

**Debridement:**

1. Use a sterile suture kit, wear sterile gloves, and use sterile dressings for all debridement.

**Documentation**

Record the following information in the resident's medical record:

1. The date and time the physical therapy was performed.
2. The type of physical therapy performed.
3. The name and title of the individual(s) who performed the physical therapy.
4. All assessment data obtained during the physical therapy.
5. If the resident refused the therapy, the reason(s) why and the intervention taken.
6. The signature and title of the person recording the data.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F825; <a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	2.0 (H5MAPR0099)

# Departmental (Recreational Therapy) – Prevention of Infection

Level I

## Purpose

The purpose of this procedure is to guide the prevention of disease transmission in the Recreational Therapy Department.

## Preparation

1. Review the resident's care plan to assess for any special circumstances or precautions related to the resident.
2. Assemble the equipment and supplies needed.

## General Guidelines

1. Recreational therapy staff should consult with the Charge Nurse, Nursing Supervisor, or other appropriately knowledgeable staff, before they interact with a resident who has any of the following, or before they take a resident to an activity where he/she may interact with others:
  - a. Fever;
  - b. Diarrhea or vomiting;
  - c. Cold or flu symptoms;
  - d. Rashes or undiagnosed skin conditions;
  - e. Open draining areas not contained within dressings;
  - f. Herpetic lesions;
  - g. Lice or scabies; and/or
  - h. A potentially contagious infection with a multi-drug resistant organism such as Methicillin Resistant Staphylococcus Aureus (MRSA) or others.
2. If a resident has cuts or lesions on his/her hands or other exposed parts of the body, these must be covered (e.g., with an adhesive bandage, gloves, or a dressing) before he/she participates in an activity.
3. A resident's hands must be washed when obviously soiled.
4. Recreational therapy staff should use and discard personal protective clothing (e.g., gown, gloves, masks, etc.) per related policies.

References	
<b>MDS Items (CAAs)</b>	Section O
<b>Survey Tag Numbers</b>	F825; <a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	
<b>Version</b>	1.2 (H5MAPR0100)

# Departmental (Respiratory Therapy) – Prevention of Infection

Level I

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## Purpose

The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff.

## Preparation

1. Review the resident's care plan to assess for any special circumstances or precautions related to the resident.
2. Assemble the equipment and supplies needed.

## General Guidelines

1. Distilled water used in respiratory therapy must be dated and initialed when opened, and discarded after twenty-four (24) hours.
2. Condensate in the breathing circuits must be drained back into waste bottles, which must be marked with the resident's name, and emptied into the toilet or hopper at the end of every shift. Condensate should be considered infectious. Condensate should never be drained back into the breathing circuit or cascade.
3. Transport respiratory therapy equipment to designated soiled utility area for decontamination.

## Equipment and Supplies

The following equipment and supplies will be necessary when performing tasks related to this procedure:

1. Appropriate equipment/supplies necessary for ordered therapy;
2. Waterless antiseptic handwash (as indicated); and
3. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

## Steps in the Procedure

### Infection Control Considerations Related to Oxygen Administration

1. Obtain equipment (i.e., oxygen tubing, reservoir, and distilled water).
2. Use distilled water for humidification per facility protocol.
3. Mark bottle with date and initials upon opening and discard after twenty-four (24) hours.
4. Check water levels of refillable humidifier units daily. If the water level falls below the fill line:
  - a. Discard residual solution.
  - b. Pour a small amount of distilled water into the reservoir and swish around to rinse all surfaces.
  - c. Discard water.
  - d. Refill with distilled water to fill line.
  - e. Change the reservoir every forty-eight (48) hours and disinfect with 2% alkaline glutaraldehyde or sterilize.

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5. Check water level of any pre-filled reservoir every forty-eight (48) hours.
6. Change pre-filled humidifier when the water level becomes low.
7. Change the oxygen cannulae and tubing every seven (7) days, or as needed.
8. Keep the oxygen cannulae and tubing used PRN in a plastic bag when not in use.
9. Wash filters from oxygen concentrators every seven days with soap and water. Rinse and squeeze dry.
10. Wash hands after manipulation.

**Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol:**

1. Obtain equipment (i.e., administration “set-up,” plastic bag, gauze sponges).
2. Wash hands.
3. After completion of therapy:
  - a. Remove the nebulizer container;
  - b. Rinse the container with fresh tap water; and
  - c. Dry on a clean paper towel or gauze sponge.
4. Reconnect to the administration “set-up” when air dried.
5. Take care not to contaminate internal nebulizer tubes.
6. Wipe the mouthpiece with damp paper towel or gauze sponge.
7. Store the circuit in plastic bag, marked with date and resident’s name, between uses.
8. Wash hands.
9. Discard the administration “set-up” every seven (7) days.

**Infection Control Considerations Related to Mechanical Ventilators:**

1. Obtain appropriate equipment (i.e., breathing circuits (as indicated), sterile water, and waste water bottle).
2. Change the ventilator circuits and cascades every forty-eight (48) hours.
3. Do not disconnect the cascades from the heat supply, even when not in use.
4. Change the cascade reservoir and disinfect using 2% alkaline glutaraldehyde or sterilize it.
5. Fill the cascade with sterile distilled water.
6. When cascades need refilling, discard residual fluid. Pour a small amount of sterile distilled water into the cascade. Swish around to rinse all surfaces. Discard the water and refill with sterile distilled water.
7. Drain condensate from corrugated tubing into waste bottles marked with the resident’s name. Empty bottles into toilet or hopper at the end of the shift, and as necessary. (Note: Never allow condensate to drain back toward resident or into cascade.)
8. When disconnecting tracheostomies from the breathing circuit, direct the mist away from the resident and your face.
9. Check filters once weekly while they are in continuous use. Discard filters or sterilize them between uses for different residents.
10. Clean and disinfect the surface of the ventilator as necessary and between uses for different residents.

**Documentation**

The following information should be recorded in the resident’s medical record:

1. The date and time the respiratory therapy was performed.
2. The type of respiratory therapy performed.
3. The name and title of the individual(s) who performed the respiratory therapy.
4. All assessment data obtained during the treatment.
5. If the resident refused the therapy, the reason(s) why and what was done as a result.
6. The signature and title of the person recording the information.

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References	
MDS Items (CAAs)	
Survey Tag Numbers	
Other References	
Related Documents	
Version	1.2 (H5MAPR0101)



# Handwashing/Hand Hygiene

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## Policy Statement

This facility considers hand hygiene the primary means to prevent the spread of infections.

## Policy Interpretation and Implementation

1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.
2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.
3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies.
4. Triclosan-containing soaps will not be used.
5. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility.
6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:
  - a. When hands are visibly soiled; and
  - b. After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile.
7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:
  - a. Before and after coming on duty;
  - b. Before and after direct contact with residents;
  - c. Before preparing or handling medications;
  - d. Before performing any non-surgical invasive procedures;
  - e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites);
  - f. Before donning sterile gloves;
  - g. Before handling clean or soiled dressings, gauze pads, etc.;
  - h. Before moving from a contaminated body site to a clean body site during resident care;
  - i. After contact with a resident's intact skin;
  - j. After contact with blood or bodily fluids;
  - k. After handling used dressings, contaminated equipment, etc.;
  - l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;
  - m. After removing gloves;
  - n. Before and after entering isolation precaution settings;
  - o. Before and after eating or handling food;
  - p. Before and after assisting a resident with meals; and
  - q. After personal use of the toilet or conducting your personal hygiene.
8. Hand hygiene is the final step after removing and disposing of personal protective equipment.

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9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.
10. Single-use disposable gloves should be used:
  - a. Before aseptic procedures;
  - b. When anticipating contact with blood or body fluids; and
  - c. When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.
11. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities, and is prohibited among those caring for severely ill or immunocompromised residents. The Infection Preventionist maintains the right to request the removal of artificial fingernails at any time if he or she determines that they present an unusual infection control risk.

## **Procedure**

### **Equipment and Supplies**

1. The following equipment and supplies are necessary for hand hygiene:
  - a. Alcohol-based hand rub containing at least 62% alcohol;
  - b. Running water;
  - c. Soap (liquid or bar; anti-microbial or non-antimicrobial);
  - d. Paper towels;
  - e. Trash can;
  - f. Lotion; and
  - g. Non-sterile gloves.

### **Washing Hands**

1. Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands.
2. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
3. Rinse hands with water and dry thoroughly with a disposable towel.
4. Use towel to turn off the faucet.
5. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

### **Using Alcohol-Based Hand Rubs**

1. Apply generous amount of product to palm of hand and rub hands together.
2. Cover all surfaces of hands and fingers until hands are dry.
3. Follow manufacturers' directions for volume of product to use.

### **Applying and Removing Gloves**

1. Perform hand hygiene before applying non-sterile gloves.
2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff.

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3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out.
4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove.
5. Perform hand hygiene.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<p>SHEA/ISDA Practice Recommendation. Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene (August 2014) <i>Infection Control and Hospital Epidemiology</i> 35(8): 937-60.</p> <p>World Health Organization. WHO Guidelines on Hand Hygiene in Health Care (2009)</p> <p>CDC Guideline for Hand Hygiene in Health-Care Settings (2002). <i>Morbidity and Mortality Weekly Report</i> (<a href="http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf</a>)</p>
<b>Related Documents</b>	<p><a href="#">Standard Precautions</a></p> <p><a href="#">How to Handrub? (Handrub Poster)</a></p> <p><a href="#">How to Handwash? (Handwash Poster)</a></p>
<b>Version</b>	2.3 (H5MAPL0362)

## Isolation – Categories of Transmission-Based Precautions

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### Policy Statement

Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.

### Policy Interpretation and Implementation

1. Standard precautions are used when caring for residents at all times regardless of their suspected or confirmed infection status.
2. Transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne.
3. The Centers for Disease Control and Prevention (CDC) maintains a list of diseases, modes of transmission and recommended precautions.
4. The facility makes every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-based precautions are used only when the spread of infection cannot be reasonably prevented by less restrictive measures.
5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution.
  - a. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.
  - b. Signs and notifications comply with the resident's right to confidentiality or privacy.
6. When transmission-based precautions are in effect, non-critical resident-care equipment items such as a stethoscope, sphygmomanometer, or digital thermometer will be dedicated to a single resident (or cohort of residents) when possible.
  - a. If re-use of items is necessary, then the items will be cleaned and disinfected according to current guidelines before use with another resident.

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## Contact Precautions

1. Contact Precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.
2. The decision on whether contact precautions are necessary will be evaluated on a case by case basis.
3. The individual on contact precautions will be placed in a private room if possible. If a private room is not available, the Infection Preventionist will assess various risks associated with other resident placement options (e.g., cohorting, placing with a low risk roommate).
4. Staff and visitors will wear gloves (clean, non-sterile) when entering the room.
  - a. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage).
  - b. Gloves will be removed and hand hygiene performed before leaving the room.
  - c. Staff will avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed.
5. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.
6. When transporting individuals with skin lesions, excretions, secretions, or drainage that is difficult to contain, contact precautions will be taken during resident transport to minimize the risk of transmission.

## Droplet Precautions

1. Droplet Precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5 microns in size] that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning).
2. Residents on droplet precautions will be placed in a private room if possible.
  - a. When a private room is not available, residents may share a room with a resident infected with the same microorganism or with limited risk factors.
  - b. When a private room is not available and cohorting is not achievable, a curtain will be used and a distance of at least 3 feet of space will be maintained between the infected resident his or her roommate.
  - c. Special air handling and ventilation are unnecessary and the door to the room may remain open.
3. Masks will be worn when entering the room.
4. Gloves, gown and goggles should be worn if there is risk of spraying respiratory secretions.
5. Resident Transport
  - a. A mask will be placed on the resident during transport from his or her room. The resident will be encouraged to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets.
  - b. If the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable.

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## **Airborne Precautions**

1. Airborne precautions are indicated when an individual is infected with a pathogen that is very small (5 microns or smaller in size) and can be transmitted long distances through the air.
2. Preventing the spread of airborne pathogens requires a room with special air handling and ventilation called an airborne infection isolation room (AIIR).
3. If an AIIR is not available, a resident suspected of having an airborne infectious disease shall be masked and transported to a facility with an AIIR.
4. Any individuals who enter the room of a resident placed on airborne precautions must wear approved respiratory protection.
5. A resident on airborne precautions will wear a mask when leaving the room or coming into contact with others. Depending on the organism, a special filtration mask may be necessary.
6. If the resident is transported to another unit within the facility or to another facility, the Infection Preventionist (or designee) will notify the unit or facility of the type of precautions the resident is on and the resident's suspected or confirmed type of infection. The facility is also responsible for notifying transport staff of residents that require special care due to infectious conditions.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	<i>CDC Guideline for Isolation Precautions</i> (See Centers for Disease Control and Prevention's website at: <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a> )
<b>Related Documents</b>	<a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a> <a href="#">Type and Duration of Precautions Recommended for Selected Infections and Conditions</a> <a href="#">Sequence for Donning Personal Protective Equipment (PPE) – Poster – Poster</a>
<b>Version</b>	2.1 (H5MAPL0437)

# Isolation, Discontinuing

## Policy Statement

Transmission-based precautions are discontinued when it is determined that the resident's condition no longer indicates such precautions.

## Policy Interpretation and Implementation

1. Residents remain on appropriate transmission-based precautions until discontinued by the Attending Physician or the Infection Preventionist.
2. The criteria for continued transmission-based precautions are evaluated daily, or at intervals established by the interdisciplinary team. Precautions will be discontinued as soon the resident is no longer at significant risk of transmitting the infection, for example:
  - a. Risk factors for transmission (i.e., uncontained excretions or secretions, cognitive deficits, non-compliance, etc.) are reduced or eliminated; or
  - b. Clinical or laboratory results indicate that the infection is resolved.
3. The resident on transmission-based precautions is evaluated for potential negative psychological effects associated with isolation including boredom, anger and depression. Interventions to reduce or minimize the effects are individualized according to the resident's needs and situation.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention's website at: <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a> <a href="#">Isolation, Removing a Body from Visitation, Infection Control During</a>
<b>Version</b>	2.0 (H5MAPL0441)



# Isolation – Initiating Transmission-Based Precautions

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## Policy Statement

Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.

Transmission-Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precautions.

The facility makes every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-Based Precautions are used only when the spread of infection cannot be reasonably prevented by less restrictive measures.

## Policy Interpretation and Implementation

1. If a resident is suspected of, or identified as, having a communicable infectious disease, the Charge Nurse or Nursing Supervisor notifies the Infection Preventionist and the resident's Attending Physician for evaluation of appropriate Transmission-Based Precautions.
  - a. If the Attending Physician or his/her alternate fails to respond appropriately to notification of a suspected or confirmed communicable infectious disease, the staff informs the Medical Director and Administrator.
  - b. In the event the Attending Physician fails to take appropriate action, the Infection Preventionist or Medical Director has the authority to implement appropriate Transmission-Based Precautions.
2. Transmission-based precautions are utilized when a resident meets the criteria for a transmissible infection AND the resident has risk factors that increase the likelihood of transmission. These may include (but are not limited to):
  - a. Uncontained excretions/secretions;
  - b. Non-compliance with standard precautions; or
  - c. Cognitive deficits that restrict or interfere with the resident's ability to maintain precautions.
3. When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee):
  - a. Clearly identifies the type of precautions, the anticipated duration, and the personal protective equipment (PPE) that must be used;
  - b. Explains to the resident (or representative) the reason(s) for the precautions;
  - c. Provides and/or oversees the education of the resident, representative and/or visitors regarding the precautions and use of PPE;
  - d. Determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions:
    - (1) The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.
    - (2) Signs and notifications comply with the resident's right to confidentiality or privacy.
  - e. Ensures that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment;

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- f. Ensures that protective equipment and supplies needed to maintain precautions during care are in the resident's room; and
  - g. Ensures that an appropriate linen barrel/hamper and waste container, with appropriate liner, are placed in or near the resident's room.
4. Transmission-Based Precautions remain in effect until the Attending Physician or Infection Preventionist discontinues them, which occurs after criteria for discontinuation are met.
    - a. In an emergency (for example, an outbreak), the Infection Preventionist, Administrator and/or Medical Director have the administrative authority, accountability, and responsibility to implement measures to control or prevent infections within the facility;
    - b. Notify the health department of reportable diseases, as appropriate;
    - c. Initiate transmission-based (isolation) precautions;
    - d. Obtain laboratory specimens;
    - e. Restrict or ban admissions; and
    - f. Restrict or temporarily discontinue visitation.
  5. Attending physicians are involved in decisions related to infection control for the residents under their care.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	Centers for Disease Control and Prevention's website at: <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation, Discontinuing</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a> <a href="#">Type and Duration of Precautions Recommended for Selected Infections and Conditions</a>
<b>Version</b>	2.1 (H5MAPL0438)

# Isolation – Notices of Transmission-Based Precautions

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## Policy Statement

Notices will be used to alert personnel and visitors of transmission-based precautions, while protecting the privacy of the resident.

## Policy Interpretation and Implementation

1. When transmission-based precautions are implemented, the Infection Preventionist (or designee) determines the appropriate notification to be placed on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions.
2. Signs and notifications comply with the resident's right to confidentiality or privacy. The following may be used to indicate:
  - a. *Airborne Precautions:*
    - (1) A notice at the doorway instructing visitors to report to the nurses' station before entering the room.
    - (2) A sign indicating Airborne Precautions on the door to the resident's room.
    - (3) A precautions sticker on the front of the resident's chart.
  - b. *Contact Precautions:*
    - (1) A notice at the doorway instructing visitors to report to the nurses' station before entering the room.
    - (2) A sign indicating Contact Precautions on the door to the resident's room.
    - (3) A precautions sticker on the front of the resident's chart.
  - c. *Droplet Precautions:*
    - (1) A notice at the doorway instructing visitors to report to the nurses' station before entering the room.
    - (2) A sign indicating Droplet Precautions on the door to the resident's room.
    - (3) A precautions sticker on the front of the resident's chart.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation, Discontinuing</a> <a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Visitation, Infection Control During</a> <a href="#">Notice to Visitors</a> <a href="#">Airborne Precautions (Sign)</a> <a href="#">Droplet Precautions (Sign)</a> <a href="#">Contact Precautions (Sign)</a>
<b>Version</b>	2.1 (H5MAPL0439)

# Isolation, Removing a Body from

## Policy Statement

Isolation precautions must be continued after a resident on isolation precautions expires.

## Policy Interpretation and Implementation

1. Because blood and body fluids are still infectious, the Nurse Supervisor on duty shall be responsible for ensuring that appropriate precautions are implemented when a resident on isolation precautions expires.
2. The Nurse Supervisor on duty shall inform the mortician that isolation precautions apply, and such information shall include the type of precautions that were being implemented when the resident expired.
3. With the exception of masks, the same barriers required prior to death are required postmortem.
4. The staff shall follow this facility's established procedures for terminal cleaning.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(a) Licensure.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a> ; <a href="#">§483.70(c) Relationship to Other HHS Regulations.</a>
<b>Survey Tag Numbers</b>	F880; F836
<b>Other References</b>	<i>CDC Guideline for Isolation Precautions</i> (See Centers for Disease Control and Prevention's website at: <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a> <i>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities</i> at: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation, Discontinuing</a> <a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Isolation – Notices of Transmission-Based Precautions</a>
<b>Version</b>	1.2 (H5MAPL0442)

# Needle Handling and/or Disposal

Level I

## Purpose

To guide the safe handling and disposal of used needles.

## Objectives

To prevent needlestick injuries and exposure to the HIV (AIDS) and hepatitis B (HBV) viruses or other bloodborne infections through contact with blood or tissues.

## Equipment and Supplies

1. Needle box;
2. Recapping device (if a needle box is not available);
3. Gloves (as indicated); and
4. Other as necessary or appropriate.

## Safety Precautions

1. After using a needle, if the needle disposal box is directly available, discard the needle without recapping.
2. Place used needles in the needle disposal box. Do not bend, break, or cut needles. When the disposal box is three-quarter filled or at fill line seal the box and store it in a closed, puncture-resistant container marked "Biohazard" until incinerated or picked up by a licensed vendor for proper disposal.
3. Do not discard used or unused needles into trash receptacles.
4. In the event of a needlestick injury, the employee should:
  - a. Immediately wash the wound vigorously with soap and running water;
  - b. If desired, apply alcohol or hydrogen peroxide to the wound; and
  - c. Notify the supervisor or Infection Preventionist of the incident as soon as practical.

References	
MDS Items (CAAs)	
Survey Tag Numbers	
Other References	OSHA's Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030)
Related Documents	
Version	2.1 (H5MAPR0198)

# Personal Protective Equipment

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## Policy Statement

Personal protective equipment appropriate to specific task requirements is available at all times.

## Policy Interpretation and Implementation

1. Personnel who perform tasks that may involve exposure to blood/body fluids are provided appropriate personal protective equipment (PPE) at no charge.
2. Personal protective equipment provided to our personnel includes but is not necessarily limited to:
  - a. Gowns/aprons/lab coats (disposable, cloth, and/or plastic);
  - b. Gloves (sterile, non-sterile, heavy-duty and/or puncture-resistant);
  - c. Masks; and
  - d. Eye wear (goggles and/or face shields).
3. Not all tasks involve the same risk of exposure, or the same kind or extent of protection. The type of PPE required for a task is based on:
  - a. The type of transmission-based precaution;
  - b. The fluid or tissue to which there is a potential exposure;
  - c. The likelihood of exposure;
  - d. The potential volume of material;
  - e. The probable route of exposure; and
  - f. The overall working conditions and job requirements.
4. A supply of protective clothing and equipment is maintained at each nurses' station. PPE required for transmission-based precautions is maintained outside and inside the resident's room, as needed.
5. Training on the proper donning, use and disposal of PPE is provided upon orientation and at regular intervals.
6. Employees who fail to use personal protective equipment when indicated may be disciplined in accordance with personnel policies.
7. Visitors and residents who are asked to comply with transmission-based precautions are educated on the proper use of PPE and provided with equipment at no charge.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<a href="http://www.cdc.gov/ncidod/dhqp/ppe.html">www.cdc.gov/ncidod/dhqp/ppe.html</a> and <a href="http://www.osha.gov/SLTC/personalprotectiveequipment/index.html">www.osha.gov/SLTC/personalprotectiveequipment/index.html</a>
<b>Related Documents</b>	<a href="#">Standard Precautions</a> <a href="#">Isolation – Categories of Transmission-Based Precautions</a> <a href="#">Isolation – Initiating Transmission-Based Precautions</a> <a href="#">Sequence for Donning Personal Protective Equipment (PPE) – Poster</a>
<b>Version</b>	2.0 (H5MAPL0619)



# Personal Protective Equipment – Eyewear

## Policy Statement

All personnel must use eyewear to protect the mucous membranes of the eyes when splashes from blood or body fluids are likely to occur during treatment.

## Policy Interpretation and Implementation

1. Eyewear is available in each treatment or examination room.
2. Protective eyewear must be worn when anticipating splashes of blood or body fluids to the eyes.
3. Regular cleaning and disinfecting procedures are adequate for decontamination of soiled eyewear.
4. Eyewear provided by our facility includes goggles with solid side shields and chin-length face shields.
5. When goggles, eyewear, or face-shields are used, a face mask must also be worn.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a>
<b>Version</b>	1.0 (H5MAPL0620)

# Personal Protective Equipment – Using Protective Eyewear Level I

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## Purpose

To guide the use of protective eyewear.

## Objectives

1. To protect employees from splashes, spattering, spraying, or droplets of blood, body fluids, or other potentially infectious materials.
2. To protect the employees' eyes, nose, and mouth from potentially infectious materials.
3. To prevent occupational exposure to bloodborne pathogens such as the HIV and hepatitis B viruses.

## Equipment and Supplies

1. Protective eyewear (disposable or reusable);
2. Goggles (disposable or reusable);
3. Face shield (disposable or reusable); and
4. Masks (disposable or reusable).

## Miscellaneous

1. Masks and eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn together whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be expected.
2. Personal eyeglasses should not be considered as adequate protective eyewear.
3. Protective eyewear must have adequate side and top coverage and must fit the employee properly.
4. Hands should be washed after removal of protective eyewear.

## Procedure Guidelines

1. Put on eyewear, goggles, mask or face shield per manufacturer's instructions.
2. Adjust the eyewear to fit properly.
3. Dispose of, or clean, eyewear as applicable.
4. Dispose of masks in a designated container.
5. Wash hands after removing the mask and eyewear.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a>
<b>Version</b>	1.1 (H5MAPR0215)

# Personal Protective Equipment – Face Masks

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## Policy Statement

Facility personnel must wear face masks when performing any task that may involve the splashing of blood or body fluids into the nose or mouth.

## Policy Interpretation and Implementation

1. Facility personnel must wear a face mask when performing any task that may involve the splashing of blood or body fluids into the nose or mouth and when the use of eyewear is indicated.
2. A face mask should be used only once and then discarded into the appropriate receptacle located in the room in which the procedure is being performed. Face masks should only be handled by the strings when being removed.
3. Face masks must be changed when they become moist or soiled.

References	
OBRA Regulatory Reference Numbers	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
Survey Tag Numbers	<a href="#">F880</a> ; <a href="#">F836</a>
Other References	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov">www.osha.gov</a>
Related Documents	<a href="#">Personal Protective Equipment Policies</a>
Version	1.0 (H5MAPL0621)

# Personal Protective Equipment – Using Face Masks

Level I

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## Purpose

To guide the use of masks.

## Objectives

1. To prevent transmission of infectious agents through the air;
2. To protect the wearer from inhaling droplets;
3. To prevent transmission of some infections that are spread by direct contact with mucous membranes;
4. To prevent the splashing of blood or body fluids into the mouth or nose; and
5. To prevent exposure to the HIV(AIDS) and hepatitis B viruses from blood or body fluids.

## Equipment and Supplies

1. High-efficiency disposable masks; or
2. Cotton gauze or paper tissue masks; and
3. Eyewear (e.g., goggles). (Note: When the use of a mask is indicated, appropriate eyewear must also be worn.)

## Miscellaneous

1. Put the mask on before entering the room, and after cleaning hands.
2. Be sure that face mask covers the nose and mouth while performing treatment or services for the patient.
3. If the face mask becomes wet, change it. Masks become ineffective when moist.
4. Do not hang the face mask around the neck.
5. Before changing a face mask, wash hands.
6. Do not remove the mask while performing treatment or services for the patient.
7. Use a mask only once and then discard it.
8. Handle mask only by the strings (ties).
9. Never touch the mask while it is in use.
10. Follow established handwashing techniques.

## When to Use a Mask

1. When providing treatment or services to a patient who has a communicable respiratory infection;
2. When providing treatment or services to a patient and the use of a mask is indicated; and
3. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose.

## Procedure Guidelines

### Putting on the Mask

1. Obtain a mask.
2. Wash your hands.

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3. Remove the mask from its container. (Note: If gowning procedures are necessary, put the mask on before putting on gown.)
4. Unfold the mask. Do not touch the part of the mask that will cover the face. Hold the mask by the strings only.
5. Place the mask over the nose and mouth. Using a shoelace bow, tie the top strings over the ears, then tie the lower strings.
6. Avoid any unnecessary handling of the mask.

#### **Removing the Mask**

1. Wash hands.
2. Untie the lower strings of the mask first. Hold the strings of the mask only.
3. Untie the top strings of the mask. Remove the mask from the face. Handle strings only.
4. Discard the mask into the designated waste receptacle inside the room.
5. Wash hands.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a>
<b>Version</b>	1.1 (H5MAPR0212)

# Personal Protective Equipment – Gloves

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## Policy Statement

Gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin.

## Policy Interpretation and Implementation

1. All employees must wear gloves when touching blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin.
2. Gloves shall be used only once and discarded into the appropriate receptacle located in the room in which the procedure is being performed.
3. The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated:
  - a. When it is likely that the employee's hands will come in contact with blood, body fluids, secretions, excretions, mucous membranes, and/or non-intact skin while performing the procedure;
  - b. When the employee has any cuts, wounds, or scrapes on his or her hands;
  - c. When the employee's hands are chapped or have a skin rash or skin condition;
  - d. When handling soiled linen or items that may be contaminated;
  - e. During instrumental examination of oropharynx, gastrointestinal tract, and genitourinary tract;
  - f. When examining abraded or non-intact skin or patients with active bleeding;
  - g. During invasive procedures; and
  - h. During all cleaning of blood, body fluids, and decontaminating procedures.
4. Gloves must be made of appropriate material, usually intact latex or intact vinyl, of appropriate quality for the procedures performed and of appropriate size for each employee.
5. Do not wash surgical or examination gloves. Disinfect them for reuse.
6. General purpose utility (rubber) gloves worn by maintenance, environmental services, laundry or other non-medical personnel may be decontaminated and reused in accordance with the manufacturer's instructions.
7. Do not use all-purpose gloves if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
8. Wash your hands after removing gloves.
9. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are available to those employees who are allergic to the gloves normally provided.
10. Employees must receive training relative to the use of gloves and other protective equipment prior to being assigned tasks that involve potential exposure to blood or body fluids and when new or modified protective equipment or procedures have been introduced into the workplace.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov/">www.osha.gov/</a> and <a href="http://www.cdc.gov/niosh/latexalt.html">www.cdc.gov/niosh/latexalt.html</a>
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a>
<b>Version</b>	1.0 (H5MAPL0622)

# Personal Protective Equipment – Using Gloves

Level I

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## Purpose

To guide the use of gloves.

## Objectives

1. To prevent the spread of infection;
2. To protect wounds from contamination;
3. To protect hands from potentially infectious material; and
4. To prevent exposure to the HIV (AIDS) and hepatitis B (HBV) viruses from blood or body fluids.

## Equipment and Supplies

Gloves.

## Miscellaneous

1. When gloves are indicated, use disposable single-use gloves.
2. Discard used gloves into the waste receptacle inside the examination or treatment room.
3. Use sterile gloves for invasive procedures to prevent contamination of the patient, and to decrease the risk of infection when changing dressings.
4. Use non-sterile gloves primarily to prevent the contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces.
5. Wash hands after removing gloves. (Note: Gloves do not replace handwashing.)
6. Remove gloves before removing the mask and gown and discard them into the designated waste receptacle inside the room.

## When to Use Gloves

1. When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin;
2. When the employee's hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.;
3. When cleaning up spills or splashes of blood or body fluids;
4. When cleaning potentially contaminated items; and
5. Whenever in doubt.

## Procedure Guidelines

### Putting on Sterile Gloves

1. Wash hands.
2. Obtain gloves. (Note: If gowning procedures are used, put gloves on after putting on the gown so that the cuff of the gloves can be pulled over the sleeve of the gown.)
3. Open the package. Do not touch the gloves.
4. With one hand, grasp a glove by the inside of the cuff. Insert the opposite hand into the glove. Leave the cuff turned down.

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5. Pick up the remaining glove with gloved hand. Insert ungloved hand into the second glove.
6. Pull up cuffs of the glove.

### Removing Gloves

1. Using one hand, pull the cuff down over the opposite hand turning the glove inside out.
2. Discard the glove into the designated waste receptacle inside the room.
3. With the ungloved hand, pull the cuff down over the opposite hand, turning the glove inside out.
4. Discard the glove into the designated waste receptacle inside the room.
5. Discard the glove package into a waste receptacle inside the room.
6. Wash hands.

References	
MDS Items (CAAs)	
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	<a href="#">Personal Protective Equipment</a> Policies
Version	1.1 (H5MAPR0213)

# Personal Protective Equipment – Gowns, Aprons, Lab Coats

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## Policy Statement

All personnel must use gowns, aprons, or lab coats when soiling of the clothing with blood, body fluids, secretions, or excretions is likely to occur during treatments.

## Policy Interpretation and Implementation

1. Personnel must wear a gown, apron, or lab coat when performing a task(s) that will likely soil the employee's clothing with blood, body fluids, secretions, or excretions.
2. When gowns are used, they must be used only once and discarded into appropriate receptacles located in the room in which the procedure was performed.
3. Gowns used to protect against soiling with blood must be made of or lined with puncture-resistant material and must protect all areas of exposed skin.
4. Lab coats used to protect clothing from splashing or soiling of body fluids during routine exams must be adequate to contain the soil.
5. If blood or other potentially infectious materials penetrate a garment(s) (e.g., gown, apron, lab coat, etc.), the garment(s) must be removed immediately or as soon as practical and appropriately discarded.
6. For easy access, gowns, aprons, and lab coats are maintained at:
  - a. Central Supply
  - b. Nurses' Stations
  - c. Isolation Rooms
7. Soiled gowns, aprons, and lab coats must be removed prior to leaving the work area and discarded into the appropriate receptacle located in the work area.
8. If clothing becomes soiled with blood or body fluids, it must be removed and bagged before leaving the work area.
9. Employees must receive training relative to the use of gowns, aprons, and lab coats and other protective equipment prior to being assigned tasks that involve potential exposure to blood or body fluids and when new or modified protective equipment or procedures have been introduced into the workplace.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Standards at: <a href="http://www.osha.gov/">www.osha.gov/</a>
<b>Related Documents</b>	<a href="#">Personal Protective Equipment</a> Policies
<b>Version</b>	1.0 (H5MAPL0623)

# Personal Protective Equipment – Using Gowns

Level I

## Purpose

To guide the use of gowns.

## Objectives

1. To prevent the spread of infections;
2. To prevent soiling of clothing with infectious material;
3. To prevent splashing or spilling blood or body fluids onto clothing or exposed skin; and
4. To prevent exposure to the HIV (AIDS) and hepatitis B (HBV) viruses from blood or body fluids.

## Equipment and Supplies

1. Disposable gowns; or
2. Clean and laundered gowns when disposable gowns are not used.

## Miscellaneous

1. Use gowns only once and then discard into an appropriate receptacle inside the exam or treatment room.
2. Clean reusable or disposable gowns may be worn in most circumstances.
3. Use gowns only when indicated or as instructed.
4. Follow established handwashing procedures.
5. Reusable gowns shall be laundered after each use in accordance with established laundry procedures.
6. When use of a gown is indicated, all personnel must put on the gown before treating or touching the resident.
7. Gowns shall be large enough to cover all of the wearer's clothing, and they must be tightly cuffed at the sleeves.
8. After completing the treatment or procedure, gowns must be discarded in the appropriate container located in the room.
9. If blood or another potentially infectious material penetrates a garment(s) (e.g., gown, apron, lab coat, etc.), the garment(s) must be removed immediately or as soon as possible.
10. Soiled gowns must not be worn in break rooms, lobbies, or into any area in which contamination of equipment is likely to occur.

## Procedure Guidelines

### Putting on the Gown

1. Obtain the gown (disposable or reusable).
2. If long sleeves are being worn, roll the sleeves above the elbows.
3. Wash hands.
4. Unfold the gown so that the opening is at the back.
5. Put your arms into the sleeves of the gown.
6. Fit the gown at the neck.
7. Secure at the neck (tie or Velcro).

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8. Overlap the gown at the back. Be sure clothing is completely covered.
9. Secure at the waist (tie or Velcro).

### Removing the Gown

1. Untie/unfasten the back of the gown.
2. Remove gloves and discard them into a waste receptacle in the room.
3. Untie/unfasten the neck band. While still holding the neck strings, pull the gown off the shoulders.
4. Remove the gown by rolling it away from the body. Handle the inside of the gown only.
5. Fold the outside (contaminated portion) of gown inward, and roll the gown into a bundle.
6. If the gown is disposable, discard it into the waste receptacle inside the room. If the gown is reusable (washable), discard it into the soiled laundry container inside the room.
7. Wash hands.
8. If a mask was used during the procedure(s) or service, remove it at this time and discard it into the waste receptacle inside the room.
9. Wash hands.

References	
MDS Items (CAAs)	
Survey Tag Numbers	<a href="#">F880</a>
Other References	
Related Documents	<a href="#">Personal Protective Equipment Policies</a>
Version	1.1 (H5MAPR0214)

# Preventing Foodborne Illness – Food Handling

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## Policy Statement

Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized.

## Policy Interpretation and Implementation

1. This facility recognizes that the critical factors implicated in foodborne illness are:
  - a. Poor personal hygiene of food service employees;
  - b. Inadequate cooking and improper holding temperatures;
  - c. Contaminated equipment; and
  - d. Unsafe food sources.
2. With these factors as the primary focus of preventative measures, this facility strives to minimize the risk of foodborne illness to our residents.
3. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents.
4. This facility only accepts prepared foods from suppliers subject to federal, state or local food service inspections and who remain in good standing with such agencies.
5. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require that refrigerated food be stored below 41°F, and that freezers keep frozen foods solid.
6. Potentially hazardous foods will be cooked to the appropriate internal temperatures and held at those temperatures for the appropriate length of time to destroy pathogenic microorganisms.
7. Potentially hazardous foods held in the “danger zone” (41°F to 135°F) for more than 4 hours (if being prepared from ingredients at room temperature) or 6 hours (if cooked and then cooled) will be discarded.
8. Food that has been served to residents without temperature controls (e.g., trays, snacks, etc.) will be discarded if not eaten within two hours.
9. All food service equipment and utensils will be sanitized according to current guidelines and manufacturers’ recommendations.
10. No one may bring or house animals in any area used for the storage, preparation, or serving of food.
11. Supervised pets related to specific activities (e.g., formal pet-related activities or guide dogs for visually impaired individuals) will be allowed in the dining area but not in areas used to prepare or store food.
12. Outbreaks (or suspected outbreaks) of foodborne illness will be reported to the local health department.

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References	
<b>OBRA Regulatory Reference Numbers</b>	§483.60(i)(3)
<b>Survey Tag Numbers</b>	F813
<b>Other References</b>	U.S. Food and Drug Administration Food Code <a href="http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm">http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm</a>
<b>Related Documents</b>	
<b>Version</b>	1.1 (H5MAPL1014)

# Quarantine

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## Policy Statement

The facility will protect the health and well being of our residents and staff during infectious disease outbreaks. Quarantine is generally enacted by governmental authorities.

## Policy Interpretation and Implementation

1. Should quarantine be declared, the Administrator, with the input of the Medical Director and Director of Nursing Services, will work with governmental authorities to implement quarantine practices appropriate for the specific threat and as directed by authorities.
2. The requirements of the quarantine directive will determine who may enter or leave the facility.
3. A quarantine directive will initiate the facility's Emergency Management System.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	CDC Infectious Disease Websites at: <a href="http://www.cdc.gov/ncidod/diseases/index.htm">www.cdc.gov/ncidod/diseases/index.htm</a> and <a href="http://www.cdc.gov/ncidod/dhqp/index.html">www.cdc.gov/ncidod/dhqp/index.html</a>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a>
<b>Version</b>	1.3 (H5MAPL0702)



# Standard Precautions

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## Policy Statement

Standard Precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard Precautions presume that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.

## Policy Interpretation and Implementation

1. Standard Precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases.
2. Personnel are trained in the various aspects of Standard Precautions to ensure appropriate decision-making in various clinical situations.
3. Residents and family members are provided with information pertaining to Standard Precautions and the prevention of infection upon the resident's admission to the facility.
4. Visitors are reminded and encouraged to maintain hand hygiene and follow instructions regarding infection prevention and control while in the facility.

### Standard precautions include the following practices:

1. Hand hygiene
  - a. Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or the use of alcohol-based hand rub (ABHR), which does not require access to water.
  - b. Hand hygiene is performed with *ABHR* or *soap and water*:
    - (1) before and after contact with the resident;
    - (2) before performing an aseptic task;
    - (3) after contact with items in the resident's room; and
    - (4) after removing PPE.
  - c. Hands are *washed with soap and water* whenever:
    - (1) visibly soiled with dirt, blood, or body fluids;
    - (2) after direct or indirect contact with dirt, blood or body fluids;
    - (3) after removing gloves; and
    - (4) before eating and after using the restroom.
  - d. Sinks, soap, water, disposable towels and ABHR are available to personnel and visitors in readily accessible and visible locations throughout the facility.
  - e. Except as noted above, ABHR is preferred for hand hygiene.
  - f. Artificial fingernails are discouraged among staff with direct resident contact.
  - g. Personnel assist the residents with hand hygiene before meals, after toileting and when indicated.
  - h. Proper hand washing technique is described in the hand washing/ hand hygiene policy and procedure.
2. Gloves
  - a. Gloves (clean, non-sterile) are worn when in direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material.

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- b. Gloves are worn when in direct contact with a resident who is infected or colonized with organisms that are transmitted by direct contact. (For specific pathogens, refer to current CDC isolation precautions guidelines.)
  - c. Gloves are worn when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood, body fluids, or infectious organisms.
  - d. Gloves with fit and durability appropriate to the task are available to personnel at all times.
  - e. Gloves are changed as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a “dirty” site to a “clean” one).
  - f. Gloves are not to be reused.
  - g. Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident.
  - h. After gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environments.
3. Masks, Eye Protection, Face Shields
- a. Mask and eye protection or a face shield are worn to protect mucous membranes of the eyes, nose, and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
  - b. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
4. Gowns
- a. Gowns (clean, non-sterile) are worn to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of clothing.
  - b. Gowns that are appropriate to the task are available to personnel at all times.
  - c. Soiled gowns are removed as promptly as possible and hands washed to avoid transfer of microorganisms to other residents or environments.
  - d. Gowns are not reused.
5. Resident-Care Equipment
- a. Resident-care equipment soiled with blood, body fluids, secretions, and excretions are handled in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other residents and environments.
  - b. Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed.
  - c. Single use items are properly discarded.
6. Environmental Control
- a. Environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned.
7. Linen
- a. Linen soiled with blood, body fluids, secretions, excretions are handled and processed in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other residents and environments.

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8. Safe Needle Handling
  - a. Used needles are never recapped or otherwise manipulated using two hands, or any other technique that involves directing the point of a needle toward any part of the body.
  - b. Used needles are not removed from disposable syringes by hand, and not bent, broken, or otherwise manipulated by hand.
  - c. Used disposable syringes and needles, scalpel blades, and other sharp items are placed in appropriate puncture-resistant containers located as close as practicable to the area in which the items were used.
9. Safe Injection Practices – The following principles are applied to the use of needles, cannulas that replace needles, and intravenous delivery systems:
  - a. Always use aseptic technique when handling injection equipment.
  - b. Never re-use syringes, even if the needle or cannula on the syringe is changed.
  - c. Use IV administration sets for one resident only and dispose of appropriately after use.
  - d. Do not use bags of IV solution as a common source for multiple residents.
  - e. Use single-dose vials for parenteral medications.
  - f. Do not administer medications from single-dose vials to multiple residents.
  - g. If multi-dose vials are used, both the cannula and the syringe used to access the vial must be sterile. Discard if the sterility of the vial is compromised.
10. Respiratory Hygiene/Cough Etiquette – The following measures are implemented to contain respiratory secretions in residents, staff and visitors at the point of initial entry into the facility:
  - a. Signs posted at entrances in strategic places with instructions to residents, staff, and visitors to cover their mouths and noses when coughing or sneezing; use and dispose of tissues; and perform hand hygiene after hands have been in contact with respiratory secretions.
  - b. Availability of tissues and no-touch (e.g., foot-pedal operated) trash receptacles for the disposal of tissues.
  - c. Written materials and reminders posted in the facility regarding effective hand hygiene practices.
  - d. Availability of conveniently located supplies and equipment for hand hygiene (e.g., sinks, soap, paper towels, and alcohol-based hand rubs).
  - e. Availability of masks for residents and visitors who have symptoms of a respiratory infection.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	<i>CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007</i>
<b>Related Documents</b>	<a href="#">Isolation – Categories of Transmission-Based Precautions</a>
<b>Version</b>	1.3 (H5MAPL0844)

# Visitation, Infection Control During

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## Policy Statement

The facility shall establish appropriate guidelines for visitors to try to prevent the transmission of communicable diseases.

## Policy Interpretation and Implementation

1. Upon admission of the resident to the facility, family members are provided with education that may include an explanation of the facility's infection control practices during visitation. This may include information pertaining to:
  - a. Standard Precautions;
  - b. Hand hygiene;
  - c. Respiratory hygiene;
  - d. Vaccinations; and
  - e. Signs and symptoms of common communicable diseases.
2. Visitors are encouraged to perform hand hygiene upon arrival, before entering a resident's room and when leaving the facility. Sinks and ABHR are easily accessible to visitors.
3. Visitors are instructed on proper cough etiquette/respiratory hygiene through signs posted throughout the facility.
4. Visiting a resident who is under transmission-based precautions is permitted.
  - a. Family members and visitors who are providing care or have very close contact with the resident are trained regarding the appropriate use of infection control barriers such as personal protective equipment.
  - b. Adherence to transmission-based precautions by visitors is required.
5. The Administrator, in conjunction with the Medical Director and Infection Preventionist, has the authority to restrict or ban facility visitation during outbreaks, whether these originate in the facility or in the community.
6. Signs and the facility entrance discourage anyone from visiting when they have potentially contagious infections (for example, upper respiratory infection (URI), influenza, gastroenteritis, or unexplained rashes).
7. Visitors who are symptomatic of communicable diseases may be denied visitation at the discretion of the Charge Nurse until appropriate evaluation and treatment of the visitor has been established.
8. Visitors must follow instructions from the Charge Nurse on duty regarding facility infection control practices and visitation restrictions.
9. The facility does not have an age restriction policy. However, visitors under the age of twelve (12) must be strictly supervised. Violations of these policies must be reported to the Administrator. The Administrator has the right to restrict or ban visitors as indicated.

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References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	Munoz-Price LS, Banach DB, Bearman G, et.al. 2015. SHEA Expert Guidance: Isolation Precautions for Visitors. <i>Infect Cntrl Hosp Epidem</i> 36(7):1-12.
<b>Related Documents</b>	<a href="#">Notice to Visitors</a> (Isolation Precautions Door Sign) <a href="#">Don't Visit If Sick</a> (Poster for Visitors) <a href="#">Important Information for Visitors</a> (Poster for Visitors) <a href="#">Infection Control Information for Visitors</a> (Brochure for Visitors)
<b>Version</b>	1.2 (H5MAPL0935)

# Coronavirus Disease (COVID-19) – Infection Prevention and Control Measures

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## Policy Statement

This facility follows recommended standard and transmission-based precautions, environmental cleaning, and social distancing practices to prevent the transmission of COVID-19 within the facility.

## Policy Interpretation and Implementation

1. This policy is based on current CDC recommendations for infection prevention and control practices for COVID-19.
2. While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including:
  - a. Hand hygiene;
  - b. Respiratory hygiene;
  - c. Appropriate use of PPE;
  - d. Transmission-based precautions, where indicated;
  - e. Universal source control (using facemasks or cloth coverings as indicated);
  - f. Social distancing when applicable;
  - g. Surveillance and reporting of respiratory infections;
  - h. Environmental cleaning with EPA-registered disinfectants approved for use against SARS-CoV-2; and
  - i. Laundry practices.

## Source Control

1. To address asymptomatic and pre-symptomatic transmission, universal source control is required.
  - a. Anyone entering the facility is required to wear a cloth face covering.
    - (1) Cloth face coverings are appropriate for visitors and residents.
      - (a) If someone arrives at the facility without a face covering, a facemask will be provided if supplies are available.
    - (2) Staff are required to wear face coverings upon entering the facility and prior to leaving the building.
      - (a) Cloth face coverings for source control ARE NOT considered PPE. Staff should wear a facemask at all times when in the facility.
      - (b) At the end of shift, staff are required to remove facemask, discard in appropriate receptacle, perform hand hygiene and don a cloth face covering prior to exiting the building.
2. Asymptomatic residents are provided cloth face coverings (or facemasks as supplies permit).
  - a. Residents are asked to wear face coverings or masks when they leave their rooms or are around others.
  - b. Residents are not required to wear cloth face coverings when in their rooms.
  - c. Residents are instructed on proper hand hygiene after touching or removing face covering or mask.
  - d. Residents who are incapacitated, unconscious, have difficulty breathing, or cannot remove face coverings or masks without assistance are not asked to wear them.

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3. Resident cloth face coverings are changed if they become soiled, damp, or hard to breathe through. They can be laundered with the resident's belongings and reused.

## Screening

1. Points of entry into the facility are temporarily limited. Closed entrances are monitored. Exits and means of egress remain accessible in the event of a fire.
2. Anyone entering the facility (including staff) is screened and triaged for signs and symptoms of and exposure to others with SARS-CoV-2 infection, including:
  - a. Fever (measured temperature > 100°F or subjective fever;
  - b. Cough;
  - c. Shortness of breath or difficulty breathing;
  - d. Fatigue;
  - e. Muscle or body aches;
  - f. Headache;
  - g. New loss of taste or smell;
  - h. Sore throat;
  - i. Congestion or runny nose;
  - j. Nausea or vomiting; and/or
  - k. Diarrhea.
3. Anyone with a fever, signs/symptoms of illness, or who has been advised to self-quarantine due to exposure is not allowed to enter the facility.
4. Residents are screened daily for fever and symptoms of COVID-19. Residents with fever or symptoms of COVID-19 are provided a facemask, immediately isolated and placed on appropriate transmission-based precautions.

## Physical Distancing

1. Group outings, group activities, and communal dining are cancelled until further notice.
2. Physical distancing of at least six (6) feet is enforced among residents.
3. Staff are required to practice physical distancing with other staff and residents when possible.
4. Televisits are encouraged and supported by facility staff and devices as outline in the Telehealth and Telemedicine policy.
5. Visitor restrictions and screening are outlined in the COVID-19 Visitors policy.

## Personal Protective Equipment

1. Staff wear facemasks at all times while in the facility, except while eating or drinking in designated areas.
2. Staff wear eye protection during any resident-care encounters or procedures.
3. For a resident with known or suspected COVID-19:
  - a. Staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available (a facemask is an acceptable alternative if a respirator is not available); and
  - b. Resident is placed in a private room with a dedicated bathroom (if available) and closed door; OR
  - c. Resident is cohorted per national, state, or local public health authority recommendations.

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4. If there is moderate to substantial COVID-19 transmission in the surrounding community:
  - a. Staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
  - b. Residents are restricted (to the extent possible) to their rooms except for medically necessary purposes.
  - c. When residents have to leave their room, they wear a facemask, perform hand hygiene, limit their movement in the facility, and practice physical distancing.
5. When performing aerosol-generating procedures (AGPs), especially those that induce coughing (open suctioning of airways, sputum induction, etc.):
  - a. Staff in the room will wear an N95 or higher-level respirator (if available), eye protection, gloves, and an isolation gown.
  - b. The number of staff present will be limited to only those essential for resident care and procedure support.
  - c. AGPs will ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it will take place in a private room with the door closed.
  - d. The room surfaces will be cleaned and disinfected promptly and with appropriate disinfectant. (See List N on the EPA website for disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations.)
6. Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).
7. PPE contingency and crisis capacity strategies have been established due to the current demand and supply shortages of PPE.
8. If PPE shortage is an issue, facemasks will be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.

### **Cleaning and Disinfection**

1. Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitoring equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident.
2. Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled.
3. Infection prevention and control self-assessment is guided by the *COVID-19 Focused Survey for Nursing Homes*.

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References	
<b>OBRA Regulatory</b>	<a href="#">§483.80(a) Infection prevention and control program.</a> ; <a href="#">§483.73 Emergency preparedness.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a> ; <a href="#">E-0001</a>
<b>Other References</b>	<a href="#">Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</a> <a href="#">Infection Control Guidance</a> <a href="#">Preparing for COVID-19 in Nursing Homes Nursing Homes &amp; Long-Term Care Facilities</a> <a href="#">EPA List N: Disinfectants for Use Against SARS-CoV-2</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents</a> <a href="#">COVID-19 Focused Survey for Nursing Homes</a> <a href="#">Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19</a>
<b>Version</b>	1.1 (H5MAPL1472)

# Coronavirus Disease (COVID-19) – Visitors

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## Policy Statement

For the safety of residents and staff, visitation policies are in compliance with current recommendations from the Centers for Disease Control and Prevention and The Centers for Medicare and Medicaid services.

## Policy Interpretation and Implementation

1. During a coronavirus disease outbreak, visitors are limited to certain compassionate care situations, such as end of life. These situations are determined at the discretion of the facility and on a case-by-case basis.
2. The Infection Preventionist maintains a list of individuals who have permission to enter the facility as a visitor. This list is updated and made accessible on a daily basis.
3. Notices of the visitation restriction are posted outside the facility entrance. Letters explaining the policies concerning visitation are sent to residents, family members and representatives.
4. Visitor entrances are staffed by personnel who have been trained on the current visitation policies and are qualified to conduct visitor screening.
5. Health screens are conducted on any potential visitor prior to being allowed in the building. Anyone showing signs or symptoms of respiratory infection or other signs/symptoms of possible COVID-19 infection or exposure are not allowed to enter the facility, regardless of the compassionate care situation.
6. If visitation is permitted, strict adherence to infection precautions are required. Any visitors permitted in the facility are required to:
  - a. wear a facemask;
  - b. adhere to all infection precautions;
  - c. restrict their visit to a designated area of the facility; and
  - d. inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.
7. Visitor Logs and Visitor Health Screens are completed with each visitor and archived until further notice.
8. Alternative methods of visitation, including video visitation (e.g., Skype, Zoom, and FaceTime), are facilitated and encouraged.
  - a. Facility devices are available for residents who do not have a personal device to conduct video visitation.
  - b. Families and staff may request video visits by calling the facility. Information regarding scheduling and technical support is coordinated by the Director of Activity Services, or a designee.
9. Families are encouraged to stay in contact with residents and to pursue other methods of communication, such as letters, phone calls, and “window visits.” Families are asked to notify the facility of planned in-person “window visits” so the resident is prepared.
10. Residents who experience memory loss and do not recall why visitation has stopped are frequently oriented to the situation and reminded that other forms of visitation are available.

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References	
<b>OBRA Regulatory</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>
<b>Related Documents</b>	<a href="#">Coronavirus Disease (COVID-19) – Phased Reopening</a> <a href="#">Resident Family Letter (Help Keep our Residents Safe from COVID-19)</a> <a href="#">Visitor Notice (We are Restricting Individuals from Entering our Building)</a> <a href="#">Visitor Health Screen (CP1819)</a> <a href="#">Visitor Log – Individual Resident (CP1822)</a> <a href="#">Visitor Log (CP1823) (Facility)</a>
<b>Version</b>	1.1 (H5MAPL1478)

# Personal Protective Equipment – Contingency and Crisis

## Use of Eye Protection (COVID-19 Outbreak)

Level I

### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the use of personal protective equipment.

### Equipment and Supplies

1. Eye protection; and
2. Additional PPE as required (e.g., gloves, masks and gowns).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;
  - c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
  - d. Excluding visitors;
  - e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);

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- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19);
- g. Providing training and assessing competency of staff utilizing PPE; and
- h. Maximizing the use of telemedicine.

### Eye Protection: Contingency Capacity

1. Selectively cancel elective and non-urgent procedures for which protective eyewear is typically used by HCP.
2. Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields).
  - a. Consider preferential use of powered air purifying respirators (PAPRs) or full-face elastomeric respirators which have built-in eye protection.
  - b. Ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used.
3. Implement extended use of eye protection.
  - a. Remove and reprocess eye protection if it becomes visibly soiled or difficult to see through.
    - (1) If a disposable face shield has been reprocessed, dedicate to one HCP and reprocess whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.
    - (2) See **Protocol for Removing and Reprocessing Eye Protection** below.
  - b. Discard eye protection if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
  - c. Take care not to touch eye protection. Perform hand hygiene immediately after touching or adjusting eye protection.
  - d. Leave patient care area before removing eye protection. See **Protocol for Removing and Reprocessing Eye Protection** below.

### Eye Protection: Crisis Capacity

1. Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
2. Use eye protection devices beyond the manufacturer-designated shelf life during resident care activities.
  - a. If there is no date available on the eye protection device label or packaging, contact the manufacturer.
  - b. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials), discard the product.
3. Prioritize eye protection for selected activities such as:
  - a. During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures; and/or
  - b. During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable.
4. Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.
5. Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
  - a. During severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

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6. Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.
  - a. It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

### Protocol for Removing and Reprocessing Eye Protection

1. Adhere to recommended manufacturer instructions for cleaning and disinfection.
2. When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:
  - a. While wearing clean gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
  - b. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
  - c. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
  - d. Fully dry (air dry or use clean absorbent towels).
  - e. Remove gloves and perform hand hygiene.

### General Procedure for Donning and Doffing Protective Eyewear

1. To put on eyewear, place over face and eyes and adjust to fit.
2. To remove eyewear:
  - a. Outside of goggles or face shield are contaminated! If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Remove goggles or face shield from the back by lifting head band or ear pieces.
  - c. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.
  - d. Perform hand hygiene.

References	
MDS Items (CAAs)	
Survey Tag Numbers	F880
Other References	Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a> Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>
Related Documents	<a href="#">Personal Protective Equipment Policies</a> <a href="#">COVID-19 PPE Burn Rate Calculator</a>
Version	1.0 (H5MAPR0348)

# Personal Protective Equipment – Contingency and Crisis

## Use of Facemasks (COVID-19 Outbreak)

Level I

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### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the inhalation of droplets.

### Equipment and Supplies

1. Surgical facemasks; and
2. Additional PPE as required (gloves, gown and eyewear).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;
  - c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
  - d. Excluding visitors;
  - e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);

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- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19); and/or
- g. Providing training and assessing competency of staff utilizing PPE.

### **Facemasks: Contingency Capacity**

1. Selectively cancel elective and non-urgent procedures for which a facemask is typically used by HCP.
2. Remove facemasks for visitors in public areas.
3. Implement extended use of face masks:
  - a. Wear the same face mask for repeated or consecutive close contacts with different residents, without removing the face mask between resident encounters.
  - b. Remove the face mask and discard it if soiled, damaged or hard to breathe through.
    - (1) If experiencing difficulty breathing, remove the mask temporarily.
    - (2) Leave the resident care areas if mask is removed.
  - c. Do not touch face mask while wearing it. If mask is touched or adjusted at any time, hand hygiene must be performed immediately.

### **Facemasks: Crisis Capacity**

1. Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.
2. Use facemasks beyond the manufacturer-designated shelf life during patient care activities.
  - a. If there is no date available on the facemask label or packaging, contact the manufacturer.
  - b. Visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.
3. Implement limited re-use of facemasks.
  - a. Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different residents with periods of removing and properly storing the mask between uses.
  - b. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.
  - c. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
  - d. Not all facemasks can be re-used.
    - (1) Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
    - (2) Facemasks with elastic ear hooks may be more suitable for re-use.
  - e. HCP should leave patient care area if they need to remove the facemask.
  - f. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
4. Prioritize facemasks for selected activities such as:
  - a. For provision of essential surgeries and procedures;
  - b. During care activities where splashes and sprays are anticipated;
  - c. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable; or
  - d. For performing aerosol generating procedures, if N95 respirators are no longer available.

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### **When No Facemasks are Available:**

1. Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents.
2. Designate convalescent HCP (personnel who have clinically recovered) for provision of care to known or suspected COVID-19 residents. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.
3. Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.
4. Consider use of expedient isolation rooms for risk reduction. (See [Methods for Temporary Negative Pressure Isolation.](#))
5. Consider use of ventilated headboards.
6. HCP use of homemade masks:
  - a. In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown.
  - b. Caution should be exercised when considering this option.
  - c. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

### **General Procedure for Donning and Doffing Masks**

1. To put on mask:
  - a. When donning the face mask, do so immediately after hand hygiene.
  - b. Be sure that the face mask covers the nose and mouth while wearing.
  - c. Do not hang the face mask around the neck.
  - d. After touching a facemask or before changing a face mask, perform hand hygiene.
  - e. Do not remove the mask while performing treatment or services for a resident.
  - f. Handle a mask only by the elastic ear loops.
  - g. Refrain from touching the mask while it is in use.
2. To remove mask:
  - a. Front of mask is contaminated — DO NOT TOUCH. If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front.
  - c. Discard in a waste container.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a> Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a> <a href="#">COVID-19 PPE Burn Rate Calculator</a>
<b>Version</b>	1.0 (H5MAPR0347)

# Personal Protective Equipment – Contingency and Crisis

## Use of Isolation Gowns (COVID-19 Outbreak)

Level I

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### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the use of personal protective equipment.

### Equipment and Supplies

1. Isolation gowns; and
2. Additional PPE as required (e.g., gloves, masks and eyewear).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Conventional capacity strategies utilized to maximize the supply of gowns include:
  - a. Use non-sterile, disposable isolation gowns for routine care of residents with suspected or confirmed COVID-19.
  - b. If gown shortages are anticipated, prioritize the use of surgical gowns for surgical and other sterile procedures.
4. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;

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- c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
- d. Excluding visitors;
- e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);
- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19);
- g. Providing training and assessing competency of staff utilizing PPE; and
- h. Maximizing the use of telemedicine.

### **Isolation Gowns: Contingency Capacity**

- 1. Selectively cancel elective and non-urgent procedures for which a gown is typically used by HCP.
- 2. Shift gown use toward cloth isolation gowns.
  - a. Reusable (washable) gowns made of polyester or polyester-cotton fabrics can be laundered according to routine procedures and reused.
  - b. Do not touch the outer surfaces of gowns during resident care.
  - c. Augment laundry personnel to compensate for additional laundry processing demands.
  - d. Inspect and maintain reusable gowns and replace when thin, ripped, or otherwise compromised.
- 3. Consider the use of coveralls.
  - a. Coveralls (drapes) cover the body 360 degrees, including the back and lower legs.
  - b. Level of protection is determined by the material use in the garment, as well as by the seam barriers, and closures.
  - c. Train personnel on the donning and use of coveralls before use.
- 4. Use gowns beyond the designated shelf life, if indicated by the manufacturer. If no shelf life date is on the packaging, contact the manufacturer.
- 5. Use gowns and coveralls that conform to international standards of use, possibly reserving these for activities that involve moderate to high amounts of blood or bodily fluids.

### **Isolation Gowns: Crisis Capacity**

- 1. Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by HCP.
- 2. Extend use of isolation gowns so that same gown is worn by the same HCP when interacting with more than one resident known to be infected with the same infectious disease, and when these residents are cohorted.
  - a. Do not use this strategy if residents have additional infections that can be transmitted by contact.
  - b. Remove and discard the gown if it becomes visibly soiled or damaged.
- 3. Re-use cloth non-visibly soiled cloth isolation gowns without laundering in-between.
- 4. Prioritize gowns for the following activities:
  - a. Surgical and sterile procedures;
  - b. Aerosol-generating activities;
  - c. High-contact resident care activities, including dressing, bathing, showering, assisting with hygiene or toileting, changing linens or briefs, device usage, device care or wound care; and
  - d. Temporarily suspend the use of gowns for endemic multi-drug resistant organisms.

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## When No Gowns Are Available

1. In situations of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use:
  - a. Disposable laboratory coats;
  - b. Reusable (washable) hospital/patient gowns;
  - c. Reusable (washable) laboratory coats;
  - d. Disposable aprons; and/or
  - e. Combinations of clothing:
    - (1) Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats;
    - (2) Open back gowns with long sleeve patient gowns or laboratory coats; and
    - (3) Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats.
2. Augment laundry personnel to compensate for additional laundry processing demands.
3. Establish a system to inspect and maintain reusable gowns and replace when thin, ripped, or otherwise compromised.

## General Procedure for Donning and Doffing Gowns

1. To put on gown:
  - a. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
  - b. Fasten in back of neck and waist.
2. To remove gown:
  - a. Gown front and sleeves are contaminated. If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties.
  - c. Pull gown away from neck and shoulders, touching inside of gown only.
  - d. Turn gown inside out.
  - e. Fold or roll into a bundle and discard in a waste container.
  - f. Perform hand hygiene immediately.

References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	<p>Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p> <p>Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a></p> <p>Minnesota Department of Health – Office of Emergency Preparedness. <i>Airborne Infectious Disease Management – Methods for Temporary Negative Pressure Isolation</i>  <a href="https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf">https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf</a></p>
<b>Related Documents</b>	<p><a href="#">Personal Protective Equipment Policies</a></p> <p><a href="#">COVID-19 PPE Burn Rate Calculator</a></p>
<b>Version</b>	1.0 (H5MAPR0349)

# Personal Protective Equipment – Contingency and Crisis

## Use of N-95 Respirators (COVID-19 Outbreak)

Level I

### Purpose

To guide the use of personal protective equipment (PPE) through contingency and crisis capacity strategies when supply is limited.

### Objective

To prevent transmission of infectious agents through the inhalation of airborne particles or droplet nuclei.

### Equipment and Supplies

1. Respirator masks (disposable N95 filtering facepiece respirators); and
2. Additional PPE as required (gloves, gown and eyewear).

### Managing the Supply of PPE

1. Inventory of PPE is managed systematically, based on the facility calculations for [PPE Burn Rate](#).
2. The inventory and supply chain for PPE are established and managed by: \_\_\_\_\_.
3. The facility maintains ongoing communication with local, state and federal public health and disaster preparedness agencies, and healthcare coalitions during surge situations regarding identification of additional supplies.

### Optimizing the Supply of PPE:

1. During surges in the demand for PPE, the facility reverts to [Strategies for Optimizing the Supply of PPE](#).
2. The Centers for Disease Control and Prevention organizes these strategies according to capacity:
  - a. Conventional Capacity – every day strategies that optimize PPE supplies based on the conventional PPE use rate for the facility.
  - b. Contingency Capacity – measures that are employed during temporary periods of shortage but do not have a significant impact on the care of patients or the safety of healthcare personnel (HCP).
  - c. Crisis Capacity – measures that are not commensurate with standards of care but may need to be employed during periods of known shortages.
3. Contingency and/or crisis capacity measures are implemented after administrative and engineering measures are employed, for example:
  - a. Temporarily halting or reducing the number of new admissions to the facility;
  - b. Reducing the number of face-to-face encounters with residents;
  - c. Limiting or excluding non-essential healthcare personnel and personnel not directly involved in resident care;
  - d. Excluding visitors;
  - e. Cohorting residents (grouping together residents who are infected with the same organism to confine their care to one area);

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- f. Cohorting healthcare personnel (assigning designated teams of HCP to provide care for all residents with suspected or confirmed COVID-19);
- g. Using surgical N95 respirators only for HCP who need protection from both airborne and fluid hazards (e.g., splashes, sprays). If needed but unavailable, using face shield over standard N95 respirator;
- h. Use alternatives to N95 respirators where feasible (e.g., other disposable filtering face piece respirators, elastomeric respirators with appropriate filters or cartridges, powered air purifying respirators); and
- i. Providing training and assessing competency of staff utilizing PPE. Optimization strategies for training and fit testing N95 Respirators includes:
  - (1) Training HCP on indications and proper use of N95 respirators (i.e., fit, donning and doffing, etc.).
  - (2) Implementing just-in-time fit testing (planning larger scale evaluation, training, and fit testing of employees when necessary during a pandemic).
  - (3) Limiting respirators during training: Determine which HCP do and do not need to be in a respiratory protection program and, when possible, allow limited re-use of respirators by individual HCP for training and then fit testing.
  - (4) Implementing qualitative fit testing to assess adequacy of a respirator fit to minimize destruction of N95 respirator used in fit testing and allow for limited re-use by HCP.

## N95 Respirators: Contingency Capacity

1. Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing.
2. Temporarily suspend annual fit testing per [interim guidance from OSHA](#).
3. Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different residents, without removing the respirator. (See: recommended guidance on implementation of extended use: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>.)
4. To reduce the risk of contact transmission after donning:
  - a. Discard N95 respirators following use during aerosol generating procedures.
  - b. Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from residents.
  - c. Discard N95 respirators following close contact with, or exit from, the care area of any resident co-infected with an infectious disease requiring contact precautions.
  - d. Consider use of a cleanable face shield (preferred<sup>3</sup>) over an N95 respirator and/or other steps (e.g., masking residents, use of engineering controls) to reduce surface contamination.
  - e. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
5. To maintain product integrity:
  - a. Follow the manufacturer's user instructions, including conducting a user seal check.
  - b. Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.
  - c. Discard any respirator that is obviously damaged or becomes hard to breathe through.
  - d. Pack or store respirators between uses so that they do not become damaged or deformed.
6. Do not share respirators between users. N95 Respirators must only be used by a single user.
  - a. Label containers used for storing respirators or label the respirator itself (e.g., on the straps between uses with the user's name to reduce accidental usage of another person's respirator).

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### **N95 Respirators: Crisis Capacity (when N95 Respirators are Running Low)**

1. Use respirators as identified by CDC as performing adequately for healthcare delivery [beyond the manufacturer designated shelf life](#).
2. Use respirators approved under standards used in other countries that are similar to NIOSH-approved respirators.
3. Implement limited re-use of N95 respirators by one HCP for multiple encounters with different residents, but remove it after each encounter.
4. Use additional respirators identified by CDC as NOT performing adequately for healthcare delivery beyond the manufacturer-designated shelf life.
5. Prioritize the use of N95 respirators and facemasks by activity type with and without masking symptomatic residents.

### **When No N95 Respirators are Available:**

1. Exclude HCP at higher risk for severe illness from COVID-19 such as those of older age, those with chronic medical conditions, or those who may be pregnant from contact with known or suspected COVID-19 residents.
2. Designate convalescent HCP for provision of care to known or suspected COVID-19 residents (those who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care.
3. Use an [expedient resident isolation](#) room for risk-reduction.
4. Use a ventilated headboard to decrease risk of HCP exposure to a resident-generated aerosol.
5. Use masks not evaluated or approved by NIOSH or improvised masks as a last resort.

### **Procedure for Donning and Doffing N95 Respirator Masks**

1. To put on an N95 respirator mask:
  - a. Secure ties or elastic bands at middle of head and neck.
  - b. Fit flexible band to nose bridge and fit mask snug to face and below chin.
  - c. Fit-check respirator.
2. To remove N95 respirator mask:
  - a. Front of mask/respirator is contaminated — DO NOT TOUCH. If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - b. Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
  - c. Discard in a waste container.
  - d. Perform Hand hygiene immediately.

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References	
<b>MDS Items (CAAs)</b>	
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	Centers for Disease Control and Prevention, Strategies for Optimizing the Supply of PPE: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a> Centers for Disease Control and Prevention: Personal Protective Equipment Burn Rate Calculator <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>
<b>Related Documents</b>	<a href="#">Personal Protective Equipment Policies</a> <a href="#">COVID-19 PPE Burn Rate Calculator</a>
<b>Version</b>	1.0 (H5MAPR0346)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Immunization and Vaccination**

Item # H50045

# **Infection Control**

## **Policy and Procedure Manual**

### **Immunization and Vaccination**

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# **Infection Control**

## **Policy and Procedure Manual**

### **Immunization and Vaccination**

#### **Appendices - Flash Drive Only**

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#### **Guidelines**

Recommendations for Use of Zoster Vaccine

Recommended Adult Immunization Schedule (for ages 19 years or older), 2019

#### **Sample Documentation**

Immunization Record (CP1811)

Informed Consent for Influenza Vaccine (Inactivated or Recombinant)/Informed Consent for Pneumococcal Vaccine (CP1800-19)

#### **Tools**

Herpes Zoster Vaccination – Informed Consent

Vaccine Information Statement – Influenza (Flu) Vaccine (Inactivated or Recombinant)

Vaccine Information Statement – Influenza (Flu) Vaccine (Live, Intranasal)

Vaccine Information Statement – Pneumococcal Conjugate Vaccine (PCV13)

Vaccine Information Statement – Live Zoster (Shingles) Vaccine

Vaccine Information Statement – Recombinant Zoster (Shingles) Vaccine

Vaccine Information Statement – Td (Tetanus, Diphtheria) Vaccine

Vaccine Information Statement – DTaP (Diphtheria, Tetanus, Pertussis) Vaccine

# Herpes Zoster Vaccine

## Policy Statement

All residents over the age of 60 years will be offered the herpes zoster vaccine unless the resident's clinical condition or situation contraindicates administration of the vaccine.

## Policy Interpretation and Implementation

1. Prior to or upon admission, each resident will be assessed for eligibility to receive the herpes zoster vaccine, and when indicated the resident will be offered the vaccine within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been immunized.
2. Assessments of herpes zoster vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission.
3. Before receiving the herpes zoster vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the herpes zoster vaccine. (See current vaccine information statements at <http://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.) Provision of such education shall be documented in the resident's medical record.
4. Residents/representatives have the right to refuse vaccine. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the vaccine.
5. For residents who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's medical record.
6. Administration of the herpes zoster vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.
7. Inquiries concerning our facility's policies governing vaccinations should be referred to the Infection Preventionist or Director of Nursing Services.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(a) Infection prevention and control program.</a>
<b>Survey Tag Numbers</b>	<a href="#">F880</a>
<b>Other References</b>	Centers for Disease Control and Prevention's Vaccines and Immunizations website at: <a href="http://www.cdc.gov/vaccines/">http://www.cdc.gov/vaccines/</a>
<b>Related Documents</b>	Centers for Disease Control and Prevention's Immunization of Health-Care Personnel <a href="#">Herpes Zoster Vaccination – Informed Consent</a>
<b>Version</b>	1.3 (H5MAPL1012)

# Influenza Vaccine

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## Policy Statement

All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza.

The facility shall provide pertinent information about the significant risks and benefits of vaccines to staff and residents (or residents' legal representatives); for example, risk factors that have been identified for specific age groups or individuals with risk factors such as allergies or pregnancy.

## Policy Interpretation and Implementation

1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccine is medically contraindicated or the resident or employee has already been immunized.
2. Employees hired or residents admitted between October 1st and March 31st shall be offered the vaccine within five (5) working days of the employee's job assignment or the resident's admission to the facility.
3. Employees will be offered the influenza vaccine at no charge, at a location onsite.
4. Prior to the vaccination, the resident (or resident's legal representative) or employee will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. (See current vaccine information statements at <http://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.) Provision of such education shall be documented in the resident's/employee's medical record.
5. For those who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's/employee's medical record.
6. A resident's refusal of the vaccine shall be documented on the *Informed Consent for Influenza Vaccine* and placed in the resident's medical record.
7. If an employee refuses the vaccine for reasons other than medical contraindication, this shall be documented on the *Employee Informed Consent for Influenza Vaccine*.
8. The Infection Preventionist will maintain surveillance data on influenza vaccine coverage and reported rates of influenza among residents and staff. Surveillance data will be made available to staff as part of educational efforts to improve vaccination rates among employees.
9. Only inactivated influenza vaccine will be offered to residents, pregnant employees, and employees who work directly with severely immunocompromised residents.
10. Residents and staff may obtain their influenza vaccines from their personal physicians. Documentation of previous vaccination should be provided to the facility.

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11. Administration of the influenza vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(d) Influenza and pneumococcal immunizations</a> ; <a href="#">483.30(b)</a> ; <a href="#">§483.80(a) Infection prevention and control program</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards</a> .
<b>Survey Tag Numbers</b>	<a href="#">F883</a> ; <a href="#">F710</a> ; <a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	Centers for Disease Control and Prevention's websites at: <a href="http://www.cdc.gov/flu">www.cdc.gov/flu</a> and <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a>
<b>Related Documents</b>	<a href="#">Employee Informed Consent for Influenza Vaccine (CP1816)</a> <a href="#">Informed Consent for Influenza Vaccine (Inactivated or Recombinant)/Informed Consent for Pneumococcal Vaccine (CP1800-19)</a> <a href="#">Vaccine Information Statement – Influenza (Flu) Vaccine (Inactivated or Recombinant)</a> <a href="#">Vaccine Information Statement – Influenza (Flu) Vaccine (Live, Intranasal)</a>
<b>Version</b>	2.2 (H5MAPL0408)

# Pneumococcal Vaccine

## Policy Statement

All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.

## Policy Interpretation and Implementation

1. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.
2. Assessments of pneumococcal vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission.
3. Before receiving a pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine. (See current vaccine information statements at <http://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.) Provision of such education shall be documented in the resident's medical record.
4. Pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol.
5. Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination.
6. For residents who receive the vaccines, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's medical record.
7. Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(d) Influenza and pneumococcal immunizations</a> ; <a href="#">483.30(b)</a> ; <a href="#">§483.80(a) Infection prevention and control program</a> ; <a href="#">§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards</a> .
<b>Survey Tag Numbers</b>	<a href="#">F883</a> ; <a href="#">F711</a> ; <a href="#">F880</a> ; <a href="#">F836</a>
<b>Other References</b>	Centers for Disease Control and Prevention 2014. Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine among adults ≥65 years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). <i>Morbidity and Mortality Weekly Report</i> 63(37): 822-825.
<b>Related Documents</b>	<a href="#">Immunization Record (CP1811)</a> <a href="#">Informed Consent for Influenza Vaccine (Inactivated or Recombinant)/Informed Consent for Pneumococcal Vaccine (CP1800-19)</a> <a href="#">Vaccine Information Statement – Pneumococcal Conjugate Vaccine (PCV13)</a>
<b>Version</b>	2.0 (H5MAPL0650)



# Vaccination of Residents

## Policy Statement

All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated.

## Policy Interpretation and Implementation

1. Prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. (See current vaccine information statements at <http://www.cdc.gov/vaccines/hcp/vis/index.html> for educational materials.)
2. Provision of such education shall be documented in the resident's medical record.
3. All new residents shall be assessed for current vaccination status upon admission.
4. The resident or the resident's legal representative may refuse vaccines for any reasons.
5. If vaccines are refused, the refusal shall be documented in the resident's medical record.
6. If the resident receives a vaccine, at least the following information shall be documented in the resident's medical record:
  - a. Site of administration;
  - b. Date of administration;
  - c. Lot number of the vaccine (located on the vial);
  - d. Expiration date (located on the vial); and
  - e. Name of person administering the vaccine.
7. Certain vaccines (e.g., influenza and pneumococcal vaccines) may be administered per the physician-approved facility protocol (standing orders) after the resident has been assessed by the physician for medical contraindications for each vaccine. The resident's Attending Physician must provide a separate written order for any other vaccination, and such orders shall be recorded in the resident's medical record.
8. Inquiries concerning this policy should be referred to the Infection Preventionist or the Administrator.

References	
<b>OBRA Regulatory Reference Numbers</b>	<a href="#">§483.80(d) Influenza and pneumococcal immunizations</a> ; 483.30(b); <a href="#">§483.80(a) Infection prevention and control program</a> .
<b>Survey Tag Numbers</b>	F883; F711; F880
<b>Other References</b>	<a href="http://www.cdc.gov/vaccines/hcp/vis/index.html">http://www.cdc.gov/vaccines/hcp/vis/index.html</a>
<b>Related Documents</b>	<a href="#">Herpes Zoster Vaccine</a> <a href="#">Influenza Vaccine</a> <a href="#">Pneumococcal Vaccine</a> <a href="#">Herpes Zoster Vaccination – Informed Consent</a>
<b>Version</b>	2.3 (H5MAPL0927)



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



**Miscellaneous**

**Item # H50045**

**This chapter reserved for  
miscellaneous information  
that may be added in  
future updates**



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Guidelines and Recommendations**

Item # H50045

# Guidelines and Recommendations

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The following guidelines and recommendations were used in the development of this manual. The documents can be viewed on the flash drive in the *Guidelines and Recommendations* folder as noted.

## Administrative

- Centers for Disease Control and Prevention. 2016. Infection Prevention and Control Assessment Tool for Long-term Care Facilities available at <https://www.cdc.gov/infectioncontrol/pdf/ICAR/LTCF.pdf> (document on flash drive).
- Centers for Disease Control and Prevention. 2016. The Core Elements of Antibiotic Stewardship for nursing homes. <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html> (document on flash drive).
- Centers for Medicare and Medicaid Services. 2014. A Process Tool Framework. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/ProcessToolFramework.pdf>.
- Centers for Medicare and Medicaid Services. 2014. QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>.
- Levenson, SA. 2005. Medical Director and Attending Physician Policy and Procedure Manual for Long-Term Care. Miamisburg, OH: MED-PASS, Inc.(Revised September 2017).[www.med-pass.com](http://www.med-pass.com).
- Society for Healthcare Epidemiology of America (SHEA) and Association for Professionals in Infection Control and Epidemiology (APIC). 2008. Infection prevention and control in the long-term care facility. *Infection Control and Hospital Epidemiology*, 2008; 29(9): 785-814. [https://apic.org/Resource/\\_TinyMceFileManager/Practice\\_Guidance/id\\_APIC-SHEA\\_GuidelineforLCinLTCFs.pdf](https://apic.org/Resource/_TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforLCinLTCFs.pdf) (document on flash drive).

## Clinical

- Association for Professionals in Infection Control and Epidemiology (APIC). 2013. Guide to preventing Clostridium Difficile infections. APIC Implementation Guide. [www.apic.org/implementationguides](http://www.apic.org/implementationguides) (document on flash drive).
- Association for Professionals in Infection Control and Epidemiology (APIC). 2014. Guide to preventing catheter-associated urinary tract infections. <http://www.apic.org/Professional-Practice/Implementation-guides> (document on flash drive).
- Centers for Disease Control and Prevention. 2004. Campaign to Prevent Antimicrobial Resistance in Healthcare Settings: 12 Steps to Prevent Antimicrobial Resistance among Long-term Care Residents. [www.cdc.gov/drugresistance/Healthcare/ltc/12steps\\_ltc.htm](http://www.cdc.gov/drugresistance/Healthcare/ltc/12steps_ltc.htm). (document on flash drive).
- Centers for Disease Control and Prevention. *Clostridium difficile*. [http://www.cdc.gov/HAI/organisms/cdiff/Cdiff\\_infect.html](http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html).
- Centers for Disease Control and Prevention. 2004. Guidelines for preventing health-care-associated pneumonia, Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. Morbidity and Mortality Weekly Report 53(RR-3):1-36. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm>.
- Centers for Disease Control and Prevention. 2005. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health care settings. *Morbidity and Mortality Weekly Report* 54(17): 1-141. <http://cdc.gov/mmwr/pdf/rr/rr5417.pdf>.

- Centers for Disease Control and Prevention. 2006. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006. Updated February 15, 2017. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf> **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2006. TB Elimination—Infection Control in Health-Care Settings. <http://www.cdc.gov/tb/publications/factsheets/default.htm>.
- Centers for Disease Control and Prevention. 2007. Infection control measures for preventing and controlling influenza transmission in long-term care facilities. [www.cdc.gov/flu](http://www.cdc.gov/flu) **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2007. MRSA in healthcare settings. <http://www.cdc.gov/mrsa/index.html>.
- Centers for Disease Control and Prevention. 2008. Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. *Morbidity and Mortality Weekly Report* 57 (RR-8). [www.cdc.gov/mmwr/PDF/rr/rr5708.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5708.pdf). **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2009. Healthcare Infection Control Practices Advisory Committee. (HICPAC) Guideline for Prevention of Catheter-Associated Urinary Tract Infections. [http://www.cdc.gov/ncidod/dhqp/dpac\\_uti\\_pc.html](http://www.cdc.gov/ncidod/dhqp/dpac_uti_pc.html) **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2010. Hepatitis B General Information. <http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>.
- Centers for Disease Control and Prevention. 2010. Information about the current epidemic strain of *Clostridium difficile*. [www.cdc.gov/ncidod/dhqp/id\\_CdiffFAQ\\_newstrain.htm](http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_newstrain.htm).
- Centers for Disease Control and Prevention. 2010. Prevention Strategies for Seasonal Influenza in Healthcare Setting. <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.
- Centers for Disease Control and Prevention. 2010. Updated guidelines for using interferon gamma release assays to detect *Mycobacterium tuberculosis* infection - United States, 2010. *Morbidity and Mortality Weekly Report* 59(RR-5):1-25. June 25, 2010. **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2011. Guidelines for the prevention of intravascular catheter-related infections, 2011. <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf> **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2011. Updated norovirus outbreak management and disease prevention guidelines. *Morbidity and Mortality Weekly Report* 60 (RR-3): 1-15. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm> **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2017. Protocol for public health agencies to notify CDC about the occurrence of nationally notifiable conditions. [https://www.cdc.gov/nndss/document/NNC\\_2017\\_Notification\\_Requirement](https://www.cdc.gov/nndss/document/NNC_2017_Notification_Requirement).
- Centers for Disease Control and Prevention. 2015. Investigation and control of Vancomycin- Resistant *Staphylococcus aureus* (VRSA): 2015 Update. [https://www.cdc.gov/hai/pdfs/VRSA-Investigation-Guide-05\\_12\\_2015.pdf](https://www.cdc.gov/hai/pdfs/VRSA-Investigation-Guide-05_12_2015.pdf). **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2015. Facility Guidance for Control of Carbapenem-resistant Enterobacteria - November 2015 Update CRE Toolkit. <https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html>.
- Centers for Disease Control and Prevention. Hepatitis B General Information. <http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf> **(document on flash drive)**.

- Centers for Disease Control and Prevention. MRSA – Methicillin Resistant *Staphylococcus aureus*, <https://www.cdc.gov/hai/>.
- Centers for Disease Control and Prevention. 2019. Interim Guidance For a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs). <https://www.cdc.gov/hai/containment/guidelines.html>.
- Centers for Disease Control and Prevention. Division of Tuberculosis Elimination. 2019. Latent TB infection testing and treatment: Summary of U.S. recommendations. **(document on flash drive)**.
- Centers for Disease Control and Prevention. 2019. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. Morbidity and Mortality Weekly Report 68(RR-19):439-443. **(document on flash drive)**.
- Centers for Disease Control and Prevention. July 2019. Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/Measles-Interim-IC-Reccs-H.pdf> **(document on flash drive)**.
- Cohen SH, Gerding DN, Johnson S, et.al. 2010. Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infect Control Hosp Epidemiol*, 31(5):431-455. [https://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient\\_Care/PDF\\_Library/cdiff2010a.pdf](https://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/cdiff2010a.pdf) **(document on flash drive)**.
- Department of Health and Human Services. 2013. National Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination. <https://health.gov/hcq/prevent-hai-action-plan.asp> **(document on flash drive)**.
- Environmental Protection Agency (EPA). 2018. EPA’s Registered Antimicrobial Products Effective against *Clostridium difficile* Spores. January 10, 2018. <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium> **(document on flash drive)**.
- Gorski L, Hadaway L, Hagle ME, McGoldrick M, Orr M, Doellman D. 2016. Infusion therapy standards of practice. *J Infus Nurs* 39(suppl 1):S1-S159. [www.insl.org](http://www.insl.org).
- Henderson DK, Dembry L, Fishman NO, et. al., Infection Control and Hospital Epidemiology. March 2010. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infect Control Hosp Epidemiol*, Volume 31, (3):203-232. Number 3. <https://www.shea-online.org/index.php/component/content/article?id=412:guideline-for-management-of-healthcare-workers-who-are-infected-with-hepatitis-b-virus-hepatitis-c-virus-and-or-human-immunodeficiency-virus>.
- High KP, Bradley SF, Gravenstein S, et al. 2009. Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008. Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases* 48: 149-71. **(document on flash drive)**.
- Lewinsohn D, Leonard M, LoBue P, et al. 2017. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention. Clinical practice guidelines: Diagnosis of tuberculosis in adults and children. *Clin Infect Dis*. 64(2):e1-e33. **(document on flash drive)**.
- Loeb M, Bently DW, Bradley S, et al. 2001. Development of minimum criteria for the initiation of antibiotics in residents of long-term care facilities: Results of a consensus conference. *Infect Control Hosp Epidemiol*. 22:120-124. <https://www.ncbi.nlm.nih.gov/pubmed/11232875>.

- Lui C, Bayer A, Cosgrove SE, et. al. 2011. Clinical practice guidelines by the Infectious Diseases Society of America for the treatment of methicillin-resistant *Staphylococcus aureus* infections in adults and children. *Clinical Infectious Diseases* 52(1): 1-15. <https://academic.oup.com/cid/article/52/3/e18/306145/Clinical-Practice-Guidelines-by-the-Infectious> (document on flash drive).
- MacCannel T, Umscheid CA, Rajender AK, et.al. 2011. Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. <http://www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf> (document on flash drive).
- Uyeki T, Bernstein H, Bradley J, et al. 2018. Clinical practice guidelines by the Infectious Diseases Society of America: 2018 Update on diagnosis, treatment, chemoprophylaxis, and institutional outbreak management of seasonal influenza. *Clin Infect Dis* <https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-seasonal-influenza.pdf> (document on flash drive).

## COVID-19

- Centers for Disease Control and Prevention. 04-30-2020. Responding to Coronavirus (COVID-19) in Nursing Homes Responding to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html> (document on flash drive).
- Centers for Disease Control and Prevention. 05-01-2020. Instructions for Completing the Human Infection with 2019 Novel Coronavirus (COVID-19) Case Report Form. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Persons-Under-Investigation-and-Case-Report-Form-Instructions.pdf>.
- Centers for Disease Control and Prevention. 05-08-2020. Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf> (document on flash drive).
- Centers for Disease Control and Prevention. 05-12-2020. Considerations for Memory Care Units in Long-term Care Facilities. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>.
- Centers for Disease Control and Prevention. 06-04-2020. Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>.
- Centers for Disease Control and Prevention. 06-18-2020. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.
- Centers for Disease Control and Prevention. 06-25-2020. Preparing for COVID-19 in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#interim-guidance> (document on flash drive).
- Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of Eye Protection. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>.
- Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of Facemasks. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.
- Centers for Disease Control and Prevention. 06-28-2020. Strategies for Optimizing the Supply of N95 Respirators. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>.



- Centers for Disease Control and Prevention. 06-30-2020. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html> **(document on flash drive)**.
- Centers for Disease Control and Prevention. 07-15-2020. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html).
- Centers for Disease Control and Prevention. 07-16-2020. Optimizing Supply of PPE and Other Equipment during Shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- Centers for Disease Control and Prevention. 07-17-2020. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.
- Centers for Disease Control and Prevention. 07-17-2020. Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.
- Centers for Disease Control and Prevention. 07-17-2020. Mitigating Staff Shortages (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.
- Centers for Disease Control and Prevention. 07-21-2020. Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html> **(document on flash drive)**.
- Centers for Medicare and Medicaid Services. 03-10-2020. Guidance for use of Certain Industrial Respirators by Health Care Personnel. QSO-20-17-ALL <https://www.cms.gov/files/document/qso-20-17-all.pdf>.
- Centers for Medicare and Medicaid Services. 03-13-2020. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED). QSO-20-14-NH. <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>.
- Centers for Medicare and Medicaid Services. 04-13-2020. 2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios. QSO-20-25-NH <https://www.cms.gov/files/document/qso-20-25-nh.pdf>.
- Centers for Medicare and Medicaid Services. 04-19-2020. Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes. QSO-20-26-NH. <https://www.cms.gov/files/document/qso-20-26-nh.pdf>.
- Centers for Medicare & Medicaid Services. 05-06-2020. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes. QSO-20-29-NH. <https://www.cms.gov/files/document/qso-20-29-nh.pdf> **(document on flash drive)**.
- Centers for Medicare and Medicaid Services. 08-26-2020. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool. QSO-20-38-NH. <https://www.cms.gov/files/document/qso-20-38-nh.pdf> **(document on flash drive)**.
- Department of Health and Human Services. 2020. Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program. *Federal Register* 85(90): May 8, 2020. 27550. <https://www.govinfo.gov/content/pkg/FR-2020-05-08/pdf/2020-09608.pdf>.

## Disaster Preparedness

Centers for Disease Control and Prevention. 2019. Interim Guidance For a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs). <https://www.cdc.gov/hai/containment/guidelines.html> (document on flash drive).

Centers for Disease Control and Prevention. 2019. Key infection control precautions recommended for preventing Ebola transmission in U.S. hospitals. <https://www.cdc.gov/vhf/ebola/index.html> (document on flash drive).

Department of Health and Human Services. 2006. Long-term care and other residential facilities pandemic influenza planning checklist. <http://www.flu.gov>.

## Employee Health

Centers for Disease Control and Prevention. 2003. Exposure to Blood: What Healthcare Personnel Need to Know. [http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf) (document on flash drive).

Centers for Disease Control and Prevention. 2004. Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings. [www.cdc.gov/ncidod/dhqp/ppe.html](http://www.cdc.gov/ncidod/dhqp/ppe.html).

Centers for Disease Control and Prevention. 2012. Updated CDC recommendations for the management of hepatitis B virus-infected health-care providers and students. *Morbidity and Mortality Weekly Report*. 61(3). July 6, 2012 <https://www.cdc.gov/mmwr/pdf/rr/rr6103.pdf>.

Centers for Disease Control and Prevention. 2016. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. <https://www.cdc.gov/niosh/docs/2016-161/default.html> (document on flash drive).

Henderson D, Dembry L, Fishman N, et al. 2010. SHEA Guideline for management of healthcare workers who are infected with Hepatitis B Virus, Hepatitis C Virus and/or Human Immunodeficiency Virus. *Infect Cntrl Hosp Epidem* 31(3): 202-232. <http://www.jstor.org/stable/10.1086/650298> (document on flash drive).

Kuhar DT, Henderson DK, Struble KA, 2013. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. *Inf Cntrl Hosp Epidemiol* 34(9):875-892. <http://www.jstor.org/stable/10.1086/650298> (document on flash drive).

Occupational Safety and Health Administration. 2001. Instruction CPL Document 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens. [www.osha.gov](http://www.osha.gov).

Occupational Safety and Health Administration. 2001. Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030). [www.osha.gov](http://www.osha.gov).

## Environmental Infection Prevention and Control

Centers for Disease Control and Prevention and Environmental Protection Agency. 2010. Joint statement on bed bug control in the United States from the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Environmental Protection Agency (EPA). Atlanta: U.S. Department of Health and Human Services. <https://stacks.cdc.gov/view/cdc/21750>.

Centers for Disease Control and Prevention. 2003, Updated July 2019. Guidelines for environmental infection control in health-care facilities. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf> (document on flash drive).

- Centers for Disease Control and Prevention. 2008, Updated May 2019. Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf> (document on flash drive).
- Centers for Disease Control and Prevention. 2017. Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings. <https://www.cdc.gov/legionella/index.html>.
- Centers for Medicare & Medicaid Services. June 2, 2017. Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD), S&C: 17-30-NH. (document in Environmental Infection Control Appendix on flash drive).
- Michigan Department of Community Health and the Bed Bug Working Group. 2010. Comprehensive guidance to identify, treat, manage and prevent bed bugs. [http://www.michigan.gov/documents/emergingdiseases/Bed\\_Bug\\_Manual\\_v1\\_full\\_reduce\\_326605\\_7.pdf](http://www.michigan.gov/documents/emergingdiseases/Bed_Bug_Manual_v1_full_reduce_326605_7.pdf) (document on flash drive).

## General Infection Prevention and Control

- Centers for Disease Control and Prevention. 2002. Guideline for hand hygiene in health-care settings. *Morbidity and Mortality Weekly Report* 51 (RR-16): 1-44. <https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf> (document on flash drive).
- Centers for Disease Control and Prevention. 2007. Updated July 2019. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf> (document on flash drive).
- Centers for Disease Control and Prevention. 2010. Clinical Reminder: Use of Fingertick Devices On More Than One Person Poses Risk For Transmitting Bloodborne Pathogens. [http://www.cdc.gov/injectionsafety/PDF/Clinical\\_Reminder\\_Fingertick\\_Devices\\_RiskBBP.pdf](http://www.cdc.gov/injectionsafety/PDF/Clinical_Reminder_Fingertick_Devices_RiskBBP.pdf).
- Centers for Disease Control and Prevention. 2012. Clinical Reminder: Insulin Pens Must Never Be Used For More Than One Person. <http://www.cdc.gov/injectionsafety/PDF/Clinical-Reminder-insulin-pen.pdf>.
- Centers for Disease Control and Prevention. 2012. Single-dose/Single-use Vial Position and Messages. <http://www.cdc.gov/injectionsafety/PDF/CDC-SDV-Position05022012.pdf>.
- Society for Healthcare Epidemiology of America (SHEA). 2014. Strategies to prevent healthcare-associated infections through hand hygiene, *Infect Control Hosp Epidemiol* 35(8):937-960.(document on flash drive).
- United States Pharmacopeia, 35th rev. USP General Information Chapter <797> Compounding Sterile Preparations. Rockville, MD: The United States Pharmacopeial Convention, 2011. <http://www.usp.org/compounding>.

## Immunizations

- Centers for Disease Control and Prevention. 2003. Prevention and Control of Vaccine-Preventable Diseases in Long-Term Care Facilities. [http://www.cdc.gov/vaccines/pubs/downloads/bk\\_long-term-care.pdf](http://www.cdc.gov/vaccines/pubs/downloads/bk_long-term-care.pdf).(document on flash drive).
- Centers for Disease Control and Prevention. 2008. Prevention of herpes zoster: Recommendations of the Advisory Committee on Immunization Practices (ACIP), *Morbidity and Mortality Weekly Report* 57 (RR-5). [www.cdc.gov/mmwr/PDF/rr/rr5705.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5705.pdf) (document on flash drive).
- Centers for Disease Control and Prevention. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) - Recommendations for current influenza season. <http://www.immunize.org/acip/>.

Centers for Disease Control and Prevention. 2011. Immunization of Health-Care Personnel. *Morbidity and Mortality Weekly Report* 60(7): 1-48. **(document on flash drive)**.

Centers for Disease Control and Prevention. 2014. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged  $\geq 65$  Years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report* 63(37): September 9, 2014. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a3.htm>.

Centers for Disease Control and Prevention. 2019. Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2019. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf> **(document on flash drive)**.

## Regulatory

Centers for Medicare and Medicaid Services Publication 100-07, State Operations Manual, Appendix P. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_p\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_p_ltcf.pdf).

Centers for Medicare and Medicaid Services Publication 100-07, State Operations Manual, Appendix PP. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf).

Centers for Medicare and Medicaid Services. June 30, 2017. Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues, S&C: 17-36-NH. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-36.pdf>.

## Surveillance

Centers for Disease Control and Prevention/National Healthcare Safety Network (NHSN). 2017. Patient Safety Component Manual. [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn).

Stone ND, Ashraf S, Calder J, et. al. October 2012. Surveillance definitions of infection in long-term care: Revisiting the McGeer Criteria. *Infection Control and Hospital Epidemiology*, 33(10):965-977. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538836/> **(document on flash drive)**.



# **INFECTION CONTROL**

## **Policy and Procedure Manual**



## **Alphabetical Index**

**Item # H50045**

# Using the Index

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The following is a list of abbreviations and the names of the chapters to which they correspond in this manual.

## Part 1 - Operational

ADM	<a href="#">Administrative Policies</a>
BIO	<a href="#">Bioterrorism and Disaster Preparedness</a>
EMP	<a href="#">Employee Health</a>
ENV	<a href="#">Environmental Infection Control</a>
SUR	<a href="#">Surveillance</a>
OBR	<a href="#">OBRA Regulations and Interpretive Guidelines</a>

## Part 2 - Clinical

CLI	<a href="#">Clinical Policies and Procedures</a>
GEN	<a href="#">General Infection Control Practices</a>
IMM	<a href="#">Immunization and Vaccination</a>
MIS	<a href="#">Miscellaneous</a>
GUI	<a href="#">Guidelines and Recommendations</a>

To use the Index, locate the topic about which you need information.

### Clinical Protocols/Policies/Procedures Examples:

#### [Biohazard Labeling 3 \(ADM\)](#)

Information concerning the topic [Biohazard Labeling](#) is located on [page three \(3\)](#) in the chapter entitled [Administrative Policies \(ADM\)](#).

#### [Antibiotic Stewardship 1 \(SUR\)](#)

Information concerning the topic [Antibiotic Stewardship](#) is located on [page one \(1\)](#) in the chapter entitled [Surveillance \(SUR\)](#).

#### [Coronavirus Disease \(COVID-19\) – Testing Residents 89 \(CLI\)](#)

Information concerning the topic [Coronavirus Disease \(COVID-19\) – Testing Residents](#) is located on [page 89](#) in the chapter entitled [Clinical Policies and Procedures \(CLI\)](#).

### Appendices Example:

#### [Report of Incident/Accident \(MP5415\) ii \(ADM\)](#)

All documents included in chapter appendices are located only on the flash drive. In order to locate these documents according to subject, refer to listings in the appendices tables of content of their respective chapters.

For example; the form entitled [Report of Incident/Accident \(MP5415\)](#) is a document located only on the flash drive and is listed on [page ii of the Administrative Policies \(ADM\) Table of Contents](#). To access the document, navigate to the document files on the flash drive: H50045-Flash Drive/Document Files/Part1/01-Part1-AdminPol/Appendices.

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 Reporting Facility Data to the Centers for Disease Control and Prevention [21 \(SUR\)](#)  
 Specimen Collection, Reporting and Documentation for COVID-19 Testing [85 \(CLI\)](#)  
 Surge Capacity Staffing [25 \(BIO\)](#)  
 Telemedicine and Telehealth [33 \(ADM\)](#)  
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 Testing Residents 89 (CLI)  
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 COVID-19 Education Coordinator 25 (ADM)  
 Critical Items 14 (ENV)  
 Culture  
     MRSA 6 (CLI)  
     Specimen Collection for 9 (GEN)  
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## D

Danger Zone 54 (GEN)  
 Diapers/Underpads 8 (CLI)  
 Diarrhea and Fecal Incontinence 10 (CLI)  
 Disaster  
     Training 5 (BIO)  
 Dressings  
     IV Catheter 19 (CLI)  
     Soiled/Contaminated 14 (CLI)

## E

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 Emergency Procedure  
     Infectious Disease Threat 13 (BIO)  
     Terrorism/Biological Attack 15 (BIO)  
 Employee  
     Communicable/Contagious Diseases 1 (EMP)  
     Exposure Follow-Up - Tuberculosis 28 (EMP)  
     Health  
         Medical Director Role 4 (EMP)  
         Records 6 (EMP)  
     Infection and Vaccination Status 8 (EMP)  
     Informed Consent for Influenza Vaccine 2 (IMM)  
     Screening for Tuberculosis 30 (EMP)  
     Training  
         Infection Control 5 (ADM)  
         Medical Waste Management 38 (ENV)  
     Work Assignments 10 (EMP)  
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     of Other Employers  
         Infection Control 11 (EMP)  
 Engineering Controls 12 (EMP)  
 Environmental  
     Services – Laundry and Linen 15 (GEN)  
 Equipment  
     and Supplies  
         Used During Isolation 25 (ENV)

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     Blood and Body Fluids 4 (GEN)  
     Classification of Tasks/Procedures 13 (EMP)  
     Reporting and Investigating 15 (EMP)  
     Reports 17 (EMP)

## F

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     Policies and Procedures  
         Annual Reviews 10 (ADM)  
 Facility Assessment 7 (ADM)  
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     Handling  
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     Carpeting and Cloth - Cleaning/Repairing 18 (ENV)

## H

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     Hand Hygiene 25 (GEN)  
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     Records, Employee 6 (EMP)  
 Healthcare-Associated Infections  
     Identifying 9 (SUR)  
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     Storage Chests 26 (ENV)  
 Identifying  
     Healthcare-Associated Infections 9 (SUR)  
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     Preventionist 20 (ADM)  
     Skin and Soft Tissue 32 (CLI)  
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 Transfer Form 1 (ADM)  
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 Emergency Procedure 13 (BIO)  
 Infection Control Measures During 20 (BIO)  
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  - Face Masks 43 (GEN)
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### Personal Protective Equipment

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### Prevention

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### Quarantine 56 (GEN)

## R

### Recreational Therapy – Prevention of Infection 21 (GEN)

### Replacement of IV Catheter 19 (CLI)

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### Reporting

- and Investigating, Exposure 15 (EMP)

### Reports, Exposure 17 (EMP)

### Reprocessed Single-Use Devices 14 (ENV)

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### Reusable Items 14 (ENV)

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- the Administrator or Designee(s) During Construction 23 (ENV)

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### Sampling

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### Semi-Critical Items 14 (ENV)

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### Standard

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### TB (Tuberculosis)

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- Vaccination of Residents [5 \(IMM\)](#)
- Vaccine
  - Hepatitis B [22 \(EMP\)](#)
  - Herpes Zoster [1 \(IMM\)](#)
  - Influenza [2 \(IMM\)](#)
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## W

- Waste Disposal [32 \(EMP\)](#)
- Water
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- Work
  - Assignments
    - Employee [10 \(EMP\)](#)
  - Practices [33 \(EMP\)](#)

TABLE 2

Definitions for Constitutional Criteria in Residents of Long-Term Care Facilities (LTCFs)

A. Fever

- 1. Single oral temperature >37.8°C (>100°F)
- OR
- 2. Repeated oral temperatures >37.2°C (99°F) or rectal temperatures >37.5°C (99.5°F)
- OR
- 3. Single temperature >1.1°C (2°F) over baseline from any site (oral, tympanic, axillary)

B. Leukocytosis

- 1. Neutrophilia (>14,000 leukocytes/mm<sup>3</sup>)
- OR
- 2. Left shift (>6% bands or ≥1,500 bands/mm<sup>3</sup>)

C. Acute change in mental status from baseline (all criteria must be present; see [Table 3](#))

- 1. Acute onset
- 2. Fluctuating course
- 3. Inattention
- AND
- 4. Either disorganized thinking or altered level of consciousness

D. Acute functional decline

- 1. A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence)<sup>14</sup>
  - a. Bed mobility
  - b. Transfer
  - c. Locomotion within LTCF
  - d. Dressing
  - e. Toilet use
  - f. Personal hygiene
  - g. Eating



# HumanGood LTC Diet Manual

# Diet Manual – Guidelines

- No CMS regulation in State Operations Manual
- **Follow State Guidelines**
  - Ex. Title 22 - CA

s 72337. Dietetic Service -Diet Manual.

A current therapeutic diet manual, approved by the dietitian and the patient care policy committee, shall be readily available to the attending physician, nursing and dietetic personnel. It shall be reviewed annually and revised at least every five years.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

# HG adopted Morrison Policy D201

## DIET MANUAL

The Diet Manual is used to standardize nutritional care throughout the community and reflects current evidence based nutritional care practices, knowledge, and recommendations.

- The approval process includes:
  - ADAPTATION – The community will modify and adapt the diet manual as necessary to ensure all available diets are recognized, including the correct terminology for ordering diets; and a statement on whether or not the added/alterd diet meets the Dietary Reference Intake (DRI).
  - APPROVAL – The community will obtain the necessary signatures on the approval form and place in the front of the manual. The approval form is updated annually and with any changes of staff, including the Medical Director and dietitian.
    - Hospital accounts – The diet manual is reviewed by the appropriate medical committee assigned to Nutrition Services.
  - DISTRIBUTION – A copy of the diet manual is readily available to the attending physician, nursing staff, and food and nutrition personnel.
- The Diet Manual is reviewed and approved annually.

# Diet Manual Regulations indicate. . . .

- Diet Manuals must be immediately available
  - Healthcare providers plus those that make decisions about diets
    - Ex. Nurses, providers, dietitians, chefs, etc. . .
- Hard copy must be available for downtime (loss of power)
- Need to be know. . . .
  - Where it is, What it is, When to use it, How to use it
- Must be approved annually by Medical Director and Dietitian



# Diet Manual –Where, What, When & How . .

- Where it is. . .
  - The online version available at [www.mydietmanual.com](http://www.mydietmanual.com)
  - The hard copy is available in Dietitian's or Food Service Directors office
- What it is for. . . .
  - To provide a list of community **Approved Orderable Diets** by Medical Director
  - To make decisions about creating diets for our senior population to be nutritionally adequate
  - To provide guidance for Dietitians to make clinical decisions about assessments

# Diet Manual –Where, What, When & How . .

- **When to use it. . .**
  - When determining what facility specific diets include and don't include
  - How to order facility approved diets
  - When creating diets or researching diets not commonly used (ex. clear or full liquid)
  - When making clinical decisions for nutrition assessments by Dietitians
- **How to use it. . .**
  - Next slide will review accessing the online version of the manual

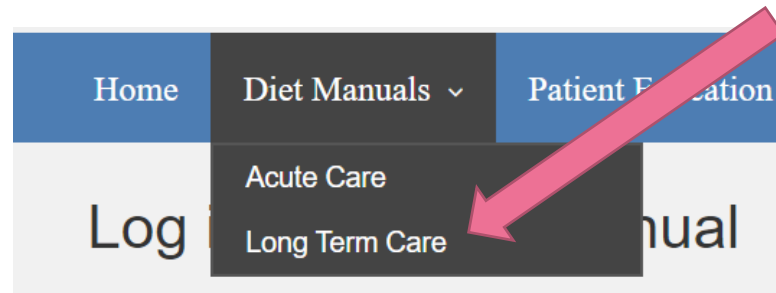
# MyDietManual.com – Online Version



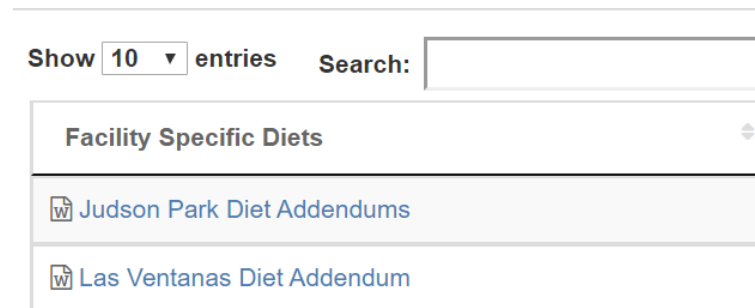
MyDiet Manual

Connecting Great Living to Clinical Excellence

- 2 main areas to focus on within the Diet Manual
- **Long Term Manual** – give decisions about how to create diets



- **Diet Addendums** – community specific diet decisions to make



# MyDietManual –Online Version



MyDiet Manual

Connecting Great Living to Clinical Excellence

- [www.MyDietManual.com](http://www.MyDietManual.com)
  - UN: HGRDs
  - PW: humangood
- Please save web address into your favorites
  - All account addendums are uploaded into MyDiet Manual
- One hard copy per community
  - Includes hard copy addendums
  - Located in office of Dietitian or Food Service Director

# Facility Specific Diet Addendums

- **Sections of a diet addendum**
  - **How to order the diet**
  - **Description of the diet**
  - **Nutritional Adequacy Statement**
  - **Guide on planning the diet**
  - **Sample Menu**
  - **Foods ALLOWED and NOT ALLOWED on certain diets**

# Facility Specific Diet Addendums

## Mechanical Soft Ground

### **How to order the diet:**

Order *Diet Type* as **Regular** *Diet Texture* as **Mechanical Soft (ground)**.

**Note** – if *Fluid Consistency* is modified, these will need to be ordered appropriately in addition to the diet order.

### **Description:**

The diet is a modification of the Regular Diet for the edentulous resident who has difficulty chewing or swallowing. For the greatest variety of foods, all foods that are easily masticated are included in the diet.

## Mechanical Soft Ground

Food Group	Foods Allowed	Foods Excluded
Beverages	All	None
Breads and Crackers	Soft breads and rolls Plain crackers softened in soup or beverage Pancakes, plain muffins Biscuits	Breads with nuts, thick crusts Dry bread, toast, or tough bread  Breads with raisins if not tolerated Hard crackers
Cereals and Grains	Cooked cereals Dry cereals in milk	Cereals with raisins or nuts Granola-type cereals

# Regulatory Call –Diet Manual(32)



## TO DO ITEMS

1. Visit [www.MyDietManual.com](http://www.MyDietManual.com)
2. Please in-service those responsible on Diet Manual and it's purpose. Where, What, When & How
3. Utilize Diet Addendums as intended

## Why does taking antibiotics lead to antibiotic resistance?

Any time you take antibiotics, they can cause side effects and contribute to the development of antibiotic resistance. Antibiotic resistance is one of the most urgent threats to the public's health.

### Always remember:

1. Antibiotic resistance does not mean the body is becoming resistant to antibiotics; it means bacteria are developing the ability to defeat the antibiotics designed to kill them.
2. When bacteria become resistant, antibiotics cannot fight them, and the bacteria multiply.
3. Some resistant bacteria can be harder to treat and can spread to other people.

**More than 2.8 million antibiotic-resistant infections occur in the United States each year, and more than 35,000 people die as a result.**

WINDSOR 003753



## What is the right way to take antibiotics?

**If you need antibiotics, take them exactly as prescribed. Never save your antibiotics for later use or share them with family or friends.**

Taking antibiotics only when needed helps keep us healthy now, helps fight antibiotic resistance, and ensures that these life-saving drugs will be available for future generations.

Talk with your healthcare professional if you have any questions about your antibiotics, including how they could interact with other medications you are taking, or if you develop any side effects.

## What are the side effects?

Common side effects range from minor to very severe health problems and can include:

- Rash
- Dizziness
- Nausea
- Diarrhea
- Yeast infections

### Get immediate medical help if you experience:

- **Severe diarrhea**—it could be a symptom of a *C. diff* infection, which can lead to severe colon damage and death.
- **Severe and life-threatening allergic reactions**, such as wheezing, hives, shortness of breath, and anaphylaxis (which also includes feeling that your throat is closing or choking, or your voice is changing).

To learn more about antibiotic prescribing and use, visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use) or call 1-800-CDC-INFO.



**BE  
ANTIBIOTICS  
AWARE**

**SMART USE, BEST CARE**

**Antibiotics  
Aren't Always  
the Answer.**







## Why is it important to *Be Antibiotics Aware?*

Antibiotics are powerful, life-saving drugs. When your healthcare professional prescribes antibiotics, take them as directed. Patients can experience side effects while taking antibiotics. But remember, when antibiotics are needed, their benefits outweigh the risks of side effects and antibiotic resistance.

**When antibiotics aren't needed, they won't help you, and the side effects could still cause harm.** Reactions from antibiotics cause 1 out of 5 medication-related visits to the emergency room.

**In children, reactions from antibiotics are the most common cause of medication-related emergency room visits.**

## What do antibiotics treat?

**Antibiotics are only needed for treating certain infections caused by bacteria.** Antibiotics are critical tools for treating life-threatening conditions such as pneumonia and sepsis, which is the body's extreme response to an infection.

## What don't antibiotics treat?

**Antibiotics do not work on viruses**, such as those that cause colds, flu, bronchitis, or runny noses, even if the mucus is thick, yellow, or green. Antibiotics also won't help some common bacterial infections, including most cases of bronchitis, many sinus infections, and some ear infections.

## How can I stay healthy?

You can stay healthy and keep others healthy by:

- Cleaning hands by washing with soap and water for 20 seconds or using a hand sanitizer that contains at least 60% alcohol
- Covering your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow
- Getting recommended vaccines, such as the flu vaccine

Talk to your healthcare professional about steps you can take to help prevent illness.



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WINDSOR 003755



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***Quality Assurance  
and  
Performance Improvement Plan***

**2017**



## **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN**

---

### **PURPOSE**

This Quality Assurance and Performance Improvement (QAPI) program has been developed to help us continually improve the way we care for and engage with our residents, team members, service partners, and the families of residents so that we may realize our ***winning aspiration to be the leading innovator in delivering enriched and engaged experiences with optimal health and measurable life fulfillment.***

This QAPI plan provides a framework by which organizational processes and outcomes are continuously assessed and improved through a systematic, comprehensive, data driven, and proactive approach to performance improvement that focuses on service outcomes related to housing and supportive services, clinical care, quality of life and resident choice.

Furthermore, this plan integrates our mission, vision and values and emphasizes our commitment to maintain a non-punitive or “just culture” of learning from mistakes, openness and fairness, management of systems, and management of behavior wherein all team members participate in promoting individual and team accountability for performance, conformance with relevant laws, regulations and standards, with an aspiration of achieving increasingly high reliability through consistent positive outcomes of care and service over time.

This QAPI effort is not just about meeting minimum standards; rather, it is about aiming higher at achieving leadership in quality control and outcome effectiveness on the part of every HumanGood team member.

### **SCOPE**

This QAPI program is ongoing and applies multilevel and organization-wide, including home office functional areas/service lines as well as community departments/service areas.

### **PROGRAM GOALS**

The primary goal of this program is to achieve continuous quality and performance improvement, with the objectives of achieving the best possible outcomes in health care, supportive services, and housing for our residents, in a safe environment, thereby improving resident, client, and team member satisfaction.

Under the auspices of this program, quality and performance improvement activities are outcome directed and include transparency in reporting outcome and behavioral

deficiencies, learning from our mistakes, accountability, achieving critical thinking and appropriate behavior among team members relative to the key requirements of their job function, and analysis of our systems and work processes to determine efficacy.

These QAPI activities also involve performing any revisions to policies and procedures and conducting continuing education of team members to ensure compliance with procedures and work processes.

## **HUMANGOOD CORE DIMENSIONS AND BEHAVIORS**

(See Appendix A)

### **OBJECTIVES:**

Our organization uses QAPI to make decisions and guide our day-to-day operations.

**Objective #1:** To define quality in measurable terms, set goals for performance, and measure progress toward those goals to achieve consistent service delivery.

**Objective #2:** To include team members, functional areas/units, all departments and all services in QAPI processes and goal-setting to improve resident outcomes.

**Objective #3:** To focus on systems and processes rather than individuals, but in addition, to manage behavior in a professional and objective manner so that learning and conformance is enhanced.

**Objective #4:** To make decisions based on data that includes input from team members, residents, health care providers, families, and other stakeholders.

**Objective #5:** To encourage individual and collective accountability for our own practice and performance.

### **AUTHORITY AND STRUCTURE**

The HumanGood Board of Directors authorized development and implementation of this organization-wide, multi-disciplinary QAPI program and has delegated to the Chief Operating Officer, working with the Vice President, Health Care and Quality, the responsibility to ensure its effectiveness. (See Appendix B)

The Corporate Quality Improvement Committee, described below, has been delegated authority by the COO to establish the program, provide program direction, monitor key quality indicators and achievement of QI goals, and recommend resources/support to the COO where appropriate, and provide periodic reports on program activity and outcomes to the Board of Directors.

In addition, management and team members are expected to actively support and participate in the program, with managers requiring that key departmental processes and functions be evaluated, monitored, and improved as appropriate.

The community Quality Improvement Committee serves as the coordinating body for

QAPI activities on each campus, and their QAPI activities will be periodically reported to the Corporate Quality Improvement Committee and the Board.

This program plan shall be reviewed annually by the VP of Health Care and Quality and revisions made as appropriate, upon which time the revised Plan will be re-distributed to all management team members for implementation within their area(s) of responsibility.

## **DEFINITIONS:**

**Performance Improvement (PI).** Study of and efforts to achieve improvement in outcomes related to human and systems input and output. (See Appendix C)

**Performance Improvement Project (PIP).** A concentrated focus on a specific problem identified in one or more areas of the organization, whether service or care. The process involves gathering information systematically to clarify issues or problems, and intervening for improvements. PIPs are selected primarily based on intensity and severity of the problem and relative risk to individuals. (See Appendix D)

**Performance Improvement Project (PIP) Task Force.** A group of multi-skilled team members charged with the responsibility of studying an existing process for the purpose of improving it or designing a new one. (See Appendix D)

**Quality Assessment.** An evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved.

**Quality Assurance (QA).** The organizational structure, processes, and procedures designed to ensure that care and service delivery practices are consistently applied and meet or exceed an expected standard of quality. Principles of continuous quality improvement are utilized to achieve benchmark standards.

**Quality Assurance and Performance Improvement (QAPI).** A data-driven, proactive approach to improving the quality of life, care, and services in long term care organizations, although the term quality “assurance” is a misnomer. In actuality, no one can “assure” quality because it is in the eyes of the beholder. We use the term because it is federally mandated, but the true effort is not assurance but rather outcome improvement through assessment, identification of problems, and corrective actions taken to resolve the problem in the hope that it will not recur.

**Quality Deficiencies.** These represent a deficit or an area for improvement. They are potential markers of quality that the community considers to be in need of investigating and which, after investigation, may or may not represent a deviation from quality that results in a potential or actual undesirable outcome.

**Quality Improvement (QI).** An ongoing interdisciplinary process that is designed to improve the delivery of services and resident outcomes. It is a retrospective process of determining how and why a person or system functioned as it did (root cause analysis), and how humans and systems will function in a new project, program, or purchase of equipment (prospective analysis or failure mode, criticality and effects analysis).

## **HUMANGOOD APPROACH TO QUALITY IMPROVEMENT**

We have adopted the following approach to our QAPI activities - the acronym “PDAC” reflects this four-step approach best. (See Appendix C)

- PLAN:** Define and understand the process to be analyzed, as well as its customers and their expectations. Develop a clear problem statement. Emphasis will be placed on identifying root cause of system failures, performing a failure mode and effect analysis for new processes and equipment, and identifying weak links in work processes.
- DESIGN:** Brainstorm ways to reduce or eliminate the problem defined in the planning stage, and explore opportunities for improvement. If a work process is to be studied, design the study methodology.
- ACT:** Take immediate action as a ‘quick fix’ to the problem. The PIP Task Force Team works on the problem then considers, designs, and implements longer term fixes to prevent or reduce recurrence of the problem.
- CHECK:** Monitor the new process to ensure it is fully implemented.

## **PRIORITIZATION**

Program goals and objectives will serve as the basis for selection and prioritization of QAPI activities. Within these objectives, departments and communities can identify their own specific annual objectives based on outcomes of their critical job tasks, identified problems or issues, the degree of impact any of these factors have on resident care and services.

In addition, the following criteria will be used to identify and select quality/process improvement activities that will enhance Plan effectiveness:

- ***High-volume:*** A function or work process that represents or impacts a large percentage of customers/production.
- ***High-risk:*** A function or process that can potentially and significantly impact resident or employee safety or health, cost of care or service, regulatory compliance, reputation, etc, in a negative way.
- ***Problem-prone:*** A function or process that because of its complexity or nature may be prone to failure.

In addition to these criteria the following factors should also be considered when determining immediate and future QI activities:

- ***Impact:*** The effect that the process has on the quality of care and service provided, clinical resource utilization, community needs, and the cost to the organization.



- **Applicability:** Refers to the relationship of the process to the strategic goals (customer satisfaction, cost reduction, growth) and customers affected.
- **Requirements:** The nature of the process as it relates to the mandatory requirements of any regulatory or accrediting agency.
- **History:** Any past source of opportunities for improvement in the process.
- **Efficacy:** The degree to which the care for the resident has been shown to accomplish the desired outcome(s).
- **Effectiveness:** The degree to which the care or service is provided in the correct manner, given the current state of knowledge, in order to achieve the desired outcome for the customer.
- **Resources:** The availability of adequate human and financial resources to improve a service or a system.

At a minimum, documentation of department and community specific QI goals shall be submitted to the Corporate Quality Improvement Committee at the beginning of each calendar year, and a quarterly report of activities and progress achieved is to be submitted to that committee both at the mid-year point and at year-end.

Monitoring of important clinical indicators by the community Quality Improvement Committees may result in the development of additional goals and/or measures. For example, important clinical indicators for the skilled nursing and assisted living facilities may include, but not be limited to, the following:

- Dehydration
- Pressure ulcers
- Weight loss
- Use of restraints
- Loss of Activities of Daily Living function
- Incontinence
- Influenza and pneumococcal vaccination rates
- Nosocomial infection (Noro Virus, Food Borne Illness, etc)
- Falls
- Medication errors
- Psychoactive Medications used in absence of psychotic or related condition
- Antianxiety/hypnotic drug use
- Depressive symptoms
- History of wandering/elopement attempts
- Inconsistent advance directive documentation

Additional monitoring indicators for the community Quality Improvement Committees

may include, but not be limited to, the following:

- Resident/agent attendance at care planning conferences
- Resident and team member satisfaction/engagement survey results
- Team member acuity trend analysis
- Theft and loss incidents
- Number of resident grievances filed, issues, and actions taken
- Average response time to call lights
- Number of team member work-related accidents
- Team member retention rate
- Number of team members participating on PIPs
- Team member attendance at HumanGood-sponsored educational classes
- Number of team members with perfect on-the-job attendance
- Team member competency assessment
- Percent completion of team member performance reviews by date due
- Nursing registry shifts used per month
- Operational budget surplus/deficit
- Status of PIP activities

Through their auditing and monitoring processes and related activities, department managers and supervisors may identify additional quality/process improvement projects or monitoring elements. Consultant reports, findings and recommendations from regulatory agencies, community Quality Measure/Quality Indicator Profile reports (CASPER Reports, EHR Analytics – Clinical Key Performance Indicator Dashboard, Quality Matters and PIPs), organization-wide quality initiatives and benchmarks, and marketing studies are some of the other common sources of information that can be used to identify quality improvement opportunities.

## **GOVERNANCE AND LEADERSHIP STRUCTURE**

Oversight of the QAPI program is provided by the Board of Directors and conducted through a committee structure that is accountable to executive leadership through the Corporate Quality Improvement Committee. This Committee is responsible for providing an annual report on the QAPI Program activities and outcomes to the Board.

The community leadership, in concert with the Corporate Quality Improvement Committee, has responsibility for planning, designing, implementing, and coordinating resident care and service and selecting quality/process improvement activities to meet the needs of residents, their families, and our team members. Community leaders are also responsible to ensure that time and resources are provided to the designated

persons that participate on the community Quality Improvement Committee or any other associated task forces or work groups.

Compliance will be monitored formally through internal incident reports, regulatory surveys, consultant audits/reviews, resident/team member engagement/satisfaction surveys, and informally through discussions, team member meetings, brainstorming activities, and PDAC cycles. The community and Health Center Quality Improvement Committees will, at a minimum, meet quarterly and will record minutes and/or status updates on the designated QI work plan. The minutes and/or status updates will be shared with committee members during meetings. (See Appendix F for sample HC QAPI meeting agenda.) The community's Executive Director will advise and oversee the duties and responsibilities of the QI committee in the following capacities:

- Appoint team members to the QI committee.
- Ensure the community's quality/process improvement focus areas are being carried out and clearly communicated to team members in the community.
- Maintain an effective method for measuring progress on QI goals.
- Share data and information on QI progress both vertically and horizontally within the community and the organization.

### **CORPORATE QUALITY IMPROVEMENT COMMITTEE**

The Corporate Quality Improvement Committee is chaired by the COO and includes representatives of the Senior leadership team. This committee reviews and approves annual QI work plans from the communities and synchronizes common system-wide initiatives with Home Office initiatives. The committee also monitors organization-wide quality improvement activities through review of QI reports and other submissions from Home Office departments and/or external consultants. The committee responsibilities include:

- Oversee, coordinate and communicate strategic programmatic improvements to improve the quality of services and experiences for the people we serve.
- Provide support and direction to department managers and community leaders in the development of performance improvement plans and quality improvement goals and objectives to ensure alignment with the corporate mission, vision and core dimensions and behaviors, as well as company goals and objectives.
- Solicit recommendations for organization-wide QAPI opportunities.
- Teach and coach team members through example and involvement in QAPI activities.
- Ensure appropriate allocation of QI resources as needed.
- Report activities on a periodic basis to the Board of Directors.

## **COMMUNITY QUALITY IMPROVEMENT COMMITTEE**

Each Life Plan Community shall establish and maintain a Quality Improvement Committee, which shall be multi-disciplinary in composition. Chaired by the Executive Director and/or the Health Services Administrator, the committee oversees and approves organizational improvement activities and initiatives for the entire campus. Membership of the committee may include, but is not limited to, the Director of Nursing Service, Infection Control and Prevention Representative, Director of Resident Services, Director of Social Services, Director of Human Resources, Activity Director, Dining and Food Services Director, Director of Environmental Services or designee, and Medical Director. Consultants and team member guests may be invited to attend meetings on an as needed basis.

Meetings are to be held at least quarterly and more frequently as needed. Reports of activities will be periodically submitted by each community's Executive Director to the Corporate Quality Improvement Committee.

The primary function of the community Quality Improvement Committee is to:

- Identify and select organizational functions to be assessed and improved.
- Review/approve community annual work plans.
- Obtain key indicator, QI activity and monitoring reports from department managers, regulatory surveys and progress reports from PIP Task Force team leaders.
- Review both resident and team member engagement/satisfaction survey results, and ensure action plans are established, implemented, and re-assessed in a timely fashion based on this feedback.
- Monitor progress toward meeting service and process-related objectives within the organization-wide strategic plan, and achievement of quality benchmarks.
- Prioritize QI initiatives, assign Performance Improvement Project (PIP) Task Force teams to projects, and review/approve PIP recommendations or refer selected recommendations to the Corporate Quality Committee.
- Provide guidance for appropriate QI training for team members.
- Ensure that team members, consultants/independent contractors, and residents are educated regarding new or modified regulations, policies and procedures, and operational practices that may impact them.
- Ensure that a resident/family education process regarding care and quality of life decisions and realistic expectations is established and maintained.
- Present a semi-annual written progress report to the Corporate Quality Committee that contains a summary of QI activities to-date, key indicator monitoring outcomes, recommendations, and corrective actions. The report shall

contain a self-evaluation of the effectiveness of community QAPI activities.

- Annually review and approve the community assessment and any new or revised policies and procedures.

### **HEALTH CENTER QAPI COMMITTEE**

In addition to the community QAPI requirements noted above, as prescribed by federal/state regulations, this committee conducts monthly activities and at a minimum convenes quarterly meetings to:

- Review clinical quality indicator outcome reports and consultant recommendations.
- Identify, report, track, investigate and analyze adverse event data (unusual occurrences and incident reports).
- Recommend corrective actions related to nursing, pharmacy, dietary, laboratory, environmental, therapeutic, and medical services.
- Set clear expectations around resident safety, quality, rights, choice, and respect.
- Oversee and monitor the development, evaluation and implementation of care and system outcomes of QAPI work/corrective action plans to ensure improvements are sustained.
- Report activities, findings, recommendations, and outcomes to the Community Quality Improvement Committee at least twice per year.
- Receive and review consultant reports to include but not be limited to pharmacy, infection control reports, laboratory, and maintenance reports as applicable.
- Review community assessment for CMS guidelines.

### **DEPARTMENT MANAGERS**

While there may be PIP Task Force teams assigned to projects that could affect individual departments, each department manager, regardless of location or department, is responsible for developing and evaluating their department's quality initiatives incorporated in the community QI work plan.

1. Identifies department QI goals and objectives for the year.
2. Defines quality/process improvement objectives for each quarter, selected from event trends, regulatory survey reports, consultant reports, submitted Quality issues or concerns, team member suggestions, resident suggestions as applicable and general customer feedback.
3. Identifies departmental quality controls as a standard for measuring performance of a work process.
4. Incorporates the four-step process to achieve department quality/process

improvement objectives.

In addition, each department manager is responsible for ensuring on-going quality/process improvement activities and team member education in their departments, and for addressing Quality Matters issues or concerns and team member or resident complaints using the QAPI process.

The following **minimum** community departmental activities are on-going and should be considered for inclusion in the QI work plan, along with at least two primary, measurable goals for the year:

#### **1. Health Center:**

- Monthly review of CMS Quality Reporting Program (QRP), Quality Measures and Indicator Profiles.
- Key Quality Indicators are reviewed monthly under the direction of the Director of Nursing. Flagged indicators are to be analyzed on a resident-specific basis to ensure that resident needs are being met and are appropriately documented in the medical record. A QAPI team may be convened to correct any identified problems. A summary report of the Quality Indicator Profile, including the problems identified, the corrective action plan for each, and any outcome of corrective action implemented, is submitted to the community's Health Center QAPI Committee at each meeting.
- Monthly Infection Control surveillance reports.
- Monthly environmental rounds completed by community administration in tandem with environmental services line team members, with findings and actions reported to the community's Health Center QAPI Committee at each meeting.
- Social Services, Activities, Medical Records, Dining/Food Services, Therapy, Maintenance, and Housekeeping/Laundry departments QAPI activity reports to the community's Health Center QAPI Committee.
- The Activity Director/Coordinator and/or Director of Resident Services/Social Services summary and recommendations for issues raised at monthly Resident Council meetings.
- Department managers' submission of identified quality deficiencies and corrective action plans to the community's QAPI Committee.
- Department managers' submission of trends of quality issues or concerns from team members, reflecting which triggered implementation of corrective actions suggested by a team member and team member recognition effort.
- A review of end of life, hospice, palliative, and comfort care services.
- The consulting pharmacists shall report results of quality control monitoring on a quarterly basis to the community's Health Center QAPI Committee. This includes monthly reports of drug regimen review by the consulting pharmacist, identified

deficiencies, and corrective action submitted to the community's Health Center QAPI Committee.

- A review of any consultant reports will be conducted. Consultant reports will contain written recommendations, as well as plans for implementation and continuing assessment of quality improvement recommendations.

## **2. Residential/Assisted Living:**

- Monthly environmental rounds to monitor compliance with quality standards and promote a safe environment. Management team members assigned by the Health Services Administrator share surveillance responsibility. Rounds are completed in tandem with environmental services line team members. Identified concerns are presented to the appropriate individuals for resolution, if immediate correction is not possible. Findings are summarized and presented to the community Quality Improvement Committee.
- Assisted Living assessments, service plans and resident advance directives should be reviewed monthly for accuracy and compliance with applicable state licensing regulations. Random review of records related to all levels of care shall be conducted on a monthly basis. The Director of Residential Services or designee shall submit a summary of findings and actions report to the community Quality Improvement Committee at each meeting. Names of specific residents and employees are not to be included in this summary report.
- The Activity Director/Coordinator or Director of Resident Services/Social Services will present a summary of issues raised at monthly Resident Council meetings.
- A review of end of life, hospice, palliative, and comfort care services.
- Department managers will present their QI monitoring activities, and a summary of findings and corrective actions to the community Quality Improvement Committee.

## **3. Community Residential Health Clinic:**

- Random monthly review of records related to health care services provided to residential living residents shall be conducted to identify areas of deficiency and implement corrective action as appropriate.
- The Director of Residential Services or designee shall report a summary of findings and corrective actions to the community Quality Improvement Committee at each meeting.

## **4. Affordable Housing:**

- Monthly environmental rounds to monitor compliance with housing quality standards and promote a safe environment. Management team members assigned by the Housing Administrator share surveillance responsibility. Prior to a REAC inspection, the Housing Administrator and Maintenance supervisor will

attend the rounds and make recommendations regarding needed maintenance. Identified concerns are presented to the appropriate individuals for resolution if immediate correction is not possible. Findings are summarized and presented to the Regional Supervisor and Vice President of Operations, Affordable Housing QI Committee.

- Annual resident record reviews to ensure compliance with Department of Housing and Urban Development regulations, with a summary report of findings and corrective actions submitted by the Housing Administrator or designee to the Regional Supervisor and Vice President of Operations, Affordable Housing QI Committee. Names of specific residents and employees are not to be included in this summary report.
- Submission of a summary report of issues raised at resident meetings, and actions taken to address them, to the Regional Supervisor and Vice President of Operations, Affordable Housing QI Committee.
- Community Housing Administrators will present their initial Quality Improvement work plan, their monitoring activities, and a summary of findings and corrective actions to the Corporate Risk Management and Quality Improvement committees on an annual basis.
- Resident Service Coordinators will assess affordable housing residents semi-annually for ability to remain safely independent. Concerns and actions taken to address them are reported to the Regional Supervisors and Vice President of Social Services.

### **QUALITY ISSUE OR CONCERN FEEDBACK REPORTS**

Quality Matters feedback forms (See Appendix E) are widely available for residents, resident representatives and team members as a tool for them to report any issues or concerns related to department operations and/or the delivery of care or services to residents.

Residents, resident representatives may complete the Quality Matters form, without fear of retaliation or punishment, and return it to administration or social services for confidential Quality Improvement Committee consideration. Any team member may complete the Quality Matters form and submit it to their immediate supervisor without fear of retaliation or punishment. This form provides space for to identify the issue, what, if anything was already done to correct the situation, and recommendations for preventing similar circumstances in the future. Information on these forms may help trigger formation of a special PIP to address the issues or concerns, particularly if they are systemic.

Trends of Quality Matters issues or concerns, findings, and corrective actions are to be summarized on the community QI work plan and incorporated into the performance



improvement activities as appropriate.

### **QAPI CONFIDENTIALITY**

All reports, work tools, and studies required by and submitted to department, community, or corporate committees for quality improvement purposes are confidential and protected under state law. Similarly, minutes of these committees are confidential and protected under state law. To enjoy this protection, all such documents must reflect the following language: “For Quality Improvement Discussion Only, Protected by CA H & S Code §1370 and CA Evidence Code §1167 and other states’ laws”.

This QAPI Plan may be provided to regulatory surveyors upon request. ***The QI internal work plans and corrective action plans are confidential and not available for regulatory review or disclosure.*** Minutes of any QI Committee meeting must not be circulated to members prior to the meeting and may not be removed from the meeting room by committee participants after the meeting is finished. The exception to this rule is that the designated secretary or chairperson of the committee may remove such documents so that the document can be filed in the confidential QI file system.

Minutes of community Quality Improvement Committee meetings may be made available to a surveyor only for the on-site review verification of quality improvement activities; however, no copy is to be given to any surveyor.

### **RISK/QUALITY/SAFETY/COMPLIANCE OVERLAP**

Risk management, safety and compliance activities can overlap with quality activities in the following ways:

- Risk managers perform investigations into unexpected events that result in harm to a resident or team member. They develop corrective action plans to address issues that if not corrected, can potentially cause the same or similar incident to happen again. Working with insurance, they may conduct case reviews in potentially compensable cases to both identify liability exposures and to identify quality deficiencies that require correction.
- Environmental safety rounds are conducted to assess and prevent potential hazards that may impact residents, team members or visitors. These activities will also include organizational emergency preparedness planning and response.
- Compliance activities monitor federal, state and local regulatory compliance per applicable licensure requirements.

The Risk Management Program is also organization-wide in scope and requires the participation of team members in the identification and reporting of unusual occurrences, participation in corrective actions, and identification and correction of system issues and/or resident/employee behavior to minimize the risk of injury to

residents, visitors, and team members. All reported occurrences are evaluated for trending and significance. A summary of findings is presented and discussed at the Corporate Risk Management Committee meeting. Non-identifiable trend reports of resident and team member accidents are reviewed and discussed at the Community Safety Committee meetings. Occurrences are investigated and analyzed through root cause analysis in concert with Risk Management Program requirements. Per policy and as directed by HumanGood's General Counsel, all incident reports and investigation documentation are maintained as confidential and forwarded to Risk Management/Legal department at the Home Office.

### **UNUSUAL OCCURRENCE INVESTIGATIONS AND CORRECTIVE ACTIONS**

Following any unusual occurrence, an investigation will be undertaken by appropriate management team members under the auspices of the Risk Management program and with direction by the community Risk and/or Quality Manager. Analyses of incident cause are to be performed using root cause analysis processes whenever possible.

Any information generated by this analytical process is to be kept confidential. In addition, occurrence reports and investigation findings are confidential and privileged under state law, and must be submitted to Home Office Risk Management and not to the community Quality Improvement Committee or any other community committee. When a corrective action plan is necessary to help reduce the potential for the same or similar incident from occurring in the future, the community Quality Improvement Committee oversees that the corrective action plan process is performed, outcomes monitored and system change implemented as indicated.

Where it is necessary and/or appropriate to generate initial and closure Quality Improvement letters to an outside third party or to a resident who was involved in an incident, these must be reviewed and authorized by Home Office Risk Management before sending.

Only non-individually identifiable summaries of incident trends may be presented to the community Quality Improvement Committee. This summary report must be labeled with the following language "For Quality Improvement Discussion Only, Protected by CA H & S Code § 1370 and other states' laws".

### **TEAM MEMBER COMMUNICATION**

Although specific case information and QAPI work tools are confidential and protected from discovery by state statutes, we will communicate the general outcomes of our QAPI processes, program successes, and program activities to our team members from time to time. This communication can take place in various formats, such as:

- Team member newsletters and memos.
- Communication briefings and team meetings within departments or service

areas.

- Management team meetings.
- Team member appreciation meetings.
- HumanGood-sponsored education sessions.
- In-service education classes.
- QI initiatives in our communities.
- Annual QI summaries of care, service and satisfaction outcomes.

## **RESIDENT COMMUNICATION**

To inform and educate our residents about how our QAPI program works and how to submit any concerns or complaints about care or service, we communicate information about our Program in a variety of ways:

- Resident Council and Advisory Committee meetings.
- Resident Floor/Town Hall Meetings.
- Resident newsletters.
- QI initiatives in our communities.

## **TEAM MEMBER EDUCATION**

Team members receive orientation and training necessary to perform their jobs effectively. Topics covered in the training program include, but are not limited to:

- QAPI Orientation & Reporting Procedures.
- Compliance Training & Reporting.
- Orientation to include mandatory training for all team members and unit-specific training.
- Orientation to job-specific functions and applicable policies and procedures.
- Regulatory required training by community (HIPPA and additional Federal, State & Local Requirements).
- Recurring and continuation training to all team members includes mandatory competency updates addressing topics such as changes in policies and procedures and regulatory requirements.
- Clinical competency updates for clinical team members addresses topics, new technologies in the long-term care industry, and clinical topics that are identified as necessary to keep team members current in long-term care.

In addition, to help team members understand their quality/process improvement responsibilities; HumanGood provides education regarding this QAPI program and, on a

departmental and community basis, team meetings provide an excellent vehicle for communicating QAPI program updates and advising about changes in work processes, policy/procedures and performance improvement.

Newly hired team members are introduced to the QAPI program during the employee orientation period, and may be given a copy of this QAPI Plan. This introduction to quality improvement familiarizes them with the goals and objectives of the organization, of their department, and of their role in the quality improvement process. To the extent possible, all team members will be provided with an annual review of the QAPI program and our program successes.

Managers and supervisors discuss with each team member their strengths, challenges, and educational needs during their annual performance evaluation. To promote active involvement by team members in QI activities, performance reviews should include an assessment of how effectively each person has participated in creating the HumanGood Experience.

## **SUMMARY**

This QAPI program is an essential element of our business practices intended to enhance our ability to meet HumanGood's mission, vision and core values statements, and to help us achieve our winning aspiration to be the leading innovator in delivering enriched and engaged experiences with optimal health and measurable life fulfillment.

The active participation and support of management and their assigned team members is a vital ingredient for program success. All team members are encouraged to provide input to this program at any time without fear of retribution or penalty.

Senior leadership extends their appreciation for the efforts of each team member made in the interest of pursuing our QAPI program goals and achieving optimum program outcomes.



## **The HumanGood Experience**

*Creating positive and memorable experiences in every interaction.*

### **Deliver a Personalized Experience**

1. Maintain a professional appearance.
2. Create eye contact, smile, and greet people by name.
3. Anticipate customer needs and wants and seek to exceed expectations.
4. Engage in activities and conversations that are meaningful to customers.
5. Learn about, share, and deliver on customer preferences.

### **Be Responsible for Results**

6. Be accountable for achieving standards and goals.
7. Show up on time and ready to serve.
8. Take action to maintain safety of self and others.
9. Own every problem you see.

### **Be Curious and Adaptable**

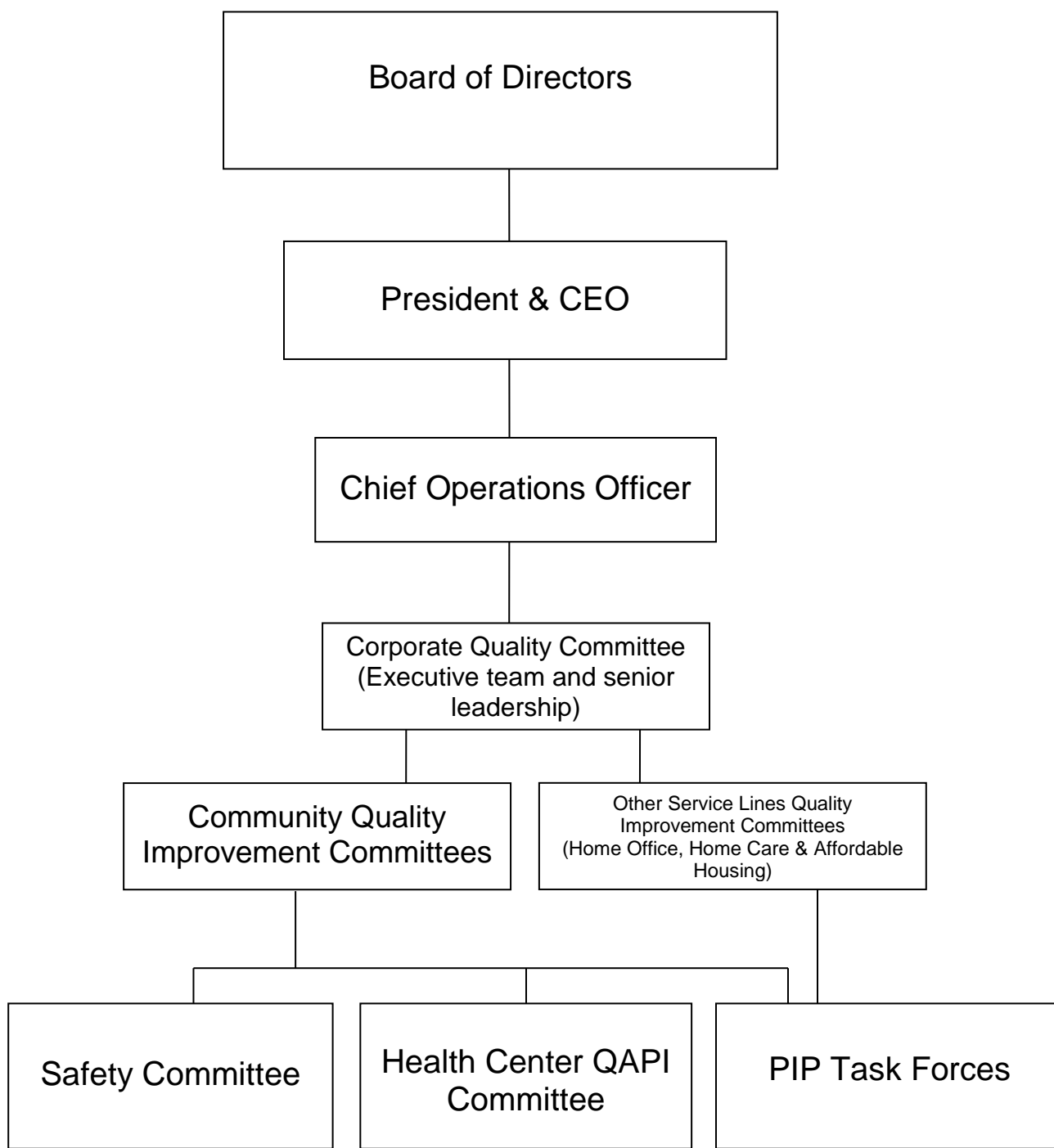
10. Seek and act on opportunities to learn and improve.
11. Be curious and explore better ways to get work done.
12. Speak up, respectfully sharing ideas, opinions, and feedback.
13. Share your knowledge and expertise.
14. Adapt to changes in the work environment.
15. Accept and learn from mistakes.

### **Perform as One Team**

16. Communicate in a respectful, open, and honest manner.
17. Take time to listen and understand.
18. Proactively help and support others within and across departments.
19. Recognize and share successes of the HumanGood Experience in action.
20. Speak positively about each other, our company, and those we serve.
21. Bring joy and fun to the work environment.



**Quality Improvement Program Organization Chart**



## **APPENDIX C**

### **PROCESS IMPROVEMENT**

*Quality improvement (QI) is an on-going process initiated when work processes are being analyzed to determine where changes are needed. Specific improvement processes begin at any point that a new service or system is designed and implemented, or equipment is purchased for use in care delivery or services, or quality issues are reported or identified. And, it is a process used when measuring resident outcomes; comparing performance to other organizations; selecting areas for priority attention; and even when experimenting with new ways of carrying out a function. We have adopted the four-step process using the Acronym PDAC for our QI initiatives:*

#### **PLANNING**

#### **DESIGNING**

#### **ACTING**

#### **CHECKING**

<b>I DEFINE &amp; UNDERSTAND THE PROBLEM</b>	<b>II ELIMINATE ERRORS</b>	<b>III MEASURE &amp; REDUCE VARIATION</b>	<b>IV DEVELOP A PLAN FOR IMPROVEMENT</b>
1. Identify and describe the process to be analyzed.	1. Identify opportunities for improvement.	1. Reduce variation in measurement systems and process.	1. Develop a plan for monitoring the improved process.
2. Identify the customers impacted.	2. Develop a standard process.	2. Bring the measurement systems and process under statistical control.	2. Insure compliance by monitoring changes.
3. Identify customer needs and concerns.	3. Error-proof the process.	3. Determine whether revised process delivers service to customer requirements.	3. Check and evaluate the results of the improved process.
4. Define your problem statement.	4. Streamline the process.	4. Implement the improved process throughout the system.	4. Establish ongoing feedback mechanisms with customers.

### **PROBLEM STATEMENTS**

A problem statement is used to identify obstacles to providing customer-focused, high quality care or services. Problem statements can be documented on a Quality Matters form (Appendix E). They can also be submitted verbally during team member or committee meetings.

**A problem statement *should*:**

- Provide information about how the issue came to be viewed as a problem.
- Describe how the problem relates to team member or organization performance.
- State the problem in terms that are visible, specific, and if possible, measurable.
- Generally the problem should be manageable for study purposes.

**A problem statement *should not*:**

- Present pre-conceived indications of the root cause.
- State or imply a solution.
- Affix blame for the problem.

**Examples of correct problem statements:**

“Approximately 75% of residents attending the last Resident Council meeting reported that their call lights are not answered timely.”

“In the past 3 months, 50% of the full and part time team members have missed more than \_\_\_\_ days of work. The increasing rate of absenteeism has resulted in a 25% increase in nursing registry usage and a 10% increase in overtime pay.”

“Observation of mealtimes reflects that, on two shifts during the day, 50% of residents that required meal assistance waited more than 15 minutes for assistance, 25% waited more than 15 minutes, and 25% were fed within 5 minutes of receiving their meal.”

**Example of incorrect problem statements:**

“Some of the medical records are missing timely physician progress notes because the records are not being flagged by the medical records designee due to a lack of a computerized tracking system.”

“We don’t have enough team members to answer call lights when they are lit.”

“Dr. Smith never returns our calls.”

**Take time to identify the real issue(s):**

Until the facts of an issue are fully investigated, a workable solution is difficult to establish. The incorrect problem statement above is an example of how premature blame may be cast on the incorrect cause. When this occurs, the group might focus on the wrong elements and develop corrective action that would not resolve the issue.

Work process evaluation tools and other devices developed by the industry will help reduce the time it takes to drill down to the actual root cause. Assigning the problem to a PIP Task Force team will enable a careful evaluation of the issue and the possible corrective actions.



## **APPENDIX D**

### **PERFORMANCE IMPROVEMENT PROJECT (PIP) TASK FORCE TEAM DESCRIPTION**

The Quality Improvement Committee chairs may assign a Performance Improvement Project (PIP) Task Force Team to selected issues.

The team membership may include:

- A. A management liaison to provide support and guidance to the team. The management designee will appoint a team leader.
- B. A team leader from the area involved to lead the team and facilitate meetings. The team leader will select members of the team with the support and guidance of the management designee.
- C. Team members, consultants, and members of the corporate Risk Management/Quality Improvement committees who are knowledgeable about the service or process to be improved.
- D. The team shall appoint a timekeeper and scribe for each meeting. The scribe shall distribute minutes to all team members.

#### **PIP Task Force Team Responsibilities:**

- A. Identify the problem. The team shall utilize the four-stage PDAC process for identifying the underlying cause(s) of the problem.
- B. Develop measurements to determine baseline.
- C. Measure the essential elements.
- D. Develop and implement a corrective action plan.
- E. Monitor the revised work process to determine if desired outcomes are achieved.
- F. A scribe accurately records discussion, action plans, and assignments, and distributes action plan information to the team.
- G. If the recommendations require additional support and/or resources, the team leader shall bring this information to the next QI committee meeting for discussion and approval.
- H. The team leaders will provide progress reports as appropriate.
- I. Members of the team are expected to arrive to meetings on time with assignments completed, participate in discussions and listen to the ideas of others, support the team's activities, and participate in educating and supporting co-workers during the implementation phase of performance improvement process.

**PERFORMANCE IMPROVEMENT PROJECT (PIP) TASK FORCE TEAM  
PROJECT**

**Community/Team Name:** \_\_\_\_\_

**Objective of Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Problem Statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Team membership:**

	<u>NAME</u>	<u>DEPT</u>	<u>POSITION</u>
<b>Management Liaison:</b>	_____	_____	_____
<b>Team Leader:</b>	_____	_____	_____
<b>Scribe:</b>	_____	_____	_____
<b>Timekeeper:</b>	_____	_____	_____
<b>Members:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Proposed # of Meetings:**\_\_\_\_\_

**Proposed Length of Each Meeting:**\_\_\_\_\_

\_\_\_\_\_  
**Management Designee Signature** **Date**

\_\_\_\_\_  
**Team Leader Signature** **Date**

**APPENDIX E**



**QUALITY MATTERS**

If you find yourself thinking, “We could do this better.” Or “The way we are doing this doesn’t make sense.” Or “If we did \_\_\_\_\_ , it would make this a better place to live or work.”

**Write it down on this form or discuss it with your Supervisor today!**

Name:	Date:
<b>What Is Your Concern? What Have you Noticed That Could be Better?</b>	
<b>How Can We Fix It? What are Your Ideas for Making It Better?</b>	
<b>What Have You or Another Team Member Already Done to Fix This ?</b>	
<b>PLEASE GIVE THIS FORM TO YOUR SUPERVISOR. DO NOT COPY OR PLACE IN RESIDENT RECORD.</b>	
<b>ED/A Follow-Up</b>	
Action Taken: _____ _____	
[    ] This item has been added to our Quality Improvement Plan on _____	
ED/A Name & Signature: _____	

**CONFIDENTIAL AND PRIVILEGED COMMUNICATION**

For Quality Improvement Discussion Only, Protected by CA H & S Code §1370 and CA Evidence Code §1167 and other states’ laws.

**Sample  
Health Center QAPI Agenda**

- I. Review minutes of past meeting
- II. Review current QAPI action/work plans
  - a. PIP status/report back/resolution
- III. Clinical Review:
  - a. Quality Scorecard review (review of complete scorecard); benchmark against other communities; need for process improvement team; action plan. Includes Quality Metrics and/or Quality Indicators.
  - b. CASPER Reports/Quality Measure Reports
  - c. Other care system or clinical reviews/consultant reports
  - d. Infection Control – Lab report, surveillance, etc.
- IV. Health, Safety and Environment
  - a. Fall review
  - b. Other safety issue review
  - c. Environmental reviews (includes kitchen)
  - d. Community assessment
- V. Dietary Management
- VI. Rehabilitation
- VII. Pharmacy
  - a. Pharmacy review
  - b. Medication administration or other issues
- VIII. Resident and Employee Quality of Life
  - a. Complaint / compliment review
  - b. Resident and Employee satisfaction/engagement
  - c. Therapeutic Activities/ person centered care
  - d. Behavioral Management/other psychosocial issues
- IX. Survey Management and POC review and follow-up as needed
- X. Quality Issue/Suggestions Review



<b>RECORD RETENTION-CALIFORNIA SKILLED NURSING TRAINING RECORDS</b>	Effective Date:	March 17, 2022
	Revision Dates:	
	Departments Approving	Clinical, Operations
	Departments Affected	Operations, Skilled Nursing

### **Introduction and Background**

In California Skilled Nursing communities must retain, store and destroy records of team member training (In-Service) based on applicable legal, regulatory and business requirements.

### **Policy**

The Health Services Administrator or designee is responsible for ensuring appropriate maintenance of skilled nursing training records.

The records must be maintained for a minimum of 7 years.

Records will be retained in either paper or digital form as appropriate.

The records to be retained include:

- Sign in sheets for in-person training, or attendance list of classes completed electronically
- A copy of exam or questions used to evaluate results of the training (if applicable)
- A copy of any handouts provided to team members

Records will be available for review at the community.

Location where records can be reviewed:

Community Name: \_\_\_\_\_

Community Address: \_\_\_\_\_

Refer to HumanGood Record Retention, Storage and Destruction for disposition of other types of records.

# Be Smart About Antibiotics

PREVENT  
**HAIs**  
Healthcare-  
Associated  
Infections

Taking antibiotics when you don't need them is like leaving the lights on all the time.

- The lights may burn out, leaving you in the dark when you most need them.
- **If you use antibiotics when you don't need them, they may not work when you get sick.**

Antibiotics can help the body fight infections caused by germs called bacteria, but they are not miracle drugs for everything.

## When antibiotics are NOT needed:

- You have an infection caused by a virus (such as a cold, bronchitis, the flu, or most types of diarrhea). **Antibiotics don't work on viruses.**
- You don't have an infection but instead have some other medical problem (such as anemia).
- You are not actually sick (except in rare cases where antibiotics have been shown to prevent infection).
- You have decided against them (such as near the end of life).

## Why doctors may give antibiotics when they are NOT needed:

- Doctors are not always sure what is causing an illness and may feel they have to provide treatment right away.
- Some patients and families think they are not getting good care unless they get an antibiotic and insist that they want one.



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)

WINDSOR 003783

**“I got better  
on my own!”**



### What you can do:

- Talk with the doctor about the benefits and harms of antibiotics.
- Take medicine exactly the way the doctor says. Don't skip doses.
- Take care of yourself: get rest, eat and drink enough, and take over-the-counter medicines as needed.
- If you are on hospice or thinking about hospice, talk with your doctor about whether you need antibiotics anymore.

### What not to do:

- **Don't ask for an antibiotic when the doctor says it isn't needed.**
- Don't take an antibiotic for a virus (cold, cough, or flu).

### How antibiotics can hurt you:

- Antibiotics normally work by killing bacteria. Sometimes not all of the germs are killed, and the strongest ones can grow and spread. A person can get sick again, and this time the germs are harder to kill because the antibiotics no longer work. **This is called resistance and makes some infections very hard to control.** Resistance can make you sick longer, requiring more doctor visits and drugs that are even stronger. The more often you use an antibiotic, the greater the chance that the germs will become resistant.
- Antibiotics can save lives, but they can cause problems, too. **Older people have more side effects**, which can cause problems all over the body. In addition to resistance, antibiotics can cause nausea, dizziness, diarrhea, rash, kidney damage, and allergic reactions.

### Don't Take Antibiotics for Granted:

Antibiotics are helpful, but now you know why sometimes you or a family member may not need them. You can help yourself and others by taking antibiotics only when they are needed.

Resources for you:

CDC: [www.cdc.gov/getsmart/](http://www.cdc.gov/getsmart/)

FDA: <http://www.fda.gov/Drugs/ResourcesForYou/UCM078484>

AHRQ: <http://www.ahrq.gov/patients-consumers/index.html>







<b>ROOM TO ROOM TRANSFERS</b>	Effective Date	6/26/17
	Revision Dates	
	Departments Approving	Operations Clinical
	Departments Affected	Health Centers

**Policy:**

Health Center nursing supervisors have sole discretion to make room transfers after review by the Director of Nursing or designee of the resident's medical, physical, and emotional needs and desires. To the extent possible, a request by a resident for a roommate of choice will be honored. Room transfers based on racial or other discriminatory elements shall not be made except where the resident is married or has a domestic partner; in that case a mixed gender room is acceptable.

**Procedure:**

1. Unless imminently necessary for the medical or nursing needs of a resident, transfer from room to room will be a planned event.
2. In a planned transfer that involves a medical, physical, or emotional need, the resident and/or his or her authorized representative receives advance notice in writing that includes the reason(s) why the transfer is necessary.
3. If the resident requests the transfer, no notice is required except that the authorized representative will be notified by telephone and the resident's request and destination room relayed.
4. The resident is oriented to the new room prior to transfer, where practicable.
5. Furniture owned by the resident may be moved to the new room if there is room for it. If not, an explanation of why we cannot move the furniture to the new room is given to the resident and/or the authorized representative.
6. A licensed nurse will document in the resident's health record the reasons for the transfer, what information was provided to the resident and/or his or her authorized representative, and the date and time of the move.

**SOURCE OR CITATION: 42 CFR Part 483 §483.10; 483.15**





## COMMUNITY VISITOR INCIDENT REPORT

PROTECTED BY CA H&S CODE, §1370 & CA EVIDENCE CODE, §1157

DOCUMENTED IN ANTICIPATION OF LITIGATION

Do NOT PLACE IN RESIDENT RECORD; Do NOT COPY; Do NOT GIVE TO ANY OUTSIDE PERSON

Do NOT USE To REPORT WORK RELATED ILLNESS OR INJURY

**COMPLETE ITALICIZED SECTIONS IF APPLICABLE. ALL OTHER SECTIONS MUST BE COMPLETED.**

<b>GENERAL INFORMATION:</b>		
Involved Party Name:		Name of Community (Enter community name)
Address: Unit #:		
City:	State: Zip:	
<input type="checkbox"/> Resident <input type="checkbox"/> Visitor <input type="checkbox"/> Other:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Child
Incident Date:		Service Line: <input type="checkbox"/> CCRC <input type="checkbox"/> AH <input type="checkbox"/> HCBS
Incident Time: AM PM		DOB: :
Reported by:		Date of Report:
<b>INCIDENT INFORMATION:</b>		
<b>TYPE OF INCIDENT:</b> <input type="checkbox"/> Alleged Abuse <input type="checkbox"/> Bumped into object <input type="checkbox"/> Choking <input type="checkbox"/> Combative <input type="checkbox"/> Elopement <input type="checkbox"/> Fall <input type="checkbox"/> Fire/Fire Alarm <input type="checkbox"/> Water Intrusion <input type="checkbox"/> Hazardous Wandering <input type="checkbox"/> Hit Head <input type="checkbox"/> R/R Altercation <input type="checkbox"/> Self-injury <input type="checkbox"/> Theft/Loss <input type="checkbox"/> Unexp. Chg in Condition <input type="checkbox"/> Unexpected Death <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Potential Injury (Near Miss) <input type="checkbox"/> Other		
<b>LOCATION:</b> <input type="checkbox"/> Res. Room <input type="checkbox"/> Res. Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Elevator <input type="checkbox"/> Dining Area <input type="checkbox"/> Sidewalk <input type="checkbox"/> Common Area <input type="checkbox"/> Other:		
<b>BRIEFLY DESCRIBE INCIDENT:</b> (If Flood or Fire, list unit numbers, residents damaged) Detail who, what when and how)		
<b>TYPE OF INJURY:</b> <input type="checkbox"/> None <input type="checkbox"/> Abrasion/Cut <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Head Injury <input type="checkbox"/> Reddened Area <input type="checkbox"/> R/O Fracture/Dislocation <input type="checkbox"/> Medical Condition <input type="checkbox"/> Pain <input type="checkbox"/> Scratch <input type="checkbox"/> Skin Tear <input type="checkbox"/> Swelling <input type="checkbox"/> Other:		
<b>BRIEFLY DESCRIBE INJURY:</b>		
<b>PERSON'S BEHAVIOR:</b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Combative <input type="checkbox"/> Agitated <input type="checkbox"/> Other:		
<b>PERSON'S REACTION:</b> <input type="checkbox"/> Unaware <input type="checkbox"/> Unconcerned <input type="checkbox"/> Concerned <input type="checkbox"/> Upset <input type="checkbox"/> Angry <input type="checkbox"/> Threatens Legal Action <input type="checkbox"/> Threatens to Contact Media U Other:		
<b>CONDITION AFTER INCIDENT:</b> <input type="checkbox"/> Observe Only <input type="checkbox"/> Death <input type="checkbox"/> To ER		
Transported by: <input type="checkbox"/> Private Car By: <input type="checkbox"/> Paramedics <input type="checkbox"/> Non-Emergency Ambulance		
If death: P.D. notified: ON° .0 Yes Coroner notified: .0 No .0 Yes: Name/Case #: Time:		
<b>NOTIFICATIONS:</b>		
Responsible Party/Family Notified:	Date:	Notified By:
<b>Responsible Party/Family Reaction:</b> Person verbalizes: <input type="checkbox"/> Concern <input type="checkbox"/> Satisfaction <input type="checkbox"/> Anger / Threatens to contact: <input type="checkbox"/> Attorney <input type="checkbox"/> Media <input type="checkbox"/> Other:		
Agency Notified: <input type="checkbox"/> Health Department <input type="checkbox"/> Police <input type="checkbox"/> _____		

Person Completing This Report: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Final Disposition (outcome and if known) and Other Administrative Comments:**

Rev 1/2019

Page 1 of 2

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**ATTACH SUPPORTING DOCUMENTS**

**Reviewed by:**

Administrator

Date:

Any assisted device used when accident occurred:

☐ Walker ☐ Cane ☐ Wheelchair ☐ Scooter ☐ Other

Name of any Witness:

Phone Date: number::

Notified  
By:

Date:

Any Witness/Claimants Statements: ☐ Yes ☐ No

List any team members that may have additional information

Action taken in response to incident?

Date:

Notified  
By:

Date:

Attach any photos / police reports

**SEND TO RISK MANAGEMENT - DO NOT KEEP A COPY**

**CORPORATE USE ONLY**

Date received: Copy/Fax \_\_\_\_\_ Original

Record Only \_\_\_\_\_ Insurance Claim

**SECTION 999.5(d)(5)(E)**

**3) SNF Quality Assessment and Performance Improvement (“QAPI”) Plan**



# ***Quality Assurance and Performance Improvement Plan***

2021-22

## **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN**

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### **PURPOSE**

This Quality Assurance and Performance Improvement (QAPI) program has been developed to help us continually improve the way we care for and engage with our residents, team members, service partners, and the families of residents so that we may realize our ***winning aspiration to be the leading innovator in delivering enriched and engaged experiences with optimal health and measurable life fulfillment***.

This QAPI plan provides a framework by which organizational processes and outcomes are continuously assessed and improved through a systematic, comprehensive, data driven, and proactive approach to performance improvement that focuses on service outcomes related to housing and supportive services, clinical care, quality of life and resident choice.

Furthermore, this plan integrates our mission, vision and values and emphasizes our commitment to maintain a non-punitive or “just culture” of learning from mistakes, openness and fairness, management of systems, and management of behavior wherein all team members participate in promoting individual and team accountability for performance, conformance with relevant laws, regulations and standards, with an aspiration of achieving increasingly high reliability through consistent positive outcomes of care and service over time.

This QAPI effort is not just about meeting minimum standards; rather, it is about aiming higher at achieving leadership in quality control and outcome effectiveness on the part of every HumanGood team member.

### **SCOPE**

This QAPI program is ongoing and applies multilevel and organization-wide, including home office functional areas/service lines as well as community departments/service areas.

### **PROGRAM GOALS**

The primary goal of this program is to achieve continuous quality and performance improvement, with the objectives of achieving the best possible outcomes in health care, supportive services, and housing for our residents, in a safe environment, thereby improving resident, client, and team member satisfaction.

Under the auspices of this program, quality and performance improvement activities are outcome directed and include transparency in reporting outcome and behavioral deficiencies, learning from our mistakes, accountability, achieving critical thinking and appropriate behavior among team members relative to the key requirements of their job function, and analysis of our systems and work processes to determine efficacy.

These QAPI activities also involve performing any revisions to policies and procedures and conducting continuing education of team members to ensure compliance with procedures and work processes.

## **HUMANGOOD WINNING ASPIRATION, MISSION, VISION and VALUES**

(See Appendix A)

### **OBJECTIVES:**

Our organization uses QAPI to make decisions and guide our day-to-day operations.

**Objective #1:** To define quality in measurable terms, set goals for performance, and measure progress toward those goals to achieve consistent service delivery.

**Objective #2:** To include team members, functional areas/units, all departments and all services in QAPI processes and goal-setting to improve resident outcomes.

**Objective #3:** To focus on systems and processes rather than individuals, but in addition, to manage behavior in a professional and objective manner so that learning and conformance is enhanced.

**Objective #4:** To make decisions based on data that includes input from team members, residents, health care providers, families, and other stakeholders.

**Objective #5:** To encourage individual and collective accountability for our own practice and performance.

### **AUTHORITY AND STRUCTURE**

The HumanGood Board of Directors authorized development and implementation of this organization-wide, multi-disciplinary QAPI program and has delegated to the Chief Operating Officer, working with the Vice President, Health Care and Quality, the responsibility to ensure its effectiveness. (See Appendix B)

The Corporate Quality Improvement Committee, described below, has been delegated authority by the COO to establish the program, provide program direction, monitor key quality indicators and achievement of QI goals, and recommend resources/support to the COO where appropriate, and provide periodic reports on program activity and outcomes to the Board of Directors.

In addition, management and team members are expected to actively support and participate in the program, with managers requiring that key departmental processes and functions be evaluated, monitored, and improved as appropriate.

The community Quality Improvement Committee serves as the coordinating body for QAPI activities on each campus, and their QAPI activities will be periodically reported to the Corporate Quality Improvement Committee and the Board.

This program plan shall be reviewed annually by the VP of Health Care and Quality and revisions made as appropriate, upon which time the revised Plan will be re-distributed to all management team members for implementation within their area(s) of responsibility.

### **DEFINITIONS:**

**Performance Improvement (PI).** Study of and efforts to achieve improvement in outcomes related to human and systems input and output. (See Appendix C)

**Performance Improvement Project (PIP).** A concentrated focus on a specific problem identified in one or more areas of the organization, whether service or care. The process involves gathering information systematically to clarify issues or problems, and intervening for improvements. PIPs are selected primarily based on intensity and severity of the problem and relative risk to individuals. (See Appendix D)

**Performance Improvement Project (PIP) Task Force.** A group of multi-skilled team members charged with the responsibility of studying an existing process for the purpose of improving it or designing a new one. (See Appendix D)

**Quality Assessment.** An evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved.

**Quality Assurance (QA).** The organizational structure, processes, and procedures designed to ensure that care and service delivery practices are consistently applied and meet or exceed an expected standard of quality. Principles of continuous quality improvement are utilized to achieve benchmark standards.

**Quality Assurance and Performance Improvement (QAPI).** A data-driven, proactive approach to improving the quality of life, care, and services in long term care organizations, although the term quality “assurance” is a misnomer. In actuality, no one can “assure” quality because it is in the eyes of the beholder. We use the term because it is federally mandated, but the true effort is not assurance but rather outcome improvement through assessment, identification of problems, and corrective actions taken to resolve the problem in the hope that it will not recur.

**Quality Deficiencies.** These represent a deficit or an area for improvement. They are potential markers of quality that the community considers to be in need of investigating and which, after investigation, may or may not represent a deviation from quality that results in a potential or actual undesirable outcome.

**Quality Improvement (QI).** An ongoing interdisciplinary process that is designed to improve the delivery of services and resident outcomes. It is a retrospective process of determining how and why a person or system functioned as it did (root cause analysis), and how humans and systems will function in a new project, program, or purchase of equipment (prospective analysis or failure mode, criticality and effects analysis).

## **HUMANGOOD APPROACH TO QUALITY IMPROVEMENT**

We have adopted the following approach to our QAPI activities - the acronym “PDAC” reflects this four-step approach best. (See Appendix C)

**PLAN:** Define and understand the process to be analyzed, as well as its customers and their expectations. Develop a clear problem statement. Emphasis will be placed on identifying root cause of system failures, performing a failure mode and effect analysis for new processes and equipment, and identifying weak links in work processes.

**DESIGN:** Brainstorm ways to reduce or eliminate the problem defined in the planning stage, and explore opportunities for improvement. If a work process is to be studied, design the study methodology.

**ACT:** Take immediate action as a 'quick fix' to the problem. The PIP Task Force Team works on the problem then considers, designs, and implements longer term fixes to prevent or reduce recurrence of the problem.

**CHECK:** Monitor the new process to ensure it is fully implemented.

## **PRIORITIZATION**

Program goals and objectives will serve as the basis for selection and prioritization of QAPI activities. Within these objectives, departments and communities can identify their own specific annual objectives based on outcomes of their critical job tasks, identified problems or issues, the degree of impact any of these factors have on resident care and services.

In addition, the following criteria will be used to identify and select quality/process improvement activities that will enhance Plan effectiveness:

- ***High-volume:*** A function or work process that represents or impacts a large percentage of customers/production.
- ***High-risk:*** A function or process that can potentially and significantly impact resident or employee safety or health, cost of care or service, regulatory compliance, reputation, etc., in a negative way.
- ***Problem-prone:*** A function or process that because of its complexity or nature may be prone to failure.

In addition to these criteria the following factors should also be considered when determining immediate and future QI activities:

- ***Impact:*** The effect that the process has on the quality of care and service provided, clinical resource utilization, community needs, and the cost to the organization.
- ***Applicability:*** Refers to the relationship of the process to the strategic goals (customer satisfaction, cost reduction, growth) and customers affected.
- ***Requirements:*** The nature of the process as it relates to the mandatory requirements of any regulatory or accrediting agency.
- ***History:*** Any past source of opportunities for improvement in the process.
- ***Efficacy:*** The degree to which the care for the resident has been shown to accomplish the desired outcome(s).
- ***Effectiveness:*** The degree to which the care or service is provided in the correct manner, given the current state of knowledge, in order to achieve the desired outcome for the customer.
- ***Resources:*** The availability of adequate human and financial resources to improve a service or a system.

At a minimum, documentation of department and community specific QI goals shall be submitted to the Corporate Quality Improvement Committee at the beginning of each calendar year, and a quarterly report of activities and progress achieved is to be submitted to that committee both at the mid-year point and at year-end.



Monitoring of important clinical indicators by the community Quality Improvement Committees may result in the development of additional goals and/or measures. For example, important clinical indicators for the skilled nursing and assisted living facilities may include, but not be limited to, the following:

- Dehydration
- Pressure ulcers
- Weight loss
- Use of restraints
- Loss of Activities of Daily Living function
- Incontinence
- Influenza and pneumococcal vaccination rates
- Nosocomial infection (Noro Virus, Food Borne Illness, etc.)
- Falls
- Medication errors
- Psychoactive Medications used in absence of psychotic or related condition
- Antianxiety/hypnotic drug use
- Depressive symptoms
- History of wandering/elopement attempts
- Inconsistent advance directive documentation

Additional monitoring indicators for the community Quality Improvement Committees may include, but not be limited to, the following:

- Resident/agent attendance at care planning conferences
- Resident and team member satisfaction/engagement survey results
- Team member acuity trend analysis
- Theft and loss incidents
- Number of resident grievances filed, issues, and actions taken
- Average response time to call lights
- Number of team member work-related accidents
- Team member retention rate
- Number of team members participating on PIPs
- Team member attendance at HumanGood-sponsored educational classes
- Number of team members with perfect on-the-job attendance
- Team member competency assessment
- Percent completion of team member performance reviews by date due
- Nursing registry shifts used per month
- Operational budget surplus/deficit
- Status of PIP activities

Through their auditing and monitoring processes and related activities, department managers and supervisors may identify additional quality/process improvement projects or monitoring elements. Consultant reports, findings and recommendations from regulatory agencies, community Quality Measure/Quality Indicator Profile reports (CASPER Reports, EHR Analytics – Clinical Key Performance Indicator Dashboard, Quality Matters and PIPs), organization-wide quality initiatives and benchmarks, and marketing studies are some of the other common sources of information that can be used to identify quality improvement opportunities.

## **GOVERNANCE AND LEADERSHIP STRUCTURE**

Oversight of the QAPI program is provided by the Board of Directors and conducted through a committee structure that is accountable to executive leadership through the Corporate Quality Improvement Committee. This Committee is responsible for providing an annual report on the QAPI Program activities and outcomes to the Board.

The community leadership, in concert with the Corporate Quality Improvement Committee, has responsibility for planning, designing, implementing, and coordinating resident care and service and selecting quality/process improvement activities to meet the needs of residents, their families, and our team members. Community leaders are also responsible to ensure that time and resources are provided to the designated persons that participate on the community Quality Improvement Committee or any other associated task forces or work groups.

Compliance will be monitored formally through internal incident reports, regulatory surveys, consultant audits/reviews, resident/team member engagement/satisfaction surveys, and informally through discussions, team member meetings, brainstorming activities, and PDAC cycles. The community and Health Center Quality Improvement Committees will, at a minimum, meet quarterly and will record minutes and/or status updates on the designated QI work plan. The minutes and/or status updates will be shared with committee members during meetings. (See Appendix F for sample HC QAPI meeting agenda.) The community's Executive Director will advise and oversee the duties and responsibilities of the QI committee in the following capacities:

- Appoint team members to the QI committee.
- Ensure the community's quality/process improvement focus areas are being carried out and clearly communicated to team members in the community.
- Maintain an effective method for measuring progress on QI goals.
- Share data and information on QI progress both vertically and horizontally within the community and the organization.

## **CORPORATE QUALITY IMPROVEMENT COMMITTEE**

The Corporate Quality Improvement Committee is chaired by the COO and includes representatives of the Senior leadership team. This committee reviews and approves annual QI work plans from the communities and synchronizes common system-wide initiatives with Home Office initiatives. The committee also monitors organization-wide quality improvement activities through review of QI reports and other submissions from

Home Office departments and/or external consultants. The committee responsibilities include:

- Oversee, coordinate and communicate strategic programmatic improvements to improve the quality of services and experiences for the people we serve.
- Provide support and direction to department managers and community leaders in the development of performance improvement plans and quality improvement goals and objectives to ensure alignment with the corporate mission, vision and core dimensions and behaviors, as well as company goals and objectives.
- Solicit recommendations for organization-wide QAPI opportunities.
- Teach and coach team members through example and involvement in QAPI activities.
- Ensure appropriate allocation of QI resources as needed.
- Report activities on a periodic basis to the Board of Directors.

### **COMMUNITY QUALITY IMPROVEMENT COMMITTEE**

Each Life Plan Community shall establish and maintain a Quality Improvement Committee, which shall be multi-disciplinary in composition. Chaired by the Executive Director and/or the Health Services Administrator, the committee oversees and approves organizational improvement activities and initiatives for the entire campus. Membership of the committee may include, but is not limited to, the Director of Nursing Service, Infection Control and Prevention Representative, Director of Resident Services, Director of Social Services, Director of Human Resources, Activity Director, Dining and Food Services Director, Director of Environmental Services or designee, and Medical Director. Consultants and team member guests may be invited to attend meetings on an as needed basis.

Meetings are to be held at least quarterly and more frequently as needed. Reports of activities will be periodically submitted by each community's Executive Director to the Corporate Quality Improvement Committee.

The primary function of the community Quality Improvement Committee is to:

- Identify and select organizational functions to be assessed and improved.
- Review/approve community annual work plans.
- Obtain key indicator, QI activity and monitoring reports from department managers, regulatory surveys and progress reports from PIP Task Force team leaders.
- Review both resident and team member engagement/satisfaction survey results, and ensure action plans are established, implemented, and re-assessed in a timely fashion based on this feedback.
- Monitor progress toward meeting service and process-related objectives within the organization-wide strategic plan, and achievement of quality benchmarks.

- Prioritize QI initiatives, assign Performance Improvement Project (PIP) Task Force teams to projects, and review/approve PIP recommendations or refer selected recommendations to the Corporate Quality Committee.
- Provide guidance for appropriate QI training for team members.
- Ensure that team members, consultants/independent contractors, and residents are educated regarding new or modified regulations, policies and procedures, and operational practices that may impact them.
- Ensure that a resident/family education process regarding care and quality of life decisions and realistic expectations is established and maintained.
- Present a semi-annual written progress report to the Corporate Quality Committee that contains a summary of QI activities to-date, key indicator monitoring outcomes, recommendations, and corrective actions. The report shall contain a self-evaluation of the effectiveness of community QAPI activities.
- Annually review and approve the community assessment and any new or revised policies and procedures.

### **HEALTH CENTER QAPI COMMITTEE**

In addition to the community QAPI requirements noted above, as prescribed by federal/state regulations, this committee conducts monthly activities and at a minimum convenes quarterly meetings to:

- Review clinical quality indicator outcome reports and consultant recommendations.
- Identify, report, track, investigate and analyze adverse event data (unusual occurrences and incident reports).
- Recommend corrective actions related to nursing, pharmacy, dietary, laboratory, environmental, therapeutic, and medical services.
- Set clear expectations around resident safety, quality, rights, choice, and respect.
- Oversee and monitor the development, evaluation and implementation of care and system outcomes of QAPI work/corrective action plans to ensure improvements are sustained.
- Report activities, findings, recommendations, and outcomes to the Community Quality Improvement Committee at least twice per year.
- Receive and review consultant reports to include but not be limited to pharmacy, infection control reports, laboratory, and maintenance reports as applicable.
- Review community assessment for CMS guidelines.

### **DEPARTMENT MANAGERS**

While there may be PIP Task Force teams assigned to projects that could affect individual departments, each department manager, regardless of location or department, is responsible for developing and evaluating their department's quality initiatives incorporated in the community QI work plan.

1. Identifies department QI goals and objectives for the year.
2. Defines quality/process improvement objectives for each quarter, selected from event trends, regulatory survey reports, consultant reports, submitted Quality issues or concerns, team member suggestions, resident suggestions as applicable and general customer feedback.
3. Identifies departmental quality controls as a standard for measuring performance of a work process.
4. Incorporates the four-step process to achieve department quality/process improvement objectives.

In addition, each department manager is responsible for ensuring on-going quality/process improvement activities and team member education in their departments, and for addressing Quality Matters issues or concerns and team member or resident complaints using the QAPI process.

The following **minimum** community departmental activities are on-going and should be considered for inclusion in the QI work plan, along with at least two primary, measurable goals for the year:

#### **1. Health Center:**

- Monthly review of CMS Quality Reporting Program (QRP), Quality Measures and Indicator Profiles.
- Key Quality Indicators are reviewed monthly under the direction of the Director of Nursing. Flagged indicators are to be analyzed on a resident-specific basis to ensure that resident needs are being met and are appropriately documented in the medical record. A QAPI team may be convened to correct any identified problems. A summary report of the Quality Indicator Profile, including the problems identified, the corrective action plan for each, and any outcome of corrective action implemented, is submitted to the community's Health Center QAPI Committee at each meeting.
- Monthly Infection Control surveillance reports.
- Monthly environmental rounds completed by community administration in tandem with environmental services line team members, with findings and actions reported to the community's Health Center QAPI Committee at each meeting.
- Social Services, Activities, Medical Records, Dining/Food Services, Therapy, Maintenance, and Housekeeping/Laundry departments QAPI activity reports to the community's Health Center QAPI Committee.
- The Activity Director/Coordinator and/or Director of Resident Services/Social Services summary and recommendations for issues raised at monthly Resident Council meetings.
- Department managers' submission of identified quality deficiencies and corrective action plans to the community's QAPI Committee.
- Department managers' submission of trends of quality issues or concerns from team members, reflecting which triggered implementation of corrective actions suggested by a team member and team member recognition effort.

- A review of end of life, hospice, palliative, and comfort care services.
- The consulting pharmacists shall report results of quality control monitoring on a quarterly basis to the community's Health Center QAPI Committee. This includes monthly reports of drug regimen review by the consulting pharmacist, identified deficiencies, and corrective action submitted to the community's Health Center QAPI Committee.
- A review of any consultant reports will be conducted. Consultant reports will contain written recommendations, as well as plans for implementation and continuing assessment of quality improvement recommendations.

## **2. Residential/Assisted Living:**

- Monthly environmental rounds to monitor compliance with quality standards and promote a safe environment. Management team members assigned by the Health Services Administrator share surveillance responsibility. Rounds are completed in tandem with environmental services line team members. Identified concerns are presented to the appropriate individuals for resolution, if immediate correction is not possible. Findings are summarized and presented to the community Quality Improvement Committee.
- Assisted Living assessments, service plans and resident advance directives should be reviewed monthly for accuracy and compliance with applicable state licensing regulations. Random review of records related to all levels of care shall be conducted on a monthly basis. The Director of Residential Services or designee shall submit a summary of findings and actions report to the community Quality Improvement Committee at each meeting. Names of specific residents and employees are not to be included in this summary report.
- The Activity Director/Coordinator or Director of Resident Services/Social Services will present a summary of issues raised at monthly Resident Council meetings.
- A review of end of life, hospice, palliative, and comfort care services.
- Department managers will present their QI monitoring activities, and a summary of findings and corrective actions to the community Quality Improvement Committee.

## **3. Community Residential Health Clinic:**

- Random monthly review of records related to health care services provided to residential living residents shall be conducted to identify areas of deficiency and implement corrective action as appropriate.
- The Director of Residential Services or designee shall report a summary of findings and corrective actions to the community Quality Improvement Committee at each meeting.

## **4. Affordable Housing:**

- Monthly environmental rounds to monitor compliance with housing quality standards and promote a safe environment. Management team members assigned by the Housing Administrator share surveillance responsibility. Prior to a REAC inspection, the Housing Administrator and Maintenance supervisor will attend the rounds and make recommendations regarding needed maintenance. Identified

concerns are presented to the appropriate individuals for resolution if immediate correction is not possible. Findings are summarized and presented to the Regional Supervisor and Vice President of Operations, Affordable Housing QI Committee.

- Annual resident record reviews to ensure compliance with Department of Housing and Urban Development regulations, with a summary report of findings and corrective actions submitted by the Housing Administrator or designee to the Regional Supervisor and Vice President of Operations, Affordable Housing QI Committee. Names of specific residents and employees are not to be included in this summary report.
- Submission of a summary report of issues raised at resident meetings, and actions taken to address them, to the Regional Supervisor and Vice President of Operations, Affordable Housing QI Committee.
- Community Housing Administrators will present their initial Quality Improvement work plan, their monitoring activities, and a summary of findings and corrective actions to the Corporate Risk Management and Quality Improvement committees on an annual basis.
- Resident Service Coordinators will assess affordable housing residents semiannually for ability to remain safely independent. Concerns and actions taken to address them are reported to the Regional Supervisors and Vice President of Social Services.

### **QUALITY ISSUE OR CONCERN FEEDBACK REPORTS**

Quality Matters feedback forms (See Appendix E) are widely available for residents, resident representatives and team members as a tool for them to report any issues or concerns related to department operations and/or the delivery of care or services to residents.

Residents, resident representatives may complete the Quality Matters form, without fear of retaliation or punishment, and return it to administration or social services for confidential Quality Improvement Committee consideration. Any team member may complete the Quality Matters form and submit it to their immediate supervisor without fear of retaliation or punishment. This form provides space for to identify the issue, what, if anything was already done to correct the situation, and recommendations for preventing similar circumstances in the future. Information on these forms may help trigger formation of a special PIP to address the issues or concerns, particularly if they are systemic.

Trends of Quality Matters issues or concerns, findings, and corrective actions are to be summarized on the community QI work plan and incorporated into the performance improvement activities as appropriate.

### **QAPI CONFIDENTIALITY**

All reports, work tools, and studies required by and submitted to department, community, or corporate committees for quality improvement purposes are confidential and protected under state law. Similarly, minutes of these committees are confidential and protected under state law. To enjoy this protection, all such documents must reflect the following

language: “For Quality Improvement Discussion Only, Protected by CA H & S Code §1370 and CA Evidence Code §1167 and other states’ laws”.

This QAPI Plan may be provided to regulatory surveyors upon request. ***The QI internal work plans and corrective action plans are confidential and not available for regulatory review or disclosure.*** Minutes of any QI Committee meeting must not be circulated to members prior to the meeting and may not be removed from the meeting room by committee participants after the meeting is finished. The exception to this rule is that the designated secretary or chairperson of the committee may remove such documents so that the document can be filed in the confidential QI file system. Minutes of community Quality Improvement Committee meetings may be made available to a surveyor only for the on-site review verification of quality improvement activities; however, no copy is to be given to any surveyor.

### **RISK/QUALITY/SAFETY/COMPLIANCE OVERLAP**

Risk management, safety and compliance activities can overlap with quality activities in the following ways:

- Risk managers perform investigations into unexpected events that result in harm to a resident or team member. They develop corrective action plans to address issues that if not corrected, can potentially cause the same or similar incident to happen again. Working with insurance, they may conduct case reviews in potentially compensable cases to both identify liability exposures and to identify quality deficiencies that require correction.
- Environmental safety rounds are conducted to assess and prevent potential hazards that may impact residents, team members or visitors. These activities will also include organizational emergency preparedness planning and response.
- Compliance activities monitor federal, state and local regulatory compliance per applicable licensure requirements.

The Risk Management Program is also organization-wide in scope and requires the participation of team members in the identification and reporting of unusual occurrences, participation in corrective actions, and identification and correction of system issues and/or resident/employee behavior to minimize the risk of injury to residents, visitors, and team members. All reported occurrences are evaluated for trending and significance. A summary of findings is presented and discussed at the Corporate Risk Management Committee meeting. Non-identifiable trend reports of resident and team member accidents are reviewed and discussed at the Community Safety Committee meetings. Occurrences are investigated and analyzed through root cause analysis in concert with Risk Management Program requirements. Per policy and as directed by HumanGood’s General Counsel, all incident reports and investigation documentation are maintained as confidential and forwarded to Risk Management/Legal department at the Home Office.



## **UNUSUAL OCCURRENCE INVESTIGATIONS AND CORRECTIVE ACTIONS**

Following any unusual occurrence, an investigation will be undertaken by appropriate management team members under the auspices of the Risk Management program and with direction by the community Risk and/or Quality Manager. Analyses of incident cause are to be performed using root cause analysis processes whenever possible.

Any information generated by this analytical process is to be kept confidential. In addition, occurrence reports and investigation findings are confidential and privileged under state law, and must be submitted to Home Office Risk Management and not to the community Quality Improvement Committee or any other community committee. When a corrective action plan is necessary to help reduce the potential for the same or similar incident from occurring in the future, the community Quality Improvement Committee oversees that the corrective action plan process is performed, outcomes monitored and system change implemented as indicated.

Where it is necessary and/or appropriate to generate initial and closure Quality Improvement letters to an outside third party or to a resident who was involved in an incident, these must be reviewed and authorized by Home Office Risk Management before sending.

Only non-individually identifiable summaries of incident trends may be presented to the community Quality Improvement Committee. This summary report must be labeled with the following language “For Quality Improvement Discussion Only, Protected by CA H & S Code § 1370 and other states’ laws”.

## **TEAM MEMBER COMMUNICATION**

Although specific case information and QAPI work tools are confidential and protected from discovery by state statutes, we will communicate the general outcomes of our QAPI processes, program successes, and program activities to our team members from time to time. This communication can take place in various formats, such as:

- Team member newsletters and memos.
- Communication briefings and team meetings within departments or service areas.
- Management team meetings.
- Team member appreciation meetings.
- HumanGood-sponsored education sessions.
- In-service education classes.
- QI initiatives in our communities.
- Annual QI summaries of care, service and satisfaction outcomes.

## **RESIDENT COMMUNICATION**

To inform and educate our residents about how our QAPI program works and how to submit any concerns or complaints about care or service, we communicate information about our Program in a variety of ways:

- Resident Council and Advisory Committee meetings.

- Resident Floor/Town Hall Meetings.
- Resident newsletters.
- QI initiatives in our communities.

### **TEAM MEMBER EDUCATION**

Team members receive orientation and training necessary to perform their jobs effectively. Topics covered in the training program include, but are not limited to:

- QAPI Orientation & Reporting Procedures.
- Compliance Training & Reporting.
- Orientation to include mandatory training for all team members and unit-specific training.
- Orientation to job-specific functions and applicable policies and procedures.
- Regulatory required training by community (HIPPA and additional Federal, State & Local Requirements).
- Recurring and continuation training to all team members includes mandatory competency updates addressing topics such as changes in policies and procedures and regulatory requirements.
- Clinical competency updates for clinical team members addresses topics, new technologies in the long-term care industry, and clinical topics that are identified as necessary to keep team members current in long-term care.

In addition, to help team members understand their quality/process improvement responsibilities; HumanGood provides education regarding this QAPI program and, on a departmental and community basis, team meetings provide an excellent vehicle for communicating QAPI program updates and advising about changes in work processes, policy/procedures and performance improvement.

Newly hired team members are introduced to the QAPI program during the employee orientation period, and may be given a copy of this QAPI Plan. This introduction to quality improvement familiarizes them with the goals and objectives of the organization, of their department, and of their role in the quality improvement process. To the extent possible, all team members will be provided with an annual review of the QAPI program and our program successes.

Managers and supervisors discuss with each team member their strengths, challenges, and educational needs during their annual performance evaluation. To promote active involvement by team members in QI activities, performance reviews should include an assessment of how effectively each person has participated in creating the HumanGood Experience.

### **SUMMARY**

This QAPI program is an essential element of our business practices intended to enhance our ability to meet HumanGood's mission, vision and core values statements, and to help

us achieve our winning aspiration to be the leading innovator in delivering enriched and engaged experiences with optimal health and measurable life fulfillment.

The active participation and support of management and their assigned team members is a vital ingredient for program success. All team members are encouraged to provide input to this program at any time without fear of retribution or penalty.

Senior leadership extends their appreciation for the efforts of each team member made in the interest of pursuing our QAPI program goals and achieving optimum program outcomes.

## **APPENDIX A**

### **Our Vision**

All adults 55 and older have the opportunity to live their lives with enthusiasm, confidence and security, regardless of their physical, social, or economic circumstances.

### **Our Values**

Our values define how and why we serve our mission, but our team members make up our HumanGood culture. Each and every day, our team members inspire our residents to live their best lives possible, providing the care and support they deserve. These values are:

#### **Passion**

*We care deeply about the success of our team, those we serve and HumanGood.*

- We inspire, energize and challenge our team members in a respectful manner.
- We anticipate customer needs and seek to exceed expectations.
- We are committed to the support and success of our team.

#### **Inclusion**

*We are better when we include people of different backgrounds and perspectives.*

- We seek out different viewpoints to improve our ideas and plans.
- We make decisions based on an understanding of team member and resident needs.
- We create positive and memorable experiences that honor and reflect our diversity.

#### **Courage**

*We do what's right, even when it's hard.*

- We evaluate our options and take informed risks.
- We speak up, sharing our ideas, opinions, feedback and knowledge.
- We acknowledge our mistakes and use them to improve and learn.

#### **Innovation**

*We find new and better ways to serve our residents and team members and each new generation of older adults.*

- We keep an open mind and ask questions to explore new possibilities.

- We share and test new ideas to create better solutions.
- We look for ways to make things simpler whenever possible.

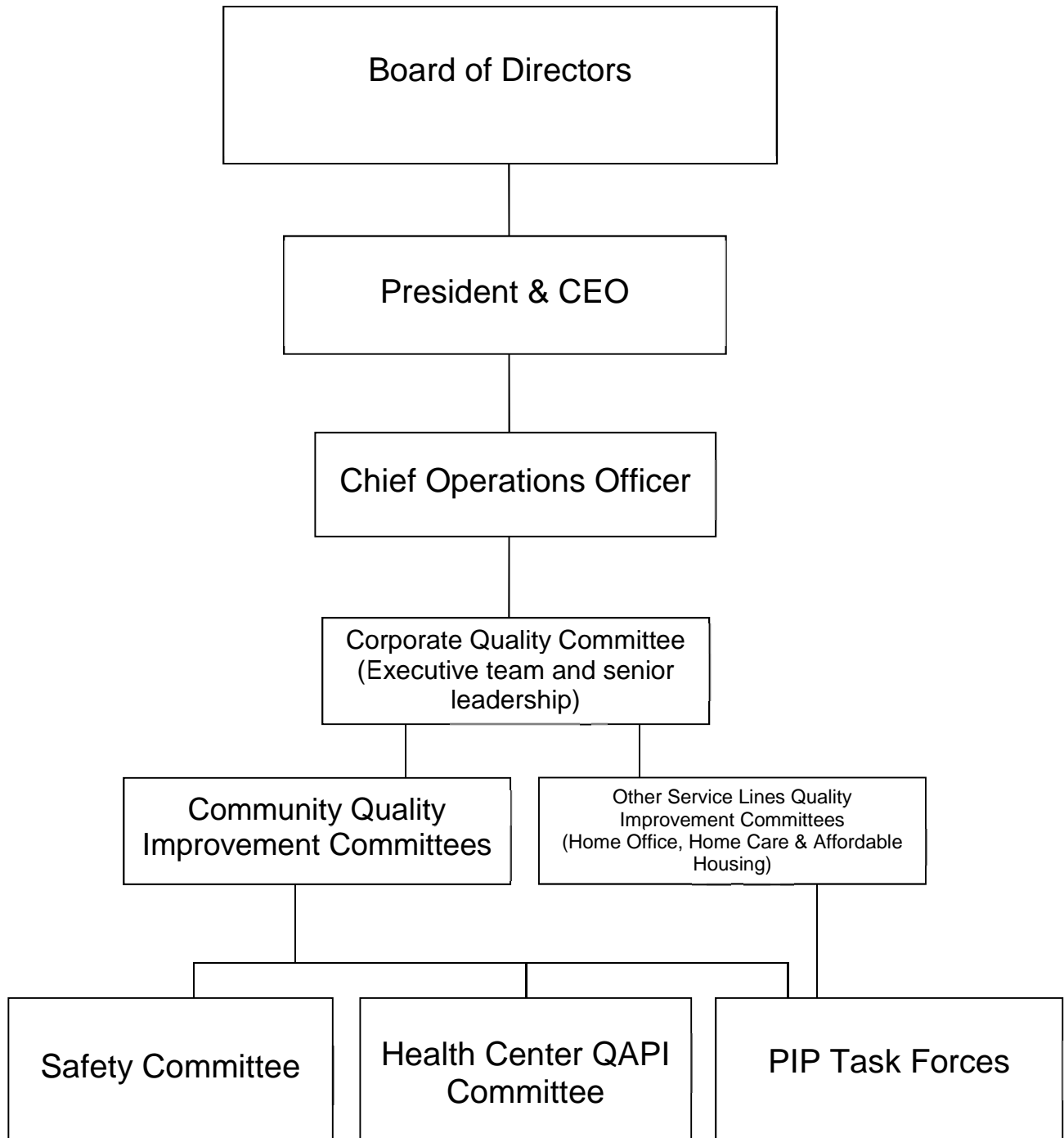
## **Impact**

*We judge ourselves based on our ability to move our mission forward.*

- We hold ourselves and each other accountable for results.
- We prioritize our work to focus on what matters most.
- We act decisively with knowledge and speed.



**Quality Improvement Program Organization Chart**



## **APPENDIX C**

### **PROCESS IMPROVEMENT**

*Quality improvement (QI) is an on-going process initiated when work processes are being analyzed to determine where changes are needed. Specific improvement processes begin at any point that a new service or system is designed and implemented, or equipment is purchased for use in care delivery or services, or quality issues are reported or identified. And, it is a process used when measuring resident outcomes; comparing performance to other organizations; selecting areas for priority attention; and even when experimenting with new ways of carrying out a function. We have adopted the four-step process using the Acronym PDAC for our QI initiatives:*

<b>PLANNING</b>	<b>DESIGNING</b>	<b>ACTING</b>	<b>CHECKING</b>
<b>I DEFINE &amp; UNDERSTAND THE PROBLEM</b>	<b>II ELIMINATE ERRORS</b>	<b>III MEASURE &amp; REDUCE VARIATION</b>	<b>IV DEVELOP A PLAN FOR IMPROVEMENT</b>
1. Identify and describe the process to be analyzed.	1. Identify opportunities for improvement.	1. Reduce variation in measurement systems and process.	1. Develop a plan for monitoring the improved process.
2. Identify the customers impacted.	2. Develop a standard process.	2. Bring the measurement systems and process under statistical control.	2. Insure compliance by monitoring changes.
3. Identify customer needs and concerns.	3. Error-proof the process.	3. Determine whether revised process delivers service to customer requirements.	3. Check and evaluate the results of the improved process.
4. Define your problem statement.	4. Streamline the process.	4. Implement the improved process throughout the system.	4. Establish ongoing feedback mechanisms with customers.

### **PROBLEM STATEMENTS**

A problem statement is used to identify obstacles to providing customer-focused, high quality care or services. Problem statements can be documented on a Quality Matters form (Appendix E). They can also be submitted verbally during team member or committee meetings.

**A problem statement *should*:**

- Provide information about how the issue came to be viewed as a problem.
- Describe how the problem relates to team member or organization performance.
- State the problem in terms that are visible, specific, and if possible, measurable.
- Generally, the problem should be manageable for study purposes.

**A problem statement *should not*:**

- Present pre-conceived indications of the root cause.
- State or imply a solution.
- Affix blame for the problem.

**Examples of correct problem statements:**

“Approximately 75% of residents attending the last Resident Council meeting reported that their call lights are not answered timely.”

“In the past 3 months, 50% of the full and part time team members have missed more than \_\_\_ days of work. The increasing rate of absenteeism has resulted in a 25% increase in nursing registry usage and a 10% increase in overtime pay.”

“Observation of mealtimes reflects that, on two shifts during the day, 50% of residents that required meal assistance waited more than 15 minutes for assistance, 25% waited more than 15 minutes, and 25% were fed within 5 minutes of receiving their meal.”

**Example of incorrect problem statements:**

“Some of the medical records are missing timely physician progress notes because the records are not being flagged by the medical records designee due to a lack of a computerized tracking system.”

“We don’t have enough team members to answer call lights when they are lit.”

“Dr. Smith never returns our calls.”

**Take time to identify the real issue(s):**

Until the facts of an issue are fully investigated, a workable solution is difficult to establish. The incorrect problem statement above is an example of how premature blame may be cast on the incorrect cause. When this occurs, the group might focus on the wrong elements and develop corrective action that would not resolve the issue.

Work process evaluation tools and other devices developed by the industry will help reduce the time it takes to drill down to the actual root cause. Assigning the problem to a

PIP Task Force team will enable a careful evaluation of the issue and the possible corrective actions.

#### **APPENDIX D**

### **PERFORMANCE IMPROVEMENT PROJECT (PIP) TASK FORCE TEAM DESCRIPTION**

The Quality Improvement Committee chairs may assign a Performance Improvement Project (PIP) Task Force Team to selected issues.

The team membership may include:

- A. A management liaison to provide support and guidance to the team. The management designee will appoint a team leader.
- B. A team leader from the area involved to lead the team and facilitate meetings. The team leader will select members of the team with the support and guidance of the management designee.
- C. Team members, consultants, and members of the corporate Risk Management/Quality Improvement committees who are knowledgeable about the service or process to be improved.
- D. The team shall appoint a timekeeper and scribe for each meeting. The scribe shall distribute minutes to all team members.

#### **PIP Task Force Team Responsibilities:**

- A. Identify the problem. The team shall utilize the four-stage PDAC process for identifying the underlying cause(s) of the problem.
- B. Develop measurements to determine baseline.
- C. Measure the essential elements.
- D. Develop and implement a corrective action plan.
- E. Monitor the revised work process to determine if desired outcomes are achieved.
- F. A scribe accurately records discussion, action plans, and assignments, and distributes action plan information to the team.
- G. If the recommendations require additional support and/or resources, the team leader shall bring this information to the next QI committee meeting for discussion and approval.
- H. The team leaders will provide progress reports as appropriate.
- I. Members of the team are expected to arrive to meetings on time with assignments completed, participate in discussions and listen to the ideas of others, support the team's activities, and



participate in educating and supporting co-workers during the implementation phase of performance improvement process.

**PERFORMANCE IMPROVEMENT PROJECT (PIP) TASK FORCE TEAM  
PROJECT**

**Community/Team Name:** \_\_\_\_\_

**Objective of Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Problem Statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Team membership:**

<u>NAME</u>	<u>DEPT</u>	<u>POSITION</u>
-------------	-------------	-----------------

**Management Liaison:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Scribe:** \_\_\_\_\_

**Timekeeper:** \_\_\_\_\_

**Members:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Proposed # of Meetings:** \_\_\_\_\_

**Proposed Length of Each Meeting:** \_\_\_\_\_

\_\_\_\_\_  
Management Designee Signature Date

\_\_\_\_\_  
Team Leader Signature Date

**APPENDIX E**

**QUALITY MATTERS**

If you find yourself thinking, “We could do this better.” Or “The way we are doing this doesn’t make sense.” Or “If we did \_\_\_\_\_ , it would make this a better place to live or work.”

Write it down on this form or discuss it with your Supervisor today!

Name:	Date:
<b>What Is Your Concern? What Have you Noticed That Could be Better?</b>	
<b>How Can We Fix It? What are Your Ideas for Making It Better?</b>	
<b>What Have You or Another Team Member Already Done to Fix This ?</b>	
<b>PLEASE GIVE THIS FORM TO YOUR SUPERVISOR. DO NOT COPY OR PLACE IN RESIDENT RECORD.</b>	
<b>ED/A Follow-Up</b>	
Action Taken: _____	
_____	
[ ] This item has been added to our Quality Improvement Plan on _____	
ED/A Name & Signature: _____	

**CONFIDENTIAL AND PRIVILEGED COMMUNICATION**

For Quality Improvement Discussion Only, Protected by CA H & S Code §1370 and CA Evidence Code §1167 and other states' laws.

**APPENDIX F**

***Sample***  
**Health Center QAPI Agenda**

- I. Review minutes of past meeting
- II. Review current QAPI action/work plans
  - a. PIP status/report back/resolution
- III. Clinical Review:
  - a. Quality Scorecard review (review of complete scorecard); benchmark against other communities; need for process improvement team; action plan. Includes Quality Metrics and/or Quality Indicators.
  - b. CASPER Reports/Quality Measure Reports
  - c. Other care system or clinical reviews/consultant reports
  - d. Infection Control – Lab report, surveillance, etc.
- IV. Health, Safety and Environment
  - a. Fall review
  - b. Other safety issue review
  - c. Environmental reviews (includes kitchen)
  - d. Community assessment
- V. Dietary Management
- VI. Rehabilitation
- VII. Pharmacy
  - a. Pharmacy review
  - b. Medication administration or other issues
- VIII. Resident and Employee Quality of Life
  - a. Complaint / compliment review
  - b. Resident and Employee satisfaction/engagement
  - c. Therapeutic Activities/ person centered care
  - d. Behavioral Management/other psychosocial issues
- IX. Survey Management and POC review and follow-up as needed
- X. Quality Issue/Suggestions Review

**SECTION 999.5(d)(5)(E)**

**4) Employee Benefits Guide**

# 2022 BENEFITS GUIDE

CA and WA Team Members

January 1 to  
December 31, 2022



human good

My date of hire or eligible status change: \_\_\_\_\_

My last day to enroll for benefits and  
provide supporting documentation: \_\_\_\_\_

Date my benefits coverage begins: \_\_\_\_\_

WINDSOR 003815





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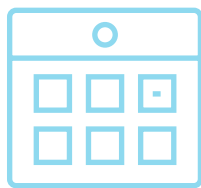
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Your benefits enrollment resources:

- Read this guide for a benefits overview and helpful tips.
- Call Health Advocate at 866.799.2728 for additional support and to estimate medical and prescription costs.
- There are 3 ways to enroll in benefits:
  1. Enroll online through [www.myhumangood.org](https://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.
  2. Schedule a dedicated enrollment appointment for a time convenient for you. (Reference QR code at the back of this guide.) You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
  3. Enroll by phone with a benefits counselor at 866.486.1417.
- Benefits Counselors are available by phone Monday through Friday, 11 a.m. to 8 p.m. Eastern Time and 8 a.m. to 5 p.m. Pacific Time. To schedule an appointment with a call center benefits counselor, call 866.486.1417.



## Welcome to HumanGood, where your health matters!

We offer a full package of benefits, and benefits choices — along with resources and tools to help you use them wisely. Take advantage of the resources and tools so you can make the best benefits and wellness decisions for you and your family.

### Learn about your benefits

Start by going to the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

### Get advice and ask questions

We want to help take the guesswork out of choosing and using your benefits.

- Call a Benefits Counselor at 866.486.1417. They can answer your questions or even assist with enrolling for your benefits.
  - Benefits Counselors are available Monday through Friday, 11 a.m. to 8 p.m. Eastern Time and 8 a.m. to 5 p.m. Pacific Time. Representatives are also available to assist with other language needs.
- Call Health Advocate at 866.799.2728. They can help you estimate your medical and prescription costs under each medical plan for the coming year and explain Medicare.
- Call Anthem at 833.954.1076. If you have specific questions about what type of medical benefits are covered, contact an Anthem customer service representative.
- Contact your local HR Representative. They can answer questions, facilitate calls and point you in the right direction about other resources.

### Enroll for your benefits

There are 3 ways to enroll in benefits:

1. Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.
2. Schedule a dedicated enrollment appointment for a time convenient for you. (Reference QR code at the back of this guide.) You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
3. Enroll by phone with a benefits counselor at 866.486.1417.

The site will walk you through your options, help you compare plans, and show your cost for each plan.





## Eligibility

Here's how eligibility and enrollment works:

- Who's eligible: Regular full-time team members who work at least 30 hours per week.
- When benefits begin: The first day of the month following the completion of 60 days of employment. If your 60th day of employment lands on the first of the month, your coverage will begin on your 60th day.
- What you need to do: You must take action to enroll in coverage and submit the appropriate supporting documentation within the 45-day enrollment window starting on your date of hire or status change date.

Eligibility requirements for the 401(k) retirement plan differ; see the "401(k) Retirement Plan" on page 29 for details.

Eligible dependents for medical, dental, and vision coverage include:

- Your spouse or domestic partner.
- Your dependent child up to age 26 (regardless of marital or student status).
- Your dependent child who is incapable of self support due to a mental or physical disability.

### WANT TO COVER A DOMESTIC PARTNER?

If you cover a domestic partner and they qualify as a "tax dependent" under IRS rules, you need to complete the Domestic Partner Civil Union Tax Status Form. Otherwise, your domestic partner's coverage will be subject to additional taxes, called imputed income. This means you may have to pay state and federal taxes, including Social Security and Medicare (FICA) taxes on the cost of your domestic partner's coverage. Request, complete, and return the form to your local HR Representative. If this form is not completed, you will be taxed.

## Dependent documentation required

You're required to provide appropriate supporting documentation to your local HR representative for each eligible dependent under your medical, dental, and/or vision coverage. If documentation is not provided, your dependent(s) will not be covered. If you're not sure what qualifies as documentation, refer to the table below.

To cover your:	You need to submit to your local Human Resources Representative:
Spouse	Marriage license or certificate
Domestic partner	Domestic Partner Affidavit; go to the Benefits Document Library on <a href="http://www.myhumangood.org">www.myhumangood.org</a> , under the My Worklife section then Benefits.
Child under age 26	<ul style="list-style-type: none"> <li>■ For your own children, one of the following: Birth certificate, hospital letter, midwife letter, legal custody papers, or adoption papers</li> <li>■ For a child of your spouse (such as through marriage): One of the child documents noted above AND your marriage license AND documentation of responsibility (for example, tax forms)</li> <li>■ For a child through legal guardianship: Child's birth certificate AND guardianship papers</li> </ul>

**Your dependent(s) will not be covered if appropriate documentation is submitted to your local HR representative within 45 days from start date.**

## Adding new dependents

When you add a new family member, the family member won't be added to your benefits automatically. On the Verify Beneficiary and Dependent Screen, please verify and/or correct all dependent and beneficiary information for each qualified dependent you will be enrolling and each beneficiary you will designate.

To add new, click the Add button. You must click on the box beside Dependent to qualify them as a dependent for coverage before the system will allow you to enroll them in a specific benefit plan. You must click on the box beside Beneficiary to designate the individual as a beneficiary to your life plans.

Please be sure and include full legal names, Social Security numbers, genders, relationships, and dates of birth for dependents that will be covered under our health plans.

Submit the appropriate dependent documentation (birth certificate, marriage license, etc.) to your local HR representative.

Note: If you add a dependent and do not follow the instructions listed above, your dependent will NOT be covered.

## Qualifying life events

In general, the coverage you elect is effective until the next scheduled annual Benefits Open Enrollment (normally in November — changes are effective the following January 1). However, you can cancel or make changes to your benefits if you have a qualifying life event, as defined by the IRS. You can enroll or make changes to your HSA and commuter benefits any time during the year. If you have a qualifying life event, as defined by the IRS, you can enroll or make changes to your health care insurance (medical, dental, vision) outside the annual Benefits Open Enrollment period.

You have a **31-day window**, starting on the day of a qualifying life event, to submit your life event and provide the appropriate supporting documentation to your local HR representative.

Qualifying life events include:

- Marriage or divorce;
- Birth, adoption, or custody change of an eligible dependent;
- Death of a dependent;
- Change in your spouse's or domestic partner's employment or insurance status;
- Unpaid leave of absence by you, your spouse, or your domestic partner;
- Moving into or out of your medical plan's service area;
- A change in employment status (either yours, your spouse's, or your domestic partner's) from non-benefited to benefited, or benefited to non-benefited;
- A cost increase for medical, dental, and/or vision coverage for you, your spouse, or your domestic partner due to your spouse's or domestic partner's employment;
- A cost increase or reduction for your HumanGood health care benefits; and
- Gaining or losing other health care coverage.

You can learn more about which situations allow you to change your benefits by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits or calling a Benefits Counselor at 866.486.1417, Monday through Friday, 8 a.m. to 5 p.m. Pacific Time/11 a.m. to 8 p.m. Eastern Time. (Navigate to page 3 and follow the steps to enroll to submit your life event.)







# Medical plan

You have three medical plan options through Anthem and one medical plan option through Kaiser. All three Anthem plans are PPO plans, which means you can use any doctor, but you receive the highest level of coverage when you stay inside the network. All three Anthem plans use the same Anthem network of doctors and hospitals. Beyond that, they each work differently.

In addition to the three Anthem plans, HumanGood provides employees with a fourth medical plan option through Kaiser. The Kaiser HMO plan offers a different network from the Anthem plans with access to the HSA. The Kaiser plan design is similar to the Anthem \$2,800 deductible plan. You can find complete detail about coverage in the Kaiser summary. This section will help you find the plan that fits your needs for coverage and cost.

Here are some key features that make each of the plans unique:

Plan name	Key feature
Anthem \$1,000 Deductible Plan	Copay plan
Anthem \$2,800 Deductible Plan	Anthem HSA plan
Anthem \$6,550 Deductible Plan	Free team member-only coverage (no paycheck deductions)
Kaiser \$2,800 Deductible Plan	Kaiser HSA plan

## KEY WORDS

**COPAY:** A flat dollar amount that you pay for a covered service each time you use that service. It does not apply toward the deductible.

**COINSURANCE:** The percentage of the charge for medical care that you pay.

**DEDUCTIBLE:** The amount you pay each calendar year before the plan begins to pay.

**OUT-OF-POCKET MAXIMUM:** The maximum amount you pay for covered services in a calendar year.

## PRESCRIPTIONS:

Tier 1 generic medications are similar to more costly alternatives, and are not sold using a brand name.

Tier 2 medications are generally brand medications that are available at a lower cost to you than Tier 3 brand medications.

Tier 3 medications are generally brand medications with the highest cost to you.



## Medical insurance options

This table provides a summary of in-network benefits; you'll find complete details about coverage and cost at [www.myhumangood.org](http://www.myhumangood.org), click on the UKG link, then choose Life Events under the Myself menu.

Plan	Anthem \$1,000 deductible	Anthem \$2,800 deductible	Anthem \$6,550 deductible	Kaiser \$2,800 deductible
HSA eligible	No	Yes (only if not enrolled in Medicare or TRICARE) <sup>1</sup> HumanGood contributes: <ul style="list-style-type: none"> <li>Individual — \$325/quarter (\$1,300/year)</li> <li>Family — \$650/quarter (\$2,600/year)</li> </ul>	No	Yes (only if not enrolled in Medicare or TRICARE) <sup>1</sup> HumanGood contributes: <ul style="list-style-type: none"> <li>Individual — \$325/quarter (\$1,300/year)</li> <li>Family — \$650/quarter (\$2,600/year)</li> </ul>
Annual deductible	\$1,000/\$2,000	\$2,800/\$5,600	\$6,550/\$13,100	\$2,800/\$5,600
Annual out-of-pocket max	\$3,500/\$7,000	\$5,600/\$11,200	\$6,550/\$13,100	\$5,000/\$10,000
Preventive care visit	Covered in full	Covered in full	Covered in full	Covered in full
In-Network cost share	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Coinurance	20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Office visit (primary care/ specialist)	\$25/\$50 copay	30% after ded.	Covered in full after ded.	30% after ded.
Emergency room	\$300 copay, then 20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Urgent care	\$50 copay	30% after ded.	Covered in full after ded.	30% after ded.
X-ray	20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Lab	20% after ded.	30% after ded.	Covered in full after ded.	30% after ded.
Retail prescriptions <sup>2</sup>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Tier 1	\$10 copay	30% after ded.	30% (max. \$20)	\$15 copay after ded.
Tier 2	\$40 copay	up to \$250	30% (max. \$60)	\$35 copay after ded.
Tier 3	\$70 copay	(except for Preventive Rx medications, 30% no ded., max. \$250)	30% (max. \$100)	30% after ded. up to \$250 max
Mail order prescriptions <sup>2</sup>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Tier 1	\$25 copay	30% after ded.	30% (max. \$50)	\$30 copay after ded.
Tier 2	\$100 copay	up to \$750	30% (max. \$150)	\$70 copay after ded.
Tier 3	\$175 copay	(except for Preventive Rx medications, 30% no deductible, max. \$750)	30% (max. \$250)	30% after ded. up to \$250 max

If you enroll in one of the Anthem medical plans, you will also have access to the following:

- 24/7 NurseLine: You can connect with a registered nurse who'll answer your health questions. They can help you decide where to go for care and find providers in your area. All you have to do is call 1-800-700-9184.
- LiveHealth Online: You can have a video visit with a doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 for advice, treatment and prescriptions if needed. The cost is usually \$59 or less. Register at [www.livehealthonline.com](http://www.livehealthonline.com).
- Sydney text a doc: Allows you to connect to a doctor online or through you mobile device. Features a chat features with a doctor to ask questions and seek guidance for \$19.

Please see your Anthem E-Kit for full details!

<sup>1</sup>Federal rules allow HumanGood to offer an HSA only to team members who are not enrolled in Medicare or TRICARE. Once you enroll in Medicare or TRICARE, you'll have access to your HSA balance, but you and HumanGood will no longer be allowed to make additional contributions.

<sup>2</sup>The Mandatory Generic Program applies to all of the medical plans. If you choose to buy a brand-name (Tier 2 or Tier 3) prescription medication when a generic (Tier 1) version is available, you'll pay the cost of the brand-name medication plus the difference in cost between the generic and brand-name prescription. However, if the prescribing physician indicates "Dispense as Written" or "DAW" on the prescription, you will not be responsible for the cost difference. Keep in mind, any cost difference that you pay will not be applied to the annual out-of-pocket maximum.

### ANTHEM AND KAISER MEDICAL ID CARDS

After you enroll in an Anthem or Kaiser medical plan, new medical ID cards will be mailed to your address of record.

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## How prescription medications work

If you frequently use prescription medications, that may be a factor in deciding which medical plan is right for you. Below are some important considerations that you need to know about.

When purchasing prescription medications...

**Under the Anthem \$1,000 Deductible Plan:** You pay a copay, with no annual deductible.

### **Under the Anthem \$2,800 Deductible Plan:**

You pay out of pocket until you meet the annual deductible (unless it's a PreventiveRx medication) — and after that you pay coinsurance (30% of the medication cost). There's also a cap on the coinsurance amount you pay, which varies based on whether it's a generic or brand-name medication.

**Under the Anthem \$6,550 Deductible Plan:** You pay coinsurance (30% of the medication cost), with no annual deductible. There's also a cap on the coinsurance amount you pay, which varies based on whether it's a generic or brand name medication.

### **Under the Kaiser \$2,800 Deductible Plan:**

You pay out of pocket until you meet the annual deductible (unless it's a PreventiveRx medication) — and after that you will either pay a copay (tier 1 and tier 2) or coinsurance (30% of the medication cost to a \$250 max).

## IN-NETWORK VS. OUT-OF-NETWORK

All Anthem plans allow you to see any provider of your choice; however, you'll typically save money with in-network care. The Kaiser \$2,800 deductible plan offers in-network coverage only. Visit [www.anthem.com/ca](http://www.anthem.com/ca) or [www.kp.org/newmember](http://www.kp.org/newmember) to search for in-network providers.

## Find a medical provider

Go to [www.anthem.com/ca/find-care](http://www.anthem.com/ca/find-care) or [www.kp.org/newmember](http://www.kp.org/newmember)

### Anthem

1. You can look for a doctor by using either:
  - Search as a member: Log in with a username and password or with the member number on your ID card.
  - Search as guest: Select a plan or network, \* or search by all plans and networks. The network HumanGood utilizes is the National PPO (BlueCard PPO).
2. Once you log in, select the Find Care option on the welcome menu.
3. Next, choose who you would like to see. You can search for a doctor nearby or use the doctor's name.
4. Select a provider to see more details, such as:
  - Specialties
  - Gender
  - Languages spoken
  - Training
  - A map of their office location
  - Phone number

### Kaiser

1. Go to [www.kp.org/ca](http://www.kp.org/ca) or [www.kp.org/wa](http://www.kp.org/wa).
2. On the top tab, select "Find a Doctor."
3. Select "Sign in and Search" if you are already a member or Select one of the choices below "Welcome, visitor."
4. Create your online account:
  - You can create your account through the Kaiser Permanente app or at [www.kp.org/newmember](http://www.kp.org/newmember).

## NEED HEALTH CARE ADVICE?

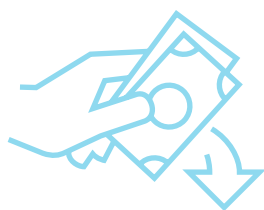
Call Health Advocate anytime during the year at 866.799.2728 to:

- Find qualified providers
- Estimate costs
- Schedule appointments
- Resolve medical and prescription claims or billing issues

## Which medical plan is right for you?

Use this chart to help you compare and contrast some key features of each medical plan.

Do you . . .	Then consider . . .				Why?
	Anthem \$1,000 deductible	Anthem \$2,800 deductible	Anthem \$6,550 deductible	Kaiser \$2,800 deductible	
Want preventive care benefits covered at 100% with no deductible?	✓	✓	✓	✓	All four plans pay 100% for in-network preventive care with no deductible.
Want a plan with the lowest cost for office visits?	✓				For PCP and specialist visits, the Anthem \$1,000 Deductible Plan is the only plan where you pay a copay, with no annual deductible.
Want prescriptions that aren't subject to the deductible?	✓		✓		<ul style="list-style-type: none"> <li>Under the Anthem \$1,000 Deductible Plan, you pay a copay with no annual deductible.</li> <li>Under the Anthem \$6,550 Deductible Plan, you pay coinsurance with no annual deductible.</li> </ul>
Want a plan where you pay copays for prescription medications?	✓				The Anthem \$1,000 Deductible Plan is the only plan where you pay a copay for pharmacy and mail order prescriptions. For your other plan options, you pay coinsurance.
Want team member-only coverage with no paycheck deductions?			✓		The Anthem \$6,550 Deductible Plan is provided at no cost for team member-only coverage if certain wellness activities are completed.
Want a plan with the lowest deductible?	✓				The Anthem \$1,000 Deductible Plan has the lowest deductible and higher per-paycheck costs compared to your other plan options.
Want a pre-tax savings account?	✓ FSA	✓ HSA ✓ Limited Purpose FSA	✓ FSA	✓ HSA ✓ Limited Purpose FSA	There is a pre-tax savings account option no matter which plan you sign up for.
Want the HSA with HumanGood contribution?		✓		✓	HumanGood contributes to your HSA in the Anthem \$2,800 or Kaiser \$2,800 Deductible Plan, making it easier for you to pay for services before you meet the deductible (or you can save your HSA money for later).
Want flexibility to see any provider?	✓	✓	✓		All three Anthem plans let you choose between in-network and out-of-network providers, however, your out-of-pocket costs are generally lower when you stay inside the network. The Kaiser plan offers in-network services only.



## Tax-advantaged accounts: HSA and FSA

You can save money on your health care and dependent care costs through tax-advantaged accounts, administered through Optum Financial, that allow you to use pre-tax dollars to pay for eligible expenses. For additional details about the following accounts, visit the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

### Health savings account

Plan features	How it works
Who's eligible	<ul style="list-style-type: none"> <li>Available only to participants in the Anthem \$2,800 or Kaiser \$2,800 Deductible Plan.</li> <li>An HSA is not allowed if you're enrolled in Medicare or TRICARE. Once you enroll in Medicare or TRICARE, you'll have access to your existing HSA balance; however, you and HumanGood will no longer be allowed to make additional contributions.</li> </ul>
Eligible expenses	The HSA works like a bank account that you manage to pay for your health care expenses not covered by your plans including medical, prescription, dental, and vision copays, deductibles, and coinsurance.
HumanGood contributions	HumanGood contributions for 2022: <ul style="list-style-type: none"> <li>For individual coverage: \$325/quarter (\$1,300/year)</li> <li>For family coverage: \$650/quarter (\$2,600/year)</li> <li>HumanGood contributes three months worth of the total annual contribution to your HSA at the beginning of every quarter.</li> <li>Your annual amount will be pro-rated based on the month in which you're hired (or the month in which your status change date occurs) and in which you open an HSA.</li> </ul>
Your optional contributions	You have the option to make pre-tax contributions of your own for 2022, up to: <ul style="list-style-type: none"> <li>For individual coverage: \$2,350</li> <li>For family coverage: \$4,700</li> </ul> If you're age 55 or older, or will turn 55 in 2022, you can contribute up to an additional \$1,000 to your HSA in 2022 as a "catch-up" contribution.
When funds are available	Once funds are deposited into your account, they are yours to use.
How to pay expenses	You can use a debit card to pay for eligible expenses or reimburse yourself for payments you've made (only money you've already contributed can be spent). Debit cards are issued when you first enroll in an HSA and are valid for three years. Replacement cards are sent by Optum Financial in advance of the expiration date.
Making changes	You can change your contribution amount or stop contributing at any time.
No use it or lose it rule	Unused money can be carried over each year and invested for the future — you can even take it with you if you leave HumanGood.
Choosing your beneficiary	It's important to choose who you want to receive your HSA benefit in the event of your death. Go to the Optum Financial website to designate to select your HSA beneficiary.

### DON'T FORGET TO OPEN YOUR HSA!

In order to receive HumanGood's contribution, you'll need to enroll in the HSA through UKG and register your account through Optum Financial. The HSA must meet the requirements of the U.S. Patriot Act (name, Social Security number, date of birth, and address — a P.O. Box will not be accepted). Check with your tax advisor regarding the withdrawal of HSA funds.



## Health care flexible spending account (FSA)

Plan features	How it works
Who's eligible	Available only if don't have a health savings account (HSA).
Annual contribution maximum	You can contribute up to \$2,750 in pre-tax money.
Eligible expenses	Use this FSA for medical, prescription, dental, and vision expenses not covered by your plans, including copays, deductibles, and coinsurance. Note: You can use these accounts to purchase over-the-counter (OTC) drugs and medicines, without a prescription, as well as menstrual care products.
When funds are available	Your entire annual contribution is available to you from the beginning of the plan year.
How to pay for expenses	You can use your Optum Financial debit card to pay for eligible expenses or reimburse yourself for payments you've made up front. Debit cards are issued when you first enroll in an HSA and are valid for three years. Replacement cards are sent by Optum Financial in advance of the expiration date.
Use it or lose it	Unused money does not carry over to the next year and will be forfeited.
Making changes	<p>You choose your contribution amount for the year during annual Benefits Open Enrollment. You may only make a change during the year if your personal situation changes, such as getting married or having a baby.</p> <p>Note: If you start the plan year with an FSA and experience a qualifying life event and you elect the Anthem \$2,800 or Kaiser \$2,800 Deductible Plan, you will not be eligible to participate in the HSA and must continue with the FSA.</p>

## Limited purpose flexible spending account (FSA)

Plan features	How it works
Who's eligible	Available only if you have a health savings account (HSA).
Annual contribution maximum	You can contribute up to \$2,750 in pre-tax money.
Eligible expenses	This FSA pairs with your HSA. Use this limited purpose FSA only for dental and vision expenses not covered by your plans, including copays, deductibles, and coinsurance.
When funds are available	Your entire annual contribution is available to you at the beginning of the plan year.
How to pay for expenses	You can use your Optum Financial debit card to pay for eligible expenses or reimburse yourself for payments you've made up front. Debit cards are issued when you first enroll in an FSA and are valid for three years. Replacement cards are sent by Optum Financial in advance of the expiration date.
Use it or lose it	Unused money does not carry over to the next year and will be forfeited.
Making changes	You choose your contribution amount for the year during annual Benefits Open Enrollment. You may only make a change during the year if your personal situation changes, such as getting married or having a baby.

## Dependent care FSA

Most people are in favor of having a larger paycheck, right? If you routinely pay for child care expenses, you can make that a reality if you use the dependent care FSA.

Did you know?

1. You could be paying up to \$5,000 for your child's day care completely tax free. Child care can add up to a lot of money throughout the year. But you'll avoid taxes on those costs if you pay for them using a dependent care FSA.
2. Think day care when using this FSA — not medical. This account is specifically for child day care expenses (or care for a disabled or elderly dependent). However, it's not for medical expenses — you can use a health care FSA for that.
3. Your child must be under age 13. Be sure to only estimate day care expenses for children through age 12. Once they turn 13, you can't use this account for them.
4. You have to plan ahead for reimbursements. Using this FSA takes a little planning, since you must first pay your day care provider up-front, and then submit a claim to be reimbursed. But once you get the hang of it, you'll be saving money all year long!

Below is a summary of how the dependent care FSA works.

Plan features	How it works
Annual contribution maximum	You can contribute up to \$5,000 in pre-tax money.
Eligible expenses	Use this FSA for qualified dependent care expenses, including child care for children up to age 13 and care for disabled or elderly dependents.
When funds are available	When you make a claim, you'll receive a reimbursement from the money you have in your account at that time. For instance, if you have \$300 in eligible expenses, but only have \$200 in your account, you can only be reimbursed for \$200. You'll receive the remainder of the reimbursement for your eligible expenses once you contribute additional funds to your account.
How to pay for expenses	You pay for eligible expenses up front. Then, you submit a reimbursement claim and attach any bills or receipts for reimbursement.
Use it or lose it	Unused money does not carry over to the next year and will be forfeited.
Making changes	You choose your contribution amount for the year during annual Benefits Open Enrollment. You may only make a change during the year if your personal situation changes, such as getting married or having a baby.

## IRS NONDISCRIMINATION RULES

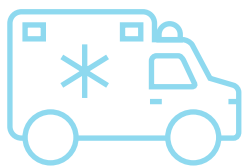
The HumanGood FSA plans are subject to IRS nondiscrimination rules, which exist to prevent plans from being designed in such a way that they discriminate in favor of "highly compensated employees." If the HumanGood FSA plans should fail to pass the required IRS nondiscrimination testing, team members defined as highly compensated employees according to the IRS definitions may lose the tax benefits of participating in the plan (that is, they must include the benefits or compensation in their income). You'll be notified if this applies to you.



## Take a look: HSA vs. FSAs

See how these accounts compare:

	Health savings account (HSA)	Health care FSA	Limited purpose FSA	Dependent care FSA
Available if you enroll in this medical plan...	<ul style="list-style-type: none"> <li>Anthem \$2,800 deductible plan</li> <li>Kaiser \$2,800 deductible plan</li> </ul>	<ul style="list-style-type: none"> <li>Anthem \$1,000 deductible plan</li> <li>Anthem \$6,550 deductible plan</li> </ul>	<ul style="list-style-type: none"> <li>Anthem \$2,800 deductible plan</li> <li>Kaiser \$2,800 deductible plan</li> </ul>	Any medical plan
2022 contributions	HumanGood contributes: <ul style="list-style-type: none"> <li>Individual: \$325/quarter (\$1,300/year)</li> <li>Family: \$650/quarter (\$2,600/year)</li> </ul> You can also contribute up to: <ul style="list-style-type: none"> <li>Individual: \$2,350</li> <li>Family: \$4,700</li> </ul>	You can contribute up to \$2,750	You can contribute up to \$2,750	You can contribute up to \$5,000 (per individual or married couple)
How to use your balance	Eligible out-of-pocket medical, prescription, dental, and vision expenses	Eligible out-of-pocket medical, prescription, dental, and vision expenses	Eligible out-of-pocket dental and vision expense.	Eligible out-of-pocket dependent care expenses
"Use it or lose it?"	No. It's yours to keep. The money in your account at year-end carries over to the next year.	Yes. Unused money does not carry over to the next year and will be forfeited.	Yes. Unused money does not carry over to the next year and will be forfeited.	Yes. Unused money does not carry over to the next year and will be forfeited.



## Supplemental medical insurance

Supplemental medical insurance through Aetna can help protect you from significant or unexpected out-of-pocket expenses. Keep in mind that these plans are intended to supplement a medical plan.

Consider your anticipated medical needs along with the cost of the insurance plans available to you. Adding a supplemental plan to a lower-cost medical plan may help you save money while providing important coverage.

The following three supplemental medical plans are available to you with no pre-existing condition limitations. Complete details about coverage and cost can be found by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

### Accident

Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses such as your mortgage or rent.

### Critical illness

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer, Alzheimer's disease, and more. You receive a lump-sum payment to use as you choose.

The critical illness insurance also includes a health screening benefit. This pays a lump sum of \$50 if you or any dependent receive any of the approved health screening tests. A charge must be incurred and there is a maximum of one screening per plan year.

### Hospital indemnity

Hospital indemnity insurance provides supplemental payments that you can use to cover expenses that your medical plan doesn't cover for hospital stays, ambulance service, surgery, and certain inpatient or outpatient treatments. When you're eligible for a benefit under this plan, you receive a lump-sum payment to use as you choose.







## Dental insurance

The following dental plans are available to you through United Concordia. This table provides a summary of in-network benefits; you'll find complete details about coverage and cost at [www.unitedconcordia.com](http://www.unitedconcordia.com) or by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

Plans	United Concordia Standard Plan	United Concordia Enhanced Plan
Annual maximum benefit (in-network and out-of-network)	\$1,500	\$2,000
In-network		
Individual/family deductible (waived for preventive services)	\$50/\$150	\$50/\$150
Preventive services	You pay 0%	You pay 0%
Basic services	You pay 20%	You pay 20%
Major services	You pay 50%	You pay 50%
Orthodontia services (for children up to age 19; not subject to the deductible)	Not covered	You pay 50%
Orthodontia maximum lifetime (in-network and out-of-network)	Not covered	\$2,500

### KEY WORDS

**DEDUCTIBLE:** The amount you pay before the plan begins to pay.

**PREVENTIVE SERVICES:** Services designed to prevent or diagnose dental conditions that include oral evaluations, routine cleanings, X-rays, and fluoride treatments.

**BASIC SERVICES:** Services that include basic restorations, some oral surgery, endodontics, periodontics, and sealants.

**MAJOR SERVICES:** Services that include crowns, dentures, implants, and some oral surgery.

**ORTHODONTIA:** Services that include straightening or moving misaligned teeth and/or jaws with braces and/or surgery.



# Vision insurance

The following vision plans are available to you through Vision Service Plan (VSP). This table provides a summary of in-network benefits; you'll find complete details about coverage and cost including possible discounts on costs that exceed the retail allowance at [www.vsp.com](http://www.vsp.com) or by visiting the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

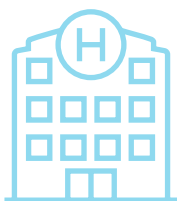
Plans	VSP Standard Plan		VSP Enhanced Plan	
In-network	Copay	Frequency	Copay	Frequency
WellVision exam	\$10	1 per 12 months	\$10	1 per 12 months
Lenses	\$25	1 per 12 months	\$10	1 per 12 months
Contact lens exam	Up to \$60	1 per 12 months	Up to \$60	1 per 12 months
	Retail allowance	Frequency	Retail allowance	Frequency
Frames	\$130 (plus additional \$50 for VSP featured frame brands)	1 per 24 months	\$175 (plus additional \$50 for VSP featured frame brands)	1 per 12 months
Contact lenses (in lieu of frames and lenses)	\$130	1 per 12 months	\$175	1 per 12 months



## KEY WORDS

**COPAY:** An amount you pay for a covered service each time you use that service.

**RETAIL ALLOWANCE:** Maximum allowance paid toward the cost of vision materials. Amounts in excess of the retail allowance are your financial responsibility.



## Life and AD&D insurance

Life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha provides important financial protection for you and your family.

For additional details, visit the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.

Plans	Who can enroll	Amount of coverage
<b>Coverage paid by HumanGood</b>		
Employer-paid term life	You; enrollment is automatic	2 x earnings up to \$600,000
Employer-paid AD&D	You; enrollment is automatic	2 x earnings up to \$600,000
<b>Coverage paid by you</b>		
Employee-paid term life	You	5 x earnings up to \$650,000
Spouse term life <sup>1</sup>	Spouse/domestic partner	\$5,000 increments up to the lesser of \$250,000 or 100% of the team member-elected amount
Child term life <sup>1</sup>	Your children	\$2,000 increments up to \$10,000
Employee paid AD&D	You	5 x earnings up to \$650,000
Spouse AD&D <sup>2</sup>	Spouse/domestic partner	\$5,000 increments up to the lesser of the team member-elected amount
Child term AD&D <sup>2</sup>	Your children	\$2,000 increments up to \$10,000

<sup>1</sup>These plans are only available if you first elect employee-paid term life coverage.

<sup>2</sup>These plans are only available if you first elect employee-paid AD&D coverage.

In addition to the life and AD&D insurance, Mutual of Omaha includes a Living Care Benefit. For coverage paid for by HumanGood, the Living Care Benefit will pay a sum equal to 80% of the term life insurance benefit, up to a maximum of \$480,000, if you are affected with a terminal illness. This amount is subtracted from the term life insurance benefit amount prior to payment of a death benefit.

If you elect additional employee-paid term life insurance, the Living Care Benefit will pay a sum equal to 80%, up to a maximum of \$500,000, if you are affected with a terminal illness. The employer-paid term life insurance also provides free will preparation.

The employer-paid term life insurance also provides free will preparation. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started, visit [www.willprepservices.com](http://www.willprepservices.com).

### IMPUTED INCOME FOR EMPLOYER-PAID LIFE INSURANCE

The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The taxable value of this life insurance coverage is called imputed income. This amount will appear as an earning and a deduction on your paycheck.

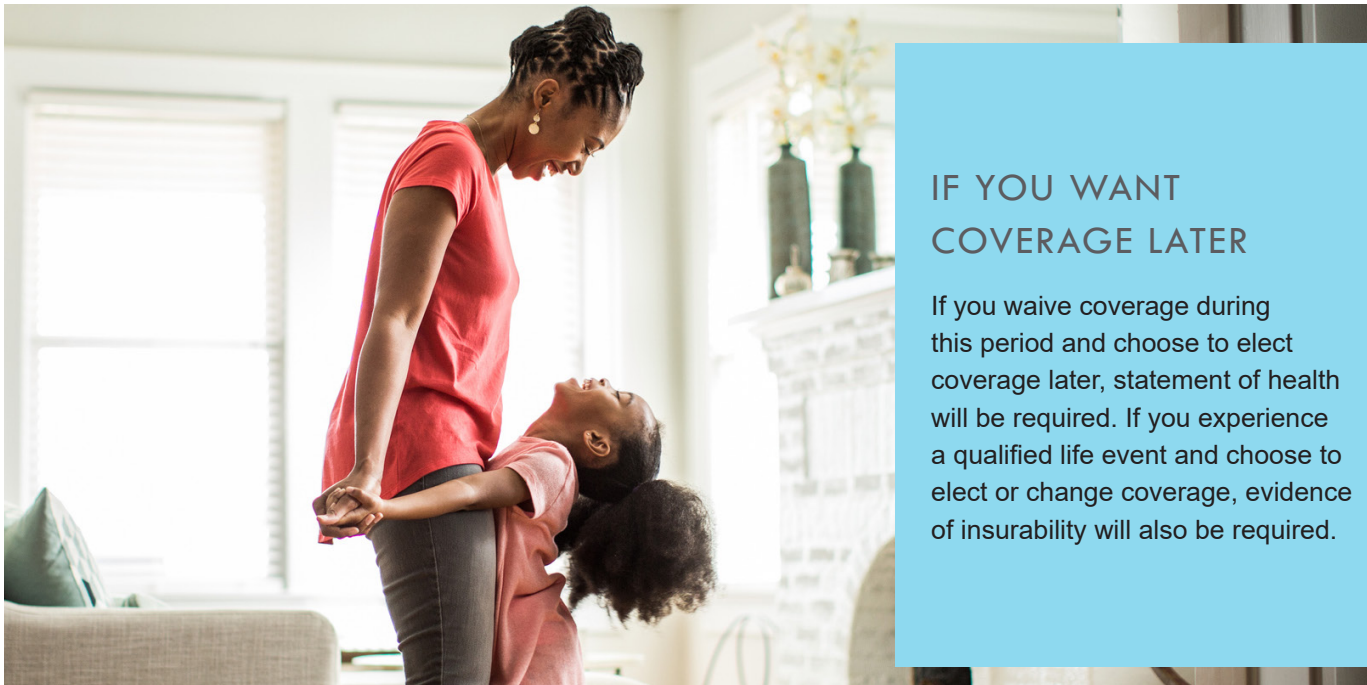


WINDSOR 003832

### Evidence of insurability (EOI)

Life insurance over a certain amount may require you to complete a health questionnaire and be approved by medical underwriting. After electing coverage, you'll receive more information from Mutual of Omaha if Statement of Health is required.

Plans	Evidence of insurability
Employee-paid term life	Not required for lesser of 5 x earnings or \$330,000
Employee-paid AD&D	Not required
Spouse term life	Not required for amounts up to \$50,000
Child term life	Not required



#### IF YOU WANT COVERAGE LATER

If you waive coverage during this period and choose to elect coverage later, statement of health will be required. If you experience a qualified life event and choose to elect or change coverage, evidence of insurability will also be required.

### Permanent whole life

Atlantic American Employee Benefits offers group whole life insurance, which provides cash value accumulation, guaranteed premiums, guaranteed coverage with no medical questions, and coverage that can be taken with you if you change jobs or retire. This also provides living benefits that can afford you the ability to take care of critical medical events, such as a nursing home, home health care, assisted living facility, and adult daycare.

Plans	Amount of coverage
Employee whole life	In increments of \$10,000 up to \$100,000 coverage
Spouse whole life	In increments of \$10,000 up to \$30,000 coverage (employee must be enrolled in Whole Life)
Child whole life	\$10,000 coverage (employee must be enrolled in Whole Life)





# Disability insurance

## Short term disability

Short term disability (STD) is available through Mutual of Omaha to all benefits-eligible team members. If you need to miss work due to a non-work-related illness or accident, STD benefits can replace a percentage of your lost income, as listed in the chart below. If elected, you pay the cost of coverage.

	Benefit waiting period	Benefit percentage	Maximum benefit duration
Employer-paid STD <sup>1</sup> (for all Non-California team members)	14 calendar days	30% up to \$250/week	Up to 24 weeks per disability

If you and your family determine that you need additional short term disability coverage to help you cover expenses while you are unable to work, you have the opportunity to purchase additional short term disability coverage.

	Benefit waiting period	Benefit percentage	Maximum benefit duration
Employee-paid buy-up STD <sup>2</sup>	14 calendar days	30% up to \$500/week	Up to 24 weeks per disability

<sup>1</sup>The STD plan has a pre-existing condition limitation, meaning any injury or sickness for which you incurred medical expenses or received medical treatment three months prior to your effective date of coverage may not be covered under the plan for twelve months after the effective date.

<sup>2</sup>For California team members, this is a "buy-up" option. California State Disability Insurance (CA SDI) provides 60%-70% income replacement up to a maximum of \$1,357/week, as of early 2022. If you elect employee-paid STD coverage through HumanGood, you'll be purchasing an additional 30% benefit (the buy-up amount), giving you up to an additional \$500 a week in coverage.

## WHAT IS CALIFORNIA STATE DISABILITY INSURANCE?

California State Disability Insurance (CA SDI) is a mandatory state disability program for California team members in which a small portion of income is taken out of each paycheck. CA SDI benefits may continue up to 52 weeks.



Long term disability

If you're unable to work for longer than 26 weeks due to a covered disability, long term disability (LTD) insurance through Mutual of Omaha replaces a portion of your income. There are two types of LTD coverage:

- **Employer-paid LTD:** Available to salaried team members at no cost. There is no need to enroll.
- **Employee-paid LTD:** Available to all team members. If you would like this benefit, you must enroll and pay for the cost of coverage. If you're an exempt team member, this coverage is a "buy-up" option to enhance and supplement your employer-paid LTD coverage.

	Benefit waiting period	Benefit percentage	Maximum benefit duration
<b>Employer-paid LTD<sup>1</sup></b> (for all benefits-eligible salaried team members)	180 calendar days of disability	Salaried: 60% up to \$5,000/month	If you become disabled prior to age 62, benefits may continue for as long as you remain disabled, or until the greater of your Social Security normal retirement age or four years. If your disability occurs at age 62 or above, the number of payments may reduce.
<b>Employee-paid LTD<sup>2</sup></b> (for all benefits-eligible team members)	180 calendar days of disability	<ul style="list-style-type: none"><li>■ Hourly (those eligible for overtime): 50% up to \$5,000/month</li><li>■ Salaried: 66 2/3% up to \$10,000/month<sup>2</sup></li></ul>	

<sup>1</sup>The LTD plan has a pre-existing condition limitation, meaning any injury or sickness for which you incurred medical expenses or received medical treatment three months (for salaried) and six months (for hourly) prior to your effective date of coverage may not be covered under the plan.

<sup>2</sup>For salaried team members, this is a "buy-up" option. 60% of this benefit is your employer-paid LTD that's provided at no cost to you by HumanGood (you're automatically enrolled for coverage when you meet the eligibility requirements). If you elect employee-paid LTD coverage, you'll be purchasing an additional 6 2/3% benefit (the buy-up amount), giving you a combined total LTD benefit of 66 2/3% up to a monthly maximum of \$10,000.



## Commuter benefits

Commuter benefits allow you to pay for your work-related transit and parking costs tax free with a debit card, administered through Optum Financial. If you have an HSA or FSA, your commuter benefits are loaded onto the same debit card and these purchases are tracked separately from your health care expenses. This could save you up to 40% in taxes! You decide how much you want to set aside for your commuter expenses, within these guidelines:

- Transit account: Up to \$270 per month for bus, subway, train, ferry, streetcar, or vanpool expenses.
- Parking account: Up to \$270 per month for parking at or near work, or for Park and Ride expenses.

**IMPORTANT NOTE!** You have complete flexibility to enroll or change your contribution for commuter benefits any time during the year.

For more information, visit the Benefits Document Library on [www.myhumangood.org](http://www.myhumangood.org), under the My Worklife section then Benefits.



## Legal assistance

MetLife Legal Plans offer economical access to attorneys for you, your spouse, and your eligible dependents.

For \$18 a month, you can receive legal advice and services for a wide range of personal matters, including:

- Court appearances and defense of civil lawsuits.
- Financial, family, and real estate matters.
- Immigration assistance.
- Estate planning.
- Traffic offenses (except DUI).
- Document review and preparation.
- Consumer protection.

Please note: Divorce and employment-related matters are not covered.  
For more information, go to [www.legalplans.com](http://www.legalplans.com).



## Pet insurance

Nationwide offers a cost-effective way to protect you from unexpected veterinary expenses. You can choose from two plans, each which cover things like accidents, injuries, serious/chronic illnesses, and surgeries. And one of the plans additionally covers wellness (such as exams, dental cleanings, flea and tick prevention, and more). Note, some exclusions apply.

### Key features of the plans include:

- \$250 annual deductible.
- \$7,500 annual maximum.
- Range of 50% to 70% reimbursement on vet bills.
- No age limits.

### Here's how it works:

1. Visit the vet of your choice.
2. Submit a claim.
3. You'll receive a reimbursement check in the mail.

**IMPORTANT NOTE!** You have complete flexibility to enroll in or change your pet insurance any time during the year. Your coverage will be effective with the next applicable payroll cycle following your election date.

If you have an existing policy with Nationwide, you may want to contact Nationwide to review your options. For more details and cost information, go to <https://benefits.petinsurance.com/humangood> or call 877-738-7874.





## Identity theft protection

You can purchase identity theft protection benefits through Allstate Identity Protection for you and/or your family members who live with you. Here's a few of the services included in your coverage:

- Credit report monitoring.
- Monitoring of public and private databases for activity associated with your personal information.
- Monitoring of social media sites for reputational damage.
- Wallet/card replacement assistance.
- Password safety.
- Identity restoration services if you're the victim of identity theft.

Allstate Identity Theft Protection pricing:

- Team member only: \$9.95 per month.
- Team member and family members who live with you: \$17.95 per month.

For more details and cost information, go to [www.myaip.com](http://www.myaip.com) or call 800.789.2720.



## Other benefits

### Patient advocacy, EAP, and work/life services

Health Advocate™ provides HumanGood's patient advocacy, EAP, and work/life services. Health Advocate is available 24 hours a day, 365 days a year, to you, your spouse/partner, your children to age 26, your parents, and your parents-in-law.

- **PATIENT ADVOCACY SERVICES.** (Only available to team members enrolled in a HumanGood medical plan.) Health Advocate can help you to navigate your health care and benefits, including:
  - Answering questions about your health benefits.
  - Resolving health care claims and billing issues.
  - Handling retiree and elder care issues.
  - Finding qualified health care providers anywhere in the U.S.
  - Answering questions about Medicare and Social Security.
  - Scheduling appointments and arranging for specialized treatments and tests.
  - Getting unbiased information about complex medical conditions so you can make informed decisions.
- **EAP SERVICES.** Health Advocate provides personal support, including:
  - Five free counseling sessions per year, per issue.
  - Access to a licensed EAP counselor who will help you learn coping skills for stress, depression, parenting issues, substance abuse, and other temporary setbacks.

- **WORK/LIFE SERVICES.** Health Advocate provides unlimited telephonic and online access to a variety of work-life services, including:
  - Child care and elder care consultation and referrals.
  - Legal and financial referrals and resources.
  - Parenting and adoption information and resources.
  - Child and adult education resources.
  - Information on buying or selling a home.
  - Home improvement resources.
  - Resources for managing stress, anxiety, and anger.
- **A SINGLE TELEPHONE NUMBER TO CALL.** When you or an eligible family member encounters a health care or insurance-related issue or needs help with personal and/or family issues, call Health Advocate at **866.799.2728** (toll-free). You may be asked to complete a medical information release form. Please be assured that your personal information will be kept strictly confidential by Health Advocate; this information is never shared with HumanGood.

## Wellness

(Only available to team members enrolled in a HumanGood medical plan.) To help you feel your best, you can take advantage of wellness services by accessing the wellness website and employer-paid biometric screenings and health quality assessments. This program is administered by Wellworks.

HumanGood team members must complete certain requirements to receive the wellness discount from their 2023 health insurance premiums. As a reminder, new hires must complete three (3) requirements by November 30, 2022, to be eligible for the 2023 incentive.

- New hires with a benefit effective date between December 1, 2021-March 31, 2022, will need to complete the Biometric Screening and Know Your Number (KYN) Assessment to earn the wellness discount beginning the first of the following month through December 31, 2022.
- New hires with a benefit effective date between April 1, 2022-December 31, 2022, will need to complete the Biometric Screening and Know Your Number Assessment to earn the wellness rate discount beginning the first of the following month through December 31, 2023.

Benefit effective date	Requirements	Incentive
December 1, 2021-March 31, 2022	Step 1: Biometric Screening Step 2: KYN Assessment Step 3: 3/5 Healthy Ranges or 3 LNA Calls	Premium discount applied the first of the following month through December 31, 2022. Premium discount applied through December 31, 2023.
April 1, 2022-December 31, 2022	Step 1: Biometric Screening Step 2: KYN Assessment	Premium discount applied the first of the following month through December 31, 2023.

### TO SCHEDULE A SESSION WITH THE NURSE ADVOCATE, FOLLOW THE INSTRUCTIONS BELOW:

1. Log into your wellness portal and click Menu>ResultsNow.
2. Select Meet 3/5 Healthy Ranges OR Three (3) Nurse Advocate Calls.
3. Click the + sign next to the Three (3) Nurse Advocate Calls sub-component.
4. Click the Nurse Advocate Session Sign Up link.
5. Choose a time and enter the required information (be sure to enter the phone number to be called at the time of the appointment).
6. Your nurse advocate will reach out to you on the date and time of your appointment.

Please Note: Nurse advocate calls must be at least one (1) month apart and each call has a deadline. Please see a list of all deadlines below.

- Call 1 must be completed by July 31, 2022.
- Call 2 must be completed by September 30, 2022.
- Call 3 must be completed by November 30, 2022.

### Contact your Nurse Advocate team!

Your Nurse Advocate is here to work with you to align available resources, provide education and collaborate with your health care team to support you in achieving positive results. The nurse will guide you in making informed health care decisions, along with helping you understand how to use your health insurance to keep you healthy and minimize your health costs.

Your Nurse Advocate's contact information is provided below:

- Phone: 888.251.2260
- Email: [mynurseadvocate@lockton.com](mailto:mynurseadvocate@lockton.com)

### Contact your Wellworks team!

All questions regarding your Wellness Program structure, status in the program, deadlines, etc. should be directed to your Wellness Team via the Wellworks For You Portal. Simply select Contact Us from the Portal homepage. You can also call Wellworks For You at 800.425.4657.

- To learn more, go to [www.wellworksforyou.com](http://www.wellworksforyou.com), and enter your username and password.
  - Username: HG\_LastName\_EmployeeID
    - ▲ For example: HG\_Smith\_546143
  - Password: If you are logging on for the first time please use the temporary password "Welcome1." You will then be prompted to update your password upon initial login.

## Paid time off

HumanGood provides you with paid time off (PTO) to recover from sickness, care for an ill family member, to observe a religious holiday, or to just get a short break from work. The amount you accrue is based on your date of hire, as follows:

Length of service	Annual day equivalent	Maximum accrual
Less than 4 years	20	30 days/240 hours
4 through 5 years	22	33 days/264 hours
6 through 10 years	25	37.5 days/300 hours
11 through 15 years	30	45 days/360 hours
16 through 20 years	32	48 days/384 hours
21 years or more	35	52.5 days/420 hours

Eligible team members may use PTO once it's accrued.

## Holidays

HumanGood provides seven company-paid holidays as follows:

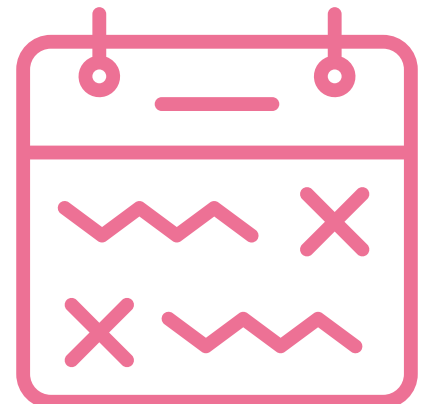
- New Year's Day
- Independence Day
- Thanksgiving Day
- Martin Luther King, Jr. Day
- Labor Day
- Christmas Day
- Memorial Day

## Jury duty

HumanGood encourages you to fulfill your civic responsibilities by serving as a juror when required. You may request up to 22 days of paid jury duty leave over any one-year period.

## Bereavement

In the event of a death of an immediate family member, you may receive up to five days of paid leave.





## Educational assistance

HumanGood proudly offers educational assistance program financial repayment to team members who pursue professional growth and development through higher education.

Who can participate

The program is available to:

### ■ FULL-TIME TEAM MEMBERS:

- If you've completed one year of service and have a satisfactory job performance rating.
- Team members must be on active payroll from the date of enrollment through the date the reimbursement request is submitted.

## How it works

Program type	Tuition amount per fiscal year
Graduate degree program	\$5,250
Undergraduate degree program	\$4,250
Secondary schools, certifications, and license programs	\$2,250
English as a second language (ESL)	Up to \$300

### IMPORTANT

Contact your supervisor for an application and approval before you register for a program or course.

## Student loan forgiveness

As a HumanGood team member, you may be eligible for forgiveness on your outstanding student loans through the federally funded Public Service Loan Forgiveness (PSLF) program.

Through PSLF, full-time employees of a non-profit organization like HumanGood may receive forgiveness on the remaining balance of their direct loans after they have made 120 qualifying monthly payments and completed 10 years of services under a qualifying repayment plan.

PSLF can be beneficial to team members. The average student loan balance in the U.S. is more than \$35,000, adding up to more than \$1.41 trillion in borrowed education funds in 2019. This may impact many of us, who budget for each month to make payments in order to reduce our student loan debt.

Visit the program website at [www.studentaid.gov/manage-loans/forgiveness-cancellation/public-service](http://www.studentaid.gov/manage-loans/forgiveness-cancellation/public-service) to learn about the PSLF program and to determine if you qualify.

## PerkSpot

The HumanGood discount program by PerkSpot offers exclusive discounts on popular brands and from your favorite retailers. You can get deals on things like:

- Travel and hotels (Expedia, Avis, Budget Rent-a-Car, Choice Hotels)
- Tickets and entertainment (Disneyland, Six Flags, AMC Theatres, Regal movie tickets)
- Cell phones and electronics (Verizon, Sprint, AT&T, Apple, HP, Dell)
- Retail purchases (Costco, Best Buy, Walmart)
- Gym and fitness services (24 Hour Fitness, Crunch Fitness, Jenny Craig)
- Auto purchases (Ford, Hyundai, Toyota, Jeep)
- All previous discounts from CPS
- ... and more!

Visit [humangood.perkspot.com/login](https://humangood.perkspot.com/login) to sign up and start saving!



# 401(k) retirement plan

The 401(k) retirement plan through Transamerica gives you an excellent opportunity to build your retirement security. Below is a summary of how the plan works.



## SELECT A BENEFICIARY

It's important to choose who you want to receive your 401(k) benefit in the event of your death. Go to [www.transamerica.com/portal/home](http://www.transamerica.com/portal/home) to select your 401(k) beneficiary.

Plan features	401(k) highlights
Eligibility	You may participate in the plan immediately and are eligible to contribute if you're at least age 21.
Enrolling and making changes	You can enroll, start/stop, and/or change contributions at any time by visiting <a href="http://www.transamerica.com/portal/home">www.transamerica.com/portal/home</a> or calling Transamerica at 800.755.5801
Your contributions (traditional, Roth, catch-up)	<ul style="list-style-type: none"><li>■ You can contribute up to 100% of your eligible compensation, up to the IRS limit of \$20,500 for 2022, in either traditional or Roth contributions:<ul style="list-style-type: none"><li>• Traditional contributions are made on a tax-deferred basis each pay period. You reduce your taxable income now, but pay taxes down the road when you withdraw the funds.</li><li>• Roth contributions are made on an after-tax basis. That means you pay taxes while you're funding the account, in exchange for not paying taxes later (assuming you meet the age requirement and other criteria when you withdraw funds).</li></ul></li><li>■ If you're age 50 or older, you can make "catch-up" contributions, up to an additional \$6,500 in 2022.</li><li>■ Your contributions are deducted from your regular earnings and any bonuses.</li></ul>
HumanGood matching contributions	<ul style="list-style-type: none"><li>■ You're eligible after you've completed one year of service and 1,000 hours.</li><li>■ HumanGood matches 100% of the first 3% of pay that you contribute, plus 50% of the next 2%. So, if you contribute 5% or more of pay, HumanGood adds a 4% matching contribution.</li><li>■ Matching contributions are deposited on a quarterly basis.</li><li>■ HumanGood also matches on catch-up contributions.</li></ul>



Plan features	401(k) highlights
Vesting	You're always 100% vested in your own contributions, in addition to the contributions made by HumanGood. This means you always own contributions as soon as they're deposited into your account.
Investment options	<ul style="list-style-type: none"><li>■ The plan offers many investment options to help you build a portfolio that meets your goals.</li><li>■ You can change your investment mix at any time.</li></ul>
Loans	<ul style="list-style-type: none"><li>■ You can borrow up to 50% of your vested account balance (minimum loan is \$1,000, maximum is \$50,000).</li><li>■ There can be only one outstanding loan at a time; repayments are made via payroll deduction. Personal loans have a maximum duration of five years, residential loans are 15 years</li></ul>
Rollover rules	<ul style="list-style-type: none"><li>■ This plan accepts rollovers from other qualified plans, like another 401(k) plan, a conduit IRA, or other qualified retirement plan.</li><li>■ Voluntary after-tax contributions from another plan are not allowed.</li></ul>

If you contribute...	HumanGood will contribute...
1%	1%
2%	2%
3%	3%
4%	3.5%
5% or more	4%



# Team member contributions

The amounts below are per-paycheck amounts shown separately for medical, dental, and vision coverage — deducted 24 times a year. HumanGood will give you a \$15 per paycheck discount on your medical premiums for completing certain activities within the wellness program such as a biometric screening and health quality assessment. If you do not complete the wellness program activities, you will pay the non-wellness rate.

## Medical

Coverage level	Anthem \$1,000 Deductible Plan		Anthem \$2,800 Deductible Plan		Anthem \$6,550 Deductible Plan		Kaiser \$2,800 Deductible Plan	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Team member only	\$58.00	\$73.00	\$32.00	\$47.00	\$0.00	\$15.00	\$32.00	\$47.00
Team member and spouse	\$314.00	\$329.00	\$127.00	\$142.00	\$176.00	\$191.00	\$127.00	\$142.00
Team member and child(ren)	\$124.00	\$139.00	\$64.00	\$79.00	\$145.00	\$160.00	\$64.00	\$79.00
Team member and family	\$366.00	\$381.00	\$191.00	\$206.00	\$242.00	\$257.00	\$191.00	\$206.00

## Dental

Coverage level	United Concordia Standard Plan	United Concordia Enhanced Plan
Team member only	\$6.00	\$8.00
Team member and spouse	\$16.50	\$20.50
Team member and child(ren)	\$16.00	\$20.00
Team member and family	\$29.00	\$36.00

## Vision

Coverage level	VSP Standard Plan	VSP Enhanced Plan
Team member only	\$2.50	\$3.50
Team member and spouse	\$4.50	\$7.50
Team member and child(ren)	\$4.00	\$7.00
Team member and family	\$7.00	\$11.50

For cost information about other plans described in this guide, go online to [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.

## When benefit deductions occur

In 2022, HumanGood will have a biweekly payroll cycle (26 paychecks a year); however, benefits will only be deducted on 24 of those paychecks.

More details, including a detailed payroll calendar, will be posted on [www.myhumangood.org](http://www.myhumangood.org) under the My Worklife section, then Pay.



## Contacts

If you don't know who to call... **866.486.1417** is the only number you really have to use. Benefits Counselors are there to assist, or they will get you to the right place if your question needs an expert.

### Benefits enrollment/Life events

Online: [www.myhumangood.org](http://www.myhumangood.org)

- Click on the UKG link, and then choose Life Events under the Myself menu

Benefit counselor: 866.486.1417

### Medical

#### Anthem

Phone: 833.954.1076

Website: [www.anthem.com/ca](http://www.anthem.com/ca)

National PPO (BlueCard PPO)

Group number: 174279

#### Kaiser

Phone: 888.901.4636

Website: [www.kp.org/memberservices](http://www.kp.org/memberservices)

### Tax-advantaged accounts (HSA, FSA, and Commuter)

#### Optum Financial

Claims support: 877.292.4040

Website: [www.optumfinancial.com](http://www.optumfinancial.com)

### Supplemental medical insurance (accident, critical illness, and hospital indemnity)

#### Aetna

Group number: 802309

Phone: 888.772.9682

Website: [www.aetna.com/voluntary](http://www.aetna.com/voluntary)

### Dental

#### United Concordia

Dental Network: Elite Plus

Group number:

Standard Plan — 923104000

Enhanced Plan — 923104001

Phone: 800.332.0366

Website: [www.unitedconcordia.com](http://www.unitedconcordia.com)

### Vision

#### Vision Service Plan

Group number: 30043530

Phone: 800.877.7195

Website: [www.vsp.com](http://www.vsp.com)

### Life and AD&D

#### Mutual of Omaha

Group number: G000BS85

Phone: 800.877.5176

Website: [www.mutualofomaha.com](http://www.mutualofomaha.com)

### Disability insurance

#### Mutual of Omaha

Group Number G000BS85

Phone: 800.877.5176

Website: [www.mutualofomaha.com](http://www.mutualofomaha.com)

## Permanent whole life

Atlantic American

Phone: 866.458.7500

Website: [mycoverage.atlam.com](http://mycoverage.atlam.com)

## Legal assistance

MetLife Legal Plans

Policy number: 139612

Phone: 800.821.6400

Website: [www.legalplans.com](http://www.legalplans.com)

## Pet insurance

Nationwide

Group number: 3617

Phone: 877.738.7874

Website: <https://benefits.petinsurance.com/humangood>

## Identity theft protection

Allstate Identity Protection

Group number: 487

Phone: 800.789.2720

Website: [www.myaip.com](http://www.myaip.com)

## Wellness

Wellworks For You

Phone: 800.425.4657

Website: [www.wellworksforyou.com](http://www.wellworksforyou.com)

Username: HG\_LastName\_EmployeeID

For example: HG\_Smith\_546143

Password: If you are logging on for the first time please use the temporary password "Welcome1." You will then be prompted to update your password upon initial login.

## Nurse Advocate

Phone: 1.888.251.2260

Email: [mynurseadvocate@lockton.com](mailto:mynurseadvocate@lockton.com)

## Health Advocate

- Find the right providers, hospitals
- Resolve medical claims and bills
- Receive assistance with Medicare
- Locate elder care, support services
- Short term assistance for personal, family issues
- Locate resources to balance work/life
- Estimate medical and prescription costs

Phone: 866.799.2728

Website: [www.healthadvocate.com/members](http://www.healthadvocate.com/members)

Access code: HumanGood

## HumanGood discount program

PerkSpot

Website: [humangood.perkspot.com/login](http://humangood.perkspot.com/login)

## 401(k) retirement plan

Transamerica

Phone: 800.755.5801

Website: [www.transamerica.com/portal/home](http://www.transamerica.com/portal/home)

## Steps to enroll

Enroll (or waive coverage) within the 45-day window starting on your date of hire or eligible status change date (to full-time status).

Qualifying life events have a 31-day window to enroll or make changes.



1. There are 3 ways to enroll in benefits:

- Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link. Then choose Life Events under the Myself menu.
- Schedule a dedicated enrollment appointment for a time convenient for you by scanning the QR code. You can also navigate to this link:  
[https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
- Enroll by phone with a benefits counselor at 866.486.1417.

2. Open an HSA (if applicable). If you elect the Anthem \$2,800 Deductible Plan or Kaiser \$2,800 Deductible Plan with HSA, enroll in the HSA through UKG and register your account through Optum Financial.

- If you haven't opened an HSA before — you must enroll and certify that you meet the eligibility criteria.

3. Submit dependent documentation. When you add a new family member, the family member won't be added to your benefits automatically. You will need to add your dependents to each and every benefit you want them to have. If you are adding dependent(s) coverage, you will need to provide your local HR representative with appropriate dependent documentation within your 45-day window (31-day window for life events).

- Appropriate documentation (such as a birth certificate or marriage license) for any dependents you enroll.
- If you cover a domestic partner and that person qualifies as a "tax dependent" under IRS rules, you need to complete the Domestic Partner or Civil Union Partner Tax Status Form. Otherwise, your domestic partner's coverage will be subject to additional taxes, called imputed income.

4. Don't forget to choose your beneficiaries. They apply to your basic life, accidental death and dismemberment (AD&D) insurance, and critical illness. There is a separate beneficiary designation form for your HSA and retirement plans.

5. Save or print your benefits confirmation statement. If you enroll by phone, you can request that your enrollment confirmation be emailed to you.



# Your benefits checklist

Take time to learn about the great HumanGood benefits that are available to you, which are detailed in this Benefits Guide. As you review your options, use this worksheet to take notes and keep track of the benefit elections that work best for you. Please note, you must enroll through UKG, which can be accessed on [www.myhumangood.org](http://www.myhumangood.org). **This worksheet is NOT an enrollment form.**

## Medical insurance (see pages 7-10 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> Anthem \$1,000 deductible plan	<input type="checkbox"/> Team member only	
<input type="checkbox"/> Anthem \$2,800 deductible plan	<input type="checkbox"/> Team member and spouse/domestic partner	
<input type="checkbox"/> Anthem \$6,550 deductible plan	<input type="checkbox"/> Team member and child(ren)	
<input type="checkbox"/> Kaiser \$2,800 deductible plan	<input type="checkbox"/> Team member and family	
<input type="checkbox"/> Waive/decline coverage		

## Tax-advantaged accounts (see pages 11-14 for details)

Plan	Contributions	Your contribution amount	Notes
<input type="checkbox"/> Health savings account (HSA)  <i>Available only if you participate in the Anthem or Kaiser \$2,800 deductible plan</i>	HumanGood contributes: For individual coverage: \$325/quarter (\$1,300/year) For family coverage: \$650/quarter (\$2,600/year) You can also contribute up to: For individual coverage: \$2,350 For family coverage: \$4,700	\$ _____ If you are or will turn age 55 in 2022, you can contribute up to an additional \$1,000 in "catch-up" contributions.	
<input type="checkbox"/> Limited purpose flexible spending account (FSA) <i>Available only if you have an HSA</i>	You can contribute up to \$2,750 in pre-tax money	\$ _____	
<input type="checkbox"/> Health care FSA	You can contribute up to \$2,750 in pre-tax money	\$ _____	
<input type="checkbox"/> Dependent care FSA	You can contribute up to \$5,000/year (per individual or married couple)	\$ _____	

## Supplemental medical insurance (see page 15 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> Aetna accident insurance	<input type="checkbox"/> Team member only	
<input type="checkbox"/> Aetna critical illness	<input type="checkbox"/> Team member and spouse/domestic partner	
<input type="checkbox"/> Aetna hospital indemnity insurance	<input type="checkbox"/> Team member and child(ren)	
<input type="checkbox"/> Waive/decline coverage	<input type="checkbox"/> Team member and family	

## Dental insurance (see page 16 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> United Concordia standard plan	<input type="checkbox"/> Team member only	
<input type="checkbox"/> United Concordia enhanced plan	<input type="checkbox"/> Team member and spouse/domestic partner	
<input type="checkbox"/> Waive/decline coverage	<input type="checkbox"/> Team member and child(ren)	
	<input type="checkbox"/> Team member and family	

## Vision insurance (see page 17 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> VSP standard plan	<input type="checkbox"/> Team member only	
<input type="checkbox"/> VSP enhanced plan	<input type="checkbox"/> Team member and spouse/domestic partner	
<input type="checkbox"/> Waive/decline coverage	<input type="checkbox"/> Team member and child(ren)	
	<input type="checkbox"/> Team member and family	

## Life and AD&D insurance (see pages 18-19 for details)

Important! Life insurance coverage isn't guaranteed; some elections may require you to submit Evidence of Insurability. See the Life and AD&D section of the guide for details.

Options	Coverage level	Requested coverage amount	Notes
<b>Coverage paid by HumanGood</b>			
<input checked="" type="checkbox"/> Employer-paid term life	Team member only	Automatically enrolled for 2 x earnings up to \$600,000	
<input checked="" type="checkbox"/> Employer-paid AD&D	Team member only Team member and family	Automatically enrolled for 2 x earnings up to \$600,000	
<b>Coverage paid by you</b>			
<input type="checkbox"/> Employee-paid term life	Team member only	5x annual salary up to \$650,000	
<input type="checkbox"/> Spouse term life*	Spouse/domestic partner	\$ _____ Available in increments of \$5,000, to the lesser of \$250,000 or 100% of the amount elected for Employee-Paid Term Life	
<input type="checkbox"/> Child term life*	Child	\$ _____ Available in increments of \$2,000, to a maximum of \$10,000	
<input type="checkbox"/> Employee-paid AD&D	Team member only	5x annual salary up to \$650,000	
<input type="checkbox"/> Spouse AD&D**	Spouse/domestic partner	\$ _____ Available in increments of \$5,000, to the lesser of \$250,000 or 100% of the amount elected for Employee-Paid AD&D	
<input type="checkbox"/> Child AD&D**	Child	\$ _____ Available in increments of \$2,000, to a maximum of \$10,000	
<input type="checkbox"/> Waive/decline coverage			

\*Spouse, domestic partner, and child coverage is only available if you first elect Employee-Paid Term Life.

\*\*Spouse, domestic partner, and child coverage is only available if you first elect Employee-Paid AD&D.

## Permanent whole life (see page 19 for details)

Options	Coverage level	Requested coverage amount	Notes
<input type="checkbox"/> Employee whole life	Team member only	In increments of \$10,000 up to \$100,000 coverage	
<input type="checkbox"/> Spouse whole life	Spouse/domestic partner	In increments of \$10,000 up to \$30,000 coverage (employee must be enrolled in Whole Life)	
<input type="checkbox"/> Child whole life	Child	\$10,000 coverage (employee must be enrolled in Whole Life)	
<input type="checkbox"/> Waive/decline coverage			

## Disability insurance (see pages 20-21 for details)

Important! Disability insurance coverage isn't guaranteed; some elections may require you to submit Evidence of Insurability. See the disability section of the guide for details.

Options	Coverage level	Percentage of income replacement	Notes
<input checked="" type="checkbox"/> Employer-paid short term disability	Salaried team members are enrolled automatically	30% up to \$250/week	
<input type="checkbox"/> Employee-paid buy up short term disability*	Team member only	30% up to \$500/week	
<input checked="" type="checkbox"/> Employer-paid long term disability (LTD) insurance	Salaried team members are enrolled automatically	60% up to \$5,000/month	
<input type="checkbox"/> Employee-paid long term disability (LTD) insurance	Team member only	Hourly (those eligible for overtime): 50% up to \$5,000/month Salaried: 66 2/3% up to \$10,000/month**	
<input type="checkbox"/> Waive/decline coverage			

\*For California team members, this is a "buy-up" option. See the STD section the benefit guide for additional details.

\*\*For salaried team members, this is a "buy-up" option. See the LTD section of the benefit guide for additional details.

## Commuter benefits (see page 22 for details)

Options	Contributions	Your contribution amount	Notes
<input type="checkbox"/> Transit account	Team member only	\$_____ (Up to \$270 per month)	
<input type="checkbox"/> Parking account	Team member only	\$_____ (Up to \$270 per month)	
<input type="checkbox"/> Waive/decline coverage			

## Legal assistance (see page 22 for details)

Options	Coverage level	Notes
<input type="checkbox"/> MetLife legal plans	Participation includes coverage for team member, spouse, and eligible dependents	
<input type="checkbox"/> Waive/decline coverage		

## Pet insurance (see page 23 for details)

You can enroll anytime.

Options (select one)	Notes
<input type="checkbox"/> My pet protection	
<input type="checkbox"/> My pet protection with wellness	
<input type="checkbox"/> Waive/decline coverage	

## Identity theft protection (see page 24 for details)

Options (select one)	Coverage level	Notes
<input type="checkbox"/> Allstate identity theft protection	<ul style="list-style-type: none"><li>■ Team member only</li><li>■ Team member and family members who live with you</li></ul>	
<input type="checkbox"/> Waive/decline coverage		

## 401(k) retirement savings (see pages 30-31 for details)

You can enroll any time by visiting [www.transamerica.com/portal/home](http://www.transamerica.com/portal/home) or calling Transamerica at 800.755.5801.

HumanGood 401(k) plan — requested contribution amount	Notes
<input type="checkbox"/> _____% (Up to 100% of your eligible compensation, up to the annual IRS limit of \$20,500 for 2022, plus \$6,500 if you're eligible for catch-up contributions)	

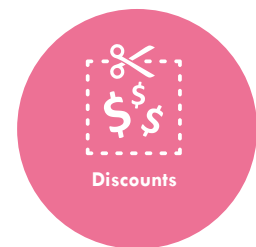
### FINAL NOTES

This summary of benefits is not intended to be a complete description of HumanGood's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although HumanGood maintains its benefit plans on an ongoing basis, HumanGood reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your HumanGood human resources representative with questions regarding the information provided in this overview.

## HumanGood Benefits



### Health Advocate (employee assistance program)

866.799.2728

### Enroll for benefits

There are 3 ways to enroll in benefits:

1. Enroll online through [www.myhumangood.org](http://www.myhumangood.org) and click on the UKG link.  
Then choose Life Event under the Myself menu.
2. Schedule a dedicated enrollment appointment for a time convenient for you by scanning the QR code.  
You can also navigate to this link: [https://book.appointment-plus.com/d4p02rz0/?employee\\_id=8367#/](https://book.appointment-plus.com/d4p02rz0/?employee_id=8367#/).
3. Enroll by phone with a benefits counselor at 866.486.1417.



**SECTION 999.5(d)(5)(E)**

**5) Employee (Team Member) Handbook**



**Team Member Handbook  
February 4, 2021**

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## 0.1 WELCOME

Welcome!

It's my pleasure to welcome you to our HumanGood family. You are joining a uniquely talented group of dedicated professionals who are deeply committed to making an impact in the lives of those we serve and we are glad to have you on board. (Impact is one of our core values, but you probably know that already).

If you are reading this, you know it is not an easy process to get hired here. We like it that way. We are very careful in who we hire. The work we do is important and the team we have is united, focused, and energized. Great teams can't afford to hire anyone other than great people, that's why we take our time and it's why we are glad you are here.

At HumanGood, our brand promise is inspiring the best life possible for all we serve. As a team member, you play a valuable role in our success by creating exceptional experiences and living our values of courage, innovation, inclusion, impact and passion. These values aren't just nice words. These are the words we live by. These are the words that guide our decisions: who we hire, who we promote, and who we celebrate. These values define how and why we do the important work each and every day.

Our brand promise of inspiring the best life starts with you. We are committed to the well-being and development of all of our team members and I encourage you to learn about the opportunities and benefits available to you as part of joining our team. As our newest team member, you can help to shape our culture and create an organization that lives up to our name and our mission.

I am so proud to be a part of this wonderful organization and serve alongside team members who care so deeply about making a difference in what we do. As you learn more about our team and those we serve, I hope that you will share this sense of pride and that you will join me in saying, "We are HumanGood."

Sincerely,



John H. Cochrane III  
President and CEO, HumanGood

## 0.2 ABOUT US

HumanGood was founded on the belief that everyone should have the opportunity to live life with enthusiasm, confidence and security, regardless of physical, social or economic circumstances. Our mission is to ensure that those we serve have every opportunity to become their best selves as they define it. This extends to those who live in our communities, their family and friends and those who serve them. With approximately 5,000 team members serving more than 13,000 residents in our 21 Life Plan Communities and 96 Affordable Housing communities, HumanGood is the sixth largest nonprofit senior living provider in the country. To learn more, please visit [HumanGood.org](https://HumanGood.org).

## 0.3 OUR VALUES

Our values define how and why we serve our mission, but you make up our HumanGood culture. Each and every day, you inspire our residents to live their best lives possible by providing the care and support they deserve.

**PASSION:** We care deeply about the success of our team, those we serve and HumanGood.

- We inspire, energize and challenge our team members in a respectful manner
- We anticipate customer needs and seek to exceed expectations.
- We are committed to the support and success of our team.

**INCLUSION:** We are better when we include people of different backgrounds and perspectives.

- We seek out different viewpoints to improve our ideas and plans.
- We make decisions based on an understanding of team member and resident needs.
- We create positive and memorable experiences that honor and reflect our diversity.

**COURAGE:** We do what's right, even when it's hard.

- We evaluate our options and take informed risks.
- We speak up, sharing our ideas, opinions, feedback and knowledge.
- We acknowledge our mistakes and use them to improve and learn.

**INNOVATION:** We find new and better ways to serve our residents and team members and each new generation of older adults.

- We keep an open mind and ask questions to explore new possibilities.
- We share and test new ideas to create better solutions.
- We look for ways to make things simpler whenever possible.

**IMPACT:** We judge ourselves based on our ability to move our mission forward.

- We hold ourselves and each other accountable for results.
- We prioritize our work to focus on what matters most.
- We act decisively with knowledge and speed

#### **0.4 TEAM MEMBER HANDBOOK ACKNOWLEDGEMENT (May be completed electrically in Human Resource Information or Training Systems)**

**HumanGood Affiliated Employers (“HumanGood”) are identified in Exhibit A.**

I have received instruction on how to access the Team Member Handbook on the company intranet. I accept responsibility for accessing the Handbook electronically. I understand and accept it is my responsibility to read and familiarize myself with the policies and practices contained in the Handbook. I understand that a printed copy of the Team Member Handbook is available for review in the Human Resources department and a printed version will be provided upon request.

I understand and acknowledge that nothing in the Team Member Handbook creates or is intended to create a contract, promise or representation of continued employment and that employment at HumanGood is employment at-will; employment may be ended at the will of either HumanGood or me, with or without cause or advance notice. My signature certifies that I understand the foregoing agreement on at-will status is the sole and entire agreement between HumanGood and me about the duration of my employment and the circumstances under which my employment may be terminated.

Further, I understand that

My HumanGood Employer, in its sole discretion, may change any policy or practice at any time with written notice.

The information contained in this Handbook is not all-inclusive, that many of the policies and team member benefits have been treated only briefly in this Handbook and that it is my responsibility to learn and abide by my HumanGood Employer’s policies.

HumanGood reserves the right to change my hours, wages, benefits, and terms and conditions of employment at any time in its sole discretion.

No executive, supervisor or representative of HumanGood, including the President and Chief Executive Officer has authority to enter any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will, and that only Board of Directors has the authority to make any such agreement, which will be binding only if it is in writing and signed by both HumanGood’s Board Chair and the President and Chief Executive Officer.

I should contact Human Resources if I have difficulty reading or understanding the terms of the Handbook. Human Resources will help me understand and access my HumanGood Employer’s policies. If I fail to ask for help, HumanGood will assume I fully understand the Team Member Handbook.

I understand and acknowledge that nothing in the Employee Handbook creates or is intended to create a contract, promise or representation of continued employment and that employment at HumanGood is employment at-will; employment may be ended at the will of either HumanGood or me, with or without cause or advance notice. My signature certifies that I understand the

foregoing agreement on at-will status is the sole and entire agreement between HumanGood and me about the duration of my employment and the circumstances under which my employment may be terminated.

I understand HumanGood will not construe or apply the policies in this Handbook in a manner that interferes with my rights under Section 7 or 8 of the National Labor Relations Act, including concerted activity about wages, hours, or other terms and conditions of employment.

**I understand that my failure to comply with the policies and practices stated and referenced in the Team Member Handbook may result in disciplinary action, including my separation from HumanGood.**

SIGNED:

DATE:

\_\_\_\_\_/\_\_\_\_\_  
Team Member Printed Name      Signature

**I understand that my refusal to sign this acknowledgment does not excuse me from complying with the policies and practices set forth in the HumanGood Team Member Handbook.**



## **EXHIBIT A**

“HumanGood Employer” means the following corporations:

- HumanGood NorCal
- HumanGood Arizona, Inc.
- HumanGood Washington
- HumanGood Nevada
- HumanGood Fresno
- HumanGood Idaho
- HumanGood SoCal
- Redwood Senior Homes and Services, a California nonprofit public benefit corporation
- Westminster Gardens, a California nonprofit public benefit corporation
- HumanGood Foundation South
- HumanGood Foundation West
- HumanGood Affordable Housing
- Beacon Development Group, LLC, a Washington limited liability company
- HumanGood Pennsylvania

## **0.5 TEAM MEMBER RIGHTS**

HumanGood will not construe or apply the policies in this Handbook in a manner that interferes with team members' rights under Section 7 or 8 of the National Labor Relations Act, including concerted activity about wages, hours, or other terms and conditions of employment.

HumanGood's Team Member Handbook provides team members an overview of the Company's policies, benefits, and rules to help ensure a positive experience for everyone. This Handbook familiarizes you with important information about HumanGood, as well as information about your rights and responsibilities. It is important that you read, understand and follow the provisions of this Handbook. **Violation of any of these policies may lead to discipline, up to and including termination.**

It is not possible to anticipate every situation that may arise in the workplace or to provide information that answers every conceivable question. HumanGood expects that team members will use good judgment and act appropriately as representatives of the Company. This Handbook outlines the primary work expectations, but is not all-inclusive. Violations of any Company policies, practices or procedures, whether or not detailed in this Handbook, may be grounds for disciplinary action, up to and including termination of employment. Team members are encouraged to ask if they need clarification on appropriate workplace behavior. In addition, circumstances will undoubtedly require that policies, practices, and benefits described in this Handbook change from time to time. As a result, HumanGood reserves the right to modify, supplement, rescind or revise provisions of this Handbook, other than the employment-at-will provisions, as it considers necessary or appropriate. The Company will inform you of changes that occur, so you may review and follow the updated provisions.

HumanGood constantly strives to improve our policies, positive relations with our team members, and the services and products we provide to our residents. Please bring suggestions for improvements to the attention of your supervisor or department head. By working together, we hope you will share a sincere pride in our workplace and the care and services we provide to our residents.

## **0.6 RIGHT TO REVISE TEAM MEMBER HANDBOOK**

This Team Member Handbook contains the employment policies and practices of HumanGood in effect at the time of publication. This handbook supersedes all previously issued handbooks and any inconsistent policy statements or memoranda.

HumanGood reserves the right to revise, modify, delete or add to any and all policies, procedures, work rules, conditions of employment, or benefits stated in this handbook or in any other document, except for the policy of at-will employment.

Team members will be notified via an online acknowledgement when changes are made to the Handbook. No oral statements or representations can alter, in any way, the provisions of this handbook.

## **0.7 REGISTERED DOMESTIC PARTNER**

For purposes of this Handbook, a registered domestic partner means a domestic partner who has filed a declaration of domestic partnership with the applicable Office of the Secretary of State in states that have a domestic partner program. A registered domestic partner in Arizona means a domestic partner who has filed a declaration of domestic partnership with the applicable Arizona City Clerk Department.

## **0.8 RESIDENT / CUSTOMER RELATIONS**

Residents/customers are the heart of our organization's mission. Every team member represents HumanGood to our residents/customers and the public. Since individual residents/customers tend to think in terms of the individual team members with whom they come in contact, the way you perform your duties and treat the individual resident/customer will determine, in part, the resident's/customer's satisfaction and image of our entire organization. Residents/customers judge all of us by how they are treated with each team member contact and residents/customers will only choose HumanGood if they are treated with patience, courtesy, and the appropriate deference. Therefore, one of our first business priorities is to help any current or potential resident/customer. Nothing is more important than being courteous, friendly, helpful, and prompt in the attention you give to residents/customers.

Our personal contact with the public, our manners on the telephone, and the communications we send to residents/customers are a reflection not only of ourselves, but also of the professionalism of HumanGood. Positive resident/customer relations fulfills our brand promise and increases customer loyalty.

## **SECTION 1: EMPLOYMENT PRACTICES**

### **1.1 EQUAL EMPLOYMENT OPPORTUNITY / REASONABLE ACCOMMODATION**

HumanGood commits to provide equal employment and advancement opportunities to all individuals. In furtherance of this policy, we will continue to recruit, employ, train, promote and compensate our team members without regard to race, traits typically associated with race, color, religious creed, sex, gender, gender appearance or identity or expression, marital status, physical disability, mental disability, medical condition, pregnancy or related conditions, childbirth or related conditions, breastfeeding or related conditions, age, national origin, ancestry, genetic characteristics, sexual orientation, political affiliation, military or veteran status, citizenship status, or any other basis made unlawful by applicable law. We also prohibit discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

#### **Disability and Pregnancy Accommodations**

In compliance with the Americans with Disabilities Act (ADA) and other applicable federal, state and local laws providing nondiscrimination in employment, HumanGood will make reasonable accommodations for known or obvious physical or mental disabilities or medical conditions of qualified applicants or team members and for qualified applicants or team members affected by

pregnancy, childbirth, or medical conditions related to pregnancy or childbirth. A qualified applicant or team member who may require an accommodation should notify a supervisor, manager, or Human Resources. The Company will engage in a timely, good-faith, interactive process with the applicant or team member to assess reasonable accommodations. Team members are expected to fully cooperate in the accommodation process. The duty to cooperate includes making every effort to provide HumanGood with current medical information concerning their restrictions. Team members who do not meaningfully cooperate in the accommodation process will waive the right to an accommodation. If a reasonable accommodation exists and will not impose an undue hardship on the Company, an accommodation will be made. The Company retains the ultimate discretion to choose between reasonable accommodations where more than one (1) accommodation exists.

### **Religious Accommodations**

A qualified applicant or team member who may require a religious accommodation should notify a supervisor, manager, or Human Resources. The Company will engage in a timely, good-faith, interactive process with the applicant or team member to assess reasonable accommodations. Team members are expected to fully cooperate in the accommodation process. Team members who do not meaningfully cooperate in the accommodation process will waive the right to an accommodation. If a reasonable accommodation exists and will not impose an undue hardship on the Company, an accommodation will be made. The Company retains the ultimate discretion to choose between reasonable accommodations where more than one (1) accommodation exists.

### **Reporting Violations of this Policy**

If you believe you have been subjected to conduct inconsistent with this policy, please follow the complaint procedure discussed in the *Anti-Harassment and Non-Discrimination Policy* below. HumanGood will promptly investigate and attempt to resolve the situation.

If HumanGood determines this policy has been violated, it will take effective remedial action commensurate with the severity of the offense, up to and including termination. Appropriate action also will be taken in an effort to deter any future violations of this policy.

HumanGood will not retaliate against you for bringing a good-faith complaint and will not permit retaliation by management, team members, or your co-workers. If you believe that you are being retaliated against, please follow the complaint procedure discussed in the *Anti-Harassment and Non-Discrimination Policy* contained in this Handbook. HumanGood will promptly investigate and take appropriate responsive action.

## **1.2 AT WILL EMPLOYMENT**

Employment with HumanGood is voluntarily entered into, and the team member is free to resign at any time, with or without cause, for a good reason or no reason, and with or without notice. Similarly, HumanGood may end the employment relationship at will at any time, with or without cause, for a good reason or no reason, and with or without notice, so long as there is no violation of applicable federal or state law.

Nothing in this Team Member Handbook or in any other personnel document, including benefit plan descriptions, offer letters, or job descriptions creates or is intended to create a contract, promise, or representation of continued employment for any team member. Please understand that no manager or team member of HumanGood has any authority to enter into an agreement for employment with any team member for any specific period of time or to make an agreement for employment on other than at-will terms. Only HumanGood's Board of Directors has the authority to make any such agreement on behalf of the Company, which will be binding only if it is in writing and signed by HumanGood's Board Chair, the President and Chief Executive Officer, and the team member.

### **1.3 OPEN DOOR POLICY**

The purpose of our Open-Door Policy is to encourage open communication, feedback, and discussion about any good-faith matter of importance to a team member. Our Open-Door Policy means that team members are free to talk with any manager at any time.

If any area of your work is causing you concern, you have a responsibility to address your concern with a manager. Whether you have a problem, a complaint, a suggestion, or an observation, our Company managers want to hear from you. By listening to you, HumanGood is able to improve, to address complaints and to foster team member understanding of the rationale for practices, processes, and decisions.

Most problems can and should be solved in discussion with your immediate supervisor. Thus, for issues other than prohibited harassment, discrimination, and/or retaliation, you are encouraged to first take your concerns to your immediate supervisor, who will investigate and provide a solution or explanation. (For complaints of harassment, discrimination, and/or retaliation, team members should follow the reporting procedures outlined in the *Anti-Harassment and Anti-Discrimination Policy* of this Handbook.) If the problem is still not resolved, you may present it to the next level of management or Human Resources, preferably in writing, who will address your concerns. However, the Open-Door Policy means that you may also discuss your issues and concerns with the next level of management and/or Human Resources at any time. No matter how you approach your problem, complaint or suggestion, you will find managers at all levels of the organization willing to listen and to help bring about a solution or a clarification.

While we provide team members with this opportunity to communicate their views, please understand that not every concern, problem, complaint or suggestion can be resolved to the team member's satisfaction. Even so, we believe that open communication is essential to a successful work environment and all team members should feel free to raise issues of concern without fear of reprisal to their direct supervisor or any manager or Human Resources member they feel comfortable speaking with.

### **1.4 EMPLOYMENT CLASSIFICATIONS**

The following definitions clarify employment classifications so that team members understand their employment status and benefit eligibility. These classifications do not guarantee employment

for any specified period of time. Accordingly, the right to terminate the employment relationship at will at any time is retained mutually by both the team member and HumanGood.

**The following designations are used throughout this Team Member Handbook.**

### **Exempt Team Members**

Exempt team members are team members whose job assignments meet specific tests established by the federal Fair Labor Standards Act (FLSA) and applicable state and local wage and hour laws and who are exempt from minimum wage and overtime pay requirements. Exempt team members are compensated on a salary basis.

### **Nonexempt Team Members**

Nonexempt team members are team members whose job positions do not meet FLSA or applicable state and local wage and hour exemption tests and who are *not* exempt from minimum wage and overtime pay requirements. Accordingly, nonexempt team members are required to accurately report their time (see Section 4.2 of this Handbook). Nonexempt team members are eligible to receive overtime pay in accordance with federal, local and state laws. Nonexempt team members are also entitled to meal and rest breaks in accordance with state law (see Section 4.3 of this Handbook).

Team Members will be informed whether their status is exempt or nonexempt and should consult their supervisor or local human resource representative with any questions or concerns regarding this status.

Any team member, exempt or nonexempt, who believes that an improper deduction or violation of the legal standards has occurred, must immediately notify their supervisor and Human Resources. The matter will be promptly investigated and, if a mistake occurred, it will be corrected. All team members should feel free to file complaints without fear of any retaliation.

Based on a team member's position, duties and responsibilities, a team member's exempt or nonexempt classification may warrant a change. Such a change may only occur upon written authorization by HumanGood Community Support Center Human Resources office.

All team members of HumanGood, whether exempt or nonexempt and whether Full-Time, Part Time, Per Diem or temporary, are employed at-will.

## **1.5 EMPLOYMENT CATEGORIES**

Besides employment classifications of either exempt or non-exempt, each team member will belong to an employment category from those listed below. When initially hired or when assigned a new position all team members start as introductory team members.

Periodically, management may decide to increase the scheduled hours of any team member in order to meet short-term business demands. This may be done temporarily, up to a maximum of six (6) pay periods. If management foresees the scheduled hours for a such a position needs to be increased to at least thirty (30) hours a week for more than six (6) pay periods, then the position

will be reclassified and posted according to the Job Posting policy. On reclassification, the team member will become eligible for any HumanGood benefits available to team members in such new classification for which the team member was previously not eligible.

***FULL-TIME*** team members are those who are not in a temporary or introductory status and who are regularly scheduled to work HumanGood's full-time schedule of at least thirty (30) hours a week on a continuing basis. Generally, regular full-time team members are eligible for HumanGood's sponsored benefit package, subject to the terms, conditions and limitations of each benefit program. **(Formerly Full Time and Part Time more than 30 hours)**

***PART- TIME*** team members are those who have a regular schedule of fewer than thirty (30) hours a week for the Company. Part Time team members receive all legally mandated benefits (such as Workers' Compensation insurance and Social Security). Part Time team members who are considered full-time team members under the Employer Shared Responsibility provisions of the Patient Protection and Affordable Care Act ("PPACA") are eligible for health benefits sponsored by HumanGood. All Part Time team members may participate in the HumanGood 401(k) Plan if they meet the eligibility requirements. **(Formerly Casual)**

***PER DIEM*** team members are those who are assigned to work on an intermittent and/or unpredictable basis. Per Diem team members receive all legally mandated benefits (such as Workers' Compensation insurance and Social Security). Per Diem team members who are considered full-time team members under the Employer Shared Responsibility provisions of PPACA are eligible for health benefits sponsored by HumanGood. **(Formerly On-Call, Pool, PRN, or PT less than 42 hours)**

**Regular team members are those who are hired within one of the categories above, Full Time, Part Time, Per Diem.**

***TEMPORARY*** team members are those who are hired to work as interim replacements, to supplement temporarily the workforce, or to help in completing a specific project. Employment assignments in this category are of a limited duration. A temporary team member may work on an intermittent schedule dependent on staffing needs. Normally, a temporary assignment will not last beyond ninety (90) days, but may be extended up to 120 days, maximum, with approval from the Community Support Center Human Resources office. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary team members retain that status until notified of a change. While temporary team members receive all legally mandated benefits, they are not eligible for all of HumanGood's voluntary benefit programs and generally are not eligible for any other benefits offered by the Company. Temporary team members from an agency may be eligible for health and other benefits sponsored by their agency through which they are employed. Temporary team members may not be rehired as temporary team members without Community Support Center HR approval.

## **1.6 INTRODUCTORY PERIOD**

The first ninety (90) days of continuous employment at HumanGood is considered the Introductory Period. During the Introductory Period, team members will learn their

responsibilities, get acquainted with fellow team members, and determine whether they are content with their jobs. This is also an opportunity for the Company to evaluate whether or not the team member is right for the position. Completion of the Introductory Period does not guarantee continued employment nor otherwise change the at-will nature of employment.

Team members who are promoted or transferred within HumanGood must complete an Introductory Period of the same length with each reassignment to a new position in order for HumanGood to evaluate performance and fit for the position. Any significant absences or questions in performance during an Introductory Period may lead to an extension of the Introductory Period. The introductory period length is not tied to benefits eligibility, benefits eligibility is determined by hours worked using the Affordable Care Act look back period of 6 months.

## **1.7 REEMPLOYMENT & BRIDGING SERVICES**

HumanGood may consider reemploying former team members who apply for open positions. A reemployed team member whose break in service is less than six (6) months will have their prior employment considered in determining an adjusted service date. Breaks of employment of six (6) months or less result in the reinstatement of the previous employment date for purposes of retirement service credit and for benefit eligibility, to the extent allowed by the terms of the benefit plan. Approved leaves of absence do not constitute a break in service.

To bridge breaks in service the following conditions must be met:

1. The previous team member must have a minimum of one year with HumanGood prior to the break of service
2. The previous team member must have left the organization in good standing, meaning their performance must have been a minimum of “Meets All Requirements” or above.
3. The reinstatement must be approved by the VP of Human Resources.
4. Team members rehired are subject to all new hire screens (background checks; Department of Justice (DOJ) clearance, drug test, medical tests, etc.) and are also subject to the introductory period as described in section 1.6 above.

Team members that join HumanGood via an affiliation, acquisition or merger will have their service anniversary date based on their initial service anniversary date from their original company.

## **1.8 BACKGROUND CHECKS**

### **Prior Employment History and References**

HumanGood recognizes the importance of maintaining a safe, secure workplace with team members who are qualified, reliable, and nonviolent. To promote these concerns and interest, HumanGood will investigate an individual’s prior employment history, personal references and educational background prior to hiring.

### **Post-Offer, Pre-Employment Credit History, Driving Records and Criminal Records**



Background checks will be conducted for all job positions after an employment offer has been made, and employment with HumanGood will be contingent upon successful completion of a background check. The scope of the background check will be determined by the work duties HumanGood anticipates will be assigned to you. A background check may consist of reference checks, criminal record checks, your driving record, and credit checks to the extent permitted by law. Third-party services may be retained to perform these checks.

A pending criminal matter may be considered in appropriate circumstances for business-related reasons, consistent with applicable law. All background checks will be conducted in strict conformity with the federal Fair Credit Reporting Act (FCRA), applicable state fair credit reporting laws, and state and federal antidiscrimination and privacy laws. All pre-employment checks are in accordance with Fair Chance Ordinances. HumanGood is an equal opportunity employer and will comply with applicable federal, state and local laws relating to the use of background checks for employment purposes.

## **1.9 DRUG TESTING**

### **Post-Offer, Pre-Employment Drug Testing**

HumanGood is committed to providing a safe, efficient and productive workplace. To achieve this objective, HumanGood requires all applicants who receive offers of employment to successfully complete a post-offer, pre-employment drug screening examination, subject to all applicable legal requirements, before they begin work. The examination will be performed at HumanGood's expense. All offers of employment are contingent upon successful completion of this examination.

Candidates who refuse to submit to a drug test or who fail to show up for a drug test within the specified time frame (72 hours from offer) will no longer be considered for employment.

### **Reasonable Suspicion Testing**

Team members may be required to immediately submit to alcohol and/or drug testing when a supervisor or any other HumanGood manager has reasonable suspicion that they are under the influence of alcohol and/or controlled/illegal substance(s), including cannabis. "Reasonable suspicion" means that a supervisor has observations concerning the appearance, behavior, speech, or odor of the employee that may indicate alcohol or drug use or even chronic effects of drug/alcohol withdrawal.

Testing may also be required if a team member is found to be in possession of, alcohol, a controlled/illegal substance or paraphernalia possibly connected with the use of cannabis or an illegal drug. Testing may also be required if cannabis, illegal drugs, and/or alcohol are found in the team member's immediate work area. However, it should be emphasized that possession of a controlled/illegal substance, including cannabis, or alcohol while on duty is prohibited whether or not it is determined that the team member also used such substances.

Team members who refuse to submit to a drug or alcohol test will no longer be eligible for employment with HumanGood.

## **DOT Cannabis and THC (Tetrahydrocannabinol) Testing**

Marijuana and THC testing are required for team members whose job functions include driving commercial motor vehicles and are subject to the rules and regulations of the Department of Transportation (DOT). These team members will be subject to post-offer/pre-employment as well as random drug testing in compliance with DOT drug and alcohol testing rules and applicable law.

For applicants and team members that reside in a state where cannabis is legal and are not in jobs subject to testing requirements under the federal Department of Transportation standards, positive results for cannabis and THC will not be considered failure of a drug screen for purposes of post-offer, pre-employment drug testing. Positive results for cannabis and THC upon reasonable suspicion testing or work-related injury testing will be considered failure of a drug screen.

## **Work-Related Injury**

When a team member is involved in a work-related “accident” that may be attributed to the team member being under the influence of alcohol or drugs, alcohol and/or drug testing is required.

## **1.10 TEAM MEMBER HEALTH EXAMINATIONS**

To help ensure that team members are able to perform their duties safely, medical examinations may be required as a condition of employment or for continued employment in certain circumstances. A medical examination and communicable disease testing, not limited to but including COVID-19 and tuberculosis, by a health professional of HumanGood’s choice and expense may be required, after a conditional offer of employment has been made to an applicant in certain job positions. In addition, HumanGood may require a medical examination to determine whether the team member is able to perform the essential functions of the position or in certain situations to assess the team member’s fitness for duty in accordance with applicable laws.

Information on a team member’s medical condition or history will be kept separate from other team member information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

## **1.11 PROOF OF LEGAL AUTHORIZATION TO WORK**

HumanGood is committed to employing only individuals who are authorized to work in the United States and who comply with applicable immigration and employment laws. As a condition of employment, every individual must provide satisfactory evidence of their identity and legal authority to work in the United States within 72 hours of commencing employment. If the team member cannot verify their right to work in the United States within 72 hours of employment, the Company will be required to terminate their employment immediately.

Former team members who are rehired must also comply with providing satisfactory evidence of their identity and legal authority to work in the United States within 72 hours if they have not completed it within three (3) years or if their previous I-9 form is no longer valid or on file at HumanGood.

## **1.12 MINIMUM AGE REQUIREMENT**

A minor is defined as anyone under the age of eighteen (18) years old. Team members may be asked at any time to provide proof that they are at least eighteen (18) years old.

Minors are not allowed to work unless they are legally able to do so under all applicable state and federal laws. In states that have minor work permits, a minor must have a valid work permit that specifically authorizes the minor to work for HumanGood. The minor may be allowed to work only under the terms, restrictions, and limitations set forth in the work permit.

Where a difference exists between the standards set forth in the work permit and the rules established by the federal, state and local laws, the strictest standard shall apply. Therefore, a minor may not be allowed to work in violation of any legal standard, whether the standard is incorporated in a work permit, a federal, state or local law.

Supervisors must make certain that minors work only in accordance with the terms of the work permit and the applicable local, state and federal rules. Supervisors will be subject to disciplinary action, including the possibility of immediate termination, if they schedule or permit minors to work in a manner that violates any applicable legal standards.

## **1.13 WORK WEEK & HOURS OF OPERATION**

For purposes of calculating overtime for nonexempt team members, the workweek at the Company begins Sunday at 12:00:00 a.m. and ends Saturday at 11:59:59 p.m., and each workday begins at 12:00:00 a.m. and ends at 11:59:59 p.m.

Hours of operation vary by location and community. Life Plan Communities (LPC) are continuous seven-(7)-day-a-week operations. Affordable Housing Communities (AHCs) generally operate Monday through Friday from 8:00 a.m. to 5:00 p.m., with a designated team member available to respond to after-hours emergencies. The HumanGood Community Support Center hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. local time.

Your supervisor will assign your work schedule. Work schedules are subject to change based on business needs. Team members are not guaranteed a work schedule. On occasion, to meet business needs, team members may be required to work beyond their regularly scheduled workday or workweek. In such cases all applicable wage and hour federal and state laws will be adhered to.

## **1.14 LACTATION ACCOMODATION**

HumanGood recognizes the immediate and long-term health advantages of breast-feeding for infants and mothers and desires to provide a supportive environment for any team member to

express milk for her infant child upon her return to work following the birth of her child. The Company prohibits discrimination, harassment and/or retaliation against any team member who chooses to express breast milk for her infant child while at work.

HumanGood will provide reasonable accommodations and a reasonable number of breaks for expressing breast milk. The Company will provide a private area for a nursing mother to express milk in accordance with local, state and federal laws. This break time shall coincide with the team member's regularly scheduled break time to the extent possible. Rest periods taken under this policy that do not run concurrently with the team member's regularly scheduled break time shall be unpaid, and the team member must clock in and out during such a break.

Team members are encouraged to notify their supervisor or other appropriate personnel before they make use of the accommodations offered for team members who are nursing mothers. As needed, the supervisor shall work with the team member to address arrangements and scheduling to ensure the team member's essential job duties are covered during the break time.

If the team member feels that the lactation accommodation is not being provided by the employer, the team member has the right to file a complaint with the Labor Commissioner.

## **1.15 ANTI-HARASSMENT & NON-DISCRIMINATION POLICY**

HumanGood is committed to providing a work environment that is free of illicit harassment and discrimination.

Our anti-harassment and non-discrimination policy applies to all persons involved in our operations and prohibits discriminatory and/or harassing conduct by any team member of HumanGood including nonsupervisory team members, supervisors, and managers. This policy also protects team members from prohibited discrimination and/or harassment by third parties, such as vendors, clients, temporary or contract workers, residents, and resident's family members and guests. If such discrimination and/or harassment occurs on the job by someone not employed by HumanGood, the procedures in this policy should be followed.

### **Prohibited Discrimination**

HumanGood will not tolerate discrimination and/or harassment based on race, traits typically associated with race, color, religious creed, sex, gender, gender appearance or identity or expression, marital status, physical disability, mental disability, medical condition, pregnancy or related conditions, childbirth or related conditions, breastfeeding or related conditions, age, national origin, ancestry, genetic characteristics, sexual orientation, political affiliation, military or veteran status, citizenship status, or any other basis made unlawful by applicable law. HumanGood also will not tolerate discrimination and/or harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

### **Prohibited Harassment**

Prohibited harassment includes but is not limited to the conduct set forth below. However, only harassment that unreasonably interferes with your work performance or creates an intimidating, hostile or offensive work environment is unlawful. **Prohibited harassment will not be tolerated, whether or not it rises to the level of unlawful conduct and regardless of the circumstances.**

Prohibited conduct includes all unwelcome conduct, whether verbal, physical or visual, inflicted on someone because of that person's legally protected status. Conduct that is prohibited under this policy includes, but is not limited to:

- Verbal conduct such as epithets, derogatory comments, slurs, or unwanted sexual advances, invitations or comments.
- Visual conduct such as derogatory posters, photography, cartoons, drawings, emails, internet sites or gestures.
- Physical conduct such as unwanted touching, blocking normal movement or interfering with work, directed at you because of your sex or any other prohibited basis.
- Threats and demands to submit to sexual requests in order to keep your job or avoid some other loss, and offers of job benefits in return for sexual favors.
- Other threats and demands based upon any other prohibited or unlawful basis.
- Retaliation for opposing, reporting or threatening to report prohibited harassment, or for participating in an investigation, proceeding or hearing conducted by a local, state or federal agency.

Sometimes harassment, particularly sexual harassment, can arise in very subtle ways and too often the "offenders" may not even know that they are doing anything wrong. "Offenders" sometimes think that because they have a friendly relationship with another team member, such conduct is acceptable. However, this is not true. If you are unsure whether a particular action or conduct may be interpreted as harassment, then you should not engage in that particular action or conduct. Sexual harassment includes unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made a term or condition of employment; or
- Submission to, or rejection of, such conduct is used as a basis for employment decisions affecting the individual; or
- Such conduct has the purpose or effect of unreasonably interfering with a team member's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment also includes various forms of offensive behavior based on sex. The following is a partial list:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Visual conduct: leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons, posters, websites, emails or text messages.

- Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes or comments about a team member's body or dress.
- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letter, notes or invitations.
- Physical conduct: touching, assault, impeding or blocking movements.
- Retaliation for making reports or threatening to report sexual harassment.

## **Policy on Retaliation**

Retaliation is prohibited against any person by another team member or by HumanGood for using the Company's complaint procedure, reporting proscribed harassment or discrimination, objecting to such conduct or filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by a governmental enforcement agency. Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions, or otherwise denying any employment benefit.

Team Members should report any retaliation to their supervisor, any management team member or Human Resources or Corporate Compliance at (888) 740-4636. Any report of retaliatory conduct will be investigated in a thorough and objective manner. If a report of retaliation prohibited by this policy is substantiated, appropriate disciplinary action, up to and including termination of employment, will be taken.

## **Reporting Procedures and Investigation**

Any team member who believes that they have been subjected to prohibited harassment, discrimination or retaliation by a co-worker, supervisor, agent, client, vendor or customer of HumanGood or who is aware of such harassment, discrimination, and/or retaliation of others, should immediately provide a written or verbal report to their supervisor, any other member of management, Human Resources or Corporate Compliance at (888) 740-4636, regarding such incidents.

Your complaint should include the details of the incident or incidents, the name(s) of the individual(s) involved, the name(s) of any witness(es), and any documentary evidence (notes, pictures, cartoons, etc.). If you feel uncomfortable providing such a complaint in writing, please communicate orally with Human Resources, HumanGood's Corporate Compliance Hotline, or a supervisor regarding any harassment, discrimination, and/or retaliation to which you believe you have been subjected. Supervisors must refer all complaints of prohibited harassment, discrimination, and/or retaliation to Human Resources.

Human Resources will conduct an impartial, timely and thorough investigation of the discrimination, harassment, and/or retaliation allegations. Certain interim measures, such as a leave of absence or transfer, may be put in place while the investigation proceeds. This

investigation will be completed and a determination regarding the discrimination, harassment, and/or retaliation alleged will be made and communicated to you as soon as practicable.

Because of the seriousness of a complaint of prohibited discrimination, harassment, and/or retaliation and the need to conduct a full and fair investigation, team members must fully cooperate with any such investigation and to speak with all candor to the investigating officer regarding the questions and issues presented. Individuals who make false complaints, allegations, claims, reports or statements, or who refuse to cooperate during the course of an investigation are subject to discipline, up to and including termination of employment.

If Human Resources determines that prohibited discrimination, harassment, and/or retaliation has occurred, HumanGood will take remedial action commensurate with the severity of the offense, up to and including termination of employment. Action will also be taken to deter any future discrimination, harassment, and/or retaliation. Whatever action is taken against the alleged offender will be made known to you. HumanGood will not retaliate against a team member for filing a complaint or participating in an investigation and will not knowingly permit retaliation by anyone. In investigating and in imposing any discipline, HumanGood will attempt to preserve confidentiality to the extent that the needs of the situation permit.

Complaints of unlawful discrimination, harassment, and/or retaliation can be filed with the Arizona Attorney General's Civil Rights Division (team members working in Arizona), the California Department of Fair Employment and Housing (team members working in California), the Delaware Division of Human Relations (team members working in Delaware), the Idaho Human Rights Commission (team members working in Idaho), the Nevada Equal Rights Commission (team members working in Nevada), Pennsylvania Human Relations Commission (team members working in Pennsylvania), the Washington State Human Rights Commission (team members working in Washington), and/or the federal Equal Employment Opportunity Commission (all team members). These agencies may accept, investigate, prosecute, and remedy complaints. The telephone number for the nearest offices for each of these agencies and other agency telephone numbers are listed on these agencies' websites.

## **1.16 WORKPLACE VIOLENCE PREVENTION**

HumanGood is committed to providing its team members a safe work environment. HumanGood will not tolerate any violent or threatening behavior by or toward our team members. Therefore, HumanGood has adopted a zero-tolerance policy concerning workplace violence. This policy prohibits threats or acts of violence – intimidation, bullying, physical or mental abuse and/or coercion. The prohibition against threats and acts of violence applies to all persons involved in the operation of our business, including, but not limited to, Company team members and other personnel, contract and temporary workers, consultants, contractors, customers, vendors, visitors and anyone else on the Company's premises. This policy is intended for actual or threatened violence against any person on HumanGood premises, at any company-sponsored event, and/or while engaging in any company-related activity. Safety and security in the workplace is every team member's responsibility. HumanGood relies upon team members' compliance with this policy to achieve our goal of providing a violence-free workplace.

Some examples of conduct that violates this policy include:

- Threats or acts of violence occurring on Company premises, regardless of the relationship between the parties involved in the incident;
- Threats or acts of violence occurring off Company premises involving someone who is acting in the capacity of a representative of the Company;
- Threats or acts of violence occurring off Company premises involving a team member if the threats or acts affect the business interests of the Company;
- All threats or acts of violence occurring off Company premises, of which a team member is a victim, if we determine that the incident may lead to an incident of violence on Company premises; and
- Threats or acts of violence resulting in the conviction of a team member or agent of the Company, or an individual performing services for the Company on a contract or temporary basis, under any criminal code provision relating to violence or threats of violence when that act or the conviction adversely affect the legitimate business interests of the Company.

Examples of conduct that may be considered threats or acts of violence under this policy include, but are not limited to:

- Threatening physical contact directed toward another individual;
- Threatening an individual or their family, friends, associates or property with harm;
- The destruction or threat of destruction of HumanGood property or another individual's property;
- Menacing or threatening phone calls, emails, text messages, or other electronically transferred messages;
- Stalking;
- Veiled threats of physical harm or similar intimidation; and/or
- Communicating an endorsement of the inappropriate use of firearms or weapons.

Additionally, HumanGood strictly prohibits the possession of any weapon, firearm, or other dangerous objects or material of any kind on Company premises or at any Company-related event.

HumanGood will promptly and appropriately assess all reports of threats or acts of violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, HumanGood may suspend team members, either with or without pay, pending investigation.

Anyone determined to be responsible for inappropriate conduct that violates these guidelines will be subject to prompt disciplinary action up to and including termination of employment. Full cooperation by all team members is necessary for HumanGood to accomplish its goal of maximizing the security and safety of its team members. HumanGood encourages team



members to bring their disputes or differences with other team members to the attention of their supervisors or the Human Resources Department before the situation escalates into potential violence. HumanGood is eager to assist in the resolution of team member disputes, and will not discipline or retaliate against team members for raising such concerns. In addition, team members can report any violations of this policy or raise any questions regarding their obligations of this policy without fear of reprisal of any kind.

## **1.17 VOLUNTARY & INVOLUNTARY TERMINATION OF EMPLOYMENT**

Employment at HumanGood is employment at-will, which means your employment may be terminated with or without cause and with or without notice at any time by you or the Company. Termination of employment is an inevitable part of personnel activity within any organization. Common circumstances under which employment is terminated include the following:

**Resignation:** Voluntary employment termination initiated by the team member.

**Termination:** Involuntary employment termination initiated by the Company.

**Layoff:** Involuntary employment termination initiated by the Company, generally due to reductions in force.

**Retirement:** Voluntary team member termination upon eligibility for retirement.

If you decide to leave your employment with HumanGood, we ask that you give us at least two (2) weeks' written notice. This will give us an opportunity to make the necessary adjustments in our operation. Your status as an at-will team member does not require that you give advance notice, but team members who give less than two (2) weeks' notice are not eligible for re-hire. The Company may exercise its right to accept a resignation immediately and to accelerate the final date of employment. The Company reserves the right to accept a resignation and recognize the termination date as any date it chooses between the date the resignation is submitted and the date designated by the team member as the last day of employment. Whether the date designated by the team member or a date selected by the Company becomes the team member's last day of work, the team member's personnel records will normally reflect the fact that the team member resigned voluntarily.

Upon termination of employment, final pay will be issued in accordance with applicable federal, state and local law. Similarly, all accrued, unused and vested team member benefits that are due and payable at termination will be paid in accordance with applicable federal, state and local law.

Upon termination of employment, whether voluntary or involuntary, team members shall immediately return all files, records, keys, and any other materials or property of HumanGood.

If a team member resigns, an exit interview is scheduled before a team member's departure to discuss the reasons for resignation, if applicable, the effect of the separation on benefits, and the return of all Company-owned property.

Any questions regarding this policy should be directed to Human Resources.

## **SECTION 2: GUIDANCE**

### **2.1 RELATIONSHIPS BETWEEN TEAM MEMBERS**

A familial, intimate relationship or cohabitation among team members can create an actual or at least potential or perceived conflict of interest in the employment setting, especially if one relative, spouse, partner or member of such a relationship supervises another relative, spouse, partner or member. To avoid this problem, we may refuse to hire or place a relative or other intimately associated individual in a position where the potential for favoritism or a conflict exists. Therefore, the following guidelines have been established to help avoid such situations:

- No team member may occupy a position that requires the team member to work directly for or with a relative or other intimately associated individual.
- No team member may indirectly work for or supervise a relative or other intimately associated individual.
- No team member may occupy a position that could result in an actual or potential conflict of interest.
- Executive Directors may not have any relatives working in a community they supervise.
- Human Resources personnel may not conduct or be involved in any part of any family member's or other intimately associated individual's selection or onboarding, pay or performance, investigations or discipline or any other personnel actions.

A direct working relationship is defined as one relative directly supervising the other relative or when the nature of the relatives' job requires coordination of work in a non-supervisory capacity. An indirect working relationship is defined as one team member holding a position in the organizational chain-of-command to which a relative of that team member reports with less than three levels of reporting separation. Three levels of separation in reporting are required. The following example using Life Plan Community (LPC) Operations shows the Chief of Operations could have a relative work in the chain-of-command at the supervisor or individual contributor level.

Chief of Operations

VP of Operations – Direct report to Chief of Operations, no level of separation

Executive Director – First level of separation

Department Head – Second level of separation

Supervisor – Third level of separation

Individual Contributor – Fourth level of separation

Individuals involved in an intimate relationship with a current team member may also not occupy a position that will be working directly or indirectly for or supervising the team member with whom they are involved in an intimate relationship. HumanGood reserves the right to take prompt action if an actual or potential conflict of interest arises involving relatives or individuals involved in an intimate relationship who occupy positions at any level (higher or lower) in the same line of authority that may affect the review of employment decisions.

Present team members who marry or become registered domestic partners will be permitted to continue working in the job held only if they do not work in a direct or indirect supervisory relationship with one another or in jobs involving a conflict of interest.

Any team member involved in a relationship covered by this policy must immediately and fully disclose the nature of the relationship to management or Human Resources so a determination can be made as to whether an actual or potential conflict of interest exists, and if so, Management along with Human Resources will determine the next best steps under the specific relationship situation.

In other cases where a conflict or the potential for conflict arises because of the relationship between team members, even if there is no line of authority or reporting involved, the team members may be separated by reassignment or terminated from employment. Team members in a close personal relationship should refrain from public workplace displays of affection or excessive personal conversation. (See also HumanGood's *Conflicts of Interest Policy*.)

For purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the team member is similar to that of persons who are related by blood or marriage. An intimate relationship is defined as a relationship that may be reasonably expected to lead to the formation of a consensual "romantic" or sexual relationship. This policy applies to all team members without regard to the gender or sexual orientation of the individuals involved.

Team Members who are involved in a relationship covered by this policy and who fail to inform the Company will be subject to remedial action, including not only reassignment of duties and responsibilities, limiting of job functions and/or access to confidential information, but also disciplinary action, up to and including termination of employment.

## **2.2 CONFLICTS OF INTEREST**

HumanGood respects and understands that we all have interests, both business and personal outside of our jobs. However, outside activities (second jobs, side business, clubs, personal relationships, etc.) must not interfere with your ability to fully perform your job duties nor should they create a conflict of interest with your duties at HumanGood.

A "conflict of interest" generally means a situation where the Company's interests and a team member's interest are actually or potentially at odds. Personal, social and economic relationships with competitors, suppliers, customers, residents, or other HumanGood team members that may impair a team member's ability to exercise good judgment on behalf of the Company or which give the appearance of such an impairment creates an actual or potential conflict of interest. We rely on the integrity and good judgment of all team members and trust them to observe ethical, professional and legal standards and to use common sense business practices when conducting Company affairs. Team members must take care to avoid not only actual impropriety, but also the appearance of impropriety. Any team member involved in a relationship that is an actual or potential conflict of interest must immediately and fully disclose the nature of the relationship to Human Resources so a determination can be made as to whether an actual or potential conflict of interest exists, and if so, how to correct the situation.

Pursuant to your duty to avoid conflicts of interest with the Company, during your employment you are prohibited from directly or indirectly soliciting or enticing any other team member of HumanGood, alone or in concert with others, to leave the Company to work for any person or entity in competition with HumanGood. You are likewise prohibited from directly or indirectly soliciting, enticing in any way or otherwise diverting any HumanGood clients or residents, alone or in concert with others, to do business with any person or entity engaged in a business that is competitive with the Company.

An actual or potential conflict of interest also occurs when a team member is in a position to influence a decision that may result in a personal gain for that team member or for a relative as a result of HumanGood business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the team member is similar to that of persons who are related by blood or marriage.

Personal gain may result not only in cases where a team member or relative has a significant ownership in a firm with which HumanGood does business, but also when a team member or relative receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving HumanGood. No “presumption of guilt” is created by the mere existence of a relationship with outside firms. However, if team members have any influence on transactions involving purchases, contracts, or leases, it is imperative that they immediately and fully disclose the relative circumstances to HumanGood Community Support Center Human Resources office as soon as possible. Human Resources will determine the existence of any actual or potential conflict of interest and decide the safeguards to protect all parties. Failure to disclose facts implicated by this provision is a serious violation of Company policy.

If you are unsure about whether you may be involved in an actual or potential conflict of interest, or for any other information regarding conflicts of interest, please contact Human Resources.

Team members who are involved in a relationship covered by this policy and who fail to inform the Company will be subject to remedial action, up to and including reassignment of duties and responsibilities, limiting of job functions and/or access to confidential information, but also possible disciplinary action, up to and including termination.

## **2.3 INSPECTION OF PERSONNEL RECORDS**

HumanGood maintains a personnel file on each team member. The personnel file includes such information as your job application, resume, training records, documentation of performance, appraisals, pay increases, and other employment records. The information recorded in your personnel file is extremely important to you and HumanGood. It is your responsibility to make sure that the personal data in the file is accurate and up to date. Report any change of personal or contact information, *e.g.*, marital status, address, phone number, etc. to the Human Resources Department in writing immediately or in the Human Resource Information System Team Member Self-Service.

Personnel files are the property of HumanGood and access to the information they contain is restricted. Generally, only supervisors and management personnel of HumanGood who have a legitimate reason to review information in a file are allowed to do so. Any request for information from personnel files must be directed to Human Resources. Disclosure of personnel information to outside sources will be limited. However, the Company will cooperate with requests from authorized law enforcement or local, state or federal agencies conducting official investigations and as otherwise legally required.

As a team member, you have a right to inspect your personnel file as provided by law, on the company premises, in the presence of an individual appointed by HumanGood to maintain the files, at a time mutually convenient for you and the company. Reasonable advance notice is required. If you wish to review your personnel file, you should contact Human Resources. You may add to the file your version of any disputed item in your personnel file.

You also have a right to receive copies of materials in your personnel file by providing 30 days' written notice to the Human Resources Department. All team members have access to payroll records and pay statements through the online timekeeping system and the Human Resource Information System and may print those at any time. You may also inspect your payroll records upon written or oral request, and may obtain a copy of these records at your own expense. HumanGood will comply with written payroll records requests as soon as practicable, but no later than 21 calendar days.

## **2.4 EMPLOYMENT VERIFICATION & REQUESTS FOR INFORMATION ABOUT CURRENT OR FORMER TEAM MEMBERS**

HumanGood strives to provide accurate information to individuals outside the Company regarding current or former team members when it is requested or required to do so in accordance with applicable laws. The Corporate Human Resources office is responsible for responding to all reference check inquiries from other employers. All team members are responsible to direct such inquiries to the Community Support Center Human Resources office.

Team members can use and direct outside resources to, "The Work Number Employment Verification Services", at [www.theworknumber.com](http://www.theworknumber.com) or 1-800-604-6572. The Work Number is an automated service that provides you with the ability to quickly provide proof of your employment or income Employer Access Code: 14582. (HumanGood Pennsylvania team members please contact the Community Support Center Human Resources office for employment verification inquiries.)

Consequently, team members may not provide any information about current or former team members or volunteers, nor may supervisors provide professional references for any current or former team members to any outside agency, organization, institution or person who is not employed by HumanGood. Any team member who receives a request for any information concerning a past or present team member or volunteer of HumanGood should refer the person making the request to the Community Support Center Human Resources office without engaging in any "on" or "off the record" conversation about the person.

Disclosure of current and former team member information to outside sources will be limited and in compliance with federal and state privacy laws. Responses to such inquiries are limited to factual information that can be substantiated by HumanGood's records; only the dates of employment and job title are verified. A written disclosure authorization and release may be required before any further information is furnished. All requests for information on current or former team members must be forwarded to the Community Support Center Human Resources office. HumanGood may use a third-party administrator to receive and respond to employment verification requests.

The Company will also cooperate with requests from authorized law enforcement or local, state, or federal agencies conducting official investigations and as otherwise legally required.

## **2.5 PROHIBITED CONDUCT & DISCIPLINARY ACTION**

HumanGood will not construe or apply any of this section in a manner that interferes with team members' rights under Section 7 and 8 of the National Labor Relations Act, including concerted activity about wages, hours, or other terms and conditions of employment.

Team members of HumanGood must conduct themselves in a manner consistent with HumanGood's mission, vision, values, and ethics. HumanGood will comply with all applicable laws and regulations and expects its directors, officers and team members to conduct business in accordance with the letter, spirit and intent of all relevant laws and to refrain from any illegal, dishonest or unethical conduct.

In general, the use of good judgment based on high ethical principles will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor and, if necessary, with Human Resources for consultation and advice.

The following conduct is prohibited and is not tolerated by HumanGood. It is not an all-inclusive list, but rather a list designed to give examples of the types of conduct prohibited by the Company. This list in no way modifies the at-will employment relationship between you and HumanGood.

### **Attendance:**

- Irregular attendance, which includes but is not limited to: excessive tardiness, unreported or unexcused absences or abuse of Paid Time Off (PTO) or Paid Sick Leave, failure to timely notify your supervisor when you are unable to report to work, violation of the Attendance and Punctuality policy in this handbook. Approved leaves of absence are not considered irregular attendance.
- Unauthorized absence(s)
- Leaving Company premises or one's job area without permission during working hours (excluding meal periods or breaks).
- Failure to return to work on a timely basis at the end of an approved leave of absence, unless prior written authorization is received.
- Failure to observe working schedules, including the required meal and break periods.

- Working overtime without prior approval of your supervisor or refusing to work assigned overtime.
- Failure to follow timekeeping rules and/or altering or falsifying any timekeeping record, either your own or another's.
- Failure to provide a physician's certificate when requested or required to do so.

**Harassment/Discrimination:**

- Engaging in sexual or other harassment or discrimination.
- Any violation of the Anti-Harassment and Anti-Discrimination Policy and/or the Equal Employment Opportunity Policy; or using profane or abusive language at any time on Company premises.
- Making malicious, false or derogatory remarks, or using insults or epithets that may damage the integrity or reputation of the Company or its team members.
- Any communication or interaction with customers/residents that is deemed as disrespectful, vulgar or unprofessional.
- Failure to promote cooperative working relationships with any other Company team member, customer or vendor.
- Workplace Bullying

**Performance:**

- Inefficient or careless performance of job responsibilities or inability to perform duties satisfactorily.
- The needless sabotage or undermining of a person's work performance.
- Insubordination, including but not limited to, improper conduct or refusal to perform tasks assigned by a manager in the appropriate manner, or the use of abusive or threatening language toward a supervisor or member of management.
- Failure to maintain any condition of employment (Example: Required licensure and certifications)
- Making or accepting excessive personal telephone calls during working hours except in emergencies.
- Sleeping or malingering on the job.
- Failure to promote cooperative working relationships with any other Company team member, customer or vendor.

**Prohibited Conduct:**

- Violation of any safety, health, security or Company policy, practice, or procedure, whether or not detailed in this handbook.
- Failure to report any violations of the handbook, policies, regulations, statutes or laws, to management or human resources.
- Any action that is detrimental to the orderly conduct of business.
- Failure to be honest and forthright, which may include omission of relevant information.
- Dishonesty of any kind in dealing with the Company.
- Refusing to take or successfully pass any assigned drug and alcohol testing as a condition of employment.

- Falsifying or making a material omission on any Company record (Application, Medical or Patient Records, Time or Payroll, etc.)
- Release of confidential information or trade secrets about the Company or its customers/residents.
- Participating in dangerous activity, fighting, provoking a fight, horseplay, acts or threats of violence during working hours or on Company property.
- Carrying dangerous or unauthorized materials, such as explosives, firearms, weapons or other similar items on Company premises at any time.
- Engaging in criminal conduct whether or not related to job performance.
- Wearing extreme, unprofessional or inappropriate styles of dress or hair while working or failure to adhere to dress code. (This does not include protected hairstyles under applicable laws, including hair texture and protective hairstyles include braids, dreadlocks, twists, and other unspecified hairstyles associated with race.)
- Destruction, damage, theft or unauthorized removal or possession of Company property, or property belonging to fellow team members, customers/residents, or anyone on Company property.
- Unauthorized use of Company equipment, time, materials, facilities or the Company name.
- Soliciting other team members or residents for membership, funds, or other similar activity in connection with any outside organization during your working time or the working time of the team member solicited.
- Distributing unauthorized literature or any written or printed material during working time or in work areas. "Working time" does not include your meal and break periods.
- Posting or removing material on bulletin boards without proper authorization.
- Recording conversations without all parties consent
- Digitally capturing any resident or HIPAA protected information through any means, to include video, audio or photos (resident/patient photos or conversations).
- Possession, distribution, sale, use or being under the influence of alcoholic beverages or illegal drugs while on the Company's property, while on duty, or while operating a vehicle or potentially dangerous equipment leased or owned by the Company. This includes impairment by legal or prescribed drugs that adversely affects job performance, safety or conduct.

**Abuse/Resident Care:**

- Physical, verbal or emotional abuse of HumanGood team members, visitors, customers and residents. Abuse is conduct, with malice, that a reasonable person would find hostile, offensive and unrelated to legitimate business interests.
- Failure to report known or suspected physical, verbal or emotional abuse of HumanGood team members, visitors, customers and residents.
- Improper resident care.



- Accepting solicited or unsolicited gifts or tips from HumanGood residents, family members or vendors.
- Negligence that results in injury to personnel, a visitor or any action that endangers the health or safety of others.
- Any communication or interaction with customers/residents that is deemed as disrespectful, vulgar or unprofessional.

**Safety:**

- Failure to observe safety rules as posted and common-sense safety in the operation of equipment and general performance of duties.
- Failure to report a condition that may endanger a person or Company property.
- Failure to immediately report a work-related injury or illness.
- Failure to report an accident that caused damage to Company property or equipment.
- Possession, distribution, sale, use or being under the influence of alcoholic beverages or illegal drugs while on the Company's property, while on duty, or while operating a vehicle or potentially dangerous equipment leased or owned by the Company. This includes impairment by legal or prescribed drugs that adversely affects job performance, safety or conduct.
- Inappropriate or unsafe use of communication devices while driving a Company vehicle or while using a vehicle on Company time.
- Negligence that results in injury to personnel, or a visitor or any action that endangers the health or safety of others.

HumanGood reserves the absolute right to terminate your employment at any time without notice and without cause. HumanGood may provide notice and/or counseling regarding your conduct or performance so that you may take corrective action. This notice and/or counseling may be verbal or written and may include suspension or other forms of disciplinary action, up to and including termination of employment. However, the use of any corrective or disciplinary action in no way modifies the at-will employment relationship between you and HumanGood. Team members involuntarily terminated due to noncompliance with HumanGood's policies are not eligible for rehire.

## **2.6 DRESS CODE & OTHER PERSONAL STANDARDS**

HumanGood desires to maintain and promote a professional and caring image to those we serve and to the community at large, as well as to provide for safe and comfortable delivery of care. Dress, grooming and personal hygiene standards support this objective and contribute to the morale of all team members.

During business hours or when representing HumanGood, team members are expected to present a clean, neat, and professional appearance. Team members should appropriately dress and groom for the nature of our business and the type of work performed. In addition, strong-smelling perfumes, colognes, and body lotions are discouraged. Avoid clothing that can create a safety hazard. This is particularly true if your job involves interacting in person with customers/residents or visitors. Likewise, if your job involves interacting in person with customers/residents or

visitors, facial piercings/rings, ornaments, or jewelry such as tongue, lip, nose, and eyebrow rings and clips are prohibited. Tattoos, depending on size, content and location may be permitted.

HumanGood provides uniforms to all designated team members who are required to wear uniforms as a condition of employment. Cleaning of issued uniforms that require special care above normal washing will be provided by the community. The Company will not incur the cost if a team member chooses to launder their uniform at a different location.

If your supervisor feels your personal appearance or lack of grooming is inappropriate, you may be asked to leave the workplace until you are properly dressed and/or groomed. Under such circumstance, team members will not be compensated for the time away from work. You should contact Human Resources with any requests for religious or disability-related accommodations regarding anything contained in this policy.

Detailed dress code policy and attachments for select business units are located on [myhumangood.org](http://myhumangood.org). Contact your supervisor for your local dress code or uniform requirements.

## **2.7 LIMITATIONS ON SOLICITATIONS, DISTRIBUTION & ACCESS**

HumanGood will not construe or apply provision of any this section in a manner that interferes with team members' rights under Section 7 and 8 of the National Labor Relations Act, including protected concerted activity about wages, hours, or other terms and conditions of employment.

In order to maintain and promote efficient operations, discipline, and security, HumanGood maintains rules applicable to all team members that govern the solicitation and distribution of written material and entry onto the premises and work areas. All team members are expected to comply with these rules, which will be strictly enforced. Any team member who is in doubt concerning the application of these rules should consult with their supervisor immediately. These rules are:

- No team member shall sell merchandise or solicit or promote support for any cause or organization during their working time or during the working time of the team member(s) at whom such activity is directed. As used in these rules, "working time" excludes meal and break periods.
- No team member shall distribute or circulate any written or printed material, other than those approved by management for business purposes, in work areas at any time or during their working time or during the working time of the team member(s) at whom such activity is directed. "Work area" does not include the Company parking lots, gates or other similar outside areas where team members do not generally perform work-related duties.
- No team member shall enter or remain in HumanGood work areas for any purpose except to report for, be present during, and to conclude a work period.
- Under no circumstances will non-team members be permitted to solicit or distribute written material for any purpose on HumanGood property.

Non-team members are forbidden from entering upon HumanGood property at any time except on official business with the Company.

## **2.8 PERFORMANCE EVALUATION**

HumanGood encourages supervisors and team members to discuss job performance and goals on an informal, regular basis throughout the year. HumanGood requires supervisors to check-in with their team members on a quarterly basis to help set expectations and goals, check on attainment of those expectations and goals, discuss barriers to success, discuss long and short-term career development and keep the lines of communication open.

Documented performance evaluations are conducted on a team member's completion of the ninety (90) day Introductory Period and annually in accordance with the Human Good Performance Management Policy. An evaluation will also be given within ninety (90) days after a transfer or a change in a team member's job classification. The purpose of evaluations is to let team members know how well they are performing their assigned job duties, identify and correct weaknesses, encourage and recognize strengths, outline goals, and discuss approaches for meeting goals. Evaluations will be reviewed in a private meeting between the team member and their immediate supervisor. Team members will have the opportunity to add their own written comments, and will be asked to sign the written evaluation. Signing the evaluation form does not mean the team member agrees or disagrees with the evaluation, but simply acknowledges the team member has seen the evaluation and received a copy.

Favorable evaluations do not guarantee increases in pay or promotions. Pay increases and promotions are solely within HumanGood's discretion and depend on many factors, including performance factors. Other factors include but are not limited to current market trends, the level and pay rate at which the team member was hired into the Company, etc. If the Company decides a pay increase is justified, the team member will be notified of the amount and when the increase will take effect.

## **2.9 OUTSIDE EMPLOYMENT**

HumanGood respects each team member's right to engage in activities outside of employment such as those that are of a personal or private nature, to the extent that such activities do not create a conflict of interest as described in the Conflicts of Interest policy set forth in this Handbook, or adversely affect the team member's ability to perform their job. Under certain circumstances, if a team member's personal conduct begins to adversely affect their performance on the job, or begins to make it impossible for him or her to carry out any or all of their job duties while at work, appropriate disciplinary action up to and including termination of employment may be appropriate. For the purposes of this policy, self-employment is considered outside employment.

An example of an activity that might adversely affect a team member's ability to perform their job duties is outside employment. While HumanGood does not prohibit team members from holding other jobs, the following types of outside employment are prohibited:

- Employment where a team member works directly for a resident. As such, you may not care for a resident beyond your employment relationship with HumanGood (including "private duty" through a third-party agency);

Employment where a team member works directly for any other team member, which would create a potential financial conflict;

Employment that conflicts with the team member's work schedule, duties and responsibilities or creates an actual conflict of interest;

Employment that impairs or has a detrimental effect on the team member's work performance with the Company or poses an increase safety or health risk for residents or other team members;

Employment that requires team members to conduct work or related activities during working times or using any of the Company's tools, materials or equipment; and

Employment that directly or indirectly competes with the business or the interests of the Company.

HumanGood will not assume any responsibility for team members' outside employment. Specifically, the Company will not provide workers' compensation coverage or any other benefit for injuries occurring from, or arising out of, such outside employment.

## **2.10 TEAM MEMBERS WHO ARE REQUIRED TO DRIVE**

HumanGood provides Company-owned vehicles for approved selected team members to drive on Company-designated business. HumanGood will also reimburse team members for business use of personal vehicles in accordance with the standard mileage rate defined by the Internal Revenue Service.

All team members are expected to comply with all local, state, and federal laws while operating HumanGood vehicles and other equipment or driving a personal vehicle for business purposes. The Company may discipline team members who engage in unlawful conduct. For example, team members who are assigned to drive a Company-owned vehicle or otherwise required to drive as part of their job duties are required to have and maintain a valid driver's license, wear seat belts and travel at a safe speed. The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, may result in disciplinary action, up to and including termination of employment. Team members will be responsible for all liabilities, fines, etc., that result from such traffic and parking violations, to the extent permissible under the law.

All team members who operate a personal or Company vehicle as part of their essential job functions must authorize HumanGood to obtain a Motor Vehicle Report in accordance with the Driver Pull Notice Policy. HumanGood may conduct periodic checks of the DMV records of all team members required to drive to perform their job duties. HumanGood retains the right to suspend or terminate a team member whose license is revoked, or who fails to maintain personal automobile insurance coverage, or who is uninsurable under the Company's insurance policy.

Team Members are to use their Company-owned vehicle for work-related purposes only, but may run incidental, personal errands during their commute to and from work or during their meal break.

This commuting and meal break time is the team member's time. Team members are not allowed to use HumanGood vehicles outside of normal work hours unless specifically authorized by senior management. Team members who have been assigned HumanGood-owned vehicles and are authorized to use the vehicle for personal reasons outside of normal work hours must account for all personal use miles for tax purposes.

Company vehicles are to be driven by authorized team members only, except in the case of repair testing by a mechanic. Any accidents in a Company vehicle or in a personal vehicle while driving on Company business, regardless of severity, must be reported immediately to the police and to the Human Resources department. Failing to stop after an accident and/or failing to report an accident may result in disciplinary action, up to and including termination of employment.

Drivers are responsible for the security of Company vehicles assigned to them. The vehicle engine must be shut off, ignition keys removed and vehicle doors locked whenever the vehicle is left unattended.

### **Driving and Mobile Phone Usage**

If a team member's job requires the team member to keep a mobile phone turned on while they are driving, the team member is required to avoid all unnecessary distractions. The team member is expected to follow all state traffic and safety laws related to the use of communication and/or electronic devices. The team member is required to use a hands-free device. In emergency situations, when a team member is required to make or take a call, the team member is required to follow all applicable laws and proceed in the safest manner possible, which may require the team member to stop the vehicle during the call. Team members driving for Company purposes are prohibited from sending or receiving text messages or other electronic communications while driving.

**Team members that are required to drive must review and sign the acknowledgement in the Auto Business Travel Safety Policy on my humangood.org.**

## **2.11 MOBILE PHONE USE**

### **Business Use**

HumanGood provides mobile telephones ("cell phones") or cell phone stipends to select team members that require a mobile communication device in order to efficiently conduct business for HumanGood. Team members who are provided a Company mobile phone may use the phone for personal reasons only in case of an emergency, other personal use is prohibited. All mobile phone users must review the Cell Phone Policy on myhumangood.org and review and sign the Working with Technology Agreement.

Non-exempt mobile phone users must follow all time reporting requirements and any other policies governing hours worked. Nonexempt team members must refrain from checking emails, texts or performing any other work duties on their phone when not on-duty. If a nonexempt team member conducts any work, they must account for their time and report it to their supervisor as soon as

possible but no later than twenty-four (24) hours after engaging in the aforementioned work or prior to the end of the pay period.

Team Members should have no expectation of privacy in their workplace communications or in any communications when using Company phones. All messages sent and received, including personal messages, and all data and information stored on a Company phone are HumanGood's property, regardless of the content of the messages. HumanGood reserves the right to monitor, access, or inspect all Company phones, voicemail, text messages and related documents, including invoices, at any time in its sole discretion. Because the Company reserves this right, team members must understand that they have no right to privacy with respect to any messages or information created or maintained on HumanGood's technology resources, including personal information or messages, and no message or data placed on a Company-issued mobile phone should be considered private or confidential.

A team member that receives a stipend in order to use their personal cell phone for business use must guard against unauthorized access and use. All personal mobile devices used by HumanGood team members for business purposes must be password-protected.

Whether using a mobile phone issued by HumanGood or a personal mobile phone, business-related emails sent through the company server email system are subject to the Team member Handbook Technology Use – No Expectation of Privacy.

### **Personal Mobile Phones for Non-Business Use**

In general, unless required by the job responsibilities and approved by the team member's manager, the use of personal mobile phones by team members is prohibited during work hours unless the team member is on an authorized break or meal period. If a team member abuses the use of their personal mobile phone, management may prohibit the team member from bringing their mobile phone into the work area or having the mobile phone in the team member's possession during working hours.

Other than in emergencies, personal mobile phones may only be used during work hours if the team member has been asked by management to use their personal mobile phone for company purposes and is being reimbursed for the business usage as stated above.

Personal cell phones must remain on silent or vibration or be turned off during normal working hours unless the team member is being reimbursed to use their personal cell phone for Company purposes or the team member is on their break or meal period. Cell phones with cameras must never have the camera turned on at work, photographs or videos taken with personal cell phone cameras may violate an individual's expectation of privacy, residents' rights or the Health Insurance Portability and Accountability Act. Team members must have prior permission to engage in any picture taking or videos on HumanGood property.

## **2.12 USE OF PHONE SYSTEM**

HumanGood understands the importance of keeping in touch with family during the day and the occasional necessity of dealing with personal business. However, the company discourages

making or receiving excessive personal calls during work hours. Family and friends should be discouraged from calling team members while they are working and personal use of HumanGood telephones should be kept to a minimum. Continued abuse of Company telephones for personal use will not be tolerated and will result in disciplinary action, up to and including termination of employment.

Telephone invoices and logs are subject to review and team members may be required to reimburse HumanGood for any charges resulting from their personal use of Company-provided telephones or cell phones.

## **2.13 TECHNOLOGY USE**

HumanGood's computer and other electronic systems ("Technology Resources"), including but not limited to, all computer, data, and telecommunication hardware and software, internal computer systems, file services, Intranet, external computer systems, Internet, telephone systems, voicemail systems, electronic mail systems, document transmission systems and handheld data processing devices, are critical to the Company's success. HumanGood's Technology Resources are considered Company property and are provided for business use only. All communications made using HumanGood's Technology Resources are subject to review and monitoring by the Company. The purpose of this policy is to explain how team members of HumanGood should use the Company's Technology Resources in ways that maximize the benefits of the technology to HumanGood and reduce the risk of loss or misuse of these resources and/or creation of liability for the Company.

### **Using Technology Resources**

All Technology Resources should be used only in furthering HumanGood's business and never in violation of applicable laws. To this end, team members should not use any Technology Resources for the conduct of business other than the Company's business. Notwithstanding the above, team members may use the HumanGood's Technology Resources to:

- Prepare and store incidental personal data (such as personal calendars, personal address lists, and similar incidental personal data) in a reasonable manner provided such use does not conflict with any purpose or need of the Company; and
- Send and receive necessary personal communications through e-mail or text messaging; and
- Use the telephone system for brief and necessary personal calls, such as in the case of an emergency.

HumanGood's Technology Resources may not be used for transmitting, retrieving, or storing any communications of a discriminatory or a harassing nature. Harassment of any kind is prohibited. No messages with derogatory or inflammatory remarks about an individual's race, traits typically associated with race, color, religious creed, sex, gender, gender appearance or identity or expression, marital status, physical disability, mental disability, medical condition, pregnancy or related conditions, childbirth or related conditions, breastfeeding or related conditions, age, national origin, ancestry, genetic characteristics, sexual orientation, political affiliation, military

or veteran status, citizenship status, or any other basis protected by law, shall be transmitted or received. HumanGood prohibits the use of abusive, profane or offensive language received or transmitted through the Company's Technology Resources. HumanGood's Technology Resources may not be used for any purpose that is illegal, against Company policy, causes discredit to the Company or is contrary to the best interests of the Company. Use of the HumanGood's Technology Resources for personal gain or profit, or for personal reasons that would impede the Company's ability to conduct business, is prohibited.

Each team member is responsible for the content of all text, audio or images that the team member places on or sends over the HumanGood's Technology Resources. No electronic communication may be sent which hides the sender or represents the sender as someone else.

HumanGood's Technology Resources are not for personal communications or use unless with prior authorization. Where authorized, personal communications or use should be kept to a minimum. The Company assumes no liability for loss, damage, destruction, alteration, disclosure, or misuse of any personal data or communications transmitted over or stored on the HumanGood's Technology Resources. The Company further accepts no responsibility or liability for the loss or non-delivery of any personal e-mail communication and suggests that team members avoid storing private or confidential personal information on any of the HumanGood's Technology Resources.

Team members are not allowed to record conversations on human good property. It was

Team Members should never permanently delete or transfer any data, communication or other materials from HumanGood's Technology Resources systems, including its email servers, unless permission is granted by the IT and Human Resources.

## **2.14 NO PRIVACY RIGHTS**

As a standard practice the Company provides Technology Resources only to further its own business aims. Thus, team members should not expect and do not have any privacy rights when using HumanGood's Technology Resources. Although passwords may be utilized to restrict access to certain systems, the passwords are designed to protect against unauthorized access—not access by authorized HumanGood representatives. The Company retains the right to enter into any of its Technology Resources to inspect and review any and all data placed in the systems at any time. Because HumanGood reserves this right, no message or data placed using the Company's Technology Resources should be considered private or confidential. As such, all information, documents and messages stored using the HumanGood's Technology Resources, should be related to the business of the Company.

## **2.15 RISK MANAGEMENT**

Managing risk in a technology environment is a complex task. However, individuals can contribute significantly to reduced risk by exercising care when using Technology Resources. Exercising care means protecting the interests of HumanGood when working with or transmitting documents over computer systems. Exercising care also involves remembering that any activity carried on while using outside networks through e-mail, internet access, or other service providers reflects on



HumanGood when it is carried out using the Company's Technology Resources. Following are some examples of behavior that reduces risk:

- Always consider the confidentiality of documents and information transmitted over outside services. This involves faxing, use of e-mail, cellular calls, text messaging, diskettes/CDs, and other technology options. Substantial damage can be done by routing documents to the wrong person or organization, exposing documents or messages to interceptions and theft, inadvertently sending information on dirty diskettes/CDs, transmitting confidential information during cellular calls, etc.
- Always verify addresses such as e-mail and fax numbers before sending information so that it does not fall into the wrong hands.
- Be aware of the rights of others to their own copyrighted information. Respect all copyrights and do not copy, retrieve, modify or forward copyrighted materials, except where expressly allowed by the copyright law or with express written permission from the owner.
- Always use appropriate fax cover pages that contain all the information necessary to see that delivery is made to the proper person.
- When transferring documents outside the Company, use "clean" diskettes/CDs. Documents deleted from diskettes/CDs may leave residual data that can be "scavenged." To prevent this, use new diskettes/CDs.
- USB and External Drives should not be used unless encrypted and approved by the Information Technology department.

## **2.16 INTERNET & E-MAIL USE**

Access to the Internet is provided to team members to accomplish job responsibilities more effectively. Internet usage, unless otherwise authorized, must be limited to that required by HumanGood business necessity. The use of the Internet is a privilege, not a right, which may be revoked at any time for inappropriate conduct. HumanGood expects that its team members will use these resources in a responsible manner and for business-related purposes only. Team members should not use the internet or intranet for personal, frivolous or inappropriate use, such as accessing, downloading from, or contributing to the following (except in relation to a specific Company matter):

- Indecent or sexually-oriented materials
- Sports sites
- Job-search, house-search/sales sites
- Entertainment sites
- Gambling sites
- Games, humor
- Drug-oriented sites
- Personal pages of individuals
- Chat rooms
- Politically-oriented sites or sites devoted to influencing the course of legislation or public policy
- Email from a personal email account
- Social networking sites (such as Facebook, Instagram, Twitter, and Tik Tok)

Downloading of software applications, even if they are free, is not allowed unless it is necessary for Company business and approved by the Information Technology department.

HumanGood reserves the right to monitor the amount of time spent using online services and the sites visited by team members. The Company reserves the right to limit Internet access to include or exclude certain Internet sites and/or services.

E-mail is not private communication because others may be able to read or access the message. E-mail may best be regarded as a postcard rather than as a sealed letter. In addition to risk management issues surrounding the use of e-mail, team members are expected to abide by the following guidelines:

- E-mail messages are considered business records and may be subject to discovery. Be aware of this possibility when using HumanGood's Technology Resources to send e-mail both to other Company team members and to persons not employed by the Company. Formulate the message accordingly.
- Never send abusive, sexist, racist or defamatory e-mail messages that could be considered in violation of HumanGood's Anti-Harassment and Anti-Discrimination, Prohibited Conduct, or Workplace Violence Prevention Policies.
- Do not use e-mail for sensitive or time critical matters. If speed is essential, use the telephone. E-mail does not convey emotion well. If the subject matter is sensitive, do not risk misunderstandings – use the telephone.
- Team Members should never send an e-mail message unless they are sure of the correct address of the recipient.

Personal Web sites and Web logs (blogs) have become prevalent methods of self-expression in our culture. Team members may not use Company computers to engage in blogging while at work. HumanGood respects the right of team members to use these mediums during their personal time. If a team member chooses to identify himself or herself as a Company team member on a Web site or Web log, they must adhere to the 6.5 Social Media section of this Handbook.

## **2.17 SOCIAL MEDIA POLICY**

In the rapidly expanding world of electronic communications, *social media* can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether associated or affiliated with HumanGood.

The same principles and guidelines found in the Team Member Handbook and other Company policies, practices, and procedures apply to your online posts as they do to your in-person behavior. You are solely responsible and accountable for what you post online. Before creating online content, consider the risks. Any content you post that adversely affects your job performance, other

team members, residents, family members, suppliers, or contractors who work for the Company or the Company's business interests may result in disciplinary action up to and including termination.

### **Know and follow the rules**

Carefully review and understand all of HumanGood's policies and procedures, especially in the Team Member Handbook policies *Prohibited Conduct and Disciplinary Action, Technology Use – No Expectation of Privacy, Ethics, Corporate Compliance, HIPAA, Anti-Harassment and Discrimination, and Workplace Violence Prevention*. Ensure your online postings are consistent with these policies. HumanGood will not tolerate postings that violate these policies, especially those that contain discriminatory or harassing remarks, threats of violence or similar inappropriate or unlawful conduct.

### **Be respectful**

Always be fair and courteous to other team members, residents, family members, suppliers, and contractors who work for the Company. You are more likely to resolve work-related complaints by speaking directly with your fellow team members or by using the *Open Door* procedures or the Human Resources Department rather than by posting complaints to a social media site. If you choose to post criticisms, avoid using statements, photographs, and video or audio that others could perceive as malicious, obscene, threatening, or intimidating; disparaging residents or their family members, team members, or suppliers, or that might constitute harassment or bullying. Also avoid posting any content about residents or any content that reveals private medical information (HIPAA). Examples of inappropriate conduct include offensive posts meant to harm a somebody's reputation or posts that could contribute to a hostile work environment based on race, sex, disability, religion or any other status protected by law or Company policy.

### **Be honest and accurate**

Make sure you are honest and accurate when posting information or news. If you make a mistake, correct it quickly. Disclose any previous posts you have altered. Remember, the internet archives almost everything; therefore, even deleted posts can be searched. Never post false information or rumors about HumanGood, team members, customers, suppliers, or other individuals working for the Company.

### **Post only appropriate and respectful content**

Maintain confidentiality about HumanGood trade secrets and other private or confidential information. Trade secrets may include information about developing systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other Company-related confidential communications.

Do not create a link from your blog, website or other social networking site to any of the HumanGood or the Company affiliate's website without identifying yourself as a Company team member.

Express only your personal opinions. Never represent yourself as a spokesperson for HumanGood. If the Company is a subject of the content you are creating, be clear and open that you are a team member. Make it clear that your views do not represent those of HumanGood, other team members, residents, family members, contractors, suppliers or other individuals working for the Company. If you publish an online blog or post related to your work or subjects associated with the senior living industry, make it clear you are not speaking for the Company. Consider including a disclaimer such as, “The ideas expressed in this post are my own and do not necessarily reflect the views of HumanGood.”

### **Using social media at work**

Refrain from using social media while on work time or with equipment HumanGood provides, unless it is necessary for work and allowed by your manager and consistent with HumanGood policies and procedures. The use of InspireMe and [www.myhumangood.org](http://www.myhumangood.org) is authorized during work time. Do not use Company email addresses to register on social networks, blogs or other online tools for personal use. Do not use Company logos in a manner that might create commercial confusion.

### **Retaliation is prohibited**

HumanGood forbids taking a negative action against any team member for reporting a possible deviation from this policy or for cooperating in an investigation.

### **Media contacts**

You should not speak to the media on HumanGood’s behalf without prior written permission HumanGood’s General Counsel and the responsible corporate office senior executive. Direct all media inquiries to HumanGood’s Corporate Compliance Hotline, the General Counsel or the responsible senior executive.

**Nothing in this policy restricts communications protected under any applicable federal or state law, including concerted activity about wages, hours, or other terms and conditions of employment under the National Labor Relations Act.**

**Any team member who violates any part, or the intent, of this policy will be subject to disciplinary action, up to and including termination.**

## **2.18 COMPANY PROPERTY & FACILITIES**

All HumanGood property and facilities, including but not limited to, desks, storage areas, work areas, lockers, file cabinets, computer systems, computers, telephone systems, telephones (including any Company-issued cell phones or other electronic devices), voicemail systems, tools, equipment and Company-owned vehicles are Company property and must be properly used and maintained according to Company rules and regulations. All HumanGood property must be kept clean and is to be used only for Company business. HumanGood reserves the right, at any time and without prior notice, to inspect any and all of the Company’s property or facilities to ensure compliance with Company rules and regulations. Such inspections may be

conducted during or after business hours and in your presence or absence. Thus, team members should not expect, and do not have, any privacy rights with respect to HumanGood property and facilities. The Company may periodically need to assign and/or change “passwords” and personal codes for voicemail, e-mail, and computers. These communication technologies and related storage media and databases are to be used only for Company business and they remain the property of the Company. HumanGood reserves the right to keep a record of all passwords and codes used and/or to override any such password system in its sole discretion.

Prior authorization must be obtained before any HumanGood property may be removed from the premises.

Office equipment such as photocopiers, fax machines, computers, printers, postage meter, and supplies are not to be used for any personal business of any kind. All equipment and supplies are to be used for business purposes only. Discovery of team members using equipment and supplies for personal business not related to HumanGood will be cause for disciplinary action, up to and including termination.

## **2.19 SMOKING**

In keeping with HumanGood's intent to provide a safe and healthful work environment and to abide by all state and local ordinances dealing with smoking in the workplace, the Company allows smoking only in designated smoking areas outside the building. Team members may smoke but only during authorized breaks and meal periods. This policy applies to smoking in any form using tobacco products (pipes, cigars and cigarettes) and “vaping” with e-cigarettes.

Communities and work locations may designate the entire work site as a smoke-free location, check with your supervisor for your local smoking policy.

## **2.20 DRUG & ALCOHOL POLICY**

HumanGood strives to provide a safe environment for team members and others and to minimize the risk of accidents and injuries. Accordingly, each team member has a responsibility to co-workers and the public to deliver services in a safe and conscientious manner. Continuing research and practical experience have proven that even limited quantities of illegal drugs, abused prescription drugs or alcohol can impair reflexes and judgment. This impairment, even when not readily apparent, can have catastrophic consequences. Moreover, studies have shown that impairment by controlled substances may last long after the user believes the effects have worn off. For these reasons, HumanGood has adopted a policy that all team members must report to work and, remain while at work, completely free of illegal drugs, abused or non-prescribed prescription drugs and alcohol.

## **2.21 DRUG USE / DISTRIBUTION / POSSESSION / IMPAIRMENT**

HumanGood strictly prohibits the use, sale, attempted sale, conveyance, distribution, manufacture, purchase, attempted purchase, possession, cultivation and/or transfer of illegal drugs or other unlawful intoxicants at any time, and in any amount or any manner, regardless of occasion. “Illegal drugs” means all drugs whose use or possession is regulated or prohibited by federal, state or local law. These include prescription medication that is used in a manner inconsistent with the prescription or for which the individual does not have a valid prescription.

Team Members are also prohibited from having any such illegal or unauthorized controlled substances in their system while at work.

Included within this prohibition are lawful controlled substances that have been illegally or improperly obtained.

HumanGood treats medical cannabis the same as any other altering drug and will not tolerate team members being impaired at work.

## **2.22 ALCOHOL USE / DISTRIBUTION / POSSESSION / IMPAIRMENT**

All team members are prohibited from distributing, dispensing, possessing or using any beverage or medicine containing alcohol while at work or on duty and from coming onto HumanGood premises, reporting to work or working with alcohol in their systems. Furthermore, lawful off-duty alcohol use, while generally not prohibited by this policy, must not interfere with a team member's job performance.

## **2.23 CANNABIS USAGE AT WORK**

While the use of cannabis for medicinal purposes is legal in some states, the use or possession of cannabis during work time and/or on Company property is strictly prohibited and will be treated the same as alcohol. Team members may not be under the influence of cannabis at work under any circumstances. HumanGood may, at Company expense, conduct reasonable suspicion testing and testing after on-the-job accidents.

Team members requesting a medical cannabis accommodation should contact human resources to engage in the Americans with Disabilities Act (ADA) interactive accommodation process.

## **2.24 PRESCRIPTION & OVER-THE-COUNTER DRUGS**

This policy does not prohibit the possession and proper use of lawfully prescribed or over-the-counter drugs. However, a team member taking medication should consult with a health care professional or review dosing directions for information about the medication's effect on the team member's ability to work safely, and promptly disclose any work restrictions to a supervisor or Human Resources. Team members are not required to reveal the name of the medication or the underlying medical condition, unless such would impact the team member's ability to work safely.

HumanGood reserves the right to transfer, reassign, place on leave of absence or take other appropriate action regarding any team member during the time the team member uses medication.

that may affect their ability to perform safely. The Company will comply with all requirements pertaining to providing reasonable accommodations to the extent required by applicable law.

## **2.25 COUNSELING & REHABILITATION**

Team Members who voluntarily seek help for substance abuse (self-referral) by contacting the Company will be provided an opportunity to pursue counseling and rehabilitation. HumanGood will make available to these team members information about counseling and rehabilitation services. A team member who is receiving counseling and/or treatment for substance abuse may use available PTO or, if eligible, family and medical leave. Health insurance often covers the costs of such services, but costs not covered must be paid by the team member. The team member may not return to work until released by a treatment provider to do so and the team member receives a negative result on a return-to-work drug and/or alcohol test (as appropriate for that individual).

A team member's decision to seek help voluntarily will not be used as a basis for disciplinary action, although the individual may need to be transferred, given work restrictions or placed on leave, as appropriate. A request for help is considered voluntary only if it is made before the team member is asked to submit to any drug or alcohol test, is discovered to have otherwise violated this policy, or has had job performance deficiencies or behavioral issues, even if related to the substance abuse problem, that must be addressed through the disciplinary process.

In certain situations, outlined below, team members may be subject to a drug and/or alcohol test. If the results of the test are positive, disciplinary action will be taken, up to and including termination of employment. HumanGood will pay the full cost of any drug/alcohol testing that it requires of a team member, including the reasonable cost of any transportation to and from the designated testing facility.

For information on the types of drug testing conducted during employment please refer to Drug Testing in this Handbook.

## **2.26 AUTHORIZED USE OF ALCOHOLIC BEVERAGES**

From time to time, the use of alcohol beverages may be permitted at company-sponsored social events, subject to the approval by the Company. The permissible use of alcohol at these events does not constitute a violation of this policy. However, team members are expected to use their discretion and good judgment in participating in these events. In addition, the drinking of alcoholic beverages by persons under the legal drinking age will not be tolerated, and will be subject to appropriate disciplinary action.

## **2.27 GIFTS, TIPS & FINANCIAL DEALINGS WITH RESIDENTS**

HumanGood aims to treat each resident equally well. Team members must never give preferred treatment to a resident. At no time should a team member's relationship with a resident be other than fulfilling their job duties for a resident or residents.

HumanGood allows the disbursement of cash gifts to team members only from, where applicable, the community Residents' Council annual team member appreciation fund. This is an honorarium and does not constitute financial elder abuse. In some communities, this occurs twice a year.

**All team members are strictly prohibited from accepting any gifts, gratuities (tips), favors, loans, assets, property, or personal payment from financial dealings from a resident or their family members or friends.** Gifts include, but are not limited to, cash, checks, property, gift cards, and items of value. Knowingly receiving assets from a deceased resident by gift or bequest is also prohibited. Any of these things from a resident must be politely refused.

**Team members may not enter into any real estate arrangements with a resident such as leases, acquisitions or dispositions.** Similarly, team members should never enter into any business arrangement with a resident.

**Team members may purchase assets from a resident if they have prior permission from the Executive Director.** Occasionally, residents may be interested in disposing of certain assets by selling those assets to team members. Such sales are arranged by the Executive Director or their designee and are available to all team members on an equal basis. The acquiring team member must obtain a bill of sale from the resident and give a copy of the bill of sale to the Executive director.

**Team members may only receive a cash or monetary gift from the Residents' Council team member appreciation fund at applicable Life Plan Community locations where there is a fund established.** HumanGood allows cash or monetary gifts to team members only from their community's Residents' Council team member appreciation fund. Residents may express their appreciation to team members who have served them throughout the year by contributing to a fund shared by all team members through an equitable system of distribution up to a maximum distribution of twice a year, typically once during the holiday season at the end of a year. This gift constitutes in aggregate a sum which might have been given as tips throughout the year, and is greatly appreciated by team members. The fund is collected and allocated by a committee of residents under the general direction of the Residents' Council and the community's Human Resources Department. These payments are not coming from HumanGood, but this tip from the residents is considered taxable income by the IRS. Therefore, the Company will adjust team members' taxable income during the pay period they receive the tip to ensure their taxes are appropriate. If there are insufficient funds in a team member's paycheck to cover the required taxes, the Company will issue a W-2c Corrected Wage and Tax Statement.

**Team members may not work directly for a resident.** If a resident asks a team member to work directly for them (either once or on a continuing basis), the team member should politely refuse and advise the resident they will notify their supervisor to assist in arranging for the requested service. Team members also may refer the resident to their supervisor to assist the resident in obtaining outside services. HumanGood does not allow team members to work directly for a resident. A team member may not care for a resident beyond their employment relationship with the Company ("private duty" through a third-party agency). HumanGood considers this a conflict of interest.



Any team member who has knowledge of any gifts, tips or financial dealings with residents, their family members or friends MUST report it immediately to a supervisor or on the Compliance Hotline at (888) 740-4636.

### **SECTION 3: ATTENDANCE AND TIME-OFF**

#### **3.1 ATTENDANCE & PUNCTUALITY**

HumanGood expects team members to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other team members and on HumanGood. In rare instances when you cannot avoid being late to work or are unable to work as scheduled, you should notify your supervisor as soon as possible in advance of the anticipated tardiness or absence.

#### **3.2 TARDINESS**

Team members should clock in no more than seven (7) minutes before their scheduled start times and should be at their workstation and ready to work within the amount of time it would reasonably take a person to traverse the distance from the time clock to the workstation. Frequent patterns of arriving at the workstation after your scheduled start time or arrival to the workstation more than (7) seven minutes or more is considered tardy.

#### **3.3 UNPLANNED ABSENCES**

If you find that you must be out due to illness or other compelling personal matter, you must notify your supervisor within two (2) hours of your scheduled working time of the reason for such absence. In addition, you must call in at the beginning of each day that you are scheduled to work unless you are on an approved leave of absence. Any team member who is on an excused absence for three (3) or more days due to illness or injury may be required to submit a physician's release prior to returning to work.

If you become ill while at work or find it necessary to stop working before the end of your scheduled shift, you must first report to your supervisor. Unless there are extenuating circumstances, do not leave before the end of your schedule without first securing approval from your supervisor. If your supervisor is not available, contact someone in authority for approval before leaving. Team members who leave the premises for reasons that are not related to their job must clock out when they leave.

In all instances of absence, the team member is responsible to advise their supervisor or department manager when they will return to work. Team members must not assume the supervisor will know.

### **3.4 NO CALL / NO SHOW & JOB ABANDONMENT**

If you fail to report to work without any notification to a supervisor and the absence continues for a period of three (3) business days, the Company will consider that you have abandoned and terminated your employment. A team member with excessive and/or unauthorized absences or tardiness that otherwise are not related to an approved medical leave may be subject to disciplinary action, up to and including termination of employment.

### **3.5 DISCIPLINARY ACTION FOR ATTENDANCE**

A team member with excessive and/or unauthorized absences or tardies that otherwise are not related to a protected leave may be subject to disciplinary action, up to and including termination of employment. In addition to excessive tardiness and unplanned absences, other attendance issues include unauthorized overtime and missed meals, missed time punches, excessive use of PTO for unplanned absences, exhaustion of paid time off/sick leave, patterns of absences around days off.

Absences due to approved leave categories (e.g., Military leave, Family and Medical Leave, California Family Rights Act Leave, Pregnancy Disability Leave, Washington Family Leave, and Washington Family Care Act, COVID-19, etc.) will not subject a team member to disciplinary action under this policy. Notifications to management is required for protective leaves when possible is required.

In all instances of absence, the team member is responsible to advise their supervisor or department manager when they will return to work. Team members must not assume the supervisor will know.

### **3.6 HOLIDAYS**

HumanGood grants paid time off to full-time team members on the holidays listed below:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

#### **How HumanGood Observes Holidays**

HumanGood observes nationally-recognized holidays on the days listed above, except when the holiday falls on a Saturday or Sunday. A nationally-recognized holiday that falls on Saturday is observed on the preceding Friday. A nationally recognized holiday that falls on Sunday is observed on the following Monday.

## **How HumanGood Pays Holidays**

Holiday pay is calculated based on the team member's straight-time pay times (8) eight hours for full time benefitted team members. Holiday pay and time worked on a nationally recognized holiday is always paid on the day our nation recognizes the holiday, rather than the day the Company observes the holiday.

When full-time nonexempt team members work on the day of the nationally recognized holiday, they are paid as follows:

- Holiday pay plus the regular rate of pay for all hours worked on the Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.
- Holiday pay plus one-and-one-half times the regular rate of pay (1.5 x the regular rate) for all hours worked on New Year's Day, Thanksgiving Day, and Christmas Day.

When Part Time or Per Diem team members work on the day of the nationally recognized holiday, they are paid as follows:

- One-and-one-half times the regular rate of pay (1.5 X the regular rate) for all hours worked on Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.
- Two times the regular rate of pay (2 X the regular rate) for all hours worked on New Year's Day, Thanksgiving Day and Christmas Day.

If a nationally recognized holiday falls during an eligible team member's approved paid absence, and the team member uses Paid Time-Off (PTO), holiday pay will be provided instead of using PTO. If the paid absence is using Extended Sick Leave (ESL), the team member does not receive holiday pay.

Holiday pay is not considered hours worked when computing overtime, but is considered premium pay under applicable federal and/or state wage and hour law.

### **3.7 PAID TIME OFF (PTO) & PAID SICK LEAVE**

Paid Time Off (PTO) is a single bank of hours to use when you need time off for a variety of reasons including vacation, if you or a family member is sick, you need time to handle personal issues, you want to observe religious holidays, or you just need a short break from work.

Full-time team members are eligible to accrue PTO on the first day of employment. Temporary, Part Time and Per Diem team members do not accrue PTO, however may accrue sick leave based on location (refer to Paid Sick Leave section).

Full-time team members accrue PTO from the first day of employment in accordance with the accrual schedule below. PTO accrues on a prorated basis. To accrue the Max Accrual Hours Per Pay Period listed in the chart below a team member must work at least 75 hours during the pay period, for those that work less than 75 hours in a pay period the PTO accruals are prorated. For those that work in excess of 75 hours, the Max Accrual Hours Per Pay Period are the maximums that can be earned.

#### **PTO Accrual Schedule**

<b>Length of Service</b>	<b>Accrual Rate Per Paid Hour (Exclude ESL)</b>	<b>Max Accrual Hours Per Pay Period</b>	<b>Annual Days Equivalent</b>	<b>Maximum Accrual</b>
Less than 3 years	0.082051282	6.15	20	30 days / 240 hours
4 through 5 years	0.090256410	6.77	22	33 days / 264 hours
6 through 10 years	0.102564103	7.69	25	37.5 days / 300 hours
11 through 15 years	0.123076923	9.23	30	45 days / 360 hours
16 through 20 years	0.131282051	9.85	32	48 days / 384 hours
21 years or more	0.143589744	10.77	35	52.5 days / 420 hours

For Example:

- Jill is new hire and she worked 75 hours, therefore 75 times (.082051282) is equal to 6.15 hours for the pay period.
- Jack is a new hire and he worked 60 hours, therefore 60 times (.082051) is equal to 4.92 hours for the pay period.

Team members may use PTO once it is accrued, subject to this policy. PTO will continue to accrue to a maximum of the days and hours noted above based on the team member's length of service. Once a team member reaches the maximum accrual, no further PTO will accrue until PTO usage reduces the accrual below the maximum accrual.

Team members must have a positive accrued PTO balance to receive pay during an approved PTO. A supervisor may authorize, in advance, a team member's request for unpaid time off up to a maximum of three (3) days, and only if a team member does not have accrued PTO available. Unpaid time off beyond three (3) days must be requested as a Personal Leave. Such approvals are at the sole discretion of the supervisor based on legitimate business needs at the time of the request.

If a holiday occurs during a team member's PTO period, the team member will not be charged PTO for that day, but will be paid holiday pay for their regularly scheduled hours. Team members who are required to interrupt their PTO to report to work will be allowed to take the unused PTO at a later date.

**Team Members are required to use available PTO or Paid Sick Leave (if applicable) before any unpaid time off will be authorized in accordance with applicable laws, except when team members are denied work for safety reasons such as a positive COVID test, company, health department or medically directed quarantine.**

Team members on an approved leave of absence will accrue PTO on a pro-rata basis only if receiving PTO during the leave of absence. If a team member is on a leave of absence and using only Extended Sick Leave (ESL) or is an unpaid status, the team member will not accrue PTO.

Upon termination of employment, team members will be paid for unused PTO that has been accrued through the last day of paid employment. Team members will not be paid for unused PTO except on separation of employment or during the once-a-year PTO cash out detailed in the PTO cash out policy. PTO is earned and paid out based on base pay.

PTO must be scheduled with and approved by the team member's manager in advance. Although efforts will be made to accommodate team members' requests to take PTO at a specified time, the manager will consider business needs when evaluating PTO requests. If two (2) or more team members request PTO at the same time, but the manager determines it is not feasible to grant both requests, the manager ordinarily will grant PTO requests based on the earlier documented PTO request.

If sickness occurs immediately before planned PTO time, causing absence from work, PTO time may be rescheduled. For unplanned absences that extend a planned time off HumanGood may require a physician's verification of hospitalization, accident or illness.

HumanGood does not grant PTO or pay advances.

In order to be absent from an entire work day, all scheduled hours must be accounted for, therefore a full-time team member must take sufficient PTO to cover their normal scheduled shift.

For nonexempt team members, PTO time must be taken in one (1) minute increments. Exempt team members must take full day increments of PTO time for absence, unless otherwise allowed by law.

### **3.8 PAID SICK LEAVE (PART TIME & PER DIEM TEAM MEMBERS ONLY)**

#### **Eligibility & Accrual**

Part Time and Per Diem team members who do not accrue PTO are eligible to accrue and use paid sick leave (PSL) in accordance with state and local laws and ordinances. When there are multiple PSL laws governing a HumanGood location, HumanGood will adopt the most generous application of the laws. Contact your local Human Resources representative if you have questions regarding paid sick leave laws applicable to your location. PSL accruals are also identified on your wage and earning statement.

Full-time team members do not accrue sick leave, however, may have sick leave or paid sick leave available based on a prior classification or program. Any sick leave or paid sick leave available and identified on their wage statement may be used in accordance with this policy.

## **Use of Paid Sick Leave**

For more information on state-specific accrual rates and permitted uses of PSL, please refer to Appendix A. If you have additional questions, contact your local Human Resources representative to determine which paid sick leave law is applicable to your location and to determine your accruals and permitted uses for PSL.

Team Members who wish to use PSL must submit a request to their supervisor, including the expected duration of the absence if possible. When the need for leave is foreseeable, team members must make a good-faith effort to provide advance notice. When the need for leave is not foreseeable, team members must provide notice as soon as practicable. If available, accrued PSL will be applied to any unscheduled absences or tardiness.

### **Extended Sick Leave (ESL) (Grandfathered ABHOW & Be.Group)**

Team members that were employed prior to adoption of a Paid Time Off (PTO) program may have Extended Sick Leave in a separate bank from the PTO bank, which is comprised only of sick leave time you had accumulated but not used prior to the PTO conversion. The ESL bank is exclusively for use during:

The ESL bank may be used for an absence of greater than 3 (three) consecutive sick days with a medical justification, any COVID leave or medically protected leave. ESL can only be approved in the system by the local HR Director.

Requested use of ESL that cannot be validated will automatically be converted to any other forms of paid leave that the team member has available such as PSL or PTO. Team members that have no available balance, and are unable to provide justification for their ESL requests, will be considered absent without leave for disciplinary purposes. The ESL bank cannot be used for a personal leave. ESL hours aren't considered hours worked when calculating overtime.

ESL hours may be used for partial days. Your ESL hours will be available to use as long as you remain in a benefited status. ESL hours cannot be cashed out while you are actively employed, and they will not be paid out if your employment with HumanGood ends. Your ESL bank will not accumulate any additional hours.

### **Payment of Accrued Sick Leave Upon Separation**

Team members are not entitled to payment for accrued but unused sick leave upon separation, whether voluntary or involuntary. However, if the team member separates from the company and is rehired, previously accrued, but unused, sick leave shall be reinstated in accordance with applicable laws.

## **3.9 FAMILY / MEDICAL LEAVE**

HumanGood recognizes that a team member may need to be absent from work for an extended period of time for family and/or medical reasons. In that regard, the Company complies with

federal and state law provisions for family, medical, and pregnancy disability leaves. HumanGood will grant these leaves to team members as required by state and federal law in effect at the time leave is granted. The Company intends to grant leave benefits only to the extent the law requires. For more information on state-specific leave entitlements, please refer to Appendix A.

You must request leave in writing as far in advance as possible. HumanGood may also require that you contact a third party leave administrator. A team member on leave must contact their supervisor or Human Resources before the end of their scheduled leave to arrange for their return and to provide any necessary medical release. If you have not contacted your supervisor or Human Resources before the end of your scheduled leave, we will assume that you do not plan to return and you have terminated your employment. If you are unwilling or unable to return to work with or without an accommodation at the conclusion of the leave you are allowed, your employment may be terminated.

### **3.10 FAMILY & MEDICAL LEAVE ACT (FMLA)**

***Team Members Who May Take Leave:*** Before you may seek a leave of absence under FMLA you must:

- Have been employed HumanGood for at least a total of twelve (12) months; and
- Have worked at least 1,250 hours in the previous twelve (12) months; and
- Work within seventy-five (75) miles of fifty (50) or more of the Company's other team members.

***Reasons for Taking Leave:*** You may request an unpaid leave for any of the following reasons:

- For your own serious medical condition which makes you unable to perform your job duties; or
- For incapacity due to pregnancy, prenatal medical care, or child birth; or
- To care for your child after birth, the placement of a child with you in connection with the adoption or foster care of the child by you, or the serious medical condition of your child; or
- To care for your spouse, registered domestic partner, or parent who has a serious medical condition; or
- To care for a current member of the Armed Forces, including the U.S. National Guard or Reserves, who is your spouse, child, parent, or next-of-kin and who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness incurred in the line of duty on active duty (or a serious illness or injury that existed before the beginning of the service member's active duty which was aggravated by service in the line of duty on active duty) that may render the service member medically unfit to perform their duties; or
- To care for a veteran who is your spouse, child, parent, or next-of-kin and was discharged or released under conditions other than dishonorable, and who is undergoing medical treatment, recuperation, or therapy, for a serious illness or illness incurred in the line of duty on active duty (or a serious illness or injury that existed before the beginning of the service member's active duty which was aggravated by service in the line of duty on active

duty), that manifested itself before or after the service member became a veteran, and who was a member of the Armed Forces, including the U.S. National Guard or Reserves, at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy; or

- For a qualifying exigency, including attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings, arising out of the fact that your spouse, child, or parent is on active duty in a foreign country (or has been notified of an impending call or order to active duty in a foreign country) in the Armed Forces, including the U.S. National Guard or Reserves, in support of a contingency operation.

***Length of Leave Allowed:*** The maximum time you will be allowed to take family leave or a “qualifying exigency” leave, if you are eligible, is twelve (12) workweeks in a twelve (12) month period. Team Members must use any accrued Paid Time-Off (PTO), Paid Sick Leave and/or Extended Sick Leave (ESL) for FMLA leave. This paid time counts against your FMLA entitlement. You are required to follow the Company’s paid leave policies with respect to use of that leave.

The maximum time you will be allowed to take family leave to care for an active duty member of the Armed Forces as described above, if you are eligible, is twenty-six (26) workweeks in a twelve (12) month period. HumanGood may require or you may elect to use any accrued PTO, family leave, or medical or ESL for any part of the twenty-six (26) week period. This paid time counts against your FMLA entitlement. You are required to follow the Company’s paid leave policies with respect to use of that leave.

HumanGood will use a “rolling” twelve (12) month period measured backward from the date you begin a leave to determine how much leave time is available to you, unless another calculation is required by law.

***Serious Medical Condition:*** A serious medical condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents you from performing the functions of your job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of a more than three (3) consecutive calendar days combined with at least two (2) visits to a health care provider or one (1) visit and a regimen of continuing treatment, or incapacity due to pregnancy of either yourself or your spouse, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment. Check with Human Resources if you are unsure whether the treatment you are receiving for your condition meets the definition of continuing treatment.

***Use of Leave:*** You do not need to use this leave entitlement in one (1) block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. You must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt



HumanGood's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

***Advance Notice and Medical Certification:*** You may be required to provide HumanGood advance leave notice and medical certification. Your leave request may be denied or your leave delayed if these requirements are not met.

- You must provide us thirty (30) days' notice of your need for leave if such need is foreseeable. If your need for leave is not foreseeable, you must notify us as soon as possible and comply with HumanGood's normal call-in procedures. This means that you must call your supervisor prior to the time you are scheduled to begin working for that date. Absent extenuating circumstances, you must call in on any day you are scheduled to work and will not report to work.
- You must provide sufficient information for us to determine if the requested leave may qualify for FMLA protection. Sufficient information may include that you are unable to perform job functions, your family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. You also must inform us if the requested leave is for a reason for which FMLA leave was previously taken or certified.
- HumanGood requires medical certification if you request leave because of your own or a family member's serious medical condition. The Company may also require periodic recertification supporting the need for leave. The Company may also require a second or third medical opinion, at the Company's expense, regarding your own serious condition. You are required to cooperate with the Company in obtaining any additional medical opinions it may require.
- HumanGood will inform you if your leave will be designated as FMLA-protected and, if so, the amount of leave counted against your leave entitlement, your rights and responsibilities, and any other additional information required. If your leave is not FMLA-protected, the Company will provide you with a reason for your ineligibility.
- If you take a leave because of your own medical condition, you must obtain a release from your health care provider before you return to work.

### **Benefits and Job Protection**

HumanGood will continue its contributions for your health care coverage during the duration of your leave. You must continue to make any premium payments for health care coverage for yourself or your dependents that you are now required to make, if you want the coverage to continue during your leave. If paid leave is substituted for unpaid leave, HumanGood will deduct the team member's portion of the health plan premium as a regular payroll deduction. If the leave is unpaid, the team member must pay their portion of the premium as directed by the Company. If the team member's payment is more than thirty (30) days late, the Company will send the team member a letter to this effect. If the Company does not receive the team member's co-payment within fifteen (15) days of sending that letter, the team member's coverage may cease.

***Premium Cost Repayment:*** If you choose not to return to work from a leave allowed by this policy, you will be required to repay.

Team Members will normally be restored to their original or equivalent position with equivalent pay, benefits, and other employment terms when they return from leave. Your use of leave will not result in the loss of benefits accrued prior to the start of your leave. However, you may be required or permitted to use your accrued paid leave benefits, and you will not continue to accrue PTO during your leave of absence.

Key team members may be subject to reinstatement limitations in some circumstances. If you are a key team member, you will be notified of such limitations on reinstatement at the time you request a leave.

It is unlawful for an employer to interfere with, restrain, or deny the exercise of any right provided under the FMLA or equivalent state law, or for an employer to discharge or discriminate against any person for opposing any practice made unlawful by, or for involvement in any proceeding under or relating to, the FMLA or equivalent state law. The FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

### **Compensation During FMLA Leave**

FMLA leave is unpaid. During periods that team members are not receiving any wage-replacement benefits through programs such as disability insurance or workers' compensation, the Company requires the team member to use available PTO or other paid leave benefits except during a COVID leave.

The substitution of paid leave for unpaid leave does not extend the maximum FMLA leave period. Further, in no case may the substitution of paid leave for unpaid leave result in the team member receiving more than 100% of their salary.

Team Members on unpaid or Extended Sick leave will not continue to accrue PTO and will not be paid for holidays during the leave. However, team members substituting PTO during the leave of absence will accrue PTO on a pro-rata basis and receive holiday pay.

### **3.11 NON-FMLA MEDICAL LEAVE**

Team Members who require leave for a serious health condition but who have exhausted their FMLA leave and/or state-specific family and medical leave (*see* Appendix A), or who are ineligible for FMLA leave or state-specific family and medical leave (*see* Appendix A), or any additional protected leave, may be granted, upon request to Human Resources, a short-term leave of absence as a reasonable accommodation. Leave for an indefinite period of time will not be approved. Such requests are considered on a case by case basis and must be supported by a doctor's certification of the need for leave. If a team member does not return to work on the originally scheduled return date and/or does not request in advance an extension of the agreed upon leave with appropriate documentation, the team member may be deemed to have voluntarily resigned employment with the Company. Extended leave past an initial short-term leave of absence will be considered so long as it does not cause an undue hardship to the Company, and provided that the Team Member provides documentation from their medical provider supporting the need for further leave. Leave for an indefinite period of time will not be approved

Team members on non-FMLA medical leave will not continue to accrue PTO and will not be paid for holidays during the leave. However, team members using PTO or Paid Sick Leave (ESL is excluded) during the leave of absence will accrue PTO on a pro-rata basis and receive holiday pay. Additionally, team members on non-FMLA medical leave will not be eligible for continued health care benefits; team members may be eligible to continue health care coverage through COBRA.

### **3.12 PERSONAL LEAVE**

At HumanGood's discretion, the Company provides leaves of absence without pay to regular full-time team members who may need extended time away from work duties to fulfill personal obligations of medical or a non-medical nature. A team member must exhaust all applicable paid and protected leave options to be eligible for personal leave.

As soon as an eligible team member becomes aware of the need for a personal leave, he or she should request a leave from their supervisor and contact the Company's leave of absence vendor, AbsencePro at 1-877-365-2666.

**A team member is required to use available Paid Time-Off (PTO) or sick leave (if applicable) before any unpaid time off will be authorized.** HumanGood supervisors may approve up to three (3) unpaid days off. Unpaid time off requests beyond three (3) days must be requested through the Company's leave of absence process.

Personal leave may be granted in periods of up to thirty (30) calendar day increments at one time, and up to a maximum of ninety (90) calendar days. Personal leave is granted at the Company's discretion, and requests for personal leave will be evaluated based on several factors, including anticipated workload requirements and staffing considerations during the proposed period of absence.

#### **Benefits During Unpaid Leave**

Benefit accruals, such as Paid Time-Off (PTO) and holiday pay, will be suspended during a personal leave and will resume on return to active employment.

The team member must pay their portion of the premium as directed by HumanGood. The team member's health care coverage will cease on the last day of the month. Basic Life/Accidental Insurance and voluntary plans end when the personal leave begins. On termination of health benefits, the Company will initiate benefit continuation through the Company's COBRA Administrator. Other plans may be continued direct through the various carriers.

If an approved medical or personal leave is due to pregnancy or testing positive for a HumanGood designated disease associated to a pandemic, HumanGood will continue health care employer contributions for the duration of the approved personal leave. In order to maintain health coverage during a leave of absence, the team member is required to make the same contributions which they would be making as if they were not on leave. The use of leave will not result in the loss of benefits accrued prior to the start of the leave. The team member is responsible for continuing to pay premiums on their benefits by either personal check or money

order. HumanGood will send billing statements to the team member who owes arrears on their premiums once a month. If the premiums are not paid in a timely manner, benefits will be terminated.

### **Failure to Return after Expiration of Personal Leave**

When a personal leave ends, every reasonable effort will be made to return the team member to the same position, if it is available, or to a similar available position for which the team member is qualified. However, HumanGood cannot guarantee reinstatement.

If a team member fails to report to work promptly at the expiration of the approved personal leave period, the team member will be considered to have voluntarily resigned their position with HumanGood.

### **3.13 TIME OFF TO VOTE**

HumanGood encourages team members to fulfill their civic responsibilities by participating in elections. Generally, team members should be able to find time to vote either before or after their regular work schedule. However, if team members are unable to vote in a statewide election during their nonworking hours, in compliance with the law, the Company will grant up to the individual state requirement of paid time off to vote.

Team members should request time off to vote from their supervisor at least two (2) working days prior to Election Day. Advance notice is required so that the necessary time off can be scheduled at the beginning or end of the work shift, whichever provides the least disruption to the normal work schedule. Team members must submit a voter's receipt on the first working day following the election to qualify for the paid time off to vote in the statewide election.

### **3.14 JURY DUTY**

HumanGood encourages team members to fulfill their civic responsibilities by serving as a juror when required. All regularly scheduled team members (Per Diem excluded) who have completed a minimum of ninety (90) calendar days of service in an eligible classification may request up to twenty-two (22) days of paid jury duty leave over any one (1)-year period. Jury duty pay will be calculated on the team member's base pay rate times the number of hours the team member would otherwise have worked on the day(s) of absence. Exempt team members will be paid for any week in which they have performed some work while on jury duty, as required by law. Any jury duty taken beyond the initial twenty-two (22) days of paid leave shall be unpaid. If team members are required to serve on jury duty beyond the period of paid jury duty leave, they may use available Paid Time-Off (PTO) or may request an unpaid jury duty leave of absence. Team members may retain any mileage allowance or other fee paid by the court for jury services.

Team members must show the jury duty summons to their supervisor as soon as possible so that the supervisor may arrange to accommodate their absence. If work time remains during any day of jury selection or jury duty, team members are required to return to work for the remainder of the work schedule. The Jury Summons itself and telephone jury check in time are not considered

time served. After serving as a juror, a receipt from the court must be submitted to HR in order for jury duty leave to be paid.

HumanGood will continue to provide health insurance benefits throughout the duration of a team member's jury duty. The team member will be responsible for paying the team member contribution for Company provided health care benefits. Benefit accruals for PTO or holiday benefits will be suspended during jury duty unless the team member is in a paid leave status and will resume upon return to active employment.

Non-exempt team members who do not qualify for paid jury duty under this policy will be allowed time off for jury duty leave. Exempt team members who do not qualify for paid jury duty under this policy will be paid their full salary unless the jury service prevents the exempt team member from performing any work for a full week.

### **3.15 TIME OFF FOR ATTENDING CHILD'S SCHOOL ACTIVITIES OR DISCIPLINE**

#### **Time Off for Attending Child's School Activities**

If you are a parent, guardian, or grandparent with custody of a child attending a licensed day care facility, kindergarten or grades one through twelve (1-12) and wish to take unpaid time off to visit the school of your child for a school activity, you may take off up to eight (8) hours each calendar month, up to a maximum of forty (40) hours each year, provided you give reasonable notice to the Company of your planned absence. Team members wishing to take such leave may utilize their existing unused Paid Time-Off (PTO) time or other accrued paid time off. The Company requires documentation from the school noting the date and time of your visit.

If both parents of a child work for HumanGood, only one (1) parent – the first to provide notice – may take the time off, unless the Company approves both parents taking time off simultaneously.

#### **Time Off for Attending Child's School Discipline**

If you are the parent or legal guardian of a child who lives with you, and you receive written notice from the school of the child's school requiring your attendance at a disciplinary conference, you are entitled to take an unpaid leave to attend the conference, though team members may also elect to use accrued, unused PTO to attend such conferences. Check with your supervisor or Human Resources for eligibility and scheduling before taking any leave to attend a disciplinary conference.

### **3.16 WITNESS DUTY**

HumanGood encourages team members to appear in court for witness duty when subpoenaed to do so. If team members have been subpoenaed or otherwise requested to testify as witnesses by the Company, they will receive paid time off for the entire period of witness duty.

Team members will be granted unpaid time off to appear in court as a witness when requested or subpoenaed by a party other than the Company. Team members may use accrued Paid Time-Off (PTO) to receive compensation for the period of this otherwise unpaid absence.

The subpoena must be shown to the team member's supervisor immediately after it is received so that operating requirements can be adjusted, as necessary, to accommodate the team member's absence. The team member is expected to report for work whenever the court schedule permits.

### **3.17 VICTIMS OF VIOLENT CRIME**

A team member who is a victim of certain crimes (violent felonies, felony thefts and serious felonies as defined by the law) and/or is the immediate family member, spouse, or registered domestic partner of such a victim will be given time off as necessary in accordance with the law to attend judicial proceedings in relation to the crime. An immediate family member is defined as a spouse, child, stepchild, brother, stepbrother, sister, stepsister, mother, stepmother, father or stepfather.

As a condition of taking time off, team members may be required to provide reasonable advance notice, if feasible, and documentation establishing the right to such time off. Such documentation is typically given to the victim of the crime by a court or government agency setting the hearing, a district attorney or prosecuting attorney's office, or a victim/witness office. If advance notice is not possible, the team member must provide appropriate documentation within a reasonable time, usually one (1) week, following the absence.

A team member who is a victim of domestic violence, sexual assault, or stalking may take time off from work to (1) seek medical attention for injuries; (2) obtain services from a domestic violence shelter, program, or rape crisis center; (3) obtain psychological counseling; or (4) participate in safety planning and take other actions to increase safety, including temporary or permanent relocation. The Company may request reasonable verification of the employee's reason for leave. The Company will not discharge, discriminate, or retaliate against a team member because of the team member's known status as a victim of domestic violence, sexual assault, or stalking or for taking domestic violence leave.

Any absence from work under this section will be unpaid, unless the team member elects to use paid time off, such as accrued Paid Time-Off (PTO) or accrued Paid Sick Leave (PSL), if applicable. HumanGood will make every effort to maintain the confidentiality of any team member requesting crime victim leave.

### **3.18 MILITARY LEAVE**

HumanGood complies with all rights and protections under all applicable federal, state and local laws granting time off for service, training and other obligations in the military and uniformed services. This includes, but is not limited to, leaves of absence, benefits entitlement and continuation, notice and recertification requirements, and reemployment application requirements.

Any team member who is a member of the National Guard or any reserve unit of any branch of the Armed Forces of the United States will be given a military leave of absence from work for annual active duty requirements or training. Military leave will not affect paid leave or other staff benefits. This leave will be without pay, unless the team member requests paid leave from their earned leave bank.

Any team member who needs time off for uniformed service should immediately notify their supervisor who will provide details regarding military leave. If a team member is unable to provide notice prior to leaving for uniformed service, then a family member should notify the team member's supervisor as soon as practicable.

Group insurance benefits will be maintained as required by COBRA during the extended military leave. The team member must continue to pay their portion of group insurance premiums while on leave. If practicable, arrangements for payment should be made prior to the commencement of the leave.

All military leave-related questions should be directed to Human Resources.

### **Family Military Leave**

In addition to leave provided under the FMLA, Team Members may take up to 10 days of unpaid leave if they work an average of 20 or more hours per week and their spouse (including a same-sex spouse) or registered domestic partner is on leave from deployment as a member of: (1) the Armed Forces of the United States deployed to an area of military conflict designated as a combat theater or combat zone by the President of the United States; or (2) the National Guard or Reserves deployed during a period of military conflict. For purposes of this policy "military conflict" includes "a period of war declared by the United States Congress" or a period of deployment for which a member of the Reserves is ordered to active duty either by the Governor or the President of the United States.

Team Members must provide the Company with notice of their intention to take leave within two business days of receiving official notice that their spouse or registered domestic partner will be on leave from deployment. The Company may also request that team members submit written documentation certifying that their spouse or registered domestic partner will be on military leave from deployment during the time of the requested leave.

Eligible team members may use all available accrued paid leave, such as Paid Time Off, during a period of unpaid family military leave. Leave taken under this policy will not affect a team member's right to any other benefits.

The Company will not discriminate against, or tolerate discrimination against, any team member who requests and/or takes leave under this policy.

### **3.19 VOLUNTEER CIVIL SERVICE LEAVE**

If you are a registered volunteer firefighter, reserve peace officer, or emergency rescue person, you are eligible for unpaid leave to perform emergency duty or for training to perform emergency duty. There is no limit to duration, timing or frequency of emergency duty leaves while you are actually performing emergency services.

You may elect, but are not required, to substitute accrued Paid Time-Off (PTO) for unpaid volunteer civil service leave. If you intend to perform emergency duty or training during work hours, please alert a representative of HumanGood so that we are aware of the fact that you may

have to take time off to perform emergency duty. In the event you need to take time off for emergency duty, please alert your supervisor before leaving the Company premises.

### **3.20 BEREAVEMENT LEAVE**

Regular full-time and regular part-time team members may receive up to five (5) days of paid leave in the event of the death of an immediate family member. Bereavement pay is calculated based on the base pay rate at the time of absence.

Team Members requesting bereavement leave should notify their supervisor and/or your local Human Resources representative immediately. Bereavement leave will normally be granted unless there are unusual business needs or staffing requirements. Team members may, with their supervisors' approval, use any available Paid Time-Off (PTO) for additional time off as necessary. The team member must provide verification of their need for bereavement leave by identifying the name and the relationship of the relative.

For the purpose of paid bereavement leave HumanGood defines "immediate family member" as the team member's current spouse, registered domestic partner, child, parent, step-child, step-parent, legal guardian, brother, sister, grandparent, grandchild, mother-in-law and father-in-law.

Bereavement pay is not authorized for sister-in-law, brother-in-law, son-in-law, daughter-in-law as well as aunts, uncles, or other distant relatives. However, in the event of a death of a distant relative, the team member will receive priority consideration for PTO.

## **SECTION 4: PAY**

### **4.1 TIME REPORTING**

Accurately recording time worked is the responsibility of every nonexempt team member. Federal, state and applicable local laws require HumanGood to keep an accurate record of time worked to calculate team member pay and benefits. Time worked is all the time spent on-the-job performing assigned duties. Under no circumstances should a team member perform work on behalf of HumanGood without either clocking in or reporting their time worked through other provided means.

Nonexempt team members are required to record accurately the time they begin and end their work, and the beginning and ending time of each meal period. Team members must record the beginning and ending time of any split shift or departure from work for personal reasons. Absences and overtime must be accurately identified on your time record. HumanGood's designated timekeeping system is the appropriate method for accurate reporting of time. The timekeeping system records time by the minute.

HumanGood forbids altering, removing, falsifying, destroying, and/or tampering with time records, or recording time on another team member's time record. Your supervisor will review and approve your time record before submitting it for payroll processing. If corrections or modifications need to be made to the time record, both you and the supervisor must verify the accuracy of the change. You are responsible for submitting punch correction requests to your



supervisor through the timekeeping system, or in writing when the timekeeping system is unavailable. Your supervisor is responsible for ensuring all requests for time record edits, additions and deletions are documented and include an accurate description of the reason for the change and evidence of your and your supervisor's approval of the change.

Exempt team members must report full days of absence from work using Personal Time Off (PTO) or historical forms of sick leave. Deductions from an exempt team member's pay will only be made as provided by applicable law. If an exempt team member believes unlawful deductions have been made from their salary, or if time off was taken but their pay and/or PTO balance was not affected, they should notify Human Resources immediately so that an investigation can be conducted.

Nonexempt team members are prohibited from working "off the clock" for any reason. If any supervisor or manager directs any team member to do so, the team member should contact human resources immediately.

Team members who fail to record their time accurately or otherwise violate this policy will be subject to corrective action, up to and including termination. The following circumstances are considered violations of this policy:

- Failing to enter or submit time;
- Entering or submitting time late;
- Working unapproved overtime; and
- Falsifying time records.
- Accessing work emails, online training platforms, or engaging in work through any and all means, in person or electronically while not clocked in or tracking hours for pay purposes is strictly prohibited for non-exempt team members.

The following access is not considered hours worked when done voluntarily and not directed by a member of management:

- Using HumanGood internet, app or web-based programs for personal use such as but not limited to checking pay statements, engaging on social media, reviewing your benefits, applying for a position or web surfing.
- Answering a request through an application or via text message to pick up a work shift is not considered hours of work. HumanGood team members are NOT required to check a schedule daily through an electronic medium, schedules are posted in advance and changes to the schedule once posted will be communicated to the team member.

Before any nonexempt team member performs additional work outside of their regularly scheduled hours, the team member must obtain authorization from their supervisor approving the additional hours, including working during lunch, coming in early or staying beyond your scheduled shift.

Additional time worked outside of the team member's work schedule will be paid, however, failure to obtain authorization prior to working additional hours will be subject to corrective action for this policy violation.

Any supervisor or manager who directs a team member not to report hours worked accurately or who fails to pay the team member for hours worked, including earned overtime, regardless of whether the extra time worked was authorized, will be subject to discipline, up to, and including termination of employment.

### **Missed Punches**

If you are a nonexempt team member and you forget your badge, you should punch in at the time clock using the function keys and your badge number, or by web-stamping at a computer or kiosk. Team members who are off-site on Company business and are unable to clock in and out will not be penalized for missed punches for that day, if it is approved in advance by their supervisor. You must document the date and exact start and stop times that would normally be captured by in and out punches in the automated timekeeping system.

Team members are responsible for entering all punch correction requests through the timekeeping system and notifying their supervisor immediately. The Time Card Edit Form may be used when the timekeeping system is unavailable. Time record edits must include an explanation of the reason the punch was missed and the date and exact time of the missed punch.

Team members who fail to clock in or out four (4) or more times in a four (4)-week period will be considered to have misused the timekeeping system and failed to follow Company policy, and may be subject to disciplinary action, up to and including termination.

## **4.2 MEAL & REST PERIODS**

HumanGood complies with federal, and any applicable state and local legal requirements concerning meal and rest breaks. HumanGood recognizes that team members perform at their best when they have the rest and nourishment they need. This policy explains when HumanGood expects team members to take meal and rest breaks.

### **Meal Breaks**

HumanGood provides at least a 30-minute meal break to team members who work more than five hours (unless the sixth hour would complete your workday, and you and your manager agree, in writing, to waive the meal period), and a second 30-minute meal break to team members who work more than 10 hours in a workday, unless they have elected to waive a meal break in accordance with HumanGood's policy and state law. Bona fide meal periods may be scheduled from 30 minutes up to 1 hour; breaks scheduled longer than one hour by the employer will be considered split shifts. Team members are required to clock out and in for their meal breaks. Team members are relieved of their duties during meal breaks and are allowed to leave the premises, thus team members are prohibited from working during their unpaid meal period. Should a team member's meal break be interrupted, the team member should notify their supervisor before the end of their shift.

**HumanGood provides meal breaks according to the following schedule:**

<b>Duration of Shift In Hours</b>	<b># Meal Breaks</b>	<b>Comments</b>
0 to $\leq 5.0$	0	A team member who does not work more than five hours in a workday is not provided with a meal break.
$>5.0$ to $\leq 10.0$	1	A team member who works more than five hours in a workday, but who does not work more than 10 hours in a workday, is provided with a 30-minute meal break that is available before the end of the fifth hour of work, subject to any meal period waiver in effect.
$> 10.0$	2	A team member who works more than 10 hours in a workday is provided with a second 30-minute meal break that is available before the end of the 10th hour of work, subject to any meal period waiver in effect. The meal period waiver will be invalidated if the team member works more than 12 hours.

HumanGood does not pay nonexempt team members for meal breaks, so nonexempt team members are required to accurately record the beginning and ending of their meal periods on their time record. (Pennsylvania team members that are not leaving community premises are exempt from clocking meal breaks until new clocks are installed, team member must still accurately keep track of their time and notify management if their break was longer or shorter than 30 minutes).

### **Rest Breaks**

Team members are authorized and permitted to take a 10-minute paid rest break for every four hours worked, or major fraction thereof (i.e., more than two hours). HumanGood authorizes and permits rest breaks according to the following schedule:

<b>Duration of Shift In Hours</b>	<b># Rest Breaks</b>	<b>Comments</b>
0 to $< 3.5$	0	A nonexempt team member who works less than three and one-half hours in a workday is not entitled to a rest break.
$\geq 3.5$ to $\leq 6$	1	A nonexempt team member who works three and one-half hours or more in a workday, but who does not work more than six hours in a workday, is entitled to one 10-minute rest break.
$> 6.0$ to $\leq 10.0$	2	A nonexempt team member who works more than six hours in a workday, but who does not work more than 10 hours in a workday, is entitled to two 10-minute rest breaks.
$> 10.0$ to $\leq 14.0$	3	A nonexempt team member who works more than 10 hours in a workday, but who does not work more than 14 hours in a workday, is entitled to three 10-minute rest breaks.

Whenever practicable, rest breaks should be taken near the middle of each four-hour work period. Team members may not accumulate rest breaks or use rest breaks as a basis for starting work late, leaving work early or extending a meal break. Because rest breaks are paid, nonexempt team members should not clock out for rest breaks.

Team members engaged in direct care or safety of a resident may be required to remain on the premises and maintain general supervision of residents during rest periods if the team member is in sole charge of the residents. Another rest period will be authorized and permitted when the team member is affirmatively required to interrupt their break to respond to the needs of residents.

Any nonexempt team member who is not provided with a timely, uninterrupted and at least 30-minute meal break, or who is not authorized and permitted to take a rest break according to this policy, is responsible for notifying their supervisor in advance, when possible, and, if not, no later than the same workday. Any team member who believes their ability to take the required meal and/or rest period(s) has been interfered with must immediately notify their supervisor or Human Resources.

## **Discipline**

Any team member, supervisor or manager who fails to observe meal and rest break policies will be subject to discipline, up to and including termination of employment. Violations of this policy should be reported to any manager or Human Resources. Every report will be fully investigated, and corrective action will be taken if appropriate.

In addition, HumanGood will not allow any form of retaliation against individuals who report alleged violations of this policy or who cooperate in HumanGood's investigation of such reports. Any form of retaliation in violation of this policy will result in disciplinary action, up to and including termination.

## **4.3 OVERTIME**

As necessary, nonexempt team members may be required to work overtime. However, HumanGood's policy is to minimize the need for overtime. Therefore, team members must obtain their manager's approval before working any overtime. Team members who work overtime without approval may be subject to disciplinary action. HumanGood will try to distribute overtime evenly and accommodate individual schedules. HumanGood provides pay for all overtime hours worked by nonexempt team members in accordance with applicable law. For purposes of calculating overtime, the workweek begins on Sunday at 12:00:00 a.m. and ends on Saturday at 11:59:59 p.m. The workday begins at 12:00:00 a.m. and ends at 11:59:59 p.m.

Non-exempt team members will be paid overtime based on hours actually worked. Exempt team members are not entitled to overtime pay or any other fringe benefit based on hours worked.

Paid time off, Sick Leave, Holiday, Leave of Absence, Funeral, Jury Duty, Witness, and Military Leave) is considered nonproductive time and is not counted toward the computation of overtime;

only productive hours worked count toward overtime. Time off in lieu of overtime pay is not permitted.

Exempt team members are not entitled to overtime pay or any other fringe benefit based on hours worked.

Overtime will be paid in accordance with applicable state and federal laws.

#### **4.4 TRAVEL TIME PAY & EXPENSES**

HumanGood recognizes there are times when team members need to travel to complete their job duties.

Exempt team members are fully compensated for any business-related travel with their normal salaries. Nonexempt team members will be paid for compensable travel time in accordance with applicable laws at their regular hourly rate of pay. Except for routine travel between home and your normal work location(s), most travel time will be considered work time for non-exempt team members.

HumanGood also reimburses team members for reasonable business travel expenses incurred while on assignments away from the normal work location. All business travel must be approved in advance by the team member's Department Manager.

When approved, actual incurred costs, including costs for travel, meals, lodging, and other expenses incurred for the purpose of carrying HumanGood business will be reimbursed by the Company. Team members are expected review the company travel expense policy located on [myhumangood.org](http://myhumangood.org) and limit expenses to reasonable amounts.

With prior approval and at the team member's own expense, a family member or friend may accompany team members on business travel, when the presence of a companion will not interfere with successful completion of business objectives. Generally, team members are also permitted to combine personal travel with business travel, as long as time away from work is approved in advance. All expenses arising from such non-business travel are the responsibility of the team member. Team Members must keep accurate records of travel time and report their time to their supervisor within 24 hours of travel time and no later than the end of a pay period.

When travel is completed, team members must submit completed travel expense reports and accompanying receipts within thirty (30) days.

Abuse of the business travel expenses policy, including falsifying expense reports to reflect costs not incurred by the team member or including costs incurred while not carrying out HumanGood business, is a serious violation of this policy and will result in disciplinary action, up to and including termination of employment.

#### **4.5 PER DIEM / RELIEF OR STANDBY**

Per Diem, also referred to as Relief or Standby, status asks that a team member be available to work when HumanGood has business needs. Team members who are on Per Diem status and are called in to work will be compensated at their regular rate of pay once they arrive to work and begin working.

HumanGood understands that Per Diem team members may have other commitments and often other employment, however, in order to ensure that HumanGood only calls team members when they are available to work, all Per Diem team members must provide their availability to their supervisor on a regular basis. Any Per Diem team member that fails to provide availability for a period of ninety (90) days, except for extreme circumstances and pre-planned seasonal employment such as students, will be terminated for job abandonment.

For a team member to keep their employment status as Per Diem, the team member must not refuse to work for more than three (3) consecutive requests unless extreme circumstances interfere with the team member's ability to work (extreme circumstances are family emergencies, illness, etc.). Any Per Diem team member who refuses work 3 consecutive times or more, may be subject to disciplinary action up to and including termination of employment.

#### **4.6 CALL BACK PAY**

To service the needs of the residents, for emergencies or any other assignments deemed necessary by management for the safe operations of the business, team members may be requested to come back to work.

If a nonexempt team member is called to work, or called back to work after working a regularly scheduled shift, he or she will receive a minimum of two (2) hours pay if he or she reports to work at the time requested and is available to work. When a call-back results in overtime, the team member will be paid the applicable overtime rate of pay a team member is not entitled to call-back pay when he or she receives advance notice that he or she will be required to work beyond the normal workday or workweek.

This policy does not apply when emergencies such as threats to team members or property, power failure, or interruptions caused by an Act of God make it impossible to start or continue with work, or when HumanGood notifies the team member before reporting to work that no work is available. A team member may be scheduled in advance for a meeting or for a single hour to perform routine COVID-19 screening.

#### **4.7 PAY PERIOD & PAY DAYS**

Pay periods are two weeks in duration beginning on the designated Sunday at 12:00 a.m. and ending on the second Saturday of the two-week period at 11:59 p.m., with paychecks being issued on the following Friday. (HumanGood Pennsylvania are two weeks in duration beginning on the designated Sunday at 12:00 a.m. and ending on the second Saturday of the two-week period at 11:59 p.m., with paychecks being issued on the following Thursday.)

When a payday falls on a holiday, team members receive pay on the last workday before the regularly scheduled payday. Each paycheck includes earnings for all work performed through the end of the previous payroll period. Overtime and/or payroll corrections will be completed by the following scheduled payday.

When a work-day falls between the end of one pay period and the beginning of another, hours are paid in the pay period they are worked.

#### **4.8 DIRECT DEPOSIT & PAY CARDS**

As an alternative to receiving a paper check, team members may choose to receive pay by direct deposit into their bank account or by pay card. Team members choosing these options must complete the requisite authorization forms.

Team members receiving pay by direct deposit or pay card can view an itemized statement of their wages each payday through the Human Resources Information System team member self-service. Team members can set up direct deposit and update their mailing address through the same system.

Team members are responsible for updating their mailing address and relevant information in the Human Resources Information System, and for making any other changes that may impact receipt of their paycheck.

#### **4.9 PAY CORRECTIONS**

HumanGood takes reasonable steps to ensure that team members receive the correct amount of pay in each paycheck for all hours worked and that team members are paid promptly on the scheduled payday.

In the unlikely event there is an error in pay (underpayments, overpayments, or improper/unauthorized deductions), the team member must promptly bring the discrepancy to their supervisor. The supervisor will advise Human Resources so that an investigation and, if necessary, a correction can be made as quickly as possible.

In circumstances where a team member receives an inadvertent overpayment of wages, the team member is required to repay the overpayment, and HumanGood will request that the team member authorize a deduction from the team member's earnings by signing and returning a repayment agreement in accordance with applicable laws. The team member will be notified in writing of the overpayment, the total amount to be deducted from the team member's earnings, and the number of pay periods over which the deduction(s) will occur. A copy of the executed repayment agreement will be provided to the team member. Any team member that refuses to repay verified overpayments they have received will have their at-will employment terminated.

## **SECTION 5: YOUR BENEFITS**

### **5.1 TEAM MEMBER BENEFITS**

HumanGood's flexible, innovative benefits programs are designed to meet the needs of our diverse and growing community of team members and their dependents. The Company is committed to helping team members lead healthy, productive, and balanced lives – inside and outside of work. In addition to providing a broad array of programs in health care, life insurance, disability and retirement, HumanGood also offers programs that enhance the work experience and quality of life. The Company's benefit plans and services are provided through leading health care, insurance and financial institutions with first-rate reputations and proven records of accomplishment.

A wide range of benefits are available to eligible team members. Benefit eligibility depends on a variety of factors. Some programs (such as Social Security, Workers' Compensation, state disability, and unemployment insurance) are legally mandated and cover all team members as prescribed by law. Other benefit programs, not required by law, are consistently and fairly offered to team members based on participation criteria and team member classifications determined by the Company.

Human Resources provides team members a list of the benefit programs for which they are eligible. Benefit information is also available on the HumanGood intranet. All team member benefit programs at HumanGood are administered by the Company or its designated administrators. HumanGood reserves the exclusive authority and discretion to determine all issues of eligibility and questions of interpretation and administration of each benefit program.

The terms of HumanGood's benefit plans (including any applicable 401(k)/Medical/Life Insurance) are provided solely and exclusively in the plans' governing documents and Summary Plan Description ("SPD"). More in-depth information about benefit programs can also be found on the benefits website and in plan booklets. This Team Member Handbook does not govern these plans. Please review the applicable SPD for any questions regarding these plans. If there are any discrepancies between what is contained in the applicable SPD and this Team Member Handbook and/or oral representations made by Human Resources, the SPD controls.

As provided in the plan documents, HumanGood reserves the sole right to change, amend, or discontinue any benefit provisions or its sponsorship of any plan at any time, including its contributions, if any. The Company's right to make these changes is not limited by a team member's length of service, or by a team member's reliance on the availability of this benefit in deciding whether to accept, continue or retire from employment with the Company.

Team members who wish to look over the official plan documents can make an appointment with Human Resources. Most benefits information is available Worklife Tab on myhumangood.org.

### **5.2 EDUCATIONAL ASSISTANCE**

HumanGood recognizes that the skills and knowledge of its employees are critical to the success of the organization. The educational assistance program encourages personal development through



formal education so that employees can maintain and improve job-related skills or enhance their ability to compete for reasonably attainable jobs within the Company.

HumanGood provides educational assistance to all regular full-time eligible employees who have completed one (1) year of service in an eligible employment classification. To maintain eligibility, employees must remain on the active payroll and be performing their job satisfactorily through completion of each course.

Individual courses that are part of a degree, licensing, or certification program must be related to the employee's current job duties or a foreseeable-future position in the organization to be eligible for educational assistance. English as a second language is the only approved individual course that is not required to be part of degree, licensing, or certification program. HumanGood has the sole discretion to determine whether a course relates to an employee's current job duties or a foreseeable-future position. Employees can contact Human Resources for information about application, guidelines and financial amounts available for assistance.

While educational assistance is expected to enhance employee performance and professional abilities, HumanGood cannot guarantee that participation in formal education will entitle the employee to career advancement, a different job assignment, or pay increases. The Company provides educational assistance to employees with the expectation that the Company's financial investment will be returned through enhanced job performance.

Retention is a condition in order to receive educational assistance. If a team member terminates from HumanGood's employment within one (1) year of the last educational assistance payment, the amount of educational assistance paid in the previous twelve (12) months must be repaid. Accordingly, the employee must repay one hundred percent (100%) of the educational assistance payments made in the twelve (12) months preceding the last payment. Employees should be aware that education reimbursements may have personal tax implications.

Specific details can be found in the Educational Assistance Program Policy and Educational Assistance Reimbursement Request & Repayment Agreement.

### **5.3 LITERACY EDUCATION ASSISTANCE**

HumanGood will make reasonable accommodations for any team member who reveals a literacy problem and requests the Company assist the team member in enrolling in an adult literacy program, unless undue hardship to the Company would result. HumanGood will also assist team members who wish to seek literacy education training by providing team members with the location of local literacy programs.

HumanGood will take reasonable steps to safeguard the privacy of any team member who identifies himself or herself as an individual with a literacy problem. A team member who wishes to identify himself or herself as such an individual can contact Human Resources directly. Further, individuals who are performing satisfactorily will not be subject to termination of employment because they have failed to disclose literacy problems.

While HumanGood generally encourages team members to improve their literacy skills, the Company will not reimburse team members for the costs incurred in attending a literacy program. Team members may use Paid Time-Off (PTO) to attend literacy classes.

#### **5.4 BENEFITS CONTINUATION (COBRA)**

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), a covered group health plan must offer qualified beneficiaries who would otherwise lose coverage under the plan as a result of a qualifying event an opportunity to choose to continue the coverage, at the beneficiary's expense, being received immediately before the qualifying event. Information about COBRA will be provided to qualified beneficiaries upon a qualifying event as required by law.

### **SECTION 6: HEALTH AND SAFETY**

#### **6.1 SAFETY & SECURITY**

HumanGood is firmly committed to maintaining a safe and healthy working environment. All team members of HumanGood are expected to be safety-conscious at all times. All unsafe conditions or hazards should be corrected immediately. Report all unsafe conditions or hazards to your supervisor or Human Resources immediately, even if you believe you have corrected the problem. If you suspect a concealed danger is present on HumanGood premises, or in a product, facility, piece of equipment, process or business practice for which the Company is responsible, bring it to the attention of your supervisor or Human Resources immediately. Supervisors should arrange for the correction of any unsafe condition or concealed danger and immediately contact Human Resources regarding the problem.

Team Members are required to utilize the safety equipment provided by HumanGood when performing tasks that necessitate the use of such safety equipment, without exception. Failure to do so is considered insubordination and will subject the team member to discipline, up to and including termination of employment. If you are unsure whether you should be wearing safety equipment for a particular task, ask your supervisor.

To protect the property and ensure the safety of all team members, customers, residents and the Company, HumanGood reserves the right to conduct personal searches consistent with applicable law, including inspection of personal property, and to inspect any packages, parcels, purses, handbags, brief cases, lunch boxes, vehicles, or any other possessions or articles carried to and from Company property.

#### **Security**

HumanGood is committed to providing a workplace that promotes safety and security for our team members, residents, and guests. The Company also stresses the importance of serving residents and guests in a courteous and efficient manner. In order to accomplish these objectives and safeguard the safety of residents, team members and guests, we have installed security cameras in a number of areas. Team members should understand these security measures assist us to monitor areas within our properties and work locations. It is our sincere hope that this will enable us to protect the interests of team members, residents, guests, and the Company.

All team members are responsible for helping to maintain a secure workplace. Be aware of persons loitering for no apparent reason. If you are leaving late at night or are in any other situation that presents security concerns or where you do not feel comfortable, please seek the assistance of your supervisor or other team members. Report any suspicious persons or activities to your supervisor. Secure your desk or work area at the end of the day or when called away from your work area for an extended length of time, and do not leave valuable and/or personal articles that may be accessible in or around your work area. Please report any problems with HumanGood's security systems to your supervisor.

## **6.2 WORKERS' COMPENSATION INSURANCE**

At no cost to you, you are protected by Workers' Compensation Insurance while an employee at HumanGood. The policy covers you in case of occupational injury or illness. Employees make no contribution for this coverage. The Company pays the entire cost.

If you are injured on the job, notify your supervisor or Human Resources immediately, regardless of how minor the injury. If neither a supervisor nor Human Resources are available, you should contact Medcor at 1-800-775-5866. HumanGood Pennsylvania Life Plan Community team members are to contact their supervisor or Human Resources to report an injury; they may also contact PMA Insurance at 888.476.2669; Affordable Housing team members contact Lackawanna Insurance Group at 1-888-280-5225) Failure to timely report your injury can result in delayed or denied benefits, and is a violation of the legal requirements surrounding Workers' Compensation Insurance and Company policy. Failure to report such injury in a timely manner, or managerial team members discouraging reporting of injuries are both considered in violation of policy and may receive disciplinary action up to and including termination.

When applicable, Family/Medical Leave will run concurrent with any time off for workers' compensation.

## **SECTION 7: CORPORATE AND CODE OF CONDUCT**

### **7.1 ETHICS**

HumanGood promotes ethical behavior of our team members as it relates to work, residents, and personal conduct. All persons who work in the organization share in the responsibility of observing a code of ethics, which requires, in general, the welfare of HumanGood residents to be the team member's prime concern. This code of ethics requires truthfulness, honesty and personal integrity.

In general, the following rules apply to team members of the Company:

- Team members are expected to conduct both their personal and professional lives in a manner consistent with the responsible image the Company wants to project to residents, visitors and the community.

- HumanGood is proud of the reputation its team members have developed for courtesy, friendliness and quality resident care and service. Team members must conduct themselves in a manner that will maintain this reputation.
- There are times when a peer, friend, family member or neighbor of a team member lives at a HumanGood community or may temporarily use the services of our Company, such as rehabilitation or skilled nursing. In these circumstances, the personal relationship may remain of the nature it was before the resident's move-in, assuming it is in the resident's best interest and as approved by the Executive Director and a Vice President of Operations.

In addition, establishing a personal relationship with a resident outside a preexisting relationship is forbidden. A "personal relationship" is defined as a friendship that develops beyond the team member's professional duties, up to and including a business or romantic relationship. The mixing of professional and personal relations is forbidden to avoid a conflict of interest. Employees are responsible for establishing and maintaining the boundaries of a professional relationship. The following behaviors should be avoided to maintain a professional working relationship and protect the resident:

- Time spent with a resident beyond what is needed to perform job duties;
- Responding to personal overtures made by the resident;
- Sharing personal problems with a resident;
- Frequently thinking about a resident outside of the context of job duties;
- Being defensive or making excuses when someone comments on or questions your interaction with a resident;
- Being hesitant (except for reasons of HIPAA privacy) or embarrassed to discuss the relationship between you and the resident; and/or
- Providing the resident with a home phone number or email address unless it is required in the context of performing job duties.

A romantic or business relationship between a resident and a team member is forbidden because it may be perceived as exploitation or abuse, which we are responsible for prohibiting. HumanGood's job is to protect our residents from what might be currently or later claimed to be abuse. Because there is a possibility of cognitive decline in our residents that could be exploited, employees must refrain from such conduct even if a resident considers it acceptable.

Similarly, team members are not allowed to be professionally involved in the care process of their own family member. Team members may, however, be allowed to be involved in the care process of a peer, friend or neighbor. The Executive Director will evaluate each situation on an individual basis and make a final determination in this regard.

HumanGood constantly seeks to prevent abuse of residents by team members and others. If an employee desires to become personally involved with a resident, the team member is required to notify the Executive Director in writing prior to such action specifying the name of the resident and the nature of the relationship intended. The Executive Director, at their option, may choose to notify the ombudsperson, other appropriate authorities and family members of the intended relationship and to seek their opinion and intervention if appropriate. The Executive Director, in consultation with the HumanGood's Community Support Center, will determine the impact on the team member's employment in accordance with the intent of this policy. The team member may be asked to apply for an open position at another community or HumanGood may ask the team member to resign from employment with the Company. Failure to abide by HumanGood's ethics policy may result in disciplinary action, up to and including termination of employment.

## **7.2 VISITORS IN THE WORKPLACE**

In order to provide for the safety and security of employees and the communities at HumanGood, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee and resident welfare, and avoids potential distractions and disturbances. Employees are discouraged from having family or friends visit them at work. In cases of emergency, employees will be called to meet any visitor outside their work area.

All visitors must enter the Company at the reception area. Authorized visitors will receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors.

If an unauthorized individual is observed on the Company's premises, employees must immediately notify their supervisor or, if necessary, direct the individual to the reception area.

Because of safety and work disruption issues, HumanGood prohibits the presence of children in the workplace for other than official HumanGood activities involving children, such as holiday parties and "Take Your Child to Work Day". Even under these circumstances, parents must supervise children closely. Employees with dependent children are expected to make regular arrangements for proper care of their children while they are at work. For purposes of this policy, "children" refers to those under the age of eighteen (18). In consideration for the general well-being, health and safety of all employees and residents, HumanGood does not allow pets in the workplace, unless the animal is a service animal and there is a validated service need coordinated through Human Resources.

Individuals who have discontinued employment with the Company may be authorized by the community Executive Director or Administrator to visit the community under the visitor policy and procedure of the community. HumanGood reserves the right to deny any individual access to Company property.

### 7.3 CORPORATE COMPLIANCE

HumanGood has established its Community Support Center Compliance Program to ensure the services the Company renders to others are delivered in a proper, ethical, and legal manner. In order to meet this goal, all employees are expected to follow the standards outlined below:

***Conflict of Interest*** – Company employees are expected to refrain from engaging in any outside activities that might be in direct conflict with their duties for HumanGood or the Company’s business interests. (See the Conflicts of Interest Policy.)

***Inducements & Self-Referrals*** – HumanGood employees may not participate in payments or inducements to healthcare providers, suppliers or customers for obtaining favored treatment on behalf of the Company.

***Fraudulent Billing Practices*** – HumanGood employees may not participate in practices that bill for service or supplies not needed or not provided. Miscoding of billing information to secure information to secure higher reimbursement is prohibited.

***Billing Issues*** – HumanGood will endeavor to make sure that bills for patient and resident care are accurate and reflect the services provided.

***Resident’s Rights*** – HumanGood residents are to be free from discrimination, abuse, and inappropriate restraints. The Company will use its best efforts to ensure that residents have personal privacy and that the confidentiality of resident records and health information is protected.

***Quality of Care*** – HumanGood staff strives to provide adequate training, support, and staffing so the patients and residents at the Company communities are able to achieve their highest practicable, physical, mental and psychological well-being.

Employees may confidentially contact the Community Support Center Compliance Officer to report any violations of the Community Support Center Compliance policy. HumanGood does not tolerate retaliation towards an employee who has raised a concern in good faith about a right granted by state or federal law or certain administrative guidelines. Employees who believe they have been retaliated against for making a good-faith complaint regarding violations of this policy should follow the procedure outlined in the Anti-Harassment and Anti-Discrimination Policy.

### 7.4 DEFICIT REDUCTION ACT – FALSE CLAIMS

HumanGood is committed to preventing health care fraud and abuse in compliance with applicable state and federal laws. Employees who have information related to the improper receipt of funds from the government may report this information to Human Resources or the appropriate governmental agency. HumanGood prohibits retaliation against any employee for reporting such information in good faith. Employees who believe they have been retaliated against for making a good-faith complaint regarding violations of this policy should follow the procedure outlined in the Anti-Harassment and Anti-Discrimination Policy.

## **7.5 HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)**

The Health Insurance Portability and Accountability Act (“HIPAA”) requires healthcare providers to maintain reasonable and appropriate administrative and physical safeguards to ensure the integrity and confidentiality of protected health information of patients, residents and clients, and to protect against any reasonably anticipated threats or hazards to the security of the information and unauthorized uses or disclosures of such information. Protected health information includes any information about the provision of healthcare, including the payment of such healthcare, to an individual. As such, all information concerning the finances, protected health information, and personal matters of residents must be held in strict confidence. Team members should not discuss or transmit information about residents or residents’ finances, protected health information, and/or personal matters with individuals not associated with HumanGood and/or the resident’s care. Nor should team members discuss or transmit information about residents or residents’ finances, protected health information, and/or personal matters when off duty, with other team members (unless as required by the team member’s job duties), or with non-team members. To the extent that team members must discuss the finances, protected health information, and/or personal matters with other team members of the Company or with others associated with the care of residents, only the minimum amount of information necessary should be disclosed. The Company maintains extensive policies and procedures defining how both privacy and security of health information will be maintained. Authorized team members may access such policies to learn more information about their responsibilities under HIPAA. HIPAA imposes civil and criminal penalties on a person who knowingly obtains or discloses individually identifiable health information under certain circumstances. Team members are prohibited from posting any patient-related information, including pictures or photos, on the internet, blogs, social networking accounts or similar sites or services.

## **APPENDIX A: State-Law Supplements**

### **INTRODUCTION TO APPENDIX**

This Appendix to the HumanGood Team Member Handbook is a summary of state-specific policies applicable to team members who reside and work in certain states. This Appendix is intended only to highlight various state-specific laws as well as additional eligibility requirements, obligations, procedures or relevant information that may be applicable.

This Appendix addresses only those areas in which state law requires changes and/or additions to the Company Team Member Handbook. All sections of the Team Member Handbook not expressly replaced by this Appendix remain applicable to you. The Team Member Handbook and this Appendix should be read together and interpreted in a manner that allows the Company to comply with its applicable legal obligations. This Appendix does not constitute a contract or enforceable promise of any kind, and nothing in this Appendix shall be interpreted to modify your at-will relationship with the Company.

If you work in one of the states identified in this Appendix, please review the applicable section of this Appendix carefully and contact local management or Human Resources for further details should you have any questions.



## **ARIZONA SUPPLEMENT**

### **Paid Sick Leave (Temporary, Part Time, and Per Diem Team Members Only)**

Beginning on the first day of their employment, Temporary, Part Time, and Per Diem team members will accrue one hour of paid sick leave (“PSL”) for every 30 hours worked, up to a maximum of 40 hours per year. Beginning on their 90th day of employment, Temporary, Part Time, and Per Diem team members may use up to 40 hours of accrued PSL per year.

Accrued PSL can be used to care for your own or a family member’s mental or physical illness, injury, or health condition; for absences related to domestic or sexual violence, abuse, or stalking; and under certain circumstances arising from a public health emergency.

For the purposes of this policy, “family members” include biological, adopted, or foster children; stepchildren; legal wards; the children of your domestic partner; people for whom you stand or stood in loco parentis; biological, adoptive, or foster parents; stepparents; your legal guardians; the legal guardians of your spouse or domestic partner; people who stood in loco parentis for you or your spouse or domestic partner; your spouse or registered domestic partner; grandparents; grandchildren; siblings; siblings of your spouse or domestic partner, where there is a biological, adoptive, foster, or step relationship; and other people who are related to you by blood or affinity and whose close association with them is the equivalent of a family relationship.

Team Members who wish to use PSL must submit a request to their supervisor. When the need for leave is foreseeable, team members must make a good-faith effort to provide advance notice and make a reasonable effort to schedule leave in a way that doesn't significantly disrupt employer operations. When the need for leave is not foreseeable, team members must provide notice as soon as practicable. If available, accrued PSL will be applied to any unscheduled absences or tardiness.

Any team member who uses PSL for three or more consecutive workdays may be required to submit reasonable documentation to verify that this leave was used for a permitted reason.

Unused accrued PSL can be carried over to the following year. Accrued PSL will not be paid out upon termination of employment.

### **Safety and Security for Arizona Team Members**

In compliance with the Arizona Division of Occupational Safety and Health (ADOSH) and to promote the concept of a safe workplace HumanGood will comply with the Arizona Occupational Safety and Health Act of 1972 (Act), which provides safety and health protection for team members in Arizona. The Act requires each employer to furnish team members with a place of employment free from recognized hazards that might cause serious injury or death.

## **CALIFORNIA SUPPLEMENT**

### **A. California Meal and Rest Periods**

In addition to the meal and rest periods enumerated in the HumanGood Team Member Handbook, if a California team member is unable to have a full, uninterrupted 30-minute meal period due to a supervisory request to return to work, then the entire meal period is paid and the team member will be given a one (1) hour missed/short meal adjustment on their next paycheck.

### **B. California Overtime Calculations**

In addition to the overtime provisions enumerated in the HumanGood Team Member Handbook, overtime shall be paid to non-exempt, hourly team members for any hours worked over eight hours in a single day, and double time (two times the hourly rate) for any time worked over twelve (12) hours in a single day or more than eight (8) hours on their seventh consecutive day of work.

### **California Reporting Time Pay**

If an team member is required to report to work and does report, but is not put to work or is furnished with less than half of their usual scheduled shift, the team member will be paid for half the usual or scheduled day's work, but in no event for less than two hours nor more than four hours, at their regular rate of pay.

### **California Family Rights Act (CFRA)**

Except as otherwise described in this policy, a leave of absence qualified under the CFRA is essentially identical to the leave under the federal FMLA. For eligible team members, CFRA provides for up to 12 weeks of unpaid leave in a 12-month period for the birth of a child for purposes of bonding with a new child; for placement of a child in the team member's family for adoption or foster care; for the serious health condition of the team member's child, parent, spouse, domestic partner, or the person for whom an team member is acting in loco parentis; and for the team member's own serious health condition.

Most leaves of absence under the CFRA may run concurrently with leave under the FMLA. However, unlike FMLA, CFRA permits registered domestic partners to be considered as part of the team member's immediate family and as such, team members may be eligible for up to 12 workweeks to care for their registered domestic partner who has a serious health condition under CFRA, in addition to any FMLA leave benefits for which they may be eligible for other qualifying reasons.

Any leave taken for the birth, adoption, or foster care placement of a child does not have to be taken in one continuous period of time. CFRA leave taken for the birth or placement of a child will be granted in minimum amounts of two weeks. However, the Company will grant a request for a CFRA leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. Any leave taken must be concluded within one year (12 months) of the birth or placement of the child with the team member.

CFRA leave does not run concurrently with FMLA when pregnancy disability of the team member is the FMLA qualifying event. Unlike FMLA, the CFRA does not regard pregnancy or related conditions of childbirth to be a serious health condition, because California provides for a separate Pregnancy Disability Leave (PDL). Therefore, in California, an eligible team member may be placed on federal FMLA leave for pregnancy disability, which runs concurrently with their PDL. Once the PDL ends, the team member may apply for new parent leave under the CFRA guidelines and receive additional protected leave of up to 12 workweeks of unpaid time off, provided the team member has such time remaining available under the CFRA.

A father or other parent who wishes to take leave to bond with a new child is eligible for up to 12 workweeks of unpaid CFRA leave. There is no requirement that the parents be married to each other or that the parents reside together.

### **California Kin Care**

California laws requires we allow California team members to utilize up to one half (1/2) of their annual Paid Time-Off (PTO) accrual and/or Extended Sick Leave (ESL) accrual for the following purposes:

- Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an team member or an team member's family member.
- For an team member who is a victim of domestic violence, sexual assault, or stalking.

Family members under Kin Care means any of the following: a child (including an adopted or foster child, stepchild, legal ward, or a child to whom the team member stands in loco parentis), regardless of age or dependency status; a biological, adoptive, or foster parent, stepparent, or legal guardian of an team member or the team member's spouse or registered domestic partner, or a person who stood in loco parentis when the team member was a minor child; a spouse; a registered domestic partner; a grandparent; a grandchild; or a sibling.

### **California Paid Family Leave**

Paid Family Leave (PFL) is a California state-sponsored insurance program within the State Disability Insurance (SDI) program. It provides partial wage replacement for up to six (6) weeks in any twelve (12)-month period while an team member is absent from work to care for a seriously ill child, parent, spouse, parent-in-law, grandparent, grandchild, sibling or registered domestic partner, or for the birth, adoption, or foster care placement of a new child of the team member or the team member's registered domestic partner. There is a seven (7)-day waiting period for benefits each time a claim is made. Benefits are payable for any day on which the team member is unable to perform their regular customary work due to an absence. Team Members are not eligible for benefits on any day that another family member is able and available for the same period of time to provide the required care. Benefits will not be payable if the team member is receiving unemployment compensation or SDI payments.

Team Members requesting time off to care for one of the covered categories described above will be granted leave based on available Paid Time Off (PTO) balance. Team Members granted PFL

must use up to two (2) weeks or ten (10) days of accrued but unused PTO before qualifying for PFL and then may utilize the kin care portion of their Extended Sick Leave (ESL) when applicable. If an team member elects to integrate accrued PTO with their PFL, the PFL payments will be integrated with any PTO and eligible kin care ESL payments so that an team member does not receive more than 100% of regular base pay for any normal pay period. The PFL program does not require the Company to grant a leave of absence, change its leave policies or provide job protection; it is merely a program whereby team members may receive partial wage replacement in the event the Company grants a PFL leave. If a leave is granted, the Company cannot guarantee reinstatement upon return unless it is taken concurrently with any FMLA or CFRA leave to which the team member may be entitled.

If an team member requires a leave for any of the reasons described above, they should consult with their local Human Resources representative about the Company leave guidelines.

The Employment Development Department (EDD) administers the PFL program. Questions about this program, including obtaining a claim form, should be directed to EDD by telephone at 1-877-238-4373 or TTY (teletypewriter for deaf, hearing-impaired and speech-impaired persons) at 1-800-445-1312.

#### **San Francisco Paid Parental Leave (San Francisco Team Members Only)**

For team members who work in San Francisco, HumanGood pays the difference between your weekly benefit from the California Paid Family Leave (PFL) program and 100% of your normal gross weekly wages (up to a cap) during your eight (8)-week PFL period. In order to receive this Supplemental Compensation, HumanGood team members are required to use their applicable accrued PTO balance in excess of seventy-two (72) hours to cover the cost of the required Supplemental Compensation in accordance with the San Francisco Paid Parental Leave. For more information contact your local Human Resources representative or visit [www.sfgov.org/pplo](http://www.sfgov.org/pplo) or call (415) 554-4190.

#### **California Organ Donor & Bone Marrow Donor Leave**

Eligible team members who undergo a medically necessary procedure to donate an organ to another person will be provided with up to 30 workdays off in any one-year period, without a loss in pay. Eligible team members who undergo a medically necessary procedure to donate bone marrow to another person will be provided with up to 5 workdays off in any one-year period, without a loss in pay. For purposes of this policy, a “one-year period” is 12 consecutive months from the date the team member begins their leave. Team Members may take leave in one or more periods, as long as the leave does not exceed 30 days in any one-year period for organ donation or 5 days in any one-year period for bone-marrow donation.

Team Members are eligible for leave if they have worked for the Company for at least 90 continuous days prior to the start of their leave.

Team Members who seek leave under this policy must provide written verification detailing the purpose and length of leave, including the medical necessity for the donation.

Team Members must use all available accrued sick, or paid time off (PTO) concurrently with this leave for up to two weeks of the 30-workday leave period. If an team member does not have enough accrued sick, or PTO time to cover the two-week period, then any remaining days of leave will be paid by the Company, up to 30 workdays. Use of this leave will not be counted against any available leave under the federal Family and Medical Leave Act (FMLA) or the California Family Rights Act (CFRA), if applicable. Leave under this policy is also not considered a break in service for purposes of, salary adjustments, sick leave, PTO, annual leave or seniority.

While on organ donor leave or bone marrow donor leave, the Company will maintain all group health insurance benefits as if the team member was still at work. In most circumstances, upon return from this leave, an team member will be reinstated to their original job or to an equivalent job with equivalent pay, benefits and other employment terms and conditions. However, an team member has no greater right to reinstatement than if they did not take a leave. For example, if an team member on organ donor leave or bone marrow donor leave would have been laid off had the team member not taken a leave, or if the team member's job is eliminated during the leave and no equivalent or comparable job is available, then the team member would not be entitled to reinstatement.

The Company will not retaliate or tolerate retaliation against any team member for requesting or taking organ donor leave or bone marrow donor leave in accordance with this policy.

### **California Disability Insurance**

All California team members are eligible for disability insurance benefits when an illness, injury or pregnancy-related disability prevents them from working and they meet all the eligibility requirements.

The benefits are calculated as a percentage of your salary up to a weekly maximum as specified by law, for up to fifty-two (52) weeks.

Team Members who apply for this benefit must provide written notice of disability, including a doctor's certificate stating the nature of the disability and your expected date of return to work.

You are responsible for filing your claim and other forms promptly and accurately with the Employment Development Department. A claim form may be obtained from the Employment Development Department by telephone, letter or in person.

### **California Pregnancy Disability Leave**

Team Members are entitled to take leave if they are disabled by pregnancy, childbirth or a related medical condition. Leave may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression. The amount of leave needed is determined by your health care provider's recommendation.

Team Members who are disabled by pregnancy, childbirth or a related medical condition are also eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if such a transfer is medically advisable and can be reasonably accommodated. Where transfers are made based on the team member's health needs, the team member will receive the pay that accompanies the alternative position.

**Procedures for Requesting Leave:** Team Members should make requests for PDL to a manager at least thirty (30) days in advance of foreseeable events and as soon as possible for unforeseeable events.

A health care provider's statement must be submitted verifying the need for PDL and stating:

- (1) The date on which the team member became disabled due to pregnancy, childbirth or related medical condition, or the date on which the need for a transfer became medically advisable;
- (2) The probable duration of the period or periods of disability or the need for transfer; and
- (3) A statement that, due to the disability, the team member is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons, or that the transfer is medically advisable.

Re-certification may be required if the team member requests an extension beyond the original certification. Any changes in this information contained in the health care provider's statement should be promptly reported to a manager.

**Length of Leave:** Full-time team members are normally granted unpaid leave for the period of the disability, up to a maximum of four (4) months (17 1/3 weeks). Part-time team members are granted unpaid leave on a pro-rata basis.

PDL does not need to be taken in one (1) continuous period of time but can be taken on an as-needed basis. In other words, leave may be taken intermittently or on a reduced work schedule when determined medically advisable by the team member's health care provider. The smallest increment of time that can be used for such leave is one (1) hour.

**Compensation During PDL:** PDL is unpaid leave. However, an team member may use Paid Time-Off (PTO) and/or ESL for unpaid PDL. During periods the team member is not receiving any wage replacement benefits through programs such as state disability insurance, the Company may require the team member to use Extended Sick Leave (ESL). Substituted paid leave time will be counted toward the four (4)-month entitlement.

**Benefits During PDL:** Team Members on leave will not continue to accrue PTO and will not be paid for holidays during PDL. However, team members using PTO for pay during the PDL will accrue PTO on a pro-rata basis and will receive holiday pay.

During an approved pregnancy disability leave, HumanGood will continue its contributions for your health care coverage during the duration of your leave. You must continue to make any premium payments for health care coverage for yourself or your dependents that you are now required to make, if you want the coverage to continue during your leave. Team Members will normally be restored to their original or equivalent position with equivalent pay, benefits, and other employment terms when they return from leave. Your use of leave will not result in the loss of benefits accrued prior to the start of your leave.

**Interaction with Other Leaves:** If the team member is eligible for leave under the FMLA, the PDL will run concurrently with FMLA leave. However, an team member may still be eligible for child bonding time under the CFRA even if she has exhausted all of her FMLA leave entitlement. Please contact Human Resources with any additional questions.

**Return to Work:** During a pregnancy disability leave, team members may be required to contact their supervisor periodically to report on their status and intention to return to work. So that an team member's return to work can be properly scheduled, an team member on PDL is requested to provide her supervisor with at least two (2) weeks' advance notice of the date she intends to return to work. Team Members who are granted leaves for pregnancy disability will be returned to their same or similar position to the extent required by state law.

Team Members returning from PDL must submit a health care provider's verification of their fitness to return to work.

If the PDL expires and the team member fails to return to work or request an extension of the leave without contacting her manager, HumanGood will assume that she does not plan to return and that she has ended her employment.

### **California Lactation Accommodation**

In addition to the lactation accommodations provided for in Section 4.4 of the Team Member Handbook, California team members will be provided with a lactation space in close proximity to where breastfeeding team members work, provide a place to sit and a surface for a pump, provide electrical outlets, and be located near running water and a refrigerator to store pumped breast milk.

### **California Rehabilitation Leave**

The Company is committed to providing assistance to our team members. Any team member who wishes to voluntarily enter and participate in an alcohol and/or drug rehabilitation program may be granted a reasonable accommodation. This accommodation may include time off without pay and/or an adjusted work schedule provided the accommodation does not impose an undue hardship on the Company. In general, it is your responsibility to notify Human Resources of the need for accommodation.

Exempt team members may be provided time off with pay when necessary to comply with state and federal wage and hour laws.

The Company shall take reasonable steps to safeguard the privacy of any team member as to the fact that the team member has enrolled in an alcohol or drug rehabilitation program.

This policy does not prevent the Company from refusing to hire or disciplining, up to and including discharge, an team member who, because of the current use of alcohol or drugs, is unable to perform their duties or cannot perform the duties in a manner that would not endanger their health or safety or the health or safety of others.

### **Safety and Security for California Team Members**

In compliance with California law, and to promote the concept of a safe workplace, HumanGood maintains an Injury and Illness Prevention Program. The Injury and Illness Prevention Program is available for review by team members in the Human Resources office.

### **California Paid Sick Leave (Temporary, Part Time, and Per Diem Team Members in California Locations other than Oakland or San Francisco Only)**

Beginning on their first day of employment, Temporary, Part Time, and Per Diem team members will accrue one hour of paid sick leave (“PSL”) for every 30 hours worked, up to a maximum of 24 hours per year. Beginning on their 90th day of employment, Temporary, Part Time, and Per Diem team members may use up to 24 hours of accrued PSL per year.

Accrued PSL can be used to care for your own or a family member’s existing health conditions or preventive care or for purposes related to your own or a family member’s status as victims of domestic violence, sexual assault, or stalking. PSL must be used in two-hour increments.

For the purposes of this policy, “family members” include biological, adopted, or foster children; stepchildren; legal wards; and children for whom you stand in loco parentis; your or your spouse’s or registered domestic partner’s biological, adoptive, or foster parents, stepparents, and legal guardians; people who stood in loco parentis for you when you were a minor; spouses or registered domestic partners; grandparents; grandchildren; and siblings.

Unused accrued PSL can be carried over to the following year, provided that no team member’s accrued PSL bank may exceed 48 hours.

### **Oakland Paid Sick Leave (Temporary, Part Time, and Per Diem Team Members in Oakland Only)**

Beginning on the first day of their employment, Temporary, Part Time, and Per Diem team members will accrue one hour of paid sick leave (“PSL”) for every 30 hours worked, provided that an team member may not have more than 72 hours of accrued PSL in their bank at any one time. Temporary, Part Time, and Per Diem team members may use accrued PSL beginning on their 90th day of employment.

Accrued PSL can be used to care for your own or a family member’s medical care, treatment, diagnosis, illness, or injury. PSL must be used in one-hour increments.



For the purposes of this policy, “family members” include children (including a child of a domestic partner and a child of a person standing in loco parentis); parents; legal guardians or wards; siblings; grandparents; grandchildren; and spouse or registered domestic partner under any state or local law. Family member also includes relationships resulting from adoption, step-relationships, and foster care.

Moreover, if an team member has no spouse or registered domestic partner, the team member may designate one person for whom the team member may use paid sick leave to provide aid or care. This designation must be on file with the employer before the team member may use paid sick leave for this purpose. The opportunity to designate shall be offered to an team member no later than thirty (30) days after the team member begins to accrue paid sick leave. Team Member will have ten (10) workdays to make the designation. Thereafter, team members may change a designation or make a designation for the first time on annual basis with a window of 10 workdays.

HumanGood may take reasonable measures to verify or document that an team member’s use of PSL is for a permitted purpose.

Unused accrued PSL can be carried over to the following year.

#### **San Francisco Paid Sick Leave (Temporary, Part Time, and Per Diem Team Members in San Francisco Only)**

Beginning on the first day of their employment, Temporary, Part Time, and Per Diem team members will accrue one hour of paid sick leave (“PSL”) for every 30 hours worked, provided that an team member may not have more than 72 hours of accrued PSL in their bank at any one time. Temporary, Part Time, and Per Diem team members may use accrued PSL beginning on their 90th day of employment.

Accrued PSL can be used to care for your own or a family member’s medical care, treatment, diagnosis, illness, or injury; for purposes related to domestic violence, sexual assault, or stalking suffered by an team member; and for purposes related to bone marrow donation or organ donation. PSL must be used in a minimum of one-hour increments.

For the purposes of this policy, “family members” include children (including a child of a domestic partner and a child of a person standing in loco parentis); parents (including a person who stood in loco parentis for you as a minor child); legal guardians or wards; siblings; grandparents; grandchildren; and spouse or registered domestic partner under any state or local law. Family member also includes relationships resulting from adoption, step-relationships, and foster care.

Moreover, if an team member has no spouse or registered domestic partner, the team member may designate one person for whom the team member may use paid sick leave to provide aid or care. This designation must be on file with the employer before the team member may use paid sick leave for this purpose. The opportunity to designate shall be offered to an team member no later than thirty (30) days after the team member begins to accrue paid sick leave. Team Member will

have ten (10) workdays to make the designation. Thereafter, team members may change a designation or make a designation for the first time on annual basis with a window of 10 workdays.

HumanGood may take reasonable measures to verify or document that an team member's use of PSL is for a permitted purpose.

Unused accrued PSL can be carried over to the following year.

## **NEVADA SUPPLEMENT**

### **C. Paid Leave (Temporary, Part Time, and Per Diem Team Members Only)**

Beginning on the first day of their employment, Temporary, Part Time, and Per Diem team members will accrue 0.01923 hour of paid leave for each hour of work performed. Beginning on their 90th day of employment, Temporary, Part Time, and Per Diem team members may use up to 40 hours of accrued paid leave per year. Accrued paid leave can be used for any purpose but must be used in minimum increments of 4 hours.

Up to 40 hours of unused accrued paid leave can be carried over to the following year. Accrued paid leave under this policy will not be paid out upon termination of employment.

### **D. Safety and Security for Nevada Team Members**

In compliance with the Nevada Occupational Safety and Health Act (NOSHA), HumanGood promotes the concept of a safe and healthful workplace for all team members. Pursuant to NOSHA, the Company maintains a written workplace safety program, which can be viewed in the Human Resources office. HumanGood also provides workplace safety and health, including inspections and enforcement training and education.

## **PENNSYLVANIA SUPPLEMENT**

### **A. Overtime Calculations**

In addition to the overtime provisions enumerated in the HumanGood Team Member Handbook, Non-exempt team members will be paid overtime based on hours actually worked and computed using two methods below:

- **40-Hour Workweek:**  
All hours worked over forty (40) in a seven (7)-day work week will be paid at time and one half the hourly base rate.
- **8 + 80 Option:**  
All hours worked over eight (8) in a day or eighty (80) in a fourteen (14) day pay period are paid at time and one-half the hourly base rate.

Paid time off (Sick Leave, Holiday, Leave of Absence, Bereavement, Jury Duty, Witness, and Military Leave) is considered nonproductive time and is not counted toward the computation of overtime; only productive hours worked count toward overtime. Time off in lieu of overtime pay is not permitted.

#### **B. Philadelphia Paid Sick Leave**

**HumanGood team members working in our communities in the City of Philadelphia to the extent required by the Philadelphia Promoting Healthy Families and Workplaces Law regarding sick leave.**

Team members who do not qualify under the Paid Time Off policy who work in a HumanGood community in the City of Philadelphia for forty (40) or more hours per year shall be entitled to accrue one (1) hour of Sick per forty (40) hours worked, to a maximum of forty (40) hours per year. Sick leave accrued under this provision may be carried over from year to year, not to exceed forty (40) hours. Furthermore, for team members working in a HumanGood community in the City of Philadelphia, to the extent the Philadelphia Promoting Healthy Families and Workplaces Ordinance (as amended) (“Law”) provides for more generous accrual or retention of a Sick leave or PTO and/or fewer restrictions on the use of Sick leave than this Policy, the terms of the Law shall prevail.

### **WASHINGTON SUPPLEMENT**

#### **A. Washington Family Leave Act (WFLA)**

Team Members who qualify for leave under the federal FMLA are entitled to time off for disability due to pregnancy and childbirth in addition to the twelve (12) weeks of FMLA leave. The team member’s healthcare provider shall determine the amount of time off for pregnancy disability. The WFLA does not run during pregnancy disability leave under the FMLA. In a case when an team member needs leave to care for a registered domestic partner with a serious health condition, the team member can use up to 12 weeks of WFLA for this purpose. Only the WFLA will run, and the team member will still have 12 weeks of FMLA available for FMLA qualifying purposes.

#### **B. Washington Family Care Act (WFCA)**

Team Members may use their Paid Time-Off (PTO) and/or Extended Sick Leave (ESL) to care for certain sick family members. Family members under the WFCA are defined as the team member’s spouse, child (including biological, adopted, foster, and stepchild), registered domestic partner, parent, parent-in-law, grandparent and adult child incapable of self-care.

#### **C. Washington Paid Family and Medical Leave**

Eligible team members will be paid a portion of their wages for up to 12 weeks if they miss work for the birth of a child, foster placement, the adoption of a younger child, or to care for themselves or a family member stricken with a serious illness or injury, or for the need to prepare for certain military related events. “Family member” includes spouses and domestic partners, children (including biological, adopted, foster, or stepchild), parents and legal guardians (or spouse’s

parents), grandchildren, grandparents (or spouse's grandparents), and siblings. Team Members who have family and medical events in the same year may receive up to 16 weeks of paid leave during a 52-week period. An additional two weeks of leave can be used if team members have a serious health condition related to pregnancy, for a combined total of 18 weeks.

This statewide insurance program is funded by premiums paid by both team members and employers and is administered by the Employment Security Department. Please refer to the Employment Security Department's website at <https://paidleave.wa.gov/> for additional information. HumanGood will not discriminate or retaliate against any team member for requesting or taking paid family and medical leave.

In addition, an team member will have the choice to receive a supplemental benefit payment from HumanGood when an team member is receiving money from the Washington State insurance fund so that an team member's total benefit (from the insurance fund and the Company) is equal to an team member's regular rate of pay. This supplemental benefit will cause an team member to draw down an team member's accrued PTO and any other eligible paid leave.

Even though an team member's accrued paid leave will be drawn down at an equal amount to what an team member chooses to receive as a supplemental benefit, an team member should not report this payment to the Washington State Employment Security Department as wages because it is a supplemental benefit.

#### **D. Washington Pregnancy Disability Leave**

Team Members are entitled to take leave if they are disabled by pregnancy, childbirth or a related medical condition. Leave may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression. The amount of leave needed is determined by your health care provider's recommendation.

Team Members who are disabled by pregnancy, childbirth or a related medical condition are also eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if such a transfer is medically advisable and can be reasonably accommodated. Where transfers are made based on the team member's health needs, the team member will receive the pay that accompanies the alternative position.

**Procedures for Requesting Leave:** Team Members should make requests for PDL to a manager at least thirty (30) days in advance of foreseeable events and as soon as possible for unforeseeable events.

A health care provider's statement must be submitted verifying the need for PDL and stating:

- (1) The date on which the team member became disabled due to pregnancy, childbirth or related medical condition, or the date on which the need for a transfer became medically advisable;
- (2) The probable duration of the period or periods of disability or the need for transfer; and

- (3) A statement that, due to the disability, the team member is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons, or that the transfer is medically advisable.

Re-certification may be required if the team member requests an extension beyond the original certification. Any changes in this information contained in the health care provider's statement should be promptly reported to a manager.

**Length of Leave:** Full-time team members in Washington are permitted under the Washington Family Leave Act to take time off until a health care provider certifies the team member is able to return to work, which may extend beyond four (4) months.

PDL does not need to be taken in one (1) continuous period of time but can be taken on an as-needed basis. In other words, leave may be taken intermittently or on a reduced work schedule when determined medically advisable by the team member's health care provider. The smallest increment of time that can be used for such leave is one (1) hour.

**Compensation During PDL:** PDL is unpaid leave. However, an team member may use Paid Time-Off (PTO) and/or ESL for unpaid PDL. During periods the team member is not receiving any wage replacement benefits through programs such as state disability insurance, the Company may require the team member to use Extended Sick Leave (ESL).

**Benefits During PDL:** Team Members on leave will not continue to accrue PTO and will not be paid for holidays during PDL. However, team members using PTO for pay during the PDL will accrue PTO on a pro-rata basis and will receive holiday pay.

During an approved pregnancy disability leave, HumanGood will continue its contributions for your health care coverage during the duration of your leave. You must continue to make any premium payments for health care coverage for yourself or your dependents that you are now required to make, if you want the coverage to continue during your leave. Team Members will normally be restored to their original or equivalent position with equivalent pay, benefits, and other employment terms when they return from leave. Your use of leave will not result in the loss of benefits accrued prior to the start of your leave.

**Interaction with Other Leaves:** Washington PDL does not run concurrently with FMLA leave. Therefore, Washington PDL may be taken in addition to any eligible FMLA leave entitlement.

**Return to Work:** During a pregnancy disability leave, team members may be required to contact their supervisor periodically to report on their status and intention to return to work. So that an team member's return to work can be properly scheduled, an team member on PDL is requested to provide her supervisor with at least two (2) weeks' advance notice of the date she intends to return to work. Team Members who are granted leaves for pregnancy disability will be returned to their same or similar position to the extent required by state law.

Team Members returning from PDL must submit a health care provider's verification of their fitness to return to work.

If the PDL expires and the team member fails to return to work or request an extension of the leave without contacting her manager, HumanGood will assume that she does not plan to return and that she has ended her employment.

#### **E. Washington Lactation Accommodation**

Team Members may receive lactation accommodations for up to two years postpartum.

#### **F. Safety and Security for Washington Team Members**

In compliance with the Washington Industrial Safety and Health Act (WISHA), HumanGood promotes the concept of a safe and healthful workplace for all team members. The Company provides workplace safety and health, including inspections and enforcement training and education.

#### **G. Paid Sick Leave (Temporary, Part Time, and Per Diem Team Members Only)**

Beginning on the first day of their employment, Temporary, Part Time, and Per Diem team members will accrue one hour of paid sick leave ("PSL") for every 40 hours worked, up to a maximum of 40 hours per year. Beginning on their 90th day of employment, Temporary, Part Time, and Per Diem team members may use up to 40 hours of accrued PSL per year.

Accrued PSL can be used to care for your own or a family member's mental or physical illness, injury, or health condition; when the workplace or a child's place of care is closed for health-related reasons; or for absences that qualify for crime victim leave. PSL must be used in minimum increments of 1 hour.

For the purposes of this policy, "family members" include biological, adopted, or foster children; stepchildren; children for whom team members stand in loco parentis or are legal guardians or de facto parents, regardless of their age or dependency status; biological, adoptive, de facto, or foster parents; stepparents; legal guardians of team members or their spouse or registered domestic partner; people who stood in loco parentis for team members when they were minors; spouses or registered domestic partners; grandparents; grandchildren; and siblings.

Any team member who uses PSL for three or more consecutive workdays may be required to submit reasonable documentation to verify that the leave was used for a permitted reason.

Up to 40 hours of unused accrued PSL can be carried over to the following year.

**SECTION 999.5(d)(5)(E)**

**6) Employment Policies and Procedures**



<b>ACCESS TO ELECTRONIC HEALTH RECORD- REGULATORY AGENCIES</b>	Effective Date	April 20, 2020
	Revision Dates	9/18/20
	Departments Approving	Legal
	Departments Affected	All

### **Introduction and Background**

HumanGood is committed to cooperating and providing regulators with requested information necessary to perform their role.

### **Policy**

HumanGood will provide access to resident records to regulators as required by statute, regulation, or other applicable law.

The form of access will vary depending upon regulator need or request. This form may consist of:

- Printed copies of records
- Faxed copies of records
- On site access to paper documents
- On site access to HumanGood Electronic Health Record System hardware with appropriate login information
- Encrypted email
- Encrypted devices such as thumb drives or other hardware sent to regulator

HumanGood strives to maintain the safety of highly sensitive information under HIPAA guidelines, therefore, access by regulators to the medical record via the internet or on an unencrypted device will only be allowed if other forms of access are unsuitable. This access will only exist temporarily during the pandemic emergency.

If such access is required by regulation or statute, HumanGood IT department will assist in setting up a secure temporary connection protecting the data transmission.

### **Definitions**

Regulator: individuals properly identified as working for a local, state or federal regulatory agency (such as CMS, Public Health, State Department of Health, State Department of Social Services) or other regulating bodies who by regulation, statute, or other applicable law are





required to be given access to medical records in the course of their work conducting a survey or investigation.



**HumanGood**  
**CONFIDENTIALITY AGREEMENT FOR**  
**COMMITTEE PARTICIPANTS**

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HumanGood recognizes that the confidentiality of all committee discussions, records, and related activities must be maintained for effective and efficient committee conversations and activities. It is the policy of HumanGood that any employee who participates in committee activities must keep confidential any information to which they are exposed.

The term 'Confidential Information' includes both written and oral communication subject to California Health & Safety Code 1370 or any other law or regulation that provides confidentiality to information disclosed at, or prepared for use at, any meeting of a HumanGood medical staff, peer review, quality assurance, performance improvement, safety, ethics, grievance, appeals, utilization, risk management, legal affairs or compliance committee meeting, or any other HumanGood committee or meeting that is confidential or protected by law that results in the knowledge or possession of Confidential Information.

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By signing below, I understand and agree to follow the confidentiality policy of HumanGood and will hold in strictest confidence any Confidential Information that I may come into contact with while participating on any HumanGood committee

Unless otherwise directed by an executive staff member of HumanGood, I agree that if I obtain Confidential Information, I will keep it confidential, and disclose it only to those who are actively participating in the activities described above, or who are authorized to receive such information.

If I am asked or become legally required to disclose any Confidential Information that I might have knowledge of or possess, whether by oral questions, interrogatories, requests for documents or information, subpoena, regulatory investigation, or otherwise, I will provide HumanGood with written notice within five (5) business days of my receipt of such a request or requirement, so that HumanGood may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Agreement. I also agree that I will reveal only the Confidential Information that I am, in the opinion of my counsel or the counsel of HumanGood, legally required to disclose. Furthermore, I will use my best efforts to obtain reliable assurance that confidential treatment will be given to all Confidential Information that I might be required to disclose.

Any provision of this Agreement that is prohibited or unenforceable in any jurisdiction shall be ineffective to the extent of such prohibitions or unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of such provisions in any other jurisdiction.

If I am uncertain whether any specific information is Confidential Information as defined in this agreement, I agree to consult with the HumanGood General Counsel before disclosing any such information.

I understand that if I fail to comply with this agreement, I will be subject to legal action and/or, if I am a HumanGood employee, disciplinary action up to and including termination of employment from HumanGood.

This Agreement will remain in effect in the event my employment or association with HumanGood terminates for any reason. In such circumstances, I will return any Confidential Information in my possession to an appropriate representative of HumanGood and I will not remove or take possession of any such information upon my departure, nor will I divulge any Confidential Information to any person at any time after my employment or association with HumanGood ends.

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Date

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Signature

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Title/Position\*

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Date

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Signature of Witness

HumanGood Risk Management and Quality Improvement Committee Member



## **TEAM MEMBER HEALTH REPORTING AGREEMENT**

Este formulario debe completarse al menos una vez cada 12 meses.

El propósito de este acuerdo es garantizar que los miembros del equipo de HumanGood estén informados de nuestra póliza Health Reporting (Reporte de Salud), y notificar a su supervisor cuando experimente cualquiera de las condiciones enumeradas, para que HumanGood pueda tomar los pasos apropiados para prevenir la transmisión de una enfermedad contagiosa.

Reconozco que entiendo el propósito de esta póliza, y acuerdo informar a mi supervisor:

### **SÍNTOMAS Y CONDICIONES FUTURAS:**

*\* IMPORTANTE: no es necesario informar síntomas, como diarrea, asociados con condiciones médicas crónicas o enfermedades*

1. Diarrea
2. Vómitos
3. Ictericia (coloración amarillenta de la piel y / u ojos)
4. Dolor de garganta con fiebre
5. Cortes o heridas infectadas, o lesiones que contienen pus en la mano, muñeca, una parte del cuerpo expuesta u otra parte del cuerpo y los cortes, heridas o lesiones no están cubiertos adecuadamente

### **DIAGNOSTICO MEDICO FUTURO:**

1. Diagnóstico de enfermedad con Norovirus, Fiebre Tifoidea (Salmonella Typhi), Shigelosis, Salmonelosis, E. coli O157: H7 u otra infección por Escherichia coli enterohemorrágica (EHEC) / E. coli (Stx) productora de toxina Shiga (Stx), Infección por Hepatitis A o (solo California) Amebiasis
2. Cualquier diagnóstico de enfermedad transmitida por alimentos.

### **FUTURAS EXPOSICIONES DE ALTO RIESGO:**

1. Exposición o sospecha de un brote confirmado de enfermedad transmisible
2. Un miembro del hogar diagnosticado con una enfermedad transmisible
3. Un miembro del hogar que asiste o trabaja en un entorno donde hay sufrido un brote confirmado de una enfermedad transmisible

### **He leído (o me lo han explicado) y entiendo mis responsabilidades bajo este acuerdo para cumplir con:**

1. Reportar los requerimientos especificados anteriormente que involucran síntomas, condiciones, diagnósticos y exposiciones de alto riesgo
2. Restricciones o exclusiones laborales que se me imponen
3. Buenas prácticas de higiene

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Nombre del Miembro del Equipo

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Firma del Miembro del Equipo / Fecha

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Firma del Supervisor / Fecha



## **TEAM MEMBER HEALTH REPORTING AGREEMENT**

This form must be completed at least once every 12 months.

The purpose of this agreement is to ensure that HumanGood team members are aware of our Health Reporting Policy and notify their supervisor when they experience any of the conditions listed, so management can take appropriate steps to prevent the transmission of a contagious illness.

I acknowledge that I understand the purpose of this policy. I agree to report to my supervisor:

### **FUTURE SYMPTOMS AND CONDITIONS:**

*\*IMPORTANT: It is not necessary to report symptoms, such as diarrhea, associated with chronic medical conditions or illnesses*

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds or lesions are not properly covered

### **FUTURE MEDICAL DIAGNOSIS:**

1. Diagnosis of being ill with Norovirus, Influenza, Coronavirus, Typhoid Fever (Salmonella Typhi), Shigellosis, Salmonellosis, E. coli O157:H7 or other Enterohemorrhagic Escherichia coli (EHEC) / Shiga-toxin (Stx)-producing E. coli (STEC) infection, Hepatitis A infection or (California only) Amebiasis
2. Any diagnosis of foodborne illness

### **FUTURE HIGH-RISK EXPOSURES:**

1. Exposure to or suspicion of causing any confirmed outbreak of transmissible illness
2. A household member diagnosed with a transmissible illness
3. A household member attending or working in a setting experiencing a confirmed outbreak of transmissible illness

**I have read (or had explained to me) and understand my responsibilities under this agreement to comply with:**

1. Reporting requirements specified above involving symptoms, conditions, diagnoses and high-risk exposures
2. Work restrictions or exclusions that are imposed upon me
3. Good hygienic practices

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Print Team Member Name

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Team Member Signature / Date

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Supervisor Signature / Date



Connect	Effective Date	07/31/2017
	Revision Dates	01/29/2021
	Departments Approving	HR
	Departments Affected	ALL

A. Purpose

- CONNECT is an important part of the HumanGood culture and how HumanGood does business. CONNECT provides learning and growth opportunities and helps team members to connect with each other every day and to understand and apply the HumanGood Experience culture and purpose.

B. Persons Affected

All HumanGood and affiliate team members.

C. Policy

All team members who have been trained in the HumanGood Experience are expected to follow the procedures as outlined below.

D. Definitions

- **Location** – used interchangeably to refer to a community (e.g., CCRC, Affordable Housing, HumanGood owned or managed), offices (e.g., Home Offices in Glendale and Pleasanton) or designated department with responsibility for the activity described
- **Team member** – all employees and supervisors
- **Facilitator** – the person responsible for the activity described at your location
- **Persons served** – refers to the person(s) we provide services to (e.g., residents, family members, guests, customers or fellow team members)
- **Designated area** – room, office or desk at your community or location that has been identified for the specific activity (e.g., where to go to obtain or drop off forms, funds, etc.)
- **CONNECT terms:**



- **CONNECT** – a brief stand-up style meeting conducted daily for each shift within each department at every location
  - *Human Good Experience* – contains the Topic and Discussion Starters, relevant quotes, HumanGood Experience stories, and safety tips.
  - *What's Going On?* – contains location specific announcements, New Team Members, Guests, etc., New Residents and/or Resident Transitions, Activities, Events, Expected Guests, and Special Announcements.
  - *Celebrations* – contains HumanTouch Recognitions, Birthdays (Residents & Team Members), and Service Anniversaries.

E. Procedures

**CONNECT:**

1. CONNECT lasts about 10-15 minutes. They are typically conducted standing up.
2. CONNECT occurs 365 days a year at each community, for each department, except holidays. For Virtual Community Support Center team members, a joint Connect will occur Wednesday at 10:00 a.m. via Zoom with an Executive Team member available to address all offices.
3. Every team member attends a CONNECT during their work day, preferably at the start. For locations with multiple shifts, a CONNECT is conducted at the beginning of each shift.
4. CONNECT may be led by any trained individual but Directors, Managers and Leads should lead the way initially, then gradually allowing others to grow and engage with fellow team members through the HumanGood Experience.
5. Local Human Resources will be responsible for coordinating the CONNECT newsletter for their location.
6. The Facilitator reviews the CONNECT newsletter prior to CONNECT.
7. Supervisors introduce new team members at their first department CONNECT. Their supervisor should ask the team member how they'd like to be introduced (e.g., what kind of information they'd like to share, how they like to be acknowledged, etc.).

**CONNECT Newsletter:**

1. Human Resources will be responsible for coordinating the CONNECT Newsletter for their location. The designee is responsible for:



- Obtaining all of the CONNECT newsletters for the current week by no later than Friday of the previous week. The newsletters will be available on the Shares drive at the following location:  
S:\Home Office\Human Resources\Public\CONNECT Newsletters
- Collecting location-specific information for *What's Going On* and *Celebrations*, including new team members/residents, activities/events, anniversaries, birthdays, and any special announcements.
- Entering the location-specific information in the appropriate sections.
- Printing and distributing the CONNECT newsletter to the facilitators.
- Posting the CONNECT newsletter in the team member break room, employee bulletin board, or other central location accessible by all team members.



<b>Educational Assistance Program</b>	Document No	HR - 2
	Effective Date	1 September 2014
	Revision Date	25 June 2021
	Revision No.	1
	Page No.	6
	Approval: Troy Keach, VP, Human Resources	

#### **A. Purpose**

HumanGood's Educational Assistance Program ("EdAP") provides tax-free (excludable from the team member's wages) financial repayment to team members who pursue professional growth and development through higher education. Higher education includes graduate, undergraduate, and certification level programs at accredited institutions. We recognize the skills and knowledge of our team members are critical to the success of the organization. The EdAP program encourages personal development through formal education so team members can maintain and improve job and career skills or improve their ability to compete for reasonably attainable jobs within the company. The degree or certification program must be related to the team member's job duties or a foreseeable-future position in the organization to be eligible for educational assistance.

While HumanGood expects educational assistance to strengthen team member performance and professional abilities, HumanGood cannot guarantee that pursuing higher education will result in a pay increase, a different job assignment, or career advancement. HumanGood provides educational assistance to team members with the expectation the company's financial investment will be returned through enhanced job performance.

HumanGood intends for this educational assistance program to be qualified pursuant to the Internal Revenue Code (IRC) Section 127. It complies with existing IRS law and takes advantage of favorable changes in IRS regulations that broaden the scope of tax-free educational assistance. Section 127 Qualified Educational Assistance Program allows team members to receive up to \$5,250 in employer-provided tax-free tuition assistance for graduate, undergraduate, and certification level education.

#### **B. Revision/Review History**

Date	Rev. No.	Change	Section
9/1/2014	Original	N/A	N/A
9/1/2017	Revised	Fiscal year	D

### **C. Eligibility**

- Regular full-time (Greater than 30 hours per week) team members who have completed one year of service.
- Regular part-time (Less than 30 hours per week) team members who have completed two years of service.
- Per Diem and On Call Team Members are not eligible to participate.
- Team members must be on active payroll from the date of enrollment through the date the reimbursement request is submitted.
- Team members must be in a satisfactory performance status for at least 12 months prior to enrollment. Satisfactory performance is defined as a meets on current performance review and free from any documented disciplinary action.

HumanGood commits to provide equal employment and advancement opportunities to all individuals. We will continue to recruit, employ, train, promote and compensate our team members without regard to race, color, sex, gender identity, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics or information, sexual orientation, veteran status, or any other characteristic made unlawful by applicable federal, state, or local laws. We also prohibit discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. EdAP may also not discriminate in favor of highly-compensated team members.

### **D. Policy**

#### **Approved Courses and Institutions**

The EdAP Administrator determines course eligibility for reimbursement under EdAP. Courses approved will include those offered by colleges and universities having full accreditation, any recognized secondary school, and organizations offering job related certificate or diploma programs or other institutions offering a high school diploma or G.E.D., certificate, or organizations as approved by management.

Certificate programs and degree programs offered by accredited institutions are approved on the basis that they are related to the team member's present job, to a reasonable next-step promotion, or to the team member's future career development within HumanGood. English as a second language from an approved institution is an approved course.

Educational funds are reimbursed after satisfactory completion of the course. Satisfactory completion is defined by the attending institution as a passing grade or a "pass" or "credit" in a pass/fail or credit/non-credit system or certificate program completion.

At no point should any HumanGood supervisor/manager/director or HR office pay for, use corporate funds or enter into any agreement to pay for educational assistance through any means other than this approved program. This does not apply to training programs that would not be eligible under the educational assistance program, such as training courses or seminars. Community funds specifically designated toward educational expenses may be an exception. Any and all funds given in excess of this program and/or administered through HumanGood must be reported to the Educational Assistance Administrator and may be subjected to taxation.

### **Authorized Amounts\***

- Graduate and Undergraduate Degree Programs: \$5,250 per calendar year is available for approved degree programs at accredited colleges and universities.
  - Secondary Schools, Certification, and License Programs: \$2,250. Must be related to gaining business-related certifications, licenses, accreditations, diplomas, or other qualified programs (for example, PHR, SPHR, CNA, NHA certifications, ServSafe Food Handler certificate/GED prep).
  - English as Second Language (ESL): Team members may be approved for up to \$300.00 a year in educational assistance funds for ESL.
- \* All amounts listed are based on annual Fiscal year (1 Jan to 31 Dec)

### **Eligible Expenses**

The following expenses may be covered under the EdAP if they are related to an approved course and funds are available. These items must be required for a business-related undergraduate or graduate course in an accredited college or university and these reimbursement requests are included in calculating the usage of the total authorized amount. Fees already paid by financial aid dollars will not be reimbursed.

- Tuition fees
- Registration fees
- Student Identification Card fees
- Required lab fees
- Required health fees
- Required textbooks
- Required supplies that are not retained after the course is completed
- Tests required for first time license or certification (taken after preparation course only)

### **Ineligible Expenses**

The following expenses are not covered under the EdAP and are the sole responsibility of the Team Member (they may not be included in any reimbursement requests).

- Tools or supplies (other than textbooks) the team member may keep after completing a course.
- Meals, lodging, and transportation (including parking and mileage).
- Education involving sports, games, or hobbies, unless such education involves the business of HumanGood or is required as part of a degree program.
- Processing or financing fees for tuition deferral.
- Postage, shipping, and handling of educational materials, textbooks, or supplies.
- Classes, workshops, conferences, and seminars of forty (40) hours or less, unless part of an accredited educational program leading to a degree, license, or certification.
- Non-accredited training programs, seminars, and association conferences, which are normally budgeted by HumanGood communities and departments.
- Fingerprinting for licenses
- Any fees already paid by other financial aid programs

## **E. Definitions**

EdAP - Educational Assistance Program

## **F. Responsibilities**

### **Team Member**

1. It is the Team Member's responsibility to obtain Education Assistance approval before the start of the courses or program.
2. Team Members are expected to determine the extent to which they can adequately manage their regular work schedule in addition to classes.
3. Review the policy and procedures outlined below and thoroughly complete the [Educational Assistance Reimbursement Request](#) and Repayment Agreement. Ensure that all supporting documents are included with the Reimbursement Request.

### **Supervisor**

1. The supervisor will verify team member eligibility and determine if educational assistance funds are available as soon as possible and notify team member.
2. Review the team member's Educational Assistance Plan Reimbursement Request & Repayment Agreement, ensuring the package is complete with all supporting documents included.

### **Educational Plan Administrator**

1. Approve all educational institutions and courses for participation in the educational assistance plan.
2. Manage the educational assistance funds and validate the availability of funds.
3. Review and process all educational assistance plan documents.
4. Approve and process all check requests and ensure all educational assistance expenses are charged to the Corporate Educational Assistance Fund.
5. Process and enforce all repayment agreements.

## **G. Procedures**

The team member should first discuss educational objectives with their supervisor or the Human Resources Director for guidance in meeting specific interests and career goals.

1. Prior to applying for educational assistance, the team member is encouraged to examine and apply for any other form of educational assistance for which she or he may otherwise be eligible (local community budget, scholarships, grants, state aid, or military service benefits). HumanGood will supplement these payments not to exceed the cost of the course, up to the dollar amount limits contained in this policy.

2. Prior to registering for a course, the team member should review this policy and then complete as much as possible in Page 2 and 3 of the "[Educational Assistance Reimbursement Request](#)" and submit to their supervisor with estimated costs for review. The supervisor will verify team member eligibility to participate and will contact the Educational Assistance Plan Administrator at (818) 638-4573 or at [Education@humangood.org](mailto:Education@humangood.org) regarding eligibility and funding.
3. Upon completion of the course, no later than 90 days from the completion date, the team member must submit the fully completed and signed Educational Assistance Reimbursement Request & Repayment Agreement along with all supporting documentation and receipts to her/his supervisor. Delays in submitting claims or incomplete submissions may cause a denial based on funding, claims submitted beyond 90 days from completion date will not be honored.
4. The complete package will then be reviewed and signed by the team member's supervisor or HR Director and forwarded to the Glendale Home Office Educational Assistance Plan Administrator, 516 Burchett St Glendale, CA 91203, or sent electronically to [Education@humangood.org](mailto:Education@humangood.org).
5. The Educational Assistance Plan Administrator will review the application to reconfirm eligibility and fund availability. Approved reimbursement checks will be forwarded to the community HR Director or team member.

### **Termination of Employment**

All team members accepting funds will be held accountable under the terms and conditions described in the Educational Assistance Repayment Agreement that is required as part of the Educational Assistance Reimbursement Request.

#### **Repayment Obligation:**

*If I voluntarily separate my employment with HumanGood, or if I am terminated by HumanGood for cause (violation of policy), prior to the expiration of one (1) year from the date of the last educational payment made to me or on my behalf under the Plan, 100% of the educational payments made to me or on my behalf within the twelve (12) months preceding my termination date shall be due and payable by me to HumanGood upon termination. I authorize Human Good to deduct any funds owed from my final paycheck and agree that any additional funds will be paid by me within thirty (30) days of my termination date.*

### **Taxes**

Rare circumstances which require additional education in order to complete your essential functions may be excluded from taxes. VP of Human Resources is the only approver for such kind of instances.

Instruction regarding this can be found in IRS Private Letter Ruling (PLR 200337004) that states that amounts above the Internal Revenue Code Section 127 limitation could be excluded under Code Section 132(d) as a working condition fringe, if the applicable requirements were met.

A working condition fringe benefit is defined under Internal Revenue Code (Code) Section 132(d), which provides the following, "...the term "working condition fringe" means any

pg. 5

property or services provided to an employee of the employer to the extent that, if the employee paid for such property or services, such payment would be allowable as a deduction under section 162 or 167....”

While Code Section 132(d) refers to property or services, the regulations also refer to a cash reimbursement (Treas. Reg. § 1.132-5(a) (1) (v)), which states:

“A cash payment made by an employer to an employee will not qualify as a working condition fringe unless the employer requires the employee to –

(A) Use the payment for expenses in connection with a specific or pre-arranged activity or undertaking, for which a deduction is allowable under section 162 or 167,

(B) Verify that the payment is actually used for such expenses, and

(C) Return to the employer any part of the payment not so used.”

With regards to an allowable deduction under 162, Treas. Reg. § 1.162-5(a) provides that to be deductible, expenses must be for education that maintains or improves the taxpayer’s skills or that meets legal or employer requirements for the taxpayer to maintain his or her employment, status or pay level. Nondeductible expenses include those for education to meet an employer’s minimum requirements for a position or those that qualify the taxpayer for a new trade or business. This determination will depend on the specific facts of each case, and the taxpayer will bear the burden of proof. Accordingly, it is hard to answer this question, given that it is so fact specific.

The regulations under Treas. Reg. § 1.162-5(b)(2) contain the following language about minimum requirements, “...The fact that an individual is already performing service in an employment status does not establish that he has met the minimum educational requirements for qualification in that employment. Once an individual has met the minimum educational requirements for qualification in his employment or other trade or business (as in effect when he enters the employment or trade or business), he shall be treated as continuing to meet those requirements even though they are changed.”

All questions related to this policy should be sent directed the Glendale Home Office Educational Assistance Plan Administrator at (818) 638-4573 or via mail 516 Burchett St Glendale, CA 91203, or electronically at [Education@humangood.org](mailto:Education@humangood.org).



<b>Training Requirements</b>	Effective Date	01/10/2017
	Revision Dates	Original 45
	Departments Approving	HR
	Departments Affected	ALL

#### **A. Purpose**

Every year HumanGood establishes training requirements to comply with applicable laws and to respond to business needs identified by the Company. HumanGood selects courses to educate the workforce to promote a professional work environment that demonstrates respect and dignity for all individuals, and is free from harassment, discrimination or retaliation. The required courses also educate team members on the laws protecting seniors in HumanGood care. Online courses allow team members to complete training at their own pace while complying with the mandates of various regulatory agencies.

#### **B. Person Affected**

HumanGood team members (see Section D for definitions), including all employment types, except temporary contractor.

#### **C. Policy**

All HumanGood team members must complete the required training online in the Training Requirements document and any other training required by regulations applicable to their specific job duties or directed by their community or work location. Completion of the training requirements is a condition of continued employment. Newly hired team members and those promoted to a management position will be offered additional training per their new role.

A Correction Notice may be given to team members who have not completed their training requirements. HumanGood may involuntarily end employment of team members who have not completed their training requirements by the designated deadlines.

#### **D. Definitions**

- D.1 Team Member – An employee of HumanGood
- D.2 Training Requirement is a document that outlines training requirements for the fiscal year (see Section F.1 on how to access document).
- D.3 myHumanGood.org is the HumanGood team member intranet



- D.4 HumanGood/Relias is an online learning system that provides clinical, regulatory, computer, management and other training.

## **E. Responsibilities**

- E.1 HumanGood team members are responsible for completing required training by the established deadlines.
- E.2 Supervisors and HR Directors are responsible to monitor completion of all training requirements by their team members. The most senior manager at each business site is responsible to communicate this policy and to ensure all training requirements are complete and administered. Failure to comply with training requirements is a violation of Section 5.1 PROHIBITED CONDUCT AND DISCIPLINARY ACTION in the employee handbook.

## **F. Procedures**

- F.1 At the start of each fiscal year (January 1), or upon hire, supervisors and HR Directors are responsible for reviewing the Training Requirements and identifying all required courses applicable to themselves and their team members. The requirements are accessible on my.HumanGood.org at the following locations.

<https://intranet.humangood.org/content/INTRANET/My-Worklife/Training.php>

- F.2 To check team members' completion of required courses, supervisors and HR Directors can run the Training Dashboard report directly from Relias report section. The Training Dashboard Guide provides instruction on running the reports.

<http://humangood.training.reliaslearning.com/Reports>

- F.3 For training questions or problems, enter a Track-It work order, by going to <http://helpdesk> and doing the following:

- Under type, select Payroll/HR/HRIS
- Under subtype, select Training
- Under category, select either Course Questions, Training Requirements or User Account Issues

Or, email training questions to [TrainingQuestions@HumanGood.org](mailto:TrainingQuestions@HumanGood.org).



<b>Telework and Alternative Workplace Arrangements</b>	Effective Date	01/10/2017
	Revision Dates	10/01/2017
		03/22/2020
		03/02/2021
	Departments Approving	HR & IT
	Departments Affected	ALL

## **Introduction and Background**

### **Purpose**

This sets forth HumanGood policies and procedures on alternate workplace arrangements (telework). Telework provides Team Members with the opportunity to perform their work at locations other than the traditional office setting. It may include home-based telework, community-based tele-center, mobile and virtual offices. This policy also defines the requirements and procedures for team members to temporarily telework during a crisis where the assigned work location is unavailable.

### **Persons Affected**

ALL HumanGood Team Members deemed eligible for telework and approved by their supervisor.

### **Summary of Policy and Procedure**

Established policies procedures and associated required agreements and checklists in order for a team member to use an alternate worksite or telework.

### **Policy**

- 1) Telework may benefit HumanGood and team members by providing an alternative work situation, which may improve services to residents, improve productivity, help recruit and retain personnel, reduce our environmental impact and improve the quality of life of participants. Telework may also be used to keep community support services functioning during a crisis where normal office operations are not available.
- 2) Team members who meet the criteria for telework may participate in telework arrangements in accordance with our policy. Participation in a telework arrangement is subject to supervisory approval. Whenever appropriate, management may consider establishing telework arrangements to meet its needs as well as those of team members. Team member participation in a telework arrangement is voluntary. Telework provides managers, supervisors, and team members with alternatives to the traditional worksite while still accomplishing work objectives. Telework may be used as a reasonable accommodation for

team members with qualifying disabilities under the Americans with Disabilities Act. However, each telework arrangement must meet the minimum requirements as specified in this policy.

- 3) The primary intent of the program is to support the mission of the office in an alternative work setting. Telework must not be used as an alternative to or in lieu of dependent care and personal responsibilities. The team member may not engage in any non HumanGood work-related activities during core hours on telework days.
- 4) It is recommended that each supervisor conduct a periodic review of the telework arrangements to determine the impact on work operations.
- 5) If management determines that a telework arrangement is not meeting the operational needs of the organization, the arrangement will be modified no sooner than one week after the team member is notified. Supervisor modification or termination of the arrangement requires one calendar week notice except where:
  - a) work-related circumstances require otherwise, e.g., emergency situation, the conclusion of a crisis telework agreement,
  - b) management determines that the teleworker is not meeting performance criteria,
  - c) the team member breached information security protocol, or
  - d) non-exempt (Hourly) team member worked overtime without prior advanced approval.
- 6) CSC Team members that are on an approved telework agreements are eligible for reimbursement based on their teleworking situation. All team members will fall into one of the following categories and are only entitled to reimbursement when an office is not provided by the company. For example, team members that are on partial telework agreements such as telework every Friday from home, however there is a workspace available at a company provided office is not entitled to a telework reimbursement, for their telework is for their convenience.
  - a) **CSC Teleworkers who don't travel frequently.** CSC teleworking team members who don't travel regularly for work and are not required to be available nights and weekends will be eligible for reimbursement of \$50 monthly.
  - b) **CSC Teleworkers who travel frequently including Department Heads.** Team members who require frequent travel will be eligible for cell phone reimbursement and home office reimbursement expenses for a total of \$65 a month.
  - c) **CSC Team members who have a regular office.** Team members who are not required to telework and have an office at a CSC are not eligible for reimbursement.

- d) **Emergency Teleworkers.** Team members who have an office at a CSC but are denied access due to COVID are eligible for reimbursement of \$50 monthly.
- e) Team members eligible for reimbursement under the above criteria will be automatically reimbursed on a monthly basis, and will not be required to submit receipts. Team members whose expenses exceed the automatic reimbursement amounts specified above may request additional reimbursement pursuant to HumanGood's expense reimbursement policy and must submit receipts documenting their expenses. Please review the new HR-21 Cell Phone policy for more information on cell phone.

## **Definitions**

- 1) Home-based/Work-at-Home Telework means allowing team members to use information technology and communication packages to work one or more days in the workweek at the team member's place of residence.
- 2) Mobile/virtual office means a location or environment, which may include customer sites, hotels, cars, or at home, where a team member performs work through the use of portable information technology and communication packages.
- 3) Official duty station means the official duty station for a team member's position of record as indicated on the most recent notification of personnel action (UltiPro).
- 4) Telework means working from an alternative worksite, rather than the traditional office. This may be a team member's home or another chosen telework location. Telecommuting, work-at-home, and telework all refer to paid employment away from the traditional office. The terms telecommuting and teleworking are synonymous.
- 5) Crisis Telework means teleworking due to a crisis where the company has determined it is best for the team member to not report to their normal work station. During crisis telework the team member may not have all the appropriate materials, supplies or office set up. During crisis telework the team member may telework for a short period of time, usually 30 days or less without being able to successfully certify using the Telework Safety Self-Certification. At any time if the team member feels that the crisis telework is unsafe and putting them at risk the team member must immediately notify their supervisor or human resources immediately. Successful crisis teleworking does not imply that a normal telework arrangement will be authorized. Crisis telework has a separate Crisis Telework Agreement provide in this policy.

## **Process for Establishing a Telework Arrangement**

- 1) The team member completes the Telework Proposal, which describes how the proposed arrangement would work and submits it to the immediate supervisor.

- 2) The immediate supervisor makes a preliminary determination as to position and team member suitability for telework.
- 3) The immediate supervisor agrees/disagrees to the team member's participation and approves/disapproves the Telework Proposal noting any modifications to the proposal.
- 4) The immediate supervisor and team member review this policy and Information Security Mobile Device and Teleworking Policy and Standards, develop a telework agreement which lists all terms and conditions for the telework arrangement and completes the Remote Access Users Agreement.
- 5) If this is a work-at-home Telework Proposal, the team member must complete a Telework Self-Certification Safety Checklist, and submit it to the immediate supervisor.
- 6) Team member Completes Telework Training via online Seminar or in Relias
- 7) Telework Pack Contents: The telework proposal, a telework agreement, telework Self-certification safety checklist and the remote access user agreement; the packet is submitted to the designated management official or his/her designee within the chain of command for approval by signing the Telework Proposal and submitting to Human Resources for final review and approval.
- 8) If a telework arrangement is denied, the Telework Proposal form must annotate the reason why the request was denied. The decision to deny the telework agreement is not subject to any formal appeal procedure.
- 9) If a telework arrangement is approved, the team member and immediate supervisor sign the telework agreement.

### **Process for Establishing a Crisis Telework Arrangement**

- 1) Supervisor determines positions and confirms team member's at-home capabilities for telework; team members not able to telework during a crisis may not be able to work and should contact their Human Resources representative.
- 2) Supervisor coordinates telework and equipment requirements with IT. In the case a computer is needed but not enough company computers are available, a personal computer may be used to access company information through HumanGood controlled access as defined in 'Mobile Device & Teleworking Standard'.
- 3) Team members that do not have a company issued phone or are not on the company phone stipend program but required by supervisor to be reachable through phone can use personal phone for business use (business related phone expense may be reimbursed).

- 4) Team member reviews Telework Policy, Information Security Mobile Device and Teleworking – Policy and Standards and completes Crisis Telework Packet (Crisis Telework Agreement, Remote User Agreement, Safety Certification).
- 5) Team member may start teleworking once the Crisis Telework Packet is complete and approved.
- 6) Team member Completes Telework Training via online Seminar or in Relias
- 7) Entire CRISIS TELEWORK PACKET is forwarded to the local Human Resources representative and filed in Team Member's personnel file, based on the crisis and printer/scanner availability, electronic approvals and signatures may be email until the crisis allows for completing said documentation.

### **Responsibilities**

- 1) Supervisors are responsible for implementing telework programs and approving or discontinuing telework arrangements for team members under their supervision. The approval of telework arrangements must be coordinated with Human Resources and Information Technology.
- 2) Supervisors are responsible for determining position and team member suitability for a telework arrangement and coordinating with the Information Technology department. They must also ensure adequate coverage during public business hours, that operations continue to be carried out in an efficient and economical manner, and that participating and non-participating team members are treated equitably.
- 3) Team members are responsible for maintaining productivity and for fulfilling their obligation to account for a full day's work.
- 4) Team members are responsible for completing the appropriate telework packet and all items identified in the packet:
  - a) Telework Packet– Used for normal telework requests
  - b) Crisis Telework Packet – Used for expeditious transition to telework when directed based on a management identified crisis.

**Participation** in a telework arrangement is voluntary. Position suitability and availability of staff and resources are considerations for management when determining team member participation.

- 1) Telework is a voluntary work arrangement that can be terminated by the team member or supervisor at any time with appropriate notice, normally seven-day notice. In the event of a change in supervisor, the supervisor shall evaluate the need to continue the telework

arrangement and inform the team member of their decision to continue or terminate the arrangement.

- 2) Team members selected for telework arrangements must meet and continue to meet performance expectations and have a minimum performance rating "meets expectations". They should have a history of being reliable, responsible, and able to work independently. Both full-time and part-time team members may participate in a telework arrangement. Telework is not available for trainee positions.
- 3) The supervisor is responsible for determining how many days per week are appropriate for a telework arrangement. Each arrangement to telework is to be considered individually.
- 4) The supervisor should discuss the requirements and expectations of the telework arrangement with the team member prior to recommending approval of a telework agreement.
- 5) All teleworkers and their immediate supervisors must take the required training designed to provide the team member and supervisor with a smooth transition to telework. Statistical studies show that participants who receive training have a much better chance at succeeding.

### **Position Suitability**

- 1) Management officials are responsible for determining which positions are appropriate for telework arrangements.
- 2) Position suitability should be reviewed by management officials based on the functions and duties of the position rather than the title. Tasks that can be performed away from the traditional office are generally more suited for a telework arrangement. In some instances, duties performed in the traditional office location could be separated from the team member's duties and performed at the alternate worksite. This approach to "job reengineering" can assist in providing appropriate avenues toward telework. Guidelines for position suitability include but are not limited to:
  - a) Work activities must be portable and can be performed effectively outside the traditional office location;
  - b) Job tasks are quantifiable or primarily project-oriented;
  - c) Contact with other team members, the supervisor or manager, and serviced clientele is predictable and normally scheduled;
  - d) The computer technology needed to perform work off-site is currently available;
  - e) Team members may be linked electronically to the traditional office location by computer and internet connection or may simply take work to the alternative worksite, requiring no computer;

- f) Privacy Act materials, evidence, or sensitive documents (hard copy or electronic) may be accessed remotely provided that the team member agrees to protect records from unauthorized disclosure or damage and will comply with the requirements of the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and all other applicable law and regulations.

### **Minimum Participant Criteria**

- 1) The team member's position must be suitable to telework.
- 2) All appropriate forms must be completed and contain approval signatures and returned to HR prior to initiating Telework.
- 3) The telework arrangement must not adversely affect HumanGood's mission and functions. If, at any time, it is determined that an arrangement is having an adverse impact on work operations or performance, the supervisor or the team member may terminate the arrangement with a seven-day notice.

### **Information Security**

Team members are informed that periodic remote computer surveillance may be conducted to ensure information security policy compliance. If HumanGood information security policies, procedures and guidelines are not followed, telework must be terminated. Prior notice to the team member is not required for enforcement and reporting of security violations.

The information security requirements are listed on 'Mobile device & Teleworking Standards'. Below are the highlights:

- 1) All remote access to HumanGood information or information assets created or used in support of HumanGood business is HumanGood information and requires management approval
- 2) All devices used for telework are required to use an approved method of encryption to protect data in transit and at rest.
- 3) Mobile devices storing or accessing HumanGood information must employ password controls and inactivity timeouts
- 4) Users are expressly forbidden from storing HumanGood data on devices that are not issued or managed by HumanGood
- 5) Computer and mobile device with HumanGood data that are lost, stolen or have been compromised must be reported immediately to the Client Service Desk and the VP of information security

### **Privacy and Compliance Considerations**

- 1) Resident information or documents must be secured at all times and HIPAA (Health Insurance Portability and Accountability Act) compliance is more challenging during remote work. All sensitive information must be secured at all times, remote workers should not print company information outside of HumanGood facility unless authorized to do so per job responsibility, printed materials must be held in a secure place. The team member must also comply with all legal requirements (for example, Privacy Act of 1974, HIPAA). Prior notice to the team member is not required to terminate telework arrangements due to security violations.
- 2) If any legal requirements (for example, Privacy Act of 1974, HIPAA) or HumanGood office policies and procedures change the team member, upon proper notice, agrees to comply with the changed requirements. Failure to so agree constitutes a basis for termination of the team member's participation in the program.

### **Performance Evaluation**

The performance of a team member on a telework arrangement should be evaluated based on the applicable performance standards for his or her position or for that portion of the overall performance plan which applies. Supervisors and team members should fully discuss performance expectations in the initial phase of the process of establishing a telework arrangement to assure expectations are fully understood. Performance should be measured on achieved results. Periodic reviews between the supervisor and the team member are encouraged.

### **Time and Attendance Accounting**

The team member's time and attendance will be recorded as performing official duties at the official duty station or alternative worksite, as applicable. To verify attendance at the alternative worksite, supervisors may periodically contact the team member and/or permit team member self-certification, or require the team member to be logged onto a web based group chat feature so the team member and the supervisor have immediate access, as if in a normal office setting. To help ensure that Team members on telework arrangements work as scheduled, supervisors should focus on the completion of work products as applicable.

### **Work Schedule**

Based on work requirements, supervisors may arrange telework schedules to allow team members to work on a telework arrangement one day per pay period, one day per week, or as often as five days per week. Normally, the supervisor may change telework schedules only with notice to the team member in advance of the applicable administrative workweek. Work unit supervisors may also approve alternative work schedules for team members on telework arrangements when doing so is consistent with work requirements. Supervisor modification or termination of the arrangement requires a weeks' notice except where:

- 1) work-related circumstances require otherwise, e.g., emergency situation,
- 2) management determines that the teleworker is not meeting performance criteria,



- 3) the team member breached information security protocol, or
- 4) the team member works overtime without prior advanced approval.

### **Time Off**

All current attendance policies and regulations apply to team members on telework arrangements.

### **Emergency Closing/Group Dismissal**

On a day when a team member is scheduled to work at the Alternative Worksite and their official duty station facility is closed for all or part of a day, the following rules apply:

- 1) Full Day Closing. The team member is not *required* to perform work at the alternate work site (AWS). However, if the team member *voluntarily* chooses to perform any work at the AWS, the team member is not entitled to additional compensation such as overtime, compensatory time, or credit hours.
- 2) Late Arrivals and Early Dismissals. On days when a late arrival or early dismissal occurs, the team member is required to perform their full work schedule if located at home.
- 3) On a case-by-case basis, a supervisor may excuse a telework team member from duty during an emergency if the emergency adversely affects the telework site (e.g., disruption of electricity, loss of heat, etc.).

### **Pay**

All entitlements for pay, including locality-based comparability pay, special salary rates, and travel benefits will be based on the team member's official duty station.

### **The Alternative Worksite**

- 1) The alternative worksite must be suited to conducting business.
- 2) Before a work-at-home Telework Proposal and Work Agreement are approved; the team member must complete a Telework Self-Certification Safety Checklist, and submit it to the immediate supervisor unless completing during an identified crisis.
- 3) The supervisor and team member should identify resources needed to facilitate the work assignment, assuring all property and equipment needs are satisfied in accordance with the telework agreement.

## **Equipment and Support Service**

- 1) HumanGood will provide one standard set of peripherals such as monitor, keyboards, mice, and other accessories to each team member who is issued a computer. This will be located at the employee's primary (> 50%) workspace. Other locations will be considered temporary for the employee and not be outfitted with a full set of equipment or will be shared "hotel" space. Refer to 'Endpoint device policy' for details.
- 2) HumanGood may issue and/or pay for additional equipment, software, equipment maintenance, and repair based on business needs to support a work-at-home arrangement. This may include but is not limited to pen, paper, computers, computer peripherals, phones, printers, and scanners, as well as Internet security appliances. The decision to purchase or provide issued equipment and pay for their associated expenses is discretionary on the part of management.
- 3) Team members will incur the cost of utilities associated with working-at-home including costs of the internet, additional electrical outlets, and telephone lines. In some limited situations, HumanGood may pay for telephone through 'phone stipend program'.
- 4) During temporary work-at-home situations (e.g. Crisis telework arrangement), equipment may be moved from the office to the home environment rather than the company purchasing additional equipment.
- 5) Any Office Furniture or Office Technology equipment provided by the company must be tracked and accounted by the supervisor using UltiPro. In the UltiPro system under the Company Property tab, simply add property using the dropdown tabs. Any receipts for property should be placed in the documents section of UltiPro under the "Other" category.
- 6) All IT support and additional equipment/software request must contact HumanGood 24x7 Client Service Desk. A ticket will be created to track the progress. If additional equipment/software is needed, management approval is required.

## **Liability and Workers' Compensation**

Team members on telework arrangements are covered under applicable Federal and State Workers' Compensation Laws. As with injuries which occur in the traditional office setting, for injuries that occur during telework arrangements, supervisors may only attest to what they reasonably know. In all situations, team members are responsible for informing their immediate supervisor of an injury at the earliest time possible. If an accident occurs, normal Workers' Compensation reporting protocols will apply.

## **Evaluation**

It is recommended that telework arrangements be evaluated periodically to determine the impact on work.

## **Termination**

The telework arrangement must meet the operational needs of the HumanGood mission. If not, the supervisor may terminate the arrangement after meeting any applicable notice requirements. Since telework is a voluntary work arrangement, the team member may terminate it at any time with appropriate notice, at least one week.

## **Resources / References**

HumanGood Employee Handbook

Appendix A. TELEWORK PACKET

Appendix B. CRISIS TELEWORK PACKET

## APPENDIX A. TELEWORK PACKET

<b>All items must be complete and signed prior to a Team member Teleworking</b>	<b>Initials</b>	<b>Date</b>
1. Team member reviews this policy and the Information Security Mobile Device and Teleworking Policy & Standards		
2. Team member Completes TELEWORK PROPOSAL		
3. Team member Completes TELEWORK SELF-CERTIFICATION SAFETY CHECKLIST		
4. Team member Completes Telework Training via seminar or in Relias		
5. Team member signs TELEWORK AGREEMENT		
6. Supervisor reviews policy		
7. Supervisor reviews TELEWORK PROPOSAL & TELEWORK SELF-CERTIFICATION SAFETY CHECKLIST (All requests based on medical needs should be immediately coordinated with HR)		
8. Supervisor approves or denies teleworking, signs all documents and forward packets to HR		
9. HR approves or denies teleworking packet, HR cannot approve a packet the supervisor has denied.		
10. Entire TELEWORK PACKET is filed in Team Member's personnel file rather approved or denied.		

<b>TELEWORK PROPOSAL (Request)</b>						1. DATE PREPARED					
2. Team member				3. Position		4. Supervisor			5. Supervisor's Position		
6. CURRENT WORKSITE ADDRESS								7. OFFICE PHONE NUMBER (Include area code)			
8. REQUESTED WORKSITE								9. ALTERNATE WORKSITE PHONE NUMBER (Include area code)			
9. TYPE OF ARRANGEMENT <input type="checkbox"/> AD HOC <input type="checkbox"/> TEMPORARY SCHEDULE <input type="checkbox"/> REGULAR SCHEDULE											
9a. NUMBER OF DAYS <input type="checkbox"/> 1 DAY A WEEK <input type="checkbox"/> 2-3 DAYS A WEEK <input type="checkbox"/> 5 DAYS A WEEK											
10. EQUIPMENT REQUIRED TO WORK OFF-SITE								11. ESTIMATED COSTS FOR TELEWORK ARRANGMENT			
<b>12. PROPOSED WORK SCHEDULE</b>											
HOURS	WEEK 1					WEEK 2					
	MON	TUES	WED	THUR	FRI	MON	TUES	WED	THUR	FRI	
LOCATION											
Any additional Notes:											
13. IS THIS TELEWORK ARRANGEMENT REQUIRED TO ACCOMMODATE A TEMPORARY OR PERMANENT MEDICAL RESTRICTION? (Medical Information may be required in answer is yes)											
14. EXPLAIN HOW THIS ARRANGEMENT WILL BETTER THE BUSINESS AND/OR THE INDIVIDUAL.											
15. THE PROPOSAL IS APPROVED/DENIED BASED on THE FOLLOWING:											
16. Telework Start & Stop Date: (Agreement is only valid for one year)						Requestor's Signature: _____ Date: _____					
17. HR Approval required for Accommodation Based Agreements						Supervisor's Signature: _____ Date: _____					
HR Signature: _____ Date: _____						IT Signature: _____ Date: _____					

# TELEWORK SELF-CERTIFICATION SAFETY CHECKLIST

1. NAME OF TEAM MEMBER:	2. NAME OF SUPERVISOR:
3. Home Address:	4. Assigned Duty Station:
5. Primary Phone:	6. Alternate Phone

The following checklist is designed to assess the overall safety of your home office. Please answer each question, sign and date. You must also have your supervisor sign and date after you have completed this form. (Circle Yes or No for every question)

## 7A. OFFICE ENVIRONMENT

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job? Performance?	Yes or No
2. Are all stairs with four or more steps equipped with handrails?	Yes or No
3. Are all circuit breakers and/or fuses in the electrical panel labeled and do all circuit breakers clearly indicate if they are in the open or closed position?	Yes or No
4. Is all electrical equipment free of recognized hazards that would cause physical harm? (frayed wires, bare conductors, loose wires, wires running through walls, exposed wires to the ceiling, extension cords under carpets)	Yes or No
5. Are aisles, doorways, and comets free of obstructions to permit visibility and movement?	Yes or No
6. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	Yes or No
7. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?	Yes or No
8. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	Yes or No
9. Is the office space neat, clean, and free of excessive amounts of combustibles?	Yes or No
10. Are floors surfaces clean, dry, level and free of worn or fray seams?	Yes or No
11. Is there enough light for reading?	Yes or No

## 7B. COMPUTER WORKSTATION

1. Is the chair adjustable and support your back?	Yes or No
2. Are your feet on the floor or fully supported by a footrest?	Yes or No
3. Are you satisfied with the placement of your monitor and keyboard?	Yes or No
4. Is it easy to read the text on the screen?	Yes or No
5. Do you need a document holder?	Yes or No
6. Is there sufficient leg room?	Yes or No
7. Is there space to rest your arms and wrists while typing?	Yes or No
8. Have you reviewed the ergonomic diagram attached and believe you are adequately supported at your home desk?	Yes or No

I have thoroughly reviewed the checklist and believe my home or alternate workstation is safe to work at. If there are any safety issues I will bring it up to my supervisor immediately. I also understand that as a worksite my employer or their designated representative has the authority to examine my work station to ensure it is safe.

Employee Signature:	Date:
Supervisor Signature:	Date:

## REMOTE ACCESS USER SECURITY AGREEMENT

**Purpose and Scope:** I understand that I will have remote access to company resources, and my use of this access may be monitored in accordance with company policies and procedures. I understand this remote access may also be allowed in conjunction with a separate approved request for teleworking.

<b>Protection of Data</b>	<b>Initials</b>
I hereby affirm and acknowledge my responsibility to ensure the confidentiality, integrity, and availability of all forms of company information in accordance with policies and procedures, and in a manner that is consistent with its sensitivity.	
I hereby affirm that I will not transfer any data from my company computer to a flash drive, storage device, other computers, network or use any other cloud or data transfer options.	
I have completed HIPAA required training in the last 12 months	
I have reviewed the Information Security Mobile Device and Teleworking Policy and Standards	
I agree to comply with these policies and understand that my failure to comply with these policies may result in termination of my remote access privileges, teleworking agreement and may result in disciplinary action up to and including termination of my employment.	
Team member Signature:	Date:
Supervisor Signature:	Date:

# TELEWORK AGREEMENT

The following constitutes an agreement between HumanGood and \_\_\_\_\_ to the terms and conditions of this alternative workplace arrangement. This is neither a contract nor intended to create any contractual obligations between the parties.

**1. Voluntary Participation.** The team member voluntarily agrees to work at the agency-approved alternative workplace indicated below and to follow all applicable policies and procedures. The team member recognizes the telework arrangement is not a team member benefit but an additional method the agency may approve to accomplish work.

**2. Trial Period.** The team member and management agree to try out the arrangement for at least one month unless unforeseen difficulties require earlier termination.

**3. Salary and Benefits.** Management agrees that a telework arrangement is not a basis for changing the team member's salary and benefits.

**4. Duty Station and Alternative Worksite.** The team member and management agree that the team member's official duty station is (list duty station for regular office) and that the team member's approved alternative worksite is (specify location, street address, etc.). The team member understands that all pay, leave, and travel entitlements are based on the official duty station. If the team member elects to reside in a higher cost of labor market, the geographically based pay will be based on the assigned Community Support Center. If the team member elects to live in a lower cost of labor market, the agency may use the lower cost geographical area for determining the team members pay band. With reasonable notice to the team member, management has the right to change the days spent at the official duty station or alternative worksite.

**5. Official Duties.** The Team member agrees to only perform official duties when on duty at the regular office or alternative worksite. The Team member agrees not to conduct personal business while in official duty status at the alternative worksite, for example, caring for dependents.

**6. Work Schedule and Tour of Duty.** Management and the Team member agree that the Team member's official tour of duty will be (specify days, hours, and location).

**7. Time and Attendance.** The Team member's time and attendance will be recorded as performing official duties at the official duty station or alternative worksite, as applicable.

**8. Time Off.** The Team member agrees to follow established office procedures for requesting and obtaining approval of PTO, Annual Leave or Sick Time as applicable.

**9. Overtime.** The Team member agrees to work overtime only when ordered and approved by the supervisor in advance and understands that working overtime without such approval may result in termination of the telework arrangement and/or other disciplinary action.



**10. Equipment/Supplies.** The Team member agrees to protect any HumanGood-owned equipment and to use it only for business purposes. Management agrees to provide any HumanGood-owned equipment issued to the telework team member and conduct service and maintenance of the equipment at a HumanGood CSC or community. The team member agrees to install HumanGood-owned equipment and install, service, and maintain any personal equipment used. Management agrees to reimburse the team member for essential business-related expenses and optionally offer a phone stipend.

**11. Liability & Injury Compensation.** The Team member understands that HumanGood will not be liable for damages to a team member's personal or real property while the team member is working at the approved alternative worksite, except by Federal and State Workers' Compensation Laws. The Team member agrees to notify the supervisor immediately of any accident or injury that occurs at the alternative worksite and to complete any required forms.

**12. Work Area (work-at-home only).** The team member agrees to provide a distraction-free worksite adequate for the performance of official duties, and sign the Self-Certification Safety checklist.

**13. Worksite Inspection.** The team member agrees to permit HumanGood to inspect the alternative worksite during the team member's normal working hours to ensure proper maintenance of HumanGood-owned property and conformance with safety standards. HumanGood will give the team member reasonable notice of a planned inspection.

**14. Alternative Worksite Costs.** The Team member agrees that HumanGood will not be responsible for any operating costs that are associated with the Team member using his or her home as an alternative worksite, for example, internet fees, home maintenance or utilities. The team member understands that he or she does not relinquish any entitlement to reimbursement for authorized expenses incurred while performing official duties, as provided for by statute or law.

**15. Work Assignments/Performance.** The team member agrees to complete all assigned work according to procedures mutually agreed upon by the team member and the supervisor. The team member's performance will be evaluated against standards contained in performance plans, job descriptions, employee handbook and supervisor provided guidance.

**16. Cancellation.** The team member may cancel participation in the telework arrangement at any time with appropriate notice, at least one week. Supervisor modification or termination of the arrangement requires a weeks' notice except where (1) work-related circumstances require otherwise, e.g. emergency situation, (2) management determines that the teleworker is not meeting performance criteria, (3) the Team member breached information security protocol, or (4) the team member works overtime without prior advanced approval. The decision to cancel the telework arrangement is not subject to any formal appeal procedure. Management agrees to allow the team member to resume his or her regular work schedule at the official duty station if the telework arrangement is canceled.

**17. Disclosure.** The team member agrees to protect HumanGood information/records from unauthorized disclosure.

**18. Standards of Conduct.** The team member agrees that he or she is bound by HumanGood standards of conduct while working at the alternative worksite.

**19. Training.** I have completed the assigned telework training. (In development, may be completed later)

**20. Agreement.** This agreement is not intended to alter the employment at-will relationship in any way. Accordingly, unless an employee has a valid written and signed contract of employment stating otherwise, employment is at-will and can be terminated by the employee or by the employer at any time. Nothing in this agreement precludes management from taking any appropriate disciplinary or adverse action against a team member who fails to comply with the provisions of the agreement. Agreement is not valid until signed/approved by all three parties.

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Team member

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Date

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Management Approving Official

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Date

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Human Resources

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Date

APPENDIX B. CRISIS TELEWORK PACKET		
Items 1-3 must be complete and signed prior to a Team member Teleworking	Initials	Date
1. Supervisor determines positions and confirms team member's at-home capabilities for telework, team members not able to telework during a crisis may not be able to work, contact HR.		
2. Supervisor coordinates telework and equipment requirements with IT.		
3. Team member Completes CRISIS TELEWORK PACKET (Crisis Telework Agreement, Remote User Agreement, Safety Certification)		
4. Team member may start telework at this time		
5. 1 <sup>st</sup> day of telework Team member reviews Telework Policy and the Information Security Mobile Device and Teleworking Policy & Standards		
6. Team member Completes Telework Training via online Seminar or in Relias		
7. Entire CRISIS TELEWORK PACKET is filed in Team Member's personnel file.		

# CRISIS TELEWORK AGREEMENT

The following constitutes an agreement between HumanGood and \_\_\_\_\_ to the terms and conditions of this alternative workplace arrangement. This is neither a contract nor intended to create any contractual obligations between the parties.

- 1. Voluntary Participation.** The team member voluntarily agrees to work at the agency-approved alternative workplace indicated below and to follow all applicable policies and procedures. The team member recognizes the telework arrangement is not a team member benefit but an additional method the agency may approve to accomplish work. Team members that do not agree to participate in a crisis telework may be unable to work.
- 2. Period.** The time period of the crisis will dictate the length of time of the agreement, it is up to the discretion of the employer.
- 3. Salary and Benefits.** Management agrees that a telework arrangement is not a basis for changing the team member's salary and benefits.
- 4. Duty Station and Alternative Worksite.** The team member and management agree that the team member's official duty station will remain the assigned Community Support Center unless a more permanent arrangement is made post crisis.
- 5. Official Duties.** The Team member agrees to only perform official duties when on duty at the regular office or alternative worksite. The Team member agrees not to conduct personal business while in official duty status at the alternative worksite, for example, caring for dependents. During a crisis where childcare responsibilities may be thrust upon the team member due to school or daycare closures, the team member should work with the supervisor to adjust and flex hours as appropriate in order to meet family and work responsibilities.
- 6. Work Schedule and Tour of Duty.** Crisis telework schedule will remain the same as the work schedule before the crisis unless a separate arrangement is made with the supervisor.
- 7. Time and Attendance.** The Team member's time and attendance will be recorded as performing official duties at the official duty station or alternative worksite, as applicable.
- 8. Time Off.** The Team member agrees to follow established office procedures for requesting and obtaining approval of PTO, Annual Leave or Sick Time as applicable.
- 9. Overtime.** The Team member agrees to work overtime only when ordered and approved by the supervisor in advance and understands that working overtime without such approval may result in discipline.
- 10. Equipment/Supplies.** The Team member agrees to protect any HumanGood-owned equipment and to use it only for official purposes. Management agrees to provide any HumanGood-owned equipment issued to the telework team member and conduct service and maintenance of the equipment at a HumanGood CSC or community. The team member agrees to

install HumanGood-owned equipment and install, service, and maintain any personal equipment used. Management agrees to provide the team member with necessary office supplies and to reimburse the team member for essential business-related expenses and optionally offer a phone stipend.

**11. Liability & Injury Compensation.** The Team member understands that HumanGood will not be liable for damages to a team member's personal or real property while the team member is working at the approved alternative worksite, except by Federal and State Workers' Compensation Laws. The Team member agrees to notify the supervisor immediately of any accident or injury that occurs at the alternative worksite and to complete any required forms.

**12. Work Area (work-at-home only).** The team member agrees to provide a distraction-free worksite adequate for the performance of official duties, and sign the Self-Certification Safety checklist.

**13. Worksite Inspection.** The team member agrees to permit HumanGood to inspect the alternative worksite during the team member's normal working hours to ensure proper maintenance of HumanGood-owned property and conformance with safety standards. HumanGood will give the team member reasonable notice of a planned inspection.

**14. Alternative Worksite Costs.** The Team member agrees that HumanGood will not be responsible for any operating costs that are associated with the Team member using his or her home as an alternative worksite, for example, internet fees, home maintenance or utilities. The team member understands that he or she does not relinquish any entitlement to reimbursement for authorized expenses incurred while performing official duties, as provided for by statute or law.

**15. Work Assignments/Performance.** The team member agrees to complete all assigned work according to procedures mutually agreed upon by the team member and the supervisor. The team member's performance will be evaluated against standards contained in performance plans, job descriptions, employee handbook and supervisor provided guidance.

**16. Cancellation.** Management may end the crisis telework arrangement at any time, with a three-day notice. The team member may cancel participation in the crisis telework arrangement at any time with the same three-day notice. Team members unable to telework during a crisis where a suitable HumanGood office is not available may be denied work.

**17. Disclosure.** The team member agrees to protect HumanGood information/records from unauthorized disclosure.

**21. Standards of Conduct.** The team member agrees that he or she is bound by HumanGood standards of conduct while working at the alternative worksite.

**22. Training.** Team member will review the telework policy and complete the telework training as soon as practical, but within 1 week of signing this agreement.

**23. Agreement.** This agreement is not intended to alter the employment at-will relationship in any way. Accordingly, unless an employee has a valid written and signed contract of employment stating otherwise, employment is at-will and can be terminated by the employee or by the employer at any time. Nothing in this agreement precludes management from taking any appropriate disciplinary or adverse action against a team member who fails to comply with the provisions of the agreement. Agreement is not valid until signed/approved by all three parties.

\_\_\_\_\_  
Team member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Approving Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

# TELEWORK SELF-CERTIFICATION SAFETY CHECKLIST

1. NAME OF TEAM MEMBER:	2. NAME OF SUPERVISOR:
3. Home Address:	4. Assigned Duty Station:
5. Primary Phone:	6. Alternate Phone

The following checklist is designed to assess the overall safety of your home office. Please answer each question, sign and date. You must also have your supervisor sign and date after you have completed this form. (Circle Yes or No for every question)

## 7A. OFFICE ENVIRONMENT

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job? Performance?	Yes or No
2. Are all stairs with four or more steps equipped with handrails?	Yes or No
3. Are all circuit breakers and/or fuses in the electrical panel labeled and do all circuit breakers clearly indicate if they are in the open or closed position?	Yes or No
4. Is all electrical equipment free of recognized hazards that would cause physical harm? (frayed wires, bare conductors, loose wires, wires running through walls, exposed wires to the ceiling, extension cords under carpets)	Yes or No
5. Are aisles, doorways, and comets free of obstructions to permit visibility and movement?	Yes or No
6. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	Yes or No
7. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?	Yes or No
8. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	Yes or No
9. Is the office space neat, clean, and free of excessive amounts of combustibles?	Yes or No
10. Are floors surfaces clean, dry, level and free of worn or fray seams?	Yes or No
11. Is there enough light for reading?	Yes or No

## 7B. COMPUTER WORKSTATION

1. Is the chair adjustable and support your back?	Yes or No
2. Are your feet on the floor or fully supported by a footrest?	Yes or No
3. Are you satisfied with the placement of your monitor and keyboard?	Yes or No
4. Is it easy to read the text on the screen?	Yes or No
5. Do you need a document holder?	Yes or No
6. Is there sufficient leg room?	Yes or No
7. Is there space to rest your arms and wrists while typing?	Yes or No
8. Have you reviewed the ergonomic diagram attached and believe you are adequately supported at your home desk?	Yes or No

I have thoroughly reviewed the checklist and believe my home or alternate workstation is safe to work at. If there are any safety issues I will bring it up to my supervisor immediately. I also understand that as a worksite my employer or their designated representative has the authority to examine my work station to ensure it is safe.

Employee Signature:	Date:
Supervisor Signature:	Date:

## REMOTE ACCESS USER SECURITY AGREEMENT

**Purpose and Scope:** I understand that I will have remote access to company resources, and my use of this access may be monitored in accordance with company policies and procedures. I understand this remote access may also be allowed in conjunction with a separate approved request for teleworking.

<b>Protection of Data</b>		<b>Initials</b>
I hereby affirm and acknowledge my responsibility to ensure the confidentiality, integrity, and availability of all forms of company information in accordance with policies and procedures, and in a manner that is consistent with its sensitivity.		
I hereby affirm that I will not transfer any data from my company computer to a flash drive, storage device, other computers, network or use any other cloud or data transfer options.		
I have completed HIPPA required training in the last 12 months		
I have reviewed the Information Security Mobile Device and Teleworking Policy and Standards		
I agree to comply with these policies and understand that my failure to comply with these policies may result in termination of my remote access privileges, teleworking agreement and may result in disciplinary action up to and including termination of my employment.		
Team member Signature:		Date:
Supervisor Signature:		Date:





<b>Dress Code</b>	Effective Date	01/10/2017
	Revision Dates	Original
		10/8/20
		01/29/21
	Departments Approving	HR
	Departments Affected	ALL

## Policy

HumanGood would like for the attire that team members wear to work to complement a workplace environment which is professionally operated, efficient, orderly, innovative and pleasant. Enforcement of this policy is the responsibility of supervisory personnel. HumanGood reserves the right to change, extend, revise, revoke, or continue this policy at its discretion. This policy is intended to elaborate and augment section 5.3 Dress Code and Other Personal Standards of the HumanGood Employee Handbook. Any requests for assistance in administering or interpreting this dress code policy should be directed to HumanGood's Community Support Center Human Resources. This policy augments

**Neat and Well-Groomed** - During working hours, team members should appear neat and professional at all times. Team members are expected to be suitably attired and well groomed, and to ensure that their clothing is clean, ironed, and not torn, ripped, or stained.

**Prohibited Attire** - Some attire is unacceptable for work at any time. The following list provides some examples, although it is not a complete list:

- Any clothing, jewelry, or tattoos that contain an offensive word, message or slogan or picture directed at a race, sexual orientation, gender, age, religion, disability, or is otherwise considered to be offensive or harassing in some way, is not permitted. However, team members are not prohibited from wearing clothing containing messages or slogans in connection with protected concerted activity and protest of team member wages, hours and working conditions.
- Cut offs or shorts
- Gym wear or beach wear
- Clothing that reveals the team member's underwear
- Spandex or Lycra (As the only outer garment)
- Tube tops, halter tops, or shirts with spaghetti straps
- Evening wear
- Sweatshirts or sweatpants



- Miniskirts
- Sandals or flip-flops
- Bandanas
- Any clothing that reveals the team member's stomach, full back, cleavage or chest, or otherwise revealing attire

**Special Accommodations** - Every effort will be made to reasonably accommodate team members with a disability or with religious beliefs that may make it difficult for that team member to comply fully with the dress code policy. Team members should contact their supervisor to request such a reasonable accommodation. Supervisors will work the team members to develop a reasonable accommodation to meet the team member's specific needs and ensure such accommodations are documented and filed with Human Resources, while complying to the greatest extent possible with the general policy of HumanGood

**Job Specific Concerns** - This dress code policy is a general guideline, but team members should take into consideration any job specific safety concerns or requirements. Team members who regularly lift machinery or heavy materials should not wear dangling clothing or jewelry that may get caught in machinery and should wear comfortable, slip-resistant, close-toed shoes at all time. Team members who are working in the health industry or with food may also have follow further health requirements like wearing hairnets or gloves when performing specific tasks.

**NLRA Activity** - When applicable protected concerted activity covered by the NLRA or the particular collective bargaining agreement is not prohibited by this policy.

**Disciplinary Measures** - Most of this dress code is left to the team member's personal discretion but supervisors have the right to determine the appropriateness of clothing. Generally, if any team member has any doubt about something, the team member should either not wear the clothing, or should speak to a supervisor before wearing it. Any team member who violates this policy for the first time will be warned, counseled, and sent home to change clothing. Non-exempt team members will have this time charged to their accrued personal days. Subsequent violations of this policy may lead to increased discipline, up to, and including, termination.

**Individual Business Units Dress Codes are detailed in the following attachments:**

- Attachment 1 – Affordable Housing
- Attachment 2 – Community Support Center
- Attachment 3 – Dining Departments
- Attachment 4 – Life Plan Communities



## **Attachment 1 – Affordable Housing**

Affordable Housing Communities objective in establishing a business casual dress code in order to allow our Team Members to work comfortably in the workplace. Yet, we still need our Team Members to project a professional image for our residents, applicants, and community visitors. Business casual dress is the standard for this dress code for office Team Members. Office Team Members are typically the Administrator, Assistant Administrator, Receptionist, Occupancy Specialist, Service Coordinator, etc. Because all casual clothing is not suitable for the office, these guidelines will help you determine what is appropriate to wear to work. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sports contests may not be appropriate for a professional appearance at work. Low cut shirts and clothing that reveals your back, chest, stomach or underwear is not appropriate for a place of business. In a business casual work environment, clothing should be clean and free of wrinkles. Torn, dirty, or frayed clothing is unacceptable, all seams must be finished. Any clothing that has words, terms, or pictures that may be offensive to other Team Members or Residents is unacceptable. Clothing that has the company logo is encouraged.

**Business Casual Overview.** The list is not all inclusive and subject to management's interpretation. The list describes what is generally acceptable or unacceptable business casual attire. No dress code can cover all contingencies so Team Members must exert a certain amount of judgment in their choice of clothing to wear to work. If you experience uncertainty about acceptable, professional business casual attire for work, please consult with your supervisor or your Human Resources staff.

### **Slacks, Pants, and Suit Pants**

Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy capris, and nice looking dress synthetic pants are acceptable. Inappropriate slacks or pants include jeans, sweatpants, exercise pants, Bermuda shorts, short shorts, shorts, bib overalls, leggings, and any spandex or other form-fitting pants such as those worn for biking.

### **Skirts, Dresses, and Skirted Suits**

Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. Dress and skirt length should be at a length at which you can sit comfortably in public. Short, tight skirts that ride up the thigh are inappropriate for work. Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses are inappropriate for the office.

### **Shirts, Tops, Blouses, and Jackets**

Casual shirts with a collar, dress shirts, sweaters, tops, golf-type shirts, and turtlenecks are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire for the office, if they violate none of the listed guidelines. Inappropriate attire for work includes tank



tops; midriff tops; shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans; halter-tops; tops with bare shoulders; sweatshirts, and t-shirts unless worn under another blouse, shirt, jacket, or dress.

### **Shoes and Footwear**

Conservative walking shoes, loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable for work. Flashy athletic shoes, thongs, flip-flops, slippers, and any shoe with more than 3” heels are not acceptable. Open toe shoes may be worn in the office and common areas of the community with the following exceptions: Closed toe and closed heel shoes are required in vacant apartments, landscaping, maintenance shops, or other areas where open toe shoes may be dangerous. It is suggested that if you wear open toe shoes to work that you have a pair of closed toe shoes in your desk for the occasions where you must enter the areas described above.

### **Jewelry, Makeup, Perfume, and Cologne**

Should be in good taste, with limited visible body piercing. Remember, that some Team Members are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint. Visible tattoos must be covered while at work.

### **Hats and Head Covering**

Hats are not appropriate in the office. Head Covers that are required for religious purposes or to honor cultural tradition are allowed.

### **Nametags**

All Team Members must wear a nametag while at work. Should a nametag become lost or misplaced a temporary nametag that features the property logo must be worn.

### **Casual Fridays and Themed Days**

At the discretion of the Administrator and Property Supervisor, communities may observe Casual Fridays. On these days, Office Team members may wear jeans that are conservative in style. Jeans should not have excessive designs, rips and must be neat and ironed. When jeans are worn, they MUST be accompanied with an Affordable Housing logo shirt or a dress shirt and nametag. Care should be made that Team Members look “dressy” while wearing jeans. Affordable Housing Communities encourages a fun work environment and permits at the discretion of the Community Administrator and Property Supervisor that certain days be declared as themed days. In this case all Community Team Members are encouraged to participate in wearing themed clothing. Again care must be taken to ensure a professional appearance including the wearing of nametags. In both of these examples a sign should be posted that the office is celebrating a casual day or a themed day.



## **Affordable Housing Maintenance Team**

Affordable Housing Communities' objective in establishing a dress code for the Maintenance Team is to allow our Team Members to work comfortably in the workplace while ensuring Team Member safety. Yet, we still need our Team Members to project a professional image for our residents, applicants, and community visitors. Maintenance Uniforms are the standard for this dress code for Maintenance Team Members. Maintenance Team Members are typically the Maintenance Supervisor, Maintenance Technician, Maintenance Associate, Janitor or Custodian, Groundskeeper, Transportation Driver, etc. All communities will provide a uniform for Maintenance Team Members that include Shirts, pants and a jacket. Maintenance Uniforms should be wrinkle free. Torn, dirty, or frayed clothing is unacceptable. All seams must be finished. Any clothing that has words, terms, or pictures that may be offensive to other Team Members or residents is unacceptable.

### **Shoes and Footwear**

Conservative athletic or walking shoes, loafers, clogs, sneakers, boots and leather deck-type shoes are acceptable for work. Flashy athletic shoes, thongs, flip-flops, slippers, and any shoe with an open toe are not acceptable for maintenance staff. Closed toe and closed heel shoes are required of the maintenance staff.

### **Jewelry, Makeup, Perfume, and Cologne**

Should be in good taste, with limited visible body piercing. Maintenance Team Members must refrain from wearing large earrings or jewelry in order to work safely and to avoid accidents. Remember, that some Team Members are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint. Visible tattoos must be covered while at work.

### **Hats and Head Covering**

Hats may be worn that have the Affordable Housing Communities logo only. Head Covers that are required for religious purposes or to honor cultural tradition are allowed.

### **Nametags**

All Team Members must wear a nametag while at work. Should a nametag become lost or misplaced a temporary nametag that features the company logo must be worn.

### **Casual Fridays and Themed Days**

At the discretion of the Administrator and Property Supervisor, communities may observe Casual Fridays. On these days, Maintenance Team members may wear jeans that are not too fashion forward and are conservative in style. Jeans should not have excessive designs, rips and must be neat and ironed. When jeans are worn, they MUST be accompanied with a Affordable Housing Communities shirt or your uniform shirt and nametag. Care should be made that Team Members look professional while wearing jeans. Affordable Housing Communities encourages a fun work environment and permits at the discretion of the Community Administrator and Property Supervisor that certain days be declared as themed. In this case all Community Team



Members are encouraged to participate in wearing themed clothing. Again care must be taken to ensure a professional appearance including the wearing of nametags. In both of these examples a sign should be posted that the office is celebrating a casual day or a themed day.



## **Attachment 2 – Community Support Center Members**

HumanGood's objective in establishing a Community Support Center workplace dress code is to allow our Team Members to work comfortably in the workplace while still projecting a modern workplace image. HumanGood's new casual attire is the standard dress code for office Team Members except when engaging in Community Visits or when we have Community Support Center Guests, then typical business or business casual attire is required. HumanGood casual attire is more relaxed than business casual, for example, you are allowed to wear jeans, sundresses without spaghetti straps and HumanGood T-Shirts.

Community Support Center team members often visit the communities where they're seen as the leadership of HumanGood. We also have times where we have Community Support Center visits from residents, board members, community leadership, and industry leaders. Therefore Community Support Center Team Members must dress in the appropriate business casual or business attire when visiting the communities or when we are receiving guests at the Community Support Center. Advance notice will be given via email if the Community Support Center is required to wear business casual or business attire. .

This dress code policy must also be followed when engaging in video conference calls or Zoom meetings from a telework site; you must present yourself as if you are at the location you are zooming with. Therefore business casual is appropriate if zooming (teleconferencing) with Communities, Board Members or Residents; HumanGood casual is appropriate if zooming with the Community Support Center team members.

### **HumanGood Casual**

Because all casual clothing is not suitable for the office, these guidelines will help you determine what is appropriate to wear to work. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sporting contests may not be appropriate for a professional appearance at work. Low cut shirts and clothing that reveals your back, chest, stomach or underwear is not appropriate for a place of business. In a workplace environment, clothing should be clean and free of wrinkles. Torn, dirty, or frayed clothing is unacceptable, all seams must be finished. Any clothing that has words, terms, or pictures that may be offensive to other Team Members or Residents is unacceptable. Clothing that has the company logo is encouraged.

### **Slacks, Pants, and Suit Pants**

Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy capris, and nice looking dress synthetic pants or jeans that do not have any holes or tears are acceptable. Inappropriate slacks (excessively form fitting) or sweatpants, exercise pants, any Bermuda shorts, shorts, bib overalls, leggings, and any spandex or other form-fitting pants such as those worn for biking. Yoga pants or leggings can be worn, under a suitable dress or outfit that covers the same areas a conservative skirt would cover.

**Skirts, Dresses, and Skirted Suits**

Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. Dress and skirt length should be at a length at which you can sit comfortably in public. Short, tight skirts that ride up the thigh are inappropriate for work. Mini-skirts, skorts, or any dress that has spaghetti-straps or no-straps are inappropriate for the office.

**Shirts, Tops, Blouses, and Jackets**

Casual shirts with a collar, dress shirts, sweaters, tops, golf-type shirts, turtlenecks and HumanGood T-Shirts are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire for the office. Inappropriate attire for work includes tank tops; midriff tops; shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans; halter-tops; sweatshirts.

**Shoes and Footwear**

Conservative walking shoes, loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable for work. Flashy athletic shoes, thongs, flip-flops, slippers, and any shoe with more than 3" heels are not acceptable.

**Jewelry, Makeup, Perfume, and Cologne**

Should be in good taste, with limited visible body piercing. Remember, that some Team Members are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint. Visible tattoos must be covered while at work.

**Hats and Head Covering**

Hats are not appropriate in the office except for Casual Attire and Theme Days. Head Covers that are required for religious purposes or to honor cultural tradition are allowed.

**Nametags**

All Team Members must wear a nametag while in a community or when guests are visiting.

**Casual Attire & Themed Days**

Casual attire days are only approved for theme days or events, except for those pre-approved theme days, sports jersey's and head gear are not authorized.

## **Attachment 3 – Dining Department**





**Dress Standard:**

Appearance - Shirt should be clean, wrinkle free, and tucked in  
Hair - Long hair pulled back in a ponytail or bun and no artificial eyelashes  
Nails - Short and trimmed and no artificial nails  
Accessories - No excessive jewelry or perfumes

**Wait Staff Dress Code:**

Issued shirt  
Issued name badge  
Issued apron  
Safety/Slip-Resistant shoes  
Full Length Black slacks and blackbelt (if necessary)

**Culinary Staff Dress Code:**

Issued Chefs coat or utility shirt  
Issued name badge  
Issued apron  
Issued head wear or hairnet  
Issued Beard-Net must be worn if facial hair is present  
Safety/Slip Resistant shoes  
Full Length Black slacks and blackbelt (if necessary)

**Attachment 4 - Life Plan Communities  
(Contact Local LPC HR)**



HumanGood would like for the attire that team members wear to work to complement a workplace environment which is professionally operated, efficient, orderly, innovative and pleasant. Enforcement of this policy is the responsibility of supervisory personnel. HumanGood reserves the right to change, extend, revise, revoke, or continue this policy at its discretion.

**General Requirements – The requirements below apply to all LPCs unless specifically addressed in department-specific dress code requirements below.**

**Nametags**

All Team Members must wear their name badge while at work on the upper shoulder so that it is easily visible at all times. Should a nametag become lost or misplaced a temporary nametag must be worn. Team members should contact their HR department or appropriate party to order a new name badge immediately upon realizing they have lost their name badge.

**Neat and Well-Groomed**

During working hours, team members should appear neat and professional at all times. Team members are expected to be suitably attired and well groomed, and to ensure that their clothing is clean, ironed, and not torn, ripped, or stained. See below for additional grooming guidelines:

- Team members are expected to maintain appropriate and professional hairstyles. Hair must be clean, combed and neatly trimmed or arranged; unkempt hair is not permissible regardless of length; Hair must be properly restrained for its length and job assignment. Hair coloring should be within the range of natural hair colors. Small variations on natural hair colors are acceptable (i.e. brown hair that shines red) Bright hair colors are not acceptable.
- Beards, mustaches and sideburns must be clean and trimmed at all times
- Team members are expected to maintain appropriate and professional nail length and color. Certain positions have additional requirements due to food safety and infection control concerns. Team members must follow the guidelines given by their manager regarding nail requirements.
- Personal hygiene is essential; therefore, it is necessary that all team members maintain a clean, presentable appearance. Personal hygiene includes a regular bath/shower, use of deodorant, and appropriate oral hygiene.
- Strong odors caused by perfumes, scented hair sprays, and after shave lotions are to be used in moderation out of concern and comfort of our residents and others.
- Tattoos should be covered whenever possible. Team members with tattoos that are exposed outside of clothing should consult with the local HR department or their supervisor to find out community-specific rules. Rules about tattoos may differ by community due to varying resident population preferences. Refer to the community and department specific guidelines below for more information.



### **Prohibited Attire**

Some attire is unacceptable for work at any time. The following list provides some examples, although it is not a complete list:

- Any clothing, jewelry, or tattoos that contain an offensive word, message or slogan or picture directed at a race, sexual orientation, gender, age, religion, disability, or is otherwise considered to be offensive or harassing in some way, is not permitted. However, team members are not prohibited from wearing clothing containing messages or slogans in connection with protected concerted activity and protest of team member wages, hours and working conditions.
- Cut offs or shorts, Non-business style capri pants (\*Management reserves the right to modify the exception to shorts during extreme heat conditions)
- Gym wear or beach wear
- Exercise wear is not permitted, unless specific job duties require it. (For example, a Fitness Assistant may wear exercise clothing to conduct classes.) Spandex or lycra clothing must be covered by an additional layer of clothing.
- Clothing that reveals the team member's underwear or undergarments
- Tube tops, halter tops, spaghetti strap tops, or off the shoulder tops (these types of tops may be appropriate with a cardigan, sweater or jacket over the top to cover)
- Sweatshirts, hoodies or sweatpants that do not have the company logo.
- Miniskirts
- Flip flops (Please refer to community policy on open toed shoes, dressy sandals. Rubber thong flip-flops are not appropriate for work at any time except for water exercise instructors)
- Any clothing that reveals the team member's stomach, full back, cleavage or chest, or otherwise any other revealing attire
- Jeans except as allowed by department or as allowed on “Jean Fridays” or other special themed days per direction of community leadership.
- Robes, slippers, pajama or evening wear.
- No bandanas are allowed
- Ear buds, air pods, headphones or any other musical device

### **Jewelry, Makeup, Perfume, Accessories and Cologne**

- Sunglasses are not permitted to be worn indoors.
- Makeup should be in good taste and professional for the work environment.
- Jewelry should be in good taste, with limited visible body piercing. In health care and food service positions, additional requirements may apply.
- Remember, that some Team Members are allergic to the chemicals in perfumes and colognes, so wear these substances with restraint.
- Based upon job assignment, long necklaces and earrings may interfere with safety in the work environment and should be avoided.



### **Hats and Head Coverings**

- Hats and baseball caps are not appropriate in the office.
- Bandanas are not appropriate or permitted while at work
- Head Covers that are required for religious purposes or to honor cultural tradition are allowed

### **Special Casual Days or Themed Days**

- HumanGood encourages a fun work environment and permits at the discretion of the Executive Director and community leadership team that certain days be declared as themed days. In this case, all Community Team Members are encouraged to participate in wearing themed clothing.
- Name badges still need to be worn on special/themed days.
- Care must be taken to ensure a professional and appropriate appearance on these days
- Communication should be posted in a public area/easily accessible area that the office is celebrating a casual or special themed day
- For jean permitted days, team members may wear jeans that are conservative in style. Jeans should not have excessive designs, rips and must be neat and ironed.

### **NLRA Activity**

- When applicable protected concerted activity covered by the NLRA or the particular collective bargaining agreement is not prohibited by this policy.

### **Special Accommodations**

- Every effort will be made to reasonably accommodate team members with a disability or with religious beliefs that may make it difficult for that team member to comply fully with the dress code policy.
- Team members needing a change in uniform or dress code modification due to pregnancy should contact their supervisor or the Human Resources department to make a request for special arrangement.
- Team members should contact their supervisor to request such a reasonable accommodation. Supervisors will work team members to develop a reasonable accommodation to meet the team member's specific needs and ensure such accommodations are documented and filed with Human Resources, while complying to the greatest extent possible with the general policy of HumanGood.

### **Job Specific/Safety Concerns**

- This dress code policy is a general guideline, but team members should take into consideration any job specific safety concerns or requirements when getting dressed to come to work.



- Team members who regularly lift machinery or heavy materials should not wear dangling clothing or jewelry that may get caught in machinery and should wear comfortable, slip-resistant, closed toe shoes at all time.
- Team members who are working in the health industry or with food may also have follow further health requirements like wearing hairnets or gloves when performing specific tasks.

### **Disciplinary Measures**

- Any team member who violates this policy may be coached/counseled or given disciplinary action if they have previously been made aware or warned. Subsequent violations of this policy may lead to increased discipline, up to, and including, termination.
- Team members may be sent home to change. Non-exempt team members will have this time charged to their accrued personal days or unpaid if no personal time is available for use.
- If any team member has any doubt about something, the team member should either not wear the clothing, or should speak to a supervisor before wearing it.

### **Business Casual Overview (for department managers, administrative and Sales staff unless otherwise noted in department specific requirements for community location)**

HumanGood Continuing Care Retirement Communities objective in establishing a business casual dress code in order to allow our Team Members to work comfortably in the workplace. Yet, we still need our Team Members to project a professional image for our residents, applicants, and community visitors. Business casual dress is the standard for this dress code for office Team Members. Office Team Members are typically the Administrator, Assistant Administrator, Receptionist, Occupancy Specialist, Service Coordinator, etc.

Because all casual clothing is not suitable for the office, these guidelines will help you determine what is appropriate to wear to work. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sports contests may not be appropriate for a professional appearance at work. Low cut shirts and clothing that reveals your back, chest, stomach or underwear is not appropriate for a place of business. In a business casual work environment, clothing should be clean and free of wrinkles. Torn, dirty, or frayed clothing is unacceptable, all seams must be finished. Any clothing that has words, terms, or pictures that may be offensive to other Team Members or Residents is unacceptable. Clothing that has the company logo is encouraged.

The list is not all inclusive and subject to management's interpretation. The list describes what is generally acceptable or unacceptable business casual attire. No dress code can cover all contingencies so Team Members must exert a certain amount of judgment in their choice of



clothing to wear to work. If you experience uncertainty about acceptable, professional business casual attire for work, please consult with your supervisor or your Human Resources staff.

### **Slacks, Pants, Suit Pants**

- Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy capris, and nice looking dress synthetic pants or jeans that do not have any holes or tears are acceptable.
- Jeans, sweatpants, exercise pants, Bermuda shorts, short shorts, shorts, bib overalls, leggings, and any spandex or other form-fitting pants such as those worn for biking are not acceptable.
- Yoga pants or leggings can be worn, under a suitable dress or outfit that covers the same areas a conservative skirt would cover.
- Pants must be a full dress-pant length. Capris, jeans, painter pants, and low-slung pants are not allowed. Dockers in appropriate neutral colors are allowed. Shorts, culottes and gauchos are never acceptable.

### **Skirts, Dresses, and Skirted Suits**

- Casual dresses and skirts, and skirts that are split at or below the knee are acceptable.
- Dress and skirt length should be at a length at which you can sit comfortably in public.
- Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses are inappropriate for the office. Short, tight skirts that ride up the thigh are also inappropriate for work.
- Dresses that leave shoulders uncovered must be accompanied by a cardigan, sweater or jacket in order to be considered appropriate.

### **Shirts, Tops, Blouses and Jackets**

- Casual shirts with a collar, dress shirts, sweaters, tops, golf-type shirts, turtlenecks and HumanGood branded t-shirts are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire for the office, if they violate none of the listed guidelines.
- Inappropriate attire for work includes tank tops; midriff tops; shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans; halter-tops; tops with bare shoulders; sweatshirts, and t-shirts unless worn under another blouse, shirt or jacket.
- Dresses or tops with spaghetti straps must be covered by a jacket or blouse.
- Clothing should be modest, not tight-fitting, revealing or see-through (including lace)
- Tops must be long enough to avoid any midriff or stomach exposure and should not be too low cut causing showing of cleavage or inappropriate exposure of any kind.
- T-shirts/t-shirt material or tank tops are not acceptable, unless worn underneath a uniform top. If worn underneath a uniform, the t-shirt should not be visible and should be free of logos or advertisements.

**Shoes and Footwear**

- Rubber beach thong sandals/flip flops are never appropriate for the workplace
- Shoes are to be neat, clean and in good repair. Heels should not be more than three inches high.
- Conservative walking shoes, loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable for work.
- Flashy athletic shoes, thongs, flip-flops, slippers, and any shoe with more than 3” heels are not acceptable.
- All footwear is expected to be appropriate to the team member’s position. Please see community/departmental guidelines below for more information specific to your position.
- Although open toed shoes may be worn in certain positions as allowed by the community-specific dress code guidelines, closed toe shoes must always be worn in any area where open toed shoes may pose a safety risk.



<b>Weather &amp; Other Emergencies</b>	Effective Date	2-5-2021
	Revision Dates	
	Departments Approving	OPS & HR
	Departments Affected	ALL

## **INTRODUCTION and BACKGROUND**

The safety of our residents and the success of our operations during weather emergencies, power outages, and or other unforeseen emergencies depend upon the reliability, strong commitment and cooperation of all of our employees. HumanGood does not close during periods of extreme inclement weather or during power outages or other emergencies. All communities remain open in order to provide the needed care and services to our residents and to support those who deliver the care and services.

During these periods of inclement or severe weather, and during other emergency conditions, every effort must be made by all employees to safely report to work and to remain at work for their full shift, and potentially beyond.

## **POLICY**

The Vice President of Operations has the sole discretion to determine if weather conditions or other emergent conditions are severe enough to deviate from absence and payroll policies. In these cases, the Vice President of Operations will announce that “Severe Emergency Conditions” are in effect.

It is the responsibility of the Executive Directors, Administrators, Directors and Managers to communicate this policy to all team member and to communicate the details of any announcement of “Severe Emergency Conditions”.

## **PROCEDURES**

1. In the event the Vice President of Operations declares that “Severe Emergency Conditions” are in effect, team members who report to work late due to the severe emergency conditions, but arrive within an “acceptable arrival time” will not be docked for lost time and will be paid for his or her regularly scheduled hours for the day.
  - a. In such instances, the Vice President of Operations will designate the maximum amount of tardiness (i.e. the “acceptable arrival time”) for which employees may be





compensated. Generally, two hours will be the maximum time of tardiness for which employees will be compensated.

- b. Team members who report to work by the allowable arrival time will be excused for any tardiness.
2. A team member who arrives to work after the “acceptable arrival time” will be required to use Paid Time Off (PTO) for periods of tardiness beyond the “acceptable arrival time”. In the event the team member does not have any PTO in his or her bank, the team member will not be paid for the period of tardiness beyond the acceptable arrival time.
3. Due to the nature of our operations and our commitment to provide uninterrupted care and service to our residents, our communities and offices will remain open during emergent conditions. However, recognizing that team members may request to leave work early when a severe storm or other emergent conditions may impact their ability to travel home safely, requests for early departure will be considered. Team members requesting to leave early must seek approval from his or her supervisor. The supervisor in turn, will get approval to allow team members to leave early as follows:
  - a. In our Life Plan Communities, the supervisor must gain approval from the Executive Director, prior to allowing team members to leave the building.
  - b. In our Affordable Housing communities, approval by Administrator is required.
  - c. At the Community Support Centers, approval by the Vice President of Human Resources is required.
4. Should team members be given permission to leave early during emergent conditions, they will be required to use PTO to compensate him or her for the unworked portion of the work day. In the event a team member does not have sufficient PTO to cover the unworked portion of the day, the team member will not be paid for the unworked portion of the day.
5. Team members may volunteer to work beyond his or her regular day or may offer to work on a non-scheduled work day to assist during the emergency. A supervisor, manager, Administrator or Executive Director must approve any additional work hours prior to allowing the team member to work. Team members must be paid for extra work time in accordance with HumanGood’s established pay practices.
6. Team members may be temporarily reassigned to work in a department or unit, which is understaffed, or in need of special assistance.
7. Team members may be asked to report to work earlier than regularly scheduled or be required to stay beyond their regular workday in order to maintain acceptable staffing levels.
8. Special transportation arrangements may be available to assist team members who do not have alternate means of transportation for work. Team members are expected to contact the community at which they work as early as is practicable to request transportation assistance.



9. In the event a team member made a good faith effort to come to work and was unable to do so during “Severe Emergency Conditions”, the Administrator, Executive Director, or appropriate VP of the area may authorize the use of paid time off. In these instances, the absence will not be held against the team member for performance evaluation purposes.
  - a. Patterns of absence or tardiness during inclement weather may be reviewed with the team member.
10. Team members calling out due to sickness may be asked to document his or her illness by providing a doctor’s note and/or other certification of illness.



<b>Team Member Crisis Fund</b>	Effective Date	01/15/2015
	Revision Dates	04/24/2018
		07/25/2018
		08/29/2019
		03/19/2020
	Departments Approving	HR & Foundation
	Departments Affected	All

## **Introduction and Background**

To support team members, residents and residents' families in charitable giving for the benefit of team members in crisis, The Foundation has instituted the Team Member Crisis Fund (TMCF).

The TMCF fund provides immediate short term financial assistance to qualifying team members in need. By donating to the Fund, donors can feel confident their entire financial gift goes directly to team members in need of emergency shelter, food, clothing, funeral expenses and other qualifying expenses. The TMCF is a 501(c)(3) non-profit fund managed by the Foundation and administered by an established committee. The Team Member Crisis Fund relies on denotations to help carry out its mission.

## **Policy**

Team Members may make charitable contributions to support fellow team members in crisis. Contributions can be made through payroll deductions, or a donation of PTO or Vacation hours. The payroll deduction may be a one-time donation, or for a definite or indefinite number of pay periods as defined by the Team Member. The PTO/Vacation donation can be made once per 12 month period at a time chosen by the Team Member. The team member must maintain an 80 hour balance after the donation. Residents and residents' families may donate to the TMCF through the Foundations. Funds will be approved for distribution to qualified team members in need by the TMCF committee.

The TMCF requires the team member in need to meet specific criteria to qualify for aid through this program. The TMCF targets team members who cannot pay basic living expenses as direct result of an unforeseen circumstance such as death, natural disaster, fire, illness or injury. The TMCF may also assist when financial hardship results from the unexpected unemployment of a team member's second job (not a HumanGood job) or spouse because of lay-off or company closure, or if a home rented by the associate is unexpectedly sold or foreclosed because of no fault of their own. The maximum grant amounts are defined and set every quarter by the TMCF Committee based in the TMCF budget and other financial criteria



The chart below determines if a hardship qualifies for a TCMF grant. The circumstance below covers the team member and legal dependents ONLY. Parents, grandparents and siblings do not fall in this category. If a team member's situation is not in this chart, they may still apply for a TCMF grant; however they may not be able to receive aid. Assistance is based on available funds.

All HumanGood Employers are Equal Opportunity Employers. Complying with the American with Disabilities Act, HumanGood employers will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with the appropriate HumanGood Employer. The TCMF Committee intends to apply this policy on a non-discretionary, equitable basis consistent with our mission, values, policies and applicable laws. The TCMF Committee will endeavor to make informed and reasonable decisions concerning its charitable distributions, but must rely on the accuracy and integrity of the information provided by the team members seeking assistance.

<b><i>ELIGIBLE CIRCUMSTANCES</i></b>	<b><i>ELIGIBLE EXPENSES</i></b>
<b>ILLNESS OR INJURY</b> (recent illness or injury of the team member, spouse or legal dependent, generally within the prior 2-3months)	<ul style="list-style-type: none"> <li>• Past due rent or mortgage</li> <li>• Past due property taxes</li> <li>• Past due basic utilities</li> <li>• Necessary home modifications</li> </ul>
<b>DEATH</b> (covers deceased team member, legal dependents, immediate family members)	<ul style="list-style-type: none"> <li>• Essential funeral expenses</li> <li>• Past due rent or mortgage</li> <li>• Past due property taxes</li> <li>• Past due basic utilities</li> </ul>
<b>NATURAL DISASTER OR FIRE</b> (i.e., hurricane, tornado, flood, ice/wind storm affecting the team member's primary residence)	<ul style="list-style-type: none"> <li>• Security deposit to move into a new residence</li> <li>• Utility deposit to connect basic utilizes at a new residence</li> <li>• Uninsured/underinsured necessary home repairs</li> <li>• Home owners insurance deductibles</li> <li>• Past due rent or mortgage</li> <li>• Past due property taxes</li> <li>• Past due basic utilities</li> <li>• Childcare</li> <li>• Food*</li> <li>• Clothing**</li> </ul>
<b>UNEMPLOYMENT</b>	<ul style="list-style-type: none"> <li>• Past due rent or mortgage</li> <li>• Past due property taxes</li> <li>• Past due basic utilities</li> </ul>



(Loss of spouse or domestic partner's job or the team member's 2 <sup>nd</sup> job because of lay-off or company closure within past 12 months.)	<ul style="list-style-type: none"> <li>• Childcare</li> <li>• Food*</li> <li>• Clothing**</li> </ul>
<b>UNINHABITABLE OR CONDEMNED HOUSING</b> (rental residence is condemned or deemed uninhabitable because of unsafe living conditions, rodent/insect infestation)	<ul style="list-style-type: none"> <li>• Security deposit to move into a new residence</li> <li>• Utility deposit to connect basic utilizes at a new residence</li> </ul>
<b>UNFORSEEN SALE OR FORECLOSURE OF A LEASED PROPERTY</b> (for team members who rent from a private landlord ONLY; foreclosure of a personal home doesn't fit under this circumstance)	<ul style="list-style-type: none"> <li>• Security deposit to move into a new residence</li> <li>• Utility deposit to connect basic utilizes at a new residence</li> </ul>

\*Covered only after demonstrated need; maximum amount is \$1,000

\*\*Food and clothing may be considered under all eligible circumstances; however, eligibility for this expense will be determined on case by case basis.

## Eligibility

Individuals eligible to receive disbursements from TMCF must be actively employed or on an approved leave of absence by a HumanGood Employer. Eligible individuals include the team member, the spouse or registered domestic partner of the team member and legal dependents.

## Responsibilities

**The Foundation:** will maintain and manage the 501 (c)(3) non-profit fund and administer funds based on the TMCF Committee approvals.

**Team Member Crisis Fund Committee:** An established committee comprised of volunteer team members and/or residents. The majority of the committee members cannot be team members that are in a position to exercise a substantial influence over the affairs of the company. The TMCF Committee will review all applicants and manage administration of the TMCF program. The Committee will ensure all completed applications are reviewed and accepted or declined within 24 hours of receipt. A minimum of two committee members is required to authorize the release of funds. The committee will meet quarterly to review all processes and procedures related to TMCF, to include setting authorized fund amounts. The committee will maintain records showing the assistance provided, criteria paying out aid, date, place, and number of people assisted.

**Community HR, Executive Directors and Administrators:** Promote the use of the funds and help team members with the application process. Ensure no other financial assistance funds are



executed unless approved by the CSC and in accordance with policy, procedures and applicable laws.

**Supervisor:** Supervisors will have no input into the TMCF approval process. Request for assistance will not be considered in any employment decisions.

**CSC Human Resources:** Ensure an application system is available for team members to apply for assistance. Promote the use of the application system by establishing appropriate web information, links and fliers. Each year review the policy and the committee minutes to ensure the committee is applying this policy on a non-discretionary, equitable basis, aligned with our mission, values, policies and applicable laws.

**Residents:** Residents are only authorized to assist Team Members in crisis through this established TMCF. Dispersing funds through another means venue may be in violation of violate IRS Tax Code and the Gifts, Tips and Financial Dealings with Resident policy.

## Procedures

### Donations:

1. Team Member will complete the Team Member Crisis Fund Donation Form and submit to the local HR Representative.
2. The HR Representative will submit a Trackit to initiate the donation.
3. Donation processing:
  - a. One-time and on-going funds will appear as a post-tax payroll deductions on regular paychecks as a Foundation Donation,
  - b. PTO/Vacation donations will be processed with a PTO/Vacation payout for the designated number of hours, taxes will be applied, and the net amount will be deducted as a post-tax Foundation Donation.
4. Team Members wishing to discontinue their on-going donations should submit TrackIt.

### Team Members requesting fund will:

1. Complete the application in its entirety
2. Submit the application to your local human resources office or submit the application by
  - a. E-Mail: [crisisfund@humangood.org](mailto:crisisfund@humangood.org)
  - b. FAX: 925.924.7232; or
  - c. Mail: Team Member Crisis Fund Administrator  
1900 Huntington Drive  
Duarte, CA 91010
3. Attached relevant supporting documentation:  
Copies of bills, past due rent/mortgage statements or eviction notices, past due basic utilities, injury or illness documentation, death certificates, fire or police reports, (2) reports
4. Identify how requested funds should be sent.



### ***Dispersing Funds***

A minimum of 2(two) Team Member Crisis Fund Committee members will approve dispersing Team member Crisis Funds held and, managed by the Foundation.

### ***Collecting and Fund Raising***

CSC Payroll will establish payroll deduction method for Team Members to donate funds or PTO hours to the TMCF.

The Foundation will establish a, method for residents and family members to donate to the TMCF.



<b>Bonus &amp; Coverage Policy</b>		01/01/2019
	Revision Dates	11/27/2019
		01/29/2021
	Departments Approving	Human Resources
	Departments Affected	All

## **Introduction and Background**

The HumanGood Bonus Policy is designed to illustrate standard practices and procedures for all Bonus payments to ensure they comply with the applicable federal, state and local pay laws and ordinances.

To the extent that the information contained herein is or becomes inconsistent with applicable laws (such as the enactment of new laws after this policy is implemented), it is HumanGood's policy to follow the law. HumanGood also reserves the right to update and amend this policy as required.

## **Summary of Policy and Procedure**

This policy addresses all forms of bonus compensation paid to all employees paid through HumanGood payroll system. The policy elaborates and augments the HumanGood Employee Handbook bonus practices, provides greater depth and is intended to ensure that the appropriate bonus practices are available to ensure HumanGood can properly financially reward work while complying with applicable federal, state and local pay laws and ordinances. It is also the intent of the policy to identify standard procedures to ensure all of HumanGood administers this policy consistently.

## **Policy**

HumanGood's policy is to pay bonuses to Team Members only under approved bonus programs as established under applicable local, state and federal labor laws.

## **Definitions**

**Bonus:** Bonuses are a form of variable pay. They can either be based on general performance or specific performance. Bonuses are determined based upon a number of factors, including but not limited to, an employee's individual performance as well as the company's overall performance. Simply because an employee is eligible for a bonus does not mean that he or she will receive one. Approved and documented performance criteria laid out in the particular bonus program must be met in order for a bonus payment to be issued.





**Exempt Employee:** Exempt Team Members whose job assignments meet specific exemption tests established by the Federal Fair Labor Standards Act (FLSA) and applicable state wage and hour laws and who are exempt from minimum wage and overtime pay requirements. Exempt Team Members are compensated on salary basis.

**Non-Exempt Employee:** Non-Exempt Team Members whose job positions do not meet FLSA exemption criteria or applicable state wages and hour exemption tests and who are not exempt from minimum wage and overtime pay requirements. Accordingly, non-exempt Team Members are required to accurately report their time (see Section 4.2 of this Handbook). Non-exempt Team Members are eligible to receive overtime pay for hours worked in excess of eight hours in any workday and 40 hours in a workweek (or applicable state requirement if different). Non-exempt Team Members are also entitled to unpaid meal and paid rest breaks in accordance to state law (see Section 4.3 of this Handbook)

## **Bonus Practices**

HumanGood uses multiple types of bonuses to incentivize and reward performance. To be eligible to receive a bonus, a team member must be employed on the date the bonus is distributed.

All general performance or specific performance bonuses are pro-rated for any period of time that a Team Member is not employed during the bonus period. For example, a Team Member who commences employment on July 1<sup>st</sup> will be eligible for 50 percent of his or her bonus for a full year. Team Members will not be credited with time for periods of unpaid leave, although they will remain eligible for bonuses on a pro-rated basis. For example, a Team Member who takes 12 weeks of unpaid leave under the Family and Medical Leave Act (FMLA) may be eligible to receive pro rata percent of his or her full bonus. Any exception to bonus proration must be specifically outlined in a Bonus Plan approved in advance by the Human Resources Vice President.

Simply because a Team Member is eligible for a bonus does not guarantee that he or she will receive a one. Bonuses are determined based upon a number of factors, including but not limited to, an employee's individual performance as well as the company's overall performance, these indicators and factors are identified in the HumanGood Bonus Plan Document.

Bonuses paid at HumanGood fall into two categories, Discretionary and Non- Discretionary bonuses.

**Discretionary Bonus:** A one-time event that is approved at the time the bonus is requested and paid; further, each event sets no precedent. These bonus payments must be made through HumanGood payroll. In the case of gift cards or any non-cash payments, the taxable value must be recorded through payroll and must be pre-approved. It can apply to an individual or a group and will require appropriate justification from the requestor and appropriate approval, depending



on the financial impact of that bonus. Discretionary bonuses or sums paid as gifts at holiday or other special occasions, such as a reward for exceptional service (which are not measured by or dependent upon hours worked, productions or efficiency) are not included for purposes of determining the regular rate of pay. **A discretionary bonus is a form of variable pay which is made at the sole discretion of the employer, and there should not be expectations by the team member. The amount, the requirements, and the timing are not disclosed in advance.** The employer determines after the fact that there is a reason for awarding a bonus, such as reaching company and/or financial goals, or chooses to reward an individual team member for exceptional performance.

Current Discretionary bonuses authorized at HumanGood include; Spot Bonus (e.g. TM of the quarter), Holiday Gifts, Human Good Awards, Referrals, Retentions and Sign-On bonuses.

**Non-Discretionary Bonus:** A non-discretionary bonus or incentive payment has predetermined criteria and standards, as well as an understood plan or policy for determining and allocating rewards. These requirements are determined at the outset of the payment period. Team members can reasonably expect to be paid the payment if the standards are met and they are employed at the scheduled pay out time. Bonuses may be paid upon exit of employment if the bonus criteria has been met, some bonuses require the team member to be employed at the time the payment is awarded. This type of payment is made routinely—usually on a set schedule. They typically include payments for meeting financial goals, non-financial performance factors, etc. These types of payments must be included in the regular rate of pay and calculation of overtime. **Non-Discretionary bonus plans must be documented in advance or at the beginning of the eligibility period (for example, no later than March 31<sup>st</sup> for an annual bonus Jan-Dec) and pre-approved by HumanGood CSC Human Resources and appropriate Vice President of Operations, Senior VP, Executive VP, COO or Chief Financial Officer.**

**Coverage Bonus (Non-Discretionary):** At times team members are required to work in a higher-level position or at other communities during long term absences. Team members working in higher level roles or at other communities are eligible for a bonus based on the time covering and performing exemplary service. In order to ensure consistency please use the chart below to ensure bonus payments are consistent. If team members work less than a week, please prorate based on the appropriate daily amounts listed. Corporate and regional staff may be eligible for a spot bonus for exemplary service, however, corporate and regional staff are expected to fill in at the community level when required so therefore not eligible for the coverage bonus. Team members covering positions they supervise or lower level positions are not eligible for a coverage bonus but may be eligible for a discretionary bonus based on exemplary work performed. If a team member is performing at a higher level for more than a pay period, they should be temporarily promoted in the company's HRIS system and these amounts below should be the amount their base pay is increased by.



Job	Weekly Bonus
Executive Director, CCRC	\$641
Health Services Admin	\$588
Director Nursing	\$504
Director Nursing, Asst	\$426
Dir Staff Development	\$426
Nurse Supervisor RN	\$426
Physical Therapy Supervis	\$426
Director Wellness Program	\$359
Charge Nurse RN	\$359
MDS Coordinator	\$359
Occupational Therapist	\$359
Physical Therapist	\$359
Dir of Building & Grounds	\$359
Director of Hospitality	\$316
Human Resources Generalis	\$316
Director Assisted Living	\$316
Nurse Supervisor LVN/LPN	\$316
Registered Nurse	\$316
Assistant Administrator	\$316
Post-Acute Liaison	\$316
All other leadership positions	\$272

**Sales Bonus:** Sales Bonuses are a form of Non-Discretionary Bonus. Sales team members are eligible for monthly, quarterly and/or year-end bonuses based upon individual compensation plans established prior to the start of each fiscal year or at their hire date if hired during the year, based upon the Sales Bonus Plan.

**Resources / References:**

California DLSE (Division of Labor Standards Enforcement)  
HumanGood Employee Handbook



<b>Performance Management</b>	Effective Date	01/11/2017
	Revision Dates	08/01/2020
		02/06/2021
	Departments Approving	HR
	Departments Affected	ALL

### **A. Purpose**

The purpose of this policy is to establish standardized performance management procedures at HumanGood. HumanGood is invested in growing our Team Members' professional skills and career opportunities. A critical part of this development plan is for HumanGood to have a fair and equitable performance management program. Performance Management is more than an annual event. Leaders are expected to continue performance conversations throughout the year through (but not limited to) 90-Day Review, Quarterly Check-Ins, regular one on ones, the annual performance appraisal and corrective measures as required.

### **B. Person Affected**

All HumanGood team members including all employment types (who are actively employed by HumanGood), except temporary or contractors.

### **C. Policy**

HumanGood supervisors and managers are expected to regularly communicate with each team member regarding their performance. HumanGood does not believe annual performance reviews are sufficient for recognizing successes or for coaching to improve performance. HumanGood managers and supervisors must regularly communicate with their team members and at a minimum ensure quarterly Check-In meetings. This includes clearly defining performance standards and objectives with the team member, as well as objectively monitoring and evaluating their accomplishments and developmental needs on a regular basis. Team Members must demonstrate the HumanGood experience behaviors through performance in primary duties and truly living the HumanGood brand.

HumanGood is on a calendar year performance cycle where all team members eligible for an annual review receive their annual review in December of every year. Team Members hired January through August will receive a 90-day review and a year-end review. The year-end review rating will be used for their annual rating for annual merit increase purposes, which may be pro-rated. Team members hired in September will only receive a 90-day review and that rating will be used for their annual rating for annual



merit increase purposes, which may be pro-rated. Team Members hired or promoted October 1st or later in the year should receive a 90-day review by their appropriate 90th day and are not subject to the year-end review or eligible for the annual merit increase. Although we continually strive to reward good performance, HumanGood does not guarantee any Team Member an annual increase.

New team members and those new in position will receive an introductory review (non-merit based) by their 90<sup>th</sup> day of employment or in their new position.

Any team member whose performance is deemed “Unsatisfactory” or “Needs Improvement”, during any point of their employment, should receive a documented Record of Conference notification or be placed on a performance improvement plan in order to allow the team member the opportunity to improve.

#### **D. Definitions**

- **Record of Conference** – A record of conference is a performance management tool that a leader will use to document unsatisfactory performance or behavior of a team member. A leader will use a record of conference when the team member displays behaviors that are out of alignment with HumanGood culture or is not performing his or her role to expectations. A leader who decides to use a record of conference should be using this tool as a way to document the behavior or performance issue so that the team member is aware and actively trying to improve.
- **Leadership Performance Review** – Annual appraisal form for anyone who supervises HumanGood Team Members. Leadership team members are able to complete the self-appraisal section on the form and send to their supervisor, but it is not required.
- **Leadership:** A manager or supervisor that has direct supervision over other team members or corporate level programs. In their absence the 2<sup>nd</sup> level supervisor is responsible.
- **Performance Improvement Plan (PIP)** – A Performance Improvement Plan or a PIP is a performance based corrective action. Usually a PIP will have a very specific and measurable performance improvement goal with a clear timeline. Typical timelines are 30, 60, or 90 days, but can be longer. When a leader decides to use a PIP for performance management, the team member is informed that he or she is not meeting a performance standard. The leader will provide the team member with a clear and measurable performance expectation as outlined in the document. The timeline is critical to using a PIP as the failure to meet this standard in the prescribed timeline may lead to separation of employment.
- **Quarterly Check-In Meetings** - Meetings to provide and adjust goals as required, provide meaningful feedback, address problems quickly, keep the lines of communication open and recognize team member successes. A minimum of



- three Check-In meetings in a year, with the final meeting including the annual appraisal, for a minimum of four meetings a year.
- **Rating Scale** – Identified and explained on forms.
  - **Team Member** – An employee of HumanGood, including all employment types (FT, PT, Per Diem), except temporary or contractors.
  - **Team Member Performance Review** – Annual appraisal form for all individual contributors.
  - **Team Member Self Evaluation** – Form that a team member may (but highly encouraged), complete and provide to their supervisor prior to the actual appraisal being given in order for their input to be considered. Self-appraisals are filed with the actual review form in the team member's personnel file.

## **E. Responsibilities**

**Community Support Center Human Resources** – Manage the program, update as necessary, provide forms, tools, and systems to ensure the performance management program is in the best interest of the team members, HumanGood and those we serve.

**Business Unit or Community Human Resources** – Gather and input all performance review evaluation ratings into UltiPro. **Review performance reviews to ensure fairness, quality and professionalism (ratings should be distributed on a bell curve, “Meets Expectations” should be the majority of team members).** Assist managers and supervisors with all performance processes as required.

**Managers & Supervisors** – Set reasonable and measurable goals and establish expectations regarding performance and behavior standards. Provide regular feedback, coach and counsel all direct reports. Complete introductory 90-day reviews for new team members prior to the 90<sup>th</sup> day. Coordinate and document quarterly Check-In meetings at a minimum; more frequent reviews may be accomplished. Review any self-evaluation provided by the team member, draft and deliver annual performance reviews in accordance with the annual performance calendar. Address team member conduct and performance in a timely professional manner. Develop performance improvement plans (PIP) when required and ensure weekly performance discussion are happening with any team members on a PIP. Providing feedback and annual performance reviews is a key job functions for managers and supervisors. Failure to accomplish this process will be reflected in the supervisor or managers own performance evaluation.

## **F. Procedures**

### **New Hire or New in Position**

All new team members and those recently promoted or assigned to a new position will be informed by their supervisor on the performance management process. They will be



provided a copy of 90-day introductory review and the appropriate annual self-evaluation form for the annual review. They will also be provided a copy of their current job description and thoroughly informed of all expectations in order meet standards and have their employment extended beyond the 90-day introductory period. Prior to the 90<sup>th</sup> day of employment the supervisor will complete the introductory review and notify Human Resources if employment should continue employment with HumanGood.

## **ANNUAL PERFORMANCE REVIEW PROCESS**

The annual review process starts January of every year or upon hire, or upon promotion or reassignment to a new position. At that time team members will be given clear expectations and goals for the year, a copy of the job description if not previously given and the first of the four Check-In meetings should take place. Note: from time to time, key job functions may change within a position. It is up to the supervisor to work with Human Resources to ensure any measurable change in a job function is reflected in the job description. During the next two quarters Check-In meetings will occur, the meetings are tracked but written documentation is optional. The fourth quarter Check-In meeting is the annual review that should be given in December of every year or no later than the dates identified on the performance management calendar that is issued annually.

The annual review process is a four-phase program that ensures all stakeholders have the ability to contribute:

**PHASE 1 – TEAM MEMBER SELF EVALUATION (OPTIONAL):** Team member self-evaluation provides an opportunity for team members to assess their own performance, document their accomplishments and strengths; identify areas for process improvement, professional growth, and constructive suggestions for their supervisor. It is an excellent tool for evaluating our individual ability to live up to the HumanGood brand by reviewing your own ability to display the HumanGood Behaviors that support our core dimensions as well as our skills in job specific areas. Self-Evaluations are voluntary but highly encouraged; the self-assessment step engages the team member in an interactive exchange by providing input to their supervisor before the evaluation discussion.

**PHASE 2 - TEAM MEMBER PERFORMANCE REVIEW:** After the team member completes the self-assessment, the supervisor reviews the team member's self-assessment and drafts the team member performance review. If the team member elects to not provide a self-evaluation, the supervisor should move forward and not consider the election not to provide a self-evaluation in the ratings, some team members find it difficult to rate their own behaviors and that is not an essential function of their position. After drafting the review, it is recommended that the second-level manager and/or Human Resources representative review and comment *before* the review discussion with the team member. Contact your local Human Resources representative if you need assistance writing a performance review.





**PHASE 3 - PERFORMANCE REVIEW DISCUSSION WITH TEAM MEMBER:** The supervisor and team member have the appraisal discussion in person in a private location away from noise and interruptions; this may be accomplished via Video Conferencing for those that are geographically separated, but should never be done simply via telephone. The appraisal discussion should include each topic listed on the *Performance Review*, attaching any supporting documentation, and the team member will acknowledge receipt of the form. While pay is tied to performance, pay should not be the focus of the performance review discussion, pay discussions are discouraged as part of this process.

**PHASE 4 - PERFORMANCE REVIEW – FILE:** A permanent copy of the appraisal will be maintained in the individual's personnel file, copies may be printed upon request.

### **PERFORMANCE IMPROVEMENT PROGRAM**

Supplementing the HumanGood Annual Performance Review Process is the Performance Improvement Program. The intent of the Performance Improvement Program is to give team members the opportunity to improve their performance, change their behaviors or cease their inappropriate conduct.

HumanGood is an at-will employer and all team members may have their at-will employment terminated at any time with or without cause. A manager's goal in using the performance improvement program is to provide the appropriate level of coaching, counseling, or training in order to help facilitate a change in the team member's performance or behaviors. None of these steps are required and HumanGood does not have a progressive discipline policy. While some performance deficiencies and/or behaviors may be addressed multiple times prior to employment being terminated, other issues, especially those that are criminal in nature, resident abuse, harassment or safety issues, or other zero tolerance violations may result in immediate discharge.

In some cases, issues outside of the workplace can affect your work performance, HumanGood will offer benefitted team members or remind them of the Employee Assistance Program (EAP). EAP is a voluntary, confidential service that provides assistance in dealing with problems that are affecting personal, work or family areas. The EAP is a benefit provided by HumanGood and there is no cost to the team member or their dependents. When a team member or dependent contacts the EAP for services, information about the contact is not disclosed to anyone, including HumanGood (there are rare exceptions to confidentiality in which mandatory reporting laws apply). With "self-referrals" to the EAP, HumanGood does not receive any information about the individuals who are using the program.

If a team member is referred to the EAP as a formal management referral in order to continue employment, the team member will be asked by the EAP counselor to sign a limited release so that "compliance information" only can be reported back to Corporate





Human Resources, who will then disseminate appropriate information on a limited basis. No personal information is disclosed to HumanGood by the EAP.

We feel it is very important for team members to know where they stand, and to know what is expected. Often, counseling sessions take the form of “on-the-spot” coaching or informal discussions, other times a Record of Conference may be issued, and during certain performance challenges a team member may be placed on a Performance Improvement Plan and in rare instances a final written warning with an unpaid decision making leave. No matter what correction method is used, these are not punitive in nature and are only used in an attempt to correct behavior or improve performance. **Performance Improvement Plans are for performance issues that will require time for the team member to meet standards; they are not to be used for conduct issues or violations of policy.**

**Performance Improvement Plan (PIP)** – The PIP is designed to facilitate a constructive discussion between a team member and his or her supervisor and to clarify the work performance to be improved. It is implemented, at the discretion of the supervisor, when it becomes necessary to help a team member improve his or her performance. When a supervisor identifies shortcomings that may be improved with a PIP, or when a team member receives an annual review of Unsatisfactory or Needs Improvement, a PIP or Record of Conference must be on file.

In all cases, it is recommended that the supervisor’s supervisor and the Human Resources department review the plan. This will ensure consistent and fair treatment of team members across the company.

The supervisor, with input from the team member, develops an improvement plan; the purpose of the activities outlined is to help the team member to attain the desired level of performance. The supervisor will monitor and provide feedback to the team member regarding his or her performance on the PIP and may take additional Record of Conferences if warranted. The length of time a team member may be placed on a PIP is based on the number of items that must be improved; the timeframe required to make such improvements and may be based on the tenure of the team member. Standard PIPs range from 30 to 90 days, during that timeframe the supervisor should meet with the team member bi-weekly at a minimum to discuss progress or setbacks.

At a minimum, the supervisor should review the following five items with the team member when using the document.

1. State performance to be improved; be specific and cite examples.
2. State the level of work performance expectation and that it must be performed on a consistent basis.
3. Identify and specify the support, resources or training you will provide to assist the team member.



4. Communicate your plan for providing feedback to the team member. Specify meeting times, with whom and how often. Specify the measurements you will consider in evaluating progress.
5. Specify possible consequences if performance standards are not met.

## **RECORD OF CONFERENCE**

**Record of Conference** – A Record of Conference is a simple document to record the fact that a meeting took place with a team member to let them know that there must be a correction in their performance or their conduct. The notice identifies the STANDARD not being met, cites specifics around the PROBLEM BEHAVIOR, the DESIRED OUTCOME. In the event the team member doesn't improve their performance or change their behavior the notice identifies the CONSEQUENCES up to and including termination.

HumanGood does not have a requirement for, nor do we agree with step or progressive discipline. The Record of Conference allows the author to identify the level of the correction notice. A simple counseling can happen and the supervisor checks the "Documented Coaching Session" block which illustrates that a corrective event took place via a discussion on this date. Although it does not require a team member's signature, such a notice should always be discussed with the team member prior to being placed in the personnel file.

If "WRITTEN WARNING" is checked the performance is at such an unacceptable level or the conduct is inappropriate enough that the supervisor believes a written warning is required to notify the team member, so the team member can take the appropriate measures to correct the behavior.

A "FINAL WRITTEN WARNING and potential DECISION-MAKING SUSPENSION" is used to signify to the team member that their employment will be terminated if this performance or conduct is not immediately changed. The decision-making suspension is an unpaid day off so the team member can decide if HumanGood is the employer for them. Upon returning from the DECISION-MAKING SUSPENSION, the team member will be asked, or must state their intentions going forward. HumanGood will also share with team member their decision of whether or not we believe HumanGood is a good fit for the team members and or expectations of team member moving forward.

In order to solve a performance or conduct situation there needs to be meaningful communication and commitment from management/supervisory staff and the team member. The goal of the documented forms is to coach, counsel, correct, foster and develop team members. These warnings are giving in sincerity that the team member will change or improve. HumanGood is an at-will employer so if your manager is going through these steps it is with the intent to preserve the Team Member's employment and



improve the situation; this is not a progressive discipline program or steps towards termination.

## **G. Resources / References**

### **HumanGood Employee Handbook**

**Performance Forms found on myhumandgood.org:** Record of Conference, Performance Improvement Plan (PIP), Quarterly Check-In Meetings, Team Member and Leadership Performance Reviews and associated Self Evaluations.



<b>Background and Pre-Screening</b>	Effective Date	1/1/2019
	Revision Dates	1/1/2021
		2/6/2021
	Departments Approving	HR
	Departments Affected	All

## Policy

Due to the nature of our business at HumanGood and certain state and local regulatory requirements, all Team Members are required to “agree to” and “comply with” drug and health screening, background testing and various professional license review and documentation, “post job offer and prior to the first day on the job”.

The purpose of this Policy is to outline the HumanGood post offer / pre-employment Team Member requirements and annual / ongoing requirements. These requirements include Drug Testing, Criminal Background Reports, Health Screening or Job Function Physicals and Licensing Requirements for “all Team Members”. “All Team Members” applies to Corporate Units, Dining Partners, Affordable Housing, and LPC Team Members. We will also address Non-Team Members (Contractors and Volunteers) where applicable. Our Policy also addresses Annual / Ongoing requirements as required.

### Specific requirements cover;

- New Hire Drug Testing
- Background Reports
- State Required Fingerprint and Background Clearance
- Health Screening (Physicals)
- TB Testing
- COVID Screening
- All LPC team members must be COVID screened in accordance with all applicable federal, state and county ordinances.
- Position License Requirements (review, collection and update)
- Other Annual Update Requirements

After offer, Team Members that have passed the required Drug Testing and Criminal Background and are also assigned to work in Life Plan Communities must have Health Screening, a current TB Test and required Professional Licenses Verified (if applicable). Any clinical non-LPC position(s)



that require clinical or state licenses must also have a required license(s) verified. License copies will be maintained in individual personnel files and MUST BE recorded in the HRIS system by Human Resources for tracking and audit.

**General Requirements:**

- **Community Support Center Staff:**
  - Drug Testing
  - HumanGood “employment criminal background”
  - Corporate Staff with Line Responsibility to LPCs may require fingerprint, health and TB Testing
- **Affordable Housing Staff**
  - Drug Testing
  - HumanGood “employment criminal background”
- **LPC Staff**
  - Drug Testing
  - HumanGood “employment criminal background for (ED, Sales, Admissions, Billing)”
  - State Required Fingerprint and State Background (All)
  - Health and TB Testing
  - Basic job Function Physicals
  - License verification

- I. **New Hire Drug Testing:** Upon acceptance of our job offer, Human Resources will instruct the new hire to schedule the appropriate drug test online. All new hires are required to ensure the test is taken within 72 hours from the time the Team Member accepts the position with HumanGood. This includes Team Members that are employees of our embedded Dining Partners who work on our community campuses. This also includes volunteers that work more than 10 hours per week or more than 3 consecutive weeks. Volunteers under 18 years of age will be asked to get parental release for the drug testing. If a volunteer has a significant break in service, 6 months, they should be retested.

HumanGood strictly prohibits the use, sale, attempted sale, conveyance, distribution, manufacture, purchase, attempted purchase, possession, cultivation and/or transfer of illegal drugs or other unlawful intoxicants at any time, and in any amount or any manner, regardless of occasion. "Illegal drugs" means all drugs whose use or possession is regulated or prohibited by federal, state or local law. These include prescription medication that is used in a manner inconsistent with the prescription or for which the individual does not have a valid prescription. HumanGood treats medical marijuana the same as any other prescription drug unless state or federal requirements differ.

All Team Members, Dining Partners and Volunteers that regularly work in the Community and have contact with Residents described above will undergo a required 5 panel drug testing immediately following offer (within 72 hours). Additional panels may



be required for LPC Team Members that drive residents. This requirement is outlined in our Drivers' policy.

Candidates who refuse to submit to a drug test or who fail to show up for a drug test within the specified time frame (72 hours from offer) will no longer be considered for employment.

### **DOT Cannabis and THC (Tetrahydrocannabinol) Testing**

Marijuana and THC testing are required for team members whose job functions include driving commercial motor vehicles and are subject to the rules and regulations of the Department of Transportation (DOT). These team members will be subject to post-offer/pre-employment as well as random drug testing in compliance with DOT drug and alcohol testing rules and applicable law.

For applicants and team members that reside in a state where cannabis is legal and are not in jobs subject to testing requirements under the federal Department of Transportation standards, positive results for cannabis and THC will not be considered failure of a drug screen for purposes of post-offer, pre-employment drug testing. Positive results for cannabis and THC upon reasonable suspicion testing or work-related injury testing will be considered failure of a drug screen.

- II. **Background Reports:** When applicants accept an offer through the Applicant Tracking system, this triggers a background screening release signature process and a process that will conduct the screening. Background for employment focuses on convictions only.
- **CSC Staff**
    - Trigger drug test & background check process through the Corporate Provider
  - **Affordable Housing Staff**
    - Trigger drug test & background check process through the Corporate Provider
  - **LPC and Staff**
    - Utilize the local vendor for pre-employment screenings
    - OR
    - Trigger drug test & background check process through the Corporate Provider if local vendor relationship is not available

Applicants may be rejected for criminal history following an individualized assessment as to whether the conviction has a “direct and adverse relationship” with the specific job duties of the position. At a minimum, HumanGood will consider the nature and severity of the offense, how long it’s been since the applicant committed the offense and served



his or her sentence, and the nature of the job the applicant is applying for. State approving agencies may also deem someone unfit to work with seniors based on their established criteria.

All Team Members (CSC, LPC, or Affordable Housing), Dining Partners and LPC volunteers 18 or over that are expected to work more than 3 consecutive weeks, will also undergo a required criminal background screening. **Note:** Volunteers are NEVER ALONE with Residents.

Any questions regarding approval / denial of a particular finding will be reviewed by the Vice President of Human Resources.

**Requirements for handling Background Screening Reports of Team Members that may be rejected for employment by HumanGood for issues above** (Note: if the new TM is rejected by the state, the FCRA process does not apply as the reason is “rejected by the state agency”):

The “employment criminal background and credit reports” conducted by HumanGood fall under the FCRA (Fair Credit Reporting Act) umbrella.

**Step 1: Before making an unfavorable employment decision, send a pre-adverse action disclosure.**

This is a preliminary notice to an applicant indicating information contained in his/her background screening report, if accurate, may cause employment to be denied. The notice must contain the name and address of the person to whom such information is being reported. It also explains what course of action the applicant can take if s/he believes the background screening results are incorrect. The Team Member will have the opportunity to dispute and correct any inaccuracies with the furnishers of the consumer report information.

The document must include:

- copy of the applicant’s background screening results and
- a copy of the FTC’s “Summary of Your Rights Under the FCRA” document with the adverse action disclosure.
- Name, address and phone number of the consumer reporting agency who supplied the report
- Statement about the applicant’s right to dispute the accuracy or completeness of his/her background screening
- results and his/her right to obtain a free background screening report from the consumer reporting agency upon request within 60 days



**Step 2: After 5 days, if no protest regarding the data report is provided, send an adverse action notice that the Team Member has been rejected.**

**III. State Required Fingerprint and Background requirements (e.g. LiveScan and DOJ for CA):**

**Idaho:** Idaho Administrative Code IDAPA 16.05.06

**California:** H&S 1569.17,

**Washington:** WAC 388-78A-2466,

**Nevada:** NRS 449.123

**Pennsylvania:** Protective Services Act. (101 renumbered from 1 Dec. 18, 1996, P.L.1125, No.169)

All LPC Team Members, Team Members, Dining Partners and Volunteers that work more than 10 hours per week or more than three consecutive weeks, require state fingerprint and background clearance except Arizona. Arizona has slightly different rules for individuals required background clearance;

**Arizona: A.R.S. § 36-411**

Examples of people who must be fingerprinted under A.R.S. § 36-411 (E), except if directly contracted by a resident, include (see attachment DEPARTMENT OF HEALTH SERVICES PUBLIC HEALTH LICENSING SERVICES #SP-026-PHL-OAD ):

- Registered nurses, practical nurses, nursing assistants, and caregivers employed by the facility
- Physical therapists, respiratory therapists, occupational therapists, and speech therapists and therapy staff
- Massage therapists
- Social workers
- Activity staff in nursing care institutions
- Persons having a contract with the facility to provide direct care, such as registered nurses, practical nurses, nursing assistants, caregivers, physical therapists, respiratory therapists, occupational therapists, speech therapists, therapy staff, and massage therapists

Examples of people who are not required to be fingerprinted under A.R.S. § 36-411 (E), except if providing direct care, include:

- Van drivers
- Clergy





- Housekeepers/maintenance staff/groundskeepers/ laundry staff
- Dietitians/dietary staff
- Beauticians
- Administrators/managers
- Activity staff in assisted living facilities and adult day health care centers

Examples of other people for whom a residential care institution or nursing care institution is not required to maintain documentation of fingerprint clearance under A.R.S. § 36-411 (E) include:

- Persons having a contract with a resident or the resident's family to provide direct care to the resident
- Volunteers who provide services under the direct visual supervision of an owner or employee with valid fingerprint clearance
- Therapists and therapy staff contracted by the resident
- Hospice nurses, employees, and volunteers
- Individuals providing home health services

## Summary

After submittal of the fingerprints to the various states that require finger printing, the applicant may not start work until their State Background has cleared unless the state allows work while in the interim such as Pennsylvania. If there is an issue with the background, the state may require an “Exception”, which will require a more detailed review of issues uncovered during their review, some states may allow an identified candidate to work supervised during the exception process. This is an interactive process between the individual and the state.

Generally if a LPC Applicant requires any state “Exception”, the job offer will be withdrawn. Applicants may re-apply to openings after the Exception is granted.

## IV. LPC Health and TB Screening at hire and ongoing health requirements.

### Health Screening

As part of the hire process and ongoing requirements for LPCs (state requirements), post offer and pre-hire, Applicants will undergo a Health Evaluation and in some cases a physical examination regarding basic job requirements. This may be conducted by an occupational clinic or Medical Director (Best Practice). All Health Screenings must be reviewed and signed by the LPC Medical Director. In States where this is an annual requirement, California and Washington, the same process and sign off will occur. Arizona and Nevada only have the Health Evaluation at hire.



In California – this regulated Health Evaluation requirement is mandated for the health centers/SNFs. The requirement for all Health Screenings to be signed by the Medical Director is not mandated or always required or practical for new hires of RCFE/Senior living. However, all new or annual exams conducted should be signed by the Medical Director for all TMs as a best practice for all LPC TMs.

Applicants should not start work without completing the Health Screening and TB testing and obtain approval by the Medical Director.

## Physicals

**Basic Job function Physicals** are required based upon the individual job descriptions requiring specific physical skills. Current positions are those that have demanding physical requirements and those that assist and move residents.

- All Nurses
- All Caregivers (CNA, Resident Assistants, Certified Caregivers, Home Care Aides)
- Drivers
- All Maintenance Staff (Techs, Janitors, Handyman, Groundskeeper)
- All Activity Positions (Director, Coordinators, Assistants)
- Physical Therapists

## TB Screening

All LPC Team Members are also required to undergo a TB test at hire and annually.

Every Team Member or volunteer that works on a LPC Campus should be tested for TB. Corporate Team Members that “regularly” visit Communities must also be tested. “Regularly” could be as little as two one day visits per quarter. This generally occurs when you are assigned to a specific LPC.

Post job offer and after acceptance, **a two-step TST** should be administered to new employees who have never been tested or if more than 12 months have elapsed since the last documented negative TST. This requires that the first TST, if interpreted as negative, be followed by a second TST administered one to three weeks after the first.

After an applicant has tested negative in step one of the test, they may report to work. The step two must be administered timely to confirm a negative test. Timely is one to three weeks. (see the chart below). Corporate Team Members may start to work, but before visiting Communities, should be tested timely.

This method of screening is recommended because the immune response of persons previously infected with MTB may wane (decline) over time and the second TST acts as an



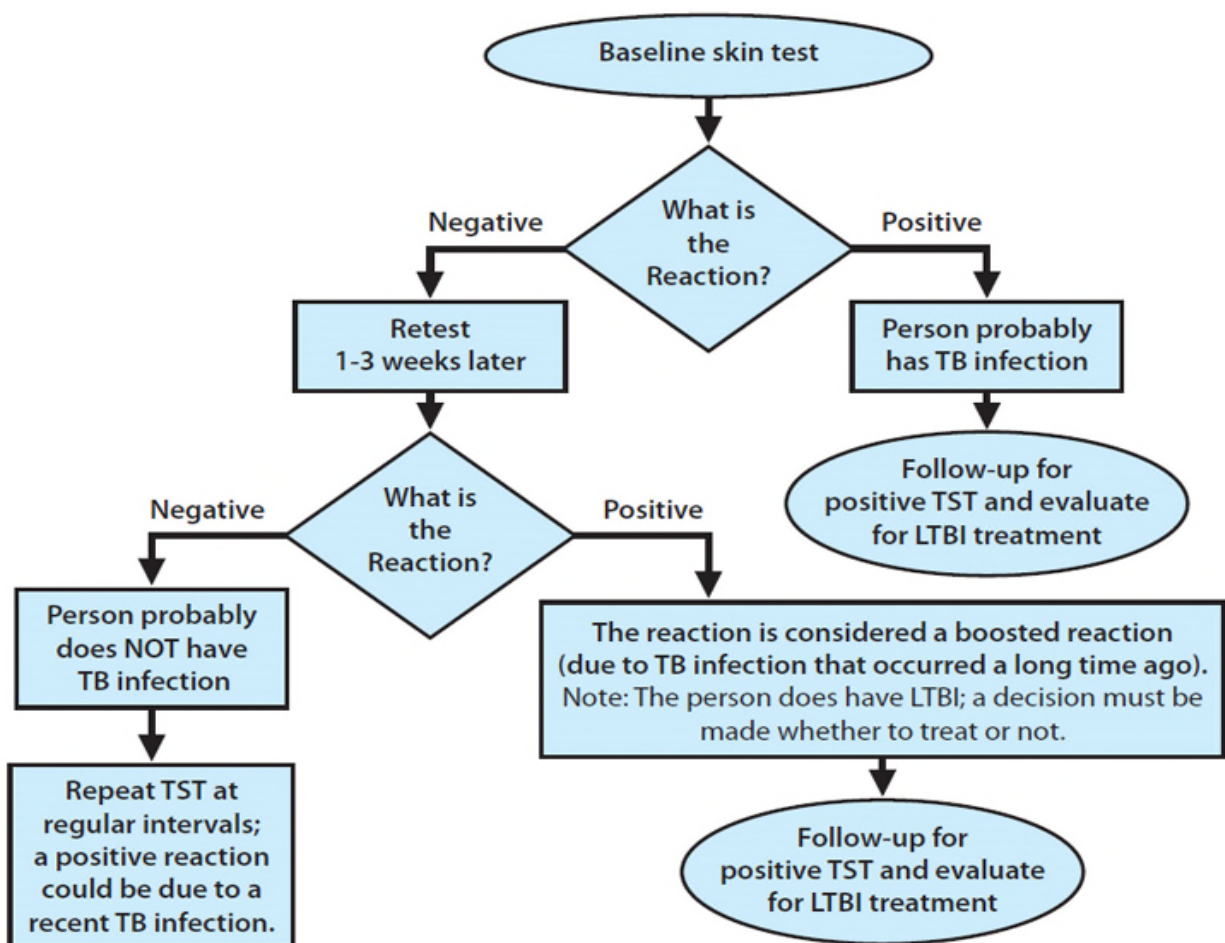
immune system "booster." The two-step procedure reduces the likelihood of mistaking a positive TST reaction for new TB infection (conversion).

Because a boosted reaction can persist for many months, persons who have documentation of a single negative TST within the previous 12 months only need a single TST. The documentation of the prior testing should be placed in the Team Member personnel PHI file.

**Note: If determined by the professional administering testin, in conjunction with the Medical Director, a blood test or current chest X-ray may be used for TB testing.**

The Standard Employee PPD Screening Record should be completed and maintained in the file of the Team Member or other individual's file that may be working on Campus and require testing. This form is attached as Exhibit I.

**TB Testing:**





### **TST procedures Annual**

All Team Members, volunteers, etc. must have an annual TB test. The testing must be done prior to twelve months from the last test.

- If you are within the 12 month cut off, only step one is required.
- If you fall outside the 12 month window, both steps must be completed. There is no grace period from the recorded date.

**The Community Medical Director will determine if the job offer should be withdrawn based upon any TB Testing.**

### **COVID Screening**

All LPC team members must be COVID screened in accordance with all applicable federal, state and county ordinances.

## **V. Professional Licensing and Education Requirements**

### **Professional Licensing:**

When an applicant is offered a position that requires a Nursing Home Administrator Certificate, RCFE License or similar Community Manager License Requirements, Nursing License, Certified Nursing Assistant, etc. or other required licenses such as a Driver's license or Commercial Driver's License, these must be verified and documented before starting work.

If a position requires a specific license and the new hire does not have a valid active license, the job offer will be withdrawn. Applicants may re-apply for open positions once they have the appropriate credentials.

License examples are;

- Nursing Home Administrator
- Nursing Home Administrator Preceptor Certification
- Residential Care Facilities for the Elderly
- Registered Nursing
  - Other special nursing credentials
- LVN / LPN Credentials
- Certified Nursing Assistant
- Certified Care Giver
- Medical Technicians



- Commercial Driver's License
- Dietary Services Supervisors Credentials
  - Certified Dietary Manager
  - Registered Dietician

This review also supports requirements to produce documents for Assisted Living Surveys and Health Services surveys. No Team Member will work in any position that requires a specific license without an appropriate current license.

If your license expires, you will immediately be placed on unpaid administrative leave. Your employment may also be terminated, based on the ability of the department to wait until the license has been renewed. Any exceptions to this policy must be approved by the Vice President, Human Resources.

Ongoing or annual license requirements or state require health screening or testing for current Team Members must be current as required, or Team Members may not continue working.

**Education requirements may be listed on job descriptions and postings.** Most critical positions that require specific associates or college degrees are supported by some type of Professional License. Although HumanGood does not verify education requirements, if during your employment you are found to not have the required license or degree, you will be terminated for falsifying the job application.

## **Tracking Documentation**

Information that requires tracking should be entered into HRIS system, so this information is retrievable and can be monitored for required follow-up. The system should contain Received, License / Certification, Number, Type, Provider, Renewal.

Examples recorded and tracked in the HRIS system are as follows:

- TB Test
- COVID Test
- Physical Exam
- CPR Training
- NHA License
- RN License
- LPN License
- CNA License
- Care Giver License
- RCFE License
- Driver's License



It is extremely important that we know the data has been collected, when we received and when it might expire.

Human Resources should do an annual audit to determine that the data has been recorded in the HRIS system.

Questions regarding this Policy should be directed to Human Resources.



<b>Washington Paid Sick Leave Policy</b>	Effective Date	01/01/2018
	Revision Dates	01/01/2018
		02/01/2019
		02/06/2021
	Departments Approving	HR
	Departments Affected	HG Washington- Beacon Development Group

## **Introduction and Background**

### **Purpose**

This sets forth HumanGood policies and procedures regarding the state of Washington's Paid Sick Leave. Established January 1<sup>st</sup>, 2018.

### **Persons Affected**

All HumanGood Team members working in the state of Washington.

### **Summary of Policy and Procedure**

Starting on January 1, 2018, HumanGood will provide paid sick leave to all eligible employees (referred to by HumanGood as "Team Members") pursuant to Washington state law. Generally, this includes all non-exempt (hourly) employees, including part-time and temporary employees. HumanGood will pay sick leave at the Team Member's normal hourly compensation, excluding tips, services charges, and overtime rates, where applicable. Paid sick leave hours will not count towards the calculation of overtime.

If you are a Team Member who is eligible to receive and is receiving Paid Time Off ("PTO") from HumanGood, you will not accrue additional paid sick leave. Instead, Team Members with PTO should use their PTO for all purposes set forth under this paid sick leave policy. However, Washington Team Member using PTO for sick leave should refer to all sections of this policy except the accrual section.

### **Responsibilities**



- 1) Supervisors are responsible for reviewing and approving Sick Leave in accordance with Washington State Laws and HumanGood policies.
- 2) Team members are responsible for identifying leave requests under Washington State Sick leave as Sick Leave.
- 3) Human Resources is responsible for informing all team members currently employed and all new team members at time of hire regarding all rules and procedures regarding sick leave usage. Human Resources must all ensure that all team members are provided and sign the Washington Employee Paid Sick Leave Notification (Attachment 1).

### **Authorized Uses For Paid Sick Leave**

Sick leave under this policy can be taken for the Team Member's absence resulting from the Team Member's mental or physical illness, injury, or health condition, to accommodate the Team Member's need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or a Team Member's need for medical care. This includes preventative care such as medical, dental, or optical appointments and/or treatment.

Sick leave may also be taken to allow a Team Member to provide care for a family member with a mental or physical illness, injury, or health condition, to care for a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or to care for a family member who needs preventative medical care. A family member under this policy includes the Team Member's child (including biological, adopted, foster, step child, or a child to whom the Team Member stands in loco parentis, is a legal guardian, or is a de factor parent, regardless of age or dependency status), parent (including a biological, adoptive, de factor, foster, step parent, or legal guardian of a Team Member or the Team Member's spouse or registered domestic partner, or a person who stood in loco parentis when the Team Member was a minor child), spouse, registered domestic partner, grandparent, grandchild, or sibling.

Sick leave may also be taken under this policy when the Team Member's place of business has been closed by order of a public official for any health-related reason or when a Team Member's child's school or place of care has been closed for such a reason.

Sick leave may be taken when a Team Member is qualified to be absent for any reason under the domestic violence leave act. Authorized use under this section includes:

- Seeking legal or law enforcement assistance or remedies to ensure the health and safety of Team Member's and their family members including, but not limited to, preparing for, or participating in, any civil or criminal legal proceeding related to or derived from domestic violence, sexual assault, or stalking
- Seeking treatment by a health care provider for physical or mental injuries caused by domestic violence, sexual assault, or stalking





- Attending health care treatment for a victim who is the Team Member's family member
- Obtaining, or assisting the Team Member's family member(s) in obtaining, services from: a domestic violence shelter, a rape crisis center, or a social services program for relief from domestic violence, sexual assault, or stalking
- To obtain, or assist a family member in obtaining, mental health counseling related to an incident of domestic violence, sexual assault or stalking in which the Team Member or the Team Member's family member was a victim of domestic violence, sexual assault or stalking
- Participating, for the Team Member or for the Team Member's family member(s) in: safety planning or temporary or permanent relocation, or other actions to increase the safety from future incidents of domestic violence, sexual assault, or stalking.

### **Accrual of Paid Sick Leave**

Commencing on January 1, 2018 or on the first date after commencing employment (whichever is later), eligible Team Members who are not eligible for PTO under HumanGood's PTO policy shall accrue paid sick leave at a rate of 1 hour for every 30 hours worked. HumanGood Team Members receiving PTO should refer to HumanGood's PTO policy as set forth in the Handbook for details on the amounts of PTO that will be accrued. Team Members do not accrue sick leave during vacation, paid time off, other time off of work, or while using paid sick leave. There is no cap on the number of paid sick leave hours that may be accrued in a year.

The paid sick leave will be placed into a sick leave bank. At the end of the calendar year, up to 40 hours of any accrued, unused paid sick leave will be rolled over into the next calendar year. No more than 40 hours of unused paid sick leave will roll over. Thus, any unused, accrued paid sick leave in excess of 40 hours will drop out of the Team Member's paid sick leave bank at the end of the calendar year.

Sick pay will not be paid out upon termination of employment.

If a Team Member who separates from employment with HumanGood is rehired within twelve months of separation, the previously accrued and unused paid sick leave will be reinstated and the previous period of employment shall be counted for purposes of determining the Team Member's eligibility to use paid sick leave.

### **Use of Paid Sick Leave And Requirement to Provide Reasonable Notice**

Team Members under this policy can begin to use their accrued paid sick leave after 90 days of employment. Team Members may not use paid sick leave before it has been accrued. Team Members are allowed to use paid sick leave in the same increments of time as payroll is paid at



each location. Team Members must submit a Team Member Notice for Use of Paid Sick Leave form.

Please Note: Verification is required if a Team Member uses paid sick leave for three (3) or more consecutive days on which the Team Member was required to work. See below.

Team Members must provide reasonable advance notice of an absence from work for the use of paid sick leave to care for yourself or a family member. Please provide such reasonable notice to your local Human Resources representative.

When the need for paid sick leave under this policy is foreseeable, Team Members must request the sick leave from his or her supervisor at least ten (10) days in advance, or as early as possible, before the first day the paid sick leave is used. If possible, the notification should include the expected duration of the absence.

When the need for paid sick leave under this policy is unforeseeable, the Team Member must provide notice to his or her supervisor as soon as possible before the required start of his/her shift, but no later than one (1) hour before the Team Member's required start time. In the event the Team Member cannot provide notice to his/her supervisor, a person may provide notice to the supervisor on his/her behalf. If possible, the notification should include the expected duration of the absence.

Paid sick leave will be paid no later than the payday for the pay period in which the paid sick leave was used, unless verification is required. If verification is required, the paid sick leave will be paid during the payday for the pay period during which the verification is provided to HumanGood. However, HumanGood may withhold paid sick leave if it proves the Team Member was using his/her paid sick leave for an unauthorized event or purpose.

### **Verification Required For Use After Three Or More Consecutive Days**

Team Members who take paid sick leave for three or more consecutive days that he/she is/was required to work may be asked to provide verification that a Team Member's use of the paid sick leave is for an authorized use under this policy. Such verification may be from a health care provider, and it need not specify the nature of the medical condition at issue. HumanGood will maintain the confidentiality of any information received in accordance with all applicable laws. The Team Member must provide the verification within ten (10) calendar days following the first day upon which the Team Member uses paid sick leave.

If HumanGood makes such a request for verification, the Team Member has the right to assert that the verification requirement results in an unreasonable burden or expense on the Team Member. If the Team Member asserts that the requirement for verification will result in an unreasonable burden or expense, the Team Member may provide an oral or written explanation to your local Human Resources representative within five (5) calendar days after the request for verification. The explanation must state: (a) that the Team Member's use of paid sick leave was



for an authorized purpose under the law; and (b) how the employer's verification requirement creates an unreasonable burden or expense on the Team Member. Within ten (10) calendar days after your Human Resources representative receives the Team Member's explanation, HumanGood will provide a response and if applicable, will identify and provide alternatives for the Team Member to meet the employer's verification requirement in a manner which does not result in an unreasonable burden or expense on the Team Member.

If, upon receipt of the Team Member's explanation, HumanGood and the Team Member disagree about whether the verification requirement results in an unreasonable burden or expense on the Team Member, HumanGood and the Team Member may consult with Washington's Department of Labor and Industries or the Team Member may file a complaint.

### **Retaliation Is Prohibited**

Retaliation against any Team Member for lawfully exercising his/her rights to take paid time off under this policy is prohibited. Any Team Member who has concerns about retaliation should speak with Human Resources.

If a Team Member is not satisfied with the Human Resources response, we encourage the Team Member to contact Corporate Human Resources or the Corporate Compliance Hotline.

Home Office Human Resources, Pleasanton Ca. 925-924-7150

or

Compliance Officer at 1-888-740-4636 or send an email to  
CorporateCompliance@HumanGood.org.

If a Team Member is still not satisfied with HumanGood's response, the Team Member may contact the Washington State Department of Labor & Industries.

Online: [www.Lni.wa.gov/WorkplaceRights](http://www.Lni.wa.gov/WorkplaceRights)

Call: 1-866-219-7321 (toll free)

Visit: [www.Lni.wa.gov/Offices](http://www.Lni.wa.gov/Offices)

Email: [ESgeneral@Lni.wa.gov](mailto:ESgeneral@Lni.wa.gov)

## **Frequently Asked Questions Washington Paid Sick Leave**



### 1. How do I qualify to accrue paid sick leave?

*Casual, on-call, and temporary team members:* You qualify to accrue paid sick leave if you work in Washington for HumanGood on or after January 1, 2018 and you are not otherwise covered by HumanGood's PTO program.

### 2. Who will experience a change to sick leave accruals — and who will not?

- *No Change:* Full-time and part-time benefits-eligible team members will see no change to accrued time off. That's because you already receive accruals through HumanGood's PTO program that are equal to or better than what's required under the new Washington law.
- *Will Change:* Casual, on-call, and temporary team members *will be* eligible to start accruing sick leave under the new Washington law. Starting on January 1, 2018, you will accrue one hour of sick leave for every 30 hours you work for HumanGood in Washington. Again, HumanGood's policy is more generous than required by the Washington state law.

### 3. What do I need to do?

- *Full-time and part-time benefits-eligible team members:* **Review and sign the *Washington Employee Paid Sick Leave Notification*.**
- *Casual, on-call and temporary team members:* **Review and sign the *Washington Employee Paid Sick Leave Notification*** and be sure to review your paycheck statements for sick leave accruals.

### 3. If I qualify, how much paid sick leave am I entitled to use?

Starting January 1, 2018, team members eligible for Washington paid sick leave who have worked for HumanGood for at least 90 days can begin to use accrued paid sick leave. Up to 40 hours of unused sick leave may be carried over from one year to the next.

### 4. How will I know how much sick leave I have accrued?

Starting in the first paycheck for the January 1, 2018 pay period, you will be able to review your accrued sick leave on your paycheck statements. You will also be able to review the amount you have used and the amount you have available for use.

### 5. What can I use sick leave for?

You can take paid sick leave for you or a family member for diagnosis, care, or treatment of an existing health condition, for preventative care, or for specified purposes (as identified in HumanGood's Washington paid sick leave policy), if you are a victim of domestic violence, sexual assault, or stalking, or if there is a public health emergency. Family members include the team member's parent, stepparent, or legal guardian, child, spouse, registered domestic partner, grandparent, grandchild, sibling, or the child or parent of the team member's spouse or registered domestic partner. Preventive care would include annual physicals or flu shots.



**6. If I leave my job, can I cash out my unused sick days?**

No. However, if you leave your job and get rehired by HumanGood within 12 months, previously accrued and unused paid sick days will be reinstated.

**7. What if I have additional questions?**

Please contact your local HR Representatives.

**Copy of the Washington State Legislature RCW**

**RCW [49.46.020](#)**

**Minimum hourly wage—Paid sick leave.**

(1)(a) Beginning January 1, 2017, and until January 1, 2018, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than eleven dollars per hour.

(b) Beginning January 1, 2018, and until January 1, 2019, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than eleven dollars and fifty cents per hour.

(c) Beginning January 1, 2019, and until January 1, 2020, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than twelve dollars per hour.

(d) Beginning January 1, 2020, and until January 1, 2021, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than thirteen dollars and fifty cents per hour.

(2)(a) Beginning on January 1, 2021, and each following January 1st as set forth under (b) of this subsection, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than the amount established under (b) of this subsection.

(b) On September 30, 2020, and on each following September 30th, the department of labor and industries shall calculate an adjusted minimum wage rate to maintain employee purchasing power by increasing the current year's minimum wage rate by the rate of inflation. The adjusted minimum wage rate shall be calculated to the nearest cent using the consumer price index for urban wage earners and clerical workers, CPI-W, or a successor index, for the twelve months prior to each September 1st as calculated by the United States department of labor. Each adjusted minimum wage rate calculated under this subsection (2)(b) takes effect on the following January 1st.

(3) An employer must pay to its employees: (a) All tips and gratuities; and (b) all service charges as defined under RCW [49.46.160](#) except those that, pursuant to RCW [49.46.160](#), are itemized as not being payable to the employee or employees servicing the customer. Tips and service charges paid to an employee are in addition to, and may not count towards, the employee's hourly minimum wage.

(4) Beginning January 1, 2018, except as provided in RCW [49.46.180](#), every employer must provide to each of its employees paid sick leave as provided in RCW [49.46.200](#) and [49.46.210](#).



(5) The director shall by regulation establish the minimum wage for employees under the age of eighteen years.

[ [2019 c 236 § 2](#); [2017 c 2 § 3](#) (Initiative Measure No. 1433, approved November 8, 2016); [1999 c 1 § 1](#) (Initiative Measure No. 688, approved November 3, 1998); [1993 c 309 § 1](#); [1989 c 1 § 2](#) (Initiative Measure No. 518, approved November 8, 1988); [1975 1st ex.s. c 289 § 2](#); [1973 2nd ex.s. c 9 § 1](#); [1967 ex.s. c 80 § 1](#); [1961 ex.s. c 18 § 3](#); [1959 c 294 § 2](#).]



<b>Personnel Records Policy and Procedure</b>	Effective Date	03/08/2018
	Revision Dates	02/06/2021
	Departments Approving	HR
	Departments Affected	ALL

## **Introduction and Background**

### **Purpose**

The purpose of this document is to outline the policy and procedure for creating and maintaining personnel records for team members. HumanGood and Affiliates will comply with state and federal regulations regarding records retention, as well as document employment and employer decisions relative to salary, performance and training.

### **Persons Affected**

All current and former team members employed by HumanGood employers

### **Policy**

The employee's official personnel file is a compilation of communications and documents containing employment details and all HRIS records for a team member. The personnel file serves as the historical record of information pertaining to a team member from their initial employment application through their separation from HumanGood. Along with the personnel file, other confidential personnel records should be retained in compliance with state and federal laws. Physical personnel records are to be securely maintained in each community location or designated office and should not be taken outside the assigned location without the prior knowledge and approval of the highest ranking executive at that community location.

### **Definitions**

- 1) **HumanGood Employers:** All affiliated employers identified in the employee handbook.
- 2) **California Labor Code 1198.5:** Provides that current and former employees, or a representative, have the right to inspect and receive a copy of the personnel files and records that relate to the employee's performance or to any grievance concerning the employee.



- 3) **Community/Local Human Resources:** The individual that is responsible for the human resources function in the community.
- 4) **Division of Labor Standards Enforcement - California (DLSE):** Also known as the Labor Commissioner's office was established to adjudicate wage claims, investigate discrimination and public works complaints, and enforce Labor Code statutes and Industrial Welfare Commission orders.
- 5) **Personnel Records defined under DLSE:** Categories of records that are generally considered to be "personnel records" are those that are used or have been used to determine an employee's qualifications for promotion, additional compensation, or disciplinary action, including termination.
- 6) **Revised Code of Washington (RCW):** The RCW is the compilation of all permanent laws now in force.
- 7) **Supervisor/Manager:** The individual to whom the team member reports.
- 8) **Team member:** A team member is an employee of a HumanGood Affiliate company. The term "team member" and "employee" are used interchangeably.
- 9) **Washington Administrative Code (WAC):** The WAC codifies the regulations and arranges them by subject or agency.

## **Responsibilities**

- 1) Local HR is responsible for creating, maintaining and securing team member personnel records in compliance with HumanGood's policies and procedures.
- 2) HRIS system administrators must ensure electronic folder permissions are correctly identified and issued.
- 3) Supervisors are responsible for forwarding all personnel information to HR and properly uploading electronically documents into the ULTIPro electronic documents system.

## **Procedures**

### **Personnel File Contents**

- 1) Only job-related information will be contained in the personnel file. Contents of each personnel file should include basic identifying information (e.g., name, address, job title), employment applications or other hiring-related documents, payroll authorization forms, position descriptions, compensation records, wage theft protection act notice, wage





attachment or garnishment, performance evaluations and information about other employment actions (e.g., promotions, education and training, corrective actions) and other job-related information. Team members should be aware of information placed in their personnel file.

2) ***Some examples of information that should NOT be kept in the personnel file or available to supervisors via electronic systems or folders (not an exhaustive list).***

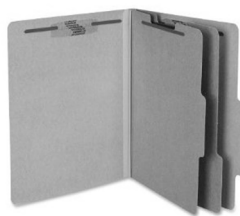
- i) Form I-9 (Refer below for proper maintenance of I-9 forms)
- ii) EEOC and DFEH charges of discrimination
- iii) Workers' compensation information (see below)
- iv) Medical information or certifications
- v) Physical exam reports
- vi) FMLA information
- vii) Benefit enrollment forms and beneficiary information

### **Organization of the Personnel File**

Personnel files should be set-up in the following manner:

#### **Label for the Personnel File:**

<b>EMPLOYEE LAST NAME, FIRST</b>	<b>HD (Hire Date MM-DD-YY)</b>
<b>JOB TITLE</b>	<b>TD (Term Date MM-DD-YY)</b>



1) **6-section pressboard classification folder**

- Section 1: Anything salary related (W-4, Direct Deposit, wage notification)
- Section 2: Personnel Data Information, copy of drivers' license (if driver)  
(Address, emergency contact), Work Permit (for minors)
- Section 3: Training documentation, awards, licenses, certifications, etc
- Section 4: Counseling and/or Corrective Action Notices



Section 5: Performance Reviews, job descriptions, letters of commendation and/or Complaints (Record of Conference, Performance Improvement Plans)

Section 6: Employment related (Applications, resume, offer letter, sign-off sheets for handbook, policies, employment agreements, IIPP etc.)

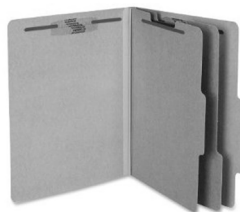
### **Organization of the Confidential File which includes Benefit/Medical Info**

Medical and Workers' Compensation files are subject to varied retention laws based on exposure, future medical, etc. Contact Home Office HR prior to destroying any medical information.

Confidential Information Benefit/Medical file should be set-up in the following manner:

#### **Label for Confidential Benefits/Medical File:**

<b>EMPLOYEE LAST NAME, FIRST</b>
<b>Benefit/Med File/Other Confidential Info</b>



#### **1) 6-section pressboard classification folder (different color from Personnel File)**

Section 1: Anything medical related, doctor notes, etc.

Section 2: MPN notification, designation of physician etc.

Section 3: Background checks, reference results, interview notes

Section 4: Other misc. confidential information

Section 5: Benefit Enrollment forms and communications

Section 6: Leave of absence documents

### **Organization of the Workers' Compensation File**

Label for Workers' Compensation File:



<b>EMPLOYEE LAST NAME, FIRST</b>	<b>DOI (Date of Injury)</b>
<b>Type of Injury or Illness</b>	



- 1) Create the file using a manila folder with fasteners to hold first report, supervisor report, employee report, work status, and other communications related to the injury or illness.

### **Electronic Documents Uploaded into UltiPro**

Electronic documents should be uploaded using the UltiPro guide. Benefits, Medical Files, Leave of Absence Information, Workers' Compensation and other Confidential Information that should not be placed into a personnel file must be uploaded into the **Confidential** category. Confidential category items are not accessible to managers/supervisors.

The document categories in UltiPro are as follows:

- 1) **Career and education**, which can include awards, licenses, certificates, or training documents (Viewable by manager, HR and team member).
- 2) **New hire**, which can include W-4s, I-9s, new hire profiles, and team member applications (Viewable by HR and team member).
- 3) **Performance**, which can include performance review, 90-day review, self-assessments, corrective action plans, performance warnings, probation documents and career development plans (Viewable by manager, HR and team member).
- 4) **Confidential** Benefits, Medical Files, Leave of Absence Information, Workers' Compensation and other Confidential Information (Viewable by HR Only).
- 5) **Other**, which can include any other document types that are not available in the other document categories (ex: HRMS User Agreements) (Viewable by manager, HR and team member).



## Organization of the Form I-9 Employment Eligibility Verification

In compliance with the laws governed by the Department of Homeland Security it is critical that every team member have a completed Form I-9 attesting to their employment eligibility. Employers must complete and sign section 2 within 3 days of Team Member's first day of employment.

The form consists of three sections and should be completed as follows:



- 1) The penalties for improperly completing or for failing to complete the Form I-9 can be severe ranging from \$110 per document for failing to comply with I-9 requirements to \$6,500 for committing or participating in document fraud. Penalties are even higher for multiple offenses.
- 2) The I-9 forms for active team members should be kept alphabetically in a three-ring binder, Individuals with expiring work authorizations should be flagged so that timely review and receipt of updated work authorizations may be obtained.
- 3) The binder should be secured in a locked cabinet or drawer. Supervisors or managers should not have access to form I-9 and documents because national origin, immigration status, marital status and other protected information may be disclosed on these forms or in the documents provided for their completion. If electronic I-9s are used, access must be secured and limited to required HR personnel only.



- 4) The I-9's for terminated team members should be kept in a separate three-ring binder organized by year in compliance with retention requirements. When a team member is terminated, his or her I-9 form should be removed from the active I-9 binder to the terminated I-9 binder. There are two retention requirement dates under the I-9 retention rule. HumanGood must retain the I-9 until the later of the two dates.
- 5) To determine the retention date look to the team member's date of hire. Since all current team members must have an I-9 on file, the 3 years after hire retention requirement is already met for any team member who has been employed with the organization for 3 years. Therefore, I-9s for all team members who terminate after 3 years of employment are simply retained for one year after termination.
- 6) For those team members employed for less than 3 years, the following chart will assist to ensure the employer has the I-9 in their possession for a minimum of three years from the date of hire.
- 7) To calculate how long to keep a team member's Form I-9, enter the following:
  1. Date team member began work for pay    1. \_\_\_\_\_  
    A. Add three years to the date on line 1.    A. \_\_\_\_\_
  2. The date employment was terminated    2. \_\_\_\_\_  
    B. Add one year to the date on line 2.    B. \_\_\_\_\_
  3. Which date is later; A or B?    3. \_\_\_\_\_  
    C. Enter the later date.    C. \_\_\_\_\_

The employer must retain Form I-9 until the date on Line C.

### **Correcting the Form I-9**

- 1) If you find it necessary to correct errors on a Form I-9 it must be corrected as follows. Employers are only allowed to correct errors made in Section 2 or Section 3 of Form I-9. If while reviewing/auditing a form you discover an error in Section 1 you should ask your team member to correct the error.
  - i) Draw a line through the incorrect information.
  - ii) Enter the correct information.



- iii) Initial and date the correction.
- 2) To correct multiple recording errors on the form, you may redo the section on a new Form I-9 and attach it to the old form. A new Form I-9 can be completed if major errors (such as entire sections being left blank or Section 2 being completed based on unacceptable documents) need to be corrected. A note should be included in the file regarding the reason you made changes to an existing Form I-9 or completed a new Form I-9.
- 3) It is important NOT to conceal any changes made on the form (other than simple notation errors when copying document information). Doing so may lead to increased liability under federal immigration law.
- 4) If changes on a Form I-9 have been made using correction fluid/tape, it is recommended that a signed and dated note be attached to the corrected Forms I-9 explaining what happened.

### **I-9 Re-verification and Rehire**

- 1) Employers may complete Section 3 when:
  - a) A team member's employment authorization or documentation of employment authorization has expired ("re-verification").
  - b) A team member is rehired within three years of the date that Form I-9 was originally completed.
  - c) A team member changes his or her name.
- 2) Local HR should remind team members, at least 90 days before re-verification is required, that her or she will be required to present a List A or List C document (or acceptable receipt) showing continued employment authorization on the date that their employment authorization or documentation expires. If the team member has a Form I-765, Application for Employment Authorization, pending with USCIS, and the application has been pending for 75 days, the team member may call the National Customer Service Center or schedule an INFOPASS appointment at a local office to request expedited processing. It is best to refer the team member to the Department of Homeland Security website for contact phone numbers. <http://www.uscis.gov/i-9-central>.
- 3) If Section 3 was previously completed, or if the version of the form used for a previous verification is no longer valid, then Section 3 of a new Form I-9 must be completed using the most current version of the form and attaching it to the previously completed Form I-9.



## **Personnel File Maintenance**

A team member's personnel file contains necessary job-related and personal information and is maintained by the local or onsite HR representative. Each team member should have only one personnel file; that file may be a combination of electronic information stored in the applicable HRIS system and a single paper folder maintained at the work site. Documents pertaining to a team member's personnel record should be filed in a timely manner to keep the personnel file current.

## **Access to Personnel Files**

Internal access to personnel files is limited to HR and supervisory personnel who are considering the team member for promotion, transfer, accommodations, or other personnel action and to other officials who have a legitimate need to know. Supervisors should not remove the file from the HR secured location unless signing an issue receipt with HR.

## **Record Retention**

Personnel files must be retained for a minimum of five years from separation date. If however a legal case is pending for the individual the file must be retained until final determination of legal action.

## **Supervisory Notes**

Files kept by supervisors containing employment related information may be subject to disclosure. This file should be maintained in a secure location such as a locked drawer or file in or near the supervisor's workstation. All documents in this file are to be dated and contain factual, not subjective information. While not part of the personnel file, this file may be used to document observed work performance and behavior and may include informal notes to be used in future discussion regarding a team member's job performance. Supervisors must be consistent and equitable in record keeping.

## **State Laws Regarding Personnel Files**

### **Arizona**

#### **Team Member's Right to Inspect or Copy Personnel Files**

Arizona currently has no law regarding access to personnel files that applies to private sector employers. Rights regarding personnel files are subject to the discretion of the employer.



## **California**

### **Team Member's Right to Inspect or Copy Personnel Files**

Under California Labor Code section 1198.5 every current and former employee or his or her representative has the right to inspect or receive copies of personnel files and records relating to the employee's performance or grievance concerning the employee. Employers are legally required to maintain personnel files for a minimum of three years after the employee stops working for the employer, however since the statute of limitations for wage and hour claims can extend back four years, HumanGood's policy requires files be maintained for a minimum of five years.

### **Written Request to View Personnel File**

The request to view a personnel file must be made in writing, if a team member requests the file orally, HumanGood must supply a request form so the request may be made in writing. Personnel records must be made available for inspection to the current, former, or identified employee representatives at reasonable intervals and reasonable times, but not later than 30 days from the date the employer receives a written request to view the file. This 30 day window may be extended by mutual written agreement of all parties but cannot exceed 35 calendar days from the employer's receipt of the written request. An employer may charge the employee for costs of copying the file, but charges may not exceed actual cost of reproduction. The employer is not required to make those personnel records or a copy thereof available at a time when the employee is actually required to render service to the employer, if the requester is the employee.

If a former team member is seeking to inspect his or her personnel records was terminated for violation of law, or an employment-related policy, involving harassment or workplace violence, the employer may comply with the request by doing one of the following:

- (i) Making the personnel records available to the former Team Member for inspection at a location other than the workplace that is within a reasonable driving distance of the former employee's residence, or
- (ii) Providing a copy of the personnel records by mail
- (iii) Contact HO HR or legal for release instructions for all Team Members represented.





HumanGood is only required to comply with one request per year by a former employee to inspect or receive a copy of his or her personnel records. An employer is permitted to take reasonable steps to verify the identity of a current or former employee or his or her authorized representative.

### **Redaction of Names or any other Non-Supervisory Employee**

Employers have the right to redact the names of any other nonsupervisory employee that is listed in the employee's personnel file before making it available to the employee.

### **Excluded records**

The right to inspect personnel files and records does not apply to records relating to the investigation of a possible criminal offense, letters of reference, or ratings, reports, or records that were (a) obtained prior to the employee's employment, (b) were prepared by identifiable examination committee members, or (c) were obtained in connection with a promotion exam.

### **Team Members covered by a collective bargaining agreement**

The right to inspect personnel files does not apply to an employee covered by a valid collective bargaining agreement if the agreement expressly provides for all of the following: (1) the wages, hours of work, and working conditions of employees, (2) a procedure for the inspection and copying of personnel records, (3) premium wage rates for all overtime hours worked, (4) a regular rate of pay of not less than 30 percent more than state minimum wage rate.

### **Penalty for not making requested records available**

Penalties may vary by state, for example the California Labor Commissioner can assess a penalty of \$750 for not making the requested records available. The current or former team employee may also bring an action to compel production of his or her file and recover attorney's fees.

### **Information Required by a Lawfully Issued Administrative Summons or Judicial Order, Including a Search Warrant or Subpoena**

The locations most senior executive must review any of the above before disclosure. If employment records are subpoenaed, the current or former team member must be notified and has a right to object to production of records. The requesting party may be assessed a reasonable charge for this service.



## **Idaho**

### **Team Member's Right to Inspect or Copy Personnel Files**

Iowa currently has no law regarding access to personnel files that applies to private sector employers. Rights regarding personnel files are subject to the discretion of the employer.

## **Nevada**

### **Team Member's Right to Inspect or Copy Personnel Files**

Under Nevada Revised Statute Annotated an employee/team member who has worked at least 60 days or former team members within 60 days of termination, must be given a reasonable opportunity to inspect personnel records. The team member may view records only during HumanGood's normal business hours. HumanGood may charge only the actual cost of providing access and copies.

Team members also are entitled to access any records in their employer's possession that indicate their exposure to toxic materials or harmful physical agents. If a team member or former team member requests such records, HumanGood must provide them within 72 hours of the request.

### **Excluded records**

The right to inspect personnel files and records does not apply to confidential reports from previous employers or investigative agencies, other confidential investigative files and information about criminal investigations.

### **Team Member's right to insert rebuttal**

A team member may submit a reasonable written explanation in direct response to any entry in their personnel record. The statement must be of reasonable length; HumanGood may specify the format; HumanGood is required to maintain the statement in the personnel records. If the team member contends that any information contained in the records is inaccurate or incomplete, the team member must notify HumanGood in writing of this contention. If HumanGood finds that the contention of the team member is correct, HumanGood shall change the information accordingly.

### **Liability for Disclosure of Employee Information**

Employers who provide accurate information about a former employee's job performance to a prospective employer are immune from civil liability and other consequences of the disclosure so long as the employer did not act with malice or ill will. An employer acts



with ill will or malice when it knowingly, recklessly, or intentionally discloses false or misleading information to a prospective employer and it can be liable to a former employee for damages. Employers may not disclose information that federal law requires be kept confidential, or information that you have agreed with an employee to be kept confidential.

**Pennsylvania Act of Nov. 26, 1978, P.L. 1212, No. 286, Cl. 43**

An employer shall, at reasonable times, upon request of an employee, permit that employee or an agent designated by the employee to inspect his or her own personnel files used to determine his or her own qualifications for employment, promotion, additional compensation, termination or disciplinary action. The employer shall make these records available during the regular business hours of the office where these records are usually and ordinarily maintained, when sufficient time is available during the course of a regular business day, to inspect the personnel files in question. The employer may require the requesting employee or the agent designated by the employee to inspect such records on the free time of the employee or agent. At the employer's discretion, the employee may be required to file a written form to request access to the personnel file or files or to indicate a designation of agency for the purpose of file access and inspection. This form is solely for the purpose of identifying the requesting individual or the designated agent of the requesting individual to avoid disclosure to ineligible individuals. To assist the employer in providing the correct records to meet the employee's need, the employee shall indicate in his written request, either the purpose for which the inspection is requested, or the particular parts of his personnel record which he wishes to inspect or have inspected by the employee's agent. (2 amended Nov. 29, 1990, P.L.596, No.149)

**Designated agent.**

An employee shall provide to the employer a signed authorization designating a specific individual or individual who shall be authorized to inspect the employee's personnel file. The signed authorization shall be for a specific date or dates and shall indicate either the purpose for which the inspection is authorized or the particular parts of the employee's personnel file which the designated agent is authorized to inspect. The provisions of section 2 shall apply to the designated agent. (2.1 added Nov. 29, 1990, P.L.596, No.149)

**Applicability.**

Nothing in this act shall be construed as a requirement that an employee or the designated agent of the employee be permitted to remove his personnel file, any part thereof, or copy of the contents of such file from the place of the employer's premises where it is made available for inspection. The taking of notes by an employee or the designated agent of the employee is permitted. The employer shall retain the right to protect his files from loss, damage or alteration to insure the integrity of the files. The employer may require inspection of the personnel file in the presence of an official designated by the employer. The employer must allow sufficient inspection time, commensurate with the volume content of the file. Except for reasonable cause the



employer may limit inspection to once every calendar year by an employee and once every calendar year by the employee's designated agent, if any.

## **Washington**

### **Employment Records**

Under Washington law every employer is required to maintain true and accurate employment records for an employee for four calendar years following the calendar year in which employment occurred.

### **Team Member's Right to Inspect or Copy Personnel Files**

Under Washington Administrative Code chapter 357-22 an employee/team member and/or any person authorized in writing by the team member may review the team member's personnel file at least once annually within a reasonable time after making a request.

### **Team Member's right to insert rebuttal**

A team member may petition annually that HumanGood review all information in the personnel file. If there is any irrelevant or incorrect information in the file, the employer must remove it. If the team member does not agree with HumanGood's review, the team member may have a statement of rebuttal or correction placed in the file.

Former team members have a right of rebuttal or correction for a period not to exceed two years after termination.

**Resources / References** [if applicable – could be legal code cites, regulatory framework, prior policies]

Employee Handbook *4.13 Inspection of Personnel Records*

Personnel File: Inspection/Copy Request Form



## PERSONNEL FILE: INSPECTION/COPY REQUEST FORM

Employee/Former Employee Name: \_\_\_\_\_

I am requesting to: ☐ Inspect my personnel file ☐ Obtain a copy of my personnel file

☐ Obtain a copy of a specific document within my personnel file: \_\_\_\_\_

I am designating, in writing, the following representative, \_\_\_\_\_ to:

☐ Inspect my personnel file ☐ Obtain a copy of my personnel file

I understand the following:

- If I am inspecting my personnel file, I may not add, remove or revise any documents.
- Names of non-supervisory team members and other privileged and/or private, third party information will be removed from the records prior to my inspection and/or receiving a copy.
- Unless we agree to extend this date, the employer has 30 calendar days from receipt of my written request to comply with my request.
- I may be required to reimburse the employer the actual cost of reproduction of my personnel file.
- If I am a former employee/team member, I understand that I am limited to one request per year and may be required to reimburse the employer for any postal expenses related to my request.
- I understand the employer may verify any representative designated by me.

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

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### ***To be completed by Human Resources:***

Date request received: \_\_\_\_\_

Date of review of file with  
Employee/representative: \_\_\_\_\_

Date on which a copy of the  
Personnel file was provided  
To the employee/representative: \_\_\_\_\_

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

HumanGood March 8<sup>th</sup>, 2018

(Previous versions are obsolete)





Team Members Appreciation Fund	Effective Date	08-18-2017
	Revision Dates	04-01-2018
		04-01-2019
		06-20-2019
		05-21-2020
	Departments Approving	Foundation & HR
	Departments Affected	All

## Introduction and Background

The purpose of this document is to outline the policy and procedure for distribution of the Team Member Appreciation Funds. HumanGood realizes that residents may want to recognize team members for their service. Through the generous donations of our residents, participating communities have Team Members Appreciation Funds available to make these gifts possible.

## Policy

Residents may provide monetary gifts to offset the company's no tipping policy as approved by each community's Resident Council, with a preferable distribution of once per year and a maximum of twice a year. Distributions will be determined by the Community Residents Council at each location. Distribution dates and team members to be included in the distribution are identified in the community attachments. In order to maintain appropriate tax withholding, team members must remain on the community's active payroll at the time checks are distributed. HumanGood has implemented an annual performance bonus program for Directors, therefore HumanGood requests that resident councils do not include directors in their requested distributions.

It is the goal of the Team Member Appreciation Fund program to ensure the resident funds (tips) are distributed as they wish while in compliance with IRS regulations. Other vendor team members (such as dining management or therapy providers) may be included in the Team members Appreciation Fund at the discretion of the community's Resident Council. Taxation and tipping protocol by non-HumanGood team members are left up to the individual and/or their company to address.

## Procedures

### Responsibilities

**The HumanGood Foundation**, in coordination with the community's **Resident Council and Team Member (Employee Appreciation) Committee**, is responsible for collecting



and depositing all Team Members Appreciation Fund money to the appropriate Community. The amount available for distribution will be calculated at the close of the fund drive by the HumanGood Foundation and Community Support Center Accounting and reported to the community Resident Council, the HumanGood Foundation Representative and the Human Resources Director.

**Human Resources** is responsible for execution procedures identified below.

### Procedures

The calculation of hours to be included in the Team Member Appreciation Fund distribution will be based on all hours worked in the preceding 6 (for twice per year distributions) or 12 month period, paid time off will be excluded.

The formula to be used in calculating team member gift checks will be:

Rate = Dollar amount to distribute / Total community hours worked  
Individual Payment = Rate x Individual team member's hours worked

Team members who transfer from one community to another community will utilize their original hire date for eligibility for the gift checks, but will have their hours pro-rated to reflect only the time served in their current community. Transfer team members will only be eligible to receive the Appreciation Fund from the current community in which they are working. Newly hired team members who have yet to work a pay period enough qualifying hours may be included at a minimum disbursement of \$25 at the discretion of the community's Resident Council policy. Newly hired salary team members that are eligible may also be included at a minimum disbursement of \$25 at the discretion of the community's Resident Council policy.

Team members who work in multiple communities will be included in the calculations for each community they are assigned. Payroll and/or the community support center will provide hours worked to each community if they are not assigned to the community for payroll.

Specific community's policy and procedures as defined by the Resident Council will be kept on file with the Community's Human Resources department.

### **Collection Procedures:**

#### **HumanGood Foundation South (legacy be.group communities)**

1. The Foundation Executive Director shall pick up the checks directly from the administrative office or the designated staff person shall mail the checks and any





supporting material to the Foundation Executive Director via FedEx or UPS every Friday with a designated delivery date of Monday.

**HumanGood Foundation West (legacy ABHOW communities)**

1. Each community shall send the checks to the HumanGood Foundation ~~at~~ to the attention of the President of Philanthropy for HumanGood West ~~and~~.
2. Every community should only send checks via FedEx or UPS so that a tracking system is available for the package.
3. Each community should not send any other **unrelated** correspondence with the team member appreciation fund checks.
4. A batch of checks should be sent **every** Friday with a Monday delivery date.
5. Each community should designate two individuals and at least one of them should be a team member to verify all checks as they are placed in the envelope and **listed** on the cover sheet for HumanGood West. For Human Good South the designated team member should verify all checks are included.
6. Both individuals will also verify that every check includes the **name and current address** of the residents gifting the funds.
7. If possible **donors should** include **their HumanGood** Foundation donor numbers next to their name handwritten on the check. The Foundation will send a master list of donor account numbers to each community prior to collection each year.
8. All communities shall include a cover sheet with each batch of checks to be sent to the Community Support Center each Friday for a Monday delivery. The cover sheet should include the following:
  - Community name
  - Date sent
  - Individual check numbers and the amounts
  - Total number of checks sent and total monies given in the batch sent



- Both individuals verifying the batch of checks will sign on the cover sheet that the above has been reviewed and verified

9. Each community should keep a copy of the cover sheet for their records.
10. Each batch of checks received will have a deposit date of one week after the date the checks are sent to the HumanGood Foundation for reconciliation purposes on the HumanGood Foundation spreadsheet.
11. Community should verify receipt of funds by comparing the cover sheets to the spreadsheet sent out by HumanGood Foundation.
12. If the community keeps copies of checks sent, they should be shredded after reconciliation has transpired.

#### **Execution Procedures:**

13. Community HR will calculate total hours worked for all eligible team members and gross amount to be distributed to all team members. Amounts to be distributed must be covered by funds in the community's Team Members Appreciation Fund account.
14. Calculation reports must reflect the team member's ID number, first and last name, gross amount to be paid, total hours being rewarded and titled with gift check distribution month and year.
15. Community HR will report the information to Community Support Center payroll for distribution. Distribution dates must be coordinated and reflect a standard pay cycle date.
16. Payroll will enter the amounts into the payroll system, and for all team members that prefer direct deposits, the appreciation amount will be directly deposited into their account, only those team members that are receiving paper pay checks will receive checks.
17. Team Members Appreciation Fund distribution will be coordinated through the individual community's Resident Council.
18. Human Resource Directors will provide thank you cards with the amounts being given to each team member for the resident councils to pass out at local celebrations. HR should work with the residents' council regarding the design of the card.



**Resources / References: N/A**

### **The Terraces of Mars Attachment (Sample)**

The Terraces of Mars in coordination with the HumanGood Foundation wish for our Team Members Appreciation Funds to be distributed as follows:

- We agree / disagree that team members that have direct deposit or pay card will be able to receive their gift via direct deposit or pay card.
- All Team Members at the location should be included in the fund except for Directors on the community bonus plan.
- We also wish to exclude \_\_\_\_\_ (may be based on Managerial Status, Supervisor Status, or pay level, cannot be based on individual names or jobs)
- Payout for the plan will happen once/twice a year on the pay period \_\_\_\_\_ prior to \_\_\_\_\_.



<b>Volunteer Policy</b>	Effective Date	11/1/2012
	Revision Dates	04/02/2018
		01/07/2019
		02/06/2021
	Departments Approving	HR
	Departments Affected	All

### **Introduction and Background**

At HumanGood, we welcome volunteering at our Communities. Our volunteers:

- Are integral contributors to the communities
- Help us to meet our organizational mission

The mission of the Volunteer Program is to enhance the quality of life of residents by connecting volunteers with residents to provide services that cannot be provided by team members, at no cost to the residents. These humanitarian activities promote personal growth for both the residents and volunteers, thereby benefiting our community and the community at large.

The purpose of this policy is to define the volunteer program at HumanGood. This program will be evaluated periodically to assess the impact, as well as the cost and benefits involved in recruiting, engaging and overseeing volunteers.

Requirements may vary by state or community. The position designated as the volunteer coordinator should work with the local HR Director to ensure requirements are being met.

Unpaid internships are addressed in the HumanGood Intern Policy.

### **Roles & Responsibilities**

- Volunteer Coordinator – Works with department managers to design assignments, recruits, on-boards, and manages volunteers, manages volunteer files, partners with HR Director or Executive Director when issues arise.
- Human Resources Director – Assists in defining assignments, assists with background checks, partners with Volunteer Coordinator to address issues.
- Volunteer – Follow policy, report issues to Volunteer Coordinator



## **Policy**

### **Overview**

It is the policy of HumanGood that all volunteer assignments are handled in a matter consistent with all applicable laws and regulations. Volunteers are not employees of HumanGood and are not eligible for compensation or any benefit granted to HumanGood employees.

Volunteers are a valuable resource to HumanGood, its team members, and its residents. Volunteers will be provided with meaningful assignments, effective supervision, the opportunity for full involvement and participation, and recognition for their contributions. Volunteers will be given orientation and training at the HumanGood community at which they are volunteering. In return, Volunteers agree to actively perform their duties to the best of their abilities and to remain loyal to the goals and procedures of HumanGood.

Volunteers are expected to adhere to all HumanGood policies, procedures, and standards of conduct applicable to the assignment and community location in which they are assigned. It is the policy of HumanGood that the confidentiality of individually-identifiable Resident health information will be protected at all times; whether it is in written or electronic form or communicated orally. It is also the policy of HumanGood that all information related to HumanGood business activities is to be maintained in the strictest confidence and not be divulged outside the company during or after a volunteer assignment. Volunteers are protected against discrimination and harassment according to HumanGood Anti-Harassment & Anti-Discrimination Policy.

### **Definition of a Volunteer**

- A Volunteer is anyone who, without compensation or expectation of compensation, performs services solely for humanitarian purposes at the direction of and on behalf of HumanGood. Individuals wishing to volunteer must be officially accepted and enrolled by HumanGood prior to commencing volunteer services. Volunteers are not employees of HumanGood.
- HumanGood employees should not normally perform volunteer duties for HumanGood communities. Exceptions must be approved by the Regional HR Director.

### **Volunteer Assignment**

Volunteer service is at the sole discretion of HumanGood. Volunteer positions shall have a set term or duration. Volunteers understand and agree that HumanGood may at any time, for whatever reason, decide to end a Volunteer's relationship with HumanGood. Where applicable, verification of licenses, certification, and other qualification requirements must be completed before an individual can commence volunteering at HumanGood. The Volunteer may at any time, for whatever reason, decide to cease volunteering for HumanGood. Notice



of such a decision should be communicated as soon as possible to the appropriate volunteer coordinator.

## **Procedures**

### **A) Volunteer Role Description**

- 1) Each Volunteer role will be clearly defined as to qualifications, responsibilities, and limitations of the position. The role descriptions will provide the basis for recruitment, screening, training, supervision, identification of positions requiring criminal background screening and evaluation.
- 2) A volunteer role description must be complete prior to recruitment into the position.
- 3) Information necessary to the completion of a volunteer role description includes but is not limited to:
  - a. How the project, and the activities performed by the volunteer in the project, support the goals of HumanGood.
  - b. Specific role, duties and expectations of the volunteer.
  - c. Qualifications necessary to perform the role described.
  - d. The time and location of the volunteer activity
  - e. Who will train, orient, supervise, and assess the performance of the volunteer position.
  - f. What materials and/or other resources will be necessary for the volunteer to perform assigned task(s) of the project.
- 4) All volunteer role descriptions must be reviewed and approved by the local Human Resources Director.

### **B) Volunteer Recruitment**

Below is a summary of steps in the recruitment process for Volunteers.

- 1) Posting – If required, volunteer postings should include the title of the position and the project(s) it involves, review the basic requirements of the position including estimated time commitments.
- 2) Application – Candidates complete an application process to confirm their interest and qualifications.
- 3) Interviews – The interview process will be consistent with all applicants and will determine the knowledge, skills, and abilities to perform the essential functions as well as the commitment for the volunteer opportunity.
- 4) Reference Checks – Three reference checks should be completed to confirm candidate qualifications.
- 5) Offer – Selected candidates will receive an offer in writing.
- 6) Post-offer/Pre-assignment Process – Refer to New Hire Background and Health Screening Policy for requirements. Volunteers that do not clear the appropriate state agency background check will never be left alone with residents.



### **C) Volunteer Onboarding**

#### **1) Volunteer Agreement**

All volunteers are required to complete a Volunteer Agreement, Emergency Information Form, and a Parental/Guardian Consent Form (if the volunteer is under the age of 18).

#### **2) Training/Orientation**

- New volunteers will attend an orientation/training session meeting where they will review the volunteer packet and become familiar with the community.
- Volunteers will also receive training on HIPAA and Elder Abuse. They will be required to sign a log verifying this training.

### **D) Volunteer Supervision**

Each volunteer providing services at HumanGood will have a clearly identified immediate supervisor who is responsible for direct management of that volunteer. This supervisor shall be responsible for day-to-day management and guidance of the work of the volunteer. The Volunteer Coordinator will also be available to assist with volunteer assignments. Volunteers will be provided with periodic evaluations of their performance and volunteers are able to submit their feedback of the program.

Volunteers that do not clear the appropriate state agency background check will never be left alone with residents.

### **E) Reporting**

Volunteer hours should be logged and maintained by each community. The volunteer coordinator will periodically provide a listing of current volunteers whose duties interact with residents. This report will be sent to the local HR Director to ensure compliance with the volunteer policy program.

### **F) End of Volunteer Assignment**

Volunteer service with HumanGood is voluntarily entered into, and the volunteer is free to resign at any time, with or without cause. Similarly, HumanGood may terminate the relationship at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

At the time of conclusion of a volunteer's service, the following procedures will be completed by the Volunteer Coordinator:

1. Acknowledge a volunteer's resignation or notify the volunteer (if dismissal) that their service is concluded.
2. Notify applicable team members that the volunteer is no longer providing service.
3. Collect from the volunteer any Community property, including the name badge, at the conclusion of service.

### **Resources / References**

HumanGood Employee Handbook \* § 101170. Criminal Record Clearance.  
California Health and Safety Code section 1569.17(b)



<b>HR-15 Health Reporting Policy</b>	Effective Date	2-27-2020
	Revision Dates	3-2-2020
		3-6-2020
		2-6-2021
	Departments Approving	HR, Healthcare & Quality
	Departments Affected	ALL

#### **A. Policy**

Team members are required to report to management personal health information related to diseases that are transmissible through direct or indirect contact with people, food and other objects. This policy applies to all employees of HumanGood and its business affiliates.

Team members experiencing any Reportable Symptoms or having a Reportable Diagnosis or Reportable History of Exposure, in each case as defined below, must report their symptoms, diagnosis and/or exposure to their supervisor **before** the start of their shift.

#### **B. Reportable Symptoms, Reportable Diagnosis and Reportable History of Exposure Defined**

##### **Reportable symptoms:**

- COVID Symptoms or exposure to COVID Positive person
- Vomiting
- Diarrhea
- Jaundice
- Fever, Cough, Shortness of breath
- An open or draining wound on the hands, wrists or exposed portions of the arms (Areas on the hands or wrists must be covered with an impermeable cover, such as a finger cot or stall and a single use glove)

##### **Reportable Diagnosis:**

- Norovirus
- Coronavirus
- Influenza
- Hepatitis A virus
- Shigella spp.
- Shiga toxin-producing Escherichia coli
- Typhoid fever (caused by Salmonella Typhi)





- Salmonella (non-typhoidal)
- Other diseases as required by state or local regulations

**Reportable History of Exposure:**

- Team member has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food-employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who was infected or ill with: **OR**
- Team member has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about an individual diagnosed with an illness caused by:
  - Coronavirus
  - Norovirus within the past 48 hours of the last exposure
  - Shiga toxin-producing Escherichia coli or Shigella spp. within the past 3 days of the last exposure
  - Typhoid fever within the past 14 days of the last exposure
  - Hepatitis A virus within the past 30 days of the last exposure
  - Typhoid fever, diagnosed by a health practitioner, within the past 3 months without having received antibiotic therapy, as determined by a health practitioner

**C. Procedures**

**Management/Supervisory Personnel:**

- Ensure that pre-employment and annual physicals are administered according to guidelines established by HumanGood
- New team members must be provided with proper training regarding the reporting of infection or wounds
- Team members are required to complete a new Health Reporting Agreement form every 12 months

**Team Members:**

As required by local health regulations and per the Centers of Disease Control and Prevention guideline, team members should not return to work until a minimum of 48 hours after the resolution of symptoms. Team members who report a Reportable Diagnosis or Reportable History of Exposure must meet the applicable conditions listed in Section D below before returning to work.



## Food Handlers:

State and local regulations must be followed when a food handler is reported to have an infection that has the potential to be spread through food. For example, an open sore/cut on the hands, wrist or lower arm must be covered with a double-barrier, such as a waterproof (blue) bandage and a single-service glove.

## D. Infection Monitoring of Team Members

The following chart provides guidelines for determining when a team member **diagnosed** with a foodborne illness may return to work:

Diagnosed Illness or Symptom	Can Return to Work When the Following Conditions are Met:
Norovirus	<ol style="list-style-type: none"><li>1. Approval from regulatory authority</li><li>2. Provides written medical documentation from health practitioner stating that team member is free from Norovirus.</li><li>3. Symptom free for 48 hours.</li></ol>
Coronavirus*	<ol style="list-style-type: none"><li>1. Approval from regulatory authority</li><li>2. Provides written medical documentation from health practitioner stating that team member is free from Coronavirus.</li><li>3. Symptom free for 14 days.</li></ol> <p>*COVID return to work criteria can vary based on position, business need, PPE, carrying for COVID patients, symptomatic verse asymptomatic; refer to current state and local guidance.</p>
Influenza	<ol style="list-style-type: none"><li>1. Approval from regulatory authority</li><li>2. Provides written medical documentation from health practitioner stating that team member is free from Influenza.</li><li>3. Symptom free for 48 hours.</li></ol>
<i>Shigella</i> spp.	<ol style="list-style-type: none"><li>1. Approval from regulatory authority.</li><li>2. Provides written medical documentation from health practitioner stating that team member is free from <i>Shigella</i> spp. based on 2 consecutive negative stool cultures taken at least 24 hours apart and 48 hours after discontinuing antibiotic therapy.</li></ol>



Shiga-toxin producing <i>E. coli</i>	<ol style="list-style-type: none"> <li>1. Approval from regulatory authority.</li> <li>2. Provides written medical documentation from health practitioner stating that team member is free from Shiga-toxin producing <i>E. coli</i> based on 2 consecutive negative stool cultures taken at least 24 hours apart and 48 hours after discontinuing antibiotic therapy.</li> </ol>
Hepatitis A	<ol style="list-style-type: none"> <li>1. Approval from regulatory authority</li> <li>2. Provides written medical documentation from health practitioner stating that team member is free from Hepatitis A</li> </ol>
Typhoid fever (caused by <i>Salmonella</i> Typhi)	<ol style="list-style-type: none"> <li>1. Approval from regulatory authority</li> <li>2. Provides written medical documentation from health practitioner stating that team member is free from Typhoid fever</li> </ol>
Sore Throat with Fever	<ol style="list-style-type: none"> <li>1. Provides written medical documentation from health practitioner stating that team member received antibiotic treatment for <i>Streptococcus pyogenes</i> for more than 24 hours OR team member has a negative throat culture for <i>Streptococcus pyogenes</i>, or cleared by medical provider.</li> </ol>
Vomiting or Diarrhea	<ol style="list-style-type: none"> <li>1. Provides written medical documentation from health practitioner stating that symptoms are from noninfectious condition</li> <li>2. Is asymptomatic for at least 24 hours.</li> </ol>
Non-typhoidal <i>Salmonella</i>	<ol style="list-style-type: none"> <li>1. Approval from regulatory authority <b>AND</b></li> <li>2. Provides written medical documentation from health practitioner stating that team member is free of a nontyphoidal <i>Salmonella</i> infection based on test results showing 2 consecutive negative stool specimen cultures that are taken: <ol style="list-style-type: none"> <li>a. Not earlier than 48 hours after discontinuance of antibiotics <b>AND</b></li> <li>b. At least 24 hours apart <b>OR</b></li> </ol> </li> <li>3. The team member was restricted after symptoms of vomiting and diarrhea resolved and more than 30 days have passed since the team member became asymptomatic, <b>OR</b> The team member was excluded or restricted and did not develop symptoms and more than 30 days have passed since the team member was diagnosed.</li> </ol>



The following chart provides guidelines for determining when a team member **exposed to, but with no symptoms (asymptomatic) and was never diagnosed** with the following illnesses may return to work:

Diagnosed Illness	Can Return to Work When the Following Conditions are Met:
Norovirus Influenza	<ul style="list-style-type: none"><li>• 48 hours after last potential exposure, <b>OR</b></li><li>• 48 hours since household member became asymptomatic</li></ul>
Shiga-toxin producing E. coli or <i>Shigella</i> spp.	<ul style="list-style-type: none"><li>• 3 calendar days after last potential exposure, <b>OR</b></li><li>• 3 calendar days since household member became asymptomatic</li></ul>
Typhoid fever (caused by <i>Salmonella</i> Typhi)	<ul style="list-style-type: none"><li>• 14 calendar days after last potential exposure <b>OR</b></li><li>• 14 calendar days since household member asymptomatic</li></ul>
Hepatitis A	<ul style="list-style-type: none"><li>• Immune to Hepatitis A because of previous illness, <b>OR</b></li><li>• Vaccinated for Hepatitis A, <b>OR</b></li><li>• Received IgG (immunoglobulin), <b>OR</b></li><li>• 30 days after last potential exposure, <b>OR</b></li><li>• 30 calendar days since household member experienced jaundice.</li><li>• Team member receives additional training about Hepatitis A and preventing the transmission of infection, handwashing and protecting food from contamination.</li></ul>

**E. Acknowledgement** – Team Member’s signature indicates that the Team Member has read the above regarding HumanGood’s Health Reporting Agreement policy.



<b>On-Duty Meal Period Agreement Policy</b>	Effective Date	07/18/2021
	Revision Dates	10/11/2019
		08/12/2020
		02/06/2021
	Departments Approving	HR
	Departments Affected	All

#### **A. Purpose**

The purpose of this policy is to establish a standardized procedure regarding On-Duty Meal Period Agreements and the establishment of “on duty” meal period at HumanGood. An on-duty meal period is permitted only when the objective nature of the work prevents a team member from being relieved of all duties. Additionally, a written agreement between an employer and team member is required for on-duty meal periods, and the agreement must state that the team member can revoke the agreement at any time. The revocation must be in writing.

#### **B. Persons Affected**

All HumanGood team members in CA,, WA, and NV,, PA, ID and DE where and if meal waiver policy applies to that state.

#### **C. Policy**

In order to comply with regulatory standards HumanGood does not encourage, discourage or solicit the waiver of meal periods. In the event that the work schedule and staffing do not allow relief for a meal period HumanGood will review the exception to determine if the situation can be mitigated without necessitating an on-duty meal period. Details regarding required meals and rest breaks can be found in the HumanGood Handbook, Section 4.3 MEAL AND REST PERIODS.

All Nonexempt team members who work at least five (5) consecutive hours are permitted a 30 minute unpaid and uninterrupted meal period. "Uninterrupted" means team members must not have their meal period interrupted for any work-related reason or purpose. Unpaid meal periods are not counted toward worked hours for nonexempt team members. Team members must be completely relieved from duty during their meal period and perform no work whatsoever. If a nonexempt team member is required to perform any work duties during his or her meal period, the team member must be compensated for the entire meal period, and the time spent working during the meal period will be counted toward the total hours worked. Carrying a cell phone or radio is not considered work for there are no restrictions placed on the employee, if the employee



is contacted and their meal period is interrupted then they must be given another 30 minutes or appropriate penalties are applied.

HumanGood supervisors and managers are expected to oversee compliance with federal and state legal requirements concerning meal breaks. Team Members may voluntarily agree to an on-duty meal periods in accordance with this policy by signing a written agreement with HumanGood. Team Members that agree to an on-duty meal period may revoke the waiver at any time.

HumanGood does not encourage, discourage or solicit employees to enter into an On-Duty Meal Period Agreement, and any On-Duty Meal Period Agreements must be entered into freely and voluntarily. The On-Duty Meal Period Agreement is not for the convenience of the Team Member or the Company, nor is it intended to be a convenience. The agreement must be entered into voluntarily and is revocable by either the team member or company at any time.

Team Members that work less than 6 hours may also waive meal breaks by completing the meal break waiver agreement. In this case duties and schedules need not be considered, the 6-hour meal break waiver may simply be for the convenience of both the team member and the employer.

(California Only) Leaders will not remove missed meal penalties unless a Team Member meets the objective criteria for an on-duty meal break and has a signed On Duty Meal Period Agreement approved and on file. Any Manager that removes the missed meal penalty inappropriately may be disciplined.

#### **D. Definitions**

- **On-Duty meal** – When a team member is not relieved of all duty during his or her thirty-minute meal period. The meal period shall be considered an "on duty" meal period that is counted as hours worked and must be compensated at the team member's regular rate of pay
- **Leadership:** A manager or supervisor that has direct supervision over other team members. In their absence the 2nd level supervisor is responsible.
- **Team Member** – An employee of HumanGood, including all employment types (FT, Casual, On-Call, temp), except contractors.
- **Meal Break Waiver Form** – A written agreement between the Team Member and HumanGood allowing the Company to remove the penalty for an on-duty meal. There are forms for the 1<sup>st</sup> and 2<sup>nd</sup> Meal Break as well as a short shift form (<6 hours of work)



#### **E. Responsibilities**

Leadership team members are responsible for scheduling team member's work shifts and duties in compliance with federal and state legal requirements concerning meal periods.

When applicable, leadership is responsible for reviewing, approving and forwarding meal break waivers to Human Resources for approval, processing and filing.

Team Member work duties that do not allow relief for a meal period may volunteer to take an on duty meal break, and thus receive pay for the entire shift. For example, a team member waiving their meal could work from 12:00 to 8:00 and receive pay for all 8 hours, as opposed to taking a 30 minute uninterrupted break and clocking out for lunch, resulting in being paid 7.5 hours of pay for the same time period. Team Members may only take an on-duty meal break under this policy if the Team Member meets the objective criteria for an on-duty meal break and has a signed On Duty Meal Period Agreement approved and on file.

#### **F. Procedures**

In order to comply with HumanGood policies all exceptions that may lead to on-duty meal periods must be review with the Human Resources Department prior to the implementation of a On-Duty Meal Period Agreement.

The supervisor or manager will acquire the appropriate documentation with the affected team member. The team member must desire and agree to the waiver prior to the initial occurrence. The waiver will be sent to the Human Resources Department for review, approval and inclusion in the team member's file.

All hours for time spent during an on-duty meal period must be paid.

#### **(California Only)**

Team members that have not signed a Short-Shift Meal Period Waiver or an On-Duty Meal Period Agreement and are not afforded an uninterrupted meal break where they are fully relieved of their duties will receive a meal penalty pay of an additional hour of pay at the team member's regular rate of pay. This additional penalty hour of pay does not count towards overtime calculations.

Leaders of team members on waivers must remove the missed meal penalty through the time collection system prior to the end of each pay period. Leaders may not remove a missed meal penalty unless a Team Member meets the criteria for the missed meal waiver and a signed meal waiver is in place. Any leader that removes the missed meal penalty inappropriately must be reported through the appropriate chain of command and may be disciplined.



**Short-Shift Meal Period Waivers and On-Duty Meal Period Agreements must be completed and the form must be countersigned by the Regional Human Resources Director, before it becomes valid under our Policy. Without these signed documents, any meal penalty automatically created by the system should not be removed from payroll.**

All questions related to this policy should be directed to the Vice President of Human Resources.



**SECTION 999.5(d)(5)(E)**

**7) Job Descriptions**



# HIPAA MANUAL

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<b>HIPAA PRIVACY POLICY</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health plan functions

## **I. POLICY**

It is HumanGood’s policy to comply with the HIPAA and HITECH Act (as defined below) regulations and to establish written policies and procedures to assist its team members in doing so. All team members will take reasonable steps to safeguard Protected Health Information (as defined below) and to limit any use, disclosure, or request for PHI to the Minimum Necessary (as defined below) to accomplish the intended purpose.

## **II. SUMMARY DEFINITIONS**

- A. Covered Entity: Individuals or entities that are required to comply with the HIPAA regulations, including: health plans, healthcare clearinghouses, and healthcare providers who transmit any health information in electronic form. HumanGood is a Covered Entity and as such, must comply with all applicable HIPAA and HITECH Act requirements.
- B. Business Associate: An individual who, or an entity that, on behalf of a Covered Entity: (i) performs or assists in the performance of a function or activity involving the use or disclosure of Protected Health Information; or, (ii) provides management, administrative, accreditation, billing or financial services to or for a Covered Entity where the provision of the service involves the disclosure of Protected Health Information from the Covered Entity, or from another Business Associate of such Covered Entity.
- C. HIPAA and HITECH Act: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) created national standards to protect an individual’s medical records and other personal health information. The Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) amended the Privacy and Security Rules (as defined below), which requires Covered Entities to (1) implement appropriate administrative, technical, and physical safeguards to reasonably safeguard Protected Health Information (“PHI”) (as defined below) from any intentional or unintentional use or disclosure that violates the Rules (defined below); and (2) ensure the confidentiality, integrity and availability of PHI in electronic form.
- D. Minimum Necessary: The amount of information reasonably required for the performance of a given task or service, and no more. The Minimum Necessary standard is not intended to impede essential treatment, payment, or healthcare operations activities of Covered Entities. The standard is intended to be consistent with, and not override, professional judgment and standards.
- E. Privacy and Security Rules (the “Rules”): The regulations that set forth the federal standards for privacy and security of individually identifiable information and provide a “floor” of privacy



protection.

- F. Protected Health Information (“PHI”): Any information created or received by a Covered Entity (e.g., HumanGood) that relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or, the past, present, or future payment for the provision of healthcare to an individual, which identifies the individual or, with respect to which, there is a reasonable basis to believe the information can be used to identify the individual. See Exhibit A for Examples of PHI and Practical Guidance for Protecting PHI.

### **III. PROCEDURE**

#### **A. Uses and Disclosures of PHI**

##### **1. General Uses and Disclosures of PHI**

HumanGood may use or disclose a resident’s PHI to (a) treat the resident; (b) run the company; (c) bill for its services; (d) help with public health and safety issues; (e) do research; (f) comply with the law; (g) respond to organ and tissue donation requests; (h) work with a medical examiner or funeral director; (i) address workers’ compensation, law enforcement, and other government requests; and (j) respond to lawsuits and legal actions. For further details, see the *Permitted and Required Uses and Disclosures of PHI Policy and Disclosures of PHI - Authorization, Fee and Accounting Table*.

##### **2. Minimum Necessary**

- a. When using or disclosing PHI or when requesting PHI from another Covered Entity, HumanGood team members must make reasonable efforts to limit PHI to the Minimum Necessary to accomplish the intended use, disclosure, or request.
- b. The Privacy Rule permits a Covered Entity to make its own assessment of what the Minimum Necessary PHI is for a particular purpose, given the characteristics of its business and workforce. All HumanGood disclosures of or requests for PHI for payment or operations will be limited to the Minimum Necessary amount of PHI needed to accomplish the purpose of the disclosure or request. In addition, disclosure by HumanGood team members will be limited to those with “a need to know” to carry out their duties.
- c. A Covered Entity is permitted to reasonably rely on the request of another Covered Entity for PHI because the requesting Covered Entity is itself subject to the Minimum Necessary standard, and, therefore, required to limit the request to only that information that is reasonably necessary for the intended purpose. In addition, HumanGood team members may reasonably rely on a requested use or disclosure as the Minimum Necessary when the information is requested by a HumanGood Business Associate.
- d. The Minimum Necessary rule does not apply when disclosures are made to or requested by a healthcare provider for treatment.



e. For further details, see the *Minimum Necessary Rule Policy*.

### 3. Disclosure Accounting

HumanGood will track all PHI disclosures that must be accounted for under the Rules and provide an accounting to the appropriate individual upon their request. For further details, see the *Accounting of PHI Disclosures Policy*.

### 4. Authorization and Verification

It is HumanGood's policy that a valid authorization will be obtained for PHI disclosures by HumanGood, as required by law. Exceptions to the need for an authorization include disclosures made: (a) for treatment, payment, or healthcare operations; or (b) to Business Associates in performance of their legitimate duties. Any authorization requests that are generated outside of HumanGood must be reviewed by the Legal Department to ensure they contain the core elements and statements required under HIPAA and other applicable law. The individual providing an authorization may revoke the authorization, in writing, except to the extent that HumanGood has taken action in reliance on the authorization. For further details, see the *Medical Records Requests Policy*, the *Authorization for Release Protected Health Information Form*, and the *Verification of Identity Before Release of PHI Policy*.

### 5. Marketing Activities

Where applicable and required, HumanGood obtains authorization from the resident or individual before using or disclosing PHI in its marketing activities. HumanGood does not consider the communication of alternate forms of treatment or the use of products and services in treatment to be marketing. For further details, see the *Use and Disclosure of PHI in Marketing Activities Policy*.

### 6. Sale of PHI

HumanGood does not disclose PHI in exchange for financial remuneration, except as specifically allowed by law (e.g., when collecting a fee for providing copies of medical records). For further details, see the *Sale of PHI Policy*.

### 7. Fundraising Activities

HumanGood may contact residents in connection with its fundraising efforts, but the resident has the right to opt-out of receiving further fundraising communications. Once the resident has opted out, HumanGood will not make fundraising communications to that resident, unless the resident opts back in to receiving fundraising communications. For further details, see the *Use and Disclosure of PHI for Fundraising Activities Policy*.



## 8. Judicial and Administrative Proceedings

HumanGood discloses PHI for the purposes of a judicial or governmental administrative proceeding only when: (a) requested pursuant to a court or administrative order or grand jury subpoena; (b) requested pursuant to a subpoena or discovery request; or, (c) pursuant to a qualified protective order issued by a court. Further, it is HumanGood's policy that PHI be disclosed only when requested by any of the above-listed means, if such request includes either: (i) the authorization of the individual to whom the information applies; (ii) documented assurances that good faith effort has been made to adequately notify the individual of the request for their information; (iii) the applicable time for objection to such request for PHI has reasonably expired; or, (iv) as otherwise required or permitted under applicable law. For further details, see the *Medical Records Request Policy*.

### B. Notice of Privacy Practices

HumanGood maintains a Notice of Privacy Practices ("NPP") that describes the way in which it uses and discloses PHI. The NPP is provided to residents upon request (except as otherwise required by law) and may be changed in accordance with the *Notice of Privacy Practices Policy*. A copy of the NPP is posted on the HumanGood website. A copy of the NPP is enclosed with this Policy, but team members should always check the HumanGood website or intranet for the latest version of the HumanGood NPP.

### C. Individual Access to PHI, Restrictions on Disclosure, Communication by Alternate Means and Request for Amendment

#### 1. Access by Individual / Authorized Representative

It is HumanGood's policy to timely review and respond to requests for access or electronic or paper copies of a resident's medical records, whether from the resident, authorized representative or third party. Residents may give someone medical power of attorney or someone may be their legal guardian and that person can exercise the resident's privacy rights and make choices about the resident's PHI. Those individuals are considered the resident's authorized representative. For further details, see the *Access to PHI – Resident or Authorized Representative Policy*, the *Medical Records Requests Policy*, and the *Access to Electronic Health Records – Regulatory Agencies Policy*.

#### 2. Restrictions on Disclosure

- a. Restriction on Uses and Disclosures of PHI. The Privacy Rule grants each individual the right to request restriction of the uses and disclosures of his or her PHI to carry out treatment, payment, or healthcare operations, but HumanGood is not required to grant this request. If HumanGood agrees to a restriction, the restriction must be appropriately documented and communicated to those whose functions may be impacted by the restriction. For further details, see the *Requests for Restriction of PHI Disclosure Policy*.)



- b. Restriction on Uses and Disclosures of PHI (Out-of-Pocket Paid Items and Services). The Privacy Rule requires that a Covered Entity restrict disclosures of PHI to an individual's health plan if: (i) the disclosure is for the purpose of carrying out payment or healthcare operations (and is not otherwise required by law); and, (b) the information pertains only to a healthcare item or service for which the individual (or a person other than the health plan) paid the Covered Entity in full. HumanGood team members will document such requests and communicate them to those whose functions may be impacted by the restriction. For further details, see the *Requests for Restriction of PHI Disclosure Policy*.)
- c. Communications of PHI by Alternate Means. The Privacy Rule grants individuals the right to request communication of PHI by alternative means or to an alternative location. HumanGood will accommodate reasonable requests for alternative communications and will make good faith efforts to abide by the request, unless unable to do so in case of emergency. HumanGood team members should document any requests agreed to and communicate the same to those whose functions may be impacted by the restriction. For further details, see the *Request for Communication of PHI by Alternate Means Policy*.

### 3. Requests for Amendment of PHI

The Privacy Rule permits individuals to request the amendment of incorrect PHI. If the patient's request pertains to the amendment of a record or document owned and under the control of HumanGood, then HumanGood will review and respond to the request within sixty (60) days and make revisions to the applicable record or document, as and if appropriate. For further details, see the *Request for Amendment of PHI Policy*.

### 4. PHI of Deceased Individuals

HumanGood team members are permitted to disclose a decedent's PHI under the following circumstances: (a) to alert law enforcement to the death of the individual, when there is a suspicion that death resulted from criminal conduct; (b) to coroners or medical examiners and funeral directors; (c) for research that is solely on the protected health information of decedents; and, (d) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue, for the purpose of facilitating organ, eye, or tissue donation and transplantation. For further details, see the *Release of PHI of Deceased Resident/Client Policy*.

### 5. Breach Notification

If a HumanGood team member knows of any intentional or unintentional use or disclosure of PHI or electronic PHI ("e-PHI") that is in violation of this Policy, any other HumanGood policy, or the Rules, s/he must immediately take appropriate steps to mitigate the situation, including contact the appropriate manager, supervisor, and/or Privacy Officer or Security Officer. For further details, see the *Breach Notification Policy*.

## D. HumanGood Operations





### 1. Administrative, Technical and Physical Safeguards

HumanGood ensures that appropriate administrative, technical and physical safeguards are in place to (a) reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the Privacy Rule; (b) ensure the confidentiality, integrity and availability of e-PHI it creates, receives, maintains or transmits; (c) protect against reasonably anticipated uses or disclosures that violate the Rules; and (d) limit incidental uses and disclosures resulting from otherwise permitted or required uses or disclosures.

### 2. Team Member Use and Disclosure of PHI

HumanGood team members' authority to use and disclosure PHI, for operations, treatment or payment purposes, is granted to each team member based on the assigned job functions of the individual. These use and disclosure privileges will not exceed those necessary for the job function or task. For further details, see the *Use and Disclosure of PHI by Workforce Members Policy*.

### 3. Training and Awareness

HumanGood requires all its team members to complete annual HIPAA compliance training. Team members who fail to fulfill this training requirement may be subject to discipline, up to and including termination of employment. New HumanGood team members receive HIPAA training as a component of their initial onboarding. Additional training may be required in response to changes in law or operations or as otherwise needed. For further details, see the *Workforce Privacy Education Policy*.

### 4. De-Identification (and Re-Identification)

PHI may be considered de-identified if it does not identify an individual, and there is no reasonable basis to believe that the information can be used to identify an individual. HumanGood's policy is that any de-identification of PHI must be performed only by qualified individuals. HumanGood team members should contact the Legal Department regarding de-identification of PHI. The Legal Department will work with the Information Technology Department (and other qualified individuals) regarding de-identification of PHI. De-identified PHI may not be re-identified, unless the Legal and IT Departments have been consulted. For further details, see the *De-Identification of Protected Health Information (PHI) Policy*.

### 5. Complaint and Non-Retaliation Policy

Residents have the right to file a privacy complaint if they believe their HIPAA privacy rights have been violated. HumanGood does not require residents to waive their right to file a HIPAA privacy complaint as a condition of receiving treatment or otherwise. HIPAA privacy complaints may also be filed by a resident's authorized representative or HumanGood team members or business associates. For further details, see the *Process for Handling HIPAA Privacy Violation*



### *Complaints Policy.*

HumanGood team members are prohibited from engaging in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations or participate in any HIPAA complaint or investigative process. For further details, see the *Violations of HIPAA Privacy Practices Enforcement Policy*.

## 6. Document Retention and Destruction

HumanGood documents its policies and procedures adopted to protect the privacy and security of PHI. HumanGood has established a record retention policy that addresses the retention period(s) for these policies and procedures. HumanGood destroys documents and electronic media containing PHI through shredding or other secure means. For further details, see the Record Retention, Storage and Destruction Policy.

## 7. Business Associates

HumanGood requires its Business Associates to be contractually bound to safeguard PHI. HumanGood's Business Associates are permitted to use and disclose PHI only as provided in their service agreement with HumanGood. Where HumanGood knows of a pattern of activity or practice that constitutes a material breach or violation of a Business Associate's obligations under its business associate agreement with HumanGood, it will require the Business Associate to take steps to cure the breach or end the violation. If the Business Associate is unable to cure the breach or end the violation, HumanGood will terminate the agreement (if feasible) and report the breach to the Office for Civil Rights. For further details, see the *Business Associate Agreements Policy*.

## 8. Cooperation with Privacy Oversight Authorities

It is HumanGood's policy to cooperate with oversight authorities, such as the Office for Civil Rights. HumanGood team members will cooperate with all privacy compliance reviews and investigations, which should be directed to HumanGood's Privacy Officer.

## 9. Sanctions

HumanGood may impose disciplinary action, up to and including termination, upon any team member who intentionally or unintentionally violates the requirements outlined in this or any of HumanGood's related policies. For further details, see the *Violations of HIPAA Privacy Practices Enforcement Policy*.

## 10. Privacy Officer

HumanGood has designated one of its team members as its Privacy Officer. The Privacy Officer is responsible for the development and implementation of HumanGood's HIPAA privacy policies and procedures as well as receiving HIPAA privacy complaints.



## 11. Audits

As a Covered Entity, HumanGood may be subject to a HIPAA audit by the Secretary of the Department of Health and Human Services (or his/her designee). It is HumanGood's policy to cooperate with such HIPAA audits. HumanGood team members should immediately report receipt of any documents related to a HIPAA audit of HumanGood to the Privacy Officer.

## **IV. EXCEPTIONS / SPECIAL CIRCUMSTANCES**

- A. A Covered Entity may disclose PHI to a family member or other person involved in the individual's care. Where the individual is present during a disclosure, the Covered Entity may disclose PHI if it is reasonable to infer from the circumstances that the individual does not object to the disclosure.
- B. The Privacy Rule permits certain incidental uses and disclosures that occur as a result of a use or disclosure otherwise permitted by the Rules. The incidental use or disclosure is permissible only to the extent that the Covered Entity has applied reasonable safeguards to PHI, and implemented Minimum Necessary standards. For example, two nurses who are conferring about a resident at a nurses' station do not have to fear violating the Privacy Rule if they are overheard by a passerby, as long as the nurses make reasonable efforts to avoid being overheard and reasonably limit the information shared.
- C. State laws that are more stringent than the Privacy Rule take precedence over the federal regulations. Team members should contact the Legal Department with questions regarding the interpretation of state and federal privacy laws.
- D. The Privacy Rule does not apply to the employment functions of Covered Entities, namely, when they are acting in their role as employers. Employment records are exempt from the definition of PHI. For example, information in a HumanGood team member's personnel file about a leave of absence due to illness is not PHI under the Rules. Similarly, drug-screening test results sent to HumanGood and placed in the team member's personnel file are not considered PHI.

## **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.



## **Exhibit A**

### **Examples of Protected Health Information (PHI)**

1. Conversations about a resident's health
2. Patient dictation on tape
3. Healthcare claim/bill
4. Medical record
5. Emails with resident name (or other identifiers, such as date of birth, address, phone number or email) and health information
6. Electronic equipment or digital media (if resident health data is stored). Some examples include, cell phones, laptops, tablets, thumb drives and recordable discs.

### **Practical Guidance for Protecting PHI**

1. Disclose only the minimum necessary information for people to do their jobs.
2. Avoid discussions about resident's health in public places.
3. Avoid placing PHI in view of other residents or family members.
4. Password protect your mobile electronic devices, laptops, and home computers if PHI is stored there.
5. Don't leave PHI visible on your computer screen.
6. Be certain that your papers and computer equipment are physically secure in your home, car, or other "off-site" locations. Do not leave your briefcase in plain sight within your car; secure it in the trunk of the car and remove it from the car (to a more secure location) as soon as possible.
7. Don't send emails with PHI, unless they are encrypted.
8. Don't put PHI in trash or recycle bins; use only shredding or other document destruction receptacles.
9. Verify fax numbers and email address before you send faxes or emails with PHI. Verify mailing address before mailing or shipping documents or devices with PHI.
10. Report any potential privacy or security breaches by team members or business associates to HumanGood's Compliance Officer, Security Officer and/or Privacy Officer.



<b>ACCESS TO ELECTRONIC HEALTH RECORD- REGULATORY AGENCIES</b>	Effective Date	April 20, 2020
	Revision Dates	9/18/20
	Departments Approving	Legal
	Departments Affected	All

### **Introduction and Background**

HumanGood is committed to cooperating and providing regulators with requested information necessary to perform their role.

### **Policy**

HumanGood will provide access to resident records to regulators as required by statute, regulation, or other applicable law.

The form of access will vary depending upon regulator need or request. This form may consist of:

- Printed copies of records
- Faxed copies of records
- On site access to paper documents
- On site access to HumanGood Electronic Health Record System hardware with appropriate login information
- Encrypted email
- Encrypted devices such as thumb drives or other hardware sent to regulator

HumanGood strives to maintain the safety of highly sensitive information under HIPAA guidelines, therefore, access by regulators to the medical record via the internet or on an unencrypted device will only be allowed if other forms of access are unsuitable. This access will only exist temporarily during the pandemic emergency.

If such access is required by regulation or statute, HumanGood IT department will assist in setting up a secure temporary connection protecting the data transmission.

### **Definitions**

Regulator: individuals properly identified as working for a local, state or federal regulatory agency (such as CMS, Public Health, State Department of Health, State Department of Social Services) or other regulating bodies who by regulation, statute, or other applicable law are required to be given access to medical records in the course of their work conducting a survey or investigation.



<b>ACCESS TO PHI - RESIDENT OR AUTHORIZED REPRESENTATIVE</b>	Effective Date	05/2003
	Revision Dates	07/2013
		01/01/21
	Departments Approving	Legal
	Departments Affected	CCRC Operations – Medical Records

## **I. POLICY**

Individuals have a right to access their protected health information (PHI) in a designated record set (as defined below). HumanGood team members grant individuals access to PHI in a designated record set when required or permitted by law or with the written authorization of the individual who is the subject of the records, as outlined in this policy, which must be read in conjunction with the Medical Records Requests Policy.

## **II. SUMMARY DEFINITIONS**

- A. “Authorized representative” means a personal representative and includes a person that has the authority to act on behalf of a resident on matters related to healthcare and could be a court-assigned conservator, the person holding a durable power of attorney for healthcare or attorney-in-fact; or, if the resident is in skilled nursing, the person who is a next-of-kin that has been previously authorized by the resident to access or receive a copy of the resident’s records. An authorized representative is treated as the individual for purposes of this and HumanGood’s other applicable HIPAA policies.
- B. “Covered entity” means a healthcare provider, healthcare clearinghouse, or health plan.
- C. “Designated record set” means a group of records maintained by or for a covered entity that comprises the (a) medical and billing records about individuals maintained by or for a covered healthcare provider; (b) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.
- D. “Psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- E. “Record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.



### **III. PROCEDURE**

- A. Request for Access. If a resident or authorized representative makes a verbal request for access to PHI in a designated record set, the requestor should be instructed to complete, sign and return the Authorization for Release of Protected Health Information form. Once the completed and signed form has been received, the Executive Director and/or Health Services Administrator or his/her designee must verify the identity of the party requesting the medical records. See Verification of Identity Before Release of PHI Policy.
- B. Request for Copy. If the individual is requesting access by receiving a copy of PHI (whether paper or electronic) in a designated record set or having a copy sent to a third party, process the request under the Medical Records Requests Policy and include documents within the definition of a designated record set in the production. The resident/client may designate another person or entity to be the recipient of the copy of his/her PHI (whether paper or electronic). If an individual's request is for an electronic form or format that is not readily producible, HumanGood shall offer other electronic formats that are available on its system or provide a summary of documents on file. In the event the individual declines to accept any of the electronic formats that are readily producible, they shall be provided with a hard copy.
- C. Summary of PHI: If the resident/client or their authorized representative agrees, we may provide a summary of the health information requested in lieu of providing a copy of the designated record set. If the resident/client or authorized representative agrees to receive a summary, a reasonable cost-based fee for preparing the summary may be charged and collected before the summary is released.
- D. Response Timing.
  - 1. Skilled Nursing Timing. Access must be provided within two (2) working days of the request.
  - 2. General Timing. Access must be provided within thirty (30) days of receipt of the request.
- E. Providing Access to Inspect. Any on-site inspection must be coordinated with the Executive Director and/or Health Services Administrator or his/her designee and supervised by a designated staff member. Verification of the individual's identity (and authority, where applicable) must be done prior to allowing access to inspect the resident/client's health record.
- F. Basis for Denial of Access.
  - 1. HumanGood is permitted to refuse access to PHI in the following circumstances: (1) the designated record set requested was given to us in confidence by someone other than a healthcare provider, biller, or payer of services; (2) to the extent that the requested designated record set contains within it PHI that belongs to another individual such as a family member, a licensed healthcare professional has to determine whether, in the exercise of his/her professional judgment, access to that specific PHI by the resident or authorized representative is reasonably likely to cause substantial harm to that other person or to the resident/client. In these instances, access to or a copy of the specific PHI involved may be denied; (3) to the extent that the requested designated record set contains "sensitive information" (as defined below), this information must be specifically requested and signed for by the resident, or it cannot be accessed. **All denials of a resident's or authorized representative's**





**request access to PHI must be coordinated with the Privacy Officer or other Legal Department.**

2. HumanGood may deny access to the resident's authorized representative if a designated licensed professional, in their exercise of professional judgment, believes that such access is reasonably likely to cause substantial harm to the resident/client or to another person. This decision may not be appealed.

#### **IV. EXCEPTIONS / SPECIAL CIRCUMSTANCE**

- A. Exceptions from Production and Access. Do not produce or permit access to quality assurance/improvement documents, risk management reports, notes from any internal investigation into an incident, lawsuit information (including, documents prepared in anticipation of litigation), or documents regarding research activities and results.
- B. Sensitive Records: Access to PHI concerning psychiatric evaluation and treatment or psychotherapeutic counseling, alcohol or drug abuse evaluation and treatment, and evaluation/treatment of sexual abuse or venereal disease, including HIV/AIDS will be denied, unless specifically identified in an Authorization to Release Protected Health Information form signed and initialed in each category by the resident. For access to psychotherapy notes, contact the Legal Department and see the Permitted and Required Uses and Disclosures of PHI Policy. When such access is denied, we will provide the individual with a written denial and the reason(s) for it, and will inform them of their right to have their physician, psychiatrist, clinical psychologist, licensed clinical social worker, or family therapist of their choice review the record on the resident's/client's behalf. Although any professional so chosen, is not permitted by law to enable the resident/client to inspect or receive a copy of the information, that professional is permitted to provide HumanGood with their determination so that we can make the decision related to access.
- C. Deceased Individuals. If the resident is deceased, access may only be granted to the executor or administrator of the resident's estate or a beneficiary named in the resident's Last Will and Testament. See also Release of PHI of Deceased Resident/Client Policy.
- D. Hyperlinks in Designated Record Set. If the designated record set contains electronic links to images or other data, the images or other data that are linked to the designated record set must be included in the electronic copy provided to the individual *only if*, HumanGood created the documents in the record set. If HumanGood did not create the documents, those documents are not included in the designated record set, and the links must be deactivated by the Information Technology Department before release.
- E. Accounting of Disclosures. Communities must maintain a system(s) for logging and tracking requests for inspection, access and copies of medical records that have been disclosed without the resident's written authorization or for other than for treatment, payment or healthcare operations, as outlined in the Accounting for Disclosures of PHI Policy.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.





ACCOUNTING OF PHI DISCLOSURES	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## I. POLICY

It is HumanGood's policy to appropriately account to residents/clients for disclosures of protected health information (PHI) made without their written authorization, except disclosures made to resident/clients themselves. HumanGood documents and tracks the applicable PHI disclosures in order to account for them when requested.

## II. DEFINITIONS

- A. **Accounting of Disclosures** means a listing of disclosures of PHI made to any person or entity other than the resident/client without their written authorization, unless excluded as described in this policy.
- B. **Disclosure** means release, transfer, provision of access to, or divulging in any manner of PHI outside of HumanGood or the business associate that maintains the PHI on HumanGood's behalf.
- C. **Electronic PHI** means individually-identifiable health information that is transmitted by or maintained in electronic form.
- D. **PHI** means **protected health information**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.

## III. PROCEDURE

- 1. Lookback Period. The timeframe requirement for an accounting of disclosures by hard copy is limited to six (6) years prior to the date of the written request for an accounting or the timeframe the resident/client identifies in the request, whichever is shorter.
- 2. Receipt and Acknowledgement of Request. Each written request for an accounting of disclosures is date and time stamped by the medical records team member upon receipt. The medical records team member then sends the resident/client an Acknowledgement of Receipt of Request for Accounting of Disclosures of PHI Form, which includes the fee that is to be assessed to the requestor for the accounting, if any. The accounting must be provided within sixty (60) days of receipt of the request. The medical records team member should work with the Information Technology Department if an accounting of disclosures of e-PHI must be produced. If the 60-day timeframe cannot be met for any reason, the community will provide the resident/client with an interim letter explaining the need for an extension. Only one such extension is permitted under the Privacy Rule.

3. **Content of the Accounting:** At a minimum, the accounting of disclosures must include, **for each disclosure**, the following information:
  - Date of the disclosure made during the timeframe on the written request.
  - Name, address and telephone number of the entity or individual who received the PHI.
  - A brief description of the PHI disclosed.
  - A brief statement of the purpose of the disclosure that reasonably informs the resident of the basis for it or, in lieu thereof, a copy of the entity or individual request for a disclosure, if available.
4. **Accounting Exceptions:** An accounting is not required for the following disclosures:
  - Disclosure for the purpose of treatment, payment for services and health care operations.
  - Disclosures made between members of the HumanGood workforce as part of their function in delivering health care services.
  - Any disclosure made pursuant to a written authorization from the resident/client or their authorized representative.
  - Disclosure of a limited data set to a person involved in the resident/client's care, payment for services, or other notification purposes.
  - Discussion with family regarding resident changes in condition.
  - Disclosures to law enforcement for the purpose of locating the resident when s/he is missing, reporting an incident of suspected or actual elder abuse, or reporting a crime involving a resident.
  - Reports of elder abuse to the local LTC Ombudsman.
  - Disclosures to organ and tissue organizations relative to a resident's wish to donate.
  - Disclosures made as part of a limited data set.
  - Disclosures to the Department of Defense or the FBI for the purposes of conducting lawful intelligence, counter-intelligence and other national security activities.
  - Disclosure necessary in litigation in which HumanGood is a defendant.
  - Disclosures of de-identified PHI.
  - Posting of a resident's name on the wall outside their residence in the community, for which only verbal agreement is required.
  - Disclosure of a resident information in the community's directory, for which only verbal agreement is required.
5. **Multiple Disclosures to the Same Entity or Person:** Where multiple disclosures were made to the same entity or individual for a single purpose or pursuant to a single authorization during the time period in the accounting request, the accounting shall include the information as set forth above for the first disclosure, followed by a description of the frequency of times the same or different disclosure was made during the accounting period, and the date of the last disclosure during the accounting period.
6. **Disclosures to Public Health Authorities:** HumanGood may disclose or allow access to resident/client's PHI to a public health authority that is legally permitted to collect or receive it for public health surveillance or related activities. Such disclosure and/or access must be included in the accounting, if it occurs during a time period within a resident/client's request for an accounting. Such access should be documented on the Log (described below) and include the date of access, the identity and address of the public

health authority to which access was provided, the medical record numbers accessed, the PHI within each one that was accessed, and the purpose for the access.

7. Disclosures for Research Purposes: Disclosures made for research purposes, unless authorization was either waived by an Institutional Review Board or is not otherwise required by law, must be included in the accounting of disclosure, unless the resident/client has specifically authorized use and disclosure of their PHI for the research project. This is not the same as written consent to participate in the research project. For additional information regarding the accounting for research-related disclosures, please contact the Privacy Officer.
8. Business Associate Accounting of Disclosures: HumanGood business associates that use, transmit, maintain and disclose PHI on our behalf must also provide an accounting of disclosures to a resident/client who requests one. The resident/client can make that request directly of the business associate, and should be provided the contact information for the applicable business associate(s), including, but not limited, mailing address, phone number, and email address.
9. Accounting of Disclosures Log. As disclosures of PHI are made, each disclosure that is subject to an accounting, should be recorded on the Accounting of Disclosures of PHI Log.
10. Fee. There is no charge for the first accounting to an individual in any 12-month period. A reasonable, cost-based fee may be charged for each subsequent request for an accounting by the same individual within the 12-month period; provided that, the individual is given advance written notice of the fee and an opportunity to withdraw or modify the request in order to avoid or reduce the fee.

#### **IV. EXCEPTIONS**

1. Withdrawal/Modification of Request. Each person requesting an accounting shall be provided with the opportunity to withdraw or modify their request for an accounting for any reason.
2. Suspension of Right to Accounting. The community must temporarily suspend an individual's accounting of disclosures that are made to a health oversight agency or law enforcement official, where the agency or official submits a written statement that inclusion of this disclosure in the accounting is reasonably likely to impede the activity for which the PHI is need. In that case, the suspension is to last only as long as the time specified in the written statement. If the agency or official statement is made verbally to the community, a medical records team member must: document the statement, including the identity of the agency or official making the statement; and, limit the temporary suspension to no longer than 30 days from the date of the verbal statement.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.

**ACKNOWLEDGEMENT OF RECEIPT OF REQUEST  
FOR ACCOUNTING OF DISCLOSURES OF PHI**

**Resident/Client Name** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

We have received your request for an accounting of disclosures of your protected health information (PHI) from the dates of \_\_\_\_\_ to \_\_\_\_\_.

Please allow up to sixty (60) days to prepare the accounting for you. If we need more time, we will notify you.

- ☐ You have no requests for an accounting on file for 12 months prior to this request; and, therefore, there will be no fee charged for the preparation of the accounting.
- ☐ You have \_\_\_\_ prior request(s) for an accounting in the 12 months prior to your current request. Therefore, we are permitted to charge a cost-based fee for the accounting. Please pay the fee of \_\_\_\_\_ by \_\_\_\_\_, and we will begin the preparation. Alternatively, you may withdraw or modify your request to eliminate or reduce the cost. Please send us your withdrawal or modification in writing.

If you have any questions after receiving this information, please call \_\_\_\_\_.

Thank you,

Medical Records Department

(All references on this form to "us", "we" and "our" means HumanGood and \_\_\_\_\_.

[Insert Community Name]

**CHARGES:** The requestor may be responsible for payment of a reasonable, cost-based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information. Unless stated otherwise, only amounts above \$25 or higher will require fee-approval before copying.

**THIRD-PARTY RECORDS:** We can only release records that we created. Please contact your third-party provider for copies of third-party records.

1. **Authorization:** I authorize disclosure of medical information and health records as described below:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Last 4 of SSN: \_\_\_\_

Email Address: \_\_\_\_\_

**Record Holder's (Community's) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Records Released To:** \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Information to be Released for these Dates of Service:** From \_\_\_\_\_ To \_\_\_\_\_

3. **Information to Release:** Place your initials next to each category of information to be released.

<input type="checkbox"/> HIV/AIDS or STD Diagnosis, Treatment, Counseling	<input type="checkbox"/> Psychiatric Records
<input type="checkbox"/> Alcoholism/Drug Abuse Diagnosis, Treatment, Counseling	<input type="checkbox"/> Billing Information
<input type="checkbox"/> Admission/Discharge Summary	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Developmental Disability Records	<input type="checkbox"/> Laboratory Tests
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> History/Physical Exam
<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Nursing Notes
<input type="checkbox"/> Entire Medical Record (except records protected by law)	
<input type="checkbox"/> Other (Please Specify): _____	
<input type="checkbox"/> I want an electronic copy (e.g., compact disk) of the above indicated information, if available.	

4. **Use of Information:** The individual or entity identified above is permitted to use my information for the following purposes: Please initial all that apply.

<input type="checkbox"/> Continuing Medical Care	<input type="checkbox"/> Second Opinion	<input type="checkbox"/> Legal
<input type="checkbox"/> Print Marketing or Educational Media	<input type="checkbox"/> Personal	<input type="checkbox"/> Insurance
<input type="checkbox"/> Audio/Visual Marketing or Education Media		
<input type="checkbox"/> Other (please specify): _____		

(All references on this form to “us”, “we” and “our” means HumanGood and \_\_\_\_\_.

[Insert Community Name]

**5. Signature:**

Printed Name: \_\_\_\_\_

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

If signed by other than resident/patient, indicate relationship to resident/patient (check one): \_\_\_\_ Guardian  
\_\_\_\_ Power of Attorney \_\_\_\_ Legal Representative \_\_\_\_ Guardian \_\_\_\_ Other (specify)

**6. Mailing Instructions:** Please mail both sides of this authorization form to: [insert community address]



<b>BREACH NOTIFICATION</b>	Effective Date	06/03
	Revision Dates	07/13
		01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy that its team members report any suspected or known breach of protected health information ("PHI"), whether in paper or electronic form, to the Privacy Officer and/or Security Officer.

## **II. SUMMARY DEFINITIONS**

- A. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. "Breach" means the impermissible acquisition, access, use or disclosure of PHI that compromises the security or privacy of the PHI, which may include, by way of example, unexpected loss or damage to PHI (e.g., a lost laptop, thumb drive, or paper copy), theft or improper disposal of PHI (e.g., placing PHI in a trash can, instead of shredding it), accidental release to unauthorized people (e.g., misdirected email or fax) and unauthorized acquisition, access, use, or disclosure (e.g., hacking or giving your EHR password to an unauthorized person).
- C. "Unauthorized access" means a person who is not authorized to have access to PHI or to use or disclose it, has accessed, used or disclosed that PHI.
- D. "Unsecured PHI" means: (1) paper PHI that is left unattended, in a place that it might be seen, read, or taken by an unauthorized person; (2) electronic PHI that has been sent via unencrypted email and/or to the wrong person; or, (3) paper or electronic PHI that is not rendered unreadable, unusable, or indecipherable to unauthorized individuals or entities.

## **III. PROCEDURE**

- A. Any team member who discovers that PHI has been left in an area that is exposed to unauthorized viewing, such as on a fax machine, or PHI has been lost or stolen, or that PHI has been accessed by unauthorized individuals, immediately notifies his or her shift supervisor and describes the situation to him/her.
  - 1. If the situation involves lost PHI, the supervisor and team member begin an immediate search for it, including searching waste receptacles. If the PHI cannot



<b>BUSINESS ASSOCIATE AGREEMENTS</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	All

## **I. POLICY**

It is HumanGood's policy to obtain satisfactory assurances in the form of a written contract from each business associate that will create, receive, maintain, or transmit protected health information (PHI) from or on behalf of HumanGood. Each business associate must in turn do the same with regard to each subcontractor that handles PHI on its behalf.

## **II. SUMMARY DEFINITIONS**

- A. "Business associate" means an entity or person that creates, receives, maintains, or transmits PHI in performing a function, activity, or service for or on HumanGood's behalf under a signed service contract and also includes Health Information Organizations, vendors of personal health records, and other businesses that facilitate data transmission.
- B. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident. PHI may be in any form or medium; for example, oral, electronic, on paper, or in photographs or videos.
- C. "Subcontractor" means an entity or person (other than a workforce member of a business associate) to whom a business associate delegates a function, activity, or service of such business associate.

## **III. PROCEDURE**

- A. Any service contract that involves the creation, receipt, maintenance, or transmission of PHI in performing the service for or on behalf of HumanGood must either have an accompanying business associate agreement (BAA) (if the other party is a business associate) or PHI protection terms incorporated into the service contract (if the other party is not a business associate).
- B. Business associate agreements and PHI protection terms should be reviewed by the Legal Department by sending the contract to [contracts@humangood.org](mailto:contracts@humangood.org) (or other specified email address or team member).
- C. Whether the BAA is HumanGood's form or the other party's form, it must include, at a minimum, the following elements:
  - 1. Specify permitted and required uses and disclosures of PHI;



2. Prohibit other uses and disclosures, unless each use and disclosure is required by law;
3. Require appropriate safeguards to prevent unauthorized use and disclosure, loss, damage, or elimination of PHI
4. Require notification(s) of use or disclosure not permitted under the BAA and any breaches of PHI
5. Require compliance with PHI access requirements
6. Require maintenance of a log accounting for PHI uses and disclosures without the written authorization of the person who is the subject of the PHI
7. Make and incorporate amendments to the PHI, as appropriate
8. Make internal practices, books and records available to the Secretary of DHS
9. Provide for HumanGood's right to terminate contract for material breach if not cured
10. Require post-contract termination return or destruction of PHI; and
11. Require subcontractors and agents to agree to the same restrictions and conditions as business associate with regard to PHI

If using the other party's BAA, the following provisions should be proposed:

1. Exclude damages related to a breach of PHI from any limitation of liability in the services contract;
2. Indemnification against losses attributable to business associate's breach of PHI; and
3. Require business associate's applicable employees to complete HIPAA privacy, security and breach notification training and training on HumanGood's business associate requirements .

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION (PHI)</b>	Effective Date	02/02/18
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

It is HumanGood's policy that where practicable and appropriate, HumanGood and its business associates shall de-identify protected health information (PHI) and electronic protected health information (ePHI) prior to use and disclosure. Where necessary and appropriate to de-identify PHI, HumanGood will use the "safe harbor" method of de-identifying PHI prior to use and disclosure where practicable and necessary.

## **II. DEFINITIONS**

- A. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident/client; the provision of healthcare to a resident/client; or, the past, present, or future payment for the provision of healthcare to a resident/client, which identifies the resident/client or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident/client.
- B. "Individual Identifiers" is PHI that includes many common identifiers, such as name, address, birth date, age, health plan number, medical record number, and social security number. These identifiers both in and of themselves or in combination with other identifiers can produce a risk to the privacy of the individual who is the subject of the data. The process of de-identification, by which identifiers are removed from the health information, reasonably removes the risk of violating the individual's privacy and confidentiality and thereby, supports the secondary use of this data for comparative effectiveness studies, policy assessment, research, and other endeavors.
- C. "De-Identified PHI" means PHI from which all elements that would or could associate a specific individual with the information has been removed. For example, a health plan report that only presented that the average age of health plan members was 45 years would not be PHI because that information, although developed by aggregating information from individual plan member records, does not identify any individual, and there is no reasonable basis to believe that it could be used to identify an individual.

## **III. PROCEDURE**

- A. **The "Safe Harbor" method:** Removal of specified identifiers, such as name of the individual who is the subject of the information and his/her social security number, medical record number, health plan beneficiary number, street address, state, and zip code, and removal of the names and location of all of his/her relatives that are documented in the information, and other identifiers as follows:

1. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of the zip code if, according to the current publicly available data from the Bureau of the Census: (i) the geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (ii) the initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.
  2. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
  3. Telephone and facsimile numbers and email addresses.
  4. Account numbers.
  5. Certificate/license numbers.
  6. Vehicle identifiers and serial numbers, including license plate numbers.
  7. Device identifiers and serial numbers, such as hip replacement device.
  8. Web Universal Resource Locators (URLs) and Internet Protocol (IP) addresses.
  9. Biometric identifiers, including finger and voice prints.
  10. Full-face photographs and any comparable images.
- B. A designated manager, medical records team member and/or IT team member pulls necessary and appropriate identifiers out of the PHI and assigns the applicable code. The method used and the type and amount of identifiers to be removed depends on the nature of the request for information. To remove all identifiers might render the information useless for the purpose intended; however, leaving too many identifiers increases the risk that the privacy and protection of the information might be breached. Codes may be applied to the de-identified PHI for reporting quality improvement projects or reporting quality deficiencies in Quality Improvement Committee for example, but the code cannot be the medical record number nor shall it be selected from any of the 18 identifiers recognized in the Privacy Rule (see sections A and A(1)-(10) above).
- C. The de-identified information is reviewed by an administrator prior to release to assure that the information cannot reasonably be used by anyone to identify the resident/client, but that it still meets the requester's need for data reliability.

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

## DISCLOSURES OF PHI AUTHORIZATION, FEE AND ACCOUNTING TABLE

<i><b>Who is the Requestor?</b></i>	<i><b>Is Resident / Client Authorization Required?</b></i>	<i><b>Are Copy Fees Allowed?</b></i>	<i><b>Should Request be Documented on Log of Accounting for PHI Disclosures?</b></i>
<b>Accrediting Agencies</b>	No	No	No
<b>Attorney for Resident/Client</b>	Yes	<b>Yes</b>	No
<b>Attorney for HumanGood</b>	No	No	No
<b>Attorney, Plaintiff</b>	No	<b>Yes</b>	<b>Yes</b>
<b>Business Associates that Transmit, Maintain, Disclose or Use PHI under their contractual obligation to HumanGood</b>	No	No	<b>Yes</b>
<b>Deceased Persons</b> <input type="checkbox"/> Coroner or Medical Examiner, Funeral Directors <input type="checkbox"/> Organ Procurement <input type="checkbox"/> Beneficiary/Heir of estate <input type="checkbox"/> Family Member	No	No	No
<b>Employer</b> <input type="checkbox"/> PHI specific to work related illness or injury <input type="checkbox"/> Required for employer's compliance with occupational safety and health laws	No <b>Yes</b>	No No	No <b>Yes</b>
<b>Family Members</b>	Yes, unless deceased resident/client.	<b>Yes</b>	No, if authorized by resident/client <b>Yes, if not authorized in writing by resident/client</b>
<b>Health Plan Quality Improvement Audits</b>	<b>Yes</b>	No	<b>Yes</b>
<b>Health Oversight by Regulators</b> <input type="checkbox"/> Government benefits program <input type="checkbox"/> Fraud and abuse compliance <input type="checkbox"/> Office of Civil Rights <b>Reporting of abuse to LTC Ombudsman &amp; licensing Reporting of suspected or actual elder abuse to LTC Ombudsman &amp; licensing</b>	No	No	<b>Yes, except for reporting suspected or actual elder abuse to the LTC Ombudsman</b>

<b><i>Who is the Requestor?</i></b>	<b><i>Is Resident / Client Authorization Required?</i></b>	<b><i>Are Copy Fees Allowed?</i></b>	<b><i>Should Request be Documented on Log of Accounting for PHI Disclosures?</i></b>
<b>Reports to Manufacturer &amp; Food and Drug Administration</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adverse events</li> <li><input type="checkbox"/> Product defects</li> <li><input type="checkbox"/> Track products</li> <li><input type="checkbox"/> Product recalls</li> <li><input type="checkbox"/> Product surveillance</li> </ul>	No	No	Yes
<b>To treating Physicians for the purpose of providing treatment, including Emergency Departments</b>	No	No	Not for hard copy release <b>Yes, for electronic release</b>
<b>For Claims Payment Requirements</b>	No	No	No
<b>Judicial and Administrative Proceedings</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court order, or warrant</li> <li><input type="checkbox"/> Subpoena duces tecum</li> <li><input type="checkbox"/> Lawsuits</li> </ul>	No No No	No <b>Yes</b> <b>Yes</b>	No No <b>Yes, unless HumanGood is an involved party</b>
<b>Law Enforcement</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Locating a suspect, fugitive, material witness</li> <li><input type="checkbox"/> Searching for missing person</li> <li><input type="checkbox"/> Reporting of crime against an elder</li> <li><input type="checkbox"/> Crimes on premises including homicide</li> <li><input type="checkbox"/> Suicide</li> <li><input type="checkbox"/> To avert a serious threat to health or safety</li> </ul>	No	No	<b>Yes, for crime on premises and searching for missing person</b> No for all others
<b>Access to or Requests for PHI by Public Health Authorities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surveillance for Infectious Disease Prevention/Control</li> <li><input type="checkbox"/> Investigations</li> <li><input type="checkbox"/> Audits</li> <li><input type="checkbox"/> Communicable disease reporting</li> </ul>	No	No	<b>Yes, except for reporting communicable disease</b>
<b>To Principle Researcher with written authorization</b>	<b>Yes</b>	No	No
<b>To Resident/Client or Authorized Representative</b>	No	No, if first request in a 12-mo period <b>Yes if 2<sup>nd</sup></b>	No

<b><i>Who is the Requestor?</i></b>	<b><i>Is Resident / Client Authorization Required?</i></b>	<b><i>Are Copy Fees Allowed?</i></b>	<b><i>Should Request be Documented on Log of Accounting for PHI Disclosures?</i></b>
		request or more	
<b>For Specialized Government Functions</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Military and Veterans' activities</li> <li><input type="checkbox"/> Protective services for the President</li> <li><input type="checkbox"/> National security and intelligence activities</li> <li><input type="checkbox"/> Disaster response</li> </ul>	No	No	<b>Yes</b> , for all disclosures <b>except</b> national security and intelligence activities.
<b>To Workers' Compensation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compliance with existing laws (see state law)</li> <li><input type="checkbox"/> For case management</li> <li><input type="checkbox"/> For third party administrator</li> </ul>	No	See applicable state law	<b>Yes</b>

<b>MEDICAL RECORDS REQUESTS</b>	Effective Date	06/01/17
	Revision Dates	09/16/20
		01/01/21
	Departments Approving	Legal; IT Security
	Departments Affected	CCRC Operations – Medical Records

## **I. POLICY**

HumanGood team members only release medical records when required or permitted by law or with the written authorization of the individual who is the subject of the records, as outlined in this policy.

## **II. SUMMARY DEFINITIONS**

- A. **Medical Records** means the records, whether paper or electronic, of a resident's medical information, such as history, care, treatments, test results, diagnoses, medications, and "notes" entered over time by health care professionals.
- B. **Resident** means an individual who resides or resided in a HumanGood Life Plan Community regardless of the level of care.
- C. **Psychotherapy notes** means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

## **III. PROCEDURE**

### **A. Request Type**

1. **Third Party Request**. When a subpoena, attorney letter or other written third party request for medical records is received, (a) the request should be date/time stamped and initialed by the receiving team member; and, (b) immediately scanned and emailed to the Executive Director and/or Health Services Administrator for the community.
2. **Resident or Verbal Request**. If a resident requests a copy of their medical records or a verbal request for medical records is received, the requestor should be instructed to complete, sign and return the Authorization to Release Protected Health Information form. Once the completed and signed form has been received, (i) the request should be date/time stamped and initialed by the receiving team member; and, (b) immediately scanned and emailed to the Executive Director and/or Health Services Administrator for the community.
3. **Send Request to Medical Records Team**. The Executive Director and/or Health Services Administrator (or his/her designee) sends the request to the email group "Medical Records Team."

### **B. Verification of Identity and Authority**

The Executive Director and/or Health Services Administrator or his/her designee must verify the identity of the party requesting the medical records. For resident or legal representative requests, verification may be a state-issued identification card. For attorney requests, verification may be the attorney's signed

letterhead. For public official requests, verification may be an agency identification badge or written request on appropriate government letterhead. For verification of authority (i.e. the requesting party's right to obtain the records), contact the Legal Department.

#### C. Claims Reporting / Clinical Review

Some medical record requests are also reportable events. HumanGood's insurer considers a request from family or an attorney for medical records "addressing the care or treatment of a resident" to be a reportable claim. The Executive Director and/or Health Services Administrator (or his/her designee) should report the request to the insurer, if it should be reported. The report should include the caption, "For Quality Improvement Discussion Only, Protected by CA H & S Code §1370 and CA Evidence Code §1167 and other state's laws."

If the medical records request is reportable, the Executive Director and/or Health Services Administrator (or his/her designee) should scan and email the request to the email group "Medical Records Team" with confirmation that the request has been reported to the insurer as well as an indication of whether a clinical review should be performed. The Legal Department will request that one of the corporate clinical services directors review the resident's chart.

#### D. Medical Records Production

1. Produce only those requested documents within our care, custody and control and that we have created. Do not produce hospital records or documentation by private physicians in the form of "office notes." Do not produce quality assurance/improvement documents, risk management reports, notes from any internal investigation into an incident, lawsuit information, or research activities and results. If the requestor asks about records created or maintained by others, the requestor should be advised to go to the source of those documents to obtain a copy.
2. If the same records are maintained in more than one location, HumanGood is only required by law to produce the information once in order to fulfill the particular request.
3. If the amount of records requested is very large, a summary of the records may be provided as long as the requestor agrees to receive a summary.
4. The production of the records should include a copy of the request. If the requestor also requests a signed declaration of the custodian of records (or other written verification regarding the records), please forward the proposed declaration or other written verification to the Legal Department for review before signing. The authorization and response letter are placed into and become part of the resident's record.

#### E. Response Timing

1. Skilled Nursing Timing. The copy of records must be made available within two (2) working days of the request.
2. General Timing. The copy of records must be provided within thirty (30) days of receipt of the request. If additional time is needed, a one-time thirty (30) day extension is permissible, and the requestor must be given notice of the delay, including the reason(s) for the delay. (Use the Release of Medical Records 30-Day Extension Notice form.)
3. Subpoena Timing. Note the due date on the face of the subpoena, and produce (mail) the records on that date, unless the Legal Department provides another production date. If additional time is needed, the community or Legal can call the attorney (or other party) that issued the subpoena to secure an extension of time.
4. Attorney Request (or Other) Timing. Where the requestor has requested the records by a specific date, a good faith effort should be made to produce the records by the requested date.

#### F. Fees. See Charges for Medical Records Policy.



#### **IV. EXCEPTIONS/SPECIAL CIRCUMSTANCES**

- A. Insurance Requests. If the medical record request is an insurance request for a current resident that needs immediate attention from a care manager, the request is forwarded to that team member for fulfillment; no need to email the “Medical Records Team.”
- B. Sensitive Information. If the resident’s medical records include documents related to chemical dependency diagnosis, treatment or counseling; alcoholism diagnosis, treatment or counseling; mental health diagnosis, treatment or counseling; sexually transmitted disease diagnosis, treatment or counseling; or, HIV/AIDS diagnosis, treatment or counseling, re-confirm that the resident’s authorization has been checked, initialed and signed specifically authorizing the release of that portion of the record.
- C. Psychotherapy Notes. If a resident requests copies of or access to their psychotherapy notes, contact the Legal Department. Also, see the Permitted and Required Uses and Disclosures of PHI Policy and Access to PHI – Resident and Authorized Representative Policy.
- D. Accounting of Disclosures. Communities must maintain a system(s) for logging and tracking requests for inspection, access and copies of medical records that have been disclosed without the resident’s written authorization or for other than for treatment, payment or healthcare operations. (See Accounting for Disclosures of PHI Policy.)
- E. Electronic Health Record. If the community uses or maintains an electronic health record, the resident may request a copy in an electronic format and direct the community to send the e-copy to a third party.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

## **AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

**Please read carefully and complete the reverse side of this form. All sections on the reverse side of this authorization must be completely filled out before we are permitted to disclose your protected health information (PHI).**

**EXPLANATION:** This form authorizes the release of PHI in the manner described below and is voluntary. We cannot condition treatment, payment, enrollment or eligibility for benefits on your execution of this form, except in the limited circumstances described in our Notice of Privacy Practices (if any). Please be aware that once your information leaves us, we will no longer be able to protect that information, and the recipients of your information may not be legally required to protect your information.

**AUTHORIZATION TO DISCLOSE SPECIFIC PROTECTED HEALTH INFORMATION (PHI):** Federal and State laws require us to obtain specific authorization from patients to release especially sensitive information. Sensitive information is defined as treatment or documentation related to HIV/AIDS or sexually transmitted disease (STD) test results; psychiatric care, and treatment for alcohol or drug abuse. Be aware that we will automatically exclude these types of information unless you specifically identify them for release.

**RECEIVING RECORDS ELECTRONICALLY:** This option is available for resident/patient or resident/patient representative requests; not businesses, medical providers or third-parties. If you prefer this option, initial the appropriate line in number 3.

**RESTRICTIONS:** You understand that we may not further use or disclose the information described on the reverse side of this form unless another authorization is obtained from you or unless such use or disclosure is specifically required or permitted by law. You hereby release us from any/all liability that may arise from the release of this information to the party named on this form.

**ADDITIONAL COPY:** I further understand that I have a right to receive a copy of this authorization upon my request.

**REVOCATION:** I understand that I may revoke this authorization in writing at any time (effective upon receipt), except for actions already taken in reliance upon this authorization.

**DURATION:** I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance upon it. Unless otherwise noted, this authorization will expire one year from the date of my signature.

**CHARGES:** The requestor may be responsible for payment of a reasonable, cost-based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information. Unless stated otherwise, only amounts above \$25 or higher will require fee-approval before copying.

**THIRD-PARTY RECORDS:** We can only release records that we created. Please contact your third-party provider for copies of third-party records.

1. **Authorization:** I authorize disclosure of medical information and health records as described below:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Last 4 of SSN: \_\_\_\_

Email Address: \_\_\_\_\_

**Record Holder's (Community's) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Records Released To:** \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Information to be Released for these Dates of Service:** From \_\_\_\_\_ To \_\_\_\_\_

3. **Information to Release:** Place your initials next to each category of information to be released.

<input type="checkbox"/> HIV/AIDS or STD Diagnosis, Treatment, Counseling	<input type="checkbox"/> Psychiatric Records
<input type="checkbox"/> Alcoholism/Drug Abuse Diagnosis, Treatment, Counseling	<input type="checkbox"/> Billing Information
<input type="checkbox"/> Admission/Discharge Summary	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Developmental Disability Records	<input type="checkbox"/> Laboratory Tests
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> History/Physical Exam
<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Nursing Notes
<input type="checkbox"/> Entire Medical Record (except records protected by law)	
<input type="checkbox"/> Other (Please Specify): _____	
<input type="checkbox"/> I want an electronic copy (e.g., compact disk) of the above indicated information, if available.	

4. **Use of Information:** The individual or entity identified above is permitted to use my information for the following purposes: Please initial all that apply.

<input type="checkbox"/> Continuing Medical Care	<input type="checkbox"/> Second Opinion	<input type="checkbox"/> Legal
<input type="checkbox"/> Print Marketing or Educational Media	<input type="checkbox"/> Personal	<input type="checkbox"/> Insurance
<input type="checkbox"/> Audio/Visual Marketing or Education Media		
<input type="checkbox"/> Other (please specify): _____		

5. **Signature:**

Printed Name: \_\_\_\_\_

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

If signed by other than resident/patient, indicate relationship to resident/patient (check one): ☐ Guardian  
☐ Power of Attorney ☐ Legal Representative ☐ Guardian ☐ Other (specify)

6. **Mailing Instructions:** Please mail both sides of this authorization form to: [insert community address]

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**RELEASE OF MEDICAL RECORDS**  
**NOTICE OF 30-DAY EXTENSION**

Date of Notice: \_\_\_\_\_

\_\_\_\_\_  
Name of Resident

We are unable to process your request for medical records within the thirty (30) day timeframe, due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The anticipated date of completion is: \_\_\_\_\_.

Please feel free to contact us at \_\_\_\_\_ if you have any questions about this Notice.

Sincerely,

Medical Records Department



MINIMUM NECESSARY RULE	Effective Date	02/22/19
	Revision Date:	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to take reasonable steps to limit use and disclosure of protected health information (PHI) to only that amount which is **minimally necessary** to achieve the purpose of the request for use or disclosure, regardless if the use or disclosure is to be made by hard copy or by electronic means. This is referred to as the "Minimum Necessary Rule".

## **II. GUIDELINES, DEFINITION AND PROCEDURE**

- A. The minimum necessary requirement does not apply to the following requests:
1. Disclosure of a resident's PHI to their health care provider for treatment purposes.
  2. Disclosure of a resident's own PHI to a resident/client upon written request.
  3. Disclosures made to the Secretary of Health and Human Services, where such disclosure of PHI is requested for enforcement purposes.
  4. Disclosure required for compliance with the administrative simplification rules under the Health Insurance Portability and Accountability Act (HIPAA).
  5. Disclosures required by an administrative law judge in a Medicare appeal.
  6. Disclosure to a court of law pursuant to a subpoena.
  7. Use or disclosure that is required by state or federal law.
- B. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- C. Team members should only access or use the amount of PHI that is needed to do their job and no more. Team member access or use of PHI may also be controlled by the degree of access a team member has been given by HumanGood. For example, a team member who does not need access to PHI may not be given access codes or login information for physical locations or electronic systems containing PHI.
- D. For disclosure of PHI to others, the determination of "minimum necessary" may be made by a medical records team member who reviews the statement of purpose that has been checked on the authorization form. If there is any question about what information is required to fulfill a specific purpose, the medical records team member should contact the requesting party by phone or contact the Legal Department. See the Permitted and Required Uses and Disclosures of PHI Policy.

## **III. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.



<b>NOTICE OF PRIVACY PRACTICES</b>	Effective Date	02/20 04/28/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

HumanGood has developed its Notice of Privacy Practices to distribute to our residents/clients. Whenever a substantive change is made to our Privacy Practices, our Notice is revised and redistributed to residents/clients.

## **II. GUIDELINES**

- A. The Privacy Rule requires that the content of the Notice is written in plain language, and describes how we may use and disclosure protected health information (PHI) about an individual, their rights with respect to this information and how to exercise those rights, how they may complain about our privacy practices, and our legal duties with respect to their PHI. The Notice shall include an effective date.
- B. All team members receive education, both on hire and annually thereafter, regarding the purpose for and content of our Notice, their individual role in addressing resident requests to exercise their privacy rights, and their role in distribution of our Notice to residents.
- C. The HumanGood Privacy Officer is responsible for oversight and management of content of the Notice, publishing the Notice, and archiving old Notices. The Privacy Officer also directs or conducts periodic audits to assess adherence with this policy.
- D. Directors, managers, and supervisors are responsible for communicating to team members the method of distribution within their units and how to answer resident questions about their privacy rights.

## **III. PROCEDURE**

- A. Changes to our Notice of Privacy Practices
  1. The Privacy Officer reviews the Notice at least annually in concert with any amendments that have been made to the federal Privacy Rule in that year.
  2. The Privacy Officer makes or requests changes to the Notice when required by Privacy Rule revisions or additions or whenever HumanGood makes material changes to any of our privacy practices.
  3. Changes to the Notice are made by the Privacy Officer or designee, and become effective on the date published by HumanGood, and the Notice is distributed to residents by team members and given to newly admitted residents within sixty (60) days of the effective date on the Notice.
  4. The revised Notice is posted on the HumanGood website by Information Technology within sixty (60) days of the effective date.
  5. Team members are educated about the changes and how to answer questions from residents should questions arise.

**B. Distribution of the Notice**

1. As a covered entity, HumanGood is required by the Privacy Rule to provide a copy of our Notice to anyone who asks for a copy.
2. The Notice is required by law to be provided to residents prior to the first date of health care service delivery, and appropriate team members are advised of this requirement when the revised Notice is initially published.
3. A signature and acknowledgement of receipt of the Notice is obtained by a team member from each resident who is given the Notice; that signature and acknowledgement is maintained in the resident's health record.
4. Where the signature and acknowledgement cannot be obtained from the resident, team members document all reasonable efforts to follow up and obtain it and place it in the resident's health record.
5. For newly admitted RCFE residents, a Sales & Marketing team member reviews the Notice with new residents, gives a copy to them, and has the resident sign and date the acknowledgement and places it in the resident's new HumanGood health record.
6. For newly admitted Village residents and patients, an Admission team member follows the same process as in B.5. above.
7. Residents are also given a copy of our Notice at the following junctures:
  - a. Within sixty (60) days of material changes.
  - b. Upon verbal or written request from a resident.

**C. Methods of distribution**

1. The Notice is delivered in paper form and reviewed with each resident by a team member in person, and the team member obtains the acknowledgement signature and date and inserts it into the resident health record.
2. The document is placed on the HumanGood website and can be downloaded by residents, signed and dated, and the signature portion signed and given by the resident to their unit manager for placement in their health record.
3. The Notice is placed on bulletin boards in common areas of each Community and in the Community's library.
4. The Notice may be sent to a resident via e-mail if he or she verbally agrees to receive it electronically and in this situation, the resident is advised to provide his or her acknowledgement signature and date to their unit manager for placement in their health record. In the event this does not occur, team members will make good faith efforts to obtain it and place it in the resident's health record.
5. The Notice may be provided to a resident with other HumanGood or Plan documents as long as the Notice is reviewed with the resident and the signed and dated acknowledgement is retained by management and placed in the resident's health record.

**D. Monitoring and Auditing Process, Distribution of Notice**

1. The Privacy Officer or designee monitors the distribution process for newly admitted residents at least once every quarter.
2. The Privacy Officer or designee formally audits the process on a bi-annual basis and takes corrective action when any failure is identified.
3. Results of the distribution monitoring activities are reported to unit managers and the Chief Operating Officer upon completion of monitoring.
4. Results of formal audits of the distribution process and the corrective action plan are reported to unit managers and the Chief Operating Officer upon completion of the formal auditing.



### **III. EXCEPTION**

During the COVID-19 public health emergency, monitoring, auditing and reporting timeframes may be altered.

### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on changes in law, risk, industry threats and identified vulnerabilities.

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Request amendment of your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ *See page 2 for more information on these rights and how to exercise them*

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a community directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ *See page 3 for more information on these choices and how to exercise them*

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ *See pages 3 and 4 for more information on these uses and disclosures*

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a community directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
-

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to provide you with notice of our legal duties and privacy practices with respect to protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date of Notice: July 15, 2022*

### **This Notice of Privacy Practices applies to the following organizations.**

All life plan communities under HumanGood, including:

HumanGood Arizona, Inc., d/b/a The Terraces of Phoenix  
HumanGood Washington, d/b/a Judson Park  
HumanGood NorCal, d/b/a Grand Lake Gardens  
HumanGood NorCal, d/b/a Piedmont Gardens  
HumanGood NorCal, d/b/a Plymouth Village  
HumanGood NorCal, d/b/a Rosewood Senior Living  
HumanGood NorCal, d/b/a The Terraces at Los Altos  
HumanGood NorCal, d/b/a The Terraces of Los Gatos  
HumanGood NorCal, d/b/a Valle Verde  
HumanGood SoCal, d/b/a Redwood Terrace  
HumanGood SoCal, d/b/a Regents Point  
HumanGood SoCal, d/b/a Royal Oaks  
HumanGood SoCal, d/b/a Westminster Gardens  
HumanGood SoCal, d/b/a White Sands La Jolla  
HumanGood SoCal, d/b/a Windsor  
HumanGood Idaho, d/b/a The Terraces of Boise  
HumanGood Nevada, d/b/a Las Ventanas Retirement Community  
HumanGood Fresno, d/b/a The Terraces at San Joaquin Gardens  
HumanGood Pennsylvania, d/b/a Rydal Park  
HumanGood Pennsylvania, d/b/a Rosemont  
HumanGood Pennsylvania, d/b/a Spring Mill  
West Valley Nursing Homes, Inc., d/b/a Living Care

*Privacy Officer: Bethany Ghassemi*  
*Bethany.Ghassemi@HumanGood.org*  
*(925) 924-7239*

**Acknowledgment of Receipt of**  
**Notice of Privacy Practices**

I acknowledge that I have received a copy of the HumanGood Notice of Privacy Practices, which sets forth HumanGood's privacy practices, my rights regarding privacy of my protected health information, and HumanGood's legal duties regarding privacy of my protected health information.

\_\_\_\_\_  
Printed Name (Resident/Authorized Representative Name)

\_\_\_\_\_  
Signature (Resident/Authorized Personal Representative)

Please complete this page and hand it to your Sales & Marketing team member or Admissions team member, or send it to:

Attn: Privacy Officer  
1900 Huntington Drive  
Duarte, CA 91010

*OR*

Email: [Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)

<b>PERMITTED AND REQUIRED USES AND DISCLOSURES OF PHI</b>	Effective Date	02/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

It is HumanGood's policy that its team members protect and secure the protected health information (PHI) of all residents/clients by complying with its established access, use and disclosure controls. Except as provided in this policy, HumanGood team members cannot disclose paper or electronic PHI (ePHI) outside of HumanGood without written authorization from the resident/client who is the subject of that information.

## **II. SUMMARY DEFINITIONS**

- A. **"Disclose"** and **"disclosure"** mean the release, transfer, provision of access to, or divulging in any manner of PHI outside HumanGood.
- B. **"PHI"** means **"protected health information"**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident. PHI may be in any form or medium; for example, oral, electronic, on paper, or in photographs or videos. Identifying information alone such as personal name, residential address or phone number, is not considered to be PHI if it is used in financial records, for example or if it is used in publicly accessible locations such as a phone book, it is not PHI because it is not related to health information as described.
- C. **"Use"** means the sharing, employment, application, utilization, examination, or analysis of PHI within HumanGood.

## **III. PROCEDURE**

- A. ACCOUNTING OF DISCLOSURES OF PHI: Under the Privacy Rule and with certain exceptions, residents/clients have a right upon request to receive an accounting of disclosures of PHI we make. The instances where a covered entity is not required to account for disclosures, include disclosures for treatment, payment and health care operations, and disclosures authorized by the individual. See the Accounting of Disclosures of PHI Policy.
- B. DISCLOSURES REQUIRED BY LAW THAT DO NOT REQUIRE WRITTEN AUTHORIZATION:
  1. **State law or regulations that specifically authorize disclosure.**
  2. **To comply with a court order, court-ordered warrant, subpoena duces tecum or summons issued by a judicial officer.**
  3. **To comply with an administrative request**, such as an Administrative Law Judge hearing in a Medicare appeal.



<b>PERMITTED AND REQUIRED USES AND DISCLOSURES OF PHI</b>	Effective Date	02/20
	Revision Dates	01/01/21
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- C. **"Psychotherapy notes"** means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- D. **"Use"** means the sharing, employment, application, utilization, examination, or analysis of PHI within HumanGood.

## III. PROCEDURE

- A. ACCOUNTING OF DISCLOSURES OF PHI: Under the Privacy Rule and with certain exceptions, residents/clients have a right upon request to receive an accounting of disclosures of PHI we make. The instances where a covered entity is not required to account for disclosures, include disclosures for treatment, payment and health care operations, and disclosures authorized by the individual. See the Accounting of Disclosures of PHI Policy.

B. DISCLOSURES REQUIRED BY LAW THAT DO NOT REQUIRE WRITTEN AUTHORIZATION:

1. **State law or regulations that specifically authorize disclosure.**
2. **To comply with a court order, court-ordered warrant, subpoena duces tecum or summons issued by a judicial officer.**
3. **To comply with an administrative request,** such an Administrative Law Judge hearing in a Medicare appeal.

C. PERMITTED USE & DISCLOSURE WITHOUT RESIDENT/CLIENT WRITTEN AUTHORIZATION: Our residents/clients receive information about the following permitted disclosures in our Notice of Privacy Practices. Each disclosure for these purposes is documented and that documentation is retained, tracked, reportable and auditable.

1. **To the resident/client** who is the subject of the PHI. **The minimum necessary requirement does not apply here,** and a HumanGood “Authorization to Release Protected Health Information” form is to be completed and signed by the resident/client and maintained in the resident/client’s health record or service record.
2. **To a medical health care provider,** hard copy information for the purpose of treatment for the resident/client. Treatment means the provision, coordination or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. For release of electronic health information for this purpose, the disclosure must be documented on the Log of PHI Disclosures. **The minimum amount necessary requirement does not apply here.**
3. **To obtain or provide payment for health care services: in the minimum necessary amount,** in order to obtain reimbursement or payment for health care services provided to a resident/client in claims submissions to third party payers, including health plans, or to a resident’s authorized representative for payment of health care services.
4. **For Healthcare Operations: in the minimum necessary amount** for such activities as quality improvement activities, health plan credentialing activities, HumanGood legal services, general administrative activities, including the sharing of PHI with business associates to fulfill the purposes of their service contract with HumanGood. Disclosure to health department for health oversight and licensing activities (including audits and investigations), reporting of communicable disease, and emergency response in a disaster are to be tracked on the Accounting of Disclosures of PHI Log. Disclosures for quality improvement, HumanGood legal services, credentialing, and general administrative activities are not tracked on the Accounting of Disclosures of PHI Log.
5. **Workers compensation claims and case management** activities related to a HumanGood team member, **in the minimum amount necessary,** with disclosures tracked on the Accounting of Disclosures of PHI Log.
6. **For cadaveric Organ, Eye, or Tissue Donation in the minimum amount necessary.**
7. **To a coroner, medical examiner, or funeral director** after a resident/client expires. In relation to release to a coroner. The minimum amount necessary requirement does not apply.
8. **Release of a limited data set that has been de-identified,** which means that all individually-identifiable information has been removed. See also De-Identification of Protected Health Information Policy.

D. SPECIFIC WRITTEN AUTHORIZATION REQUIRED FOR PSYCHOTHERAPY NOTES: Disclosure of psychotherapy notes may not be performed without both the written authorization of the resident/client and the originator of the psychotherapy notes.

E. DISCLOSURE OF PHI FOR LAW ENFORCEMENT PURPOSES WITHOUT WRITTEN AUTHORIZATION: Under most circumstances, the Privacy Rule requires HumanGood to obtain verbal permission from persons who have been the victim of domestic violence or abuse before disclosing PHI to law enforcement. Where State law imposes additional restrictions on disclosure of PHI to law enforcement, those State laws apply. If the law enforcement official making the request for information is not known to the team member making the disclosure, that team member must verify the identity and authority of the officer by taking a business card from him/her prior to disclosing the information.

Otherwise, HumanGood may provide **the minimum necessary** PHI with no requirement to track such disclosures on the Accounting of Disclosures of PHI Log:

1. To enable law enforcement **to identify or locate a suspect, fugitive, or material witness.**
2. **To notify law enforcement of a missing resident/client** if the information is limited to the minimum necessary to search for the person.
3. **To comply with a Police Officer request for information about a victim or suspected victim of a crime.**
4. **To notify law enforcement of a resident/client's death** if it is suspected or known that criminal activity caused the death.
5. **To a coroner** when a resident/client is under a coroner's jurisdiction, or to a funeral director when a resident/client dies and the funeral home is to come retrieve the body.
6. **When we believe that PHI provides evidence of a crime**, including elder abuse and domestic violence where release of PHI is expressly authorized by law and where we, in good faith, believe that the event occurred on our premises.
7. **To federal officials authorized to conduct** intelligence, counter-intelligence and other national security activities under the National Security Act or to provide protective services to the President and others and conduct related investigations.

F. USE OR DISCLOSURE OF PHI REQUIRING WRITTEN AUTHORIZATION: Written authorization of the resident/client or if cognitively impaired, of the resident/client's authorized representative, **is required** for the following:

1. Disclosure of any PHI or other health information to a family member or friend of a resident/client who is not the resident/client's authorized representative. (But see Exhibit A to HIPAA Privacy Policy and Release of PHI of Deceased Resident/Client Policy.)
2. Disclosure of PHI to the media.
3. Taking photographs or videos of a resident/client and using it for internal or external publication and/or posting in the Community.
4. Publishing a resident/client's "story" (that contains PHI) in a HumanGood publication, which will be sent to potential candidates for residency or which will be used for

- fundraising or marketing purposes, both of which the resident/client can elect to “opt-out” of use of their information for such purposes.
5. Use for HumanGood marketing activities except where the purpose of the activity is only to provide a resident/client with information about products or services that we believe he or she might benefit from knowing about and purchasing on their own.
  6. Disclosure of psychotherapy notes, for which both the originator of the notes and the resident/client must specifically consent to release of this documentation.
  7. Disclosure of documentation regarding substance and/or alcohol abuse diagnosis, treatment, and counseling.
  8. Disclosure of documentation regarding venereal disease or sexual abuse diagnosis, treatment, and counseling, including HIV/AIDs.
  9. Disclosure of PHI to a researcher conducting an approved human research project.

#### **G. DISCLOSURES THAT MAY BE MADE WITH VERBAL CONSENT**

1. **Family or other persons designated by the resident/client:** To make verbal disclosures to family involved in a resident/client’s care or for notification purposes, or to other persons who the resident/client wants to be notified, verbal permission from the resident/client must be obtained and documented. If the resident/client did not object when given the opportunity to agree, acquiesce or object, it is then understood that he or she agrees. In an emergency situation or to notify the family that the resident/client had an unexpected change in condition, the minimum necessary information may be provided without obtaining verbal consent.
2. **Facility Directory:** Resident/client name, room number, and contact phone number, and e-mail address may be disclosed in the directory if the resident/client gives verbal permission.
3. **Signage at the resident/client’s front door:** Resident/client first and last name may be displayed on this sign with verbal consent.
4. **To a clergyperson** for visitation with the resident/client. The information given may include resident location and condition in terms of good, fair, or serious.

### **III. INCIDENTAL DISCLOSURES**

- A. An incidental disclosure is one that cannot reasonably be prevented, is limited in nature, and that occurs as the result of another, primary use or disclosure that is permitted by the Privacy Rule. The Privacy Rule as amended allows for certain incidental disclosures of PHI when the covered entity, in this case HumanGood, is maintaining all other elements of compliance with the Rule, including the use of necessary safeguards to protect against this type of disclosure.
- B. It is HumanGood’s practice to make good faith efforts to avoid incidental disclosures by, for example: speaking quietly when discussing a resident/client’s condition or needs with family members in a public area or in a two-person room; isolating or locking file cabinets and records rooms; and, turning computer screens away from public view, and logging out or turning them off when not using them or using a time-out screen.

### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats and identified vulnerabilities.





<b>PROCESS FOR HANDLING HIPAA PRIVACY VIOLATION COMPLAINTS</b>	Effective Date	02/02/18
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

HumanGood takes all alleged HIPAA privacy violation complaints seriously and attempts to address them in a fair and expeditious fashion. Complaints determined to be of merit are appropriately handled.

## **II. DEFINITION AND GUIDELINE**

- A. “PHI” means “protected health information”, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. Complaints may be filed by the resident (i.e., the person who is the subject of the PHI), the resident’s authorized representative, a HumanGood team member, a HumanGood business associate, and accrediting, health oversight or advocacy agencies or organizations (“Complainant”). This list is not exhaustive and HumanGood will accept all complaints that are filed in accordance with Section III.A. below.

## **III. PROCEDURE**

- A. Process for filing a complaint. The process for filing a complaint is as follows:
  - 1. Except for complaints received via the compliance hotline, anyone lodging a verbal complaint should be instructed to file the complaint in writing, either electronically or on paper. The Complainant may file the complaint on the Privacy Practices Complaint form.
  - 2. The complaint should describe the acts or omissions believed to be in violation of the HIPAA privacy regulations.
  - 3. The complaint should be filed within 180 days of when the Complainant knew or should have known that the act or omission complained of occurred, although this timeframe may be waived if good cause is shown.
  - 4. The complaint should be sent to the Privacy Officer.
- B. Process for Handling a Complaint
  - 1. Within five (5) business days of receipt of the written complaint, the Privacy Officer or his/her designee (“Designee”) will attempt to contact the Complainant by telephone to

- acknowledge receipt of the complaint and to obtain any additional information that may be needed in order to investigate the complaint.
2. The Privacy Officer or Designee will review and conduct a preliminary investigation of the complaint.
  3. Complaints deemed to have merit will be discussed with the Privacy Officer (if the Designee conducted the preliminary investigation).
    - a. If indicated, the Designee, in conjunction with the Privacy Officer, will investigate the complaint further to determine if the Complainant's privacy was violated under the HIPAA regulations.
    - b. Based on the investigation findings, the Privacy Officer will take (or recommend to the appropriate department, team member or governing body) the indicated corrective actions necessary to mitigate the violation and prevent a future reoccurrence. Corrective action to prevent future privacy violations may include, for example, changes to policies and/or team member discipline.
  4. A response to the Complainant will be made as soon as possible, but no later than sixty (60) days from receipt of the written complaint.
  5. The complaint resolution can be documented on the HIPAA Privacy Concern Resolution form.

#### **IV. DOCUMENTATION**

Investigations are conducted under the Quality Improvement protection state statutes and are confidential. No copies of the Privacy Practices Complaint Form are kept in any operational department or otherwise outside the Legal Department.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

**PRIVACY PRACTICES COMPLAINT FORM**

You may mail this completed form to:

Attn: Privacy Officer  
1900 Huntington Drive  
Duarte, CA 91010

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

Reporting Person's Name: \_\_\_\_\_

Affected Resident (if not reporting person):  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you (check one): ☐ HumanGood team member ☐ Resident ☐ Authorized Representative

Describe your concern or complaint with as much information as possible, including the date you became concerned, what you saw or heard, names of people involved, and so forth:

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**Add additional pages if necessary**

\_\_\_\_\_  
Reporting Party Signature

\_\_\_\_\_  
Date

**For Internal Use Only:**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_



## **HIPAA Privacy Concern Resolution**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST (FIRST (M.I.)

Reporting Party (if different from resident): \_\_\_\_\_  
(LAST (FIRST (M.I.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reviewer's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

Date and method patient/reporting party was notified of resolution: \_\_\_\_\_

Additional communication:

Date: \_\_\_\_\_  
Reviewer's Signature

Note: Attach written complaint to this document.



<b>RECORD RETENTION, STORAGE AND DESTRUCTION</b>	Effective Date	September 2018
	Revision Dates	October 2019
		January 2021
	Departments Approving	Legal Information Security Risk Management  Office of CIO
	Departments Affected	All

**Policy:**

All physical and electronic documents and records must be retained, stored and destroyed based on applicable legal, regulatory and business requirements. As a general rule, important records other than medical records should be retained and stored safely for **seven years** after they are no longer active or needed. Medical records should be retained for **ten years**, and personnel records may be destroyed after **five years**. There are exceptions to these rules, noted below. When the appropriate period has passed, records should be disposed of by shredding or other secure method.

For example:

- Accounting records should generally be retained for seven years after the ending date of the period they record.
- Contracts, including contracts with residents and vendors, should generally be retained for seven years after the later of their termination date or the end of the relationship (resident death or move-out, or vendor replacement contract).
- Personnel records should be retained for five years after a team member is no longer employed by HumanGood, with some exceptions (described in HR Personnel Records Policy and Procedure).
- Most medical records should be retained for ten years from the date of a patient's last visit, prescription refill, telephone contact, test, other patient contact, or death, or for such longer time if required by law or contract.

HumanGood produces many kinds of records that do not need to be retained for seven years, for example, dining menus, petty cash vouchers, scheduling charts, news stories, and most emails.

**Procedure:**

1. Each department manager shall ensure that:
  - A. Each document, record, policy, generated information, reviewed agreement or contract



or any other work product generated by the department reflects the date initiated, revised, and is stored as an archive when it is retired or revised.

B. Archived documents are stored in secure onsite, offsite or electronic storage during the period between when they are no longer effective and the date they may be destroyed. If records are to be maintained permanently in accordance with the table below, they must be indexed in such a way that they can be found if or when needed.

C. Documents are properly shredded at the end of the retention period.

### **Medical Record Retention:**

HumanGood will retain medical records for 10 years from the date of a patient's last visit, prescription refill, telephone contact, test, other patient contact, or death.

This 10-year period is required by federal Medicaid rules governing managed care organizations, and federal laws for providers who contract with a Medicare Advantage or Medicare Part D plan. For other organizations and records, CMS defers to each state's laws, which vary. However, for consistency and ease of recordkeeping, HumanGood will use 10 years as its standard for medical records.

If there are any problems with a patient's care which we are aware may give rise to the patient or their family bringing a claim or litigation against HumanGood, we should retain those records until resolution of the claim or seven years after the statute of limitations has run.

### **Other Record Retention Exceptions:**

As stated above, the standard period of time for retention of records other than medical records and personnel records is seven years. Below is a listing of certain types of records that must be held for a longer period than seven years, or may be destroyed prior to seven years. *If a record is not on the list below, the department manager shall retain the records for seven years or consult with the Legal Department if a shorter retention period is desired.*

<b>ACCOUNTING</b>	
Auditors' reports and schedules	Permanently
Bank deposit slips	3 years
Cash disbursements journal	Permanently
Cash receipts journal	Permanently
Depreciation records	Permanently
Financial Statements, Annual	Permanently
Financial Statements, Interim/Internal	3 years
General journal/ledger and end-of-year trial balances	Permanently
Income tax returns	Permanently
Internal audit reports	Permanently



Medicare cost reports	5 years after the month that the Medicare cost report is filled with the intermediary
Property tax returns	Permanently

<b>HR PERSONNEL RECORDS</b>	
Personnel files. (For more information see HR-12 Personnel Records Policy and Procedure.)	Five years from the separation date for most records. Retention is shorter for a few documents, longer if there is a pending dispute. See the detailed HR policy.
<b>CORPORATE RECORDS</b>	
Affiliation agreements / contracts	Permanently
Annual reports	Permanently
Construction documents (contracts, change orders, completion certificates, etc.) for <u>major</u> projects	Permanently
Contracts relevant to bond-financed property (major capital expenditures contracts and contracts with for-profit vendors using bond-financed space)	Permanently
Deeds, mortgages and bills of sale	Permanently
Real estate property records and surveys	Permanently
Tax-exemption documents (determination of tax-exempt status)	Permanently

### **Disposal:**

Dispose of hard copy paper records as follows:

- a. Documents containing non-sensitive, non-confidential records can generally be disposed of into company trash bins.
- b. Documents containing sensitive or confidential records should be shredded (at the end of the retention period) and disposed of securely.

The Information Technology Department will handle (or coordinate and oversee) the secure disposal of aged email and redundant, aged and unneeded unstructured content from the network. The Information Technology Department manages (or assists other departments in managing) all media and technology hardware/devices in an inventory and securely erasing/sanitizing prior to disposal.

### **Enforcement:**

All records created and received by HumanGood and its agents are the property of HumanGood. No HumanGood team member, by virtue of his/her position, has any personal or property right to such records even though s/he may have developed or compiled them. The unauthorized destruction, removal or use of such records is prohibited. No one may falsify or



inappropriately alter information in any record or document. Information pertaining to unauthorized destruction, removal or use of HumanGood records, or falsifying or inappropriately altering information in a record or document, should be reported to the Compliance Officer.

### **Resources:**

Federal law is found in the record-keeping rule applicable to Medicaid and Children's Health Insurance Program (CHIP) Programs at 42 CFR 421, 433, 438, 440, and 457.

State laws around medical record retention.

a. In Washington, the Washington State Medical Association recommends that providers retain medical records for at least ten years.

b. Nevada law (NRS 629.051) permits a provider to destroy records five years after production.

c. Arizona law (12-2291) permits a provider to destroy records six years after the last contact.

d. Idaho law (IDAPA 16.0302.203.04) requires that a provider retain records for seven years.

e. California law, modified effective January 1, 2018, requires providers of health care services rendered under Medi-Cal or any other California Department of Health Care Services health care program to keep records for at least 10 years. Specifically, Assembly Bill 1688 (Chapter 511, Statutes of 2017) requires providers to keep a record of each service rendered, the beneficiary or person to whom rendered, the date of service and any additional information that the Department of Health Care Services may require. These records must be maintained for 10 years from the final date of the contract period between the plan and the provider (for Medi-Cal managed care enrollees), from the completion date of any audit or from the date the service was rendered, whichever is later.

### **Review and Revision History:**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>RELEASE OF PHI OF DECEASED RESIDENT/CLIENT</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to safeguard the protected health information (PHI) of deceased residents for a period of fifty (50) years following the resident's date of death. After this 50-year period, the HIPAA Privacy Rule (the "Privacy Rule") explicitly excludes from the definition of "protected health information" all individually identifiable health information of a decedent.

## **II. DEFINITION AND GUIDELINES**

- A. "PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. Although permitted by the Privacy Rule, disclosures of a deceased person's PHI to family members is not required by the Rule. We are not required to make this disclosure if (1) we cannot verify the relationship of the person to the decedent; (2) doing so is inconsistent with any prior expressed preference of the decedent; or (3) we determine that disclosure would be inappropriate.
- C. Any disclosure of a deceased resident's PHI is to be limited to the minimum amount necessary. The Privacy Rule recognizes that the deceased resident's PHI may be relevant to a surviving family member's healthcare, and it therefore, permits disclosures of PHI for treatment purposes, even if that treatment is for a person other than the decedent. Otherwise, disclosures of a deceased resident's PHI should only include that PHI which is related to the requestor's involvement in the decedent's care or in the payment for the decedent's health care.
- D. During the 50-year period of protection, the personal representative of the decedent, who is the person under applicable law with authority to act on behalf of the decedent or the decedent's estate, may exercise the decedent's rights under the Privacy Rule with regard to the decedent's PHI, such as authorizing certain uses and disclosures of and gaining access to, the information.

## **III. PROCEDURE**

- A. Any person requesting access to or inspection or a copy of a deceased resident's PHI must complete the Authorization to Release Protected Health Information form, and his/her identity and relationship to the decedent must be verified.
- B. Once the completed and signed form has been received, (i) the request should be date/time stamped and initialed by the receiving team member; and, (b) immediately

scanned and emailed to the Executive Director and/or Health Services Administrator (or his/her designee) for the community.

- C. The Executive Director and/or Health Services Administrator or his/her designee reviews and assesses sufficient details provided by the requestor to indicate (1) whether s/he was involved in the resident's healthcare or payment for the resident's healthcare before the resident's death; (2) whether s/he is requesting the decedent's PHI for the requestor's own treatment; (3) identifying any other purpose for the requested disclosure; and (4) verifying the requestor's identity. See the "Verification of Identity Before Release of PHI Policy."
- D. Contact the Privacy Officer, and send a copy of the requesting party's DPOA document signed by the resident before death or other documentation provided by the requestor to show their authority to request the decedent's PHI.
- E. Once the requesting person's identity is verified and their involvement with the resident's healthcare or payment for healthcare has reviewed and assessed (or the purpose for their request has been reviewed as outlined in section III.C. above), the Executive Director/Health Services Administrator or his/her designee sends the request and supporting documentation (including any DPOA document) to the email group "Medical Records Team."
- F. Where a person does not rise to the level of authorized representative, executor of the estate, or heir of the estate; was not involved in the resident's healthcare or payment for the resident's healthcare before the resident's death; is not requesting the decedent's PHI for the requestor's own treatment; has not identified any other purpose for the requested disclosure; or, we determine the disclosure would be inappropriate, written denial of access to, inspection of, or a copy of the decedent's PHI will be provided to the requestor, and the denial may not be appealed. Contact the Privacy Officer for assistance with processing such denial.

#### **IV. EXCEPTIONS**

- A. HumanGood may disclose a decedent's PHI under the following circumstances: (A) to alert law enforcement of the death of the resident, when there is a suspicion that the death resulted from criminal conduct; (B) to coroners or medical examiners, for purposes of identifying a deceased person, determining cause of death, or other duties authorized by law; (C) to funeral directors, as necessary to carry out their duties with respect to the decedent (including disclosing information prior to and in reasonable anticipation of the resident's death); and (D) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue, for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- B. HumanGood may disclose a decedent's PHI for research that is solely on the PHI of the decedent; however, any requests for decedent PHI for research purposes should be forward to the Privacy Officer for review, before disclosure.
- C. A decedent's PHI may be disclosed to a public health department and to defend a lawsuit involving HumanGood.
- D. In most states, unless the information is relevant to payment for services or healthcare operations, a resident's communications with physicians, psychologists, psychiatrists and certain other health care providers are considered "sensitive" information that cannot be disclosed after death without either previous authorization from the decedent before death or the written authorization of their authorized representative. Contact the Privacy Officer for guidance, if such a request is received.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without



limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.





<b>REQUEST FOR AMENDMENT OF PHI</b>	Effective Date:	01/01/21
	Revision Dates:	
	Departments Approving:	Legal
	Departments Affected:	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood’s policy to review and respond to resident/client requests for amendment of protected health information (“PHI”) in a timely manner.

## **II. DEFINITIONS AND GUIDELINES**

- A. “Designated record set” means a group of records maintained by or for a covered entity that comprises the (a) medical and billing records about individuals maintained by or for a covered healthcare provider; (b) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.
- B. “PHI” means “protected health information”, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- C. HumanGood must permit a resident/client to request to amend part or all of their PHI that HumanGood created and maintains in a designated record set.
- D. If the PHI was not created by HumanGood, the resident/client should be referred to the healthcare provider(s) that created the documentation.
- E. The resident/client is to be advised of HumanGood’s acceptance or denial of the request for amendment in writing within sixty (60) days of receipt of the written request.
- F. The request may be denied, in whole or in part, if it is determined that the PHI subject to the request: (1) was not created by HumanGood; (2) is not part of the designated record set; (3) is accurate and complete; or (4) would not be available for inspection. See Access to PHI - Resident or Authorized Representative Policy.

## **III. PROCEDURE**

- A. If a resident/client makes a verbal request to amend their PHI, s/he should be instructed to complete and sign the Request for Amendment of Protected Health Information form.
- B. The resident/client gives the completed and signed form to the Executive Director/Health Services Administrator (the “ED/HSA”) (or his/her designee) and is given a copy.



- C. The ED/HSA (or his/her designee) completes the date and time receipt and name and title portions of the form and forwards the request to the Privacy Officer for review and guidance.
- D. The Privacy Officer will work with the ED/HSA or his/her designee, the Security Officer and any other appropriate team member(s) to determine whether the request should be accepted or denied.
- E. Acceptance: If the request to amend the resident/client's PHI is granted, the following actions are to be taken:
  - 1. The ED/HSA or his/her designee will notify the resident/client of the acceptance of the request by sending him/her the Determination of Request for Amendment of Protected Health Information along with an Authorization to Release Protected Health Information form. A copy of the Determination form should be placed in the resident/client's health record. The Authorization form is provided so the ED/HSA or his/her designee can (a) obtain the identification of relevant persons, such as a health care provider, with whom to share the amendment; and (b) obtain the resident/client's written authorization to share the amendment with that person(s).
  - 2. The ED/HSA or his/her designee (or the Information Technology Department) makes the amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment. The existing PHI itself is not changed.
  - 3. Within a reasonable time, the ED/HSA or his/her designee must make reasonable efforts to inform, and provide the amendment to, the person(s) identified by the resident/client on the Authorization form.
  - 4. The ED/HSA or his/her designee must inform others of the amendment where the community knows that other persons, including business associates, have the PHI that is being amended by the resident/client and that they have relied or could foreseeably rely, on such information to the detriment of the resident/client.
- F. Denial: If the request to amend the resident/client's PHI is denied, the following actions are to be taken:
  - 1. The ED/HSA or his/her designee will notify the resident/client of the denial of the request by sending him/her the Determination of Request for Amendment of Protected Health Information. A copy of the form should be placed in the resident/client's health record.
  - 2. If resident/client submits a statement of disagreement, any subsequent disclosure of the PHI to which the disagreement relates must include (a) the resident's request for an amendment, our denial of the request, the resident's statement of disagreement (if any), and our rebuttal (if any); or, (b) at our election, an accurate summary of any such information. Where the resident/client has not submitted a written statement of disagreement, and only if the resident/client requests that we do so, we are to include the resident/client's request for amendment and our denial, or an accurate summary of such information, with any subsequent disclosure of the related PHI.
- G. Recordkeeping. As appropriate, we must identify the PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the resident's



request for an amendment, our denial of the request, the resident's statement of disagreement (if any), and our rebuttal (if any) to the designated record set.

#### **IV. EXCEPTIONS/OTHER INFORMATION**

- A. Notice of Extension. If we are unable to act on the request for amendment within the required sixty (60) day timeframe, we must notify the resident/client that additional time, up to thirty (30) days, is needed. For that notification, the "Notice of 30-Day Extension" is provided to the resident/client. This Notice is to include the reason(s) for the delay and the date by which we will complete our action on the request, even if that action is to deny the amendment. Only one such extension is permitted by the Privacy Rule.
- B. Amended PHI when using a standard transaction. When a subsequent disclosure of the PHI document that we agreed to amend is to be disclosed by using a standard transaction under the HIPAA Administration Simplification Standard, and that transaction does not permit the additional material about the amendment to be included with the disclosure, we may separately transmit the material to the recipient of the standard transaction.
- C. Actions on notices of amendment. If another covered entity notifies HumanGood of an amendment to an individual's PHI, we must amend the PHI in a designated record set as indicated in the covered entity's notice.

#### **V. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

\_\_\_\_\_  
Name of Resident/Client (Please Print) Date of Birth: \_\_\_\_\_

Relationship to Resident/Client: ☐ Self ☐ Authorized Representative

*(If completed by Authorized Representative, request must include proof of authority to make request (e.g. power of attorney).*

I hereby request that HumanGood consider the attached amendment that I want to make to the following document in my health record:

☐ Other: \_\_\_\_\_,  
Date of service: \_\_\_\_\_.

**NOTE: YOUR REQUEST MUST INCLUDE A REASON OR REASONS TO SUPPORT THE REQUESTED AMENDMENT.**

I understand that HumanGood is not required by law to add this addendum into my health record.

I understand that HumanGood will notify me of their decision to accept or deny my request within sixty (60) days of receipt of this completed and signed form. I also understand that, in the event there are circumstances delaying response to my request, HumanGood will provide me with notice of the delay and an updated timeframe for response.

\_\_\_\_\_  
Signature, Resident/Client or Authorized Representative Date

\_\_\_\_\_  
Printed Name (if Authorized Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

---

***FOR OFFICE USE ONLY:***

**Date/Time of Receipt of Request:** \_\_\_\_\_

\_\_\_\_\_  
**Received by (Name, Title)**

**Reviewed by Privacy Officer on:** \_\_\_\_\_

**Determination:** ☐ Accepted ☐ Denied



**DETERMINATION REGARDING**  
**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

\_\_\_\_\_ Date: \_\_\_\_\_  
Resident/Client Name

Dear \_\_\_\_\_:

This is to notify you that we received your Request for Amendment of Protected Health Information (PHI) dated \_\_\_\_\_.

Our decision is as follows:

- ☐ **Agree.** We will make an amendment to the PHI.
- ☐ **Deny.** Your request to amend the PHI is denied for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you disagree with our determination, you may submit a statement of disagreement to us for our further consideration. If you do not submit a statement of disagreement, you may request that we provide a copy of your request for amendment and our denial with any future disclosures of the PHI that is the subject to the requested amendment. Please send the statement of disagreement or your request to your Community's Executive Director or Health Services Administrator.

If you disagree with our denial of your request for amendment, you may file a written complaint by writing to Privacy Officer, 1900 Huntington Drive, Duarte, California 91010 or calling (925) 924-7239. You may also file a complaint with the Office for Civil Rights at Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

If we have agreed to make an amendment to your PHI, you must provide us with the identity of person(s) that you want to receive the amended PHI; and, your authorization to provide the amended PHI to him/her/them. Please complete and sign the attached Authorization to Release Protected Health Information form. Please return the completed and signed form to your Community's Executive Director or Health Services Administrator.



**NOTICE OF 30-DAY EXTENSION**

Date of Notice: \_\_\_\_\_

\_\_\_\_\_  
Name of Resident/Client

We are unable to process your request for an amendment to protected health information (PHI) within the sixty (60) day timeframe, due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The anticipated date of completion is: \_\_\_\_\_.

Please feel free to contact us at \_\_\_\_\_ if you have any questions about this Notice.

Sincerely,

Medical Records Department



<b>REQUESTS FOR COMMUNICATION OF PHI BY ALTERNATE MEANS</b>	Effective Date:	01/01/21
	Revision Dates:	
	Departments Approving:	Legal
	Departments Affected:	LPC; Health Plan

### **I. POLICY**

It is HumanGood's policy to accommodate resident/client requests for communications of protected health information (PHI) by alternate means or at alternate locations, without determining the merits of the request. HumanGood may condition the provision of this accommodation on how payment, if any, will be handled and the provision of an alternative address or other method of contact.

### **II. DEFINITION**

"PHI" means "protected health information", and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.

### **III. PROCEDURE**

1. If a resident/client makes a verbal request for communications of PHI by alternate means or at alternate locations, s/he should be instructed to complete and submit the Request for Communication of PHI by Alternate Means and/or at Alternate Locations form.
2. The completed Form should be date and time stamped and given to the Executive Director/Health Services Administrator (ED/HSA) or his/her designee.
3. The Form must be reviewed to determine if it is reasonable in context with the resident's/client's own unique circumstance and, if there is concern that it is not, the ED/HSA or his/her designee will speak directly with the resident/client to determine how best to move forward with the request. Note, we may not require an explanation from the resident/client as to the basis for the request as a condition of providing communications on a confidential basis.
4. With regard to HumanGood health plan operations, the plan must permit and accommodate requests for communications of PHI by alternate means and at alternate locations, if the resident/client clearly states that disclosure of all or part of the information could endanger him/her.
5. When this process is completed, the ED/HSA or his/her designee completes the "Action" section in the "For Office Use Only" space at the bottom of the Form and gives a copy of the completed Form back to the resident/client for their records.
6. The ED/HSA or his/her designee will oversee the correct placement of the completed Form in the resident's/client's health or service record to ensure that the request is



followed by all pertinent departments and send a copy of the completed Form to the affected departments and the Privacy Officer.

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.





**REQUEST FOR COMMUNICATION OF PHI  
BY ALTERNATE MEANS AND/OR AT ALTERNATE LOCATIONS**

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

Resident Address: \_\_\_\_\_

I wish to receive communication of my Protected Health Information from the Community by the following means:

E-mail at \_\_\_\_\_ Telephone at \_\_\_\_\_

Other: \_\_\_\_\_

If this request relates to the HumanGood health plan, and you believe that disclosure of all or part of the information could endanger you, please sign here:

\_\_\_\_\_

**Notice to Resident:** You have the right to revoke this request in writing at any time. However, such revocation will not apply to communications made or omitted prior to receipt of the revocation. Submit your revocation request to the individual who received your request for communication by alternate means/location. If you do not revoke it, this request will continue to be followed by the Community.

\_\_\_\_\_  
Resident/Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

***For Office Use Only:***

Date Request Received: \_\_\_\_\_ Action: ☐ Reviewed with Resident ☐ Changes made ☐ Approved

*Original: Privacy Practices File*

*Copy: To Resident*

*Copy: To Health or Service Record*

*Copy: To Privacy Officer and Affected Department(s)*



<b>REQUESTS FOR RESTRICTION OF PHI DISCLOSURE</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan

## **I. POLICY**

It is HumanGood’s policy to review and respond to requests for restriction of disclosure of protected health information (“PHI”) in a timely manner.

## **II. DEFINITION AND GUIDELINES**

- A. “PHI” means “protected health information”, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. HumanGood must permit a resident/patient to request that it restrict (1) uses or disclosures of their PHI to carry out treatment, payment, or health care operations; and (2) disclosures of their PHI to their family members, other relatives, close personal friends, or any other person they have identified, when the PHI is directly relevant to such person’s involvement with the resident/patient’s healthcare or payment related to their healthcare.
- C. HumanGood is not required to agree to a restriction (except as noted in section II.D below); however, if restricted PHI is disclosed to a healthcare provider for emergency treatment, we must request that such healthcare provider does not further use or disclose that PHI.
- D. HumanGood must agree to a resident’s/patient’s request to restrict disclosure of PHI about the resident/patient to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the PHI pertains solely to a health care item or service for which the resident/patient or a person other than the health plan on behalf of the resident/patient, has paid in full (out of pocket).
- E. The resident/patient is to be advised of HumanGood’s acceptance or denial of the request for restriction in writing within thirty (60) days of receipt of the written request. Additionally, once a restriction is agreed to, we are required to notify other providers of services to the resident/patient of the restriction, so they can prevent disclosure of that PHI.
- F. Necessary steps to ensure that agreed-upon restrictions are honored are to be carefully followed, in particular those necessary to (1) identify where in the health record the specific restricted PHI exists and labeling it to avoid inadvertent disclosure to the restricted party; and, (2) ensure that team members who receive a written request for restriction of PHI disclosure know what to do with it and understand the limited timeframe for response.



### **III. PROCEDURE**

- A. If a resident/patient makes a verbal request to restrict disclosure of their PHI to a health plan, physician, family member, or friend, they should be instructed to complete and sign the Request for Restriction of PHI Disclosure form. If the PHI at issue pertains solely to a healthcare item or service for which the resident/patient or a person on their behalf, paid out of pocket in full, a copy of the receipt for payment is to be included with the written request for restriction.
- B. The resident/patient gives the completed and signed form to the Executive Director/Health Services Administrator (the "ED/HSA") (or his/her designee) and is given a copy.
- C. The ED/HSA (or his/her designee) completes the date and time receipt and name and title portions of the form and forwards the request to the Privacy Officer for review and guidance.
- D. The Privacy Officer will work with the ED/HSA or his/her designee, the Security Officer and any other appropriate team member(s) to determine whether the request should be accepted or denied.
- E. The ED/HSA or his/her designee will notify the resident/patient of the acceptance or denial of the request by completing and sending him/her the Determination Regarding Request for Restriction of PHI Disclosure form. A copy of the form should be placed in the resident/patient's health or service record. If the restriction is agreed to, the appropriate departments are notified by ED/HSA or his/her designee.
- F. In the event it is necessary and appropriate to terminate the agreed-upon restriction, either at the resident/patient's written request or upon our determination to terminate the agreement, the resident is notified by completing and sending a Notice of Termination of Restriction of PHI Disclosure form. A copy of the notice should be placed in the resident/patient's health or service record, and appropriate departments are notified by ED/HSA or his/her designee.

### **IV. EXCEPTIONS**

- A. If HumanGood agrees to the requested restriction, we must adhere to the restriction for all future disclosures, except where the specific PHI is needed to provide emergency treatment to the resident/patient by another healthcare provider. If the restricted PHI is disclosed for this purpose, HumanGood must notify the provider receiving the information that further use or disclosure of this PHI is prohibited.
- B. HumanGood is required to disclose PHI when required by the Secretary of the Department of Health and Human Services (or his/her designee) to investigate or determine HumanGood's compliance with the Privacy Rule.
- C. Any restriction HumanGood agrees to does not prevent our use or disclosure of the restricted PHI where disclosure is permitted or required by the Privacy Rule. See also Permitted and Required Uses and Disclosures of PHI Policy.



**V. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**REQUEST FOR RESTRICTION OF  
PHI DISCLOSURE**

\_\_\_\_\_  
Name of Resident/Patient (Please Print) Date of Birth: \_\_\_\_\_

**Relationship to Resident/Patient:**    ☐ Self    ☐ Authorized Representative

Please do not disclose my PHI to the following person or company. I either paid for the services they provided to me on \_\_\_\_\_ myself, or my personal representative paid for this on my behalf. I am attaching a receipt for the payment of these services for verification purposes.

☐ Health Plan    ☐ Physician    ☐ Family Member    ☐ Friend

☐ Other: \_\_\_\_\_

**Name of Person or Company:** \_\_\_\_\_

**Resident/Patient, please initial below:**

\_\_\_\_ I understand that HumanGood is not required by law to agree to this request but that if it does, my PHI may still be used and disclosed as permitted or required by law, including for emergency treatment.

\_\_\_\_ If HumanGood agrees to my request, I understand that it may terminate its agreement if I ask them to, in writing, or if they notify me in writing, in which case the termination affects any PHI created after the date of that notice.

\_\_\_\_\_  
Signature of Resident/Patient Date

\_\_\_\_\_  
Signature of Authorized Representative Date

---

***FOR OFFICE USE ONLY:***

**Date/Time of Receipt of Request:** \_\_\_\_\_

\_\_\_\_\_  
**Received by (Name, Title)**

**Reviewed by Privacy Officer on:** \_\_\_\_\_

**Determination:**    ☐ Accept    ☐ Deny



**DETERMINATION REGARDING**  
**REQUEST FOR RESTRICTION OF PHI DISCLOSURE**

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

\_\_\_\_\_  
Resident/Patient Name

Dear \_\_\_\_\_:

This is to notify you that we received your Request for Restriction on Disclosure of protected health information (PHI) dated \_\_\_\_\_ to your:    ☐ Health Plan   ☐ Doctor   ☐ Service Provider

Our decision is as follows:

- ☐ **Agree.** We will take action to restrict disclosure of your PHI to this party.
- ☐ **Deny.** Your request to restrict disclosure of your PHI is denied for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you disagree with our determination, you may submit a statement of disagreement to us for our further consideration. Please send the statement to your Community's Executive Director or Health Services Administrator.

If we have agreed to restrict disclosure of your PHI, you understand that HumanGood reserves the right to terminate this agreement for the following reasons: (1) if you request or agree to the termination in writing; (2) if you verbally agree to the termination and we document this agreement; or, (3) if we determine, in our sole discretion, that continuing this restriction is no longer necessary or appropriate.



**NOTICE OF TERMINATION OF RESTRICTION OF PHI DISCLOSURE**

\_\_\_\_\_  
Name of Resident/Patient

Dear \_\_\_\_\_;

This Notice is to advise you that we are terminating the agreement to restrict disclosure of your PHI to your:

☐ Health Plan   ☐ Doctor   ☐ Health Plan   ☐ Other: \_\_\_\_\_

The reason(s) for this termination:

- ☐ You requested or agreed in writing to terminate the restriction on \_\_\_\_\_.
- ☐ You verbally requested that we terminate the restriction on \_\_\_\_\_.
- ☐ We have determined that continuing this restriction is no longer necessary or appropriate.

If you have any questions about this Notice, please feel free to contact me at \_\_\_\_\_.

Sincerely,

[insert printed name and title]



<b>SALE OF PHI</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	All

## **I. POLICY**

It is HumanGood's policy that it does not sell resident/patient protected health information (PHI) at any time in return for payment that is either direct or indirect or as a benefit-in-kind exchange, unless the resident/patient who is the subject of the PHI has signed a written authorization for release of the PHI that includes a clause advising the resident/patient that HumanGood may receive payment or benefit-in-kind for the disclosure. The disclosure must comply with the minimum necessary rule, limiting the PHI to only that which is necessary to accomplish the intended purpose of the use or disclosure.

## **II. DEFINITIONS**

- A. **PHI** means **protected health information**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. **Sale of PHI** means disclosure of protected health information by a covered entity, such as HumanGood, where it either directly or indirectly receives money from the recipient of the PHI in exchange for that information.

## **III. PROCEDURE**

Any sale of PHI must be coordinated amongst several HumanGood departments; therefore, any third-party request to purchase PHI (other than a medical records request) must be forwarded to the Legal Department.

## **IV. EXCEPTIONS**

HumanGood may receive payment in exchange for PHI without the resident/patient's written authorization in the following circumstances: (A) in a merger, acquisition, or consolidation (and related due diligence) of all or part of HumanGood with a covered entity or where the resulting entity will become a covered entity following the transaction; (B) payment in the form of grants, contracts or other arrangements to perform programs or activities that require the use of PHI (e.g., a research study), and/or where necessary for processing and transmission of PHI for research purposes; and (C) payment received from a resident/patient, authorized representative, attorney or other third-party when a request for medical records (including requests by subpoena) is received. Medical Records Requests Policy, and see Charges for Medical Records Policy.





#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.

<b>USE AND DISCLOSURE OF PHI BY WORKFORCE MEMBERS</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to permit its workforce members (as defined below) to use and disclose the minimum necessary protected health information ("PHI"), within the course and scope of their job function.

## **II. SUMMARY DEFINITIONS**

- A. "Workforce member" means HumanGood employees and excludes contractors and vendors/suppliers. Although not considered HumanGood workforce members, there are occasions that contractors, vendors, suppliers, volunteers, trainees, rehabilitation therapists, laboratory technicians, pharmacists and students providing services within a community will be provided with the minimum necessary PHI to perform their functions. Where appropriate, HumanGood enters into business associate agreements with contractors, vendors, or suppliers who will create, receive, maintain, use or disclose PHI on HumanGood's behalf. See Business Associate Agreements Policy.
- B. "Minimum necessary" means to limit use and disclosure of protected health information (PHI) to only that amount which is minimally necessary to achieve the purpose of the request for use or disclosure, regardless if the use or disclosure is to be made by hard copy or by electronic means. The minimum necessary rule does not apply when disclosures are made to or requested by a healthcare provider for treatment.
- C. "PHI" means "protected health information", and is any information created or received by HumanGood that relates to the past, present, or future physical or mental health or condition of a resident/client; the provision of healthcare to a resident/client; or, the past, present, or future payment for the provision of healthcare to a resident/client, which identifies the resident/client or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident/client.
- D. "Use" means sharing, employment, application, utilization, examination, or analysis of PHI within HumanGood.
- E. "Disclose" and "disclosure" mean the release, transfer, provision of access to, or divulging in any manner of PHI outside HumanGood.

## **III. PROCEDURE**

- A. Internal communications. Workforce members may communicate PHI to one another as necessary to perform their duties. Verbal communications containing PHI should be undertaken in a manner and place that reasonably safeguards confidentiality, including speaking quietly and, where possible, doing so in resident rooms or in the nursing station.
- B. External communications. Verbal disclosures of PHI to are allowed for payment, treatment or healthcare operations; otherwise, verbal disclosures are only allowed if the resident/client has provided written authorization for the disclosure. (See Permitted and Required Uses and

Disclosures of PHI Policy for additional guidance.) Before faxing, mailing or emailing PHI outside HumanGood, the recipient's fax number, mailing address or email address must be confirmed. Additionally, emailed PHI must be encrypted (i.e. sent in an encrypted or password-protected attachment and/or encrypted email).

C. Examples of appropriate PHI use by job category are as follows:

1. Licensed nurses, including agency nurses, and attending physicians may have access to the entire contents of a medical record of the resident/clients for whom they are providing care or services;
2. Certified nurse assistants may have access to that PHI which they need to assist the resident/client with activities of daily living and functional limitations;
3. Volunteers may not have access to resident/client PHI either manually or electronically, but may be given selected information by licensed nurses and certified nurse assistants to the extent necessary to perform their volunteer assignment, such as resident name and location;
4. Housekeeping/laundry/maintenance staff may have PHI communicated to them only to the extent that they must be aware of an infectious disease, fall risk, and wandering behavior;
5. Medical records team members may have access to residents/clients PHI for fulfilling record requests, requests for PHI amendments, and as otherwise required to fulfill their job duties.
6. Business office and accounting team members may have access to PHI that relates to billing and payment for healthcare and other services;
7. Dietary staff may have access to PHI as it relates to food intake, weight, diet, and hydration, and dieticians may have access to nursing notes, physician orders, and hydration/nutrition documentation;
8. Receptionists and telephone operators may have access to resident names and location within the community;
9. Information Technology staff may have access to electronic PHI to enable them to maintain the electronic health records and other electronic systems;
10. Management staff may have access to PHI as necessary to supervise service and care staff, properly place residents, and communicate with family; and
11. The HumanGood Board of Directors may have PHI provided to them by management or executive leadership as necessary for making policy or exceptions to policy.

#### **IV. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>USE AND DISCLOSURE OF PHI FOR FUNDRAISING ACTIVITIES</b>	Effective Date	08/2013
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	LPC

## **I. POLICY**

It is HumanGood's policy to obtain a resident/patient's written authorization before using his/her diagnosis, nature of services, or treatment information to filter, target, use or disclose as part of it fundraising efforts. Additionally, HumanGood's policy is to use the minimum necessary amount of protected health information (PHI) when using or disclosing PHI for its fundraising activities. See Minimum Necessary Rule Policy.

## **II. PROCEDURE**

- A. Types of PHI That May be Used or Disclosed. The categories of PHI that can be used or disclosed in fundraising activities include: the resident's/patient's demographic information (including name, address, other contact information, age, gender, and date of birth); date(s) of healthcare provided; department of service information (e.g., skilled nursing, assisted living); treating physician; outcome information; and, health insurance status.
- B. Right to Opt-Out. With each fundraising communication made to our residents/patients, whether made in writing or over the phone, we must provide a clear and conspicuous opportunity to opt-out of receiving any further fundraising communications. The opt-out is applicable to HumanGood Life Plan Communities and our business associates who assist us with fundraising.
1. Residents/patients may opt-out of future fundraising communications by completing our Opt-Out Form. A copy of the Opt-Out Form is attached to this policy.
  2. When a resident/patient completes an Opt-Out Form, they should be given the original and copies should be (a) placed in the resident/patient's health or service record; and (b) given to the Privacy Officer (who will inform HumanGood fundraising managers and any applicable business associates of the resident's/patient's opt out.
  3. Residents/patients will not be subject to a penalty or retribution of any kind if they desire to opt-out of receiving fundraising communications and/or other fundraising activities.
- C. HumanGood may not make fundraising communications to a resident/patient that has opted out, but we can provide them with a method to opt back in, if they wish.

## **III. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



**OPT-OUT FORM**

**(FUNDRAISING COMMUNICATIONS)**

HumanGood Life Plan Communities may conduct fundraising activities. On occasion, HumanGood uses outside services to help with these activities. For our fundraising efforts, we communicate to our residents about our fundraising activities. We also send information to our residents and outside people about how to donate to a Human Good foundation, if they wish to do so. In addition, we may contact you if we believe a specific fundraising activity may be of interest to you. We would use your personal information to contact you, such as your e-mail address, your telephone number, or your apartment number.

**If you wish to opt out of these communications so that we do NOT contact you about our fundraising activities, please sign, date, and return this form to the **Community Executive Director**.**

After the date that we receive this form, we will not to use your personal information in any fundraising communications, unless we request and receive your specific written permission to do so. You may revoke this Opt-Out at any time, by submitting a written request to receive fundraising communications and information about out fundraising activities.

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☐ **I do not want to receive fundraising communications from HumanGood, HumanGood life plan communities, affiliated foundation(s), or any outside business that is assisting any of these entities with fundraising activities.**

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Signature of Resident/Patient

Date

---

Print Name

---

FOR OFFICE USE ONLY:

Date of Receipt: \_\_\_\_\_

---

Signature of Manager

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Title

**[Original to Resident; Copy to Resident's File; Copy to the Privacy Officer]**



<b>USE AND DISCLOSURE OF PHI IN MARKETING ACTIVITIES</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	Marketing; LPC

## **I. POLICY**

HumanGood team members do not use or disclose protected health information (PHI) for marketing purposes that will result in financial remuneration to HumanGood, unless the resident's/patient's written and signed authorization has been obtained.

## **II. SUMMARY DEFINITIONS**

- A. **PHI** means **protected health information**, and is any information created or received by HumanGood (or its business associates) that relates to the past, present, or future physical or mental health or condition of a resident; the provision of healthcare to a resident; or, the past, present, or future payment for the provision of healthcare to a resident, which identifies the resident or, with respect to which, there is a reasonable basis to believe the information can be used to identify the resident.
- B. **Financial remuneration** means a direct or indirect payment from or on behalf of a third party whose product or service is being described. Direct or indirect payment does not include a payment for the treatment of an individual.
- C. **Marketing** means making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. The term also refers to an arrangement between a covered entity such as HumanGood and any other entity whereby we disclose PHI to the other entity in exchange for direct or indirect remuneration, or payment, so that the other entity can make communication between them and our residents/patients about its own product or services that is designed to encourage our residents/patients to buy or use that product or services. For this to be permitted under the HIPAA Privacy Rule, HumanGood must have a signed authorization from the resident/patient for that marketing.
- D. **Non-Marketing** means a communication made by HumanGood to describe to residents/patients a health-related product or service that is provided by or included in their Care and Residence Agreement or other contract under which such health-related products and services are provided.

## **III. PROCEDURE**

- A. **Authorization Requirement.** An authorization to use or disclose PHI for marketing purposes must include (1) a statement about any direct or indirect remuneration HumanGood has received or will receive from a third party for making a marketing communication; and (2) the right to revoke the authorization in writing. Contact the Legal



Department for a marketing authorization. A copy of the signed authorization must be provided to the resident/patient.

- B. Authorization Conditions. HumanGood does not condition treatment or payment for services on whether or not a resident/patient signs a written authorization for marketing purposes or opts-out of marketing activities. However, in its capacity as a health plan, the HumanGood Benefits Plan may condition enrollment or benefit eligibility on a resident/patient signing an authorization.
- C. Marketing Communications. Marketing communications must identify HumanGood as the company that is making and distributing communications about products and services. Face-to-face marketing encounters must be limited, as must provision to residents/patients anything of nominal value, such as HumanGood pens and brochures about products and services.
- D. Opt-Out. Residents/patients must be given the opportunity to opt-out of receiving marketing information or communications from us and from any of our business associates.

#### **IV. EXCEPTIONS**

- A. An authorization is not required for any use or disclosure of PHI for marketing purposes, if the communication is in the form of: (a) a face-to-face communication made by a team member to a resident or patient; or (b) a promotional gift of nominal value provided by HumanGood to the resident or patient (for example, pens, brochures about HumanGood products or services, or coffee cups).
- B. The definition of “financial remuneration” in the context of marketing does not include non-financial benefits, such as in-kind benefits, which may be provided to a Covered Entity in exchange for making a communication about a product or service. Only payments made in exchange for making such communications are included within the definition.

#### **V. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>VERIFICATION OF IDENTITY BEFORE RELEASE OF PHI</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	CCRC Operations – Medical Records

## **I. POLICY**

It is Human Good's policy to take reasonable steps to verify the identity of anyone who requests release of a resident/client's PHI before release.

## **II. PROCEDURE**

- A. Request. In each case, the requesting party must submit either (1) a written and signed HumanGood Authorization to Release Protected Health Information Form; or, (2) another written and signed request that complies with federal and applicable state law.
- B. Verification Documentation. The requestor should also submit documents that will be used to verify their identity and relationship to the resident/client (if applicable). The Executive Director and/or Health Services Administrator or his/her designee (for example, the medical records team member) must verify the identity of the party requesting medical records.
  1. For resident or legal representative requests, verification may be a state-issued identification card, comparison of signatures on the request with signatures on a power of attorney or residency contract, or other documentation in the resident's medical or service record. If the resident/client is deceased, the requestor should also provide evidence that they are the beneficiary to the will or the heir of the estate. See also Release of PH of Deceased Resident/Client Policy.
  2. For attorney requests, verification may be the attorney's signed letterhead. For public official requests, verification may be an agency identification badge or written request on appropriate government letterhead.
  3. Regardless what identity verification documents are provided, each medical records team member uses their judgment to determine the requestor's identity to make the request. (For verification of authority (i.e. the requesting party's right to obtain the records), contact the Privacy Officer.)
- C. Verbal Requests. If a verbal or e-mail medical record release request is received, the team member taking the call or receiving the e-mail will explain the need for a written and signed medical record release request and identity verification documentation and provide copy of the Authorization to Release Protected Health Information form.

## **III. REVIEW AND REVISION HISTORY**

Human Good reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.





<b>VIOLATIONS OF HIPAA PRIVACY PRACTICES ENFORCEMENT</b>	Effective Date	02/20
	Revision Dates	01/01/21
	Departments Approving	Legal
	Departments Affected	All Departments

### **I. POLICY**

This Policy applies to all team members in HumanGood organizations and Communities where protected health information (PHI) is created, collected, accessed, maintained, used and/or disclosed, regardless of form. It is HumanGood's policy to promptly investigate reported or suspected HIPAA privacy violations and take indicated corrective action. Team members may face discipline, up to and including, termination of employment for HIPAA privacy violations.

HumanGood enforces a non-retaliation policy, which prohibits any team member (regardless of job title) from intimidating, threatening, coercing, discriminating against, or taking any other type of retaliatory action against any individual who:

- A. Exercises his/her rights under our Notice of Privacy Practices or related policies.
- B. Participates in the HumanGood HIPAA privacy complaint process.
- C. Files a complaint with the Secretary of the Department of Health and Human Services, the Office for Civil Rights, or a HumanGood licensing agency.
- D. Testifies, assists or participates in an investigation, compliance review, proceeding or hearing regarding our HIPAA privacy practices.
- E. Opposes any act or practice unlawful under the HIPAA Privacy Rule; provided, the individual acted in good faith in the belief that the practice was unlawful, the manner of opposition is reasonable, and the opposition does not involve disclosure of PHI in violation of Privacy Rule regulations.

### **II. DISCIPLINARY ACTION/VIOLATION EXAMPLES**

Disciplinary action will depend on the intent and severity of the violation. The following are examples of violations of HumanGood's privacy policies:

- A. Improper and/or intentional disclosure of PHI in any form (e.g., releasing a resident's PHI without authorization to do so);
- B. Access and/or use or disclosure of PHI by an unauthorized team member or any other individual;
- C. Access, use or disclosure of PHI for personal gain; and
- D. Destruction of PHI for the purpose of preventing discovery of an error or other untoward event.

### **III. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



<b>WORKFORCE PRIVACY EDUCATION</b>	Effective Date	01/01/21
	Revision Dates	
	Departments Approving	Legal
	Departments Affected	LPC; Health Plan functions

## **I. POLICY**

It is HumanGood's policy to provide its workforce members (as defined below) HIPAA privacy, security and breach notification training ("training") that is appropriate for their job duties and functions.

## **II. DEFINITION AND PROCEDURE**

- A. "Workforce member" means HumanGood employees (hereinafter, "team members") and excludes contractors and vendors/suppliers. Although not considered HumanGood workforce members, there are occasions that contractors, vendors, suppliers, volunteers, trainees, or other non-employees may use or disclose PHI to perform their functions. Where appropriate, HumanGood will provide such non-employees with a copy of its Notice of Privacy Practices and/or appropriate training or contractually require them to conduct their own training and comply with applicable laws.
- B. Team Member Training. Newly hired team members receive training within thirty (30) days of hire. Current team members receive training on, at least, an annual basis. Team members will also receive periodic training, as needed and appropriate to job function, based on changes in our privacy practices, operational processes related to privacy, and/or changes in law. Team members who experience a material change in their employment status, such as promotion, may receive supplemental training appropriate to their new job functions. Any team member who desires additional training may contact his/her direct supervisor, the Privacy Officer, or Human Resources.
- C. Recordkeeping. Records of the training materials, course dates, and team member completion will be kept for not less than six (6) years from the later of the date of creation, completion or last use and will be maintained by Human Resources.

## **III. REVIEW AND REVISION HISTORY**

HumanGood reserves the right to revise this policy from time to time, including, without limitation, revisions based on risk, industry threats, identified vulnerabilities, and changes in law.



## Job Description

### Activity Assistant

#### GENERAL STATEMENT OF POSITION

Under general supervision, the Activity Assistant's primary objective is to lead planned activity programs and assist in achieving resident engagement that fulfills wellness dimensions of sensory, social, emotional, physical enrichment and spiritual sustenance. Duties and assignments may be adjusted at the discretion of the manager and/or designee. Develops awareness of residents' interests and needs in order to promote positive dining experiences, and recreational activities that encourage intellectual, physical, social, and spiritual sustenance. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Budget Responsibility – None

**REPORTS TO** – Director of Wellness and Assisted Living, Activity Director, Director of Fitness.

#### POSITION CLASSIFICATION

FLSA Classification – Non-Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Creates a pleasant experience for all residents in the dining room, which may include engagement through appropriate entertainment;
- Provides assistance to residents during meal time and ensures each resident has the food items they wish and beverages with refills, while also encouraging resident independence as much as possible;
- Observes resident interaction and behaviors during meal time and reports any significant finding to the charge nurse and/or DON;
- Proactive in identifying areas of improvement related to customer service or overall dining experience (reports to DON);
- Distributes snacks and nourishments to residents per RD direction;
- Maintains an accurate pantry list and communicates inventory with the Dining Liaison for stocking;

- Assists residents to and from the dining/activity room (using safe transfer techniques and appropriate assistive devices);
- Orchestrates and leads therapeutic activities of interest with enthusiasm and compassion;
- Makes room visits for residents in order to develop genuine relationships and identify resident preferences;
- Interacts with residents and their families to give direction and inspire excitement for each activity program;
- Motivates residents to participate in daily planned activities;
- Oversees the transformation of the common area into the appropriate meal or activity ambience;
- Utilizes available resources to introduce creative programs that stimulate sensory and cognitive processes, in addition to the principles of Masterpiece Living;
- Charts bedside visits and general attendance of activity programs;
- Coordinates and implements in-room programs for bedfast residents and those not desiring to participate in group programming;
- Will contribute to creating a home environment in each neighborhood;
- Integrates the company Advantage principles and commitments into their daily routines;
- Ability to comprehend and correctly use a variety of informational documents including (paper and electronic) flow sheets, memos, correspondence, and other reports and records;
- Assists in organizing resident group trips and outings;
- Maintain accurate records of resident interactions and participation;
- Establish one on one relationships with residents, maintain daily one on one visitation schedule.
- Accurately reports unusual symptoms and problems of residents to supervisor;
- Assists with emergencies and safety instruction for residents such as fire drills, etc.;
- Answers the telephone and assists visitors as needed;
- Conducts work tasks safely and in compliance with the safety program;
- Provides effective and courteous service to all residents, family members, guests and team members; is clear in communication and handles conflicts appropriately;
- Attends and actively participates in in-service training and meetings as scheduled; incorporates training received into daily work;
- Participates in move-in and move-out procedures;
- Assists Licensed Nurses and other IDT members as needed;
- Maintains daily records consistent with regulations;
- Promotes and protects the rights of each resident;
- Performs other related essential as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable

- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- Leading, planning, and promoting of program and activities;
- The infectious disease control policies;
- Personal hygiene, cleaning procedures, and the use of cleaning materials;
- Policies and procedures concerning resident care and of carrying out the procedures correctly;
- Record keeping duties regarding residents that must be performed

#### **Skills**

- Basic computer skills to allow for appropriate and timely documentation of resident care within the provided data base;
- Use of various types of recreation and general equipment tools;
- Adeptness to listen and understand information presented by residents and management

#### **Abilities**

- Ability to work with demanding residents in a calm and professional manner
- Ability to plan, organize, develop and implement events independently and in group involvement
- Ability to read, write and speak English sufficient to perform job duties and to interact and communicate with community.

#### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.

- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

## **MINIMUM REQUIREMENTS**

### **Education –**

- High school Level diploma, GED or equivalent knowledge or experience is preferred.

### **Experience/Training –**

- One year of experience in recreational activities preferred. Vocational/technical training that includes care of elderly with dementia desired; equivalent combination of education and experience which provides the required skills, knowledge, and abilities

### **Certificates, Licenses, Registrations –**

- CPR certification required

## **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to use, interpret, and operate various resident care equipment and tools including wheelchairs, ceiling lifts, vital sign machines, hospital beds, etc.;
- Ability to operate a variety of audio visual, crafts, and recreational equipment and tools, such as movie projector, tape players, microphones, cooking equipment, and television sets;
- Ability to coordinate movements of fingers and hands in crafts activities, and movement of all extremities in exercises during activities;
- Must be physically able to exert a considerable amount of force occasionally to push wheelchairs and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects;
- Must be able to frequently lift and/or carry weights of patients in positioning and transporting them
- Moderate work involves walking or moving from one area to another or standing for considerable periods of time

### **Postures:**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### **Lifting/Carrying:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Range in Height of Lift</b>	<b>Distance of Carry</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	25	<b>Item Length</b>	50 ft			

Heaviest item to be Lifted Overhead	<b>Item Weight</b>	30	<b>Length of Time</b>	brief			
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### Pushing/Pulling

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Up to 200 (wheeled)	<b>Item Size</b>	Resident in wheel chair		

### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair, carts
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair, carts
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Files, crafts
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Files, crafts
Power Grasping Right Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crafts, wheelchairs
Power Grasping Left Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crafts, wheelchairs
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities, crafts, keyboarding
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working with residents
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities, crafts
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activities
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activities
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Crafts, keyboarding
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Crafts, keyboarding
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crafts
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crafts
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, crafts
Repetitive Foot Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Music or other noisy activities
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside activities
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multi story complex
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craft supplies
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident bodily fluids, vomit, blood, urine, saliva
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity equipment, country kitchen equipment
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transporting supplies
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residents on isolation
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity equipment, country kitchen equipment
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### Activity Coordinator SNF

#### GENERAL STATEMENT OF POSITION

Under general supervision, the Activity Coordinator SNF provides and promotes quality educational, entertaining and challenging activities, programs and outings for residents in the assigned level of care in an effort to enhance quality of life and resident satisfaction in support of the company's mission, vision and core beliefs. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Budget Responsibility – Work within budgetary constraints provided by management

**REPORTS TO** – Administrator Or Director of Nursing

#### POSITION CLASSIFICATION

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Plan, implement and monitor wellness and recreation programs to meet the specific needs of residents
- Provide programs and events that encourage engagement and socialization to help support high quality of life for our residents
- Ensure life enrichment programs meet all local, state and federal regulations
- Plans, prepares, directs and participates in variety of activity programs for residents, such as entertainment, cooking, educational programs, arts and crafts, games, sports, and outings; ensures that all regulatory requirements for types of activities are met.
- Give guidance to and coordinates work of Activity Assistants and/or volunteer staff performing administrative tasks or duties such as instructing, assigning work, reviewing work, maintaining standards, and coordinating activities included recruitment, training and managing volunteer program supervising volunteers,
- Plan monthly activities calendar for community, schedules, promotes, leads and instructs activities; encourages participation; coordinates in-room programs for bedfast residents and for those not desiring to attend group programs;

- May complete quality assurance audits regarding activity documentation;
- Coordinate transportation of residents to and from events outside of the community, which may include driving a community motor vehicle to transport residents to and from activities and outings in a company vehicle;
- Attends in-service training workshops and meetings as required;
- Conducts work tasks safely and in compliance with the facility safety program;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related work as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- Leading, planning, and promoting of programs and activities;
- Maintenance and safety procedures which must be adhered to in the performance of duties;
- Arts and crafts techniques, procedures, supplies and equipment.
- The infectious disease control policies;
- Personal hygiene, cleaning procedures, and the use of cleaning materials;
- Policies and procedures concerning resident care and of carrying out the procedures correctly;
- Record keeping duties regarding residents that must be performed

#### **Skills**

- The use of various types of recreation and general equipment and tools;
- Compassion and desire to work with the senior population
- Basic computer skills to allow for appropriate and timely documentation of resident care within the provided data base;

- Adeptness to listen and understand information presented by residents and management

### **Abilities**

- Ability to instruct others in activities, techniques and procedures
- Flexible schedule, including availability to work evenings, weekends and holidays as needed
- Ability to work with demanding residents in a calm and professional manner
- Ability to plan, organize, develop and implement events independently and in group involvement
- Ability to read, write and speak English sufficient to perform job duties and to interact and communicate with community.

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.
- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively outdoors as well as in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- Associate's degree with emphasis in recreation, health education or related field; and college course work in social work, gerontology, psychology, recreation therapy or related field,
- Bachelor's degree preferred.

**Experience/Training –**

- 2 or more years of direct programming experience with older adults
- 1 or 2 years of experience, preferably in a geriatric setting; or any equivalent combination of training and experience which provides the required skills, knowledge and abilities
- Two or more years of direct programming experience with older adults.

**Certificates, Licenses, Registrations –.**

- State certification for Activities Leader required for Activity Coordinators working in Skilled Nursing (36-hour minimum, can be acquired after hire) preferred for those not working in Skilled Nursing.
- Possession of a valid Class B California Driver License with clean driving record, Class B may be acquired after hire.

**PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate a variety of automated office machines including copier and computer, ability to operate a variety of audio visual, microphones, cooking equipment, and television sets; crafts and recreational equipment and tools;
- Ability to coordinate movements of fingers and hands in crafts activities, and movements of all extremities in exercises during activities, arms, legs, feet and hands in transporting residents, playing sports, and working on crafts projects, exercising in an exercise class and in driving vans to transport residents;
- Exerting up to 20 pounds of force.
- Ability to use, interpret, and operate various resident care equipment and tools including wheelchairs, ceiling lifts, vital sign machines, hospital beds, etc.;
- Must be physically able to exert a considerable amount of force occasionally to push wheelchairs and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects;
- Must be able to frequently lift and/or carry weights of patients in positioning and transporting them

- Moderate work involves walking or moving from one area to another or standing for considerable periods of time

### Postures:

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	25	<b>Item Length</b>	50 ft			
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	30	<b>Length of Time</b>	brief			

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heaviest	<b>Item</b>	Up to 200	<b>Item Size</b>	Resident in		



item to be pushed or pulled:	<b>Weight</b>	(wheeled)		wheel chair		
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### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Right Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Repetitive Foot Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	<b>None 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity equipment, country kitchen equipment
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transporting supplies
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residents on isolation
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity equipment,

Appliances						country kitchen equipment
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.

I reviewed the job description for **Activity Coordinator** and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### Administrative Assistant

#### GENERAL STATEMENT OF POSITION

Under Limited supervision, the Administrative Assistant provides administrative and clerical support for the Health Center. Prepares various documents including letters of correspondence; maintains an administrative filing system. Reviews and maintains attendance and timekeeping records; and prepares facility staffing schedule. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Budget Responsibility – None

**REPORTS TO** – Director of Nursing or Health Services Director

#### POSITION CLASSIFICATION

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Act as a liaison between departments for coordination of services;
- Prepares letters of correspondence, memorandums, reports, forms, etc.;
- Send out notices for meetings;
- Creates agendas, prepares minutes and distributes reports and materials for various meetings as required, using appropriate software;
- Design and maintain monthly work schedule for the nursing department which includes making daily assignments;
- Coordinated Replacements and manages sick calls, vacations and leaves of absences;
- Verifies and updates team member licenses, certifications, CPR credentials, physicals and TB tests;
- Maintains confidentiality of information in conformance with HIPAA regulations;
- Assists with maintaining in-service records;
- Input and maintain timekeeping and payroll records, input information and complete related reports in a timely and accurate manner;

- Organize and manages an administrative filing system to maintain federal and state regulations and other required administrative documents;
- Assists with administrative audits, databases, and spreadsheets using appropriate software for quality improvement projects;
- Maintains confidentiality as required;
- Able to understand and follow the Collective Bargaining Unit Contract;
- Punctual and regular in attendance;
- Performs related essential duties as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- Practices, procedures and activities of department
- General office operations, functions and procedures
- Terminology used within the department (scheduling, payroll, medical, etc.);
- Health Care Center operating procedures and policies and how to apply them effectively;

#### **Skills**

- Exceptional internal and external communication skills including reading, writing and conversing in English
- Decision making and problem solving skills
- Reading, writing and conversing in English effective verbal and listening
- Excellent time management skills

#### **Abilities**

- Follow written and oral instructions

#### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

## **MINIMUM REQUIREMENTS**

### **Education –**

- High school diploma or equivalent,

- Some college coursework or vocational school courses emphasizing clerical skills including transcribing, alphabetizing, filing, word processing, spreadsheets, tables and scheduling;

#### **Experience/Training –**

- At least one year of clerical experience, or any equivalent combination of training and experience which provides the required skills, knowledge and abilities.

#### **Certificates, Licenses, Registrations –**

- None

### **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate a variety of automated office machines including a postage meter, telephone and telephone console or switchboard, copy machine, fax, etc.
- Ability to coordinate eyes, hands and fingers in performing semi-skilled tasks including keyboarding and dialing etc.;
- Ability to exert light physical effort in sedentary to light work involving sitting most of the time, but may involve walking or standing for brief periods of time;

#### **Postures:**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

#### **Lifting/Carrying:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Range in Height of Lift</b>	<b>Distance of Carry</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Heaviest item to be lifted or carried:	<b>Item Weight</b>	Books, Laptop, File boxes	<b>Item Length</b>	20"			
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	N/A	<b>Length of Time</b>				

### Pushing/Pulling

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Rolling items, carts, wheelchairs.	<b>Item Size</b>			

### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts, boxes
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts, boxes
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing, pulling boxes
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing, pulling boxes
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing, keyboarding
Bending Waist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing, keyboarding

Twisting Waist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Filing
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, Mouse, writing
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, Mouse, writing
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, Mouse
Feeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, Mouse, writing
Repetitive Foot Motion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi-story complex
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushcart
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### **Assistant Administrator (Administrator-in-Training)**

#### **GENERAL STATEMENT OF POSITION**

Under the supervision of the licensed Preceptor and upon selection by the AIT program committee, the Assistant Administrator (Administrator-in-Training) conducts the affairs of the Health Center (The Village), The Lodge and Grove (Assisted Living) in accordance with federal, state, and local standards, laws and ordinances; assists in managing and controlling the functions of the health services programs to provide quality services within budgetary boundaries. Provides care in accordance with our “Philosophy for Person-Directed Care.” Provides care in accordance with our “Philosophy for Person-Directed Care.” As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### **SCOPE**

Supervisory Responsibility – None unless directed under the supervision of the licensed preceptor. Primarily interacts with the following positions: Director of Nursing, Nurse Educator, Social Services, Village Admissions and Marketing, Billing Coordinator, Concierge and others designated by the preceptor for training purposes.

Contractual Relations Interactions - Medical Director, Physicians, Therapy Team, Psych Services, Pharmacy and other ancillary service providers.

Matrix Reporting – Organizational Dotted Line Interactions for training purposes - Human Resources, Facilities, Dining Services, Community Marketing, Residences, Lodge, Wellness, Grove, and Board of Directors.

Budget Responsibility – Operates within established budget guidelines

**REPORTS TO** – Assigned licensed preceptor; also expected to report periodically to the Executive Director of the assigned community as well as the AIT program committee as needed.

#### **POSITION CLASSIFICATION**

FLSA Classification – Exempt

Job Category – Regular Full-Time

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned. All of the following duties are to be performed under the supervision of the licensed Preceptor of the assigned community. This position must follow the

AIT program that is formulated and approved under the direction and supervision of the Preceptor as well as the AIT program committee and State licensing entity, which will incorporate and include the following duties and special projects as deemed necessary for training purposes.

## **Work Duties**

### **RESIDENT CARE AND QUALITY OF LIFE**

- Ensure that nursing services, social services, food program, medical needs, therapeutic recreation/activity, spiritual life, health information, and pharmaceutical programs are planned, implemented, and evaluated to maximize resident quality of life and quality of care.
- Ensure that a rehabilitation program is planned, implemented, and evaluated to maximize residents' optimal level of functioning.
- Identify, monitor, and ensure that quality indicators and quality assurance programs are utilized to maximize effectiveness in resident care and services.
- Ensure the integration of Resident Rights with all aspects of resident care.
- Ensure development, implementation, and review of resident care policies and procedures.
- Ensure that the facility complies with applicable federal, state, and local standards and regulations.

### **HUMAN RESOURCES**

- Facilitate the process of communication between management and staff (for example, coaching, counseling).
- Supervise Health Services team members, including instructing, assigning and reviewing work, planning, maintaining standards, coordinating activities, allocating personnel, acting on team member problems, selecting new team members, and recommending/approving transfers/promotions, discipline, termination, and salary increases; promotes staff development and motivation; oversees a program for orientation and training for Health Services team members; writes performance appraisals; interprets personnel policies and practices
- Develop, implement, and monitor recruitment, development, evaluation, and retention programs to provide quality resident care and services (for example recognition programs, job satisfaction surveys).
- Ensure that human resources programs are planned, implemented, and evaluated to meet resident and staff cultural diversity needs.
- Assist with development, implementation, and monitoring of compensation and benefit program for staff.
- Ensure that human resource management policies and programs are planned, implemented, and evaluated in compliance with governmental entities, laws, and regulations (for example, job descriptions, education programs).
- Ensure the development and implementation of employee health and safety programs to provide a safe work place environment (for example, risk management, OSHA, wellness programs).
- Obtain and demonstrate knowledge of the NEW\_CO Advantage and Masterpiece Living philosophies and inherent core values of Commitment, Respect, Compassion, Dedication, Teamwork and Quality. Ensure associates support and participate in NEW\_CO Advantage activities and Masterpiece Living® (i.e., annual training, daily huddle, assist with feedback

groups, assist in new initiatives, encourage residents and act as their “cheerleader”.) Be familiar with and fluent in the language and details of NEW\_CO Advantage and Masterpiece Living.

## FINANCE

- Assist with the development and management of annual operating and capital budgets to effectively utilize fiscal resources.
- Authorizes purchases of supplies and equipment; reviews and approves invoices.
- Reviews monthly resident statements for accuracy.
- Engages in aging accounts tracking, bad debt management strategies and collection efforts.
- Participate in the development and implementation of financial policies, procedures, and systems to monitor financial performance (for example, accounts payable/ receivable, resident trust).
- Track census of various units.
- Assist with payer mix and admission decisions, to ensure adequate revenue.
- Negotiate, interpret, and implement financial aspects of contractual agreements (for example, managed care, vendor, and consultative services).
- Ensure protection of facility assets (for example risk management).
- Ensure training and education of staff regarding financial management.

## PHYSICAL ENVIRONMENT AND ATMOSPHERE

- Ensure that a system for maintaining and improving building, grounds, and equipment is planned, implemented, and evaluated.
- Ensure that the facility provides a clean, attractive, and home-like environment for residents, staff, and visitors.
- Ensure the planning, implementation, and evaluation of an environmental safety program that will maintain the health, welfare, and safety of residents, staff, and visitors.
- Ensure the planning, implementation, and evaluation of an emergency program that protects the safety and welfare of residents, visitors, staff, and property.
- Identify, monitor, and ensure that quality assurance programs are utilized to maximize effectiveness in environmental services.
- Ensure the integration of resident rights with all aspects of the facility environment.
- Ensure development, implementation, and review of environmental policies and procedures.
- Ensure that facility complies with applicable federal, state, and local standards and regulations (for example, ADA, OSHA, CMS, Life Safety Code).
- Ensure a comprehensive preventative maintenance program for Health Services equipment is developed and implemented.

## Mission Essential

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable

- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **Supervision/Leadership**

- Lead staff to achieve community, function and company performance goals.
- Ensure quality recruiting, hiring, development and retention practices consistent with company procedures and standards.
- Assign, review, plan and coordinate the work of other team members.
- Delegate and oversee results of delegated work to staff.
- Recommend and approve the discipline, dismissal, transfer or promotion of team members.
- Assess the work of team members and write performance appraisals.
- Administer pay, rewards and recognition within company guidelines that support individual and team performance toward achieving goals.
- Analyze problems that arise in the areas under supervision and implement solutions.
- Effectively communicate in all written and verbal forms of communication.
- Create an environment for staff that honors, respects and values their opinions and suggestions; demonstrate fair treatment and ethical business practices; support staff development and reward achievement.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- Basic understanding of how policies, procedures, methods, and practices of a senior living community work
- Basic knowledge of how federal, state and local standards and regulations affect a community
- Aging process (psychological and physiological)
- Basic understanding of physiological, social, emotional, psychological, spiritual, financial, and legal service needs of residents and their families
- Basic knowledge of confidentiality and safeguarding clinical record information

### **Skills**

- Recognizing whether or not resident needs are met
- Relationship building
- Basic understanding of how to analyze and interpret customer satisfaction data.
- Superior verbal and written communication skills including interpersonal communication (for example, individuals from diverse backgrounds, cognitively impaired residents)



## **Abilities**

- Ability and willingness to contribute to team by communicating effectively and consistently; follows team rules and procedures; participates in team decision making and problem solving; and offers new ideas and suggestions to maximize team performance; take part in team and company meetings
- Ability to learn and display communication techniques, dynamics of interpersonal relationships, group dynamics and cultural diversity
- Ability to communicate verbally and in writing and to demonstrate leadership, interpersonal, motivational, time – management and organizational skills
- Ability to interact with residents utilizing humor, friendship, kind words, compliments, and understanding to help residents feel safe, secure, and valued.
- Ability to make appropriate judgments, decisions and problems solving in a timely manner and within the context of the situation at hand
- Ability to demonstrate leadership, interpersonal skills and successfully motivate a team in a positive manner
- Ability to direct and oversee the work of others
- Ability to interact and collaborate professionally with a diverse range of customers, including older adults and co-workers, individually and as a part of a team
- Ability to utilize a positive, can-do attitude.
- Ability to learn and apply resident preferences into daily life rhythm.
- Exhibited ability to make strong appropriate judgments and decisions with professional etiquette
- Ability to effectively respond to emergency and/or crisis situations

## **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

## **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- Bachelor's Degree with a major in one of the professional disciplines concerned with service to people such as social work, hospital administration, theology, business or public administration or a related field;
- Graduate work in any of the mentioned fields desirable

**Experience/Training –**

- Minimum of 2-3 years of experience in the senior living, healthcare or related field; an advanced degree in a related field may substitute for work experience.

**Certificates, Licenses, Registrations –**

- Ability to apply to and be accepted by the Administrator-in-Training program.
- Valid drivers license

**PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate a variety of automated office equipment, including: computer, printer, calculator, copier, etc.;
- Must be physically able to exert up to ten pounds of force occasionally and/or a

negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects;

- Work involves sitting, walking and standing to supervise team members and meet with residents rounds;
- Must be able to lift and/or carry weights of ten to thirty pounds.
- Operate a motor vehicle

### Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	Files, books	<b>Item Length</b>				
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	N/A	<b>Length of Time</b>	N/A			

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Resident	<b>Item Size</b>	N/A		

### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheelchairs, carts
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheelchairs, carts
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, files
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, files
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boxes, wheelchairs, carts
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boxes, wheelchairs, carts
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pathways, driveways curbs
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplies, routine duties
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routine duties, filing
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding, mouse, writing
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding, mouse, writing
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding

Repetitive Foot Motion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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### ENVIRONMENTAL REQUIREMENTS:

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery
Extreme Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor of community
Extreme Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor of community
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor of community, pathways
Wet surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi story building
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bodily fluids
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### WORK EQUIPMENT

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts, wheelchairs, automobiles
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masks

Electrical Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer, Phone, fax

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative. A specified program according to the guidelines of the AIT program committee will be attached.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### **Certified Nurse Assistant / Nursing Assistant-Certified** *(per state requirements)*

#### **GENERAL STATEMENT OF POSITION**

Under general supervision, actively incorporates our “Philosophy for Person-Directed Care.” Develops awareness of residents’ interests and needs, and assists residents to maximize their independence and participation. Provide exemplary care to residents ranging from basic needs, to activities of daily living, to recreational activities. Creates a safe environment in which to provide resident care. Duties and assignments may be adjusted at the discretion of the Director of Nursing Services and/or designee.

#### **SCOPE**

Supervisory Responsibility – None

Budget Responsibility – None

#### **REPORTS TO** – If assigned to:

Skill Nursing (Village) - Director of Nursing / ADON or assigned Nurse Supervisor.

Assisted Living (Lodge) – Manager of Assisted Living or Nurse Supervisor.

Memory Support (Grove) – Manager of Memory Support

#### **POSITION CLASSIFICATION**

FLSA Classification – Non-Exempt

Job Category – Certified Nurse Assistant

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

##### ***Work Duties***

- Actively engages residents in participation in daily activities which are part of resident’s rhythm of daily life (including desired hygiene, grooming, and mobility);
- Will be proactive in organizing residents’ care and alerting the Interdisciplinary Team (IDT) to needed changes in resident’s plan of care;
- Will take initiative in identifying the resident’s needs, wants, and preferences; and encourage autonomy of residents in decision-making;
- Will participate in planned and unplanned activities and/or appointments with residents (including care plan meetings);
- Work in collaboration to ensure each resident has the necessary supplies, equipment,



materials, and recourses to continue to pursue interests individually, or in cooperation with others;

- Will contribute to creating a home environment in each community;
- Performs dining and light housekeeping tasks as required;
- Ability to comprehend and correctly use a variety of informational documents including (paper and electronic) flow sheets, memos, correspondence, and other reports and records;
- Accurately reports unusual symptoms and problems of residents to supervisor;
- Assists with emergencies and safety instruction for residents such as fire drills, etc;
- Answers the telephone and assists visitors as needed;
- Conducts work tasks safely and in compliance with the safety program;
- Provides effective and courteous service to all residents, family members, guests, and team members; is clear in communication and handles conflicts appropriately;
- Attends and actively participates in in-service training and meetings as scheduled and incorporates training received into daily work;
- Participates in move-in and move-out procedures;
- Assists Licensed Nurses and other IDT members as needed;
- Maintains daily records consistent with regulations;
- Promotes and protects the rights of each resident;
- Performs other related essential duties as required;

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Values and Behaviors
  - Passion
  - Inclusion
  - Courage
  - Innovation
  - Impact
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### ***Skills/Knowledge/Ability***

- Ability to work with computers
- Effective verbal and written communication skills
- Ability to demonstrate interpersonal skills, a professional attitude, commitment to quality of care and willing to help foster a positive working environment
- Maintain appropriate level of confidentiality and privacy
- Interact professionally with all customers, including ill, older adults, disabled persons and co-workers, individually and as a part of a team
- Focused attention to detail, highly organized & demonstrated ability to prioritize multiple-tasks, achieve desired results and adapt favorably to changing priorities
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand
- Problem solving ability
- Ability to effectively respond to emergency and/or crisis situations
- Ability to take initiative and be a self-starter
- Demonstrated ability to follow written and verbal direction in English
- Willingness and ability to understand and comply with Federal, State and local regulations

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts constructive criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents

- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

#### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals and determine time, weight, and measures.

#### **Environmental Adaptability**

- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

### **REQUIREMENTS:**

#### **Education**

- High School Diploma or equivalent
- Successful completion of a Certified Nursing Assistant Program meeting state requirements

#### **Experience/Training**

- Minimum of one year experience preferred

#### **Certificates, Licenses, Registrations**

- CNA or NAC (State Applicable)
- CPR
- First Aid (As Mandated by State)

### **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to use and interpret various resident care equipment and tools including wheelchairs, walkers, etc.;
- Must be physically able to exert a small amount of force frequently or constantly to lift, carry, push, pull. or otherwise move objects;
- Must be able to lift and/or carry weights of residents to position and transport;
- Fingering ability to perform basic operation of a personal computer for charting, daily logs, notes, monitoring emergency calls;
- Ability to operate washers, dryers, and other cleaning equipment and tools;
- Ability to operate kitchen appliances and other resident related appliances.

## Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

## Lifting/Carrying

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charts; trays; linen; clothing; water pitcher; tissue; diapers; towels; wipes; laundry; resident personal items; food trays; food items	Charts; trays; linen; clothing; water pitcher; tissue; diapers; towels; wipes; laundry; resident personal items; food trays; food items
11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident extremity; oxygen tank; resident	Oxygen tank
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident, resident extremity; resident in wheel chair	
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident	Two person lift only
> 100 lbs.	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident	
Heaviest item to be lifted or	<b>Item Weight</b>	50	<b>Item Length</b>	50 ft			

carried:							
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	30	<b>Length of Time</b>	Brief			

### Pushing/Pulling

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 ft
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 ft
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 ft
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 ft
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 ft
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Up to 200 lbs (wheeled)	<b>Item Size</b>	Resident in wheel chair		

### Actions and Motions

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferring or positioning residents; beds; wheelchairs; walkers; chairs; food cart
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferring or positioning residents; beds; wheelchairs; walkers; chairs; food cart
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linen; clothing; supplies; food trays; containers; feeding; trash; positioning patients; resident extremities; dishes; food items
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linen; clothing; supplies; food trays; containers; feeding; trash; positioning patients; resident extremities; dishes; food items
Power Grasping Right Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food cart; residents in wheelchairs

Power Grasping Left Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food cart; residents in wheelchairs
Climbing and walking inclines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplies; items from closet; Charting; dressing residents; bed baths; serving meals to residents
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	keyboarding
Repetitive Foot Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raising and lowering bed

## **ENVIRONMENTAL REQUIREMENTS**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Music, machinery
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathing patients
Moving parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

heights						
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident body fluids
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body fluids, blood, urine, vomit, saliva
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity equipment, country kitchen equipment
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transporting supplies
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident on isolation
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity equipment, country kitchen equipment
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
---

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date





## Job Description

### Concierge

#### **GENERAL STATEMENT OF POSITION**

Under general supervision, the primary role of the Concierge is to provide excellent hospitality as they are the first impression for all visitors at HumanGood. The Concierge greets residents, potential residents, families, visitors and vendors while managing both external and internal calls, taking and communicating messages. The Concierge provides an overview of community information to those inquiries in support of the marketing and sales efforts. They assist with resident services such as transportation, mail and deliveries and the coordination of visitors. The Concierge will ensure that resident's privacy, rights and safety is maintained at all times. The Concierge disseminates information in person or on telephone; operates a telephone console or switchboard, computer, fax machine, copy machine; performs general clerical and light administrative duties. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### **SCOPE**

Budget Responsibility – None

**REPORTS TO** – Director of Hospitality

#### **POSITION CLASSIFICATION**

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### **Work Duties**

- Greets residents, potential residents, families, visitors and vendors while managing both external and internal calls, taking and communicating messages;
- Assist with resident services such as transportation, mail and deliveries and the coordination of visitors;
- Receives, sorts and distributes incoming mail and packages, prepares outgoing mail and packages for company and residents;
- Operates postal machine;
- May perform moderate clerical or administrative duties;

- Balances and manages cashbox and receives payment for incidental purchases by residents or employees;
- Maintains current files of emergency information on all residents;
- Posts memorial notices;
- Notifies security of any problems;
- May type newsletter and menu for Department of Dining Services;
- Performs emergency call procedures according to established policy;
- May post charges for dining room, tray service and beauty shop to resident accounts;
- Attends in-service training workshops and meetings as required;
- Provides effective and courteous service to all residents, guests and co-workers;
- Performs other related essential duties as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- Administrative and clerical procedures and systems, such word processing, managing files and records, operating computer equipment including scanners, printers, knowledge of word, excel and desktop publishing;
- Typing, telephone procedures use of standard office equipment;
- Practice, procedures and activities of department;
- Terminology used within the department;

#### **Skills**

- Computer skills utilizing Outlook, Microsoft suite and desktop publishing software,
- General office skills including; email, faxing, copying and the use of a paper shredder;

- excellent verbal and written communication skills including interpersonal communication (for example, individuals from diverse backgrounds, cognitively impaired residents)
- Relationship building
- Use good judgment to follow specific instructions carefully and general instructions regarding department procedures.

### **Abilities**

- Ability to thrive in a fast paced environment
- Ability to provide information, handle and prioritize a multiplicity of tasks,
- Ability to utilize a positive, can-do attitude.
- Ability to learn and apply resident preferences into daily life rhythm.
- Ability to interact with residents utilizing humor, friendship, kind words, compliments, and understanding to help residents feel safe, secure, and valued.

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- High school diploma, GED or equivalent

**Experience/Training –**

- Prefer three years' clerical experience or any equivalent combination of training and experience which provides the required skills, knowledge and abilities.
- Computer skills using Microsoft suite and desktop publishing software, faxing, copying and the use of a paper shredder; minimum one year,

**Certificates, Licenses, Registrations –**

- None

**PHYSICAL REQUIREMENTS**

- Ability to operate various automated office machines including a personal computer, postage meter, calculator, telephone, smart phone, copy machine, fax, digital camera, etc.;
- Ability to coordinate eyes, hands and fingers in performing semi-skilled tasks including typing, calculating, etc.

**Postures:**

<b>Stand</b> —Hours at one time:	0	½	<b>1</b>	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	<b>1</b>	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	<b>2</b>	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	<b>8</b>	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	<b>0</b>	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	<b>0</b>	½	1	2	3	4	5	6	7	8	8+

**Lifting/Carrying:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Range in Height of Lift</b>	<b>Distance of Carry</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	Books, Laptop, File boxes	<b>Item Length</b>	20"			
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	N/A	<b>Length of Time</b>				

**Pushing/Pulling**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Rolling items, carts, wheelchairs.	<b>Item Size</b>			

**Actions and Motions:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Simple Grasping Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Keyboarding, Mouse, Filing

Hand						
Power Grasping Right Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Neck	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Squatting	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Reaching above shoulder level	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		Filing
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Feeling	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Repetitive Foot Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Multi-story complex

Chemicals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Travel	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushcart
Special Visual or Auditory Protective Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact you HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date





## Job Description

### Cook – Job Code 320

#### **GENERAL STATEMENT OF POSITION**

Under general supervision, the Cook 1 primary objective is the preparation of food items to ensure high standard of quality and quantity to meet the needs of the residents for the Residential Living, Assisted Living, Memory Support and Health Center Dining Room. Handles food in accordance with sanitary standards and recognized food preparation standards. As a representative and team member of dining services, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction in the dining department.

#### **SCOPE**

Budget Responsibility – None

**REPORTS TO** – Sous Chef or Executive Chef

#### **POSITION CLASSIFICATION**

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

Job Code – 320

Grade – 08

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### **Work Duties**

- Prepares food, including but not limited to: washing, trimming, cutting, portioning, measuring, mixing, and panning;
- Cooks food including: baking, broiling, frying, steaming, braising, boiling, and pressure cooking;
- Prepare food for booked catering events;
- Provides meals that are properly cooked, tasty, and attractive meeting high standards for quality and presentation and ensuring dietary needs are met;
- Tastes food before serving and provides attractive and appropriate garnishes for food plates;
- Takes stock to ensure appropriate quality and quantity for meal preparation;
- Ensures cleanliness and sanitation of kitchen;
- Complies with all food preparation standards and health and safety requirements;
- Maintains sanitary standards for the handling, transportation, and storage of food;

- Checks and ensures that proper holding and storing temperatures are maintained;
- Operates and cleans all food preparation equipment, including but not limited to: grills, broilers, ovens, steamer tables, mixers, microwave ovens, toasters, etc.;
- Maintains, sweeps and mops floors in the food preparation and storage areas to ensure a safe and sanitary work environment;
- Performs set up and clean up duties as assigned;
- Prepares trays for all areas of the retirement community
- Pulls necessary frozen food from the freezers according to menu planner;
- Covers, labels, and dates leftover food properly;
- Assists daily in plating up of foods on serving line for each meal as needed;
- Responsible for adhering to HIPAA privacy rules and company practices and procedures which require that resident identifiable health information will only be used to perform the essential functions of the job;
- Complies with all HACCP policies and procedures;
- Assures electrical, gas, water and other utilities are off;
- Attends daily production meetings and Showtime meetings as requested
- Attends in-service training workshops and meetings as required;
- Conducts work tasks safely and in compliance with the community food and physical safety programs;
- Must be able to produce all modified textured foods, and be able to execute the puree program
- Is able to forecast and cook food in batches as necessary for the meal
- Is able to prepare menu items from scratch and to order
- Understands the community's food order system (where available) and can act as an expeditor during meal periods if needed
- 
- Accepts directives from supervisor and performs duties in a cooperative manner;
- Has read, understands and adheres to the Company policies and procedures including Attendance and Punctuality and Time Reporting;
- Performs other related essential duties as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.

- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- The methods, materials, procedures, and regulations of food preparation and service;
- Must be able to follow verbal and written instruction
- Ability to judge food for quality and quantity;
- Safe serving & storing temperatures;
- Principles of food sanitation, health hazards and necessary precautions;
- Understand and follow food measurement techniques;
- Food preparation & presentation;
- Sources of food contamination;
- Safety practices & safe operation & care of equipment;
- Knowledge of safe temperatures required for holding hot and/or cold foods including but not limited to beef, fish, poultry, pork, and other meats;

### **Skills**

- Strong interpersonal skills
- Solid computer skills
- Effective verbal and written communication skills
- Effective interpersonal relationship and conflict resolution skills

### **Abilities**

- Ability to speak, read and write English and follow instructions;
- Ability to understand and be understood by employees and residents.
- Ability to demonstrate interpersonal skills and willing to help foster a positive working environment
- Ability to maintain written food production records;
- Maintain appropriate level of confidentiality and privacy
- Interact professionally with all customers, including older adults, disabled persons and co-workers, individually and as a part of a team
- Focused attention to detail and the ability to effectively handle multiple items/tasks, prioritize as required and adapt favorably to changing priorities
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand
- Problem solving ability
- Ability to effectively respond to emergency and/or crisis situations
- Ability to take initiative and be a self-starter
- Ability to work with others,
- Demonstrated ability to follow written and verbal direction in English

**Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

**Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to comprehend and correctly use a variety of documents and systems including used in the performance of the job, to include recipes, menus, temperature gauges, tray tags, cook’s work list, production sheet, daily logs, employer time reporting and scheduling;
- Ability to read, understand, utilize, and refer to safety manual, meat list, cookbooks, and recipe cards;
- Ability to prepare temperature records and delivery sheets using prescribed format;
- Ability to communicate effectively and hospitably, with residents, co-workers, supervisors, and the general public verbally and in writing;
- Ability to work in a team environment requiring communication, respect, and high degree of customer service.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion,; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in a kitchen environment subject to conditions of heat, cold, noise, humidity and intense odors
- Ability to work effectively in a health care facility environment.

### **MINIMUM REQUIREMENTS**

#### **Education –**

- High school diploma or equivalent
- Some culinary schooling preferred

#### **Experience/Training –**

- 0-3 years of related work experience
- Equivalent combination of training and experience which provides the required skills, knowledge and abilities.

#### **Certificates, Licenses, Registrations –**

- ServSafe certification and/or Food Handlers Certification or enrollment in the certification course preferred.

### **PHYSICAL REQUIREMENTS**

- Must be able to work standing for extended periods.
- Must be able to work in, and navigate a food service environment.
- Ability to exert a moderate amount of force occasionally, and/or a small amount of force frequently, and/or a negligible amount of force constantly to move objects;
- Must be free of any infectious disease.
- Ability to constantly walk, stand, bend, squat, reach, stretch and grasp
- Must maintain a neat and clean appearance; ensures that clothes are laundered and clean, hair and body are clean and free from odor, fingernails are trimmed and neat, limits use of jewelry as stated in the dress code policy
- Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **Postures**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	Up to 25lb 50+ w/two ppl lifting	<b>Item Length</b>				
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	0	<b>Length of Time</b>				

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On cart
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On cart
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On cart
51-100 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On cart
> 100 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On cart
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	100	<b>Item Size</b>			Multiple items on a cart

### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Standard kitchen noises, pots, pans, equipment
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ovens, stoves
Extreme Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walk in Frig/Freeze
Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Wet surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen knives, utensils
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ovens; microwaves; refrigerators; freezer; fryer, steamer table, grill, broiler
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/pull carts
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves, aprons, employee's required to wear hair nets and uniforms, safety shoes recommended, fatigue mats
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ovens Fryer Grills Steam table Blender Mixer Can opener Food processor Carts Dish Washer Dish hose



Routine Office Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact you HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date



## Job Description

### Dining Room Supervisor

#### GENERAL STATEMENT OF POSITION

Under general supervision, the primary role of the Dining Room Supervisor is supervising dining room team members in the setting up of tables, serving of food, cleaning and maintenance of the dining room, and customer service. Ensures that food is handled in accordance with sanitary standards and recognized food serving practices. As a representative and team member of dining services, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction in the dining department.

#### SCOPE

Budget Responsibility – None

**REPORTS TO** – Dining Room Manager (DSM)

#### POSITION CLASSIFICATION

FLSA Classification – Non-Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Runs Show Time meetings to review menu as well as behaviors and service standards.
- Attends daily Connect meetings and production meetings as requested
- Oversees the work of the Wait Staff in production, procedures and duties;
- May serve meals in the dining room;
- Instructs dining room Team Members in performance of their duties; prepares the work schedule as assigned and oversees daily work assignments for the wait staff, including planning, evaluating, assigning work, maintaining standards, coordinating activities, and allocating personnel;
- Assists their supervisor in developing work procedures and policies;
- Assists Team Members in setting up the dining room, serving food and beverages, restocking the salad and soup bars, assisting residents and guests, and clearing and resetting tables both at meals and private parties and catered events;
- Proper and effective usage to time, resources, supplies and budget
- Responds to Resident needs and requests promptly, appropriately, and with respect at all times

- Ensures Wait Staff are aware of menu selections, preparation, and allergens.
- Relays resident preference to cooks and Wait Staff
- Reports issues of security, health and/or safety to appropriate supervisor as soon as practicable
- Ensures resident rights are preserved
- Fosters appropriate communication and relations between Resident, Family, Guest and Team Members
- Resolves guest complaints when possible and informs DSM and General Manager (GM)
- Conducts and documents training for Wait Staff as instructed by DSM.
- Counseling and discipline provided as needed in coordination with DRM
- Ensures directions from the DSM are enforced
- Follows established policies and procedures and understands and complies with all regulatory standards set forth by governing entities
- Assures timely completion of all required reports and forms
- Maintains Resident/Family confidentiality and privacy in accordance with HIPPA regulations, and Commitment to Quality and Employee Standards of Conduct
- Supports and demonstrates safety throughout all duties performed
- Attends staff meetings as required
- Attends appropriate training, seminars and workshops as required
- Completes all required computer-based training by the due date
- Other duties as assigned

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging. This is higher levels of living not necessarily residential living
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies. Seems like a DSM function
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- The methods, materials, procedures, and regulations of food preparation and service;

- The potential health hazards of the food preparation processes.
- The standards and sequence of service protocol and customer service
- Utilization of POS

### **Skills**

- Effective verbal and written communication skills
- Public speaking for training sessions
- Demonstrated interpersonal skills and willing to help foster a positive working environment
- Good computer skills

### **Abilities**

- Maintain appropriate level of confidentiality and privacy
- Interact professionally with all customers, including older adults, disabled persons and co-workers, individually and as a part of a team
- Focused attention to detail and the ability to effectively handle multiple items/tasks, prioritize as required and adapt favorably to changing priorities
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand
- Problem solving ability
- Ability to effectively respond to emergency and/or crisis situations
- Ability to take initiative and be a self-starter
- Demonstrated ability to follow written and verbal direction in English

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment. rarely
- Ability to work effectively in hot, cold, and wet conditions. rarely

## **MINIMUM REQUIREMENTS**

### **Education –**

- High School diploma or equivalent, some college preferred.

### **Experience/Training –**

- Minimum of 6 months of professional managerial experience in related field preferred or equivalent knowledge is a prerequisite for entry into profession.

### **Certificates, Licenses, Registrations –**

- ServSafe certification and/or Food Handlers Certification or enrollment in the certification course preferred.

## **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Must be able to work standing for extended periods (up to 4 hours).
- Must be able to work in, and navigate a food service environment.
- Ability to exert a moderate amount of force occasionally, and/or a small amount of force frequently, and/or a negligible amount of force constantly to move objects;
- Must be free of any infectious disease.
- Ability to constantly walk, stand, bend, reach, stretch and grasp

- Must maintain a neat and clean appearance; ensures that clothes are laundered and clean, hair and body are clean and free from odor, fingernails are trimmed and neat, limits use of jewelry as stated in the dress code policy
- Ability to operate various automated office machines including a personal computer, postage meter, calculator, telephone, smart phone, copy machine, fax, digital camera, etc.;
- Ability to coordinate eyes, hands and fingers in performing semi-skilled tasks including typing, calculating, etc.
- Ability to exert moderate physical effort in medium work on a limited basis;
- Ability to exert a moderate amount of force occasionally, and/or up a negligible amount of force to move objects;

### Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	35 lbs	<b>Item Length</b>				
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	tray	<b>Length of Time</b>				

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
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1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>		<b>Item Size</b>			

### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flatware, dishware
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flatware, dishware
Power Grasping Right Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts, Trays, dishes
Power Grasping Left Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts, Trays, dishes
Climbing and walking inclines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying dining trays
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer keyboarding, Serving, cleaning up
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serving, cleaning up
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer keyboarding, Serving, cleaning up
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serving, cleaning up
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While performing duties
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performing duties
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performing duties
Reaching below shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performing duties
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computers, writing, mouse, filing



Right Hand						
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computers, writing, mouse, filing
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	walking

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working around sinks and with liquids
Moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thresholds, walkways
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multi-story building
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Machinery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining carts
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee makers, juicers, etc.
Routine Office Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

Supervisor Signature / Date



## Job Description

### Director of Buildings and Grounds

#### **GENERAL STATEMENT OF POSITION**

Under limited supervision, the Director Building and Grounds performs administrative and supervisory over-site, directing the maintenance, security, transportation, grounds, housekeeping, laundry and capital projects of the community in order to ensure efficient plant operation and management. You will accept accountability for activities under direct control; exercise sound judgment and decision-making; promote cooperative working relationships within and between departments; and keep abreast of and implement new programs or practices. Ensures and is responsible for the work product and standards within the department as related to the company and regulatory guidelines. On call 24 hours a day. As a representative and team member of the Building and Grounds department, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### **SCOPE**

**Supervisory Responsibility** – Maintenance, Housekeeping, Laundry, Janitorial, Grounds, Transportation and Security

**Budget Responsibility** – Overall fiscal budgetary responsibility for Maintenance, Housekeeping, Laundry, Transportation, Grounds, Security, Capital projects and Renovations.

**REPORTS TO** – Executive Director

#### **POSITION CLASSIFICATION**

FLSA Classification – Exempt

Job Category – Regular Full-Time

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### **Work Duties**

- Maintains high standard in quality customer service and positive relations with residents, other departments and vendors through resident satisfaction surveys and one on one communications;
- Responsible for maintenance of grounds, buildings, facilities, housekeeping, laundry, remodel projects, and various capital improvements;

- Supervises lead staff providing instruction, coaching, recruitment, selection, allocation of team members scheduling, reviewing and planning work, maintaining standards, and evaluating performance;
- Supervises outside contractors, and coordinates with remodel contractor and Marketing Department all new remodel projects;
- Manages capital and operational construction projects including planning, bid proposal process, ensuring quality of work performed and adherence to established project specifications, coordination of contracted services and monitoring of budgets in coordination with corporate representative;
- Responsible for ensuring supplies management including; materials, equipment, tools, parts, and permits;
- (duplicate stmt)Oversees all administrative matters in the department, including budget preparation /development and monitoring, forecasting, general ledger monitoring, scheduling and personnel matters;
- Maintains department regulatory compliance with OSHA/ OSHPD, fire marshall requirements for reporting work-related accidents; conducts work tasks safely and in compliance with the facility safety program;
- Establishes and maintains necessary procedure manuals and records;
- Conducts regular staff meetings to facilitate open communication;
- Conduct weekly meetings with lead and supervisory staff;
- Oversees organization and training of community resident/staff emergency response team and facilitates at least twice annual drills;
- May assume command as detailed in the community Disaster Plan in the event of a disaster through the use of ICS/NIMS/SIMS practices;
- Maintains standards related to development of maintenance, housekeeping, laundry, janitorial, grounds and security procedures; routine processes and preventive maintenance and infectious waste programs;
- Ensures preparation and update of safety data sheets (SDS)and ensures compliance for all departments;
- (duplicate)Ensures development of maintenance, housekeeping/ cleaning procedures and schedules including drapery, and window cleaning services;
- Responsible for adhering to HIPPA privacy rules and company policies, procedures and practices which require that resident-identifiable health information will only be used to perform the essential functions of this job.
- Oversees requests for special functions; delegates staff to perform functions;
- Monitors inventory and orders for purchase of linen supplies, cleaning equipment, materials, supplies, and appliances;
- Attends in-service training workshops and meetings as required; facilitates and supports in-service training as needed to preserve compliance with OSHA, OSHPD, company and State and Federal regulations conducts monthly staff meetings to facilitate open communications; arranges in-service education for personnel to maintain qualified work performance;
- Exercise prudent judgment and decides within broadly defined practices;
- Oversees and directs departmental activities to ensure quality services for both internal and external customers.
- Serves as a resource to and collaborates with others to advance the hospitality mission.

- Assesses, develops, implements and evaluates department goals that coincide with the hospitality goals on a yearly basis.
- Communicates the department's needs, requirements, available services and information to internal and external customers.
- Monitors and assures compliance with all standards for safety, risk management, and infection control as required by enforcement agencies taking action as needed.
- Coordinates the departmental performance improvement process including the preparation, analysis, and submission of required reports.
- Develops, reviews and revises departmental policies and procedures and assures the department's compliance with all state and federal regulations.
- Demonstrates personal and professional growth and expertise by remaining current with state and federal associations and with professional trends, and by participating in community activities.
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident.
- Performs related essential duties as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **Supervision/Leadership**

- Lead staff to achieve community, function and company performance goals.
- Ensure quality recruiting, hiring, development and retention practices consistent with company procedures and standards.
- Assign, review, plan and coordinate the work of other team members.
- Delegate and oversee results of delegated work to staff.
- Recommend and approve the discipline, dismissal, transfer or promotion of team members.
- Assess the work of team members and write performance appraisals.
- Administer pay, rewards and recognition within company guidelines that support individual and team performance toward achieving goals.
- Analyze problems that arise in the areas under supervision and implement solutions.

- Effectively communicate in all written and verbal forms of communication.
- Create an environment for staff that honors, respects and values their opinions and suggestions; demonstrate fair treatment and ethical business practices; support staff development and reward achievement.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- The standard methods, materials, and equipment employed in janitorial work;
- The infectious disease control policies;
- Cleaning procedures and the use of cleaning materials;
- Management practices and procedures including instructing, assigning, reviewing, and planning the work of team members and maintaining standards;
- Methods for keeping track of cleaning equipment and supplies inventory and of ordering same.
- Services available by the retirement community
- Records, graphs, reports, etc. used in the daily performance of service duties
- Policies, procedures, methods, and practices of the facility

### **Skills**

- Relationship building
- Superior verbal and written communication skills including interpersonal communication (for example, individuals from diverse backgrounds, cognitively impaired residents)
- Proficient in the use of Windows based office software including but not limited to Microsoft Office, Word, Excel, PowerPoint and Outlook
- Financial skills, creating a budget
- Excellent eye for detail / cleanliness

### **Abilities**

- Ability to communicate verbally and in writing and to demonstrate leadership, interpersonal, motivational, time – management and organizational skills
- Ability to interact with residents utilizing humor, friendship, kind words, compliments, and understanding to help residents feel safe, secure, and valued
- Ability to make appropriate judgments, decisions and problems solving in a timely manner and within the context of the situation at hand
- Ability to demonstrate leadership, interpersonal skills and successfully motivate a team in a positive manner
- Ability to direct and oversee the work of others
- Ability to interact and collaborate professionally with a diverse range of customers, including older adults and co-workers, individually and as a part of a team
- Ability to utilize a positive, can-do attitude
- Ability to effectively respond to emergency and/or crisis situations
- Ability to understand and act upon regulatory requirements for housekeeping in each level or care.



- Ability to read, write, and verbally communicate effectively and professionally in English with other business departments, residents, guests, and vendors.
- Ability to diplomatically deal with difficult situations and people, while exhibiting a consistent level of professionalism.
- Demonstrated ability to work under pressure
- Ability to accurately follow and provide instructions, both verbally and written
- Ability to ascertain departmental training needs and provide such training
- Ability to train staff regarding chemicals used in cleaning community.

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- High School diploma or equivalent
- Some vocational (VoTech) education in business and trades Plumbing, HVAC, Electrician or Carpentry is preferred
- Bachelors Science or Arts Degree in related field Preferred

**Experience/Training –**

- At least 6 years of experience in maintenance trade fields or environmental services (housekeeping/laundry) or combination of the two with supervisory experience
- Healthcare experience preferred, i.e. retirement community or hospital, at a Director Level EVS experience or any equivalent combination of training and experience which provides the required skills, knowledge and abilities.

**Certificates, Licenses, Registrations –**

- Valid Drivers License

**PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate, or oversee the operation of, a variety of equipment including mechanic tools, carpenter tools, electrical tools, plumbing tools, shovels, rakes, etc. necessary to perform mechanical, carpentry, electrical, plumbing and allied building repairs and maintenance work
- May require the ability to operate a variety of office machines, including computers and adding machine
- Ability to exert considerable force occasionally and/or a negligible amount force constantly to move objects
- Ability to coordinate hands and eyes in performing semi-skilled movements, such as preparation of paper work
- Ability to differentiate colors and shades of color in performing electrical maintenance and repairs
- Ability to exert physical effort in medium to heavy work involving a combination of sitting, standing, walking and driving
- Ability to exert a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects

## Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

## Lifting/Carrying

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	20	<b>Item Length</b>	36 in			10 feet
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	10 lbs	<b>Length of Time</b>	5 minutes			10 feet

## Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 feet
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	100 lbs	<b>Item Size</b>	3' x 3'		50 feet

## Actions and Motions

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Climbing and walking inclines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work

Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

## **ENVIRONMENTAL REQUIREMENTS**

	<b>None 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Wet surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Working at heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	As associated with routine work
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	As associated with routine work
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine work

## **WORK EQUIPMENT**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Vehicles, Carts, Forklifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

or Auditory Protective Equipment						
Other Safety Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine work

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### Director of Hospitality

#### GENERAL STATEMENT OF POSITION

Under limited supervision, the Director of Hospitality is responsible for the overall management of the department, providing quality care and services to all residents. Directs, supervises, coordinates, and evaluates team members and services. Ensures resident care interventions meet the personal, physical, and cognitive needs of each resident as well as maximizing his/her care capacities, identity, independence, choice and opportunity for social interaction. These may include any or all of the following: transportation, beauty shop, pastoral services, activities, census taking, move-in arrangements, and/or health and wellness. Monitors the outcomes of resident services activities by evaluating staff performance, ensuring compliance with community and State Regulations, and monitoring the effective and efficient use of budgeted resources. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Supervisory Responsibility – Direct supervision of social services, concierge, lifestyle, fitness activities, transportation, beauty salon and driver

Budget Responsibility – Operates within established budget parameters

**REPORTS TO** – Executive Director

#### POSITION CLASSIFICATION

FLSA Classification – Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Recruits, hires, orients, trains, supervises, and evaluates staff;
- Directs the operations of the Beauty Shop and Transportation;
- Oversees and supervises resident's moves and transfers within the retirement community; monitors resident status changes; conducts weekly evaluation meetings;
- May serve as editor of the retirement community newsletter;
- Compiles, prepares and is responsible for monthly statistics;



- Oversees and coordinates residents' moves and transfers within the retirement community; provides orientation for new residents; may chair and/or facilitate resident evaluation committee meetings;
- May reserve and bill guest room accommodations;
- Maintains department compliance with OSHA;
- Develops and monitors the Department expense budget; monitors inventory of supplies and purchases or approves purchasing of supplies as necessary;
- May chair the resident review committee and support resident committees;
- May coordinate a disaster preparedness program; may coordinate resident programs;
- May schedule public rooms and master calendar;
- Attends in-service training workshops and meetings as required;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related essential duties as required.

### **MARGINAL FUNCTIONS**

- Performs clerical duties as required;
- Monitors and maintains safety in-service for staff.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **Supervision/Leadership**

- Lead staff to achieve community, function and company performance goals.
- Ensure quality recruiting, hiring, development and retention practices consistent with company procedures and standards.
- Assign, review, plan and coordinate the work of other team members.
- Delegate and oversee results of delegated work to staff.
- Recommend and approve the discipline, dismissal, transfer or promotion of team members.
- Assess the work of team members and write performance appraisals.
- Administer pay, rewards and recognition within company guidelines that support individual and team performance toward achieving goals.
- Analyze problems that arise in the areas under supervision and implement solutions.
- Effectively communicate in all written and verbal forms of communication.

- Create an environment for staff that honors, respects and values their opinions and suggestions; demonstrate fair treatment and ethical business practices; support staff development and reward achievement.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- Policies, procedures, methods, and practices of the facility;
- Guidelines and rules for OSHA compliance;
- Procedures and techniques of the budgetary process;
- Practices involved in journalism and preparation of news information.

### **Skills**

- Must be able to communicate effectively with residents, families, physicians, and team members
- Effective and efficient organization and staffing.
- Strong oral and written communication
- Strong computer skills

### **Abilities**

- Ability to assign, review, plan, and coordinate the work of team members;
- Ability to provide instruction to other team members;
- Ability to recommend the discipline or discharge of team members;
- Ability to recommend the transfer, promotion, or salary increase of team members.

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.

- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

## **MINIMUM REQUIREMENTS**

### **Education –**

- Bachelor's degree in social work, business, or related field.

### **Experience/Training –**

- Three to five years of prior related experience or any equivalent combination of training and experience which provides the required skills, knowledge and abilities.

### **Certificates, Licenses, Registrations –**

- None

## **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate a variety of automated office machines including typewriter, calculator, copier, etc.;
- Must be physically able to exert up to ten pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects;
- Must be able to lift and/or carry weights of residents in positioning and transporting

them;

- Sedentary work involves sitting, but may involve walking or standing for brief periods of time;
- Must be able to lift and/or carry weights of ten to thirty pounds.

### Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	Files, books	<b>Item Length</b>				
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	N/A	<b>Length of Time</b>	N/A			

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be	<b>Item Weight</b>	Resident	<b>Item Size</b>	N/A		

pushed or pulled:						
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### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, files
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, files
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Files
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Files
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	keyboarding, filing
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	keyboarding, filing
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	keyboarding, filing
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filing
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding
Repetitive Foot Motion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### ENVIRONMENTAL REQUIREMENTS:

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi story building
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### WORK EQUIPMENT

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer, Phone, fax

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date



## Job Description

### Director of Sales & Marketing

#### GENERAL STATEMENT OF POSITION

Under occasional supervision, direct the sales program at the retirement community and disseminate information to the public regarding the community. Perform sales functions which includes but limited to finding and following up on leads, interviewing potential residents, providing information and selling vacant apartments. Accountable to meet budgeted calls, appointments and sales goals for self and team. Supervise the team members of the community sales department. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Supervisory Responsibility – Supervise the sales team of the community that could include the following positions:

- Sales Assistant
- Senior Sales Counselor
- Sales Counselor
- Community Relations Manager
- Move-in Coordinator

Budget Responsibility - Responsible for meeting sales goals, expenses and established sales and marketing budget for the community

**REPORTS TO** – Vice President of Sales or Regional Sales Manager

#### POSITION CLASSIFICATION

FLSA Classification – Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Search out qualified leads from a variety of sources
- Show apartments and the retirement community to prospective residents, guests and others



- Receive calls and inquiries from prospective residents, their families and their advisors; provide information, answer questions, overcome objections and close sales
- Interview and review records of prospective residents for approval; paperwork includes applications, contracts, financial reports, lead tracking and sales reports
- Review levels of care needed by prospective residents with both the prospect and with others in the retirement community
- Prepare and review for accuracy occupancy and sales reports
- Under direction from supervisor and advertising partners write and update annual sales and marketing plan
- Initiate and maintain contact with prospective residents, referral sources and others
- Oversee and facilitate the acceptance process for new residents; ensure that apartments are ready for occupancy as contracted with prospective residents
- Supervise the sales team of the department: recruit, hire, supervise and terminate team members of the department. Staff supervision includes: assignment of work, review of work, maintaining standards, coordination of activities and conducting performance evaluations
- Work with outside consultants as required
- Plan and execute marketing events; represent the retirement community in the market
- Monitor and manage the budget of the department; prepare monthly financial reports
- Attend in-service training and workshops and meetings as required. May require up to 5% travel
- Complete on-line and other training as required
- Perform various related essential duties as required by the regional sales manager, vice president or by the Home Office
- Promote and protect the rights of each resident

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **Supervision/Leadership**

- Lead staff to achieve community, function and company performance goals.

- Ensure quality recruiting, hiring, development and retention practices consistent with company procedures and standards.
- Assign, review, plan and coordinate the work of other team members.
- Delegate and oversee results of delegated work to staff.
- Recommend and approve the discipline, dismissal, transfer or promotion of team members.
- Assess the work of team members and write performance appraisals.
- Administer pay, rewards and recognition within company guidelines that support individual and team performance toward achieving goals.
- Analyze problems that arise in the areas under supervision and implement solutions.
- Effectively communicate in all written and verbal forms of communication.
- Create an environment for staff that honors, respects and values their opinions and suggestions; demonstrate fair treatment and ethical business practices; support staff development and reward achievement.
- Provide high performance leadership and management of department team members to support the achievement of community and corporate performance goals. Observe and effectively manage the morale of the team.
- Create an environment for team members that honors, respects and values individual opinions and suggestions; demonstrate fair treatment and ethical business practices; support team development and reward achievement
- Communicate performance standards to team members; observe, measure and evaluate performance to ensure standards are achieved; conduct regular performance observation, assessment and discussion with team members
- Communicate information that supports team and company performance, and communicate reasons for decisions
- Ensure quality recruiting, hiring, development and retention practices that support company procedures and standards
- Administer compensation, rewards and recognition that support individual and team performance toward achieving shared goals
- At direction of regional sales manager, vice president or corporate officer may chair or sit on the marketing committee of the local board of advisors
- May supervise or act as move-in coordinator; facilitate the move-in process for new residents; write work orders for apartments as necessary and coordinate the process with other departments of the retirement community

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- Sales management theory
- Effective methods for overcoming objections in sales process
- Prospect evaluation methods
- Principles of organization and functions of a retirement community
- Contracts for continuing or lifecare communities
- Motivation and coaching team members
- Procedures for monitoring budgets

- Modern office practices and procedures
- Terminology used within the department

### **Skills**

- Computer software skills including: Microsoft Office, Word, Excel, PowerPoint and community lead data base program
- Lead tracking and prospect communications methods
- Effective sales closing methods
- Excellent verbal communication skills with the ability to interact, in English, with a diverse group of associates, residents and family members
- Excellent written communication skills including proper grammar and professional writing.
- Typing, word processing, telephone etiquette and procedures and use of standard office equipment

### **Abilities**

- Ability to understand and correctly use various information resources and documents including: Sales and marketing plan, Budgets, Occupancy and sales reports, Website, Tax documents, Lead database program
- Ability to prepare reports, correspondence, budgets, marketing plans, newsletters, using prescribed format and conforming to all rules of punctuation, grammar, diction and style
- Ability to use Microsoft Office, PowerPoint, Excel to prepare departmental reports and presentations
- Ability to explain ideas, in writing and orally, so others easily understand
- Ability to communicate effectively and hospitably, both orally and in writing
- Ability to listen to and understand information and ideas presented through spoken words and sentences
- Ability to conduct presentations and training sessions
- Ability to recognize when something is wrong or is likely to go wrong
- Ability to work in a fast paced environment with multiple competing demands for time and attention
- Ability to interact and collaborate professionally with a diverse range of customers, including older adults and co-workers, individually and as a part of a team
- Ability to utilize a positive, can-do attitude
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.

- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

## **MINIMUM REQUIREMENTS**

### **Education –**

- High school diploma with some vocational or college course work in business, marketing or a related field; a bachelor's degree in marketing, social sciences, business or a related field preferred

### **Experience/Training –**

- Five [5] years of related experience, a bachelor's degree in marketing, social sciences, business or a related field may be substituted for three of the years of experience; or any equivalent combination of training and experience which provides the required skills, knowledge and abilities

### **Certificates, Licenses, Registrations**

- Valid driver's license
- First Aid and CPR certification through the American Red Cross

### **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate a variety of automated machines including a copier, personal computer, typewriter and fax machine
- Ability to coordinate hands and fingers in performing typing or data entry; may require the ability to coordinate hands, arms and legs in order to walk and drive an electric cart
- Ability to exert light physical effort in sedentary to light work involving sitting some of the time; but also involves walking or moving from one area to another or standing for periods of time
- Ability to exert a negligible amount of force on occasion to lift, carry, push, pull or otherwise move objects, files, etc.

### **Postures**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### **Lifting/Carrying:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Range in Height of Lift</b>	<b>Distance of Carry</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ft	50 feet
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ft	50 feet
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 ft	50 feet
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 ft	10 feet
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	N/A
Heaviest item to be lifted or carried:	<b>Item Weight</b>	50	<b>Item Length</b>	36 in			10 feet

Heaviest item to be lifted overhead	<b>Item Weight</b>	10 lbs	<b>Length of Time</b>	5 minutes			10 feet
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### Pushing/Pulling:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 feet
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	50 lbs	<b>Item Size</b>	36 inches square		50 feet

### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Climbing and walking inclines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Reaching above	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine

shoulder level						office work
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As associated with routine office work

### **ENVIRONMENTAL REQUIREMENTS:**

	<b>None 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Extreme Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Extreme Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Tours
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Tours
Moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Walking on Uneven Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Tours
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi story building
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Biological (Blood borne pathogens, Sewers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supervisory position
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Based on office staffing and scheduling
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporate events and training

### **WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

or Automated						
Machinery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving carts for community tours
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other Safety Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coffee machine, refrigerator, oven for sales office
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier, computer, projector, calculator, printer, laptop



## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date



## Job Description

### Director of Staff Development

#### GENERAL STATEMENT OF POSITION

Under limited supervision, the Director of Staff Development (DSD) effectively assesses training needs, plans, implements and provides in-service education and department specific new team member orientation. Ensures all medical staff is trained accordingly to provide care in accordance with our “Philosophy for Person-Directed Care.”, as well as in accordance with appropriate local, state and federal regulations. In addition the DSD assists in educating and treating residents.

#### SCOPE

Budget Responsibility – None

**REPORTS TO** – Director of Nursing

#### POSITION CLASSIFICATION

FLSA Classification – Exempt

Job Category – As Assigned

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Assesses and identifies training needs through evaluation of staff and by keeping abreast of relevant medical advances;
- Provides in-service education for employees with emphasis on regulatory guidelines including OBRA, Title 22 guidelines, etc...;
- Evaluates of effectiveness of training programs, providing recommendations for improvement;
- Meets training requirements established by policy, Title 22 and OBRA in terms of necessary hours and topics available to Team;
- Provides in-services for team members campus wide as necessary;
- Provides new employee orientation for Team;
- Participates in outside educational programs in order to keep abreast of changes in the medical field;
- Develops and maintains professional contacts to network for guest speakers and topics for in-services;

- Provides individualized training when necessary for Team;
- Attends in-service training workshops and meetings as required;
- Conducts work tasks safely and in compliance with the facility safety program;
- Provides effective and courteous service to all residents, guests and co-workers;
- Performs various related essential duties as required;
- May perform Direct Care duties as required.
- Ensures licensure / certification of department team members are current and active

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Passion
  - Inclusion
  - Courage
  - Innovation
  - Impact
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### ***Knowledge, Skills and Abilities***

- Ability to work with computers
- Effective verbal and written communication skills
- Ability to demonstrate interpersonal skills, a professional attitude, commitment to quality of care and willing to help foster a positive working environment
- Maintain appropriate level of confidentiality and privacy
- Interact professionally with all customers, including ill, older adults, disabled persons and co-workers, individually and as a part of a team
- Focused attention to detail, highly organized & demonstrated ability to prioritize multiple-tasks, achieve desired results and adapt favorably to changing priorities
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand
- Problem solving ability

- Ability to effectively respond to emergency and/or crisis situations
- Ability to take initiative and be a self-starter
- Demonstrated ability to follow written and verbal direction in English
- Willingness and ability to understand and comply with Federal, State and local regulations

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.

**REQUIREMENTS****Education:**

Completion of Accredited Licensed Nursing Program (RN)

**Experience/Training:**

- Clinical observation and assessment skills
- Proficient computer skills necessary to complete documentation, review electronic health records and communicate with team members.
- Minimum of two years of nursing experience or one year as a nursing supervisor

**Certificates, Licenses, Registrations**

- Current RN license in Applicable State
- Current CPR certification
- Must have a DSD certification per state regulation

**Preferences:**

- Bachelors of Science in Nursing
- Skilled Nursing or Senior Care experience

**PHYSICAL REQUIREMENTS:**

- Ability to use, interpret, and operate various resident care equipment and tools including stethoscope, sphygmomanometer, glucometer, pulse oximeter, feeding pumps, IV pumps, suction machine, etc.;
- Ability to operate a variety of automated office machines including computer, calculator, copier, fax, telephones, etc.;
- Must be physically able to exert considerable force regularly to pushing a medication cart, and a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects;
- Must be able to frequently lift and/or carry weights of patients in positioning and transporting them.
- Moderate work involves walking or moving from one area to another or standing for considerable periods of time.

**The following frequency key denotes the frequency that each activity is performed daily.**

Frequency Key: N = Never

S = Seldom (less than .5 hour per day)

O = Occasionally (.5 to 3 hours per day)

F = Frequently (3 to 6 hours per day)

C = Continuously (more than 6 hours per day)

### Postures:

<b>Stand</b> —Hours at one time: 2 ½	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day: 6	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time: 1	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day: 2 ½	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time: 2	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day: 5	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time: 0	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day: 0	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18-24 in	Up to 300 ft
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18-24 in	Up to 300 ft
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18-24 in	Up to 300 ft
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18-24 in	Up to 10 ft
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18-24 in	Up to 10 ft
Heaviest item to be lifted or carried: Resident	Item Weight	50 lbs	Item Length	6 + feet			
Heaviest item to be Lifted Overhead: Supplies	Item Weight	11-20 lbs	Length of Time	< 5 seconds			

## Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to 300 ft
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to 300 ft
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to 20 ft
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up to 10 ft
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up to 10 ft
Heaviest item to be pushed or pulled: Resident	Item Weight	50 lbs	Item Size	6 + feet		

## Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transporting medication cart, repositioning residents
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transporting medication cart, repositioning residents
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documenting information on paper, resident care
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documenting information on paper, resident care
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold onto charts, supplies
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold onto charts, supplies
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 story building
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walking with items in hands
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Searching for necessary items
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound care, resident care
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking to others at different locations
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reaching for items
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body mechanics for lifting objects off ground
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound care, resident care
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For supplies
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For charts or supplies
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Typing
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Typing
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	During Resident care
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	During Resident care
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Typing
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking

### **ENVIRONMENTAL REQUIREMENTS:**

	<b>None 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency situations
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities, In-service education sessions
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Janitorial clean up
Moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment
Walking on Uneven Ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medications, cleaning agents, wound care
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care, wound care
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After hours or holidays
Works alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works mostly with IDT, supervises nursing team members



Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For training
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### **WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care equipment, office supplies
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, transporting items
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE during isolation protocol
Electrical Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency, Resident care
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Charting, filing, organizing

## **ADDENDUM**

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact you HR Representative.

### **Bullet point additional job functions unique to Community**

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### Director Wellness and Assisted Living

#### **GENERAL STATEMENT OF POSITION**

Under limited supervision, the Director of Wellness and Assisted Living identifies and monitors needs of residents in Assisted Living levels of care coordinating with Wellness Department, Health Center, and Resident Review Committee, while maintaining the Assisted Living department in regulatory compliance by providing administrative oversight of staff. Carries out supervisory responsibilities either directly or through subordinate managers in accordance with policies and applicable laws. Responsibilities include interviewing, hiring, and training associates; planning, assigning, and directing work; appraising performance; rewarding and disciplining associates; addressing complaints and resolving problems. Assists with marketing of the accommodations and services to prospective residents and families and developing and implementing activities and support programs. Develop, monitor, and adjust work schedules to ensure adequate staffing to meet our service standards and budget, conduct routine rounds of the community, participate in initial and ongoing resident assessments to help identify needs and changes in condition, assist in the development of the Resident Services Plan, participate in regular resident and family meetings, and help conduct new hire training and monthly in-service trainings. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### **SCOPE**

Supervisory Responsibility – Wellness Clinic, Manager of Assisted Living, Manager of Memory Care, Life Style and Activities

Budget Responsibility – Creates and operates within established budget guidelines for Wellness department and Assisted Living

**REPORTS TO** – Health Services Administrator

#### **POSITION CLASSIFICATION**

FLSA Classification – Exempt

Job Category – Regular Full-Time

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

## **Work Duties**

- Provides innovative and visionary leadership to elevate wellness and assisted living programs in a person-directed environment.
- Assesses needed level of care for new residents by interviewing and completing assessment tools.
- Makes special assessments of resident care needs when significant changes are noted which may lead to level of care change or adjustment as needed;
- Provides input to the Resident Review Committee in order to evaluate status of residents who have been having difficulties; confers on measures for assisting or intervening;
- Provides annual and special assessments of residents;
- May be available to assess Residential Plus clients' needs as to whether they are being appropriately met by non-nursing staff;
- Oversees, monitors and checks on needs and care of residents;
- Participates actively in Resident Review Committee and coordinates follow-up and assessment activities related to psycho-social needs of residents in Assisted Living levels of care;
- Oversees compliance with all RCFE regulations, communicating them with residents and staff;
- Oversees resident activities and programming to assure that resident needs as well as regulatory requirements are being met;
- Coordinates and supervises Residential Plus Program;
- Ensure appropriate coordination of resident moves between levels of care. This coordination requires effective communication skills with residents, resident family members, and staff;
- Receives and acts upon referrals from Wellness nurse; makes referrals to Wellness nurses for medically appropriate interventions;
- Counsels and assists residents, family, or legally responsible persons with issues related to psycho-social needs;
- Follow up on all resident complaints to ensure resident satisfaction;
- Reviews reports such as monthly revenue and overtime;
- Plans and directs quality assurance activities;
- Develops and monitors the department expense revenue;
- Attends Directors' meetings;
- Maintains and/or establishes necessary policy and procedures;
- May respond to emergency situations within the community;
- Attends in-service training workshops and meetings as required;
- Conducts work tasks safely and in compliance with the facility safety program;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of residents;
- Performs various related essential duties as required.

## **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team

- Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **Supervision/Leadership**

- Lead staff to achieve community, function and company performance goals.
- Ensure quality recruiting, hiring, development and retention practices consistent with company procedures and standards.
- Assign, review, plan and coordinate the work of other team members including 24 hour on-call services.
- Coordinates annual team member physicals and TB tests.
- Delegate and oversee results of delegated work to staff.
- Recommend and approve the discipline, dismissal, transfer or promotion of team members.
- Assess the work of team members and write performance appraisals.
- Assists in activities to motivate and develop Team Members including in-service training.
- Administer pay, rewards and recognition within company guidelines that support individual and team performance toward achieving goals.
- Analyze problems that arise in the areas under supervision and implement solutions.
- Effectively communicate in all written and verbal forms of communication.
- Create an environment for staff that honors, respects and values their opinions and suggestions; demonstrate fair treatment and ethical business practices; support staff development and reward achievement.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- Standard procedures and techniques used in performing appropriate assessments and interventions;
- Principles and practices related to a CCRC operations and administration;
- The principles of organization, planning, and supervision of functions of a CCRC;
- In-service training in areas of competency/interest;
- Utilization of resident satisfaction surveys as directed and initiated.
- Policies and procedures concerning resident care and of administering them effectively;
- Record keeping duties regarding residents;
- Policies, procedures and techniques of effective supervision.

- Services available by the retirement community
- Principles and practices of nursing care
- Records, graphs, reports, etc. used in the daily performance of nursing services
- Policies, procedures, methods, and practices of the facility
- Medical terminology
- Use of medical supplies and equipment
- Medication dispensed to patients

### **Skills**

- Relationship building
- Superior verbal and written communication skills including interpersonal communication (for example, individuals from diverse backgrounds, cognitively impaired residents)

### **Abilities**

- Ability to communicate verbally and in writing and to demonstrate leadership, interpersonal, motivational, time – management and organizational skills
- Ability to interact with residents utilizing humor, friendship, kind words, compliments, and understanding to help residents feel safe, secure, and valued
- Ability to make appropriate judgments, decisions and problems solving in a timely manner and within the context of the situation at hand
- Ability to demonstrate leadership, interpersonal skills and successfully motivate a team in a positive manner
- Ability to direct and oversee the work of others
- Ability to interact and collaborate professionally with a diverse range of customers, including older adults and co-workers, individually and as a part of a team
- Ability to utilize a positive, can-do attitude
- Ability to effectively respond to emergency and/or crisis situations

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

**Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- Bachelors degree

**Experience/Training –**

- At least 5 years prior related experience, 2 of which is in long term nursing or acute care and includes at least 1 year of supervisory experience

**Certificates, Licenses, Registrations –**

- Licensed Registered Nurse, LVN or LPN in the State of California
- Current CPR certified
- RCFE Certification (must complete within 6 months of hire)
- Valid California Drivers' License

**PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.



- Ability to use, interpret, and operate various resident care equipment and tools including stethoscope, sphygmomanometer, glucometer, pulse oximeter, feeding pumps, IV pumps, suction machine, etc.;
- Ability to operate a variety of automated office machines including computer, calculator, copier, fax, telephones, etc.;
- Must be physically able to exert considerable force regularly to pushing a medication cart, and a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects;
- Must be able to frequently lift and/or carry weights of patients in positioning and transporting them.
- Work involves sitting, walking or moving from one area to another or standing for considerable periods of time to supervise team members and meet and provide nursing care to residents;
- Must be able to lift and/or carry weights of ten to thirty pounds.

### Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	Item Weight	Resident	Item Length				
Heaviest item to be Lifted Overhead	Item Weight	N/A	Length of Time	N/A			

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	Item Weight	Resident	Item Size	N/A		

### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication cart, Positioning residents
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication cart, positioning residents
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, files, Medical apparatus
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keyboarding, files, medical apparatus
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident care
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, keyboarding, filing
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, filing
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, keyboarding, filing
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, filing
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, filing
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, keyboarding, filing
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care
Reaching below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident care, filing

shoulder level						
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding, filing
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboarding
Repetitive Foot Motion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### ENVIRONMENTAL REQUIREMENTS:

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi story building
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caring for residents
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### WORK EQUIPMENT

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves, masks, gowns
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Charting, filing, Computer, Phone, fax

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
---

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date



## Job Description

### Dishwasher

#### GENERAL STATEMENT OF POSITION

Under general supervision, the Dishwasher's primary objective is to provide a clean and safe kitchen area for our team members. They will wash and clean tableware, pots, pans and cooking equipment. This position will ensure the Dish room and equipment are clean and organized. The general responsibilities of the position include those listed below, but may identify other responsibilities of the position. These responsibilities may differ depending on business necessities and resident requirements. As a representative and team member of dining services, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction in the dining department.

#### SCOPE

Budget Responsibility – None

**REPORTS TO** – Executive Chef or Sous Chef

#### POSITION CLASSIFICATION

FLSA Classification – Non-Exempt

Job Category – Regular Full-Time

Job Code: 334

Grade: 06

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

##### Work Duties

- Maintains a customer focus while performing duties.
- Assumes 100% responsibility for the cleanliness of dishware, tableware and kitchenware.
- Loads, runs and unloads dish machine.
- Keeps the dish machine clean and reports any functional or mechanical problems to the manager immediately.
- Monitors dish machine water temperature and chemical levels to ensure sanitary wash cycle and maintains daily logs.
- Washes and stores all tableware and kitchenware.
- Keeps Dish room clean and organized.
- Completes opening and closing checklists.
- Maintains adequate levels of clean tableware for dining room and kitchen.
- Bags and hauls kitchen trash to dumpster.
- Handles tableware carefully to prevent breakage and loss.

- Maintains adequate levels of dish detergents and cleaning supplies at workstation
- Use cleaning and sanitizing agents according to directions and general principles of safety and sanitation.
- Cleans food preparation and production areas as required.
- Closes the kitchen properly and follows the closing checklist for kitchen stations.
- May assist others in closing the kitchen.
- Works independently with proper direction.
- Attends all allergy and foodborne illness in-service training.
- Complies with all HACCP policies and procedures.
- Reports all accidents and injuries in a timely manner.
- Demonstrates compliance with policies and procedures;
- Complies with all company safety and risk management policies and procedures.
- Participates in regular safety meetings, safety training and hazard assessments.
- Attends in-service training workshops and meetings as required;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related essential duties as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- The methods, materials, procedures, and regulations of food preparation and service;
- The potential health hazards of the food preparation processes.
- How to utilize, and clean dishmachine and pot washing station
- How to dispense chemicals from dispensing station
- Proper technique for washing and sanitizing equipment, floors and workspace

**Skills**

- Effective verbal and written communication skills in English – do we want this in job descriptions?
- Demonstrated interpersonal skills and willing to help foster a positive working environment

**Abilities**

- Maintain appropriate level of confidentiality and privacy
- Interact professionally with all residents and team members, individually and as a part of a team
- Focused attention to detail and the ability to effectively handle multiple items/tasks, prioritize as required and adapt favorably to changing priorities
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand.
- Problem solving ability
- Ability to effectively respond to emergency and/or crisis situations
- Ability to take initiative and be a self-starter
- Demonstrated ability to follow written and verbal direction in English???

**Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

**Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.



- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- High school Level diploma, GED or equivalent knowledge or experience is preferred.

**Experience/Training –**

- Experience preferred in similar role

**Certificates, Licenses, Registrations –**

- Food Handlers Certificate preferred

**PHYSICAL REQUIREMENTS**

- Close vision, distance vision, peripheral vision, depth perception and the ability to adjust focus, with or without corrective lenses.
- Significant walking or other means of mobility.
- Ability to work in a standing position for long periods of time (up to 8 hours).
- Ability to reach, bend, stoop, push and/or pull, and frequently lift up to 35 pounds and occasionally lift/move 40 pounds.
- Generally in an indoor setting; however, may supervise outside activities and events.
- Varying schedule to include evenings, holidays, weekends and extended hours as business dictates.
- While performing the duties of this job, the employee is primarily in a controlled, temperate environment; however, may be exposed to heat/cold during support of outside activities.
- The noise level in the work environment is usually moderate to loud.
- Ability to handle a variety of kitchen tools, appliances, and cleaning equipment such as dishwasher, garbage disposal, mops, buckets, brooms, etc.;
- Ability to exert moderate physical effort in medium work requiring bending, reaching, twisting, pulling and pushing (minimum of 20 pounds);
- Ability to lift moderate weight (minimum of 20 pounds) from floor to waist level and from overhead frequently, push and pull heavy objects at floor level, and/or exert a small amount of force constantly to move objects;
- Ability to stand and walk continuously for up to 8 hours with some breaks;
- Ability to bend, reach, stretch, and grasp constantly;
- Must be free from any contagious diseases that may be transmitted through food and beverages.

## Postures

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

## Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>		
11-20 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	Item Weight	20lb	Item Length				
Heaviest item to be Lifted Overhead	Item Weight		Length of Time				

## Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or	Item Weight	20lb	Item Size			

pulled:						
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### **Actions and Motions:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Power Grasping Right Hand	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Squatting	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Fine Manipulation Right Hand	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Left Hand	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Foot Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Machinery	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Other Safety Equipment	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact you HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### Driver

#### **GENERAL STATEMENT OF POSITION**

Under general supervision, the Driver position is responsible for greeting all residents, team members, and visitors in a warm, confident, and knowledgeable manner. She/he is responsible for ensuring the safe travel of the residents, visitors, and team members of the community. Works as a member of the Resident Services team to deliver excellence in hospitality and customer service. She/he is responsible for assisting with carrying of packages, groceries, and luggage for transportation within the community. Transports residents in cars, trams, busses and/or vans to appointments, local shopping, and/or activities; provides assistance to the residents; and maintains and may clean the vehicle(s). Position may be combined with that of Activities Assistant or Census Taker at some CCRC's. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### **SCOPE**

Budget Responsibility – None

**REPORTS TO** – Director of Hospitality

#### **POSITION CLASSIFICATION**

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

Grade – 08

Job Code - 526

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### **Work Duties**

- Operates a motor vehicle to pick up, transport and return residents to and from meals, medical appointments, and/or other activities;
- Coordinates the pickup and delivery of Residents between various sites;
- Schedules appointments to service a maximum number of residents;
- Assists residents in and out of vehicles;
- Operates wheelchair lift as needed;

- Maintains transportation log; communicates appointment schedules to residents and other appropriate personnel;
- Monitors and maintains vehicles in a clean and orderly condition; checks safety of car(s), busses and/or van(s); reports needed repairs to supervisor, as necessary;
- Routinely cleans, washes and waxes vehicle;
- Keeps vehicle fueled and performs routine maintenance;
- Observes residents and reports concerns and changes of condition to supervisor;
- May provide messenger service to various locations;
- May transport residents to local grocery store on a regular schedule;
- Responds to transportation requests from Administration.
- Responds to Resident inquiries, requests, and complaints relating to transportation services within scope of authority and refers unresolved matters to supervisor.
- Carries parcels from vehicle to building and sorts by Resident.
- Performs transport and maintenance/repair duties in accordance with safety regulations and department policies and procedures.
- Assists administrative team with administrative duties and/or tasked, as required.
- Attends in-service training workshops and meetings as required;
- Conducts work tasks safely and in compliance with the facility safety program;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related essential duties as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **MARGINAL FUNCTIONS**

- May lower the flag;
- May collect, sort and deliver mail to residents; may forward mail for residents who are deceased or have moved.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- Rules and regulations involved in the efficient operation of vehicular equipment;
- Basic automotive maintenance procedures;
- Knowledge of use and operation of cell phone required;
- Policies, procedures, and practices of the facility.

### **Skills**

- Excellent interpersonal and communication skills and the ability to work with staff and external constituents
- Good sense of direction
- Basic mechanical ability

### **Abilities**

- Ability to prepare vehicle maintenance reports, evaluations, receipts, work orders, and other job related documents using prescribed format and conforming to all rules of punctuation, grammar, diction and style;
- Ability to operate Community vehicles safely; to include non-CDL passenger buses and sedans, demonstrated by successful completion of a road test.
- Ability to operate vehicles equipped with wheelchair ramps and lifts, including securement systems.
- Ability to read maps or GPS, follow turn by turn directions, and navigate safely in traffic
- Ability to write written reports in a clear, concise manner with good grammar and spelling.
- Ability to remain calm under stress, including congested traffic situations

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.



**Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM****Education –**

- High school diploma or equivalent

**Experience/Training –**

- One to three years of driving experience with a clean DMV record
- Any equivalent combination of training and experience which provides the required skills, knowledge and abilities.

**Certificates, Licenses, Registrations –**

- Must possess a valid Class B, if driving vans, or Class C State Driver's License.
- Must have clearance with State Department of Motor Vehicles with no serious violations.

**PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to safely operate various vehicles including autos, buses, vans, carts, and required to maintain a valid driver's license;

- Ability to operate and use a variety of health care equipment and tools including wheelchairs;
- Must be physically able to exert a moderate amount of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects;
- Must be able to lift and/or carry weights of residents in positioning and transporting them;
- Work involves sitting most of the time, but may involve walking or standing for brief periods of time, bending and twisting in and out of vehicles,
- Ability to perceive and discriminate particular colors, sounds and odors in the performance of tasks.

### Postures:

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	Item Weight		Item Length				
Heaviest item to be Lifted Overhead	Item Weight	35	Length of Time				

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>		<b>Item Size</b>			

### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loading
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loading
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering
Climbing and walking inclines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On and off curbs, sidewalks, driveways
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Driving
Bending Waist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loading and unloading
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Driving, loading and unloading, walking residents
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cell phone operations, writing, keys, switches

Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cell phone operations, writing, keys, switches
Fingering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checking emails and checking time cards
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All vehicles, wheelchairs

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle/bus/tram/van
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning solutions
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle fire extinguisher, first aid kit; emergency kit
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seat belt, vehicle fire extinguisher, first aid kit; emergency kit
Electrical Appliances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## kkADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### Food Service Worker

#### GENERAL STATEMENT OF POSITION

Under general supervision, the Food Service Worker performs any or all duties associated with setting up and working on a trayline, serving food to residents, washing dishes and/or pots and pans, bussing dishes, preparing food, such as salads, desserts, garnishes and/or maintaining cleanliness of food service and dining room areas. May be required to work varying shifts, including morning or evening shifts. As a representative and team member of dining services, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction in the dining department.

#### SCOPE

Budget Responsibility – None

**REPORTS TO** – Nutrition Care Manager or Executive Chef (depending on location of their assignment)

#### POSITION CLASSIFICATION

FLSA Classification – Non-Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Maintains a customer focus while performing duties.
- Sets tray cards; reads tray service memo, sets trayline and dishes up, pours, serves and/or passes out soup, dinners, salads, desserts, coffee, water, etc.; brings china for buffet;
- Plans and/or fills out menus for the next day; sets tables for the next meal; checks to be sure there are enough fruit bowls, salad dressing, and refills for lettuce and tomatoes, vegetables, jello, etc.; maintains stock of condiments, china, silverware and other supplies;
- Assists in preparation of food by peeling, chopping, warming food, preparing coffee and punch, preparing soup, sandwich and salad serving areas, heating and cooling food items, and/or setting fountain machines; removes food from steamer, stove or ovens and sends to dining room;
- Pours and/or prepares food and beverages;
- Makes fruit plates and desserts;
- Delivers and picks up food carts;

- Delivers and picks up soiled and clean dishes;
- Removes dirty china and silverware; disassembles buffet line; assists in breaking down trays; maintains tray cards and cardex file;
- Organizes silverware before it is washed; prepares dishes for washing; may use elevator to send clean dishes and other items to the dining room; removes dirty dishes and items sent from the dining room; prewashes and loads dirty dishes, pots, pans, utensils, glasses, cups, etc. into the dish machine and washes; inspects dishes as they are removed from the dish machine to ensure proper cleanliness; rewashes any soiled items; maintains proper chemicals, water temperature and dish machine operation; properly uses all cleaning chemicals and supplies; washes and cleans kitchen equipment daily, including grills and plate lowerators; cleans and disinfects dish machine, cleans racks, shelves and outside of machine daily;
- Keeps dining room clean; keeps table coverings, sink, salad bar, hot food warmer, tray carts, juice dispenser, counter tops, refrigerator and cabinets clean and in order and vacuums dining room;
- Cleans compactor and garbage areas; brings in empty hoppers from outside;
- Organizes and puts away dishes in designated storage areas; sweeps and mops kitchen, wash walls, ceilings, filters and shelves in the walk in, freezer, etc.;
- Clears food and prepares leftovers for storage; puts away produce and stock; assists in ordering food and supplies; receives daily orders as they come in; organizes and rotates stock; takes and records refrigeration temperatures; sanitizes refrigerators and freezers; takes frozen food from freezers for thawing;
- Keeps alert to resident requests and special needs; assists residents with plates or trays;
- Attends in-service training workshops and meetings as required;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related essential duties as required or assigned by a Supervisor
- When performing duties as a FSW in the Health Center, the following duties are required;
  - Provides dining service to Residents, guests and family members as needed.
  - Prepares trays and serves food according to menus and following therapeutic diet orders.
  - Maintains or exceeds standards of appearance, cleanliness, hygiene, and health standards.
  - Follows daily and weekly cleaning schedules.
  - Restocks supplies as needed.
  - Maintains all side stations and dining areas using the “clean as you go” policy.
  - Keeps work areas clean and maintains sanitary conditions.
  - Practices all safety and loss prevention procedures.
  - Follows all policies and procedures relating to food service to meet or exceed community standards.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Values
- Understand and adhere to company, community and department programs, policies and procedures.



- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- The methods, materials, procedures, and regulations of food preparation and service;
- The potential health hazards of the food preparation processes.

### **Skills**

- Effective verbal and written communication skills in English
- Demonstrated interpersonal skills and willing to help foster a positive working environment
- Solid computer skills

### **Abilities**

- Maintain appropriate level of confidentiality and privacy
- Interact professionally with all customers, including older adults, disabled persons and co-workers, individually and as a part of a team
- Focused attention to detail and the ability to effectively handle multiple items/tasks, prioritize as required and adapt favorably to changing priorities
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand
- Problem solving ability
- Ability to effectively respond to emergency and/or crisis situations
- Ability to take initiative and be a self-starter
- Demonstrated ability to follow written and verbal direction in English

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.

- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

## **MINIMUM REQUIREMENTS**

### **Education –**

- High school Level diploma or equivalent knowledge is a prerequisite for entry into profession.

### **Experience/Training –**

- Minimum of 6 months of experience in related field preferred

### **Certificates, Licenses, Registrations –**

- ServSafe certification and/or Food Handlers Certification or enrollment in the certification course preferred

## **PHYSICAL REQUIREMENTS**

- Must be able to work standing for extended periods (up to 4 hours).
- Must be able to work in, and navigate a food service environment.

- Ability to exert a moderate amount of force occasionally, and/or a small amount of force frequently, and/or a negligible amount of force constantly to move objects;
- Must be free of any infectious disease.
- Ability to constantly walk, stand, bend, reach, stretch and grasp
- Must maintain a neat and clean appearance; ensures that clothes are laundered and clean, hair and body are clean and free from odor, fingernails are trimmed and neat, limits use of jewelry as stated in the dress code policy

### Postures:

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	Item Weight		Item Length				
Heaviest item to be Lifted Overhead	Item Weight		Length of Time				

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	

21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	
> 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>		<b>Item Size</b>			

### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Neck	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Right Hand	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Left Hand	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	

Feeling	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Foot Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Ovens; microwaves; refrigerators; freezer; fryer, steamer table, grill, broiler
Vehicles, Carts, Forklifts	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Visual	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

or Auditory Protective Equipment						
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Gloves, aprons, employee's required to wear hair nets and uniforms, safety shoes recommended, fatigue mats
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	Ovens Fryer Grills Steam table Blender Mixer Can opener Food processor Carts Dish Washer Dish hose
Routine Office Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date



Job Description  
**Home Care Aide**  
(Caregiver)

## **GENERAL STATEMENT OF POSITION**

Under general supervision, the Home Care Aide provides assistance in the personal care and protection of the residents in their private residence; this may be at a private resident at community or offsite at a private home. The Aide develops awareness of residents' interests and needs and assists residents to maximize their independence and participation. Prepares meals and assists in dining activities, as needed. Assists and escorts clients to medical and social appointments, store, or run errands for client, assists with planning and participation of social activities. Responds to client requests such as reading, television, and other activities. Performs home management such as housekeeping, shopping, laundry, sorting mail, etc. May remind clients to take medication. Provides effective customer service skills meeting the standards and culture expectations of the company. As a representative and team member of the company, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

## **SCOPE**

Budget Responsibility – None

**REPORTS TO** – Home Care Supervisor

## **POSITION CLASSIFICATION**

FLSA Classification – Non Exempt

Job Category:

Regular Full Time – Requires open availability to meet the business needs and a minimum of 30 hours per week

Casual / Relief – Hours are based on availability and business needs.

## **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

### **Work Duties**

- Accurately reports unusual symptoms and problems of residents to supervisor;
- Performs home management such as housekeeping, shopping, laundry, etc.
- Documents on daily records;
- Assists in dressing, grooming, ambulating, transferring, feeding, bathing, oral hygiene, etc.; encourages and assists clients in self-care activities.

- Prepares meals and assists in dining activities, as needed.
- Assists and escorts clients to medical and social appointments, store, or run errands for client, etc.; assists with planning and participation of social activities.
- May sort mail for residents. Answers telephones and assists visitors;
- May be required to provide escort to residents in need of supervision on outside trips;
- Responsible for adhering to HIPPA privacy rules and company policies, procedures and practices which require that resident-identifiable health information will only be used to perform the essential functions of this job.
- May assist residents in arranging appointments and transportation as needed.
- Conducts work tasks safely and in compliance with the facility safety program;
- Displays behavior that provides effective, courteous and good customer service to all residents, guests and co-workers and anyone else with whom interactions occur;
- Maintains a marketing focus by displaying a professional demeanor when interacting with residents, guests, vendors and co-workers;
- Must be proficient in the use of a computer for input of resident information;
- Attends in-service training workshops and meetings as required;
- Promotes and protects the rights of each resident;
- Duties and assignments may be adjusted at the discretion of the manager or designee
- Performs other related work as required.

#### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

#### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

##### **Knowledge**

- The infectious disease control policies
- Personal hygiene and cleaning procedures and the use of cleaning materials
- Policies and procedures concerning resident care and of administering the procedures correctly
- Recordkeeping duties regarding residents that must be performed
- Basic food groups and meal preparation

##### **Skills**

- Decision making skills



- Problem solving skills
- Effective verbal and listening
- Communications skills
- Time management skills

### **Abilities**

- Follow written and oral instructions

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

### **MINIMUM REQUIREMENTS**

#### **Education –**

- High School Diploma or equivalent;
- Some Vocational/technical training in the nursing field specifically with elderly and dementia and/or CNA preferred

#### **Experience/Training –**

- Any equivalent combination of training and experience which provides the required skills, knowledge and abilities.
- Must be proficient in the use of a computer for input of resident information;

#### **Certificates, Licenses, Registrations –**

- CPR and First Aid certification required (may be obtained after hire)
- Must possess and maintain a valid driver's license. Must have clearance with the Department of Motor Vehicles with no serious violations and maintain automobile insurance with coverage acceptable for applicable state.

### **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to use and interpret various resident care equipment and tools including wheelchairs, walkers, etc.;
- Must be physically able to exert a small amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects;
- May be required to operate a motor vehicle
- Must be able to lift and/or carry weights of patients in positioning and transporting them.

#### **Postures**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

<b>Drive</b> —Hours at one time:	<b>0</b>	½	<b>1</b>	2	3	4	5	6	7	8	8+
Total hours a day:	<b>0</b>	½	<b>1</b>	2	3	4	5	6	7	8	8+

### Lifting/Carrying

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Range in Height of Lift</b>	<b>Distance of Carry</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		25'
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	Linens, clothes, Trash; supplies	<b>Item Length</b>				
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	25 lbs	<b>Length of Time</b>				

### Pushing/Pulling

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Linens, clothes, Trash, supplies	<b>Item Size</b>			

### Actions and Motions

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferring or positioning residents; wheelchairs; residents; commodes; walkers; chairs; scales; med carts; snack carts

Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferring or positioning residents; wheelchairs; residents; commodes; walkers; chairs; scales; med carts; snack carts
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linen; clothing; supplies; trays; containers; feeding; trash; positioning residents; resident extremities; maneuvering residents in wheelchairs; carts
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linen; clothing; supplies; trays; containers; feeding; trash; positioning residents; resident extremities; maneuvering residents in wheelchairs; carts
Power Grasping Right Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident extremity; power chair controller; transferring or positioning residents; box of supplies
Power Grasping Left Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident extremity; power chair controller; transferring or positioning residents; box of supplies
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working with residents
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working with residents
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working with residents
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working with residents
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Working with residents
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working with residents
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working with residents
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Working with residents
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Writing; typing; buttons on clothes, zippers; switches; taking vitals; call

						buttons; clearing caller button; television controls
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Writing; typing; buttons on clothes, zippers; switches; taking vitals; call buttons; clearing caller button; television controls
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	buttons on clothes, zippers; switches; taking vitals; call buttons; clearing caller button; television controls
Feeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Working with residents
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lowering and lifting bed

## **ENVIRONMENTAL REQUIREMENTS**

	<b>None 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assisting with bathing
Moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi story complex
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning products
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bodily fluids, blood, vomit, urine
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## **WORK EQUIPMENT**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Special Visual or Auditory Protective Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mask; goggles; gloves; gate belt
Electrical Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

All HumanGood Employers are Equal Opportunity Employers. Complying with the Americans With Disabilities Act, HumanGood Employers will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with the appropriate HumanGood Employer.

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with the HumanGood Employer is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of my employer or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of the company.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date



## Job Description

### Host or Hostess

#### **GENERAL STATEMENT OF POSITION**

Under general supervision, the Host/Hostess is responsible for greeting and welcoming the residents and guests upon arrival into the dining room. The host/hostess sets up dining room, services the salad bar, and opens dining room and checks in residents for meals; may be required to rotate to waitperson roles, as needed; handles food in accordance with sanitary standards and recognized serving standards. Will work directly with the waitstaff/servers to ensure the flow of the dining room is maintained so that the waitstaff/servers and the back of the house are working efficiently and effectively. As a representative and team member of dining services, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction in the dining department.

#### **SCOPE**

Budget Responsibility – None

**REPORTS TO** – Dining Room Supervisor or Dining Room Manager

#### **POSITION CLASSIFICATION**

FLSA Classification – Non-Exempt

Job Category – Regular Full-Time

Job Code – 326

Grade – 06

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### **Work Duties**

- Manages the flow at the dining room front entrance with the efficient and timely seating of the resident and guests;
- Monitors table rotation;
- Effectively manages the waitlist;
- Proficient on the Point of sales computer system (POS)
- Logs in each resident and guest in the POS for appropriate billing or tally of meals
- Effectively handles guest complaints in a positive and professional manner;
- Notifies supervisor on duty to resident concerns that need to be escalated
- Answers telephones professionally and follows up with requests;
- Effectively communicates with the waitstaff/servers and bussers;



- Flexible with job duties.
- As assigned works all shifts and holidays.
- Able to work in a high pace environment.
- Organizes tasks and completes all assigned tasks.
- Completes dining room settings; sees that supplies are on hand and that condiments are available;
- Oversees and/or prepares the salad bar; checks to be sure there are enough fruit bowls, salad dressing, and refills for lettuce and tomatoes; keeps stocked through the meal;
- Opens dining room doors for residents and checks them in; assists any residents as appropriate;
- Gives messages to the announcer for the evening;
- Pours coffee and water, and assists residents to their chairs when necessary;
- Assists in coffee station set-up and caterings as requested
- Assists and supports dining services and related staff, as needed;
- Reports to work on time and in complete uniform.  
Cleans up the dining room after the meal, clearing dishes and wiping the salad bar;
- Maintains front of house and kitchen sanitation requirements;
- Reports concerns and unusual occurrences to supervisor;
- Attends in-service training workshops and meetings as required;
- Understands and complies with all company safety policies, works safely, conducts work tasks safely and in compliance with the facility safety program, using designated safety equipment as required (personal protective equipment- PPE);
- Provides effective and courteous service to all residents, guests and co-workers;
- Communicates appropriately with supervisors and dining room staff. Listens and follows up effectively;
- Promotes and protects the rights of each resident;
- Performs additional duties as assigned.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- The methods, materials, procedures, and regulations of food preparation and service;
- The potential health hazards of the food preparation processes.

### **Skills**

- Effective verbal and written communication skills in English in order to communicate effectively with residents and guests
- Demonstrated interpersonal skills and willing to help foster a positive working environment;

### **Abilities**

- Ability to understand resident's / guest's special requests, serve meals, and follow through with the service process in a friendly manner.
- Ability to work in a fast paced environment;
- Ability to carry/move large service tray and stand, move wheelchairs and walkers;
- Ability to work with computers; and Point of Sale systems
- Maintain appropriate level of confidentiality and privacy;
- Interact professionally with all residents and team members, individually and as a part of a team; and follow through with the service process in a friendly manner;
- Focused attention to detail and the ability to effectively handle multiple items/tasks, prioritize as required, perform tasks concurrently and adapt favorably to changing priorities;
- Effective ability to make appropriate judgments and decisions, in a timely manner and within the context of the situation at hand;
- Problem solving ability;
- Ability to effectively respond to emergency and/or crisis situations;
- Ability to take initiative and be a self-starter;
- Demonstrated ability to follow written and verbal direction in English

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.

- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

## **MINIMUM REQUIREMENTS**

### **Education –**

- High school Level diploma, GED or equivalent knowledge or experience is preferred.

### **Experience/Training –**

- Previous experience with elderly population, as a host/hostess or table waiting in a retirement setting preferred; any equivalent combination of training and experience which provides the required skills, knowledge and abilities.

### **Certificates, Licenses, Registrations –**

- ServSafe or Food Handlers Certificate preferred.

## **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate some kitchen tools and appliances; such as knives, cutting boards, serving trays, utensils, and coffee machines. Lisa this would be very infrequent part of job
- Ability to exert moderate physical effort in medium work
- Ability to coordinate eyes, hands, and feet in carrying food to tables.
- Ability to exert a moderate amount of force occasionally, and/or a small amount of force frequently, and/or a negligible amount of force constantly to move objects.
- Ability to bend, reach, stretch, and grasp constantly.

### Postures:

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	Item Weight	35 lbs	Item Length				
Heaviest item to be Lifted Overhead	Item Weight		Length of Time				

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

21-50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Wheelchair, carts	<b>Item Size</b>			

### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchairs, dining carts, walkers
Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchairs, dining carts, walkers
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paperwork, filing
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paperwork, filing
Power Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheelchairs, dining carts, walkers
Power Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheelchairs, dining carts, walkers
Climbing and walking inclines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Greeting residents, keyboarding,
Bending Waist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Greeting residents, keyboarding,
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching above shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing, keyboarding
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing, keyboarding

Left Hand						
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing, keyboarding
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Writing, assisting with table setting, rolling silverware etc.
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walking

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dining room clamor, back of house
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi story building
Chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Forklifts						
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

\_\_\_\_\_  
Team Member Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date





## Job Description

### Housekeeper

#### **GENERAL STATEMENT OF POSITION**

Under general supervision, the Housekeeper is responsible for maintaining clean and sanitary conditions in assigned areas, such as resident homes, common areas, dining room and other locations in the community. The Housekeeper performs cleaning duties adhering to approved department cleaning procedures. As a representative and team member of environmental services department, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### **SCOPE**

Budget Responsibility – None

**REPORTS TO** – Housekeeping Supervisor

#### **POSITION CLASSIFICATION**

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

#### **ESSENTIAL FUNCTIONS**

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

##### **Work Duties**

- Follows work schedules;
- Cleans bathrooms, including toilets, sinks, tubs, showers and floors; replenishes paper supplies and soap as necessary;
- Cleans kitchen areas, including counter tops, floors, appliances and sinks;
- Dusts and cleans desks and other furniture, doors, baseboards and window sills;
- Sweeps, mops and vacuums floor surfaces and furniture; may spot clean carpets;
- Washes windows;
- Maintains an organized and stocked work cart at all times while ensuring that chemicals are properly labeled and stored and the work cart is locked when in common areas or while unattended.
- Empties trash receptacles; may deposit recyclable material in proper receptacles;
- May drive an electric cart or push a utility cart within the retirement community;
- Takes note of safety concerns and needed repairs and reports to supervisor;
- May change bed linens once weekly (or as necessary) in Assisted Living Lodge and Health Center;

- May sweep around dining room tables in dining room after breakfast and noon meal;
- Responsible for adhering to HIPPA privacy rules and company policies, procedures and practices which require that resident-identifiable health information will only be used to perform the essential functions of this job.
- Maintains resident and family confidentiality and privacy in accordance with HIPAA regulations, and company Commitment to Quality and Employee Standards of Conduct.
- Maintains familiarity with S.D.S. sheets for all products in use.
- Uses Personal Protective Equipment (P.P.E.) as required
- Attends all appropriate training, seminars and workshops.
- Completes all required computer-based training by the due date.
- Upon patient discharge, clean and disinfect room, bed, furniture, bathroom, cabinets and clothes closet in a timely fashion;
- Ensures that clinical areas are sanitized in accordance with established Infectious Disease Control Policies and Procedures.
- Attends in-service training workshops and meetings as required;
- Conducts work tasks safely and in compliance with the facility safety program;
- Provides effective and courteous service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related essential work as required.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

#### **Knowledge**

- The standard methods, materials, and equipment employed in housekeeping work;
- Use of various cleaning products and equipment used in performing housekeeping duties.

#### **Skills**

- Basic skills necessary to operate various cleaning equipment
- Basic computer skills

### **Abilities**

- Ability to read, write and speak English sufficient to perform job duties and to interact and communicate with residents, vendors and team members.
- Follow written and oral instructions
- Ability to clean entire resident's room, including bathrooms.
- Operate hand cleaning equipment including, but not limited to, brooms, dust and wet mops, dust pans, and dusters
- Ability to read and interpret directions on cleaning products and equipment.

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

### **Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

### **Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

### **MINIMUM REQUIREMENTS**

#### **Education –**

- High school diploma or equivalent. Ability to read, speak and understand English.

#### **Experience/Training –**

- Previous housekeeping experience preferred.

#### **Certificates, Licenses, Registrations –**

- None

### **PHYSICAL REQUIREMENTS**

The physical activities required to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to operate a variety of janitorial equipment, such as window scrapers, brooms, mops, vacuum cleaners, and hand tools, etc.;
- Ability to exert moderate physical effort in Medium Work such as walking or moving from one area to another, standing for periods of time, bending, reaching, stretching and grasping constantly;
- Ability to coordinate eyes, hands and legs in performing a variety of cleaning function; may require the ability to drive an electric cart;
- Ability to exert a considerable amount of force occasionally to push housekeeping carts, and/or a moderate amount of force frequently.

#### **Postures:**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

<b>Drive</b> —Hours at one time:	<b>0</b>	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	<b>0</b>	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead	25 ft
11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waist	25 ft
21-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waist	5
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	25lb	<b>Item Length</b>	48"			
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	20	<b>Length of Time</b>	60 seconds			

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacuums; cart; mop; broom; furniture: chairs, beds, tables, dressers, nightstands, doors,
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacuums; cart; mop; broom; furniture: chairs, beds, tables, dressers, nightstands, doors,
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carts
51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Wheeled 50 lbs	<b>Item Size</b>	24"x48"		

### Actions and Motions:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing & Pulling Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaning water fountains, walls, windows, blinds, sinks, mirrors, stoves, ovens, washing machines, microwave oven, doors, stairs, high dusting, wiping surfaces

Pushing & Pulling Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaning water fountains, walls, windows, blinds, sinks, mirrors, stoves, ovens, washing machines, microwave oven, doors, stairs, high dusting, wiping surfaces
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaning including sweeping, mopping, vacuuming, wiping surfaces; walking between rooms
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaning including sweeping, mopping, vacuuming, wiping surfaces; walking between rooms
Power Grasping Right Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turning carts on carpet; road to garden apartments
Power Grasping Left Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turning carts on carpet; road to garden apartments
Climbing and walking inclines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders to clean fixtures
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	While cleaning
Bending Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaning toilets; emptying and relining wastebasket; cleaning tables and furniture; replenishing toilet paper; cleaning walls, doors, ovens; wiping down laundry machines; under beds and tables
Twisting Neck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimal while cleaning
Twisting Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vacuuming; moping; sweeping; dust moping
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning toilets; emptying and relining wastebasket; cleaning tables and furniture; replenishing toilet paper; cleaning walls, doors, ovens; wiping down laundry machines; under beds and tables
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Getting underneath tables, cleaning corners, tables, baseboards, toilets; under beds and tables
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning toilets; emptying and relining wastebasket; cleaning tables and furniture; replenishing toilet paper; cleaning walls, doors, ovens; wiping down laundry machines; under beds and

						tables
Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cleaning walls and doors; spot cleaning; dusting, bathrooms, kitchens
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cleaning walls and doors; spot cleaning; dusting, bathrooms, kitchens
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reline trashcans; deep cleaning/scouring; light switches; spray cans; opening/closing bottles; write on worksheet
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reline trashcans; deep cleaning/scouring; light switches; spray cans; opening/closing bottles; write on worksheet
Fingering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Cleaning
Repetitive Foot Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walking

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Equipment, Vacuum
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mopped floors
Moving parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mop ringer, cleaning equipment, laundry equipment
Walking on Uneven Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Between buildings
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevated structures, elevators available
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cleaning supplies
Electricity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning Equipment
Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biological clean up required
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning equipment
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laundry/Cleaning Equipment
Vehicles, Carts, Forklifts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push carts, possible golf carts
Special Visual or Auditory Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ear protection available
Other Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves; safety glasses; mask; gowns
Electrical Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laundry/Cleaning Equipment
Routine Office Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copier, Computer



## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact your HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
---

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### HR Assistant

#### GENERAL STATEMENT OF POSITION

Under general supervision, the HR Assistant performs a broad range of human resources tasks related to verification of payroll, benefits, HRIS, employee relations, recruitment, hiring, safety and training. Initiates benefits paperwork, produces employee newsletter and assists in special projects. As a representative and team member of human resources, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Budget Responsibility – None

#### REPORTS TO – HR Director

#### POSITION CLASSIFICATION

FLSA Classification – Non Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Manages the functions of employment records filing, team member benefits including health, retirement and long term care; and insures team member enrollment in these plans. Facilitates answers to questions regarding benefits.
- Investigates industrial injuries and processes all workers' compensation claims, maintains OSHA Log, provides injury report analysis. Produces monthly injured workers reports for Safety Committee and quarterly report for Risk Management Committee.
- Processes new hires and terminations timely, producing offer letters, scheduling fingerprints and pre-employment physicals.
- Ensures proper filing of all documents related to team member's employment.
- Supports the facilitation of FMLA and other leaves through the company's outside administrator.
- Tracks and monitors various human resources processes, including annual physicals, performance evaluations, and training, as needed.
- Maintains current authorized drivers list.
- Participates in New Hire Orientation and serves on committees as required.
- Handles recruitment of open positions, including placing employment ads, updating job

hotline, website, and job boards.

- Assists in the planning and development of team member recognition events/activities.
- Manages payroll as needed through payroll system and HR Database systems, ensuring accuracy of payroll reports, requesting manual payroll checks as needed, and sorting payroll checks for distribution.
- Assists management team on disciplinary actions such as proper rules violation, administering the disciplinary action and tracking such actions;
- Assists Director of Human Resources as necessary on a variety of special projects and tasks;
- Manages the day-to-day HR functions in the Human Resources' Director's absence;
- Maintains current licensure for all licensed personnel.
- Audits new hire files to insure compliance.
- Updates all department job descriptions & maintains Job Description binder with Job Hazard forms.
- Maintains HR bulletin boards with updated information. Creates flyers and other materials for posting on boards.
- Attends in-service training workshops and meetings as required; serves on committees as necessary.
- Attends seminars to keep up-to-date on current Human Resources issues;
- Participates in meetings for Human Resources team;
- Provides effective and courteous service to all team members, residents, vendors.
- Promotes and protects the rights of each resident and team member.
- Handles other duties and projects as assigned.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.
- Communicate effectively to perform the essential functions of the job.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- Personnel principles and practices;
- Employee orientation techniques;
- Attendance and administrative records;
- Principles of organization, planning and supervision;
- State and Federal regulations, including OSHA and OSHA recordkeeping;
- Microsoft Office Suite and Microsoft Publisher software

### **Skills**

- Decision making skills
- Problem solving skills
- Effective verbal and listening
- Presentation and communication skills
- Detail oriented with good documentation and record management skills
- Time management skills

### **Abilities**

- Ability to act as liaison between team members and management and possess excellent employee relation skills and discernment.
- Ability to read, speak and understand English.
- Follow written and oral instructions

### **Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other's needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

### **Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

**Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

**MINIMUM REQUIREMENTS****Education –**

- Minimum AA degree with course work in business administration/human resources or related fields;

**Experience/Training –**

- At least three years of general office work with progressive and directly related experience or equivalent combination of training and experience which provides the required skills, knowledge and abilities; acquainted with State and Federal laws.

**Certificates, Licenses, Registrations –**

- None

**PHYSICAL REQUIREMENTS**

- Ability to operate various automated office machines including a personal computer, postage meter, calculator, telephone, smart phone, copy machine, fax, digital camera, etc.;
- Ability to coordinate eyes, hands and fingers in performing semi-skilled tasks including typing, calculating, etc.

### Postures:

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

### Lifting/Carrying:

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Range in Height of Lift	Distance of Carry
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest item to be lifted or carried:	<b>Item Weight</b>	Books, Laptop, File boxes	<b>Item Length</b>	20"			
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	N/A	<b>Length of Time</b>				

### Pushing/Pulling

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Distance of Push or Pull
1-10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Rolling items, carts, wheelchairs.	<b>Item Size</b>			

**Actions and Motions:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Power Grasping Right Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Neck	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Squatting	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Reaching above shoulder level	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		Filing
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Feeling	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Repetitive Foot Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Multi-story complex
Chemicals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	Multi-site

**WORK EQUIPMENT:**

	Never 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools – Manual or Automated	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushcart
Special Visual or Auditory Protective Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	



## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact you HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
---

I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date



## Job Description

### HR Director – Generalist

#### GENERAL STATEMENT OF POSITION

Under direction from the Executive Director, the Human Resources Generalist, with minimal supervision, performs professional level human resources generalist work. As a key member of the community's leadership team; carries out responsibilities in the following functional areas – staffing, new hire processing and orientation, employee relations, performance management and compensation administration, payroll, training, safety, employee recognition program administration, workplace investigations, communicating employee benefits, leave administration, ADA interactive process, workers' compensation claims administration and management, unemployment claims management, and processing and exit interview of terminated employees; maintains employee files and records; acts as liaison between the community and the corporate office for human resources. As a representative and team member of human resources, this position is expected to present oneself in a manner that reflects professionalism and ensures resident satisfaction.

#### SCOPE

Supervisory Responsibility – Supervise one to two HR/Administrative personnel.

Budget Responsibility – Responsible for community budgets of HR, training and payroll programs.

**REPORTS TO** – Executive Director

#### POSITION CLASSIFICATION

FLSA Classification – Exempt

Job Category – Regular Full-Time

#### ESSENTIAL FUNCTIONS

The following duties are normal for this position. These are not exclusive or all-inclusive. Other duties may be required and assigned.

#### Work Duties

- Directs implementation of human resources policies, programs and procedures;
- Manages compensation administration, benefits communication, staffing, employee relations, and training and development programs according to RCFE, ABE, OSHA and State regulations;
- Advises management and employees on questions or problems about human resources;
- Develop and provide training in HR procedures and systems to all levels as appropriate in applying personnel policies, guidelines in Employee Handbook and Employee rules for

- community and the collective bargaining agreement as well as applicable labor laws;
- May direct performance of personnel clerical work, such as updating records and processing insurance claims, updating required postings on bulletin boards to meet Federal and State regulations;
- Directs planning and provides in-service training for RCFE community to preserve compliance with OSHA, NEW\_CO and State and Federal regulations;
- Exercises initiative in designing and carrying out programs to meet HR and community goals;
- Exercise prudent judgment and decides within broadly defined practices;
- Recommends program and process improvements to Corporate HR and Executive Director;
- Coordinates for the community corporate-wide and community programs and events, to include Benefits Open Enrollment;
- Directs preparation and distribution of written and oral information to advise employees of benefits programs, such as insurance and retirement plans, paid time off, bonus pay and special employer sponsored activities;
- Notifies employees of changes in benefits programs for community;
- Provides imaginative, thorough and practicable solutions to a wide range of difficult employee relations' problems;
- Writes and/or reviews separation notices for employees separating with cause, and conducts exit interviews to discover reasons behind separations;
- Recommends solutions and programs that improve the work environment;
- Manages unemployment claims, acting as employer representative in unemployment hearings and partnering with third-party administrator for resolution;
- Keeps expenses in department within annual budget guidelines;
- Attends in-service training workshops and meetings as required; serves on committees as necessary;
- Provides effective and polite service to all residents, guests and co-workers;
- Promotes and protects the rights of each resident;
- Performs other related duties as assigned.

### **Mission Essential**

- Display behavior that supports the mission, vision and values.
- Displays the HumanGood Experience Behaviors
  - Perform as One Team
  - Deliver a Personalized Experience
  - Be Responsible for Results
  - Be Curious and Adaptable
- Understand and adhere to company, community and department programs, policies and procedures.
- Understands and actively contributes to the Philosophy of Person Directed Care while promoting individual growth and potential within a culture of Successful Aging.
- Demonstrate behavior that supports the company's service excellence culture program.
- Keep current knowledge and required certifications for quality care and services mandated by federal and state law, and other regulating agencies.
- Understand and adhere to federal and state laws governing employee and resident rights.

- Communicate effectively to perform the essential functions of the job.

### **Supervision/Leadership**

- Lead staff to achieve community, function and company performance goals.
- Ensure quality recruiting, hiring, development and retention practices consistent with company procedures and standards.
- Assign, review, plan and coordinate the work of other team members.
- Delegate and oversee results of delegated work to staff.
- Recommend and approve the discipline, dismissal, transfer or promotion of team members.
- Assess the work of team members and write performance appraisals.
- Administer pay, rewards and recognition within company guidelines that support individual and team performance toward achieving goals.
- Analyze problems that arise in the areas under supervision and implement solutions.
- Effectively communicate in all written and verbal forms of communication.
- Create an environment for staff that honors, respects and values their opinions and suggestions; demonstrate fair treatment and ethical business practices; support staff development and reward achievement.

## **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB**

### **Knowledge**

- Personnel principles and practices;
- Knowledgeable of administrative practices and procedures, as well as laws, regulations, ordinances and guidelines pertaining to Equal Employment Opportunity, Department of Labor regulations, labor relations, employee relations, benefit administration, workers' compensation and OSHA.
- The principles of management and supervision;
- Employee onboarding techniques;
- Attendance and administrative records;
- Workplace investigations
- Principles of organization, planning and supervision;
- Microsoft Office and Microsoft Publisher;

### **Skills**

- Solid organizational skills including attention to detail, documentation and multi-tasking skills.
- Decision making skills
- Problem solving skills
- Effective verbal and listening skills
- Presentation and communication skills
- Record management skills
- Time management skills

**Abilities**

- Ability to act as liaison between team members and management and possess excellent employee relation skills and discernment.
- Ability to plan, organize, develop, implement, and interpret programs, goals, objectives, policies and procedures at all levels of the organization and in some cases with residents in collaboration with the executive director.

**Workstyle Characteristics**

- Integrity – honest and ethical.
- Cooperative – pleasant with others, good-natured, and cooperative.
- Dependable – reliable and responsible, fulfilling duties.
- Attention to Detail – careful about detail and thorough in completing work tasks.
- Concern for Others – sensitive to other’s needs and feelings; helpful and understanding.
- Adaptable/Flexible – open to change (positive or negative) and to variety in the workplace.
- Stress Tolerance – accepts criticism and deals calmly and effectively with stress situations.
- Independent – develops own way of doing; guides self with little or no supervision; depends on self to complete tasks.
- Initiative – willingness to take on challenges and responsibility.
- Leadership – willingness to lead, take charge, and offer opinions and direction.
- Achievement/Effort – establishing and maintaining personally challenging achievement goals and exerting effort toward mastering tasks.
- Analytical thinking – analyzing information and using logic to address work-related issues and problems.

**Judgment and Reasoning Ability**

- Ability to apply principles of rational systems.
- Ability to use judgment and respond calmly in stressful situations.

**Language Ability and Interpersonal Communication**

- Ability to understand and correctly use various information resources and documents including daily logs.
- Ability to prepare reports, correspondence, using prescribed format and conforming to all rules of punctuation, grammar, diction and style.
- Ability to explain ideas, in writing and orally, so others easily understand.
- Ability to communicate effectively and hospitably, both orally and in writing.
- Ability to listen to and understand information and ideas presented through spoken words and sentences.
- Ability to recognize when something is wrong or is likely to go wrong.

**Mathematical Ability**

- Ability to add, subtract, multiply and divide and calculate decimals, ratio and proportion, discount, interest, profit and loss, percentage, commission, markup and fractions; and determine time, weight, and measures.

### **Environmental Adaptability**

- Ability to work effectively in an office environment.
- Ability to work effectively in a health care facility environment.
- Ability to work effectively in hot, cold, and wet conditions.

### **MINIMUM REQUIREMENTS**

**Education** – Bachelor’s degree in a discipline related to Human Resources work (Sociology, Psychology, Business Administration, Public Administration, Human Resources, Industrial/Labor Relations);

**Experience/Training** – Three to five years of progressive and directly related experience, or an equivalent combination of training and experience in employee and labor relations, delivering and implementing HR programs.

**Certificates, Licenses, Registrations** – PHR/SPHR Preferred

### **PHYSICAL REQUIREMENTS**

- Ability to operate various automated office machines including a personal computer, postage meter, calculator, telephone, smart phone, copy machine, fax, digital camera, etc.;
- Ability to coordinate eyes, hands and fingers in performing semi-skilled tasks including typing, calculating, etc.

#### **Postures:**

<b>Stand</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Sit</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Walk</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+
<b>Drive</b> —Hours at one time:	0	½	1	2	3	4	5	6	7	8	8+
Total hours a day:	0	½	1	2	3	4	5	6	7	8	8+

#### **Lifting/Carrying:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Range in Height of Lift</b>	<b>Distance of Carry</b>
1-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>		
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Heaviest item to be lifted or carried:	<b>Item Weight</b>	Books, Laptop, File boxes	<b>Item Length</b>	20"			
Heaviest item to be Lifted Overhead	<b>Item Weight</b>	N/A	<b>Length of Time</b>				

### Pushing/Pulling

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Distance of Push or Pull</b>
1-10 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20 lbs.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21-50 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51-100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 100 lbs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaviest item to be pushed or pulled:	<b>Item Weight</b>	Rolling items, carts, wheelchairs.	<b>Item Size</b>			

### Actions and Motions:

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Pushing & Pulling Left Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing & Pulling Right Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Simple Grasping Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	Keyboarding, Mouse, Filing
Power Grasping Right Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping Left Hand	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and walking inclines	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Neck	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing

Twisting Neck	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Twisting Waist	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Squatting	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing
Reaching above shoulder level	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		Filing
Fine Manipulation Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Fine Manipulation Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Feeling	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Hand Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Keyboarding, Mouse
Repetitive Foot Motion	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **ENVIRONMENTAL REQUIREMENTS:**

	None 0%	Rarely 1-15%	Occasionally 16-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet surfaces	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving parts	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on Uneven Ground	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	Multi-story complex
Chemicals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological (Blood borne pathogens, Sewers)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Works alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
Travel	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	Multi-site



**WORK EQUIPMENT:**

	<b>Never 0%</b>	<b>Rarely 1-15%</b>	<b>Occasionally 16-33%</b>	<b>Frequently 34-66%</b>	<b>Constantly 67-100%</b>	<b>Description</b>
Tools – Manual or Automated	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles, Carts, Forklifts	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushcart
Special Visual or Auditory Protective Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Equipment	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Appliances	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	

## ADDENDUM

In addition to the essential duties and job/work style characteristics listed on the above job descriptions, the following additional functions may be required based on the specific needs of assigned location. If any of these duties cannot be accomplished with the physical standards listed above contact you HR Representative.

### Bullet point additional job functions unique to Community

HumanGood is an Equal Opportunity Employer. Complying with the Americans With Disabilities Act, HumanGood will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective team members and incumbents to discuss potential accommodations with HumanGood.
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I reviewed the job description and believe it adequately describes the position and its requirements. I am able to perform the requirements of the job as outlined or with modifications as I have documented and signed below.

I understand that my employment with HumanGood is by mutual consent and an at-will relationship. Nothing in this job description is intended to create an express or implied employment contract. I understand my employment can be ended, with or without cause and with or without notice, at any time at the choice of HumanGood or myself. Further, I understand there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by the CEO/President of HumanGood.

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Team Member Signature / Date

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Supervisor Signature / Date

**SECTION 999.5(d)(5)(E)**

**8) Windsor Employee Wage and Salary Information**

Home Company Code	State (Location)	Org Level 1	Org Level 2	Employee Number	Job Code	Job Title	Job (Alternate)	Hourly Pay Rate	Annual Salary	Sched Hours	Original Hire Date
BEGRP	CA	Windsor	Administration	41459	242	Social Worker		\$30.27	\$59,026.50	75.00	12/21/2021
BEGRP	CA	Windsor	Administration	28518	282	Concierge	FRONT DESK SUPERVISOR	\$20.33	\$39,641.37	75.00	09/13/2011
BEGRP	CA	Windsor	Administration	28124	282	Concierge		\$18.40	\$26,786.89	56.00	05/05/2000
BEGRP	CA	Windsor	Administration	32882	282	Concierge		\$16.50	\$8,580.00	20.00	07/26/2019
BEGRP	CA	Windsor	Assisted Living	28975	224	Registered Nurse	RN	\$43.05	\$83,947.50	75.00	11/19/2015
BEGRP	CA	Windsor	Assisted Living	28721	230	Charge Nurse LVN-LPN		\$32.08	\$6,673.04	8.00	04/11/2014
BEGRP	CA	Windsor	Assisted Living	34420	240	LVN - LPN		\$34.00	\$66,300.00	75.00	09/14/2020
BEGRP	CA	Windsor	Assisted Living	40534	240	LVN - LPN		\$32.48	\$15,200.64	18.00	07/06/2021
BEGRP	CA	Windsor	Assisted Living	42103	240	LVN - LPN		\$32.00	\$14,976.00	18.00	03/10/2022
BEGRP	CA	Windsor	Assisted Living	42265	240	LVN - LPN		\$32.00	\$14,976.00	18.00	03/16/2022
BEGRP	CA	Windsor	Assisted Living	28198	240	LVN - LPN	LVN	\$30.87	\$25,679.84	32.00	03/27/2004
BEGRP	CA	Windsor	Assisted Living	28723	240	LVN - LPN	LVN	\$30.00	\$58,500.00	75.00	04/15/2014
BEGRP	CA	Windsor	Assisted Living	29335	240	LVN - LPN		\$30.00	\$49,920.00	64.00	11/03/2016
BEGRP	CA	Windsor	Assisted Living	30150	240	LVN - LPN		\$30.00	\$49,920.00	64.00	07/19/2017
BEGRP	CA	Windsor	Assisted Living	33033	240	LVN - LPN		\$30.00	\$58,500.00	75.00	08/27/2019
BEGRP	CA	Windsor	Assisted Living	40421	240	LVN - LPN		\$30.00	\$46,020.00	59.00	06/11/2021
BEGRP	CA	Windsor	Assisted Living	40658	240	LVN - LPN		\$29.00	\$56,550.00	75.00	07/14/2021
BEGRP	CA	Windsor	Assisted Living	40019	240	LVN - LPN		\$28.70	\$55,959.54	75.00	03/13/2021
BEGRP	CA	Windsor	Assisted Living	29379	240	LVN - LPN		\$27.50	\$34,320.00	48.00	11/09/2016
BEGRP	CA	Windsor	Assisted Living	28621	268	Certified Nurse Assistant	CNA	\$19.51	\$38,034.75	75.00	04/05/2013
BEGRP	CA	Windsor	Assisted Living	40495	268	Certified Nurse Assistant		\$19.50	\$9,126.70	18.00	06/25/2021
BEGRP	CA	Windsor	Assisted Living	28254	268	Certified Nurse Assistant	CNA	\$19.50	\$30,420.00	60.00	01/03/2006
BEGRP	CA	Windsor	Assisted Living	40662	268	Certified Nurse Assistant		\$19.50	\$9,126.00	18.00	07/29/2021
BEGRP	CA	Windsor	Assisted Living	27976	270	Restorative Aide	CNA/RNA	\$19.51	\$38,037.49	75.00	12/16/1990
BEGRP	CA	Windsor	Assisted Living	34159	284	Resident Assistant		\$18.51	\$36,089.63	75.00	06/26/2020
BEGRP	CA	Windsor	Assisted Living	33854	284	Resident Assistant		\$18.51	\$36,089.62	75.00	02/18/2020
BEGRP	CA	Windsor	Assisted Living	28100	284	Resident Assistant		\$18.51	\$36,088.45	75.00	04/08/2014
BEGRP	CA	Windsor	Assisted Living	28315	284	Resident Assistant		\$18.50	\$28,863.90	60.00	03/09/2007
BEGRP	CA	Windsor	Assisted Living	28425	284	Resident Assistant	CAREGIVER	\$18.50	\$36,075.00	75.00	07/14/2009
BEGRP	CA	Windsor	Assisted Living	32629	284	Resident Assistant		\$18.50	\$36,075.00	75.00	05/30/2019
BEGRP	CA	Windsor	Assisted Living	33146	284	Resident Assistant		\$18.50	\$36,075.00	75.00	09/19/2019
BEGRP	CA	Windsor	Assisted Living	33851	284	Resident Assistant		\$18.50	\$36,075.00	75.00	02/18/2020
BEGRP	CA	Windsor	Assisted Living	34432	284	Resident Assistant		\$18.50	\$36,075.00	75.00	09/18/2020
BEGRP	CA	Windsor	Assisted Living	34834	284	Resident Assistant		\$18.50	\$3,607.50	7.50	01/15/2021
BEGRP	CA	Windsor	Assisted Living	41844	284	Resident Assistant		\$18.50	\$36,075.00	75.00	01/21/2022
BEGRP	CA	Windsor	Assisted Living	41846	284	Resident Assistant		\$18.50	\$36,075.00	75.00	02/03/2022
BEGRP	CA	Windsor	Assisted Living	41952	284	Resident Assistant		\$18.50	\$36,075.00	75.00	02/22/2022
BEGRP	CA	Windsor	Assisted Living	42111	284	Resident Assistant		\$18.50	\$8,658.00	18.00	03/08/2022
BEGRP	CA	Windsor	Assisted Living	42113	284	Resident Assistant		\$18.50	\$8,658.00	18.00	03/29/2022
BEGRP	CA	Windsor	Assisted Living	42276	284	Resident Assistant		\$18.50	\$7,215.00	15.00	03/16/2022
BEGRP	CA	Windsor	CCRC Sales	32903	156	Director Sales	Director of Sales	\$37.99	\$79,010.61	80.00	08/05/2019
BEGRP	CA	Windsor	CCRC Sales	28155	157	Sales Counselor		\$30.01	\$58,515.62	75.00	01/16/2002
BEGRP	CA	Windsor	Dining Services	28312	316	Dining Room Supervisor	DINING ROOM SUPERVISOR	\$24.94	\$48,625.99	75.00	02/24/2007
BEGRP	CA	Windsor	Dining Services	32255	316	Dining Room Supervisor		\$21.75	\$42,412.50	75.00	02/20/2019
BEGRP	CA	Windsor	Dining Services	28238	318	Sous Chef-Assistant Chef	CHEF (SOUS)	\$26.88	\$52,409.20	75.00	06/16/2005
BEGRP	CA	Windsor	Dining Services	29127	320	Cook	COOK II	\$21.90	\$42,696.42	75.00	08/24/2016
BEGRP	CA	Windsor	Dining Services	40328	320	Cook		\$20.50	\$39,976.56	75.00	06/01/2021
BEGRP	CA	Windsor	Dining Services	42041	320	Cook		\$19.25	\$2,002.00	4.00	03/10/2022
BEGRP	CA	Windsor	Dining Services	40535	322	Food Service Worker		\$17.50	\$34,132.41	75.00	06/25/2021
BEGRP	CA	Windsor	Dining Services	28583	322	Food Service Worker		\$17.50	\$34,126.75	75.00	09/25/2012
BEGRP	CA	Windsor	Dining Services	28833	322	Food Service Worker	FOOD SERVICE WORKER	\$17.32	\$33,774.00	75.00	02/27/2015
BEGRP	CA	Windsor	Dining Services	28271	322	Food Service Worker		\$17.26	\$17,048.93	38.00	06/30/2006
BEGRP	CA	Windsor	Dining Services	40208	322	Food Service Worker		\$17.01	\$33,166.96	75.00	05/10/2021
BEGRP	CA	Windsor	Dining Services	41658	322	Food Service Worker		\$17.00	\$33,150.00	75.00	12/14/2021
BEGRP	CA	Windsor	Dining Services	41705	322	Food Service Worker		\$16.50	\$25,740.00	60.00	01/21/2022
BEGRP	CA	Windsor	Dining Services	28274	324	Wait Staff	WAIT STAFF	\$17.25	\$33,639.25	75.00	07/17/2006
BEGRP	CA	Windsor	Dining Services	29961	324	Wait Staff		\$17.00	\$21,216.00	48.00	05/19/2017
BEGRP	CA	Windsor	Dining Services	42434	324	Wait Staff		\$17.00	\$7,956.00	18.00	04/18/2022
BEGRP	CA	Windsor	Dining Services	28097	324	Wait Staff	server	\$16.90	\$32,959.68	75.00	02/15/1998
BEGRP	CA	Windsor	Dining Services	40863	324	Wait Staff		\$16.50	\$7,722.19	18.00	08/18/2021
BEGRP	CA	Windsor	Dining Services	41917	324	Wait Staff		\$16.50	\$7,722.00	18.00	01/24/2022
BEGRP	CA	Windsor	Dining Services	42279	324	Wait Staff		\$16.50	\$7,722.00	18.00	03/29/2022
BEGRP	CA	Windsor	Dining Services	28731	326	Host - Hostess		\$17.75	\$34,617.58	75.00	06/04/2014
BEGRP	CA	Windsor	Dining Services	42458	332	Kitchen Asst-Tray Person		\$17.00	\$33,150.00	75.00	04/18/2022
BEGRP	CA	Windsor	Dining Services	28567	332	Kitchen Asst-Tray Person	TRAY AIDE	\$16.76	\$26,140.61	60.00	06/26/2012
BEGRP	CA	Windsor	Dining Services	28690	334	Dishwasher - Buspersion	Wait Staff	\$17.25	\$33,646.46	75.00	12/26/2013
BEGRP	CA	Windsor	Dining Services	28591	334	Dishwasher - Buspersion	DISHWASHER	\$17.00	\$33,153.33	75.00	10/04/2012
BEGRP	CA	Windsor	Dining Services	40768	334	Dishwasher - Buspersion		\$16.51	\$32,184.75	75.00	07/29/2021
BEGRP	CA	Windsor	Dining Services	28866	334	Dishwasher - Buspersion		\$16.50	\$32,180.46	75.00	05/11/2015
BEGRP	CA	Windsor	Dining Services	41033	334	Dishwasher - Buspersion		\$16.50	\$32,177.54	75.00	09/13/2021
BEGRP	CA	Windsor	Dining Services	29061	334	Dishwasher - Buspersion		\$16.50	\$32,175.00	75.00	05/13/2016
BEGRP	CA	Windsor	HC Activities - SNF	33279	260	Activity Coordinator SNF		\$25.00	\$48,750.00	75.00	10/17/2019
BEGRP	CA	Windsor	HC Activities - SNF	31766	278	Activity Assistant		\$16.29	\$16,942.89	40.00	09/13/2018
BEGRP	CA	Windsor	Health Center	41864	208	Dir Staff Development	Infection Preventionist	\$53.00	\$110,240.00	80.00	01/24/2022
BEGRP	CA	Windsor	Health Center	41015	208	Dir Staff Development	Director of Wellness and Assisted Living	\$45.19	\$94,000.46	80.00	09/13/2021
BEGRP	CA	Windsor	Health Center	28898	216	MDS Coordinator		\$45.50	\$75,714.50	64.00	07/17/2015
BEGRP	CA	Windsor	Health Center	42017	224	Registered Nurse		\$45.00	\$87,750.00	75.00	02/22/2022
BEGRP	CA	Windsor	Health Center	31024	224	Registered Nurse		\$43.75	\$20,476.17	18.00	02/20/2018
BEGRP	CA	Windsor	Health Center	32950	224	Registered Nurse		\$43.47	\$84,766.50	75.00	08/07/2019
BEGRP	CA	Windsor	Health Center	40230	224	Registered Nurse		\$43.36	\$84,557.46	75.00	05/13/2021
BEGRP	CA	Windsor	Health Center	34783	224	Registered Nurse		\$31.00	\$16,120.00	20.00	12/28/2020
BEGRP	CA	Windsor	Health Center	41841	224	Registered Nurse		\$15.00	\$1,560.00	4.00	01/13/2022
BEGRP	CA	Windsor	Health Center	29640	230	Charge Nurse LVN-LPN	Charge Nurse LVN	\$37.37	\$72,878.13	75.00	02/13/2017
BEGRP	CA	Windsor	Health Center	28790	230	Charge Nurse LVN-LPN	Infection Preventionist	\$36.00	\$70,200.00	75.00	11/10/2014
BEGRP	CA	Windsor	Health Center	42162	240	LVN - LPN		\$32.00	\$62,400.00	75.00	03/08/2022
BEGRP	CA	Windsor	Health Center	33481	240	LVN - LPN		\$31.05	\$60,547.50	75.00	12/11/2019
BEGRP	CA	Windsor	Health Center	42353	240	LVN - LPN		\$30.00	\$14,040.00	18.00	05/02/2022
BEGRP	CA	Windsor	Health Center	34441	240	LVN - LPN		\$28.84	\$56,238.00	75.00	09/21/2020
BEGRP	CA	Windsor	Health Center	22529	246	Admissions Counselor		\$27.00	\$52,650.00	75.00	06/07/2010
BEGRP	CA	Windsor	Health Center	41687	250	Personnel Scheduler		\$25.00	\$48,750.00	75.00	01/03/2022
BEGRP	CA	Windsor	Health Center	42224	268	Certified Nurse Assistant		\$22.00	\$42,900.00	75.00	03/29/2022
BEGRP	CA	Windsor	Health Center	40058	268	Certified Nurse Assistant		\$19.51	\$20,289.67	40.00	03/29/2021
BEGRP	CA	Windsor	Health Center	34183	268	Certified Nurse Assistant		\$19.51	\$2,028.78	4.00	07/06/2020
BEGRP	CA	Windsor	Health Center	34522	268	Certified Nurse Assistant		\$19.51	\$19,019.81	37.50	10/09/2020
BEGRP	CA	Windsor	Health Center	28578	268	Certified Nurse Assistant	CNA	\$19.51	\$38,039.62	75.00	09/18/2012
BEGRP	CA	Windsor	Health Center	28129	268	Certified Nurse Assistant	LEAD CNA	\$19.51	\$30,431.54	60.00	08/14/2000
BEGRP	CA	Windsor	Health Center	28843	268	Certified Nurse Assistant	CNA	\$19.51	\$38,034.75	75.00	06/11/2015
BEGRP	CA	Windsor	Health Center	33271	268	Certified Nurse Assistant		\$19.50	\$38,026.95	75.00	10/16/2019
BEGRP	CA	Windsor	Health Center	41865	268	Certified Nurse Assistant		\$19.50	\$38,025.00	75.00	02/03/2022
BEGRP	CA	Windsor	Health Center	42228	268	Certified Nurse Assistant		\$19.50	\$9,126.00	18.00	04/19/2022
BEGRP	CA	Windsor	Health Center	42367	268	Certified Nurse Assistant		\$19.50	\$38,025.00	75.00	04/18/2022
BEGRP	CA	Windsor	Health Center	41939	268	Certified Nurse Assistant		\$19.00	\$37,050.00	75.00	02/01/2022
BEGRP	CA	Windsor	Health Center	41953	268	Certified Nurse Assistant		\$19.00	\$37,050.00	75.00	02/22/2022
BEGRP	CA	Windsor	Health Center	32492	268	Certified Nurse Assistant		\$17.00	\$33,150.00	75.00	04/29/2019
BEGRP	CA	Windsor	Health Center	34697	268	Certified Nurse Assistant		\$16.50	\$32,175.00	75.00	11/30/2020
BEGRP	CA	Windsor	Health Center	30396	270	Restorative Aide	C.N.A.	\$19.51	\$38,044.11	75.00	10/11/2017
BEGRP	CA	Windsor	Health Center	28622	270	Restorative Aide	CNA/RNA	\$19.51	\$2,028.78	4.00	04/05/2013
BEGRP	CA	Windsor	Health Center	28638	270	Restorative Aide	CNA/RNA	\$19.51	\$		

Pay Group	Employment Status	Hourly Rate at Hire (or at 1/1/2007 if imported from legacy system)	Last Hire Date	Length Of Service	Seniority Date	Seniority Years	Date in Current Job (12/1/2007 if imported from legacy system)
BiWeekly Hourly	Active	\$25.00	12/21/2021	0.4	12/21/2021	0.4	01/23/2022
BiWeekly Hourly	Active	\$16.00	09/13/2011	10.6	09/13/2011	10.6	06/01/2021
BiWeekly Hourly	Active	\$15.71	05/05/2000	22.0	05/05/2000	22.0	06/01/2021
BiWeekly Hourly	Active	\$13.50	07/26/2019	2.8	07/26/2019	2.8	06/01/2021
BiWeekly Hourly	Active	\$21.00	11/19/2015	6.4	11/19/2015	6.4	07/11/2021
BiWeekly Hourly	Active	\$27.00	04/11/2014	8.1	04/11/2014	8.1	06/01/2021
BiWeekly Hourly	Active	\$34.00	01/30/2022	0.2	09/14/2020	1.6	01/30/2022
BiWeekly Hourly	Active	\$32.00	07/06/2021	0.8	07/06/2021	0.8	07/06/2021
BiWeekly Hourly	Active	\$32.00	03/10/2022	0.1	03/10/2022	0.1	03/10/2022
BiWeekly Hourly	Active	\$32.00	03/16/2022	0.1	03/16/2022	0.1	03/16/2022
BiWeekly Hourly	Active	\$25.85	03/27/2004	18.1	03/27/2004	18.1	06/01/2021
BiWeekly Hourly	Active	\$21.22	04/15/2014	8.0	04/15/2014	8.0	06/01/2021
BiWeekly Hourly	Active	\$20.00	11/03/2016	5.5	11/03/2016	5.5	06/01/2021
BiWeekly Hourly	Active	\$21.00	07/19/2017	4.8	07/19/2017	4.8	06/01/2021
BiWeekly Hourly	Active	\$26.00	06/27/2021	0.8	08/27/2019	2.7	06/27/2021
BiWeekly Hourly	Active	\$29.00	06/11/2021	0.9	06/11/2021	0.9	06/11/2021
BiWeekly Hourly	Leave of absence	\$28.00	07/14/2021	0.8	07/14/2021	0.8	07/14/2021
BiWeekly Hourly	Active	\$28.00	03/13/2021	1.1	03/13/2021	1.1	06/01/2021
BiWeekly Hourly	Active	\$20.00	11/09/2016	5.5	11/09/2016	5.5	06/01/2021
BiWeekly Hourly	Active	\$11.95	04/05/2013	9.1	04/05/2013	9.1	06/01/2021
BiWeekly Hourly	Active	\$16.75	06/25/2021	0.8	06/25/2021	0.8	06/25/2021
BiWeekly Hourly	Active	\$12.04	01/03/2006	16.3	01/03/2006	16.3	06/01/2021
BiWeekly Hourly	Active	\$16.00	07/29/2021	0.8	07/29/2021	0.8	07/29/2021
BiWeekly Hourly	Leave of absence	\$12.96	12/16/1990	31.4	12/16/1990	31.4	06/01/2021
BiWeekly Hourly	Active	\$15.00	06/26/2020	1.8	06/26/2020	1.8	06/01/2021
BiWeekly Hourly	Active	\$13.50	02/18/2020	2.2	02/18/2020	2.2	06/01/2021
BiWeekly Hourly	Leave of absence	\$11.92	04/08/2014	8.1	04/08/2014	8.1	06/01/2021
BiWeekly Hourly	Active	\$10.55	03/09/2007	15.1	03/09/2007	15.1	06/01/2021
BiWeekly Hourly	Active	\$10.87	07/14/2009	12.8	07/14/2009	12.8	06/01/2021
BiWeekly Hourly	Active	\$13.50	05/30/2019	2.9	05/30/2019	2.9	06/01/2021
BiWeekly Hourly	Active	\$13.50	09/19/2019	2.6	09/19/2019	2.6	06/01/2021
BiWeekly Hourly	Active	\$15.00	02/18/2020	2.2	02/18/2020	2.2	06/01/2021
BiWeekly Hourly	Active	\$15.00	09/18/2020	1.6	09/18/2020	1.6	06/01/2021
BiWeekly Hourly	Active	\$15.00	01/15/2021	1.3	01/15/2021	1.3	06/01/2021
BiWeekly Hourly	Active	\$18.50	01/21/2022	0.3	01/21/2022	0.3	01/21/2022
BiWeekly Hourly	Active	\$18.50	02/03/2022	0.2	02/03/2022	0.2	02/03/2022
BiWeekly Hourly	Active	\$18.50	02/22/2022	0.2	02/22/2022	0.2	02/22/2022
BiWeekly Hourly	Active	\$18.50	03/08/2022	0.1	03/08/2022	0.1	03/08/2022
BiWeekly Hourly	Active	\$18.50	03/29/2022	0.1	03/29/2022	0.1	03/29/2022
BiWeekly Hourly	Active	\$18.50	03/16/2022	0.1	03/16/2022	0.1	03/16/2022
BiWeekly Salary	Active	\$36.06	08/05/2019	2.7	08/05/2019	2.7	06/01/2021
BiWeekly Hourly	Active	\$16.50	01/16/2002	20.3	01/16/2002	20.3	06/01/2021
BiWeekly Hourly	Active	\$15.00	02/24/2007	15.2	02/24/2007	15.2	06/01/2021
BiWeekly Hourly	Active	\$13.50	02/20/2019	3.2	02/20/2019	3.2	12/12/2021
BiWeekly Hourly	Active	\$18.50	06/16/2005	16.9	06/16/2005	16.9	06/01/2021
BiWeekly Hourly	Active	\$15.00	08/24/2016	5.7	08/24/2016	5.7	06/01/2021
BiWeekly Hourly	Active	\$19.00	06/01/2021	0.9	06/01/2021	0.9	06/01/2021
BiWeekly Hourly	Active	\$19.25	03/10/2022	0.1	03/10/2022	0.1	03/10/2022
BiWeekly Hourly	Active	\$15.25	06/25/2021	0.8	06/25/2021	0.8	06/25/2021
BiWeekly Hourly	Active	\$10.53	09/25/2012	9.6	09/25/2012	9.6	06/01/2021
BiWeekly Hourly	Active	\$10.81	02/27/2015	7.2	02/27/2015	7.2	06/01/2021
BiWeekly Hourly	Active	\$10.55	12/17/2015	6.4	12/17/2015	6.4	06/01/2021
BiWeekly Hourly	Active	\$15.25	05/10/2021	1.0	05/10/2021	1.0	06/01/2021
BiWeekly Hourly	Active	\$16.50	12/14/2021	0.4	12/14/2021	0.4	12/14/2021
BiWeekly Hourly	Active	\$16.50	01/21/2022	0.3	01/21/2022	0.3	01/21/2022
BiWeekly Hourly	Active	\$10.87	07/17/2006	15.8	07/17/2006	15.8	06/01/2021
BiWeekly Hourly	Active	\$10.50	05/19/2017	4.9	05/19/2017	4.9	06/01/2021
BiWeekly Hourly	Active	\$17.00	04/18/2022	0.0	04/18/2022	0.0	04/18/2022
BiWeekly Hourly	Leave of absence	\$11.61	02/15/1998	24.2	02/15/1998	24.2	06/01/2021
BiWeekly Hourly	Active	\$15.50	08/18/2021	0.7	08/18/2021	0.7	08/18/2021
BiWeekly Hourly	Active	\$16.50	01/24/2022	0.3	01/24/2022	0.3	01/24/2022
BiWeekly Hourly	Active	\$16.50	03/29/2022	0.1	03/29/2022	0.1	03/29/2022
BiWeekly Hourly	Active	\$10.81	06/04/2014	7.9	06/04/2014	7.9	06/01/2021
BiWeekly Hourly	Active	\$17.00	04/18/2022	0.0	04/18/2022	0.0	04/18/2022
BiWeekly Hourly	Active	\$10.53	06/26/2012	9.8	06/26/2012	9.8	06/01/2021
BiWeekly Hourly	Active	\$10.85	12/26/2013	8.3	12/26/2013	8.3	06/01/2021
BiWeekly Hourly	Active	\$10.74	08/15/2014	7.7	08/15/2014	7.7	06/01/2021
BiWeekly Hourly	Active	\$15.25	07/29/2021	0.8	07/29/2021	0.8	07/29/2021
BiWeekly Hourly	Active	\$10.71	05/11/2015	7.0	05/11/2015	7.0	06/01/2021
BiWeekly Hourly	Active	\$15.25	09/13/2021	0.6	09/13/2021	0.6	09/13/2021
BiWeekly Hourly	Active	\$10.50	04/22/2019	3.0	04/22/2019	3.0	06/01/2021
BiWeekly Hourly	Active	\$13.50	10/17/2019	2.5	10/17/2019	2.5	02/20/2022
BiWeekly Hourly	Active	\$12.50	09/13/2018	3.6	09/13/2018	3.6	06/01/2021
BiWeekly Salary	Active	\$35.00	01/24/2022	0.3	01/24/2022	0.3	02/11/2022
BiWeekly Salary	Active	\$42.79	09/13/2021	0.6	09/13/2021	0.6	09/13/2021
BiWeekly Hourly	Active	\$28.84	07/17/2015	6.8	07/17/2015	6.8	06/01/2021
BiWeekly Hourly	Active	\$45.00	02/22/2022	0.2	02/22/2022	0.2	02/22/2022
BiWeekly Hourly	Active	\$40.00	07/02/2021	0.8	07/02/2021	0.8	07/02/2021
BiWeekly Hourly	Active	\$27.00	08/07/2019	2.7	08/07/2019	2.7	06/01/2021
BiWeekly Hourly	Active	\$40.00	06/21/2021	0.9	05/13/2021	1.0	06/21/2021
BiWeekly Hourly	Active	\$30.00	12/28/2020	1.3	12/28/2020	1.3	06/01/2021
BiWeekly Hourly	Active	\$39.68	01/13/2022	0.3	01/13/2022	0.3	01/13/2022
BiWeekly Hourly	Leave of absence	\$29.81	02/13/2017	5.2	02/13/2017	5.2	06/01/2021
BiWeekly Hourly	Active	\$23.69	11/10/2014	7.5	11/10/2014	7.5	06/01/2021
BiWeekly Hourly	Active	\$32.00	03/08/2022	0.1	03/08/2022	0.1	03/08/2022
BiWeekly Hourly	Active	\$26.00	12/11/2019	2.4	12/11/2019	2.4	06/01/2021
BiWeekly Hourly	Active	\$30.00	05/02/2022	0.0	05/02/2022	0.0	05/02/2022
BiWeekly Hourly	Active	\$25.00	09/21/2020	1.6	09/21/2020	1.6	06/01/2021
BiWeekly Hourly	Active	\$24.00	05/18/2020	2.0	06/07/2010	11.9	12/12/2021
BiWeekly Hourly	Active	\$25.00	01/03/2022	0.3	01/03/2022	0.3	01/03/2022
BiWeekly Hourly	Active	\$22.00	03/29/2022	0.1	03/29/2022	0.1	03/29/2022
BiWeekly Hourly	Active	\$16.00	03/29/2021	1.1	03/29/2021	1.1	06/01/2021
BiWeekly Hourly	Active	\$16.00	07/06/2020	1.8	07/06/2020	1.8	06/01/2021
BiWeekly Hourly	Active	\$16.00	10/09/2020	1.6	10/09/2020	1.6	06/01/2021
BiWeekly Hourly	Active	\$11.80	09/18/2012	9.6	09/18/2012	9.6	06/01/2021
BiWeekly Hourly	Active	\$13.97	08/14/2000	21.7	08/14/2000	21.7	06/01/2021
BiWeekly Hourly	Active	\$11.57	06/11/2015	6.9	06/11/2015	6.9	06/01/2021
BiWeekly Hourly	Active	\$15.00	10/16/2019	2.5	10/16/2019	2.5	06/01/2021
BiWeekly Hourly	Active	\$19.50	02/03/2022	0.2	02/03/2022	0.2	02/03/2022
BiWeekly Hourly	Active	\$19.50	04/19/2022	0.0	04/19/2022	0.0	04/19/2022
BiWeekly Hourly	Active	\$19.50	04/18/2022	0.0	04/18/2022	0.0	04/18/2022
BiWeekly Hourly	Active	\$19.00	02/01/2022	0.2	02/01/2022	0.2	02/01/2022
BiWeekly Hourly	Active	\$19.00	02/22/2022	0.2	02/22/2022	0.2	02/22/2022
BiWeekly Hourly	Active	\$17.00	04/29/2019	3.0	04/29/2019	3.0	06/01/2021
BiWeekly Hourly	Active	\$16.50	11/30/2020	1.4	11/30/2020	1.4	06/01/2021
BiWeekly Hourly	Active	\$12.50	10/11/2017	4.6	10/11/2017	4.6	06/01/2021
BiWeekly Hourly	Active	\$12.96	04/05/2013	9.1	04/05/2013	9.1	06/01/2021
BiWeekly Hourly	Active	\$12.96	06/26/2013	8.8	06/26/2013	8.8	06/01/2021
BiWeekly Hourly	Active	\$10.50	03/29/2022	0.1	03/29/2022	0.1	03/29/2022
BiWeekly Hourly	Active	\$12.00	07/11/2018	3.8	07/11/2018	3.8	06/01/2021
BiWeekly Hourly	Active	\$10.53	05/31/2012	9.9	05/31/2012	9.9	06/01/2021
BiWeekly Hourly	Active	\$12.29	06/13/2011	10.9	06/13/2011	10.9	06/01/2021
BiWeekly Hourly	Active	\$10.87	10/17/1996	25.5	10/17/1996	25.5	06/01/2021
BiWeekly Hourly	Active	\$10.50	08/26/2015	6.7	08/26/2015	6.7	06/01/2021
BiWeekly Hourly	Active	\$10.80	05/04/2017	5.0	05/04/2017	5.0	06/01/2021
BiWeekly Hourly	Active	\$10.50	01/28/2016	6.3	01/28/2016	6.3	06/01/2021
BiWeekly Hourly	Active	\$10.85	12/19/2013	8.4	12/19/2013	8.4	06/01/2021
BiWeekly Hourly	Active	\$14.00	12/05/2020	1.4	12/05/2020	1.4	06/01/2021
BiWeekly Salary	Active	\$38.46	05/17/2021	1.0	05/17/2021	1.0	06/01/2021
BiWeekly Hourly	Active	\$25.00	02/21/2022	0.2	02/21/2022	0.2	02/21/2022
BiWeekly Hourly	Active	\$10.85	04/12/2012	10.0	04/12/2012	10.0	06/01/2021
BiWeekly Salary	Active	\$42.31	04/19/2021	1.0	04/19/2021	1.0	06/01/2021
BiWeekly Hourly	Active	\$24.00	12/27/2021	0.3	12/27/2021	0.3	12/27/2021
BiWeekly Hourly	Active	\$13.06	06/16/2005	16.9	06/16/2005	16.9	06/01/2021
BiWeekly Hourly	Active	\$12.32	02/13/2008	14.2	02/13/2008	14.2	06/01/2021
BiWeekly Hourly	Active	\$12.75	01/27/2011	11.3	01/27/2011	11.3	06/01/2021
BiWeekly Hourly	Active	\$13.50	03/23/2011	11.1	03/23/2011	11.1	06/01/2021
BiWeekly Salary	Active	\$22.12	01/05/2015	7.3	01/05/2015	7.3	06/01/2021
BiWeekly Hourly	Active	\$20.00	03/12/2020	2.1	03/12/2020	2.1	06/01/2021
BiWeekly Hourly	Active	\$15.50	08/18/2021	0.7	08/18/2021	0.7	04/17/2022
BiWeekly Hourly	Active	\$12.15	08/24/2009	12.7	08/24/2009	12.7	06/01/2021
BiWeekly Hourly	Active	\$15.30	01/30/2012	10.2	01/30/2012	10.2	06/01/2021
BiWeekly Hourly	Active	\$20.00	03/04/2021	1.2	03/04/2021	1.2	06/01/2021







## **SECTION 999.5(d)(5)(F)**

- (F) For each health facility or facility that provides similar health care services that is the subject of the agreement or transaction, all existing documents setting forth any guarantees made by any entity that would be taking over operation or control of the health facility or facility that provides similar health care services relating to employee job security and retraining, or the continuation of current staffing levels and policies, employee wages, salaries, benefits, working conditions and employment protections.**

Ararat Home of Los Angeles, Inc. has committed to continuing the current staffing levels and policies, employee wages, salaries, benefits, working conditions and employment protections post-closing for at least 60 days, as outlined in the Purchase and Sale Agreement at Section 10.5.1. Ararat Home of Los Angeles has no intention to reduce the capacity of nursing home beds at Windsor. It will continue to provide services to Medicare and Medicaid Beneficiaries, as noted in the Amendment to the Purchase and Sale Agreement dated July 29, 2022.



**SECTION 999.5(d)(5)(G)**

- (G) If the agreement or transaction will have any impact on reproductive health care services provided by any facility that is the subject of the agreement or transaction, or any impact on the availability or accessibility of reproductive health care services, a description of all reproductive health care services provided in the last five years by each health facility or facility that provides similar health care services that is the subject of the agreement or transaction. This description shall include the types and levels of reproductive services including, but not limited to, information about the number of pregnancy terminations and tubal ligations and a description of how this information was compiled.**

(Not Applicable)

**SECTION 999.5(d)(5)(H)**

- (H) A statement describing all effects that the proposed agreement or transaction may have on health care services provided by each facility proposed to be transferred including, but not limited to, any changes in the types or levels of medical services that may be provided at the health facility or facility that provides similar health care services and a statement of how the proposed transaction may affect the availability and accessibility of health care in the affected communities.**

HumanGood SoCal anticipates that the proposed transaction will not adversely affect the delivery, availability, or accessibility of health care services to the community served by Windsor's skilled nursing facility. SNF programs and services will not be reduced as a result of the proposed transaction. To the contrary, the sale to Ararat will benefit the SNF and the residents it serves to the extent that Ararat will be better able to serve the Glendale community for the reasons stated in Section (1)(C).

**SECTION 999.5(d)(5)(I)**

- (I) A description and copy of all current contracts between the applicant and the city in which the applicant is located and current contracts between the applicant and the county in which the applicant is located for each health facility or facility that provides similar health care services that are the subject of the agreement or transaction.**

HumanGood SoCal does not maintain any contracts with the City of Glendale or the County of Los Angeles in connection with the operation of Windsor.

## **SECTION 999.5(d)(5)(J)**

**(J) A description of compliance with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, as amended by the California Hospital Facilities Seismic Safety Act (Health & Safety Code §129675-130070), for each health facility or facility that provides similar health care that is the subject of the agreement or transaction, including the certified Structural Performance Category of every building affected by the agreement or transaction and a copy of every final determination letter received from the Office of Statewide Health Planning and Development for every building affected by the agreement or transaction.**

Not applicable. The health facilities in question are skilled nursing facilities, not general acute care hospitals, and are not the subject of the above-referenced laws.

**SECTION 999.5(d)(5)(K)**

- (K) A description of each measure proposed by the applicant to mitigate or eliminate any potential adverse effect on the availability or accessibility of health care services to the affected community that may result from the agreement or transaction.**

Please see Section (5)(H) above. The parties do not anticipate any adverse effect on the availability or accessibility of health care services resulting from the proposed sale. To the contrary, the proposed affiliation should yield net benefits to the community as described in Section (5)(H).

## SECTION 999.5(d)(6)

### POSSIBLE EFFECT ON COMPETITION

#### (d)(6)(A)

- (A) For any agreement or transaction for which a Premerger Notification and Report Form is required to be submitted to the Federal Trade Commission under the Hart-Scott-Rodino Antitrust Improvement Act of 1976, a brief analysis of the possible effect of any proposed merger or acquisition of each health care facility or facility that provides similar health care services that is the subject of the agreement or transaction on competition and market share in any relevant product or geographic market. This transaction is exempt from filing the premerger notification report form (the "Form")**

This transaction is exempt from filing the premerger notification report form (the "Form") under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, 15 U.S.C. § 18a (§ 7A of the Clayton Act or "the Act").

For the Form filing requirement to apply to a proposed merger or acquisition, the transaction must satisfy three tests: (1) the commerce test under Section 7A(a)(1) of the Act; (2) the size of transaction test under Section 7A(a)(2) of the Act; and (3) the size of person test under Section 7A(a)(2) of the Act. An acquisition will satisfy the commerce test if either of the parties to a transaction is engaged in commerce or in any activity affecting commerce. The size of transaction test will be met if, as a result of the transaction, the acquiring person will hold an aggregate amount of voting securities, non-corporate interests ("NCI") and assets of the acquired person valued at more than \$50 million (as adjusted). The size of person test will be met if one of the parties has sales or assets of at least \$100 million (as adjusted) and the other party has sales or assets of at least \$10 million (as adjusted).

Here, the buyer and seller arguably fail the commerce test. As the court observed in *Mitchell v. Frank R. Howard Memorial Hospital*, 853 F.2d 762 (9th Cir. 1988), the commerce determination in health care is based "on a broad aggregate of factors including proximity of the facility to regional centers of commerce or to other states, treatment of significant numbers of out-of-state patients, purchase of equipment and supplies from interstate sources and interstate transfer of payment for patient care." HumanGood SoCal's Windsor community serves a largely local market, purchases most of its equipment and supplies from California vendors, and does not transfer residents out of state for care. Likewise, the buyer intends to serve a largely local market, purchase most or all of its equipment and supplies from California vendors, and not to transfer residents out of state for care. Furthermore, the buyer primarily serves the community of Glendale, CA.

Irrespective of whether the sellers or buyers meet the commerce test, it is clear that they do not meet the other two tests. Under the size of transaction test, the buyer is not acquiring an aggregate amount of voting securities, non-corporate interests ("NCI") and assets of HumanGood SoCal valued at more than \$101 million (as adjusted). The purchase price of HumanGood SoCal's Windsor community, its related assets and the fair market value determined by two valuations and a formal appraisal, is \$17 million at most. Although the third (size of person) test does not apply because the size of the transaction does not exceed \$101 million, the size of person test is likewise not met because the buyer does not have assets

valued at \$202 million as adjusted. Because the transaction fails two or three of the tests, and all three tests must be satisfied to trigger the filing of the Form, the parties are exempt from filing the Form.

**SECTION 999.5(d)(6)(B)**

- (B) The applicant shall provide the Premerger Notification and Report Form and any attachments thereto as filed with the Federal Trade Commission pursuant to the Hart-Scott-Rodino Antitrust Improvement Act of 1976 and 16 C.F.R. Parts 801-803. The procedure for designating information as confidential set forth in section 999.5(c)(3) of these regulations shall apply to any information submitted under this subsection.**

(Not Applicable)



## **SECTION 999.5(d)(7)**

### **OTHER PUBLIC INTEREST FACTORS**

**The written notice of any proposed agreement or transaction set forth in section 999.5(a)(1) of these regulations shall include a section entitled “Other Public Interest Factors” that contains any other information the applicant believes the Attorney General should consider in deciding whether the proposed agreement or transaction is in the public interest.**

HumanGood SoCal's continued operation of Windsor at a loss will unnecessarily diminish its ability to achieve its charitable purposes and has the potential to reduce the quality of services to Windsor residents and residents of HumanGood SoCal continuing care retirement communities. Ararat is better positioned to serve Windsor residents and the Glendale community, while continuing the charitable values and operational excellence currently in place at the CCRC.

## **SECTION 999.5(d)(8)**

- (8) The written notice of any proposed agreement or transaction set forth in section 999.5(a)(1) shall include a resolution of the board of directors of the applicant authorizing the filing of the written notice and a statement by the chair of the board that the contents of the written notice are true, accurate and complete.**

Copies of a board resolution authorizing the filing, and certification statement signed by the Board Chair of HumanGood SoCal are attached to this Section.

1. HumanGood SoCal Board Resolution authorizing the filing of the notice dated March 24, 2022.
2. Certification Statement signed by Randall Stamper, the Board Chair of HumanGood SoCal dated September 12, 2022.

**SECTION 999.5(d)(8)**

**1) HumanGood SoCal Board Resolution authorizing the filing of the notice dated March 24, 2022**

## **HUMANGOOD SOCIAL**

### **APPROVAL OF SALE DISCUSSIONS AND AUTHORIZING THE EXECUTION OF A PURCHASE AND SALE AGREEMENT WITH ARARAT HOME OF LOS ANGELES, INC.**

DULY ADOPTED ON MARCH 24, 2022

WHEREAS, HumanGood SoCal is a California nonprofit public benefit corporation (the “Corporation”) that owns and operates, a continuing care retirement community (“CCRC”) located at 1230 E Windsor Rd, Glendale, CA 91205 known as “Windsor” and previously, “Windsor Manor” (the “Community”);

WHEREAS, each of the Corporation and its sole member, HumanGood, holds, in its capacity as a co-provider, a continuing care certificate of authority (the “COA”) and a residential care facility for the elderly (“RCFE”) license, and the Corporation holds a skilled nursing facility license (“SNF License”), for the Community;

WHEREAS, over several years, the Corporation has experienced both operational and financial challenges operating the Community as a senior care community, including declining sales, low SNF census, and difficulties recruiting sufficient staff;

WHEREAS, the Corporation has sought to improve the operational and financial stability and raise the profile of the Community in the local community by expanding and enhancing the scope and extent of services provided to the Community's senior residents;

WHEREAS, despite the Corporation's efforts, the Community has continued to struggle both financially and operationally;

WHEREAS, in an effort to address these challenges, the Corporation began exploring a potential sale of the Community and in doing so obtained an Appraisal Report from CBRE, Inc. (“CBRE”), an experienced appraiser of senior care communities, and valuations from two investment banking firms with deep experience and connections in the senior living space, Ziegler Investment Banking (“Ziegler”) and Herbert J. Sims & Co., Inc. (“HJ Sims”);

WHEREAS, the CBRE appraisal appraised the Community at a value of \$16,800,000, Ziegler issued a preliminary valuation of \$10,000,000 to \$14,000,000, and HJ Sims issued a preliminary valuation of \$12,902,184;

WHEREAS, as previously authorized by the Board, the Corporation initially engaged in discussions with a prospective nonprofit buyer for the purchase of the Community, but after evaluating an informal offer from such prospective buyer that was lower than CBRE’s appraised value of the Community and upon learning from such prospective buyer that it might desire to delicense and close the skilled nursing facility at the Community in the future, the Corporation decided to stay in the market with the hope of identifying a better matched buyer;

WHEREAS, the Corporation identified and subsequently engaged in discussions with Ararat Home of Los Angeles, Inc., a California nonprofit public benefit corporation (“Ararat”) for the purchase of the Community;

WHEREAS, the Corporation thoroughly evaluated an offer from Ararat to purchase the Community for \$14,800,000 in cash, which offer includes the commitment to assume all active resident contracts (the “Sale Price”);

WHEREAS, the Corporation believes that Ararat is a strong candidate as a potential owner/operator of the Community because it is a nonprofit with strong ties to the local community, it is an experienced operator of a continuing care retirement community that serves a senior population similar to those residing at the Community, it has a strong licensing compliance record, and it plans to maintain and potentially increase the number of licensed beds at the Community's skilled nursing facility;

WHEREAS, the Corporation also believes that Ararat's proposed purchase offer is fair and consistent with the appraised value assigned by CBRE, given that the CBRE Appraisal Report does not reflect the cash resources needed to rehabilitate the Community in light of the current and long lasting operational and financial challenges it has been experiencing;

WHEREAS, the Corporation is in the process of conducting due diligence, determining any necessary review and approval by state regulatory and licensing agencies, and preparing documents, including a purchase and sale agreement, in order to further evaluate and proceed with effectuating Ararat's purchase offer; and

WHEREAS, having considered the foregoing, the Board of Directors of the Corporation desires to authorize the sale of the Community to Ararat for the Sale Price (the “Transaction”), which authorization shall include the authorization of (1) such actions as are necessary or desirable to obtain regulatory approval of the Transaction, (2) the execution of a purchase and sale agreement in the form reviewed and approved by management of the Corporation and legal counsel to the Corporation (the “Purchase and Sale Agreement”), (3) the execution of other documents and the taking of such actions as are necessary or desirable to further the Transaction, and (4) the ratification of such actions or activities pertaining to the Transactions taken prior to the date of this resolution.

NOW THEREFORE, IT IS:

RESOLVED, that the Corporation approves the Transaction and the execution of the Purchase and Sale Agreement by the President and Chief Executive Officer of the Corporation in the form approved by management of the Corporation and legal counsel to the Corporation;

RESOLVED FURTHER, the President and Chief Executive Officer, Chief Operating Officer, Chief Financial Officer and General Counsel of the Corporation (“Authorized Officers”), each acting alone, are hereby authorized and directed to prepare and execute any other documents to which the Corporation is a party in connection with the Purchase and Sale Agreement and/or sale of the Community;

RESOLVED FURTHER, that the Corporation is authorized to provide all necessary notices to residents and regulatory and licensing agencies and receive approvals from all regulatory and licensing agencies as needed for the proposed sale of the Community;

RESOLVED FURTHER, that the Corporation is authorized, but not required, to file a change of manager application for the RCFE License, COA, and SNF License in order to have Ararat begin managing the Community on the Corporation's behalf in anticipation of Ararat receiving the necessary regulatory and licensing approvals regarding its purchase of the Community;

RESOLVED FURTHER, that the Corporation will cooperate with Ararat to obtain all necessary regulatory, licensing, and certification change of ownership approvals of the Community and meet any other conditions of closing as described in the Purchase and Sale Agreement; and

RESOLVED FURTHER, the acts of the Authorized Officers of the Corporation and of any person or persons and authorized to act by any such officer of the Corporation, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolution, are hereby separately ratified, confirmed, approved and adopted as acts in the name of and on behalf of the Corporation.

#### **CERTIFICATION**

I, H. Declan Brown, Secretary of HumanGood SoCal, a California nonprofit public benefit corporation (the "Corporation"), do hereby certify and declare that the foregoing is a full, true and correct copy of the resolution duly passed and adopted the Board of Directors of the Corporation at a meeting of the Board of Directors of the Corporation duly called special meeting, noticed and held on March 24, 2022; that said resolutions are now in full force and effect; that there is no provision in the Articles of Incorporation or Bylaws of the Corporation limiting the powers of the Board of Directors of the Corporation to pass the foregoing resolutions and that such resolutions are in conformity with the provisions of such Articles of Incorporation and Bylaws of the Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand as of March 24, 2022.



H. Declan Brown,  
Secretary of HumanGood SoCal,  
a California nonprofit public benefit corporation

**SECTION 999.5(d)(8)**

**2) Certification Statement signed by Randall Stamper, the Board Chair of HumanGood SoCal dated \_\_\_\_\_**

## HUMANGOOD SOCAL

### CERTIFICATION

The undersigned Chair of the Board of Directors of HumanGood SoCal certifies that the content of the written notice to the California Attorney General regarding the proposed sale of the Windsor Manor facility and the real property, fixtures, and assets associated with the facility to Ararat Home of Los Angeles, Inc. (the "Buyer") is true, accurate, and complete. Buyer has advised HumanGood SoCal that the information provided by Buyer and its affiliates is true, accurate, and complete.



\_\_\_\_\_  
Randall Stamper, Chair of the Board

9-12-2022

\_\_\_\_\_  
Date



## **SECTION 999.5(d)(9)**

- (9) The written notice of any proposed agreement or transaction set forth in section 999.5(a)(1) shall include a list of the officers and directors of the transferee, the most recent audited financial statements for the transferee, the transferee's governance documents, such as the articles of incorporation and bylaws, and a description of the transferee's policies, procedures, and eligibility requirements for the provision of charity care.**

Attached please find the following documents and information for the Ararat Home of Los Angeles:

1. List of corporate officers and directors;
2. Policies, procedures, and eligibility requirements for benevolence funds;
3. Endorsed Filed Articles of Incorporation;
4. Certified Bylaws;
5. California Secretary of State Certificate of Status;
6. IRS Tax-Exempt Determination Letter; and
7. Audited financial statement for fiscal year 2021.

**SECTION 999.5(d)(9)**

**1) List of corporate officers and directors**

**ARARAT HOME OF LOS ANGELES, INC.**  
**BOARD OF TRUSTEES**  
**2022**

OFFICERS

- |                    |                  |
|--------------------|------------------|
| • Sinan Sinanian   | <i>Chairman</i>  |
| • Arthur Zabounian | <i>Secretary</i> |
| • Michael Surmeian | <i>Treasurer</i> |

TRUSTEES

- Nazar Ashjian, CPA
- Debbie Avedian
- H. Raffi Balian, M.D.
- Vatche Bardakjian, M.D.
- Shahe Boyadjian
- Peter Darakjian
- Takoohi Josephian
- Richard Jebejian
- Gary Kaloostian
- Joseph Kanimian, Esq.
- Maggie Mangassarian-Goschin
- Rafi Mardirosian
- Harout Mesrobian, M.D.
- Ron Nazeley
- Joseph G. Ouzounian, M.D.
- Kohar Mardirossian Pelter, RN, CNS, MSN
- Berj Shahbazian
- Onik Tajirian
- Vahe Vartanian
- Nadya Verabian
- Aram Youssoufian, M.D.

**SECTION 999.5(d)(9)**

**2) Policies, procedures, and eligibility requirements for benevolence funds**

## **Welcoming Statement**

Welcome to Ararat Home of Los Angeles, Inc. We are thrilled that you have chosen us to be your employer. We take great pride in our employees.

As long term care leaders, we are change agents and practice fundamental values of employee empowerment, open communication, innovative interventions, compassion, and collaboration among all disciplines.

We are in an environment whose foundation is based on caring for our elderly residents. Our goal is to provide the best possible quality of care for our residents in a compassionate and caring atmosphere.

We work hard as a team continuously striving for excellence to reach higher horizons and to make a significant difference in the lives of our residents.

No policy in this Human Resource Manual or any other policy which may later be added to this manual creates a contract, either expressed or implied.

Ararat Home reserves the right to alter, amend, modify, delete, add to, and /or eliminate, in whole or in part, any policy of this Human Resource Manual. The organization also reserves the right to create new policies to be added to this manual.

This manual states the policies and practices in effect at the time of publication. This manual supersedes all previously issued manuals and any policy or benefit statements or memoranda that are inconsistent with the policies described here. Your supervisor will be happy to answer any questions you may have.

**Mission of Ararat Home of Los Angeles, Inc.**

Ararat Home serves the community without regard to race, ethnic origin, religious persuasion or financial ability. Each encounter with residents and families portrays our utmost compassion and respect. Monitoring, evaluating and constantly improving individualized resident care is the daily responsibility of the entire staff.

Excellence in service, practice and leadership is provided in a progressive, positive and flexible environment, instituting meaningful programs of education, utilization of cost effective delivery of care to ensure financial viability. Staff is empowered to assure fair employment and personnel policies are practiced to actively respond to the needs of the community.

### **Performance Improvement/Quality Improvement Philosophy**

We will strive to improve the quality of care and quality of life of our residents. Quality of care can be improved when we continuously measure and improve our performance. This primarily involves the performance of the organization's systems and processes. In addition, we will continue to monitor the competence of all the staff.

Our Plan is called Performance Improvement/Quality Improvement (PI/QI) and it involves the entire organization. Employees are empowered to be proactive in a caring environment. PI/QI bears no negative connotation in our organization. It is not a mandate. It is a life style.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.00	Original #	1.00
Title	Equal Employment Opportunity	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	02/05/08

### **Equal Employment Opportunity**

#### **Policy Statement**

It is the policy of Ararat Home of Los Angeles, Inc. to recruit, hire, train, and promote persons in all job titles without regard race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws.

#### **Procedure**

Ararat Home of Los Angeles (Ararat Home) is an equal opportunity employer and makes employment decisions on the basis of merit. Organization policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is **unlawful**.

Ararat Home is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to **all** persons involved in organization operations and prohibits unlawful discrimination by any employee of the organization.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Ararat Home will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result to the organization.

Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact the administrator or his/her designee and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. Ararat Home will then conduct an investigation to identify the barriers that interfere with the equal opportunity of the applicant or employee to perform his or her job. Ararat Home will identify possible



Subject	Equal Employment Opportunity		
Policy #	1.00	Original #	1.00
Title	Equal Employment Opportunity	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	02/05/08

accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the accommodation will be made.

If you believe you have been subjected to any form of unlawful discrimination, submit a written complaint to your administrator or his/her designee. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses.

Ararat Home will immediately undertake an effective, thorough, and objective investigation and attempt to resolve the situation.

If Ararat Home determines that unlawful discrimination has occurred, effective remedial action will be taken to commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. Ararat Home will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your coworkers.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.01	Original #	Page 1 of 2
Title	At-Will Employment	Original Date 03/01/07	Revision Date 03/01/07
		Reviewed/Revised	02/19/08
		Reviewed/Revised	07/01/11

### **At-Will Employment**

#### **Policy Statement**

It is the policy of Ararat Home that all employees who do not have individual employment contracts for a specified period of time are employed at the will of the organization for an indefinite period of time.

#### **Procedure**

Ararat Home personnel are employed on an at-will basis. Employment at-will means that the employment relationship may be terminated with or without cause and with or without advance notice at any time by the employee or the organization. Nothing in this manual shall limit the right to terminate at-will employment.

No manager, supervisor, or employee of the organization has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment on other than at-will terms.

Only the Administrator/Executive Director of Ararat Home has the authority to make any such agreement, which is binding only if it is in writing.

An employee hired at-will may resign at anytime, without cause, and with or without notice, and/or the organization may terminate the employee at any time without cause, and with or without notice.

The completion of an employee's appraisal period or conferral of regular status does not change an employee's at-will status nor in any way alter or change the organization's right to terminate such employee at any time, with or without notice, and/or with or without cause.

Disciplinary action noted throughout the manual is not all-inclusive and does not restrict the organization's right to terminate any at-will employee. Although the organization has set forth policies about disciplinary actions and termination of employment, these policies are not binding on the organization. The organization reserves the right to discipline any and all employees or terminate any or all employees with or without notice and/or with or without cause. Such disciplinary action and/or termination may be done at the organization's discretion.

Subject	Equal Employment Opportunity		
Policy #	1.01	Original #	Page 2 of 2
Title	At-Will Employment	Original Date 03/01/07	Revision Date 03/01/07
		Reviewed/Revised	02/19/08
		Reviewed/Revised	07/01/11

This policy may not be modified by any statements contained in this or any other organization policy or procedure manual, employment application, memorandum, etc. None of the aforementioned documents, whether singly or collectively, nor any practice there under shall create a contract, either expressed or implied.

Inquiries concerning at-will employment should be directed to the Executive Director, Administrator and/or his/her designee.

The organization reserves the right to demote, transfer, change job duties, and change compensation at any time with or without cause in its sole discretion.

In deciding to work for the organization or continuing to work for the organization or continuing to work for the organization you must understand and accept these terms of employment.

## **Ararat Home of Los Angeles, Inc**

Subject	Equal Employment Opportunity		
Policy #	1.03	Original # 1.00/1.01/1.02	Page 1 of 1
Title	Recruiting and Hiring Employees	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 03/01/07
			Reviewed/Revised 09/09/08

### **Recruiting and Hiring New Employees**

#### **Policy Statement**

It is the policy of Ararat Home to recruit and hire persons in all job titles conforming to Equal Employment Opportunity as mandated by State and Federal regulations. It is the policy to hire the most qualified applicant for all vacancies.

#### **Procedure**

The Executive Director, Administrator and/or their designee shall recruit, interview, and hire supervisors.

Each supervisor shall recruit, interview, and hire persons for vacant positions in his/her department.

When a position is vacated, the Department Supervisor shall notify current employees of the vacancy by posting a notice on the employee bulletin board for 72 hours prior to advertising externally.

Notices advertising vacant positions shall include a brief description of job title, qualifications, job description, and also clearly note application information.

All applications received are referred to the appropriate Department Supervisor. Each application is evaluated based upon the experience, training, and competence of the applicant for a position. The evaluation methods should include interviews, reference checks, and applicable testing.

All applicants shall be given a time frame to the status of their application. All employment applications shall be kept on file for one year.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.03	Original #	Page 1 of 2
Title	Background Investigations	Original Date 03/01/07	Revision Date
			Reviewed/Revised 03/01/07
			Reviewed/Revised 09/16/08

### **Background Investigations**

#### **Policy Statement**

It is the policy of Ararat Home to conduct reference checks, driving record investigations, background investigations, and criminal conviction investigations on personnel making application for employment with this organization.

#### **Procedure**

The Executive Director, Administrator and/or their designee will conduct any applicable background investigation on each individual making application for employment with this organization and on any current employee if such background investigation is/are appropriate in light of the position for which the individual has applied (i.e., A driving record investigation will be conducted if the job position requires driving for the organization).

For any individual applying for a position as a Certified Nursing Assistant, Licensed Vocational Nurse, and Registered Nurse, the Executive Director/Administrator or his/her designee will consult appropriate licensing agency of the state in which the individual was certified and/or previously employed to determine the applicant's employment eligibility.

When conducting background investigations, the organization **may** contact any or all of the following agencies, depending upon the position for which the applicant/employee applied/was hired.

- (a) Local, state, and/or federal law enforcement agencies
- (b) Departments of public safety
- (c) Professional licensing boards
- (d) State registries of nurse aides
- (e) Consumer reporting agencies
- (f) Other agencies as deemed appropriate in determining employment eligibility

Persons making application for employment and current employees will be informed of this policy and will be required to sign a release giving the organization the right to conduct any appropriate investigation.

Subject	Equal Employment Opportunity		
Policy #	1.03	Original #	Page 2 of 2
Title	Background Investigations	Original Date 03/01/07	Revision Date
		Reviewed/Revised	03/01/07
		Reviewed/Revised	09/16/08

A criminal background check will be conducted on all persons applying for any position that has potential for direct contact with residents.

Should the background investigation disclose any material misrepresentation or omission on the employment application forms or disclose information indicating that the individual is not suited for hire; the applicant will not be employed, or if already employed, will be terminated.

Applicants refused employment and employees terminated pursuant to this policy will be provided with the name and address of the agency providing the information resulting in the organization's decision not to hire or to terminate the applicant/employee as well as a copy of the report so that the applicant/employee may challenge the accuracy or completeness of the report.

Prior convictions will not necessarily disqualify an applicant or lead to termination of an employee from employment unless such disqualification is required by law. Serious consideration will be given to the position for which the person applied the seriousness of the offense, and how recently the offense was committed.

All costs relative to background investigations shall be borne by the organization.

Inquiries concerning background investigations should be kept confidential and referred to the Executive Director, Administrator and/or their designee.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.04	Original #	1.02
Title	Definitions of Employees	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	05/27/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Definitions of Employees**

#### **Policy Statement**

It is the policy of Ararat Home to maintain employee definitions, to distinguish groups of employees.

#### **Procedure**

Regular full-time employees are those who are scheduled for and do work 30 hours per week. Following the completion of the appraisal period, regular full-time employees are eligible for most employee benefits described in this manual.

Part-time employees are those who are regularly scheduled for 16 hours or more per week. Part-time employees are not eligible for any benefits.

Per-diem employees are those who are requested to work. Per-diem employees are not eligible for any benefits.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.05	Original #	1.04
Title	Appraisal Period	Original Date	06/17/88
	New Hires/Introductory Period	Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	06/03/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Appraisal Period/New Hires/Introductory Period**

#### **Policy Statement**

It is the policy of Ararat Home to enforce an appraisal period for all new employees.

#### **Procedure**

The Appraisal period for all new employees is 90 days from the date of hire.

A new employee under appraisal period at the Ararat Home will receive a performance appraisal by their supervisor after 90 days of work, signaling the end of the appraisal period.

During an employee's appraisal period, that employee is not eligible for any fringe benefits received by a full time employee with the same employee definition.

If an employee misses part of his/her appraisal period because of an excused leave of absence, his/her appraisal period will be extended a proportionate number of days.

All employees shall be informed at the time of hiring of the appraisal period policy.

The first 90 days of continuous employment at Ararat Home is considered an appraisal period. During this time you will learn your responsibilities, get acquainted with fellow employees, and determine whether or not you are happy with your job. Your supervisor will closely monitor your performance.

Upon completion of the appraisal period, Ararat Home will review your performance. If the organization finds your performance satisfactory and decides to continue your employment, it will advise you of any improvements expected from you. Completion of the appraisal period does not entitle you to remain employed by Ararat Home for any definite period of time, but rather allows both you and the organization to evaluate whether or not you are right for the position. After completion of the trial period, eligible employees will receive the benefits described in this manual.

During the appraisal period, your supervisor will explain your job responsibilities may change at any time during your employment. From time to time, you may be asked to



Subject	Equal Employment Opportunity		
Policy #	1.05	Original #	1.04
Title	Appraisal Period	Original Date	06/17/88
	New Hires/Introductory Period	Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	06/03/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

work on special projects, or to assist with other work necessary or important to the operation of your department or organization. Your cooperation and assistance in performing such additional work is expected.

Ararat Home reserves the right at any time with or without notice, to alter or change job responsibilities, reassign or transfer job positions or assign additional job responsibilities.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.06	Original #	1.05
Title	Orientation	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	09/16/08

### **Orientation**

#### **Policy Statement**

It is the policy of Ararat Home to comply with all State guidelines, with regard to the material covered during orientation. The Ararat Home orientation program is updated and maintained under separate cover by the Administrator/ Executive Director.

#### **Procedure**

The basic orientation and department specific orientation is performed by assigned personnel at each organization.

Orientation programs and in-service training classes are conducted to assist employees in understanding the organizations personnel policies and procedures.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.07	Original #	1.06
Title	Employee Bulletin Boards	Original Date	12/31/04
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	09/16/08

### **Employee Bulletin Boards**

#### **Policy Statement**

It is the policy of Ararat Home to maintain bulletin boards for posting notices that affect or concern the employees: There are two types of bulletin boards, an “organization bulletin board” used for the posting of official government notices and changes in organization policy and an “employee bulletin board” used to post general information.

#### **Procedure**

The bulletin board designated as the organization bulletin board will be used solely for the posting of official government notices and changes in organization policies that affect our employees.

Only the Executive Director/Administrator, or his/her designee, may post or remove notices from the organization bulletin board.

The bulletin board designated as the employee bulletin board will be used to post general information such as: organization social/activity events, carpooling information open positions, policy changes.

Notices on the employee bulletin board must be approved in writing by the Executive Director/Administrator or his/her designee prior to posting.

Notices concerning outside organizations and events that are not related to Ararat Home may not be posted on either the organization or employee bulletin boards.

Posting, altering, or removing notices or information from bulletin boards without proper authorization may be grounds for disciplinary action.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.08	Original #	1.07/1.08
Title	Release of Employee Information	Original Date	12/31/04
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	05/27/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Release of Employee Information**

#### **Policy Statement**

It is the policy of Ararat Home to only release information through the Executive Director, Administrator and/or their designee.

#### **Procedure**

Only the Executive Director, Administrator or their designee is authorized to release information concerning the organization's employees. The following information may be released without the employee's written consent:

Date employment;  
Position(s) held; and  
Job location

The organization will protect the confidentiality of all personal information about employees and only authorized personnel with a "need-to-know" basis will have access to such information.

All requests for information about employees must be directed to the Executive Director, Administrator and/or their designee. Failure to do so may result in disciplinary action.

## **Ararat Home of Los Angeles, Inc.**

Subject	Job Descriptions		
Policy #	2.00	Original #	2.00
Title	Job Descriptions Definition	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07

### **Job Descriptions**

#### **Policy Statement**

It is the policy of Ararat Home to maintain accurate written job descriptions for every position.

#### **Procedure**

Each job description shall list the qualifications, license requirements, duties, responsibilities, and accountability of the position. All job descriptions will be reviewed and approved by the appropriate supervisor and/or Executive Director or the Administrator.

Job descriptions of the Ararat Home staff shall be reviewed and updated by the Executive Director, Administrator or their designee. This review shall be conducted annually, or as needed.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.00	Original #	3.01/3.01A
Title	Punctuality and Attendance	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	09/09/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	02/24/09

### **Title**

Punctuality and Attendance

### **Policy Statement**

In order to provide the best and most consistent resident care, Ararat Home shall enforce attendance per scheduled hours for all employees.

### **Procedure**

All employees shall be informed, at the time of hire, of the anticipated hours and days of duty.

Each immediate supervisor shall maintain a duty schedule for his/her services, indicating hours and days of duty. This duty schedule shall be posted in an easily accessible location.

As an employee of Ararat Home you are expected to be punctual and regular in attendance. Any tardiness or absence causes problems for your fellow employees and your supervisor. When you are absent, your assigned work must be performed by others.

Employees are expected to report to work as scheduled, on time, and prepared to start work. Employees are also expected to remain at work for their entire work schedule, except for meal periods or when required to leave on authorized organization business. Late arrival, early departure, or other unanticipated and unapproved absences from scheduled hours are disruptive and must be avoided.

If you are unable to report for work on any particular day, you must under all but the most extenuating circumstances call your supervisor at least **two hours** before the time you are scheduled to begin working for that day. If you call less than two hours before your scheduled time to begin work and do not arrive in time for your assigned shift, you will be considered tardy for that day. In all cases of absence or tardiness, employees must provide their supervisor with an honest reason or explanation. Employees must also inform their supervisor of the expected duration of any absence.

If you fail to report for work without any notification to your supervisor and your absence continues for a period of **three days** Ararat Home will consider that you have abandoned your employment.

Subject	Hours and Days of Duty		
Policy #	3.00	Original #	3.01/3.01A
Title	Punctuality and Attendance	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08

Be aware that your job responsibilities may change at any time during your employment. From time to time, you may be asked to work on special projects, or to assist with other work necessary or important to the operation of your department or Ararat Home. Your cooperation and assistance in performing such additional work is expected.

Ararat Home reserves the right, at any time, with or without notice, to alter or change job responsibilities, reassign or transfer job positions, or assign additional job responsibilities.

Employees absent for more than three (3) consecutive days without reporting in may be considered as having “voluntarily quit” and their position will be filled. If the employee can provide an acceptable explanation, this rule may not apply. Such explanation may require substantiation and/or verification.

Employees absent without notice or authorization for less than three (3) days must provide a detailed written reason for the absence. (Note: Regardless of the stated reasons, the employee may be subject to disciplinary action.)

Ararat Home understands that last-minute personal emergencies can occur that require the employee to leave. The immediate supervisor reserves the right to determine if the absence is an excused or unexcused absence.

All unexcused absences, or tardiness, or excessive personal absences may be noted in the employee’s personnel file. Poor attendance records may be reviewed by the immediate supervisor, and may lead to disciplinary action or termination.

In any circumstance where no prior leave has been approved, any absence beyond three (3) days shall require a “Release to Work” from the employee’s physician, before the employee can return to work for physical illness.

Changes in the duty schedule requested by the employee for personal or other reasons may be accommodated.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.01	Original #	3.02
Title	Meal Periods/Rest Periods	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Title**

Meal Periods/ Rest Periods

### **Policy Statement**

It is the policy of Ararat Home to provide meal periods and rest periods in accordance with Labor Laws of the State of California.

### **Procedure**

Employees are provided with a 30 minute meal period, to be taken approximately in the middle of the workday. Employees are allowed a 10-minute rest period for every four hours of work or major portion thereof. Your supervisor will schedule your meal and rest periods ( i.e. If the work day for each full-time employee includes a 30 minute unpaid meal period, and two 10- minute rest period in each 7.5 or 8.0 hour shift).

You are expected to observe your assigned working hours and the time allowed for meal and rest periods. Do not leave the premises during your rest period and do not take more than 10 minutes for each rest period. You may leave the premises during your meal period upon notification of the immediate supervisor.

Every employee shall receive a 30-minute unpaid meal period if the shift consists of at least 5.0 hours.

Any employee may waive their 30minute unpaid meal break only when their work schedule or shift will be completed in 6 hours or less in one workday. (Employee must sign a meal break waiver and the Administrator/Executive Director or his/her designee must authorize the request) See Appendix A.

Meal periods will be taken in staggered periods, in order to provide adequate resident care at all times. A one-hour unpaid lunch period may be arranged upon approval of the Department Supervisor and/or Administrator/Executive Director or his /her designee.

In accordance with Labor Laws rest periods and meal periods may not be combined.

Food and Nutrition/Dietary personnel are eligible to receive one free meal during their shift period. The only meal available will be the meal offered to residents for that particular meal period. All other employees may eat at the cost of \$2.00 per meal with the exception of Ararat Convalescent.



Subject	Hours and Days of Duty		
Policy #	3.01	Original #	3.02
Title	Meal Periods/Rest Periods	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08
		Reviewed/Revised	03/03/09
		Reviewed/Revised	07/01/11

Consultants and visitors may receive a free meal with the approval from the Administrator/Executive Director or his/her designee.

All meal and rest periods will be taken by employees in the designated employee dining and lounging areas. Employees leaving the facility for lunch periods shall notify their immediate supervisor.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.02	Original #	3.03
Title	Overtime	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08

### **Title**

Overtime

### **Policy Statement**

It is the policy of Ararat Home to request an employee to work overtime when required, due to extenuating circumstances. Overtime will be paid in accordance with applicable state and federal laws.

### **Procedure**

The pay period is for a period of fourteen (14) days from a Monday to a Sunday. Paydays are on Thursdays following the end of the pay period. This fourteen day period is used to compute any overtime that is due.

Time worked in excess of eight (8) hours in a workday, or eighty (80) hours in a work period of fourteen (14) consecutive workdays, will be paid at the rate of one and one-half (1 ½ ) times the regular rate of pay. Time worked in excess of twelve hours in a workday will be paid double the regular pay rate. PTO will not be considered "hours worked" for purposes of overtime pay.

All overtime hours are noted on the employee's time card, and must be approved by the immediate supervisor in writing.

Unauthorized overtime will be compensated, but will result in a written warning notice to the employee and a copy placed in his/her Personnel File.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.03	Original #	3.04
Title	Time Card/Biometric Clock	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Title**

Time Card/Biometric Clock

### **Policy Statement**

It is the policy of Ararat Home to maintain records of all hours worked by employees.

### **Procedure**

Employees shall utilize the biometric clock (for ANF and RCFE) and the time clock (for ACH) with the exception of Administrative staff.

Ararat Convalescent (ACH) - The organization time clock shall be the means of recording time worked by each employee. Administrative and supervisory personnel shall not be required to punch a time clock.

All employees shall punch their own time cards. Punching a time card for another employee shall be grounds for immediate dismissal.

Ararat Nursing Facility (ANF) and Residential Care for the Elderly (RCFE) –

1. Arrive on time and leave on time.
2. Any of the biometric clocks may be utilized.
3. PTO request/cash outs may be recorded manually on specified forms.
4. Requests for PTO or cash outs should be made no later than the Monday before payroll.
5. Overtime must be approved by your immediate supervisor.
6. If by mistake you make an error, or forget to scan your finger, you should complete the Biometric Clock Adjustment Form and submit it to your immediate supervisor immediately. Not doing so may result in a disciplinary action

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.00	Original #	4.01
Title	Wage/Salary Determination	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/30/08
		Revision Date	07/06/09
		Reviewed/Revised	07/01/11

### **Title**

Wage/Salary Determination

### **Policy Statement**

It is the policy of Ararat Home that wages will be based upon merit raises.

### **Procedure**

Salary increases shall not be granted automatically. Subsequent evaluations will be made after 3 months and again annually thereafter on or about their anniversary date, based upon the hours worked. Merit raises shall be granted based upon performance, attitude, to the Ararat Home. Merit raises are determined by the immediate supervisor.

Ararat Home shall comply with all state or federally mandated wages/and or increases.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.01	Original #	4.02
Title	Performance Appraisals	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

### **Subject**

Performance Appraisals

### **Policy Statement**

It is the policy of Ararat Home to regularly evaluate an employee's performance through performance appraisals.

### **Procedure**

At the end of the 3 month appraisal period and yearly thereafter on the employee's anniversary date of hire, each employee shall receive a performance appraisal, to be completed by the employee's supervisor.

The performance appraisal is merit based and it is used as a time for recognition of positive performance, constructive criticism of the employee's performance and goal setting for continued employee growth. The performance appraisal shall be completed using a consistent and approved written format. (Each facility may have a different approved format). Copies of these forms are filed in the **Appendix B/1, 2, & 3, (Ararat Convalescent 1, Ararat Home 2, and Ararat Nursing Facility 3).**

Both the supervisor and the employee shall sign the written performance appraisal. The employee will be given the opportunity to comment in writing about the evaluation. The employee shall retain a copy of the appraisal as well.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.02	Original #	4.03
Title	Employee Promotions	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

### **Title**

Employee Promotions

### **Policy Statement**

It is the policy of Ararat Home that all employment opportunities are first made available to current employees for 72 hours, and then released to the general public.

### **Procedure**

All vacant positions shall be posted on the employee bulletin board. Stating;

- (1) the position available,
- (2) requirements,
- (3) application deadline,
- (4) contact person.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.03	Original #	4.04
Title	Benefit Date	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

### **Title**

Benefit Date

### **Policy Statement**

Ararat Home has established 3 month period as the length of employment necessary before an employee shall receive benefits.

### **Procedure**

After completion of an employee's 3 month appraisal period and promotion to permanent status, an employee becomes eligible for all fringe benefits.

Full status employees with (30 hours or more/week) are eligible to participate in group health, dental, and vision insurance programs, PTO (Paid Time Off), 403b and Benefit Options.

Part-time employees with (Less than 30 hours/week) are not eligible for any benefits.

Per-diem employees are not entitled to benefits.

Employees do not accrue any benefits in the event that their employment is terminated during their probationary period. Benefits begin on the benefit date, meaning the date the employee is elevated to full status.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.04	Original #	4.06A/4.09
Title	Paid Time Off	Original Date	06/17/94
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08
		Reviewed/Revised	09/29/09

### **Title**

Paid Time Off

### **Policy Statement**

Paid Time Off (PTO) is a system that Ararat Home uses that allows all full time employees access to time off from work in a flexible manner for any personal reasons, such as vacation, holidays or short term illness.

### **Procedure**

Employees are entitled to paid time off based upon their years of active service. To accrue PTO 59 ½ hours must be worked during each pay period.

Active service commences with an employee's first day of work and continues thereafter unless broken by an absence without pay, a leave of absence, or termination of employment. Per diem and part time employees do not accrue paid time off.

Time off must be approved in advance by the Administrator/Executive Director/or the immediate supervisor.

Employees may not "bank" more than 30 working days (240 maximum hours for 8 hours/shift staff. 225 hours for 7.5 hours/shift staff).

Once this cap has been reached, the employee will have to cash out or take accrued paid time off. No further paid time off will accrue until some paid time off is cashed or used.

Employees are encouraged to take a minimum of 5 days of vacation annually. Up to 100% of the total accrued time may be cashed out with the approval of the Executive Director, Administrator and/or their designee.

PTO cash out is normally done with payroll unless prior written approval is given by Executive Director, Administrator or their designee.

Any employee whose employment terminates will be paid for accrued and unused paid time off. Employees on unpaid leave do not accrue paid time off.



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Policy #	4.04	Original #	4.06A/4.09
Title	Paid Time Off	Original Date	06/17/94
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

Employees may use accrued paid time off for paid vacation leave, paid sick leave, holidays, or any other type of paid time off. Employees will need to schedule time off with their supervisors. **(See Appendix C)**

PTO cash out is normally done with payroll unless prior written approval is given by the Executive Director, or the Administrator.

Paid time off will be accrued on the following basis:

7.5 hours/shift full status employee will accrue:

0-1 year 5.2 hours/pay period

2-4 year 6.6 hours/pay period

5+ years 8.1 hours/pay period

8 hours/shift full status employee will accrue:

0-1 year 5.5 hours/pay period

2-4 year 7.1 hours/pay period

5+ years 8.6 hours/pay period

## Ararat Home of Los Angeles, Inc.

Subject	Wages and Benefits		
Policy #	4.05	Original #	4.08
Title	Leaves of Absence	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	12/16/08
		Reviewed/Revised	04/07/09

### Title

Leaves of Absence

### Policy Statement

Ararat Home may grant leaves of absence (LOA) to employees in certain circumstances.

### Procedure

Request any leave in writing as far in advance as possible, keep in touch with your immediate supervisor and payroll personnel during your leave, and give prompt notice of any change in your anticipated return date.

Should an employee request a leave of absence, they must submit a completed LOA form to their immediate supervisor specifying the **reason** for and exact **length** of the leave desired. See Appendix D. The supervisor will communicate the approval/disapproval of the request to the employee in writing.

Leave of absence may be granted to employees for legitimate reasons in certain circumstances. However, such leaves will not be granted in order for employees to engage in other gainful employment with the exception of military or public service.

If your leave expires and you fail to return to work without contacting your supervisor or the payroll person, and no progress report is submitted by the employee by the end of the 90<sup>th</sup> day of medical LOA Ararat Home will assume that you do not plan to return shall be considered as "voluntary quitting," and you will be automatically terminated.

LOA/FMLA (Family Medical Leave Act) is considered leave without pay. Employees on leave **will not** continue to accrue **Paid Time Off** during unpaid leave.

A leave of absence may be granted for up to 90 days, with the extension of another 90 days, and must be approved by the supervisor and the Administrator/Executive Director.

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Policy #	4.05	Original #	4.08
Title	Leaves of Absence	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	12/16/08
		Reviewed/Revised	04/07/09

In the event of medical leave, approval will be granted up to ninety (90) days. Medical leave is considered leave without pay after exhaustion of benefits. A position will be maintained for the employee only if done so will not jeopardize residents' quality of care. If the employee's position can not be held, all attempts shall be made to provide an alternative position. Alternative positions may require an adjustment to the pay rate.

An employee granted a leave of absence in excess of six (6) months must be physically able to return to work and must furnish the department supervisor with a signed and dated physician's statement certifying that the employee is medically and physically able to resume his/her duties.

We encourage the professional growth of our employees related to their existing positions. Educational leave will be granted, not to exceed 2 years, pending approval of the immediate supervisor. Benefits do not accrue during leave.

Jobs vacated by personal leaves will be filled temporarily where possible. However, the organization retains the right to permanently fill these vacancies when it is deemed necessary and in the best interest of the organization.

An employee returning from an approved leave of absence shall be placed in an available position in the following priority:

- (a) On his/her old job;
- (b) On a substantially equivalent job which he/she is capable of performing;
- (c) On a lower job which he/she can satisfactorily perform; or
- (d) On a recall list for one (1) year.

During the period an employee is not actually at work because of having been granted a leave of absence, or because of having been laid-off, employee benefits shall not accumulate. However, seniority of an employee will not be affected.

### **Health Insurance Premium**

Ararat Home will continue to pay for health insurance for employees on leaves of absence up to a maximum of 12 weeks. Employees may continue health insurance plan under the same conditions of coverage as if the employee had continued in employment for the duration of 12 weeks. After that, you may self-pay and pre-pay premiums under the provisions of COBRA. Payroll person can give you additional information.

Subject	Wages and Benefits		
Policy #	4.05	Original #	4.08
Title	Leaves of Absence	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	12/16/08
		Reviewed/Revised	04/07/09

### **Family/Medical Leave**

Any leave taken under this provision that qualifies as leave under the state and/or federal Family and Medical Leave Acts will be counted as family/medical leave and charged to your entitlement of 12 workweeks of family/medical leave in a 12-month period.

### **Paid Family Leave**

If you take a leave under this provision that qualifies you for payments for PFL, you will be required to use any accrued and/or unused PTO, up to a maximum of two weeks, so long as you are not receiving wage replacement through an employer-provided benefit. For additional information, please contact your supervisor for an informational brochure concerning your rights under the PFL program. Review this manual regarding your eligibility for a leave of absence.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
			Reviewed/Revised
			11/25/08
			Reviewed/Revised
			04/07/09

### **Title**

FMLA (Family Medical Leave Act)

### **Policy Statement**

Ararat Home in accordance with state and federal family and medical Leave laws provides up to 12 workweeks of unpaid family/medical leave within a 12-month period. Any leave taken under this provision that qualifies as leave under the state and/or federal Family and Medical Leave Acts will be counted as family/medical leave and charged to your entitlement of 12 workweeks of family/medical leave in a 12-month period, under the following conditions:

The employee has more than 12 months of service;

The employee has worked at least 1,250 hours during the previous 12-month period before the need for leave; and

The employee is employed at a work site where there are 50 or more employees within a 75-mile radius.

### **Procedure**

Leave may be taken for one or more of the following reasons:

- The birth of the employee's child, or placement of a child with the employee for adoption or foster care;
- To care for the employee's spouse, registered domestic partner, child, or parent who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform his or her job.
- For any "qualifying exigency" (to be defined by federal regulation) because the employee is the spouse, son, daughter, or parent of an individual on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation; or

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- An employee who is the spouse, son, daughter, parent, or next of kin of a covered service member shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the service member.

### **Calculating the 12-month Period**

For purposes of calculating the 12-month period during which 12 weeks of leave may be taken, Ararat Home uses **rolling year**. Under most circumstances, leave under federal and state law will run at the same time and the eligible employee will be entitled to a total of 12 weeks of family and medical leave in the designated 12-month period.

### **Pregnancy, Childbirth or Related Conditions**

However, leave because of the employee's disability for pregnancy, childbirth or related medical condition is not counted as time used under California law (the California Family Rights Act). Time off because of pregnancy disability, childbirth or related medical condition does count as family and medical leave under federal law (the Family and Medical Leave Act). Employees who take time off for pregnancy disability and who are eligible for family and medical leave will also be placed on family and medical leave that runs at the same time as their pregnancy disability leave. Once the pregnant employee is no longer disabled, she may apply for leave under the California Family Rights Act, for purposes of baby bonding.

Any leave taken for the birth, adoption, or foster care placement of a child does not have to be taken in one continuous period of time. California Family Rights Act leave taken for the birth or placement of a child will be granted in minimum amounts of two weeks. However, Ararat Home will grant a request for a California Family Rights Act leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. Any leave taken must be concluded within one year of the birth or placement of the child with the employee.

### **Leave for Employee's Own Health Condition**

The following procedures shall apply when an employee requests family leave:

Please contact your immediate supervisor as soon as you realize the need for family/medical leave.

If the leave is based on the expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or a family member, the employee must notify the organization at least 30 days before the leave is to begin. The employee must consult with his or her supervisor regarding scheduling of any planned medical treatment in order to minimize disruption to the organization's operations. Any such scheduling is subject to the approval of the health care provider of the employee or the health care provider of the employee's child, parent, or spouse.

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If the employee cannot provide 30 days' notice, the organization must be informed as soon as practical.

If the Family and Medical Leave Act/California Family Rights Act request is made because of the employee's own serious health condition, Ararat Home may require, at its expense, a second opinion from a health care provider that the organization chooses. The health care provider designated to give a second opinion will not be one who is employed on a regular basis by the organization.

If the second opinion differs from the first opinion, Ararat Home may require, at its expense, the employee to obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider shall be considered final and binding on Ararat Home and the employee.

Ararat Home requires the employee to provide certification within 15 days of any request for family and medical leave under state and federal law, unless it is not practicable to do so. Ararat Home may require recertification from the health care provider if additional leave is required. (For example, if the employee needs two weeks of family and medical leave, but following the two weeks needs intermittent leave, a new medical certification will be requested and required.) If the employee does not provide medical certification in a timely manner to substantiate the need for family and medical leave, the organization may delay approval of the leave, or continuation thereof, until certification is received. If certification is never received the leave may not be considered family and medical leave.

### **Leave to Care for a Family Member**

If the leave is needed for the care of a sick child, spouse, or parent, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;
- Probable duration of the condition;
- Estimated amount of time for care by the health care provider; and
- Confirmation that the serious health condition warrants the participation of the employee.

When both parents are employed by Ararat Home, and request simultaneous leave for the birth or placement for adoption or foster care of a child, the organization will not grant more than a combined 12 workweeks of family/medical leave for this reason.

If an employee cites his/her own serious health condition as a reason for leave, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;

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- Probable duration of the condition; and
- Inability of the employee to work at all or perform any one or more of the essential functions of his/her position because of the serious health condition.

Ararat Home will require certification by the employee's health care provider that the employee is fit to return to his or her job.

Failure to provide certification by the health care provider of the employee's fitness to return to work will result in denial of reinstatement for the employee until the certificate is obtained.

### **Leave Related to Military Service**

A leave taken due to a "qualifying exigency" related to military service must be supported by a certification of its necessity. A leave taken due to the need to care for a service member shall be supported by a certification by the service member's health care provider.

### **Health and Benefit Plans**

An employee taking family medical leave will be allowed to continue participating in any health and welfare benefit plans in which he/she was enrolled before the first day of the leave (for a maximum of 12 workweeks) at the level and under the conditions of coverage as if the employee had continued in employment for the duration of such leave. Ararat Home will continue to make the same premium contribution as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under Family and Medical Leave Act (i.e. for pregnancy disability leaves) or under the Family and Medical Leave Act/California Family Rights Act (i.e. for all other family care and medical leaves). In some instances, the organization may recover from an employee premiums paid to maintain health coverage if the employee fails to return to work following family/medical leave.

Employees on family/medical leave who are not eligible for continued paid coverage may continue their group health insurance coverage through Ararat Home in conjunction with the federal COBRA guidelines by making monthly payments to the health insurance provider for the amount of the applicable premium. Employees should contact their supervisor for further information.

Payment is due when it would be made by payroll deduction.

### **Reinstatement**

Under most circumstances, upon return from family/medical leave, an employee will be reinstated to his or her original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if he or she had been continuously employed rather than on leave. For example, if an employee on family/medical leave would have been laid off had he or she not gone on leave, or if the employee's job is eliminated during the leave and no



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equivalent or comparable job is available, then the employee would not be entitled to reinstatement. In addition, an employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned before using family/medical leave.

Reinstatement after family/medical leave may be denied to certain salaried "key" employees under the following conditions:

- An employee requesting reinstatement was among the highest-paid 10 percent of salaried employees employed within 75 miles of the work site at which the employee worked at the time of the leave request;
- The refusal to reinstate is necessary because reinstatement would cause
- substantial and grievous economic injury to the organization's operations;
- The employee is notified of the organization's intent to refuse reinstatement at the
- time the organization determines the refusal is necessary; and
- If leave has already begun, the organization gives the employee a reasonable opportunity to return to work following the notice described previously.

For additional information about eligibility for family/medical leave, contact the Executive Director, Administrator or his/her designee.

### Time Accrual

Employees on Family and Medical Leave Act/California Family Rights Act leave **will not** continue to accrue **paid time off** during unpaid Family and Medical Leave Act/California Family Rights Act leave.

### Carryover

Leave granted under any of the reasons provided by state and federal law will be counted as family/medical leave and will be considered as part of the 12-workweek entitlement in a 12-month period. The 12-month period is measured forward from the date any employee's first Family and Medical Leave Act leave begins. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended. No carryover of unused leave from one 12-month period to the next 12-month period is permitted.

### Intermittent Leave

Employees may take Family and Medical Leave Act/California Family Rights Act leave intermittently (in blocks of time, or by reducing their normal weekly or daily work

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schedule) if the leave is for the serious health condition of the employee's child, parent, or spouse, or of the employee, and the reduced leave schedule is medically necessary as determined by the health care provider of the person with the serious health condition. The smallest increment of time that can be used for such leave [is one week](#).

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.07	Original #	Page 1 of 2
Title	Pregnancy Disability Leave	Original Date 09/30/08	Revision Date 09/30/08

### **Title**

Pregnancy Disability Leave

### **Policy Statement**

Pregnancy, childbirth, or related medical conditions will be treated like any other disability, and an employee on leave will be eligible for temporary disability benefits in the same amount and degree as any other employee on leave.

### **Procedure**

Any female employee planning to take pregnancy disability leave should advise the immediate supervisor as early as possible. The individual should make an appointment with the payroll person and their immediate supervisor to discuss the following conditions:

- Employees who need to take pregnancy disability must inform Ararat Home when a leave is expected to begin and how long it will likely last. If the need for a leave or transfer is foreseeable, employees must provide notification at least 30 days before the pregnancy disability leave or transfer is to begin. Employees must consult with the payroll person and immediate supervisor regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the organization. Any such scheduling is subject to the approval of the employee's health care provider;
- If 30 days' advance notice is not possible, notice must be given as soon as practical;
- Upon the request of an employee and recommendation of the employee's physician, the employee's work assignment may be changed if necessary to protect the health and safety of the employee and her child;
- Requests for transfers of job duties will be reasonably accommodated if the job and security rights of others are not breached;
- Temporary transfers due to health considerations will be granted when possible. However, the transferred employee will receive the pay that accompanies the job, as is the case with any other temporary transfer due to temporary health reasons;
- Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide the immediate supervisor with a certification from a

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- health care provider. The certification indicating disability should contain:
  - The date on which the employee became disabled due to pregnancy;
  - The probable duration of the period or periods of disability; and
  - A statement that, due to the disability, the employee is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons.
- Leave returns will be allowed only when the employee's physician sends a release;
- An employee will be allowed to use accrued PTO during a pregnancy disability leave; and
- Duration of the leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months. Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care.

Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave may be taken in increments of a day.

Under most circumstances, upon submission of a medical certification that an employee is able to return to work from a pregnancy disability leave, an employee will be reinstated to her same position held at the time the leave began or to an equivalent position, if available. An employee returning from a pregnancy disability leave has no greater right to reinstatement than if the employee had been continuously employed.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.08	Original #	Page 1 of 1
Title	Coordination of PDL with FMLA	Original Date 04/14/09	Revision Date 04/14/09

### **Title**

Coordination of Pregnancy Disability Leave (PDL) with Family/Medical Leave

### **Policy Statement**

If you take pregnancy disability leave (PDL) and are eligible under the federal or state family and medical leave laws, Ararat Home will maintain group health insurance coverage for up to a maximum of 12 workweeks (of such insurance was provided before the leave was taken) on the same terms as if you had continued to work.

### **Procedure**

Leave taken under the pregnancy disability policy runs concurrently with family and medical leave under federal law, but not family and medical leave under California Law.

If you are ineligible under the federal and state family and medical leave laws, while on pregnancy disability you will receive continued paid coverage on the same basis as other medical leave that the organization may provide and for which you are eligible. In some instances, the organization may recover premiums it paid to maintain health coverage for you if you fail to return to work following pregnancy disability leave.

If you are on pregnancy disability leave and are not eligible for continued paid coverage, or if paid coverage ceases after 12 workweeks, you may continue your group health insurance coverage through Ararat Home in conjunction with federal COBRA guidelines by making monthly payments to the Health Insurance Provider for the amount of the relevant premium. Contact the personnel manager for further information.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.09	Original # 4.10/4.06	Page 1 of 1
Title	Jury Duty	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/23/08
			Reviewed/Revised 04/14/09

### **Title**

Jury Duty

### **Policy Statement**

Ararat Home does not compensate financially the days absent for jury duty.

### **Procedure**

Ararat Home believes jury duty is a privilege and responsibility of every citizen, and encourages employees to use PTO so they may honor this privilege.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.10	Original #	4.05
Title	Bereavement Leave	Original Date	06/01/04
		Revision Date	12/31/04
		Reviewed Revised	05/12/09
		Reviewed Revised	07/01/11

### **Subject**

Bereavement Leave

### **Policy Statement**

Ararat Home grants employees funeral/bereavement leave as set forth below.

### **Procedure**

Full status employees, may be granted up to three (3) days of leave time, with pay, in the event of a death in the employee's immediate family. Note: for purpose of this policy, "immediate family" is defined as a current spouse, registered domestic partner, child, parent, legal guardian, brother, sister, grandparent or grandchild, mother-in-law and father-in-law. An employee with such a death in the family may take up to 3 days consecutive scheduled workdays off with pay with the approval of the organization. The employee's supervisor may approve additional unpaid time off.

Requests for funeral/bereavement leave must be made to the employee's supervisor.

Should an employee need more time to make funeral arrangement or to travel to and from the funeral because of distance, the employee by be provided with the three (3) days funeral/bereavement leave and permitted to utilize PTO days or placed on unpaid LOA for the remaining time needed.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.11	Original # 4.10/4.14/4.09/4.07	Page 1 of 2
Title	Payroll Deductions Payday/Garnishments	Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/23/08
		Reviewed/Revised	04/14/09

### **Subject**

Payroll Deductions/Payday/Garnishments

### **Policy Statement**

Ararat Home has established regular pay periods, to comply with all Federal and State tax and withholding tax laws, and also to authorize additional payroll deductions when warranted.

### **Procedure**

Ararat Home shall withhold from each employee's salary/wages, all state and federally mandated tax withholdings. All employees shall complete the necessary forms for payroll deductions at the time of hiring. It is the responsibility of the employee to notify the Business Office of any change in withholding deductions.

Additional payroll deductions may be made for: Health insurance coverage for dependents, tax sheltered annuity plans. Arrangements shall be made through the Department Supervisor and Payroll Personnel for processing these deductions.

All withholdings and deductions shall be noted on the employee's paycheck stub as record.

Ararat Home will deduct from the employee's paycheck, any court or state ordered garnishment for an employee's debt, as required by law.

The employee shall be notified **in writing** that the facility has received a court ordered claim against his/her wages.

Salary/wages withheld to cover garnishment shall be noted on the employee's paycheck stub.

Ararat Home pay period begins on Monday and ends at midnight on Sunday, two weeks later.



Subject	Wages and Benefits		
Policy #	4.11	Original # 4.10/4.14/4.09/4.07	Page 2 of 2
Title	Payroll Deductions Payday/Garnishments	Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/23/08
		Reviewed/Revised	04/14/09

Paychecks are distributed on the Thursday following the end of the pay period, after 11:00 a.m.

Each employee shall be required to pick up his/her own paycheck in person, and to sign his/her time card. Paychecks that are not distributed during the scheduled time shall be left with the Resident Care Coordinator on each shift until distribution has been made. If an employee wishes the check to be mailed, a stamped self-addressed envelope should be left with the business office at least one day in advance of the payday.

Direct Deposits are available and all employees are encouraged to avail themselves of this program.

Any employee who requests a separate check (i.e. for PTO hours) will be charged a fee for the amount the facility is charged.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.12	Original # 4.13/4.10	Page 1 of 1
Title	Employee Handbook	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/23/08
			Reviewed/Revised 04/14/09

### **Title**

Employee Handbook

### **Policy Statement**

Ararat Home will maintain and update an employee handbook, which shall be provided to each employee to facilitate a mutual understanding of Ararat Home Personnel Policy and Procedure.

### **Procedure**

The Executive Director shall oversee updating of the employee handbook, in accordance with Personnel Policy and Procedure.

The Executive Director, Administrator or their designee is responsible for providing an employee handbook to each new employee. During orientation, the new employee shall read through the handbook from cover to cover, have the opportunity for question and answer, and then sign a statement that they have read and understood the policy and procedures of the Ararat Home. The statement shall be maintained in the employee's Personnel file.

If the employee is unable to read the handbook, it will be read to him/her, and explained. This shall be noted on the orientation check list when the employee signs.

The Executive Director, Administrator or their designee is responsible for providing updated versions of the employee handbook to all employees. Handbook changes shall also be discussed with employees, to guarantee complete understanding of policy changes.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.13	Original # 4.13/4.11	Page 1 of 2
Title	Group Health Care Benefit Plan	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/30/08
			Reviewed/Revised 04/14/09
			Reviewed/Revised 01/05/10

### **Title**

Group Health Care Benefit Plan

### **Policy Statement**

It is the policy of Ararat Home to participate in a group health care benefit plan, which includes medical, vision, dental, and retirement plans to offer coverage to full status employees and their qualified dependents.

### **Procedure**

Ararat Home shall offer the health care benefit plan to full status licensed and supervisory employees who have reached their benefit date. The health care benefit coverage will be effective the 1<sup>st</sup> day of the next month following their benefit date. If the employee chooses not to participate he/she will not be eligible to participate until the next scheduled open enrollment date for the facility.

Employees shall be required to provide documentation and complete paperwork as required by the health care benefit provider, in order to receive benefits.

Ararat Home reserves the right to change insurance carriers as deemed necessary by the Board of Trustees or their Designee.

If Ararat Home offers multiple health care plans as part of its benefit package, employees may switch plans only on the open enrollment date. Open enrollment will be held annually, and scheduled by the Administrator/ Executive Director.

After 3 months of appraisal period, Ararat Home will pay 100% of the premium for Registered Nurses and Licensed Vocational Nurses. Non-licensed full time employees may participate in the health care plan as desired; Ararat Home will pay 50% of the premium cost. If the employee wishes to have dependent coverage as well, the employee is responsible for the entire cost of dependent coverage. Employee premium payments for any insurance costs will be withheld from the employee's paycheck. Upon completion of ten years of service Ararat Home will pay 100% of the premium of the health care plan for all full time employees.

Subject	Wages and Benefits		
Policy #	4.13	Original # 4.13/4.11	Page 2 of 2
Title	Group Health Care Benefit Plan	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/30/08
			Reviewed/Revised 04/14/09
			Reviewed/Revised 01/05/10

Health care insurance benefits and coverage will cease on the date of an employee's termination or end of the month of termination. An employee may elect to continue coverage through the COBRA program, in accordance with the law, and would therefore be required to complete necessary paperwork and pay the required 100% of the full premium cost.

The Executive Director or the Administrator of Ararat Home is responsible for health care insurance program administration. Any questions or problems should be directed to the Executive Director, Administrator or their designee.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.14	Original #	Page 1 of 1
Title	Voting Time Off	Original Date 05/19/09	Revision Date

### **Title**

Voting Time Off

### **Policy Statement**

It is the policy of Ararat Home to allow personnel time off to vote.

### **Procedure**

It is the right of every person to vote. Our organization encourages all personnel to exercise this right.

Voting stations open early and close late. Therefore, we request that employees schedule their voting time so as not to interfere with their work time.

Personnel required to work during voting hours will be given time off, with pay, to vote. Such requests must be approved by the department director and noted on the employee's time card.

Personnel authorized to take time off to vote will be permitted to arrive at work one (1) hour late or to leave work one (1) hour early. The department director must initial the employee's time card to indicate that such leave time was for voting time. The employee will be paid for the full shift. (NOTE: The organization reserves the right to verify whether or not the employee voted.)

## **Ararat Home of Los Angeles, Inc.**

Subject	Safety		
Policy #	5.00	Original # 5.03/5.02	Page 1 of 3
Title: Workers Compensation and Industrial Injury		Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/30/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

### **Title**

Workers Compensation and Industrial Injury

### **Policy Statement**

Ararat Home in accordance with state law provides insurance coverage for employees in case of work-related injury. This may include: Medical care, indemnities payments, to replace lost wages, and assistance to help qualified injured employees return to suitable employment.

### **Procedure**

To ensure that you receive any workers' compensation benefits to which you may be entitled, you will need to:

- Immediately report any work-related injury to your supervisor;
- Seek medical treatment and follow-up care if required;
- Complete a written Employee's Claim Form (DWC Form 1) and return it to the Administrator/Executive Director or his/her designee and provide the supervisor or his/her designee with a certification from your health care provider regarding the need for workers' compensation disability leave, and as well as your eventual ability to return to work from the leave.

Upon submission of a medical certification that an employee is able to return to work after a workers' compensation leave, the employee under most circumstances will be reinstated to his or her same position held at the time the leave began, or to an equivalent position, if available. An employee returning from a workers' compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on workers' compensation leave would have been laid off had he or she not gone on leave, or if the employee's position has been eliminated or filled in order to avoid undermining the organization's ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

Policy # 5.00	Original # 5.03/5.02	Page 2 of 3	
Title: Workers Compensation and Industrial Injury	Original Date 06/17/88	Revision Date	12/31/04
		Reviewed/Revised	09/30/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

An employee's return depends on his or her qualifications for any existing openings. If, after returning from a workers' compensation disability leave, an employee is unable to perform the essential functions of his or her job because of a physical or mental disability, the organization's obligations to the employee may include reasonable accommodation, as governed by the Americans with Disabilities Act.

### **Organization-Provided Physician**

Ararat Home provides medical treatment for work-related injuries through a medical provider network, which the organization has chosen to provide medical care to injured employees because of their experience in treating work-related injuries.

The law requires Ararat Home to notify the workers' compensation insurance company of any concerns of false or fraudulent claims.

### **Workers' Compensation and FMLA/CFRA**

Employees who are ill or injured as a result of a work-related incident, and who are eligible for family and medical leave under state and federal law (Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)), will be placed on FMLA/CFRA during the time they are disabled and not released to return to work. The leave under these laws runs concurrently, and eligible employees will be on FMLA/CFRA for a maximum of 12 weeks in a 12-month period.

All employees must report all work related injuries within 24 hours of occurrence of the injury. Failure to do so will automatically result in a written warning to be placed in the employee's file.

### **Paid Time Off and Worker's Compensation Benefits**

Paid time off is a benefit that also covers absences for work-related illness or injury. Employees who have a work-related illness or injury are covered by workers' compensation insurance. However, workers' compensation benefits usually do not cover absences for medical treatment. When you report a work-related illness or injury, you will be sent for medical treatment, if treatment is necessary. You will be paid your regular wages for the time you spend seeking initial medical treatment.

Any further medical treatment will be under the direction of the health care provider. Any absences from work for follow-up treatment, physical therapy or other prescribed appointments will not be paid as time worked. If you have accrued PTO, the additional absences from work will be paid with the use of PTO.

An employee injured while on duty at the facility shall be compensated according to the schedule of payments defined in the Worker's Compensation Act, for time lost provisions of the Act.

The facility Executive Director or Administrator shall be responsible for compliance with the Workman's Compensation Law.

Subject	Safety		
Policy #	5.00	Original # 5.03/5.02	Page 3 of 3
Title: Workers Compensation and Industrial Injury		Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/30/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

The Executive Director or Administrator and/or their designee shall be responsible for conducting investigations.

Employees are allowed to cash out their PTO while on Worker's Compensation and/or disability.

The facility will pay up to ninety (90) days of the employee's part of group health insurance or until his/her return to work, whichever is less.

Employees' do not accrue PTO while on leave.

Modified duty assignment is available, but is not to exceed for more than 45 days. (Refer to our safety manual policy # 7 for more details).



## **Ararat Home of Los Angeles, Inc.**

Subject Safety		
Policy # 5.01	Original #	Page 1 of 1
Title: Incident Report	Original Date 05/19/09	Revision Date
		Reviewed/Revised

### **Title**

Incident Report

### **Policy Statement**

It is the policy of Ararat Home to complete and retain written incident reports to document all accidents, injuries, or unusual occurrences.

### **Procedure**

In the event of any accident, injury or unusual occurrence involving any employee or resident of Ararat Home, an incident report form must be completed and turned in to the Administrator or his/her designee.

The Supervisor or individual responsible for the organization at the time of the incident or injury is responsible for completion of the written incident report form. This form shall be completed as soon as possible after the occurrence, and submitted to the Nursing Administration's office by the end of the shift.

The Executive Director/Administrator or his/her designee shall investigate each incident. Corrective actions will be communicated to the immediate supervisors for implementation.

## **Ararat Home of Los Angeles, Inc.**

Subject	Health Examination/Health Records		
Policy #	6.00	Original #	6.01
Title: Pre-Employment/Annual Examinations		Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	04/14/09
		Reviewed/Revised	09/01/09

### **Title**

Pre-Employment (within 3 months, or 5 days after hire) and Annual Health & Physical Examinations

### **Policy Statement**

Ararat Home requires all employees to obtain a pre-employment health evaluation and an annual health review thereafter, by a physician.

### **Procedure**

At the time of hire, every new employee shall be informed that he/she must complete a health questionnaire, and obtain a pre-employment health evaluation.

## Ararat Home of Los Angeles, Inc.

Subject	Health Examination/Health Records		
Policy #	6.01	Original #	6.02
Title:	Health Records	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	07/01/11

### Title

Health Records

### Policy Statement

Ararat Home will maintain a health record for each employee that shall contain all the information required by law.

### Procedure

All health records required by State and Federal law shall be kept in the employee's Personnel File.

Health records for terminated employees shall be maintained in the facility for seven (7) years following the date of termination.

The health records of employees shall be checked annually by the Executive Director, or the Administrator to assure there is a complete, up-to-date health record for each employee.

Thirty (30) days prior to the anniversary date of hire, each employee shall be notified by their immediate supervisor that he/she has 30 days to obtain a health examination and shall be given the required report forms. Their supervisor is also notified that the annual health examination is due for the employee.

If an employee has not obtained the annual health examination required by law by the anniversary date, the employee's supervisor shall inform **the employee in writing that** he/she must obtain the health evaluation within 30 days, or he/she will be informed about the disciplinary process of not obtaining a health evaluation.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.00	Original #	7.01
Title:	Standards of Conduct	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	04/14/09
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

### **Title**

Standards of Conduct

### **Policy Statement**

All employees' of Ararat Home shall conduct themselves in a manner that is fitting and appropriate of Resident Rights.

### **Procedure**

All employees shall receive in their employee handbook at the time of hire, and the Standards of Conduct Policy.

At the time of the employee's orientation, the rights of our residents shall be discussed and clearly understood by all new employees.

Immediate termination may result if any of the following offenses of Standards of Conduct occur:

- A. Insubordination
- B. Use of profane or abusive language, or excessively loud voice.
- C. Fighting or attempting bodily injury.
- D. Embezzlement and/or theft of company property, or of property of resident's, employees, or others.
- E. Falsification of time cards, employment applications or other company records.
- F. Giving out confidential information to unauthorized persons.
- G. Willful destruction of company property.
- H. Sleeping on the job while on duty.
- I. Gambling on company premises.
- J. Conduct which violates common decency or morality.
- K. State of health dangerous to other employees or patients.
- L. Possession of illegal weapons on premises.
- M. Any type of abuse to a resident.
- N. Introduction, possession, removal, sale or use on the job of drugs and/or intoxicating substances; or being intoxicated when reporting to work.

Subject	General Policies		
Policy #	7.00	Original #	7.01
Title:	Standards of Conduct	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

- O. Operating company-owned equipment without permission or using it for purposes other than company business.
- P. Leaving during working hours without permission of the supervisor.
- Q. Potential fraud and abuse
- R. Solicitation by employees on premises
- S. Any other gross violation of conduct not mentioned.

Violations of this policy shall be brought to the attention of the employee's immediate supervisor. The supervisor will call the employee to a conference.

Based upon the facts, a warning notice shall be given by the immediate supervisor for any breach of this policy. Employment may be terminated without notice depending upon the severity of the infraction.

The investigative process will be reported to the Executive Director or the Administrator.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.01	Original #	7.02
Title:	Grooming Standards	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	August 2009
		Reviewed/Revised	07/01/11

### **Title**

Grooming Standards

### **Policy Statement**

Ararat Home requires each employee to dress professionally and wear an Id badge for his/her position.

### **Procedure**

The facility shall not pay or reimburse employees for any uniforms or for the cleaning of uniforms.

All employees shall be informed of grooming standards.

All employees may wear color coordinated uniforms (pastel colored are preferred) or white uniforms.

A non compliant employee will undergo the disciplinary process.

#### ***Uniforms Acceptable***

#### ***Uniforms Not Acceptable***

White, uniforms and /or scrubs	Navy blue jeans, corduroys, crushed denim
Pastel colored or pastel colored stripes, designs, patterns	Suspender overalls, flamboyant cuffs or ruffles
Long pants	Neckline high enough to cover chest or ruffles
White jeans	Neckline high enough to cover chest T-shirts
No Sleeveless	Black cover tops
Skirt length not to exceed 1 inch above the knee or below midcalf	Exposed midriff when arms are raised
	Tight fitting pants, knit pants, corduroy pants, sweat pants elastic leg pant bottoms

Subject	General Policies		
Policy #	7.01	Original #	7.02
Title:	Grooming Standards	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	August 2009
		Reviewed/ Revised	07/01/11

***Socks/Stockings Acceptable***

Nylon or sock to match outfit
White socks to be worn only under pants

***Socks/Stockings Not Acceptable***

Patterns
Patterns/designs

***Shoes Acceptable***

White duty style (nursing)
Tennis Shoes
Clogs with straps
Cotton Shoes

***Shoes Not Acceptable***

Black Tennis Shoes
Colored

***Hair Acceptable***

If longer than shoulder length, will be pulled back and secured
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***Hair Not Acceptable***

Extreme hair style
Extreme hair color (red, purple, green, blue, orange)

***Make up Acceptable***

Light, complimentary
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***Make up Not Acceptable***

Bizarre, excessive (i.e. black or blue lipstick)
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***Nails Acceptable***

Clean and short
Nail length not to exceed 1/3 inch beyond tip of finger
Polish bright, red, skin tone, pink

***Nails Not Acceptable***

Dark, bright, fluorescent
Metallic colors
Charms/designs
Pastel
Acrylic (Care Givers)

***Jewelry Acceptable***

Earrings only one pair
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***Jewelry Not Acceptable***

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***Personal Hygiene Acceptable***

Appropriate personal hygiene
Light scent

***Personal Hygiene Not Acceptable***

Body odor
Strong perfume

***Male Nurses Acceptable***

Small beard (trimmed properly)
Trimmed mustache

***Male Nurses Not Acceptable***

Earrings
Tied hair

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.02	Original #	Page 1 of 1
Title:	Attitude/Courtesy	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

Attitude/Courtesy

### **Policy Statement**

Ararat Home requires all employees to maintain good attitude toward their job position, co-workers, residents, and visitors and to treat them with utmost respect, kindness, and dignity.

### **Procedure**

All employees should be alert to their surrounding and helpful at all times.

All employees are expected to be kind and considerate of residents, visitors, and other company employees.

Problems should be reported to the immediate supervisor if the employee is unable to resolve a complaint.

Telephones must be answered properly by identifying the name of the company, and the name of the speaker. If at all possible caller should not be on hold for more than 60 seconds.



## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.03	Original #	Page 1 of 1
Title:	Gossip	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

Gossip

### **Policy Statement**

Ararat Home prohibits the spreading of rumors and/or gossip.

### **Procedure**

The spreading of rumors, falsehoods, gossip, etc. by employees, residents, and/or visitors is strictly prohibited.

Activities of this nature cast unfounded doubts and may cause harm to an individual.

Violations of this policy may result in disciplinary action by the immediate supervisor.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.04	Original #	7.03
Title:	Identification Badges	Original Date	06/17/88
		Revision Date	12/31/04

### **Title**

Identification Badges

### **Policy Statement**

Ararat Home requires all employees to wear identification badges to provide means for proper identification and to improve residents/family, public communication with staff.

### **Procedure**

The office personnel will be responsible for providing all identification badges on orientation day.

Employees will wear their identification badges at all times while on the premises. The badge must be worn where it is easily visible.

If an employee changes his/her name or position, the office personnel must be notified, and a new badge will be ordered.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.05	Original #	Page 1 of 1
Title:	Employee Lockers	Original Date 12/31/04	Revision Date 12/31/04
			Revision Date 11/04/08

### **Title**

Employee Lockers

### **Policy Statement**

Ararat Home provides a locker for the employees' personal use.

### **Procedure**

This facility will provide a locker for employees use at no cost to the employee, for safekeeping of his/her personal items.

Employees must provide their own locks.

Lockers must be maintained in a clean and sanitary manner and kept free from accumulation of food and trash.

The facility does not assume responsibility for the loss or theft of personal property.

The organization has the right to inspect the lockers and their contents at anytime.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.06	Original #	7.04
Title:	Change of Employee Info.	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Change of Employee Information

### **Policy Statement**

Ararat Home maintains current and accurate information on each employee to be included in his/her health record and Personnel file.

### **Procedure**

All employees shall inform the immediate supervisor of any change in his/her name, address, phone number. All employees shall inform the Business Office of any change in number of dependents.

The Business Office shall complete any necessary changes in the facility records, including tax records, payroll records, etc., noting the new information.

Ararat Home shall not be responsible for any problems in the employee's tax records, etc., due to the failure of the employee to submit necessary changes in information.

## Ararat Home of Los Angeles, Inc.

Subject	General Policies		
Policy #	7.07	Original #	7.05
Title:	Smoking and Eating	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	09/01.09

### Title

Smoking and Eating

### Policy Statement

Ararat Home employees shall smoke or eat only in the designated areas.

### Procedure

At the time of the employee's orientation, he/she shall be informed of the facility policy regarding smoking or eating on the premises.

Smoking is only allowed in designated smoking area. Smoking shall not be allowed inside the facility.

Consuming of food shall not be permitted in the residents' rooms, or nursing stations. Eating is allowed in the employee dining room, or in **employees' offices provided the door is locked.**

On special occasions, the resident dining rooms may be used for serving and eating food.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.08	Original #	Page 1 of 1
Title:	Parking	Original Date	12/31/04
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Parking

### **Policy Statement**

Ararat Home would like employees to follow all guidelines established in this policy.

### **Procedure**

Every effort will be made to provide a parking place for all employees.

Designated parking spaces have been assigned for executives, and persons with handicaps.

Ararat Home assumes no responsibility for any damage to, or theft of any non company owned vehicle or any personal property in the vehicle while on our premises.

Employees must use caution while driving on our premises. Employees may not exceed 5 miles per hour while driving on our premises.

Violations may result in disciplinary action.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.09	Original #	7.10
Title:	Nepotism	Original Date	06/17/98
		Revision Date	12/31/04

### **Title**

Nepotism

### **Policy Statement**

Ararat Home permits the hiring of relatives.

### **Procedure**

The hiring of relatives and friends is not prohibited by our organization. However, certain requirements must be met.

Relatives will not be permitted to work in the same services, nor be assigned to an area, where a relative is a supervisor. A relative is defined as a son, daughter, father, mother, sister, brother, husband, wife, registered domestic partner or son in-law, daughter in-law, father in-law, mother in-law, sister in-law, brother in-law.

All relatives and friends recommended by employees must meet the same employment requirements as other persons applying for the same positions.

All employees hired before 6/17/98 are grandfathered from this policy.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.10	Original #	7.11
Title	Gifts, Gratuities, Payments	Original Date	09/25/05
		Revision Date	05/01/11

### **Title**

Gifts, Gratuities, Payments

### **Policy Statement**

Ararat Home prohibits any employee from receiving or giving any gift, gratuity, or payment for services rendered; the making of any promise(s) on behalf of the organization; or engaging in any activity, practice, or act which conflicts with the interest of the organization or its residents.

### **Procedure**

Employees are not allowed to accept any monetary gifts from any of the residents/families.

If families approach an employee to accept monetary gifts, employees must direct them to the supervisor.

Gifts may be accepted towards special events for employees (i.e. pizza party, equipment they may be need, etc), with the approval of the DNS(Director of Nursing Services)/DCS(Director of Clinical Services) , or Executive Director, and or the Administrator. Thank you letters will be sent out on behalf of Ararat.

If any acceptance of monetary gifts are accepted this may result in disciplinary action and even termination of employment.

If requests are made to residents for monetary gain in return to provide care, this will result in automatic termination.



## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.11	Original #	7.12
Title	Preventing Health Care Fraud	Original Date	11/21/06
		Revision Date	07/27/09

### **Title**

Preventing Health Care Fraud

### **Policy Statement**

Ararat Home will ensure that all employees understand the process of reporting possible Medicaid/Medi-Cal or Medicare fraud. Under the Deficit Reduction Act 2005, all employees must understand the laws regarding false claims, as well as their rights to report any attempts to defraud the government.

### **Procedure**

#### **Federal False Claims Act**

The False Claims Act allows any person, who discovers that a government contractor or organization is fraudulently receiving funds from the government, to report the fraud and possibly file a complaint on behalf of the government.

Any health care agency that seeks and received reimbursement from the government for Medi-Cal or Medicare funds are considered government contractors, and are therefore subject to the False Claims Act. There are a number of ways that a health care provider can violate the False Claims Act, including, but not limited to:

- a. Knowingly billing for a service that was not rendered;
- b. Knowingly including an item of cost in a "cost report" that was not incurred or cannot be justified;
- c. Misrepresenting the types of goods and services that were rendered;
- d. Misrepresenting the nature of the recipient's illness or condition; or,
- e. Providing care of such a substandard nature that it is the equivalent of a "worthless service."

#### **Filing A Complaint**

When a private citizen brings a claim on behalf of the government, it is known as a qui tam lawsuit. The False Claims Act does not require a person to report the fraud to the government before filing a lawsuit. If the government or another private citizen already filed a qui tam lawsuit, then you are barred from filing a lawsuit.

Subject	General Policies		
Policy #	7.11	Original #	7.12
Title	Preventing Health Care Fraud	Original Date	11/21/06
		Revision Date	07/27/09

If a private citizen chooses to file a qui tam complaint, it must be done in a federal district court, and a copy of the complaint must be sent to the Attorney General of the United States. The most important part of filing a qui tam complaint is that it must be done under seal.

Confidentiality with false claims is extremely important. The complaint cannot be served on the defendant until the court grants permission to do so. Although the complaint remains under seal, the identity of the complainant is revealed to the government at the time that the complaint is filed. The identity of the complainant is not revealed to the defendant until the complaint is unsealed.

Once a qui tam lawsuit is filed, the government can choose not to proceed with the action, but even if this occurs, the private citizen can continue with this offer suit against the defendant.

### **Penalties**

If a provider violated the federal False Claims Act, it is required to pay three times the amount of damages that the government incurred an not less than \$5,500 and not more than \$11,000 in civil penalties. This amount is for each claim.

A whistleblower that brings a qui tam lawsuit for a False Claims Act violation may also collect a monetary award. He or she will only collect a monetary award if the government recovers money from the defendant.

### **California State False Claims Law**

California has its own version of the False Claims Act that is specifically modeled after federal law. As with the federal False Claims Act, California's False Claims law permits any person who discovers that a government contractor or operator is fraudulently receiving funds from the state government to report the fraud and file a complaint on behalf of the government.

Any health care company that seeks and receives reimbursement from the state government for Medi-Cal funds is considered government contractor, and is therefore subject to the state false claims laws. There are a different of ways that an organization can violate state law, including; each of the examples referred to above on the federal False Claims Act.

Subject	General Policies		
Policy #	7.11	Original #	7.12
Title	Preventing Health Care Fraud	Original Date	11/21/06
		Revision Date	07/27/09

## **Filing a Complaint**

As with the federal False Claims Act, if a private citizen brings a claim on behalf of the state government, it is also known as a qui tam lawsuit. When a private citizen chooses to file such a lawsuit for health care fraud on behalf of the state government under state law, it must be done in a state Superior Court, and a copy of the complaint must be sent to the Attorney General of the State of California. As with the federal False Claims Act, the identity of the complainant is not revealed to the defendant. The government can choose not to proceed with the action, but even if this occurs, the private citizen can continue with his or her suit against the defendant.

## **Penalties**

California law provides that a violator of its false claims act if is required to pay three times the amount in damages that the state government incurred. It also provides for civil money penalties up to \$10,000 for each false claim submitted as well as the costs of the suit. As with federal law, a whistleblower bringing a qui tam may also collect a monetary award but only if the government recovers money.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.12	Original # 7.13	Page 1 of 2
Title:	Detecting Fraud, Waste, and Abuse	Original Date 11/21/06	Revision Date

### **Title**

Detecting Fraud, Waste, and Abuse

### **Policy Statement**

Ararat Home has a zero tolerance policy for fraud, waste and abuse. Due to the severe legal and monetary consequences that can result from a violation of any false claims laws, Ararat Home will implement a strict policy that applies to all employees. Ararat Home will provide the government with truthful information regarding the services that are rendered. Ararat Home will not allow its employees or agents to fraudulently misrepresent to the government about the services that it provides.

### **Procedure**

All employees are required to report to the Executive Director, Administrator or his/her designee about any possible fraud, waste or abuse as soon as he or she becomes aware of them.

All reports of fraud, waste or abuse will be handled as confidentially as possible.

Reporting possible fraud, waste or abuse to Ararat Home will not preclude the employee from directly reporting it to the government. However, Ararat Home would prefer to handle the matter internally before getting outside entities involved.

An employee who reports possible fraud will be contacted during the investigation and corrective action will be taken where appropriate.

Every report of perceived fraud, waste or abuse will be fully investigated and corrective action will be taken where appropriate.

Violation of this policy will result in disciplinary action.

Ararat Home will not allow any form of retaliation against employees who report possible fraud or false claims to the Executive Director, Administrator or his/her designee or who cooperation the investigation of such reports.

If an employee chooses to report the abuse directly to the government, she/he will not be retaliated or discriminated against any way by Ararat Home.

Subject	General Policies		
Policy #	7.12	Original #	7.13
Title:	Detecting Fraud, Waste, and Abuse	Original Date	11/21/06
		Revision Date	

If an employee feels he or she is subjected to retaliatory action by Ararat Home for reporting the false claim the False Claims Act and California law provide for relief including: reinstatement, back pay or compensation for any damages that an employee may incur, including any litigation costs and attorneys' fee, should the employee bring an action against Ararat Home.

An employee who is retaliated against for reporting any fraudulent health care claims or being part of any proceedings related to false claims can bring an action in court to receive any of the relief that is listed above.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.13	Original #	Page 1 of 1
Title:	HIPAA Compliance	Original Date 05/19/09	Revision Date

### **Title**

HIPAA (Health Insurance Portability and Accountability Act)

### **Policy Statement**

It is the policy of Ararat Home to protect resident information from access to unauthorized use, or release.

### **Procedure**

Ararat Convalescent and Ararat Nursing Facility – Facilities will not condone the access to, unauthorized use, or release of protected resident information as defined by current HIPAA rules and regulations.

Personnel who suspect or who have knowledge of violations of the HIPAA policies and procedures must promptly report such information to the HIPAA Compliance Officer or the Executive Director, Administrator or his/her designee.

Polices and procedures governing the protection of resident information are outlined in the HIPAA Compliance Manual.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.14	Original #	7.15
Title:	Care and Use of Organization	Original Date	05/19/09
Property		Revision Date	6/23/11
		Reviewed/Revised	07/01/11

### **Title**

Care and Use of Organization Property

### **Policy Statement**

It is the Policy of Ararat Home to insist that all personnel appropriately use and care for its property, equipment, and supplies.

### **Procedure**

All employees are expected and required to exercise due care and safety in the use of all organization property, equipment, and supplies.

Property, equipment, and supplies may be used only for the purpose for which they were intended.

Deliberate misuse, abuse, or damage to the organization's property, equipment, or supplies will be grounds for disciplinary action.

Employees will be required to pay for any organization property, equipment, or supplies damaged or destroyed.

The removal of organization property from the premises and/or the conversion of organization property to personal use are prohibited.

The organization assumes no responsibility for the damage or loss of personal property of an employee.

Administrator/Executive Director may allow requests for the temporary use of assistance devices such as cane, wheelchair, walker, etc.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.15	Original #	Page 1 of 1
Title:	FACTA Red Flags	Original Date 05/28/09	Revision Date

### **Title**

FACTA Red Flags (Fair and Accurate Credit Transactions Act)

### **Policy Statement**

Ararat Home has a zero tolerance policy for identity theft.

### **Procedure**

Ararat Home will recognize and report immediately to their immediate supervisor any of the following if and when the Ararat Home becomes aware of them:

Documents, applications, or photo identification that appear to have been altered or forged, or give the appearance of having been destroyed and reassembled.

Receive personal identifying information that is inconsistent when compared to other such information on file with the financial institution or creditor or provided by the resident and/or responsible party, or otherwise inconsistent when compared against external information sources used by the financial institution or creditor.

The Social Security number, address or telephone number that is provided is the same and consistent with the information provided by residents and/or their responsible party.



## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Personnel Files		
Policy #	8.00	Original #	8.01
Title:	Employee Personnel Files	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	10/28/08

### **Title**

Employee Personnel Files

### **Policy Statement**

Ararat Home maintains a personnel record for each employee containing all information required by law.

### **Procedure**

When a new employee is hired, the Executive Director, Administrator, and/or the In-Service Educator, Dietary Supervisor, and Plant Manager shall prepare a Personnel file for the employee. This will include three (3) separate files, personnel, educational, health files.

Personnel file will include:

- The employee's full name
- Social security number
- Documentation for citizenship or immigration status
- Copy of completed INS employment eligibility form
- Copy of professional license
- Completed application form
- Copies of any resumes and letters of recommendation
- Emergency contact information

Educational File will include:

- Documentation of evidence of orientation
- Letter of appointment with job description
- Employee orientation signoff sheet

Health File will include:

- Health record
- Report of pre-employment interview/testing results

The following information will be added to the personnel, educational and health files during the course of employment:

- Evidence of annual health examination
- Any completed performance evaluation
- Documentation for any salary step increases, status changes, or promotions.

Subject	Employee Personnel Files		
Policy #	8.00	Original #	8.01
Title:	Employee Personnel Files	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	10/28/08

Copies of any new job description of promotions  
 Copies of any written warning forms  
 Notes from any verbal warning  
 Employee accident/incident reports  
 Documentation of all benefits received  
 Documentation of sick leave time  
 Documentation of continuing education courses  
 Documentation of grievances  
 Exceptional performance, including Citations for outstanding effort

The immediate supervisor will maintain and update the personnel files, educational, and health files. All files will be kept in the supervisor's office in designated file cabinets and shall be accessible only to authorized persons. Personnel files for terminated employees are kept separately from current employment records.

If an employee has questions regarding his/her files, a request may be made to his/her immediate supervisor to inspect it. The employee may not remove any information from the file, but may inform the supervisor of any information he/she believes inaccurate, or contest any information kept within through normal grievance procedure.

All other authorized persons wishing to see personnel files, shall request permission from the Executive Director/ Administrator. The Business Office staff does not have authority to grant such requests. In general, authorized persons shall include: The Executive Director/Administrator, the Board of Trustees and their representatives, and representatives of the Department of Health or other government agencies required by law to have access to such files.

All employee personnel files shall be retained in the facility for a minimum of seven (7) years following the last dated entry.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Personnel Files		
Policy #	8.01	Original #	Page 1 of 1
Title:	E-Mail	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

E-Mail

### **Policy Statement**

Ararat Home allows employees to use electronic mail (E-Mail), both internally and externally, to more efficiently communicate the facility's business needs.

### **Procedure**

Immediate supervisors delegate the education of employees about the proper use of the E-Mail system.

The company's E-Mail system is to be used for business purposes. Therefore, under normal circumstances, an employee should not use the company's E-Mail system for personal purposes.

E-Mail messages received and transmitted by company employees on company equipment are the property of the company. Therefore, the company has the right to access and monitor any such messages. Each employee whose E-Mail messages may be accessed or monitored by the company will be requested to sign a consent form which authorizes the company to access and monitor that employee's messages.

An employee may be disciplined for using the company's E-Mail system in an improper way. Improper use of the E-Mail system includes, but is not limited to, using the system for personal purposes; using the system for harassing, insulting, offending, or threatening purposes; and using the system for any unlawful purpose.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Personnel Files		
Policy #	8.02	Original #	Page 1 of 1
Title:	Personal Calls and Cellular Phone Usage	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

Personal Calls and Cellular Phone Usage

### **Policy Statement**

Ararat Home allows employees to keep their cellular phones accessible to them. Personal phone calls are a privilege and discouraged unless in case of emergencies.

### **Procedure**

Cellular phones are only to be used to receive any emergency calls from family members (or from children's schools).

If the phone is carried on one's person it should be on the "vibrate" mode so that resident's or employees are not disturbed.

Outgoing calls can be made during meal periods/breaks.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education In-Service		
Policy #	9.00	Original #	9.01
Title:	Staff In-Service Training	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Subject**

Staff In-Service Training

### **Policy Statement**

Ararat Home will provide regularly scheduled in-service training classes for all employees in accordance with all Federal and State regulations.

### **Procedure**

A record of each in-service training session shall be completed the record shall include: date, names of attendees, length of session and the lesson plan. This record will be maintained in the employee's educational file.

In-service training classes will be scheduled and posted in a place easily accessible to all employees.

All in-service classes are scheduled during working hours at a time that allows for optimum attendance. Classes are scheduled for all employees of all shifts who are expected to attend when assigned by their immediate supervisor.

In addition to individual department classes, the educator plans and conducts in-service training for mandatory classes.

All employees on duty at the time of any Drill activity are required to participate.

All records of in-service training shall be retained by Ararat Home for a minimum period of four (4) years. It is the employee's responsibility to keep records of the in-services attended.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education of In-Service		
Policy #	9.01	Original #	9.02
Title:	Continuing Education	Original Date	06/17/88
Requirements		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Continuing Education Requirements

### **Policy Statement**

It is the policy of this facility to grant leave of absences for full-time employees' to complete courses necessary to retain their professional license or certification, or to obtain knowledge in the field directly related to the profession of the employee.

### **Procedure**

Continuing education courses may be taken for the purpose of acquiring knowledge in relation to the position. Time off may be granted for courses covering other related areas, after submission of a course syllabus to the immediate supervisor for approval.

Time off may be granted to Registered Nurses for a total of 30 hours every two years, and to licensed Administrators for a total of 40 hours every two years

The immediate supervisor shall approve all requests for time off for continuing education seminars or workshops.

Upon return, the employee may be subjected to submit a concise written report which will be filed in their personnel file.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education In-Service		
Policy #	9.02	Original #	9.03
Title:	Continuing Education Reimbursement	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Continuing Education Reimbursement

### **Policy Statement**

Ararat Home may grant leave of absences, and to contribute to the cost of continuing education coursework when employees attend job-related educational programs. This must be approved by department heads.

### **Procedure**

For the purpose of continuing education reimbursements, all requests shall be considered by the Administrator/Executive Director or their designee.

Employees are eligible for time off without pay, for continuing education not required by law, that's solely for employee enrichment. Prior approval procedure must be followed and the employee's time card marked appropriately.

Prior approval for reimbursement should include:

- The course title and purpose
- The name of the educational institution or agency sponsoring the course
- The date(s), time, and length of the course
- The location at which the course will be taught
- The cost of the course
- The signature and title of the person making the request

Ararat Home shall reimburse the employees mentioned above reasonable expenses for continuing education coursework upon satisfactory completion. All receipts must also be submitted within 30 days.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education In-Service		
Policy #	9.03	Original #	9.04
Title:	Scholarship Fund	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Scholarship Fund

### **Policy Statement**

Ararat Home may grant scholarships to staff for the improvement of their professional skills.

### **Procedure**

Applicant must have a minimum two (2) years of work experience at Ararat Home.

Applicant must be recommended by their immediate supervisor.

Applicant must submit the application within the designated time frame.

The scholarship recipient will be required to submit receipts for the use of scholarship money which can only be used toward the cost of tuition, textbooks and related expenses. (Maximum benefit is \$1,000/calendar year).



Subject	Education In-Service		
Policy #	9.03a	Original #	9.04
Title:	Scholarship Application	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

Name of Applicant:

Date:

Employed at:

Current Position/Shift:

Date of Hire:

CNA's or RNA's with a goal as LVN:

Describe the program that you will pursue by indicating:

- Total length of program to obtain LVN
- Educational institution
- Description of classes
- Estimate of cost of tuition and textbooks
- Scholarship assistance requested

LVN's with a goal as RN:

Length of LVN experience:

Describe the program to obtain RN

- Total length of program to obtain RN
- Educational institution and description of classes
- Description of classes
- Estimate of cost of tuition and textbooks
- Scholarship assistance requested

I understand that this application is no guarantee that Ararat Home will provide any or all funds needed to achieve my educational goals. I understand that I must meet all eligibility requirements for my application to be considered. Further, I understand that if a financial scholarship is provided, I will have further obligations of grades and employment as described in the Ararat Scholarship Fund Policy of which I acknowledge receiving a copy.

Applicant Signature

Director of Nursing Services Signature

Administrator Signature

Date

Date

Date

## **Ararat Home of Los Angeles, Inc.**

Subject	Grievances/Terminations		
Policy #	10.0	Original #	10.1
Title	Employee Grievances	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08
		Revision Date	07/06/09

### **Title**

Grievances/Terminations

### **Policy Statement**

Ararat Home provides a grievance procedure to allow employees adequate and just recourse in airing grievances, and achieve prompt resolution.

### **Procedure**

Employees must comply with each step of this procedure in order to have their grievance reviewed.

Employees shall initially discuss grievances with their immediate supervisor.

If there is still no resolution, the employee may bring their grievance through the levels of management at Ararat Home up to the level of Executive Director/Administrator. All relevant notes and materials shall be maintained in the employee's personnel file.

If there is still no resolution, the employee's final recourse is with the Human Resources Committee of the Board of Trustees. The Committee will hear all relevant testimony and evidence, from the employee and staff. The decision of the Committee will be final.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Grievances		
Policy #	10.1	Original #	10.2
Title	Disciplinary Action	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08
		Revision Date	06/23/11

### **Title**

Disciplinary Action

### **Policy Statement**

It is the policy of Ararat Home is to enforce disciplinary action if the policy, procedures, or standards of conduct are violated by an employee.

### **Procedure**

Disciplinary action can take several forms, depending upon the severity of the infraction or multiple occurrences of the offense.

Verbal Notification: An employee may be called into conference with his/her supervisor, and the matter discussed and policy or conduct reviewed. Three verbal reprimands will constitute a written reprimand.

Notice of Disciplinary Action: Formal written notice given to an employee including a description of the misconduct and corrective action plan shall constitute a Notice of Disciplinary Action. One copy shall be delivered to the employee, and a second copy shall be retained in the employee's file. The employee shall sign copies to formally acknowledge receipt of the written Notice of Disciplinary Action. Three written Notice of Disciplinary Actions may warrant a suspension or termination based upon the outcome of the 3<sup>rd</sup> written Notice of Disciplinary Action.

Suspension: An employee, who has not complied with a policy or procedural requirement of the Ararat Home, may be suspended, or placed on mandatory leave of absence without pay, until the policy or procedural requirement is fulfilled.

Termination: Employment may be terminated as a final disciplinary action, if warnings have not resulted in improved performance and corrective action by the employee, or if the nature of an employee's infraction of a policy, procedure, or code of conduct is severe enough to warrant such action.

In addition, any employee who does not report to duty as scheduled, without former knowledge of the assigned unit (No Show), may be terminated automatically.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Grievances		
Policy #	10.2	Original #	10.3
Title	Terminations & Resignations	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Terminations Voluntary/ Involuntary & Resignations

### **Policy Statement**

Ararat Home has defined procedures to be followed in the event of an employee termination, to protect the rights of both the employee and organization. Ararat Home shall comply with all fair employment practices with regard to the termination of employees.

### **Procedure**

Termination shall comply with the following procedure:

Resignation: Occurs when an employee resigns his/her position with the Ararat Home.

The employee shall submit a formal letter of resignation and shall indicate his/her last day of work. Ararat Home requires at least 2 weeks notice of intent to resign. If 2 weeks notice is not given the employee is not eligible for rehire.

Employees resigning shall be paid the balance of salary due within 48 hours of the last day worked. The employee shall receive an accounting of any accrued PTO benefits, and shall receive payment for benefit time included in the last pay check.

It is not the policy of Ararat Home to pay severance pay to resigned employees. Special exception may be made with the approval of the Executive Director and/or the Administrator.

Involuntary termination: Occurs when an employee's conduct or performance has warranted three disciplinary actions. Involuntary termination shall occur when repeated verbal and written warnings have failed to show marked improvement in the areas of deficiency.

A supervisor shall recommend termination to the Executive Director/Administrator, who shall review the case and take the disciplinary action.

Subject	Employee Grievances		
Policy #	10.2	Original #	10.3
Title	Terminations & Resignations	Original Date	06/17/88
		Revision Date	12/31/04

Terminated employees shall receive a written notice of termination, and shall receive the balance of salary due at the time of termination. The employee shall also receive their accrued PTO at the time of termination.

Any employee who feels they have been wrongfully terminated has recourse through the grievance procedure of Ararat Home.

All terminated employees shall return all Ararat Home material, including Id badge, keys, etc. Materials not returned shall result in salary withholdings to cover the cost incurred by the Ararat Home as a result of the employee's failure to do so. In the case of keys and security clearance materials, the employee's final paycheck shall be held until the return of materials.

Immediate termination may occur following proof of sexual harassment, abuse or fraud.

Terminated employee, previously receiving medical insurance coverage through the Ararat Home may elect to continue coverage by following the procedures policies under COBRA.

## **Ararat Home of Los Angeles, Inc.**

Subject	Consultants		
Policy #	11.0	Original #	11.0
Title	Consultants	Original Date	06/17/88
		Revision Date	12/31/04

### **Title**

Consultants

### **Policy Statement**

It is the policy of Ararat Home to hire consultants when necessary.

### **Procedure**

All consultants shall be retained by the Ararat Home only after they have a valid signed contract, specifying the terms of their working relationship with the Ararat Home.

Each facility will keep a current file on consultants, worker's compensation and liability insurance.

***Ararat Nursing Facility***

Job Description #2.01	Title: Life Enrichment Coordinator
Immediate Supervisor: Life Enrichment Team Leader	Original Date: 06/18/88 Revision Date: 06/01/04, 12/31/04, May-2007/January 2011/ October 2011

***Purpose of Position:***

To involve residents in daily recreational, social, intellectual, emotional, and spiritual programs in accordance with the resident's assessment and care plan, as may be directed by Life Enrichment Team Leader, and Executive Director.

***Duties and Responsibilities; Life Enrichment Coordinator:***

- Report any significant change in resident's behavior or attendance.
- Record attendance and participation in activity program, including responses to the programs.
- Provide opportunity for meaningful activity programs to take place as scheduled (i.e. group activities, individual room activity, religious services, and activities of special interests and needs.).
- Assist in preparation of bulletin boards.
- Assist in scheduling movies, planning parties, and providing games/activities for residents.
- Supervise activities as necessary.
- Participate and assist in PIQI projects as assigned.
- Assist in moving/arranging of equipment/supplies to assure that activity areas are ready for scheduled activity functions.
- Assist in cleaning up activity areas after completing activity functions.
- Implement activity procedures as directed by the Life Enrichment Team Leader by creating decorations, setting up necessary equipment, and escorting residents to and from activity area.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, a high school diploma or its equivalent.

### ***Ararat Nursing Facility***

Job Description #2.02	Title: Life Enrichment Team Leader
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04- May – 2007/ October 2011

#### ***Purpose of Position:***

To plan, implement, and evaluate recreational, social, intellectual, emotional, and spiritual programs in accordance with the resident's assessment and care plan, as may be directed by Executive Director.

#### ***Duties and Responsibilities; Life Enrichment Team Leader:***

- Evaluate each resident according to his background, interests, abilities, physical limitations and needs for the purpose of planning a meaningful program.
- Complete MDS for each individual resident as scheduled.
- Develop individualized care plans that involve resident in activities daily.
- Report any significant change in resident's behavior or attendance.
- Attend and participate in Interdisciplinary Care Conferences.
- Develop appropriate records which indicate resident's attendance and participation in the program, including responses to the programs.
- Maintain an appropriate budget as delegated by the Executive Director in order to implement an effective activity program.
- Carry out a meaningful activity program including group activities, individual room activity programs, outside entertainment, religious services, activities away from the facility, and activities of special interests and needs.
- Establish an active volunteer program which includes screening, recruiting, training, and supervision of volunteers.
- Interpret to residents, other staff members, and the outside community about the purpose and achievement of the activity program.
- Maintain a liaison between the facility and community resources, including the development of an effective public relations program.
- Include the effective utilization of community resources
- Prepare a work schedule and conduct meetings with Life Enrichment team members.
- Attend and participate in meetings as requested.
- Attend and participate in PIQI meetings as directed.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).



- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, high school diploma or its equivalent.
- Activity course certification.
- Good verbal skills.

### *Ararat Nursing Facility*

Job Description #2.03	Title: Administrator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 03/01/07 Revision Date: 05/27/08 Revision Date: 07/19/09

#### ***Purpose of Position:***

To supervise the day-to-day operations of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern long-term care facilities and as directed by the Executive Director to assure that the highest degree of quality care is maintained at all times.

#### ***Duties and Responsibilities; Administrator:***

- Assist in planning, developing, organizing, implementing, directing and monitoring the day-to-day functions of the facility, its programs and activities.
- Assist in developing and implementing written policies and procedures that govern the operation of the facility.
- Assist in developing and maintaining written job descriptions for each staff position in accordance with the Americans with Disabilities Act, OSHA, and other pertinent laws governing job positions.
- Assist department directors in the development and use of departmental policies and procedures, and establish a rapport in and among departments so that each can realize the importance of team work.
- Review the facility's policies and procedures periodically, at least annually, and make recommendations to assure continued compliance with current regulations.
- Interpret the facility's policies and procedures to employees, residents, family members, visitors, government agencies, etc., as necessary.
- Ensure that public information (policy manuals, etc.) describing the services provided in the facility is accurate and fully descriptive.
- Ensure that all employees, residents, visitors, and the general public follow established policies and procedures.
- Represent the facility in dealings with outside agencies, including governmental agencies and third party payers, or delegate a representative of the facility when unable to attend such meetings.
- Make written and oral reports/recommendations to the Executive Director concerning the operation of the facility.
- Recommend to the Executive Director changes in the overall organizational structure.
- Assist in reviewing and approving the implementing of new procedures and organizational plans within each department.
- Actively participate in facility surveys (inspections) made by authorized regulatory government agencies.

- Review and develop a plan of correction for deficiencies noted during survey inspections and provide a written copy of such plan to the appropriate governmental agency and the Executive Director.
- Maintain liaison with families and residents.
- Maintain a good public relations program that serves the best interest of the facility and community alike.
- Serve on various committees of the facility (i.e., Infection Control, PIQI, Safety, etc., and provide written/oral reports).
- Recruit and select competent staff.
- Delegate responsibility, and accountability to staff as deemed necessary to perform their assigned duties.
- Work with the facility's consultants as necessary and implement recommended changes as approved by the Executive Director.
- Attend and participate in workshops, seminars, etc., to keep abreast of current changes in the long-term care field, as well as to maintain a professional status.
- Report to the Executive Director information/knowledge obtained in seminars/meetings.
- Create and maintain an atmosphere of warmth, personal interest, and positive relationship, as well as a calm environment throughout the facility.
- Assist in preparing an annual operating budget.
- Review and interpret monthly financial statements and provide feedback to the Executive Director.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess as a minimum of Bachelor of Arts/Science degree in Business, Health Care Management, or Nursing.
- Must possess a minimum two years of experience in long term care setting.
- Must have a current license as a Nursing Home Administrator with the California State Board.

### *Ararat Nursing Facility*

Job Description #2.41	Title: Business Services Coordinator
Immediate Supervisor: Executive Director	Original Date: 07/18/05 Revision Date: August -2009

***Purpose of Position:***

To coordinate and maintain accurate financial records (organizational, local, state and federal) by performing all billing and payroll functions.

***Duties and Responsibilities; the Business Services Coordinator:***

- Prepare and maintain financial records for the facility, including itemized income, and expenditures, payroll, Medical/Medicare and other 3<sup>rd</sup> party payor reports.
- Prepare and maintain health insurance enrollment for employees.
- Prepare accounts payable invoices, collate and calculate them accurately. Input data into the system, print reports and checks, and file invoices.
- Prepare accounts receivables, write receipts and mark deposits, enter cash receipts and bill private insurance, Medical, and type Medicare and CIF claims.
- Maintain other reports as required by immediate supervisor, local, state or federal agencies.
- Prepare checks for Executive Director/Board signatures for facility accounts, consultants' fees, and other expenses.
- Prepare payroll including computations on timecards, distribution of paychecks, computation of salary withholding of paychecks, assess issues/concerns/problems and implement correct interventions.
- Prepare Medical and Medicare A&B billing, including initiation of all forms on admission, MC-171, TAR's, RFP's co-insurance and crossover billing, statements for all residents, and complete census control sheets.
- Prepare other billing records such as statements for share of cost and private residents, all adjustment invoices, and resident refunds.
- Follow up and report on resident eligibility regarding Medical and changes in share of cost and address all issues on billing from residents and/or responsible parties.
- Receive payments from residents and/or responsible parties, write receipts, prepare bank deposits and cash distribution records.
- Prepare Medical, Medicare and private agency aging reports and follow through on delinquencies as directed by the immediate supervisor.
- Actively participate in PIQI process as related to business services performance criteria.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field as related to business services and report as requested.
- Attend and participate in meetings as directed.
- May work other than normal working hours and on weekends and holidays when necessary.

- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain utmost confidentiality of all data related to resident care, human resources, payroll and any other business services.
- Any other duties assigned by supervisor.

***Qualifications:***

- High school diploma required.
- Accounting and business experience preferred.
- One-year minimum experience as a bookkeeper in another health facility or related institution.
- Knowledgeable in accounts payable/receivable, Medical and Medicare A & B billing, personnel record keeping and payroll experience are highly desirable.
- Ability to complete forms and records accurately and legibly.
- Ability to understand instructions in English and complete assigned tasks promptly.
- Ability to answer telephone and greet the public graciously.
- Ability to type, file and use the calculator and photocopier.

### *Ararat Nursing Facility*

Job Description #2.07	Title: Certified Nursing Assistant
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 Jan. 2011

#### ***Purpose of Position:***

To provide each assigned resident with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as directed by the team leader, and Resident Care Coordinator.

#### ***Duties and Responsibilities; Certified Nursing Assistant:***

- Identify residents before administering care, serving meals, etc., as necessary.
- Record all entries in an informative and descriptive manner on flow sheets, notes, chart, and all other necessary forms. Use only authorized abbreviations established by the facility when recording information.
- Report all changes in the resident's condition or any accidents observed as soon as possible to the Nurse Supervisor/Resident Care Coordinator. Report all allegations of resident abuse and/or misappropriation of resident property.
- Follow work assignments, and/or work schedules in completing and performing assigned tasks. Perform all assigned tasks in accordance with facility established policies and procedures and as guided by supervisor.
- Report all complaints and grievances made by the resident immediately to the Director of Clinical Services.
- Follow established policies concerning exposure to blood/body fluids. Report any occupational exposures to blood, body fluids, infectious materials, and hazardous chemicals to supervisor.
- Attend and participate in appropriate in-service training programs.
- Keep the nurses' call system within easy reach of the resident. Immediately notify the Nurse Supervisor/Resident Care Coordinator of any resident leaving/missing from the facility.
- Report any communicable or infectious disease to the Director of Clinical Services.
- Wear and/or use safety equipment and supplies (i.e., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Review and follow each individualized care plan daily to determine if changes in the resident's daily care routine have been made. Honor the resident's refusal of treatment request. Report such requests to supervisor.
- Assist residents with activities of daily living.
- Maintain the confidentiality of personnel as well as all resident care information.
- May work other than normal working hours, on weekends and holidays, and in other positions temporarily, when called upon.
- Is subject to call-back during emergency conditions (i.e., severe weather,

- evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be a current licensed Certified Nursing Assistant in accordance with laws of this state.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.46	Title: Certified Nursing Assistant/Life Enrichment
Immediate Supervisor: Director of Clinical Services	Original Date: Jan. 2011 Revision Date: October 2011

#### ***Purpose of Position:***

To provide each assigned resident with routine daily nursing care and therapeutic activities in accordance with the resident's assessment and care plan, and as directed by the team leader, and Resident Care Coordinator.

#### ***Duties and Responsibilities; Certified Nursing Assistant/Life Enrichment:***

- Identify residents before administering care, serving meals, etc., as necessary.
- Report all changes in the resident's condition or any accidents observed as soon as possible to the Nurse Supervisor/Resident Care Coordinator. Report all allegations of resident abuse and/or misappropriation of resident property.
- Follow work assignments, and/or work schedules in completing and performing assigned tasks. Perform all assigned tasks in accordance with facility established policies and procedures and as guided by supervisor.
- Report all complaints and grievances made by the resident immediately to the Team Leader.
- Follow established policies concerning exposure to blood/body fluids. Report any occupational exposures to blood, body fluids, infectious materials, and hazardous chemicals to supervisor.
- Attend and participate in appropriate in-service training programs.
- Report any communicable or infectious disease to the Team Leader.
- Wear and/or use safety equipment and supplies (i.e., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Review and follow each individualized care plan preferably daily to determine if changes in the resident's daily care routine have been made. Honor the resident's refusal of treatment request. Report such requests to supervisor.
- Assist residents with activities of daily living.
- Record all entries in an informative and descriptive manner on flow sheets, notes, chart, and all other necessary forms. Use only authorized abbreviations established by the facility when recording information.
- Provide opportunity for meaningful activity programs to take place as scheduled (i.e. group activities, individual room activity, religious services, and activities of special interests and needs.).
- Assist in moving/arranging of equipment/supplies to assure that activity areas are ready for scheduled activity functions.
- Maintain the confidentiality of personnel as well as all resident care information.
- May work other than normal working hours, on weekends and holidays, and in other positions temporarily, when called upon.
- Is subject to call-back during emergency conditions (i.e., severe weather,



- evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be a current licensed Certified Nursing Assistant in accordance with laws of this state.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.08	Title: Certified Nursing Assistant Team Leader
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – May - 2007

#### ***Purpose of Position:***

To provide each assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as directed by the team leader, and/or Resident Care Coordinator. Complete scheduling with peers in a timely manner according to our policies.

#### ***Duties and Responsibilities; Certified Nursing Assistant Team Leader:***

- Prepare work schedules.
- Identify residents before administering care, serving meals, etc., as necessary.
- Record all entries in an informative and descriptive manner on flow sheets, notes, chart, and all other necessary forms. Use only authorized abbreviations established by the facility when recording information.
- Report all changes in the resident's condition or any accidents observed as soon as possible to the Nurse Supervisor/Resident Care Coordinator. Report all allegations of resident abuse and/or misappropriation of resident property.
- Follow work assignments, and/or work schedules in completing and performing assigned tasks. Perform all assigned tasks in accordance with facility established policies and procedures and as guided by supervisor.
- Report all complaints and grievances made by the resident immediately to the Director of Clinical Services.
- Follow established policies concerning exposure to blood/body fluids. Report any occupational exposures to blood, body fluids, infectious materials, and hazardous chemicals to supervisor.
- Attend and participate in appropriate in-service training programs.
- Keep the nurses' call system within easy reach of the resident. Immediately notify the Nurse Supervisor/Resident Care Coordinator of any resident leaving/missing from the facility.
- Report any communicable or infectious disease to the Director of Clinical Services.
- Wear and/or use safety equipment and supplies (i.e., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Review and follow each individualized care plan daily to determine if changes in the resident's daily care routine have been made. Honor the resident's refusal of treatment request. Report such requests to immediate supervisor.
- Follow-up with refreshment records, charting gaps.
- Float in assigned work as necessary.
- Assist residents with activities of daily living.
- Maintain the confidentiality of all resident care information.

- May work other than normal working hours, on weekends and holidays, and in other positions temporarily, when called upon.
- Is subject to call-back during emergency conditions (i.e., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be a current licensed Certified Nursing Assistant in accordance with laws of this state.
- Must have been a licensed CNA for at least 1 year.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.10	Title: Compliance Officer
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04 Revision Date: 03/01/07 Revision Date: 07/08/08

#### ***Purpose of Position:***

To ensure compliance with state and federal laws governing the privacy and confidentiality of protected health information and compliance with the facility's Privacy Policies and Procedures.

#### ***Duties and Responsibilities; Compliance Officer:***

- Organize and maintain a program for compliance with state and federal laws concerning the privacy of residents' protected health information.
- Work with management to develop and implement privacy policies and procedures that regulate the disclosure and protect the confidentiality of residents' protected health information and that respect residents' rights with respect to their protected health information.
- Develop forms necessary to implement the privacy policies and procedures.
- Monitor compliance with privacy policies and procedures.
- Develop, implement, and monitor privacy policies and procedures regarding the maintenance and destruction of records containing protected health information.
- Develop and implement a privacy training program designed to ensure that workforce members receive instruction on privacy policies and procedures, on relevant state and federal legal requirements, and on residents' rights with respect to the confidentiality and disclosure of protected health information.
- Develop and update facility policies and procedures, job descriptions as necessary.
- Advise, and assist facility needs on Human Resource and Worker's Compensation issues.
- Periodically review and revise the privacy compliance program, including privacy policies and procedures to match changes in state and federal law and in best practices.
- Assist the information technology department with development and implementation of an information infrastructure, establishing confidential guidelines.
- Provide strategic guidance to corporate officers regarding privacy resources and technology.
- Serve as an information privacy consultant for employees and departments.
- Provide status reports about the privacy compliance program to PIQI on a quarterly basis.

- Attend and participate in professional associations, and programs to keep abreast of current regulations and guidelines, as well as learn new skills.
- Maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a Bachelor's degree preferably in Health Care Services Management.
- Must have knowledge and experience of state and federal laws concerning privacy of medical information and individual rights with respect to such information.
- Management, leadership and communication skills.
- Computer proficiency.

***Ararat Nursing Facility***

Job Description #2.11	Title: Cook
Immediate Supervisor: Food and Nutrition Supervisor	Original Date: 06/18/88 Revision Date: 12/31/04- May - 2007

***Purpose of Position:***

To prepare food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures, and as may be directed by the Food and Nutrition Supervisor, to assure that quality food service is provided at all times.

***Duties and Responsibilities; Cook:***

- Review and follow menus prior to preparation of food. Inspect special diet trays to assure that the correct diet is served to the resident.
- Perform administrative requirements such as completing necessary forms, reports, etc., and submit to the Food and Nutrition Supervisor.
- Coordinate dietary service with other departments as necessary.
- Ensure that all dietary procedures are followed in accordance with established policies.
- Assist in establishing food service production line, etc., to assure that meals are prepared on time.
- Process diet changes and new diets as received from Nursing Services.
- Prepare food in accordance with sanitary regulations as well as facility established policies and procedures.
- Ensure that safety regulations and precautions are followed at all times by all dietary personnel.
- Follow established Infection Control and Universal Precautions Policies and procedures when performing daily tasks.
- Assist/direct daily or scheduled cleaning duties in accordance with established policies and procedures.
- Ensure that the department is maintained in a clean and safe manner by assuring that necessary equipment and supplies are maintained.
- Report all hazardous conditions/equipment to the Food and Nutrition Supervisor immediately.
- Report all accidents/incidents as established by department policies. Fill out and file reports as directed.
- Assist in maintaining food storage areas in a clean and properly arranged manner at all times.
- Dispose of food and waste in accordance with established policies.
- Report missing/illegible labels or MSDSs to the Food and Nutrition Supervisor.
- Attend and participate in annual training programs and as directed.
- May work other than normal working hours and on weekends and holidays when necessary.

- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.
- One (1) year dietary experience in a hospital, skilled nursing care facility, or other related medical facility preferred (but not necessary).
- Must be able to cook a variety of foods in large quantities.
- Must be able to read, write, speak, and understand the English language.
- Must be knowledgeable of dietary procedures.
- Must be able to follow oral and written instructions.
- Must maintain the care and use of supplies, equipment, the appearance of work areas, and perform regular inspections of food service areas for sanitation, order, safety and proper performance of assigned duties.

### *Ararat Nursing Facility*

Job Description #2.13	Title: Director of Clinical Services
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 10/03/05 - May 2011

***Purpose of Position:***

To plan, organize, develop and direct Nursing Services in accordance with current federal state, and local standards, guidelines, and regulations that govern our facility, and as may be directed by the Executive Director, to ensure that the highest degree of quality care is maintained at all times.

***Typical Duties and Responsibilities; Director of Clinical Services:***

- Develop, maintain, and periodically update the Nursing Services Manual and nursing service objectives and philosophy.
- Determine staffing needs and assure scheduling is done accordingly.
- Employ nursing personnel and conduct performance appraisals.
- Ensure that departmental disciplinary action is administered without regard to race, color, creed, national origin, age, sex, religion, handicap, or marital status.
- Provide leadership for Nursing Services.
- Provide the Executive Director with information relative to the needs of residents.
- Review complaints and grievances made by the resident/family and make a written/oral report of the investigation results to the Executive Director.
- Attend IDT care conferences.
- Participate in PIQI activities.
- Coordinate medical staff grand rounds and assure that they are conducted in a timely and professional manner.
- Make recommendations for terminations.
- Attend and participate in professional associations and programs to keep abreast of current regulations and guidelines as well as learn new skills.
- Maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights and HIPAA requirements.
- Build and maintain positive relationships with residents, family, and staff.
- Conduct performance appraisals of nursing personnel.
- Communicate with families and follow up with resident care related issues.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by Supervisor.



***Qualifications:***

- Must possess an active Registered Nurse license in California.
- Must possess the ability to plan, organize, develop, implement, and monitor the programs, goals, objectives, policies and procedures, etc., that are necessary for providing quality care.
- Minimum two years of experience in nursing management in a health care facility.

***Qualifications:***

- Must possess a Nursing Degree from an accredited college or university. Must possess an active Registered Nurse license in California.
- Must possess the ability to plan, organize, develop, implement, and monitor the programs, goals, objectives, policies and procedures, etc., that are necessary for providing quality care.
- A minimum of one year of experience in nursing administration/supervision in a health care facility.

### *Ararat Nursing Facility*

Job Description #2.14	Title: Environmental Service Aide (Housekeeping)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 Revision Date: 03/01/07 – August 2009

#### ***Purpose of Position:***

To perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a clean, safe, and comfortable manner.

#### ***Duties and Responsibilities; Environmental Services (Housekeeping):***

- Ensure that work/cleaning schedules are followed as closely as practical.
- Report all accidents/incidents to the supervisor no matter how minor they may be. (NOTE: such occurrences must be reported on the shift in which they occur).
- Report all hazardous conditions or equipment to the Administrator.
- Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or recreational areas.
- Attend, and participate in staff meetings as directed
- Perform specific tasks in accordance with daily work assignments.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving heavy objects. Follow all safety policies and procedures.
- Ensure that assigned work areas are maintained in a clean, safe, comfortable, and attractive manner.
- Keep work/assignment areas free of hazardous objects (i.e. protruding mop/broom handles, unnecessary equipment, supplies, etc.).
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used for cleaning. Refer to manufacturer's instructions when necessary. Use MSDS labels.
- Ensure that established infection control and universal precautions practices are maintained when performing housekeeping procedures.
- Use appropriate personal protective equipment and supplies when handling infectious materials and/or hazardous wastes or chemicals. Dispose of infectious wastes into proper containers as established by facility policies.
- Ensure that an adequate supply of housekeeping supplies to perform daily tasks is maintained in the utility/janitorial closets.
- Assist others in lifting heavy equipment, supplies, etc., as directed or requested.
- Clean work/supply carts, equipment, etc., as necessary or directed.
- Ensure that equipment is cleaned and properly stored at the end of the shift.
- Perform day-to-day housekeeping functions as assigned.

- Perform specific tasks in accordance with daily work assignments.
- Empty and sanitize ash trays daily. (NOTE: ash trays must be emptied into appropriate metal containers with self-closing cover devices.)
- Clean/polish furnishings, fixtures, ledges, room heating/cooling units, etc., in resident rooms, recreational areas, etc., daily as instructed.
- Clean, bathrooms, windows, mirrors, recreational areas, and entrance/exit ways. Clean floors, (NOTE: ensure that appropriate caution/safety signs are properly set up prior to performing such duties.) Clean carpets, walls and ceilings, hallways, stairways and elevators.
- Ensure that work/assignment areas are clean and that equipment, tools, supplies, etc., are properly stored at all times, as well as before leaving such areas for breaks, meal times, and at the end of the work day.
- Turn in all found articles to the supervisor.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.15	Title: Environmental Services Team Leader (Housekeeping)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04-August 2009

#### ***Purpose of Position:***

To perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a clean, safe, and comfortable manner.

#### ***Duties and Responsibilities; Environmental Services Team Leader (Housekeeping):***

- Ensure that work/cleaning schedules are followed as closely as practical.
- Report all accidents/incidents to your supervisor no matter how minor they may be. (NOTE: Such occurrences must be reported on the shift in which they occur).
- Report all hazardous conditions or equipment to Administrator.
- Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or recreational areas.
- Attend, and participate in departmental, PIQI, and RCC meetings as directed.
- Perform specific tasks in accordance with daily work assignments.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving heavy objects. Follow all safety policies and procedures.
- Ensure that assigned work areas are maintained in a clean, safe, comfortable, and attractive manner.
- Keep work/assignment areas free of hazardous objects (i.e. protruding mop/broom handles, unnecessary equipment, supplies, etc.).
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used for cleaning. Refer to manufacturer's instructions when necessary. Use MSDs labels.
- Ensure that established infection control and universal precautions practices are maintained when performing housekeeping procedures.
- Use appropriate personal protective equipment and supplies when handling infectious materials and/or hazardous wastes or chemicals. Dispose of infectious wastes into proper containers as established by our policies.
- Ensure that an adequate supply of housekeeping supplies to perform daily tasks is maintained in utility/janitorial closets.
- Assist others in lifting heavy equipment, supplies, etc., as directed or requested.
- Clean work/supply carts, equipment, etc., as necessary or directed.
- Ensure that equipment is cleaned and properly stored at the end of the shift.
- Perform day-to-day housekeeping functions as assigned.
- Perform specific tasks in accordance with daily work assignments.

- Empty and sanitize ash trays daily. (NOTE: Ash trays must be emptied into appropriate metal containers with self-closing cover devices.)
- Clean/polish furnishings, fixtures, ledges, room heating/cooling units, etc., in resident rooms, recreational areas, etc., daily as instructed.
- Clean, bathrooms, windows, mirrors, recreational areas, and entrance/exit ways. Clean floors, (NOTE: Ensure that appropriate caution/safety signs are properly set up prior to performing such duties.) Clean carpets, walls and ceilings, hallways, stairways and elevators.
- Ensure that work/assignment areas are clean and that equipment, tools, supplies, etc., are properly stored at all times, as well as before leaving such areas for breaks, meal times, and end of the work day.
- Complete staff scheduling and assignments with team members of Environmental Services.
- Orient new employees to his/her job position and duties.
- Turn in all found articles to your supervisor.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- On-the-job training provided.
- Must be able to read, write, speak, and understand the English language.

***Ararat Nursing Facility***

Job Description #2.16	Title: Environmental Services Aide (Laundry)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04- August 2009

***Purpose of Position:***

To perform all laundry functions to ensure that the facility laundry areas are clean and laundry needs are met.

***Duties and Responsibilities; Environmental Services Aide (Laundry):***

- Perform day to day laundry functions.
- Ensure that an adequate supply of laundry and linen is maintained.
- Pick up dirty linens from linen storage areas and transport (covered) to laundry room as necessary.
- Sort, wash and dry facility linen according to established procedures.
- Remove clean linens from dryer; fold, stack and transport to clean linen storage area according to established facility procedures.
- Clean laundry room, linen storage area, and soiled linen barrels daily according to established facility procedures, including floors, counters, sinks, machines, folding tables, carts, etc.
- Fold, count, stock, hang and distribute clean laundry, linen, garments to residents.
- Report all accidents/incident to the supervisor no matter how minor they may be. Such occurrences must be reported on the shift that they occur.
- Wear and/or use safety equipment and supplies (i.e. back brace, mechanical lifts etc.) when lifting or moving heavy objects.
- Follow all established guidelines regarding safety and sanitation procedures.
- Ensure that work areas are maintained in a clean, safe, and sanitary manner.
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used in the work area.
- Use appropriate universal precautions when handling infectious materials.
- Follow established hand washing procedures.
- Turn in all found articles to your supervisor.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Experience in working in a laundry in another health facility, hospital, or related institution is desirable but not mandatory.
- Ability to maintain a schedule for linen processing on a day-to-day basis.
- Ability to read posted instructions for use of washers and dryer.

***Ararat Nursing Facility***

Job Description #2.17	Title: Environmental Services Team Leader (Laundry)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 – August 2009

***Purpose of Position:***

To perform the day-to-day activities of the Laundry Department in accordance with current federal, state, and local standards, guidelines, and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a clean, safe and sanitary manner, and that an adequate supply of linen is on hand at all times to meet the needs of the residents.

***Duties and Responsibilities; Environmental Services Team Leader (Laundry):***

- Perform day to day laundry functions.
- Ensure that an adequate supply of laundry and linen is maintained.
- Pick up dirty linens from linen storage areas and transport (covered) to laundry room as necessary.
- Sort, wash and dry facility linen according to established procedures.
- Remove clean linens from dryer; fold, stack and transport to clean linen storage area according to established facility procedures.
- Clean laundry room, linen storage areas and soiled linen barrels daily according to established facility procedures, including floors, counters, sinks, machines, folding tables, carts, etc.
- Fold, count, stock, hang and distribute clean laundry, linen, garments to residents.
- Attend administrative meetings to ensure coordination of activities with facility supervisors.
- Complete scheduling and assignments with team members of Environmental Staff.
- Ensure proper stocking levels of supplies is maintained in laundry/linen closets to meet the daily needs of the residents.
- Report all accidents/incidents to supervisor no matter how minor they may be. Such occurrences must be reported on the shift that they occur.
- Wear and/or use safety equipment and supplies (i.e. back brace, mechanical lifts etc.) when lifting or moving heavy objects.
- Follow all established guidelines regarding safety and sanitation procedures.
- Ensure that work areas are maintained in a clean, safe, and sanitary manner.
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used in the work area.
- Use appropriate universal precautions when handling infectious materials.
- Follow established hand washing procedures.
- Turn in all found articles to your supervisor.
- Attend and participate in appropriate in-service training programs.



- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Experience in working in a laundry in another health facility, hospital, or related institution is desirable but not mandatory.
- Ability to maintain a schedule for linen processing on a day-to-day basis.
- Ability to read posted instructions for use of washers and dryer.

### *Ararat Nursing Facility*

Job Description #2.43	Title: Executive Director
Immediate Supervisor: Chair, Board of Trustees	Original Date: 10/2005 Revision Date: 06/19/07/ May -2008 October 2009

#### ***Purpose of Position:***

To plan, organize, develop and direct the overall operation of the Ararat Nursing Facility (ANF) in accordance with current federal, state, and local standards, guidelines, and regulations and to ensure that the highest degree of quality care, quality life, and quality of services are maintained at all times with the approved budget, policies and procedures.

#### ***Typical Duties and Responsibilities; Executive Director:***

- To develop, implement and maintain job descriptions for all positions in accordance with ADA, OSHA and other applicable laws governing job positions.
- To develop and maintain written policies and procedures which govern the operation and provision of resident centered care services in accordance with regulatory agencies and policies/procedures.
- To recruit, hire, train, supervise and evaluate administration staff and managers in the completion of their organizational responsibilities in accordance with ANF policies, procedures and budget.
- To recruit, supervise and evaluate providers in the performance of contracted duties and obligations.
- To review various consultants' reports and follow up with the recommendations.
- To supervise Accounting system to assure effective and efficient processing of accounts payables, accounts receivables, payroll/employee benefits and trust accounts.
- To establish and maintain a good guest relations program that serves the best interest of Ararat Home and community alike.
- To supervise an effective medical health record system, including proper cataloging of files and information.
- To assure each resident is assessed according to individualized needs utilizing the approved Minimum Data Set (MDS) and appropriate Resident Assessment Profile(RAP).
- To conduct daily clinical and management rounds to observe:
  - a. Resident Centered Care (RCC) Team in their performance.
  - b. Physical plant/equipment/supplies are clean, organized and in good operating order.
  - c. Environment is safe.
  - d. Residents and their relationships with RCC Team.
- To provide leadership training essential for management to effectively carry their responsibilities.
- To plan and implement the operational budgetary process.

- To interpret standards of care and standards of practice to residents, families, public and the RCC Team.
- To enforce resident rights as determined by policies and procedures.
- To interview families/residents in the selection of residents for admission.
- To conduct daily and weekly meetings with administration staff and management to review operations, seek input and assure that goals/objectives are being met.
- To supervise Social Services and Activities to assure that psycho social needs and therapeutic activities are provided.
- To delegate administrative authority, responsibility and accountability to the Department Heads as deemed necessary to perform their assigned duties.
- To serve as liaison to medical staff and direct the entire admission process.
- To assure a stock level of supplies, equipment and medications are maintained adequately at all times.
- To ensure that the RCC Team, residents, families, guests, etc. follow established safety regulations.
- To build and maintain positive relationships with residents, families, team members, and volunteers and board members.
- To develop and direct methods for coordination and monitoring of all RCC Services.
- To develop, direct, implement, and maintain an ongoing Performance Improvement Quality Improvement (PIQI) program.
- To chair the Interdisciplinary Care Team (IDT) Care Conferences to assure that a realistic, measurable and meaningful resident centered care plan is developed and implemented.
- To ensure personnel policies and disciplinary actions by supervising staff are administered fairly and objectively.
- To supervise orientation and staff development of all employees.
- To review all plans of correction for deficiencies noted during survey inspections before a written copy is sent to DHS.
- To review and interpret monthly financial statements.
- To prepare the operational budget based upon the annual needs assessment.
- To delegate authority to administrative and management personnel the responsibility and accountability necessary to perform their assigned duties.
- To build and maintain strong internal organization in which systems, team productivity and morale and team work improve and thrive.
- To conduct performance appraisals.
- To ensure that departmental disciplinary action is administered without regard to race, color, creed, national origin, age, sex, religion, handicap, or marital status.
- To terminate staff in accordance with the disciplinary policies and procedures.
- To assure that all In-Service Programs meet the continuing education requirements which allow licensed and certified personnel to keep their licenses and certifications on an active status.
- To communicate with the Chairman of the Board of Trustees in an effective and efficient manner.

- To attend and participate in professional associations and programs to keep abreast of current regulations and guidelines as well as learn new skills.
- To maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights and Health Insurance Portability and Accountability Act (HIPAA) requirements.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by the Chairman of the Board of Trustees.

***Qualifications:***

- Must possess a Bachelor's Degree from an accredited college or university. Must possess an active Registered Nurse license in California.
- Master's Degree in Health Care Administration is preferred.
- Ability to plan, organize, develop, implement, and monitor systems, programs, goals, objectives, policies and procedures, etc., that are necessary for providing quality resident centered care.
- A minimum of three year of experience in administration/supervision in a health care facility.
- Able to read, write and speak effectively in the English language
- Ability to plan and organize work and co-ordinate input by others.
- Ability to analyze facts and solve problems.
- Ability to lead and maintain an environment of excellence.
- Ability to mentor and coach and make independent decisions when circumstances warrant such action.
- Ability to plan, organize, develop, implement systems, goals and objectives.
- Ability to demonstrate stability under pressure
- Ability to be cost-conscious by making wise use of resources.

*Ararat Nursing Facility*

Job Description #2.18	Title: Food and Nutrition Services Aide
Immediate Supervisor: Dietary Supervisor	Original Date: 06/18/88 Revision Date: 12/31/04

***Purpose of Position:***

To provide assistance in all dietary functions as directed/instructed and in accordance with established dietary policies and procedures.

***Duties and Responsibilities; Food and Nutrition Services Aide:***

- Work with Dietary Supervisor as necessary and implement recommended changes as required.
- Ensure that all dietary procedures are followed in accordance with established guidelines.
- Perform other duties as deemed necessary and appropriate, or as may be directed.
- Serve meals that are palatable and appetizing in appearance.
- Assist in serving meals as necessary and on a timely basis.
- Serve food in accordance with established portion control procedures.
- Assist in daily or scheduled cleaning duties, in accordance with established policies and procedures.
- Clean work tables, meat blocks, refrigerators/freezers, etc.
- Sweep and mop floors as directed.
- Carry soiled utensils, etc., to wash area.
- Return clean utensils to proper storage areas.
- Wash and clean utensils as directed.
- Carry out garbage and keep work areas clean, dry and free of hazardous equipment, supplies, etc.
- Set up meal trays, food carts, dining room, etc., as instructed.
- Assist cook in preparing meals.
- Distribute and collect menus as necessary.
- Obtain food supplies for next meal.
- Assist in checking diet trays before distribution.
- Deliver food carts, trays, etc., to designated areas.
- Transport food in dining rooms as instructed.
- Perform dishwashing/cleaning procedures. Assure that utensils, etc., are readily available for next meal.
- Remove food trays from carts, dining rooms, etc., and take to dishwashing area.
- Prepare and deliver snacks, etc., as instructed.
- Attend and participate in appropriate in-service training programs.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).

- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

### *Ararat Nursing Facility*

Job Description #2.12	Title: Food and Nutrition Supervisor
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 August 2009

***Purpose of Position:***

To plan, organize, develop and direct the overall operation of the Food and Nutrition (Dietary) Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, to assure that quality nutritional services are provided on a daily basis and that the dietary department is maintained in a clean, safe, and sanitary manner.

***Typical Duties and Responsibilities; Food and Nutrition Supervisor:***

- Make written and oral reports to the Administrator concerning the operation of the Food and Nutrition Department.
- Keep abreast of economic conditions/situations and make written or oral reports to the Administrator to make adjustments in dietary services that assure the continued ability to provide daily dietary services.
- Prepare meal menus and plan modifications as required by diet orders with guidance from the Dietician.
- Purchase food and supplies according to the dietary budget. Maintain a record of expenditures, and deliveries, meal count and other pertinent records.
- Supervise preparation and service of food. Ensure that dietary service work areas are maintained in a clean and sanitary manner.
- Complete necessary forms, reports, evaluations, studies to assure control of equipment and supplies.
- Report accident/incident reports to the In-service Educator within twenty-four (24) hours of their occurrence.
- Participate in the selection of personnel, orient, terminate and conduct performance evaluations of dietary personnel.
- Coordinate dietary services activities with all related departments (i.e. RCC team).
- Prepare work schedule, conduct staff meetings and in-service education.
- Make daily rounds. Visit with residents to evaluate the quality of meals served, likes and dislikes, etc.
- Assist in developing resident's comprehensive plan of care. Update as scheduled and necessary.
- Attend and participate in facility meetings such as care plan, PIQI etc.
- Review and develop a plan of correction for dietary deficiencies noted during survey inspections and provide a written copy of such to the Executive Director.
- Attend meetings, in-service education and continue professional growth to maintain license on a current status through current literature and attendance of workshops and seminars.

- Maintain employee's personnel records. Assure all personnel follow established departmental policies and procedures, including appropriate dress codes, fire safety and disaster preparedness drills.
- Maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights and HIPAA requirements.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.)
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, a high school diploma. Be a graduate of an accredited course in dietetic training approved by the American Dietetic Association.
- Must have, as a minimum, 2 year(s) experience in a supervisory capacity in a hospital, skilled nursing care facility, or other related medical facility.



***Ararat Nursing Facility***

Job Description #2.39	Title: Guest Relations Coordinator
Immediate Supervisor: Executive Director	Original Date: 5/31/05 Revision Date: August 2009/ October 2011

***Purpose of Position:***

To implement the guest relations program and perform clerical support in an efficient manner in accordance with established procedures, and as directed by the Executive Director.

***Duties and Responsibilities; Guest Relations Coordinator:***

- Greet visitors. Direct to the appropriate office and/or resident room.
- Give directions/information to visitors, guests, residents, sales representatives, etc.
- Offer hospitality services to visitors waiting for administrative personnel, as appropriate.
- Report suspicious persons/information to supervisor immediately.
- Operate paging/telephone system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or services.
- Receive request from within the facility and locate personnel through paging system.
- Maintain a current file/listing of residents by name and room number, emergency phone numbers of on-call personnel, department extensions, key personnel, etc.
- Receive, sort, and distribute mail as directed.
- Operate copier, office machines, etc., as directed.
- Operate computer as directed.
- Maintain Resident's ID bands as requested.
- Prepare clothing Labels upon admission and when requested.
- Arrange resident's personal telephone requests.
- Participate in PIQI Activities.
- Prepare TARs.
- Verify medical eligibility status of residents upon admission.
- Assist with administrative duties as directed. (Includes typing, filing, posting accounts, etc.)
- Follow all established safety procedures and precautions when operating office equipment.
- Report equipment malfunctions or breakdowns to supervisor as soon as possible.
- Use office supplies in an efficient manner to avoid waste.
- Ensure that work/assignment areas are neat, clean, and office equipment is covered before leaving such areas on breaks, end of work day, etc.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.

- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- High School diploma.
- Must be able to read, write, speak, and understand the English language.
- Computer and telephone proficiency preferred.

### *Ararat Nursing Facility*

Job Description #2.19	Title: Information Systems Nurse
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04-May 2007 Revision Date: 07/22/08

#### ***Purpose of Position:***

To process assigned information through an electronic system of computers and related equipment in an efficient manner, and in accordance with ANF's established policies and procedures.

#### ***Duties and Responsibilities; Information Systems Nurse:***

- Assist in planning, developing, organizing, implementing and evaluating the facility's Information System.
- Assist in developing and maintaining written policies and procedures that govern the computer and data processing functions of the facility. Review computer and data processing policies and procedures, at least annually, and make recommendations to the Executive Director.
- Run monthly cycles of all orders.
- Enter all orders.
- Train personnel involved in computer and data processing functions.
- Prepare assigned information for input into the computer systems. Log in-coming documents as directed. (i.e., number, date, time, assign batch totals, etc.)
- Make written and oral reports/recommendations to the Executive Director concerning computer and data processing functions.
- Ensure that computer software is handled, guarded and stored in accordance with recommended regulations and guidelines for such equipment.
- Participate in departmental meetings.
- Attend and participate in workshops, seminars, etc., to keep abreast of current changes in the long-term care field, as well as to maintain a professional status in computer technology, and software.
- Report needs to supervisor.
- Follow established safety procedures when using computer/data processing equipment and supplies.
- Correct and repair I.S. problems. Call for I.T. support as necessary.
- Carry out the typing duties of Nursing Administration.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain confidentiality of personnel as well as resident care information.
- Any other duties assigned by supervisor.

***Qualifications:***

- Minimum 5 years of long term care experience as Team Leader C.N.A. or R.N.A. Team Leader.
- Minimum two years of LVN or RN experience in long term care (preferred).
- Must demonstrate computer literacy.

### *Ararat Nursing Facility*

Job Description #2.20	Title: In-Service Educator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04- August 2009

#### ***Purpose of Position:***

To plan, organize, develop, and direct all in-service educational programs throughout all departments in the facility in accordance with current applicable federal, state, and local standards, guidelines and regulations, and as may be directed by the Executive Director, to assure that the highest degree of quality resident care can be maintained at all times.

#### ***Duties and Responsibilities; In-Service Educator:***

- Develop, evaluate and control the quality of in-service educational programs in accordance with established policies and procedures.
- Secure, develop and maintain records, reports, instructional manuals, reference materials, etc., pertinent to in-service educational programs.
- Perform administrative requirements such as completing necessary forms, reports, class attendance and subject records, etc.
- Make written and oral reports/recommendations to the Executive Director concerning in-service training programs.
- Develop, schedule, and lead orientation programs that orient newly hired personnel to their position for all services.
- Ensure that copies of lesson plans, instructor's qualifications, etc., are filed in accordance with the facility's policies and procedures and regulatory mandates.
- Process documentation of accidents and incidents and any other occurrences in accordance with the facility's workers' compensation policy and procedures.
- Ensure that individual employee training records are maintained and filed in the employee's educational record.
- Complete CNA performance appraisals.
- Participate in performance appraisals as directed.
- Attend and participate in meetings as required by supervisor.
- Attend and participate in continuing educational programs designed to keep abreast of changes in profession, and to maintain license.
- May work other than normal working hours and on weekends and holidays when necessary, as well as in other positions as needed.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintains confidentiality of personnel as well as resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess, as a minimum an active LVN license in the state California.
- State DSD certification is required.
- Must have, as a minimum, 2 year(s) experience in long term care.
- Must possess skills in leadership, supervision, communication, training critical thinking and problem solving.

*Ararat Home of Los Angeles*

Job Description #2.45	Title: Maintenance Department Clerk
Immediate Supervisor: Plant Manager	Original Date: 06/27/10 Revision Date:

***Purpose of Position:***

To assist the Plant Manager to maintain accurate records and perform clerical support in an efficient manner in accordance with established procedures of the maintenance department , and as directed by the Plant Manager.

***Duties and Responsibilities; Maintenance Department Clerk:***

- Operate paging/telephone system as required.
- Answer telephone; determine nature of call and assist as necessary.
- Receive request from within the facility and locate personnel through paging system.
- Update and inform Plant Manager of all pertinent information. (i.e. follow-up calls).
- Keep a current record of all insurance permits (boiler equipment, compressor, pressure vessel, char broilers, emergency generator, etc.).
- Maintain an accurate and accessible account of records for the review of State Surveyors, Fire Inspectors, Health and Safety Inspectors, etc.
- Update and maintain information on contract records of supply houses, manufacturers, and warranty policies. etc.
- Keep a current record of transactions/agreements with various outside and in-house parties.
- Communicate with departments in regards to invoices and deliver authorized payables (signed by the Plant Manager).
- Maintain communication on e-mail, inter-office correspondences. Convey all necessary messages to Plant Manager of all and any issues.
- Maintain a current file/listing of residents by name and room number, emergency phone members of on-call personnel, department extensions, key personnel, etc.
- Receive, sort, and distribute mail as directed.
- Pick up parts from various locations as necessary (document pick up and drop offs).
- Operate copier, office machines, etc., as directed.
- Operate computer as directed.
- Follow all established safety procedures and precautions when operating office equipment.
- Report equipment malfunctions or breakdowns to supervisor as soon as possible.
- Use office supplies in an efficient manner to avoid waste.
- Ensure that work/assignment areas are neat, clean, and office equipment is covered before leaving such areas on breaks, end of work day, etc.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.

- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- High School diploma.
- Must be able to read, write, speak, and understand the English language.
- Computer and telephone proficiency preferred.



***Ararat Nursing Facility***

Job Description #2.21	Title: Maintenance Services (Mechanical Technician HVAC Specialist)
Immediate Supervisor: Plant Manager	Original Date: 06/18/88 Revision Date: 12/31/04

***Purpose of Position:***

To ensure and maintain proper operation of the machinery and mechanical equipment specifically the HVAC system.

***Duties and Responsibilities; Maintenance Services (Mechanical Technician HVAC Specialist):***

- Heating and Air Conditioning: Inspects all air conditioning units, makeup air, exhaust fans and boilers. Maintains constant temperature as necessary throughout the facility. Monitors and maintains proper operation of the cooling tower and all heat pumps. Lubricate, changes belts, and fluids as necessary on all units.
- Assist in planning and making revisions to existing HVAC systems, renovations and special projects.
- Plumbing: maintain proper hot water temperature throughout facility.
- Locate sources of problems and remove defective parts. Determine changes in dimensional requirements of parts. Adjust functional parts of devices and control instruments. Fabricates repair parts. Maintains equipment, parts and supplies inventories.
- Monitor and control the building's temperature, humidity, and energy levels through the use of the building automation systems.
- Develop a working knowledge of in house mechanical, electrical, and plumbing.
- Perform preventative maintenance procedures, lubrication instructions, and maintenance schedule for all mechanical equipment, and plumbing.
- Maintain, troubleshoot and give instruction on repairs, plant electrical/mechanical systems such as boiler, and cooling towers.
- Investigate service requests and ensure proper response.
- Perform preventive maintenance for all mechanical equipment, and plumbing.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Ability to work overtime or special days based on work requirements. Respond to any emergencies at nights as needed for heating/ air conditioning, fire alarm, and plumbing.
- Demonstrates knowledge of HVAC System.

***Ararat Nursing Facility***

Job Description #2.22	Title: Maintenance Services (Mechanical Technician Apprentice)
Immediate Supervisor: Plant Manager	Original Date: 06/18/88 Revision Date: 12/31/04

***Purpose of Position:***

To assist in the operations of building maintenance, fire and safety issues.

***Duties and Responsibilities; Maintenance Services (Mechanical Technician Apprentice):***

- Perform tests to smoke and duct detectors, manual pull stations, and emergency generator.
- Provide limited service to elevators and respond to all emergency calls.
- Adjust and repair fire doors, closers, actuators, and door locks as needed.
- Clean all floor/storm drains.
- Perform tenant improvement when a room is vacant. This includes repair/replacement of faucets, toilets, door lock mechanism, light fixtures, patch and paint throughout the facility as needed.
- Develop working knowledge of in house mechanical, electrical, plumbing, fire sprinkler and control systems.
- Perform preventative maintenance procedures, lubrication instructions and maintenance schedule for all mechanical equipment, plumbing and fire sprinkler systems.
- Investigate service requests and insure proper response.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information and personnel information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Ability to work overtime or on special days based on work requirements. Respond to any emergencies at nights as needed.
- Demonstrate knowledge of fire and safety maintenance.

*Ararat Nursing Facility*

Job Description #2.44	Title: Medical Director
Immediate Supervisor: Board of Directors	Original Date: 02/16/10 Revision Date:

***Purpose of Position:***

Ararat Nursing Facility shall retain a qualified physician as its medical director to coordinate medical care and to help identify, create, implement and review resident care policies.

***Duties and Responsibilities; Medical Director;***

- Clarify physician responsibilities in the following:
  - Accepting responsibility for each resident's care
  - Supporting resident transfers/discharges
  - Making at least once a month clinical visits
  - Providing appropriate care
  - Providing adequate coverage
  - Providing appropriate and timely medical orders
  - Providing appropriate and timely and pertinent documentation
- Help develop policies and procedures related to resident care and regulatory compliance.
- In conjunction with the staff, identify clinical conditions and risks pertinent to facility population (i.e. ADR, fall risks, decline in function and medical status exacerbation of heart failure, etc...).
- Educate staff about Geriatrics practices and help incorporate such information into standards of practice.
- Guide nursing team/management about when to contact him.
- Intervene directly in the care of other physician's residents or give orders if another physician's performance is considered to be jeopardizing the residents' life, health or safety.
- Attend PIQI (Performance Improvement Quality Improvement meetings by:
  - Reviewing the PIQI program and its activities
  - Acting upon quality of care and quality of life issues
  - Advising staff about clinical risk management (i.e. falls, med errors, and ADR's)
  - Reviewing monitored data and helping identify address trends, failures and root causes
  - Advising management on employee health and infection control issues
  - Addressing underlying causes of survey deficiencies

#### Reviewing quality indicators/measures and thresholds

- Conduct clinical rounds with the Director of Clinical Services and discuss resident care issues as presented at IDT (Interdisciplinary Care Conferences) meetings.
- Periodically, meet with Executive Director/Administrator to discuss issues of mutual interest and concern related to quality care and quality of life of residents
- Be available during annual surveys to consult and help respond to surveyor questions about medical care and physician issues.

#### *Qualifications:*

- Current MD License in the state of California
- Minimum 5 years in Geriatric or Long Term Care
- AMDA Certificate is preferred

*Ararat Nursing Facility*

Job Description #2.23	Title: Medical Records
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 May 2011

***Purpose of Position:***

To maintain medical records in accordance with federal and state guidelines, as well as in accordance with established policies and procedures, to assure that a complete medical records program is maintained.

***Duties and Responsibilities; Medical Records:***

- Receive and follow work schedule/instructions from the supervisor and as outlined in facility established policies and procedures.
- Develop and maintain a good working rapport with inter-department personnel, as well as other departments within the facility, to assure that medical records can be properly maintained and accessed.
- Collect, assemble, check and file resident charts as required.
- Ensure that incomplete records/charts are returned to nursing service for correction.
- Assist in developing procedures to ensure records are properly completed, coded, signed, indexed, etc., before filing.
- Establish a procedure to ensure charts/records do not leave the section except as authorized in facility policies and procedures.
- Maintain a record of authorized information taken from charts/records, i.e., type information, name of recipient, date, department, etc.
- Abstract information from records as authorized/required for insurance companies, Medicare, Medicaid, VA, etc.
- Maintain the register for admission and discharge of residents.
- Collect charts, assemble them in proper order, and inspect them for completion.
- Purge medical records files on a yearly basis.
- Perform miscellaneous duties pertaining to medical records and assist business office personnel as required/directed.
- Assist in admission, transfer and discharge procedures as necessary.
- Answer telephone inquiries concerning medical records functions.
- Retrieve medical records when requested by authorized personnel (i.e., physicians, nurses, government agencies and personnel, etc.)
- Assure that medical records taken from the department are signed out and signed in upon return to the department.
- File active and inactive records in accordance with established policies.
- Other related duties and responsibilities that may become necessary or appropriate to meet the administrative needs of the facility.
- Perform secretarial duties as directed.

- Collect and assemble/compile records for committee review, as requested, and prepare reports for staff/other committees as directed.
- Attend and participate in workshops, seminars, etc., to keep abreast of current changes in the health care field as approved.
- Report all unsafe/hazardous conditions, defective equipment, breakdowns etc., to the supervisor immediately.
- Ensure supplies have been replenished in work areas as necessary.
- Assure that work/assignment areas are clean and records, files, etc., are properly stored before leaving such areas on breaks, end of work day, etc.
- Assure that medical charts are stored under lock and key.
- Attend and participate in meetings as necessary and as directed.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess, as a minimum, a high school diploma.
- On-the-job training provided in medical record procedures.
- Must be able to read, write, speak, and understand the English language.
- Must possess the ability to deal tactfully with personnel, residents, visitors and the general public.
- Must be knowledgeable of medical terminology.

### *Ararat Nursing Facility*

Job Description #2.42	Title: Modified Duty (CNA & Activities)
Immediate Supervisor: Executive Director	Original Date: 10/16/06 Revision Date: May -2007

#### ***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

#### ***Duties and Responsibilities; Modified Duty (CNA & Activities);***

- Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.
- Ensure that all facility policies and procedures are followed in accordance with established guideline.
- Serve meals, pass water, and nourishment.
- Feed residents per Resident Care Coordinators/supervisors instructions.
- Provide wheelchair rides from dining room to patio/outside, from room to dining room.
- Operate nursing call light system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or department.
- Provide small group activities as instructed i.e. reading, storytelling, reminiscence, olfactory stimulation, sensory olympics, card games, backgammon.
- Conduct PIQI as delegated: Monitor denture cups, residents' nails, magnetic alarms, and thickened liquids.
- Ensure that work/assignment areas are neat, clean.
- Assist co-workers within your modified duty limitations as instructed by the supervisor.
- Clean activity items (i.e. toys, dolls etc.).
- Report all accidents/incidents and any unusual occurrences immediately as established by department policies.
- Attend and participate in appropriate in-service training programs.
- May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor within your modified duty limitations.

#### ***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.



*Ararat Nursing Facility*

Job Description #2.37	Title: Modified Duty (Dietary)
Immediate Supervisor: Administrator	Original Date: 01/25/05 Revision Date: August 2009

***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

***Duties and Responsibilities; Modified Duty (Dietary);***

Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.

Ensure that all dietary procedures are followed in accordance with established guideline.

Prepare food in accordance with sanitary regulations as well as facility established policies and procedures.

Check storage, freezer, and refrigerators to assure all leftovers are properly labeled and dated. Dispose of food in accordance with established guidelines.

Set-up meal trays with napkins, utensils, diet cards, salt, pepper etc. as instructed.

Prepare and cover fluids as instructed for the following shift and place them in designated refrigerators.

Prepare milkshakes, Ararat recipes, sandwiches, and applesauces's and place them in designated refrigerators.

Review menus for the following day and assist co-workers by chopping, washing, items that may be prepared ahead of time. Ensure proper labeling of these items.

Assist co-workers in preparation of meals within your modified duty limitations as instructed by the supervisor.

Report all accidents/incidents immediately as established by department policies.

Attend and participate in appropriate in-service training programs.

May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.

Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).

Maintain the confidentiality of all resident care information.

Any other duties assigned by supervisor within your modified duty limitations.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

*Ararat Nursing Facility*

Job Description #2.38	Title: Modified Duty (Environmental Services)
Immediate Supervisor: EVS Team Leader	Original Date: 02/02/05 Revision Date: August 2009

***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

***Duties and Responsibilities; Modified Duty (Environmental Services);***

Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.

Ensure that all environmental service procedures are followed in accordance with established guideline.

Clean with designated cleaning solutions all hand rails throughout the facility as assigned.

Clean toilet bowls with designated disinfectants and brush throughout the facility as assigned.

Follow all safety and infection control policies and procedures.

Report to the immediate supervisor all accidents/incidents immediately as established by department policies.

Attend and participate in appropriate in-service training programs.

May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.

Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).

Maintain the confidentiality of all resident care information.

Any other duties assigned by supervisor within your modified duty limitations.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

### *Ararat Nursing Facility*

Job Description #2.40	Title: Modified Duty (RCC Team)
Immediate Supervisor: Director of Clinical Services	Original Date: 08/09/05 Revision Date:

#### ***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

#### ***Duties and Responsibilities; Modified Duty (RCC Team);***

- Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.
- Ensure that all facility policies and procedures are followed in accordance with established guideline.
- Operate nursing call light system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or department.
- Receive request from within the facility and locate personnel through paging system.
- Ensure that work/assignment areas are neat, clean.
- Assist co-workers within your modified duty limitations as instructed by the supervisor.
- Assist in feeding residents as assigned.
- Conduct therapeutic activities to residents by (playing cards, backgammon, ball toss, etc.).
- Copy and file as assigned by your supervisor.
- Prepare and pass fresh water to residents.
- Clean activity items (i.e. toys, dolls etc.).
- Clean and dust designated nursing stations drawers, and chart racks.
- Assist in the transportation of wheelchairs on weekly basis for deep cleaning.
- Report all accidents/incidents immediately as established by department policies.
- Attend and participate in appropriate in-service training programs.
- May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor within your modified duty limitations.

#### ***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

### *Ararat Nursing Facility*

Job Description #2.24	Title: Nurse Supervisor
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – 06/01/04 May – 2007/ August 2009

#### ***Purpose of Position:***

To supervise the day-to-day nursing activities of the facility during duty of shift. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern facility, and as may be required by the Director of Clinical Services, to ensure that the highest degree of quality care is maintained at all times.

#### ***Duties and Responsibilities; Nurse Supervisor:***

- Make written and oral reports/recommendations to the Director of Clinical Services as necessary/required concerning the operation of the nursing service department.
- Coordinate nursing services with other resident services to ensure the continuity of the residents' total regimen of care.
- Participate in facility surveys (inspections) made by authorized government agencies as requested by the Director of Clinical Services.
- May cover responsibilities of a Resident Care Coordinator.
- Admit, transfer, and discharge residents as required.
- Complete accident/incident reports as necessary.
- Perform administrative duties such as completing medical forms, end of shift reports, evaluations, studies, charting, etc., as necessary.
- Attend and provide information to various committee meetings (i.e. PIQI) of the facility as assigned by Director of Clinical services.
- Develop work assignments, and/or assist in completing and performing such tasks.
- Conduct clinical rounds.
- Ensure that all nursing service personnel are performing their work assignments in accordance with acceptable standards of care and practice.
- Meet with shift personnel on a regularly scheduled basis to assist in identifying and correcting problem areas and/or to assist in the improvement of services.
- Participate in employee performance evaluations, determining your shift's staffing requirements, and making recommendations to the Director of Clinical Services concerning employee dismissals, transfers, etc.
- Inform nursing service personnel of new admissions, their expected time of arrival, room assignment, etc.
- Make rounds with physicians as necessary.
- Visit residents on a daily basis in order to observe and evaluate each resident's physical and emotional status.
- Review nurses' notes to ensure that they are informative and descriptive of the

- nursing care being provided, that they reflect the resident's response to the care, and that such care is provided in accordance with the resident's wishes.
- Provide direct nursing care as necessary.
  - Assist the Resident Care Coordinator in monitoring seriously ill residents.
  - Ensure that all staff complies with written policies and procedures.
  - Review medication cards for completeness of information, accuracy in the transcription of physician orders, and adherence to stop order policies.
  - Inspect the nursing service treatment areas daily to ensure that they are maintained in a clean and safe manner.
  - Ensure that residents who are unable to call for help are checked frequently.
  - Meet with residents, and/or family members, as necessary.
  - Ensure that nursing service work areas (i.e., nurses' stations, medicine preparation rooms, etc.) and resident care rooms are maintained in a clean and sanitary manner.
  - Ensure that an adequate stock level of medications, medical supplies, equipment, etc., is maintained on premises at all times to meet the needs of the resident's.
  - Monitor nursing procedures to ensure that nursing service supplies are used in an efficient manner to avoid waste.
  - Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
  - Maintain the confidentiality of all resident care information.
  - May work other than normal working hours and on weekends and holidays when necessary.
  - Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
  - Any other duties assigned by supervisor.

***Qualifications:***

- Must have, as a minimum, 2 year(s) of experience as a supervisor in a hospital, long-term care facility, or other related health care facility.
- Must possess a current, active license to practice as an RN in the state of California.
- Must possess the ability to make independent decisions when circumstances warrant such action.

Non-active Jan 2012

*Ararat Nursing Facility*

Job Description #2.25	Title: Physical Therapy Aide, Senior Team Leader
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/ August 2009

***Purpose of Position:***

To assist in the activities of the RNA team, and organize restorative care services, as well as its programs and activities, in accordance with current rules, regulations, and guidelines that govern the long-term care facility.

***Duties and Responsibilities; Physical Therapy Aide Senior Team Leader:***

- To perform restorative nursing procedures that maximize the resident's existing abilities, emphasize independence, and minimize the negative effects of disability with an attitude of realistic optimism under the supervision of Executive Director.
- Assist and participate in the PIQI committee in developing, implementing, and maintaining an ongoing quality assurance program, and action to correct any identified deficiencies for restorative care services.
- Maintain a current file of residents treated, treatment records, resident files, and progress notes as required.
- Make written and oral reports/recommendations to Executive Director as necessary/required, concerning restorative care services.
- Participate in the development and implementation of resident assessments (MDS) and care plans, including quarterly reviews, as they relate to restorative care.
- Instruct, supervise, and reassure resident before and during restorative therapy. Remaining alert for resident safety during any/all therapy or treatments.
- Ensure that all restorative care notes are informative and descriptive of the treatment provided and of the resident's response to the care.
- Orient new employees to his/her job position and duties.
- Ensure that the therapy area is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services. Recommend to the Executive Director the equipment and supply needs of the department.
- Ensure that all personnel operate equipment in a safe manner and supplies are used in an efficient manner to avoid waste.
- Assist in developing restorative care plans for individual residents in coordination and conjunction with the resident assessment (MDS). Participate in the development and implementation of care plans, including quarterly reviews.
- Prepare and complete work schedules and assignments with team members of Restorative Services.
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- **Non-active-Jan 2012**

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- Attend and participate in, workshops, in-service training seminars, to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education or its equivalent. (High school diploma is preferred).
- Minimum 2 years of CNA experience. Must be able to read, write, speak, and understand the English language.



*Ararat Nursing Facility*

Job Description #2.26	Title: PIQI Nurse
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – 02/27/07 February 2011- November 2011

***Purpose of Position:***

To assist Resident Care Coordinator in providing direct nursing care by implementing Performance Improvement and Quality Improvement activities in with current applicable federal, state, and local standards, guidelines and regulations, and as may be directed by the Executive Director, to assure that the highest degree of continuous quality resident care and safety can be maintained at all times.

***Duties and Responsibilities; PIQI Nurse:***

- Conduct clinical rounds to assure that resident rights are implemented.
- Meet with Resident Care Coordinator to support the team in planning the shift's services
- Ensure that an adequate supply of floor stock medications, supplies and equipment are on hand.
- Ensure that E-Kits are accurate and documentation complete.
- Make observations and notify the resident's attending physician and next of kin when there is a change in the resident's condition.
- Monitor nursing procedures to assume that resident care standards are implemented.
- Follow up with pharmacy consultant's recommendations.
- Report and investigate all allegations of resident abuse.
- Participate in annual surveys.
- Assure all laboratory tests and results are completed on a timely manner.
- Assist in developing and implementing appropriate plans and follow-up actions to correct identified deficiencies related to resident care.
- Monitor the in house Quality Indicators and report results to Director of Clinical Services.
- Maintain tracking systems and report outcome.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Participate in meetings as directed. Attend other committees of the facility as directed by Executive Director.
- May work other than normal working hours and on weekends and holidays when necessary to provide resident care.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess, as a minimum, a current LVN license in the state of California.
- Minimum two years of experience as a LVN in long term care.

### *Ararat Nursing Facility*

Job Description #2.27	Title: Plant Manager
Immediate Supervisor: Board of Directors	Original Date: 06/18/88 Revision Date: 12/31/04 – May 2008

#### ***Purpose of Position:***

To plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state and local standards, guidelines, and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a safe and comfortable manner.

#### ***Duties and Responsibilities; Plant Manager:***

- Plan, develop, organize, implement, evaluate, and direct the Maintenance Department, its programs and activities.
- Develop and maintain written maintenance policies and procedures.
- Assist the maintenance staff in the development and use of departmental policies, procedures, equipment, supplies, etc.
- Review the department's policies, procedure manuals, job descriptions, etc., at least annually for revisions and make recommendations to the Administrator.
- Interpret the department's policies and procedures to employees, residents, visitors, government agencies, etc.
- Coordinate maintenance services and activities with other related departments.
- Make written /oral reports/recommendations to the Administrator as necessary/required concerning the operation of the Maintenance Department.
- Assist in establishing a preventive maintenance program.
- Submit accident/incident reports to the In- Service Educator and Business Office within twenty-four (24) hours after their occurrence.
- Participate in facility surveys (inspections) made by authorized government agencies.
- Review and develop a plan of correction for maintenance deficiencies noted during survey inspections and provide a written copy of such to the Administrator.
- Keep abreast of economic conditions/situations and recommend to the Administrator adjustments in maintenance services that assure the continued ability to provide a clean, safe and comfortable environment.
- Perform administrative duties such as completing necessary forms, reports, evaluations, studies, etc., to assure control of equipment and supplies.
- Ensure that outside services are properly supervised in accordance with contracts/work orders.
- Delegate a responsible staff member to act on your behalf when you are absent from the facility.

- Attend and participate in department head meetings, PIQI or other meetings as directed.
- Determine departmental staffing requirements necessary to meet the maintenance department's needs. Assist in the recruitment, interviewing, and selection of maintenance personnel. Maintain maintenance personnel records.
- Schedule department work hours (including vacation and holiday schedules), personnel, work assignments, etc., to expedite work.
- Counsel/discipline maintenance personnel as requested or as necessary.
- Provide complaint/grievance reports to the Administrator as required or as may be necessary.
- Conduct departmental performance evaluations in accordance with the facility's policies and procedures.
- Make daily rounds to assure that maintenance personnel are performing required duties and to assure that appropriate maintenance procedures are being rendered to meet the needs of the facility.
- Supervise safety and fire protection and prevention programs by inspecting work areas and equipment at least weekly.
- Ensure that maintenance personnel follow established safety regulations in the use of equipment and supplies and universal precautions at all times.
- Assist in preparing and planning the Maintenance Department's budget for equipment, supplies, and labor and submit to the Administrator for review, recommendations, and approval.
- Maintain current written records of department expenditures and assure that adequate financial records and cost reports are submitted to the Administrator upon request or as necessary.
- Make weekly inspections of all maintenance functions to assure proper operation on an ongoing basis, including structures, roofs, parking lots, fire protection system and all utilities systems.
- Be prepared to handle emergencies.
- Maintain the upkeep of the entire facility inside and outside, including lighting and parking. Evaluate suitability of areas as for air circulation, lighting, and safety.
- Monitor various contracts with outside vendors such as ground keeping, building maintenance, janitorial, water treatment, and air conditioning for continuous compliance of written agreements.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information and personnel information.
- Chair Safety Committee.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, a 8th grade education or its equivalent.
- Must have, as a minimum, 2 year(s) experience in a supervisory capacity, in all aspects of facility maintenance i.e. electrical, plumbing, HVAC, landscaping etc.
- Must be knowledgeable about boilers, compressors, generators, etc., as well as various mechanical, electrical and plumbing systems.
- Must have the ability to read and interpret blueprints.
- Must be knowledgeable in building codes and safety regulations.
- Must possess the ability to make independent decisions when circumstances warrant such action.

### *Ararat Nursing Facility*

Job Description #2.09	Title: RCC Coordinator
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 May 2011

#### ***Purpose of Position:***

To provide direct nursing care to the residents, and to supervise the day-to-day care giver activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Clinical Services or Nurse Supervisor to ensure that the highest degree of quality care is maintained at all times.

#### ***Duties and Responsibilities; RCC Coordinator:***

- Meet with assigned nursing staff, support personnel, in planning the shifts' services, programs, and activities.
- Ensure that the Nursing Service Procedures Manual is current and reflects the day-to-day nursing procedures performed by personnel in this facility.
- Cooperate with other resident services when coordinating nursing services to ensure that the resident's total regimen of care is maintained.
- Participate in the facility's quality assurance program for the nursing service department.
- Participate in facility surveys (inspections) made by authorized government agencies as may be requested.
- Admit, transfer, and discharge residents as required. Complete all necessary forms.
- Perform administrative duties such as completing medical forms, reports, evaluations, studies, charting, etc., as necessary.
- Administer medications to residents safely and responsibly.
- Chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the resident's response to the care.
- Fill out and complete accident/incident reports. Submit to Director as required.
- Ensure that an adequate supply of floor stock medications, supplies, and equipment are on hand. Report needs.
- Ensure that narcotic records are accurate for the areas of responsibility at the beginning and end of shift. Any discrepancy is to be reported immediately to supervisor.
- Participate in employee performance evaluations.
- Report absentee to appropriate personnel.
- Make daily rounds of station, provide leadership to nursing personnel.
- Receive/give the nursing report upon reporting in and ending shift duty hours.
- Make rounds and follow-up with physicians as necessary.
- Notify the resident's attending physician and next-of-kin when there is a change in the resident's condition.

- Provide basic nursing care.
- Inform family members of the death of the resident.
- Ensure that all personnel wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Monitor nursing procedures to ensure that nursing service supplies are used in an efficient manner to avoid waste.
- Review care plans daily to ensure that appropriate care is being rendered. Inform the Resident Care Planner of any changes that need to be made on the care plan.
- Ensure that nurses' notes reflect that the care plan is being followed when administering nursing care or treatment.
- Review resident care plans for appropriate resident goals, problems, approaches, and revisions based on nursing needs.
- Schedule and monitor performance of CNAs assigned.
- Monitor nursing care to ensure that all residents are treated fairly, and with kindness, dignity, and respect.
- Report and investigate all allegations of resident abuse and/or misappropriation of resident property.
- Ensure that nursing staff personnel honor the resident's refusal of treatment request.
- Attend and participate in continuing education programs designed to keep you abreast of changes in profession, as well as to maintain your license on a current status.
- May work other than normal working hours and on weekends and holidays when necessary, as well as in other positions as needed.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintains confidentiality of personnel as well as resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess a current, active license to practice as an RN or /LVN in the state of California.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.06	Title: RCC/Resident Care Planner
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007- Feb - 2011

#### ***Purpose of Position:***

To provide direct care to residents and to conduct and coordinate the development and completion of the resident care plan in collaboration with Interdisciplinary Team in accordance with current rules/regulations/guidelines that govern MDS 3.0/CATS and collaboration with Interdisciplinary Team.

#### ***Duties and Responsibilities; RCC/Resident Care Planner***

- Meet with assigned nursing team to support personnel in planning resident centered care plans.
- Maintain and periodically participate in written policies and procedures that govern the development, use, and implementation of the care plan.
- Work with the Interdisciplinary Care Plan Team in the timely development of a comprehensive resident centered assessment and care plan for each resident.
- Participate in facility surveys (inspections) made by authorized government agencies.
- Serve on, participate in, and attend various other committees of the facility as assigned. Provide written and/or oral reports of the resident assessment/care plan functions as requested or directed by committees or supervisor.
- Work with the Interdisciplinary Care Plan Team in developing a comprehensive care plan for each resident.
- Develop in a timely manner a written plan of care (preliminary and comprehensive) for each resident that identifies the problems/needs of the resident, indicates the care to be given, goals to be accomplished, and which professional service is responsible for each element of care.
- Meet with families to identify resident's life style issues/needs for the initiation of an individualized care plan.
- Inform all assessment team members of the requirements for accuracy and completion of the resident care plan.
- Assist the nursing staff in encouraging the resident and his/her family to participate in the development and review of the resident's plan of care.
- Conduct weekly clinical rounds with the psychiatrist and communicate the effectiveness of Behavioral Management Interventions as identified at IDT meetings.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Assist Resident Assessment Coordinator with CATs (Care Area Triggers) completion.



- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a current, active license to practice as a LVN in the state of California.
- Must have, as a minimum, 2 year(s) of experience as a charge nurse in a hospital, long-term care facility, or other related health care facility.

### *Ararat Nursing Facility*

Job Description #2.29	Title: Receptionist
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/August 2009

***Purpose of Position:***

To perform clerical support in an efficient manner in accordance with established procedures, and as directed by your supervisor.

***Duties and Responsibilities; Receptionist:***

- Operate paging/telephone system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or department.
- Receive request from within the facility and locate personnel through paging system.
- Maintain a current file/listing of residents by name and room number, emergency phone numbers of on-call personnel, department extensions, key personnel, etc.
- Greet visitors. Direct to the appropriate office and/or resident room.
- Give directions/information to visitors, guests, residents, sales representatives, etc.
- Offer beverages to visitors waiting for administrative personnel, as appropriate.
- Report suspicious persons/information to supervisor immediately.
- Assist with administrative duties as directed. (Includes typing, filing, posting accounts, etc.)
- Receive, sort, and distribute mail as directed.
- Operate copier, office machines, etc., as directed.
- Operate computer as directed.
- Follow all established safety procedures and precautions when operating office equipment.
- Report equipment malfunctions or breakdowns to supervisor as soon as possible.
- Use office supplies in an efficient manner to avoid waste.
- Ensure that work/assignment areas are neat, clean, and office equipment is covered before leaving such areas on breaks, end of work day, etc.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- High School diploma.
- Must be able to read, write, speak, and understand the English language.
- Computer and telephone proficiency preferred.

### *Ararat Nursing Facility*

Job Description #2.30	Title: Resident Assessment Coordinator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04 August 2009 May 2011/ October 2011

#### ***Purpose of Position:***

To conduct and coordinate the development and completion of the resident assessment (MDS) in accordance with current rules, regulations, and guidelines that governs the resident assessment, including the implementation of Care Area Triggers (CATs).

#### ***Duties and Responsibilities; Resident Assessment Coordinator:***

- Coordinate the entire MDS assessment process.
- Maintain and periodically update written policies and procedures that govern the development, use, and implementation of the resident assessment (MDS) and care plan.
- Perform MDS duties such as completing medical forms, reports, evaluations, studies, etc, as necessary.
- Participate in facility surveys (inspections) made by authorized government agencies.
- Serve on, participate in, and attend various other committees of the facility as assigned. Provide written and/or oral reports of the resident assessment/care plan functions as requested or directed by committees.
- Work with the Interdisciplinary Care Plan Team in developing a comprehensive resident assessment and care plan for each resident. Conduct and schedule the Interdisciplinary Team Care Conferences.
- Assist in the timely development of a written plan of care (preliminary and comprehensive) for each resident that identifies the problems/needs of the resident, indicates the care to be given, goals to be accomplished, and which professional service is responsible for each element of care.
- Inform all assessment team members of the requirements for accuracy and completion of the resident assessment.
- Assist the nursing staff in encouraging the resident and his/her family to participate in the development and review of the resident's plan of care.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a current, active license to practice as a LVN/RN in the state of California. MDS certification is preferable.
- Must have, as a minimum, 2 year(s) of experience as a supervisor in a hospital, long-term care facility, or other related health care facility.
- Must have, as a minimum, 3 months training experience in rehabilitative and restorative nursing practices.

***Ararat Nursing Facility***

Job Description #2.31	Title: Restorative Nursing Assistant
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04/August 2009/ October 2011

***Purpose of Position:***

To perform restorative nursing procedures that maximize the resident's existing abilities, emphasize independence, and minimize the negative effects of disability with an attitude of realistic optimism under the supervision of the Director of Clinical Services and in accordance with federal state and local standards, guidelines and regulations.

***Duties and Responsibilities; Restorative Nursing Assistant:***

- Provide restorative nursing care as directed and ordered (i.e. feeding, active and passive range of motion, ambulation, and transfers).
- Provide activities of daily living (bathing, showering, grooming, toileting, etc.)
- Provide a safe environment for residents during exercises and assist in designing living environment to provide optimum comfort and safety.
- Prepare resident for treatment by dress/position and provide exercises as ordered.
- Assist in transporting resident to and from therapy room/area. Perform exercises in the resident's room if necessary.
- Reassure resident before and during exercise session and provide instruction and supervision during exercise.
- Report and document any changes in resident's condition and/or severity of limitations to senior team leader immediately.
- Complete weekly restorative summaries. Ensure that all RNA notes are informative and descriptive of the care provided and of the resident's response to the care.
- Identify faulty restorative devices and report to the RNA Team Leader immediately.
- Report residents' condition at interdisciplinary care conferences.
- Function as CNA when requested by immediate supervisor.
- Administer first aid measures as initiated by the Resident Care Coordinator.
- Participate in departmental studies and projects as assigned or that may become necessary.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Follow established infection control procedures and universal precautions when performing duties.
- Ensure that the therapy area is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services.
- Utilize all department equipment and supplies in an efficient manner that promotes desired outcomes and minimizes waste.

- Attend and participate in in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must be able to read, write, speak, and understand the English language.
- Must possess the ability to deal tactfully with personnel, residents, family members, visitors, government agencies/personnel, and the general public.
- Must possess a current Certified Nursing Assistant license.

*Ararat Nursing Facility*

Job Description #2.32	Title: Restorative Nursing Assistant (Team Leader)
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 / August 2009/ October 2011

***Purpose of Position:***

To perform restorative nursing procedures that maximize the resident's existing abilities, emphasize independence, and minimize the negative effects of disability with an attitude of realistic optimism under the supervision of the Executive Director and in accordance with federal state and local standards, guidelines and regulations.

***Duties and Responsibilities; Restorative Nursing Assistant Team Leader:***

- Provide restorative nursing care as directed and ordered (i.e. feeding, active and passive range of motion, ambulation).
- Provide a safe environment for residents during exercises and assist in designing living environment to provide optimum comfort and safety.
- Prepare resident for treatment by dress/position and provide exercises as ordered.
- Assist in transporting resident to and from therapy room/area. Perform exercises in the resident's room if necessary.
- Reassure resident before and during exercise session and provide instruction and supervision during exercise.
- Report and document any changes in resident's condition and or severity of limitations to senior team leader immediately.
- Complete weekly restorative summaries. Ensure that all RNA notes are informative and descriptive of the care provided and of the resident's response to the care.
- Identify faulty restorative devices and report to the Executive Director immediately.
- Report residents' condition at interdisciplinary care conferences.
- Function as CNA when requested by immediate supervisor.
- Administer first aid measures as initiated by the Resident Care Coordinator.
- Provide guidance and training for new employees.
- Ensure that all residents are in good and comfortable position while participating in activities.
- Ensure all wheelchairs are clean and labeled correctly.
- Participate in departmental studies and projects as assigned or that may become necessary.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Follow established infection control procedures and universal precautions when performing duties.

- Ensure that the therapy area is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services.
- Utilize all department equipment and supplies in an efficient manner that promotes desired outcomes and minimizes waste.
- Attend and participate in in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must be able to read, write, speak, and understand the English language.
- Must possess the ability to deal tactfully with personnel, residents, family members, visitors, government agencies/personnel, and the general public.
- Must possess a current Certified Nursing Assistant license.



*Ararat Nursing Facility*

Job Description #2.33	Title: Senior Team Leader
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/ August 2009/ October 2011

***Purpose of Position:***

To provide support to CNAs throughout their assignments, support the staffing coordinator as directed by the Executive Director, and assist the Executive Director in daily tasks as necessary.

***Duties and Responsibilities; Senior Team Leader:***

- Provide resident care as needed.
- Implement solutions to issues in consultation with RCC Coordinators.
- Label resident's belongings (i.e. dentures and eyeglasses)
- Assist in CNA clinical orientation.
- Follow up with lost articles and report outcomes.
- Participate in PIQI activities.
- Assist in weighing residents weekly and monthly.
- Follow up with CNA incomplete chartings.
- Maintain the orderliness and neatness of all bulletin boards.
- Maintain accuracy of the CNA clipboard data.
- Update and maintain the Assignment Books.
- Duplicate and distribute memos and articles as directed by the Executive Director.
- Disseminate information as directed by the Executive Director.
- Ensure sufficient quantity of medical nursing forms.
- Maintain hallways free from clutter.
- Assist CNAs in daily activities as needed.
- Assist CNA team leaders in problem solving and making schedules and assignments.
- Organize staff activities as directed.
- Assist the Staffing Coordinator as directed by the Executive Director.
- Attend in-service training classes.
- Attend and participate in in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Current CNA license.
- At least 3 years of CNA experience.
- High School graduate.
- Ability to understand and carry out instructions.
- Ability to organize task effectively and efficiently.
- Ability to follow up in a timely manner.
- Good verbal skills.

### *Ararat Nursing Facility*

Job Description #2.34	Title: Social Service Designee
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04/August 2009/ October 2011

#### ***Purpose of Position:***

To assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis in accordance with current existing federal, state, and local standards, as well as the facility established policies and procedures.

#### ***Duties and Responsibilities; Social Service Designee:***

- Conduct admission interviews to gather pertinent social and emotional information about resident applicants.
- Record pertinent social history on residents' charts in a timely manner, including plans for meeting any needs that have been assessed.
- Document appropriate problems, goals and plans on resident care plans.
- When necessary, implement plans to meet medically related social needs.
- Reassess all residents quarterly after admission, carrying out documented programs.
- Seek assistance from the social work consultant as necessary, as well as staff members and community resources.
- Develop and carry out a discharge plan for each resident, assessing home situation, financial resources, medical needs and community resources. Make appropriate referrals to community resources to ensure continuity of care.
- Participate in regularly scheduled resident care conferences. Serve as an advocate in the protection of resident's rights.
- Coordinate social services on behalf of the resident with nursing, restorative care, and activities via informal communications as well as resident care conferences.
- Provide assistance to families regarding the medically related social needs of residents.
- Perform other functions as identified and delegated by the social work consultant and/or Executive Director within facility policies.
- Label all television, or radios and other electrical devices according to the facility policies.
- Follow-up with lost and found/misplaced personal belongings of residents.
- Schedule and follow-up with optometry, dental, and audio logy consultations.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).

- Any other duties assigned by supervisor.

***Qualifications:***

- High School graduate. College courses or degree in social work preferred.
- Ability to handle confidential data appropriately.
- Ability to accept and utilize professional supervision, consultation and in-service training. Ability to relate appropriately and effectively with patients and their families, with other staff members, and personnel of community agencies.
- Ability to effectively assess medically related social and emotional problems of patients and to utilize facility and community resources.

***Ararat Nursing Facility***

Job Description #2.35	Title: Staffing Coordinator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/ August 2009

***Purpose of Position:***

To provide support to the Executive Director in daily tasks as necessary and perform assigned administrative duties in accordance with established procedures, and as directed by the Executive Director, to assure that hours per resident day are not lower than 3.2.

***Duties and Responsibilities; Staffing Coordinator:***

- Prepare work schedules; assure sufficient coverage for all shifts.
- Compute and post resident care hours daily.
- Collect and prepare time card hours
- Distribute paychecks as assigned.
- Maintain current information of personnel files including evaluations.
- Maintain a current list of employee phone numbers and birthdays for the facility.
- Place absentee reports in personnel files.
- Participate in PIQI activities.
- Duplicate and distribute memos and articles as directed by the Executive Director.
- Disseminate information as directed by the Executive Director.
- Organize staff activities as directed.
- Assist the Senior Team Leader as directed by Executive Director.
- Attend and participate in in-service training classes.
- Maintain the confidentiality of all resident care and personnel information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Current CNA license.
- High School graduate.
- Ability to understand and carry out instructions.
- Ability to organize tasks effectively and efficiently.
- Ability to follow up in a timely manner.
- Good verbal skills.

### *Ararat Nursing Facility*

Job Description #2.36	Title: Treatment Nurse
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 May 2011

#### ***Purpose of Position:***

To provide primary skin care to residents under the medical direction and supervision of the residents' attending physicians, the Director of Clinical Services, or the Medical Director of the facility, with an emphasis on treatment and therapy of skin disorders. This position will also assist in modifying the treatment regimen to meet the physical and psychosocial needs of the resident, in accordance with established medical practices, the requirements of the state and the policies and goals of the facility.

#### ***Duties and Responsibilities; Treatment Nurse:***

- Report to the Director of Clinical Services or designee regarding dermatologic disorders of residents in the facility.
- Consult with the Care Planning Team concerning assessment evaluations and assist in planning and developing the skin care treatment to be performed for the resident.
- Initiate requests for consultation or referral. Respond to requests from the resident, physician, or nursing staff.
- Examine the resident and his/her records and charts, and discriminate between normal and abnormal findings, in order to recognize when to refer the resident to a physician for evaluation, supervision, or directions.
- Complete medical forms, reports, evaluations, studies, charting, etc.
- Implement and maintain established policies and procedures relative to skin care treatments.
- Make written and oral reports/recommendations to the attending physician, Medical Director, or the Director of Clinical Services concerning the status and care of the residents.
- Work with the Interdisciplinary Care Plan Team in developing a comprehensive assessment and care plan for assigned residents.
- Provide written and/or oral status reports of residents that you are treating.
- Identify, manage, and treat specific skin disorders and primary and secondary lesions, such as skin abrasions, foot problems such as corns and callouses, decubitus ulcers, bacterial, parasitic and viral skin infections, scaling papular diseases, and benign tumors.
- Perform an assessment evaluation using techniques including observation, inspection, and palpation.
- Ensure that residents with decubitus ulcers receive appropriate prophylaxis and treatment, such as daily inspection, turning and activity, a well-planned diet, and maintaining a clean, dry bed.
- Provide techniques to prevent skin impairments.

- Assist in monitoring the inventory of medications, medical supplies, and equipment to ensure that adequate supplies of skin care products are on hand to meet the needs of residents.
- Be familiar with and use as appropriate all items of personal protective equipment and universal precautions at all times.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when moving or lifting residents.
- Follow all universal infection control procedures.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a current, active license to practice as an LVN/RN in this state.
- Must have, as a minimum, 2 year(s) of experience as an LVN/RN.

**APPENDIX A**

**Ararat Home Meal Break Waiver**

Employee Name \_\_\_\_\_

I am scheduled to work a shift of 6 hours or less on:

Date(s) \_\_\_\_\_

From hours of \_\_\_\_\_ a.m./p.m.to \_\_\_\_\_ a.m./ p.m.

I understand that:

1. I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. In order for this waiver to be valid, the Executive Director, or Administration must also authorize the waiver in writing by signing below.
3. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature \_\_\_\_\_ Date submitted \_\_\_\_\_

REVOCATION: I hereby revoke this waiver

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

For Employer Use Only:

Check one:

☐ Your meal break waiver request has been approved and submitted.

☐ Your meal break waiver request has been denied.

Singature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Attachment A**



## **Appendix D**

### **Ararat Home Leave of Absence**

Name:

Date:

Service:

Requesting LOA (please check all that apply)

Medical                      Duration:

Educational                  Duration:

FMLA                         Duration:

Other (specify)              Duration:

The LOA was explained to me                  Yes                  No

I have received a copy of LOA Policy                  Yes                  No

If I do not inform my immediate Supervisor about my condition, by the end of my LOA, my position will be terminated.

Signature of Employee

Signature of Supervisor

Approved                      Date to Begin                      Date to End

Disapproved                      Will continue work                      Automatic termination

I have read and fully understand Policy # 1.01 Titled “At Will Employment” My signature acknowledges my knowledge and understanding of this policy.

Signature of employee\_\_\_\_\_

Date\_\_\_\_\_

Signature of Immediate Supervisor\_\_\_\_\_

Date\_\_\_\_\_

## **Welcoming Statement**

Welcome to Ararat Home of Los Angeles, Inc. We are thrilled that you have chosen us to be your employer. We take great pride in our employees.

As long term care leaders, we are change agents and practice fundamental values of employee empowerment, open communication, innovative interventions, compassion, and collaboration among all disciplines.

We are in an environment whose foundation is based on caring for our elderly residents. Our goal is to provide the best possible quality of care for our residents in a compassionate and caring atmosphere.

We work hard as a team continuously striving for excellence to reach higher horizons and to make a significant difference in the lives of our residents.

No policy in this Human Resource Manual or any other policy which may later be added to this manual creates a contract, either expressed or implied.

Ararat Home reserves the right to alter, amend, modify, delete, add to, and /or eliminate, in whole or in part, any policy of this Human Resource Manual. The organization also reserves the right to create new policies to be added to this manual.

This manual states the policies and practices in effect at the time of publication. This manual supersedes all previously issued manuals and any policy or benefit statements or memoranda that are inconsistent with the policies described here. Your supervisor will be happy to answer any questions you may have.

**Mission of Ararat Home of Los Angeles, Inc.**

Ararat Home serves the community without regard to race, ethnic origin, religious persuasion or financial ability. Each encounter with residents and families portrays our utmost compassion and respect. Monitoring, evaluating and constantly improving individualized resident care is the daily responsibility of the entire staff.

Excellence in service, practice and leadership is provided in a progressive, positive and flexible environment, instituting meaningful programs of education, utilization of cost effective delivery of care to ensure financial viability. Staff is empowered to assure fair employment and personnel policies are practiced to actively respond to the needs of the community.

### **Performance Improvement/Quality Improvement Philosophy**

We will strive to improve the quality of care and quality of life of our residents. Quality of care can be improved when we continuously measure and improve our performance. This primarily involves the performance of the organization's systems and processes. In addition, we will continue to monitor the competence of all the staff.

Our Plan is called Performance Improvement/Quality Improvement (PI/QI) and it involves the entire organization. Employees are empowered to be proactive in a caring environment. PI/QI bears no negative connotation in our organization. It is not a mandate. It is a life style.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.00	Original #	1.00
Title	Equal Employment Opportunity	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	02/05/08

### **Equal Employment Opportunity**

#### **Policy Statement**

It is the policy of Ararat Home of Los Angeles, Inc. to recruit, hire, train, and promote persons in all job titles without regard race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws.

#### **Procedure**

Ararat Home of Los Angeles (Ararat Home) is an equal opportunity employer and makes employment decisions on the basis of merit. Organization policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is **unlawful**.

Ararat Home is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to **all** persons involved in organization operations and prohibits unlawful discrimination by any employee of the organization.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Ararat Home will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result to the organization.

Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact the administrator or his/her designee and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. Ararat Home will then conduct an investigation to identify the barriers that interfere with the equal opportunity of the applicant or employee to perform his or her job. Ararat Home will identify possible

Subject	Equal Employment Opportunity		
Policy #	1.00	Original #	1.00
Title	Equal Employment Opportunity	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	02/05/08

accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the accommodation will be made.

If you believe you have been subjected to any form of unlawful discrimination, submit a written complaint to your administrator or his/her designee. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses.

Ararat Home will immediately undertake an effective, thorough, and objective investigation and attempt to resolve the situation.

If Ararat Home determines that unlawful discrimination has occurred, effective remedial action will be taken to commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. Ararat Home will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your coworkers.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.01	Original #	Page 1 of 2
Title	At-Will Employment	Original Date 03/01/07	Revision Date 03/01/07
		Reviewed/Revised	02/19/08
		Reviewed/Revised	07/01/11

### **At-Will Employment**

#### **Policy Statement**

It is the policy of Ararat Home that all employees who do not have individual employment contracts for a specified period of time are employed at the will of the organization for an indefinite period of time.

#### **Procedure**

Ararat Home personnel are employed on an at-will basis. Employment at-will means that the employment relationship may be terminated with or without cause and with or without advance notice at any time by the employee or the organization. Nothing in this manual shall limit the right to terminate at-will employment.

No manager, supervisor, or employee of the organization has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment on other than at-will terms.

Only the Administrator/Executive Director of Ararat Home has the authority to make any such agreement, which is binding only if it is in writing.

An employee hired at-will may resign at anytime, without cause, and with or without notice, and/or the organization may terminate the employee at any time without cause, and with or without notice.

The completion of an employee's appraisal period or conferral of regular status does not change an employee's at-will status nor in any way alter or change the organization's right to terminate such employee at any time, with or without notice, and/or with or without cause.

Disciplinary action noted throughout the manual is not all-inclusive and does not restrict the organization's right to terminate any at-will employee. Although the organization has set forth policies about disciplinary actions and termination of employment, these policies are not binding on the organization. The organization reserves the right to discipline any and all employees or terminate any or all employees with or without notice and/or with or without cause. Such disciplinary action and/or termination may be done at the organization's discretion.



Subject	Equal Employment Opportunity		
Policy #	1.01	Original #	Page 2 of 2
Title	At-Will Employment	Original Date 03/01/07	Revision Date 03/01/07
		Reviewed/Revised	02/19/08
		Reviewed/Revised	07/01/11

This policy may not be modified by any statements contained in this or any other organization policy or procedure manual, employment application, memorandum, etc. None of the aforementioned documents, whether singly or collectively, nor any practice there under shall create a contract, either expressed or implied.

Inquiries concerning at-will employment should be directed to the Executive Director, Administrator and/or his/her designee.

The organization reserves the right to demote, transfer, change job duties, and change compensation at any time with or without cause in its sole discretion.

In deciding to work for the organization or continuing to work for the organization or continuing to work for the organization you must understand and accept these terms of employment.

## **Ararat Home of Los Angeles, Inc**

Subject	Equal Employment Opportunity		
Policy #	1.03	Original # 1.00/1.01/1.02	Page 1 of 1
Title	Recruiting and Hiring Employees	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 03/01/07
			Reviewed/Revised 09/09/08

### **Recruiting and Hiring New Employees**

#### **Policy Statement**

It is the policy of Ararat Home to recruit and hire persons in all job titles conforming to Equal Employment Opportunity as mandated by State and Federal regulations. It is the policy to hire the most qualified applicant for all vacancies.

#### **Procedure**

The Executive Director, Administrator and/or their designee shall recruit, interview, and hire supervisors.

Each supervisor shall recruit, interview, and hire persons for vacant positions in his/her department.

When a position is vacated, the Department Supervisor shall notify current employees of the vacancy by posting a notice on the employee bulletin board for 72 hours prior to advertising externally.

Notices advertising vacant positions shall include a brief description of job title, qualifications, job description, and also clearly note application information.

All applications received are referred to the appropriate Department Supervisor. Each application is evaluated based upon the experience, training, and competence of the applicant for a position. The evaluation methods should include interviews, reference checks, and applicable testing.

All applicants shall be given a time frame to the status of their application. All employment applications shall be kept on file for one year.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.03	Original #	Page 1 of 2
Title	Background Investigations	Original Date 03/01/07	Revision Date
			Reviewed/Revised 03/01/07
			Reviewed/Revised 09/16/08

### **Background Investigations**

#### **Policy Statement**

It is the policy of Ararat Home to conduct reference checks, driving record investigations, background investigations, and criminal conviction investigations on personnel making application for employment with this organization.

#### **Procedure**

The Executive Director, Administrator and/or their designee will conduct any applicable background investigation on each individual making application for employment with this organization and on any current employee if such background investigation is/are appropriate in light of the position for which the individual has applied (i.e., A driving record investigation will be conducted if the job position requires driving for the organization).

For any individual applying for a position as a Certified Nursing Assistant, Licensed Vocational Nurse, and Registered Nurse, the Executive Director/Administrator or his/her designee will consult appropriate licensing agency of the state in which the individual was certified and/or previously employed to determine the applicant's employment eligibility.

When conducting background investigations, the organization **may** contact any or all of the following agencies, depending upon the position for which the applicant/employee applied/was hired.

- (a) Local, state, and/or federal law enforcement agencies
- (b) Departments of public safety
- (c) Professional licensing boards
- (d) State registries of nurse aides
- (e) Consumer reporting agencies
- (f) Other agencies as deemed appropriate in determining employment eligibility

Persons making application for employment and current employees will be informed of this policy and will be required to sign a release giving the organization the right to conduct any appropriate investigation.

Subject	Equal Employment Opportunity		
Policy #	1.03	Original #	Page 2 of 2
Title	Background Investigations	Original Date 03/01/07	Revision Date
		Reviewed/Revised	03/01/07
		Reviewed/Revised	09/16/08

A criminal background check will be conducted on all persons applying for any position that has potential for direct contact with residents.

Should the background investigation disclose any material misrepresentation or omission on the employment application forms or disclose information indicating that the individual is not suited for hire; the applicant will not be employed, or if already employed, will be terminated.

Applicants refused employment and employees terminated pursuant to this policy will be provided with the name and address of the agency providing the information resulting in the organization's decision not to hire or to terminate the applicant/employee as well as a copy of the report so that the applicant/employee may challenge the accuracy or completeness of the report.

Prior convictions will not necessarily disqualify an applicant or lead to termination of an employee from employment unless such disqualification is required by law. Serious consideration will be given to the position for which the person applied the seriousness of the offense, and how recently the offense was committed.

All costs relative to background investigations shall be borne by the organization.

Inquiries concerning background investigations should be kept confidential and referred to the Executive Director, Administrator and/or their designee.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.04	Original #	1.02
Title	Definitions of Employees	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	05/27/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Definitions of Employees**

#### **Policy Statement**

It is the policy of Ararat Home to maintain employee definitions, to distinguish groups of employees.

#### **Procedure**

Regular full-time employees are those who are scheduled for and do work 30 hours per week. Following the completion of the appraisal period, regular full-time employees are eligible for most employee benefits described in this manual.

Part-time employees are those who are regularly scheduled for 16 hours or more per week. Part-time employees are not eligible for any benefits.

Per-diem employees are those who are requested to work. Per-diem employees are not eligible for any benefits.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.05	Original #	1.04
Title	Appraisal Period	Original Date	06/17/88
	New Hires/Introductory Period	Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	06/03/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Appraisal Period/New Hires/Introductory Period**

#### **Policy Statement**

It is the policy of Ararat Home to enforce an appraisal period for all new employees.

#### **Procedure**

The Appraisal period for all new employees is 90 days from the date of hire.

A new employee under appraisal period at the Ararat Home will receive a performance appraisal by their supervisor after 90 days of work, signaling the end of the appraisal period.

During an employee's appraisal period, that employee is not eligible for any fringe benefits received by a full time employee with the same employee definition.

If an employee misses part of his/her appraisal period because of an excused leave of absence, his/her appraisal period will be extended a proportionate number of days.

All employees shall be informed at the time of hiring of the appraisal period policy.

The first 90 days of continuous employment at Ararat Home is considered an appraisal period. During this time you will learn your responsibilities, get acquainted with fellow employees, and determine whether or not you are happy with your job. Your supervisor will closely monitor your performance.

Upon completion of the appraisal period, Ararat Home will review your performance. If the organization finds your performance satisfactory and decides to continue your employment, it will advise you of any improvements expected from you. Completion of the appraisal period does not entitle you to remain employed by Ararat Home for any definite period of time, but rather allows both you and the organization to evaluate whether or not you are right for the position. After completion of the trial period, eligible employees will receive the benefits described in this manual.

During the appraisal period, your supervisor will explain your job responsibilities may change at any time during your employment. From time to time, you may be asked to

Subject	Equal Employment Opportunity		
Policy #	1.05	Original #	1.04
Title	Appraisal Period	Original Date	06/17/88
	New Hires/Introductory Period	Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	06/03/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

work on special projects, or to assist with other work necessary or important to the operation of your department or organization. Your cooperation and assistance in performing such additional work is expected.

Ararat Home reserves the right at any time with or without notice, to alter or change job responsibilities, reassign or transfer job positions or assign additional job responsibilities.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.06	Original #	1.05
Title	Orientation	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	09/16/08

### **Orientation**

#### **Policy Statement**

It is the policy of Ararat Home to comply with all State guidelines, with regard to the material covered during orientation. The Ararat Home orientation program is updated and maintained under separate cover by the Administrator/ Executive Director.

#### **Procedure**

The basic orientation and department specific orientation is performed by assigned personnel at each organization.

Orientation programs and in-service training classes are conducted to assist employees in understanding the organizations personnel policies and procedures.



## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.07	Original #	1.06
Title	Employee Bulletin Boards	Original Date	12/31/04
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	09/16/08

### **Employee Bulletin Boards**

#### **Policy Statement**

It is the policy of Ararat Home to maintain bulletin boards for posting notices that affect or concern the employees: There are two types of bulletin boards, an “organization bulletin board” used for the posting of official government notices and changes in organization policy and an “employee bulletin board” used to post general information.

#### **Procedure**

The bulletin board designated as the organization bulletin board will be used solely for the posting of official government notices and changes in organization policies that affect our employees.

Only the Executive Director/Administrator, or his/her designee, may post or remove notices from the organization bulletin board.

The bulletin board designated as the employee bulletin board will be used to post general information such as: organization social/activity events, carpooling information open positions, policy changes.

Notices on the employee bulletin board must be approved in writing by the Executive Director/Administrator or his/her designee prior to posting.

Notices concerning outside organizations and events that are not related to Ararat Home may not be posted on either the organization or employee bulletin boards.

Posting, altering, or removing notices or information from bulletin boards without proper authorization may be grounds for disciplinary action.

## **Ararat Home of Los Angeles, Inc.**

Subject	Equal Employment Opportunity		
Policy #	1.08	Original #	1.07/1.08
Title	Release of Employee Information	Original Date	12/31/04
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07
		Reviewed/Revised	05/27/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Release of Employee Information**

#### **Policy Statement**

It is the policy of Ararat Home to only release information through the Executive Director, Administrator and/or their designee.

#### **Procedure**

Only the Executive Director, Administrator or their designee is authorized to release information concerning the organization's employees. The following information may be released without the employee's written consent:

Date employment;  
Position(s) held; and  
Job location

The organization will protect the confidentiality of all personal information about employees and only authorized personnel with a "need-to-know" basis will have access to such information.

All requests for information about employees must be directed to the Executive Director, Administrator and/or their designee. Failure to do so may result in disciplinary action.

## **Ararat Home of Los Angeles, Inc.**

Subject	Job Descriptions		
Policy #	2.00	Original #	2.00
Title	Job Descriptions Definition	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	03/01/07

### **Job Descriptions**

#### **Policy Statement**

It is the policy of Ararat Home to maintain accurate written job descriptions for every position.

#### **Procedure**

Each job description shall list the qualifications, license requirements, duties, responsibilities, and accountability of the position. All job descriptions will be reviewed and approved by the appropriate supervisor and/or Executive Director or the Administrator.

Job descriptions of the Ararat Home staff shall be reviewed and updated by the Executive Director, Administrator or their designee. This review shall be conducted annually, or as needed.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.00	Original #	3.01/3.01A
Title	Punctuality and Attendance	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	09/09/08
		Reviewed/Revised	09/16/08
		Reviewed/Revised	02/24/09

### **Title**

Punctuality and Attendance

### **Policy Statement**

In order to provide the best and most consistent resident care, Ararat Home shall enforce attendance per scheduled hours for all employees.

### **Procedure**

All employees shall be informed, at the time of hire, of the anticipated hours and days of duty.

Each immediate supervisor shall maintain a duty schedule for his/her services, indicating hours and days of duty. This duty schedule shall be posted in an easily accessible location.

As an employee of Ararat Home you are expected to be punctual and regular in attendance. Any tardiness or absence causes problems for your fellow employees and your supervisor. When you are absent, your assigned work must be performed by others.

Employees are expected to report to work as scheduled, on time, and prepared to start work. Employees are also expected to remain at work for their entire work schedule, except for meal periods or when required to leave on authorized organization business. Late arrival, early departure, or other unanticipated and unapproved absences from scheduled hours are disruptive and must be avoided.

If you are unable to report for work on any particular day, you must under all but the most extenuating circumstances call your supervisor at least **two hours** before the time you are scheduled to begin working for that day. If you call less than two hours before your scheduled time to begin work and do not arrive in time for your assigned shift, you will be considered tardy for that day. In all cases of absence or tardiness, employees must provide their supervisor with an honest reason or explanation. Employees must also inform their supervisor of the expected duration of any absence.

If you fail to report for work without any notification to your supervisor and your absence continues for a period of **three days** Ararat Home will consider that you have abandoned your employment.

Subject	Hours and Days of Duty		
Policy #	3.00	Original #	3.01/3.01A
Title	Punctuality and Attendance	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08

Be aware that your job responsibilities may change at any time during your employment. From time to time, you may be asked to work on special projects, or to assist with other work necessary or important to the operation of your department or Ararat Home. Your cooperation and assistance in performing such additional work is expected.

Ararat Home reserves the right, at any time, with or without notice, to alter or change job responsibilities, reassign or transfer job positions, or assign additional job responsibilities.

Employees absent for more than three (3) consecutive days without reporting in may be considered as having “voluntarily quit” and their position will be filled. If the employee can provide an acceptable explanation, this rule may not apply. Such explanation may require substantiation and/or verification.

Employees absent without notice or authorization for less than three (3) days must provide a detailed written reason for the absence. (Note: Regardless of the stated reasons, the employee may be subject to disciplinary action.)

Ararat Home understands that last-minute personal emergencies can occur that require the employee to leave. The immediate supervisor reserves the right to determine if the absence is an excused or unexcused absence.

All unexcused absences, or tardiness, or excessive personal absences may be noted in the employee’s personnel file. Poor attendance records may be reviewed by the immediate supervisor, and may lead to disciplinary action or termination.

In any circumstance where no prior leave has been approved, any absence beyond three (3) days shall require a “Release to Work” from the employee’s physician, before the employee can return to work for physical illness.

Changes in the duty schedule requested by the employee for personal or other reasons may be accommodated.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.01	Original #	3.02
Title	Meal Periods/Rest Periods	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Title**

Meal Periods/ Rest Periods

### **Policy Statement**

It is the policy of Ararat Home to provide meal periods and rest periods in accordance with Labor Laws of the State of California.

### **Procedure**

Employees are provided with a 30 minute meal period, to be taken approximately in the middle of the workday. Employees are allowed a 10-minute rest period for every four hours of work or major portion thereof. Your supervisor will schedule your meal and rest periods ( i.e. If the work day for each full-time employee includes a 30 minute unpaid meal period, and two 10- minute rest period in each 7.5 or 8.0 hour shift).

You are expected to observe your assigned working hours and the time allowed for meal and rest periods. Do not leave the premises during your rest period and do not take more than 10 minutes for each rest period. You may leave the premises during your meal period upon notification of the immediate supervisor.

Every employee shall receive a 30-minute unpaid meal period if the shift consists of at least 5.0 hours.

Any employee may waive their 30minute unpaid meal break only when their work schedule or shift will be completed in 6 hours or less in one workday. (Employee must sign a meal break waiver and the Administrator/Executive Director or his/her designee must authorize the request) See Appendix A.

Meal periods will be taken in staggered periods, in order to provide adequate resident care at all times. A one-hour unpaid lunch period may be arranged upon approval of the Department Supervisor and/or Administrator/Executive Director or his /her designee.

In accordance with Labor Laws rest periods and meal periods may not be combined.

Food and Nutrition/Dietary personnel are eligible to receive one free meal during their shift period. The only meal available will be the meal offered to residents for that particular meal period. All other employees may eat at the cost of \$2.00 per meal with the exception of Ararat Convalescent.

Subject	Hours and Days of Duty		
Policy #	3.01	Original #	3.02
Title	Meal Periods/Rest Periods	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08
		Reviewed/Revised	03/03/09
		Reviewed/Revised	07/01/11

Consultants and visitors may receive a free meal with the approval from the Administrator/Executive Director or his/her designee.

All meal and rest periods will be taken by employees in the designated employee dining and lounging areas. Employees leaving the facility for lunch periods shall notify their immediate supervisor.

## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.02	Original #	3.03
Title	Overtime	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08

### **Title**

Overtime

### **Policy Statement**

It is the policy of Ararat Home to request an employee to work overtime when required, due to extenuating circumstances. Overtime will be paid in accordance with applicable state and federal laws.

### **Procedure**

The pay period is for a period of fourteen (14) days from a Monday to a Sunday. Paydays are on Thursdays following the end of the pay period. This fourteen day period is used to compute any overtime that is due.

Time worked in excess of eight (8) hours in a workday, or eighty (80) hours in a work period of fourteen (14) consecutive workdays, will be paid at the rate of one and one-half (1 ½ ) times the regular rate of pay. Time worked in excess of twelve hours in a workday will be paid double the regular pay rate. PTO will not be considered "hours worked" for purposes of overtime pay.

All overtime hours are noted on the employee's time card, and must be approved by the immediate supervisor in writing.

Unauthorized overtime will be compensated, but will result in a written warning notice to the employee and a copy placed in his/her Personnel File.



## **Ararat Home of Los Angeles, Inc.**

Subject	Hours and Days of Duty		
Policy #	3.03	Original #	3.04
Title	Time Card/Biometric Clock	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/16/08
		Reviewed/Revised	07/01/11

### **Title**

Time Card/Biometric Clock

### **Policy Statement**

It is the policy of Ararat Home to maintain records of all hours worked by employees.

### **Procedure**

Employees shall utilize the biometric clock (for ANF and RCFE) and the time clock (for ACH) with the exception of Administrative staff.

Ararat Convalescent (ACH) - The organization time clock shall be the means of recording time worked by each employee. Administrative and supervisory personnel shall not be required to punch a time clock.

All employees shall punch their own time cards. Punching a time card for another employee shall be grounds for immediate dismissal.

Ararat Nursing Facility (ANF) and Residential Care for the Elderly (RCFE) –

1. Arrive on time and leave on time.
2. Any of the biometric clocks may be utilized.
3. PTO request/cash outs may be recorded manually on specified forms.
4. Requests for PTO or cash outs should be made no later than the Monday before payroll.
5. Overtime must be approved by your immediate supervisor.
6. If by mistake you make an error, or forget to scan your finger, you should complete the Biometric Clock Adjustment Form and submit it to your immediate supervisor immediately. Not doing so may result in a disciplinary action

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.00	Original #	4.01
Title	Wage/Salary Determination	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/30/08
		Revision Date	07/06/09
		Reviewed/Revised	07/01/11

### **Title**

Wage/Salary Determination

### **Policy Statement**

It is the policy of Ararat Home that wages will be based upon merit raises.

### **Procedure**

Salary increases shall not be granted automatically. Subsequent evaluations will be made after 3 months and again annually thereafter on or about their anniversary date, based upon the hours worked. Merit raises shall be granted based upon performance, attitude, to the Ararat Home. Merit raises are determined by the immediate supervisor.

Ararat Home shall comply with all state or federally mandated wages/and or increases.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.01	Original #	4.02
Title	Performance Appraisals	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

### **Subject**

Performance Appraisals

### **Policy Statement**

It is the policy of Ararat Home to regularly evaluate an employee's performance through performance appraisals.

### **Procedure**

At the end of the 3 month appraisal period and yearly thereafter on the employee's anniversary date of hire, each employee shall receive a performance appraisal, to be completed by the employee's supervisor.

The performance appraisal is merit based and it is used as a time for recognition of positive performance, constructive criticism of the employee's performance and goal setting for continued employee growth. The performance appraisal shall be completed using a consistent and approved written format. (Each facility may have a different approved format). Copies of these forms are filed in the **Appendix B/1, 2, & 3, (Ararat Convalescent 1, Ararat Home 2, and Ararat Nursing Facility 3).**

Both the supervisor and the employee shall sign the written performance appraisal. The employee will be given the opportunity to comment in writing about the evaluation. The employee shall retain a copy of the appraisal as well.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.02	Original #	4.03
Title	Employee Promotions	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

### **Title**

Employee Promotions

### **Policy Statement**

It is the policy of Ararat Home that all employment opportunities are first made available to current employees for 72 hours, and then released to the general public.

### **Procedure**

All vacant positions shall be posted on the employee bulletin board. Stating;

- (1) the position available,
- (2) requirements,
- (3) application deadline,
- (4) contact person.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.03	Original #	4.04
Title	Benefit Date	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

### **Title**

Benefit Date

### **Policy Statement**

Ararat Home has established 3 month period as the length of employment necessary before an employee shall receive benefits.

### **Procedure**

After completion of an employee's 3 month appraisal period and promotion to permanent status, an employee becomes eligible for all fringe benefits.

Full status employees with (30 hours or more/week) are eligible to participate in group health, dental, and vision insurance programs, PTO (Paid Time Off), 403b and Benefit Options.

Part-time employees with (Less than 30 hours/week) are not eligible for any benefits.

Per-diem employees are not entitled to benefits.

Employees do not accrue any benefits in the event that their employment is terminated during their probationary period. Benefits begin on the benefit date, meaning the date the employee is elevated to full status.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.04	Original #	4.06A/4.09
Title	Paid Time Off	Original Date	06/17/94
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08
		Reviewed/Revised	09/29/09

### **Title**

Paid Time Off

### **Policy Statement**

Paid Time Off (PTO) is a system that Ararat Home uses that allows all full time employees access to time off from work in a flexible manner for any personal reasons, such as vacation, holidays or short term illness.

### **Procedure**

Employees are entitled to paid time off based upon their years of active service. To accrue PTO 59 ½ hours must be worked during each pay period.

Active service commences with an employee's first day of work and continues thereafter unless broken by an absence without pay, a leave of absence, or termination of employment. Per diem and part time employees do not accrue paid time off.

Time off must be approved in advance by the Administrator/Executive Director/or the immediate supervisor.

Employees may not "bank" more than 30 working days (240 maximum hours for 8 hours/shift staff. 225 hours for 7.5 hours/shift staff).

Once this cap has been reached, the employee will have to cash out or take accrued paid time off. No further paid time off will accrue until some paid time off is cashed or used.

Employees are encouraged to take a minimum of 5 days of vacation annually. Up to 100% of the total accrued time may be cashed out with the approval of the Executive Director, Administrator and/or their designee.

PTO cash out is normally done with payroll unless prior written approval is given by Executive Director, Administrator or their designee.

Any employee whose employment terminates will be paid for accrued and unused paid time off. Employees on unpaid leave do not accrue paid time off.

Subject	Wages and Benefits		
Policy #	4.04	Original #	4.06A/4.09
Title	Paid Time Off	Original Date	06/17/94
		Revision Date	12/31/04
		Reviewed/Revised	09/23/08

Employees may use accrued paid time off for paid vacation leave, paid sick leave, holidays, or any other type of paid time off. Employees will need to schedule time off with their supervisors. **(See Appendix C)**

PTO cash out is normally done with payroll unless prior written approval is given by the Executive Director, or the Administrator.

Paid time off will be accrued on the following basis:

7.5 hours/shift full status employee will accrue:

0-1 year 5.2 hours/pay period

2-4 year 6.6 hours/pay period

5+ years 8.1 hours/pay period

8 hours/shift full status employee will accrue:

0-1 year 5.5 hours/pay period

2-4 year 7.1 hours/pay period

5+ years 8.6 hours/pay period

## Ararat Home of Los Angeles, Inc.

Subject	Wages and Benefits		
Policy #	4.05	Original #	4.08
Title	Leaves of Absence	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	12/16/08
		Reviewed/Revised	04/07/09

### Title

Leaves of Absence

### Policy Statement

Ararat Home may grant leaves of absence (LOA) to employees in certain circumstances.

### Procedure

Request any leave in writing as far in advance as possible, keep in touch with your immediate supervisor and payroll personnel during your leave, and give prompt notice of any change in your anticipated return date.

Should an employee request a leave of absence, they must submit a completed LOA form to their immediate supervisor specifying the **reason** for and exact **length** of the leave desired. See Appendix D. The supervisor will communicate the approval/disapproval of the request to the employee in writing.

Leave of absence may be granted to employees for legitimate reasons in certain circumstances. However, such leaves will not be granted in order for employees to engage in other gainful employment with the exception of military or public service.

If your leave expires and you fail to return to work without contacting your supervisor or the payroll person, and no progress report is submitted by the employee by the end of the 90<sup>th</sup> day of medical LOA Ararat Home will assume that you do not plan to return shall be considered as “voluntary quitting,” and you will be automatically terminated.

LOA/FMLA (Family Medical Leave Act) is considered leave without pay. Employees on leave **will not** continue to accrue **Paid Time Off** during unpaid leave.

A leave of absence may be granted for up to 90 days, with the extension of another 90 days, and must be approved by the supervisor and the Administrator/Executive Director.



Subject	Wages and Benefits		
Policy #	4.05	Original #	4.08
Title	Leaves of Absence	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	12/16/08
		Reviewed/Revised	04/07/09

In the event of medical leave, approval will be granted up to ninety (90) days. Medical leave is considered leave without pay after exhaustion of benefits. A position will be maintained for the employee only if done so will not jeopardize residents' quality of care. If the employee's position can not be held, all attempts shall be made to provide an alternative position. Alternative positions may require an adjustment to the pay rate.

An employee granted a leave of absence in excess of six (6) months must be physically able to return to work and must furnish the department supervisor with a signed and dated physician's statement certifying that the employee is medically and physically able to resume his/her duties.

We encourage the professional growth of our employees related to their existing positions. Educational leave will be granted, not to exceed 2 years, pending approval of the immediate supervisor. Benefits do not accrue during leave.

Jobs vacated by personal leaves will be filled temporarily where possible. However, the organization retains the right to permanently fill these vacancies when it is deemed necessary and in the best interest of the organization.

An employee returning from an approved leave of absence shall be placed in an available position in the following priority:

- (a) On his/her old job;
- (b) On a substantially equivalent job which he/she is capable of performing;
- (c) On a lower job which he/she can satisfactorily perform; or
- (d) On a recall list for one (1) year.

During the period an employee is not actually at work because of having been granted a leave of absence, or because of having been laid-off, employee benefits shall not accumulate. However, seniority of an employee will not be affected.

### **Health Insurance Premium**

Ararat Home will continue to pay for health insurance for employees on leaves of absence up to a maximum of 12 weeks. Employees may continue health insurance plan under the same conditions of coverage as if the employee had continued in employment for the duration of 12 weeks. After that, you may self-pay and pre-pay premiums under the provisions of COBRA. Payroll person can give you additional information.

Subject	Wages and Benefits		
Policy #	4.05	Original #	4.08
Title	Leaves of Absence	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	12/16/08
		Reviewed/Revised	04/07/09

### **Family/Medical Leave**

Any leave taken under this provision that qualifies as leave under the state and/or federal Family and Medical Leave Acts will be counted as family/medical leave and charged to your entitlement of 12 workweeks of family/medical leave in a 12-month period.

### **Paid Family Leave**

If you take a leave under this provision that qualifies you for payments for PFL, you will be required to use any accrued and/or unused PTO, up to a maximum of two weeks, so long as you are not receiving wage replacement through an employer-provided benefit. For additional information, please contact your supervisor for an informational brochure concerning your rights under the PFL program. Review this manual regarding your eligibility for a leave of absence.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
			Reviewed/Revised
			11/25/08
			Reviewed/Revised
			04/07/09

### **Title**

FMLA (Family Medical Leave Act)

### **Policy Statement**

Ararat Home in accordance with state and federal family and medical Leave laws provides up to 12 workweeks of unpaid family/medical leave within a 12-month period. Any leave taken under this provision that qualifies as leave under the state and/or federal Family and Medical Leave Acts will be counted as family/medical leave and charged to your entitlement of 12 workweeks of family/medical leave in a 12-month period, under the following conditions:

The employee has more than 12 months of service;

The employee has worked at least 1,250 hours during the previous 12-month period before the need for leave; and

The employee is employed at a work site where there are 50 or more employees within a 75-mile radius.

### **Procedure**

Leave may be taken for one or more of the following reasons:

- The birth of the employee's child, or placement of a child with the employee for adoption or foster care;
- To care for the employee's spouse, registered domestic partner, child, or parent who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform his or her job.
- For any "qualifying exigency" (to be defined by federal regulation) because the employee is the spouse, son, daughter, or parent of an individual on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation; or

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
			Reviewed/Revised
			11/25/08
			Reviewed/Revised
			04/07/09

- An employee who is the spouse, son, daughter, parent, or next of kin of a covered service member shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the service member.

### **Calculating the 12-month Period**

For purposes of calculating the 12-month period during which 12 weeks of leave may be taken, Ararat Home uses **rolling year**. Under most circumstances, leave under federal and state law will run at the same time and the eligible employee will be entitled to a total of 12 weeks of family and medical leave in the designated 12-month period.

### **Pregnancy, Childbirth or Related Conditions**

However, leave because of the employee's disability for pregnancy, childbirth or related medical condition is not counted as time used under California law (the California Family Rights Act). Time off because of pregnancy disability, childbirth or related medical condition does count as family and medical leave under federal law (the Family and Medical Leave Act). Employees who take time off for pregnancy disability and who are eligible for family and medical leave will also be placed on family and medical leave that runs at the same time as their pregnancy disability leave. Once the pregnant employee is no longer disabled, she may apply for leave under the California Family Rights Act, for purposes of baby bonding.

Any leave taken for the birth, adoption, or foster care placement of a child does not have to be taken in one continuous period of time. California Family Rights Act leave taken for the birth or placement of a child will be granted in minimum amounts of two weeks. However, Ararat Home will grant a request for a California Family Rights Act leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. Any leave taken must be concluded within one year of the birth or placement of the child with the employee.

### **Leave for Employee's Own Health Condition**

The following procedures shall apply when an employee requests family leave:

Please contact your immediate supervisor as soon as you realize the need for family/medical leave.

If the leave is based on the expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or a family member, the employee must notify the organization at least 30 days before the leave is to begin. The employee must consult with his or her supervisor regarding scheduling of any planned medical treatment in order to minimize disruption to the organization's operations. Any such scheduling is subject to the approval of the health care provider of the employee or the health care provider of the employee's child, parent, or spouse.

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
			Reviewed/Revised
			11/25/08
			Reviewed/Revised
			04/07/09

If the employee cannot provide 30 days' notice, the organization must be informed as soon as practical.

If the Family and Medical Leave Act/California Family Rights Act request is made because of the employee's own serious health condition, Ararat Home may require, at its expense, a second opinion from a health care provider that the organization chooses. The health care provider designated to give a second opinion will not be one who is employed on a regular basis by the organization.

If the second opinion differs from the first opinion, Ararat Home may require, at its expense, the employee to obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider shall be considered final and binding on Ararat Home and the employee.

Ararat Home requires the employee to provide certification within 15 days of any request for family and medical leave under state and federal law, unless it is not practicable to do so. Ararat Home may require recertification from the health care provider if additional leave is required. (For example, if the employee needs two weeks of family and medical leave, but following the two weeks needs intermittent leave, a new medical certification will be requested and required.) If the employee does not provide medical certification in a timely manner to substantiate the need for family and medical leave, the organization may delay approval of the leave, or continuation thereof, until certification is received. If certification is never received the leave may not be considered family and medical leave.

### **Leave to Care for a Family Member**

If the leave is needed for the care of a sick child, spouse, or parent, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;
- Probable duration of the condition;
- Estimated amount of time for care by the health care provider; and
- Confirmation that the serious health condition warrants the participation of the employee.

When both parents are employed by Ararat Home, and request simultaneous leave for the birth or placement for adoption or foster care of a child, the organization will not grant more than a combined 12 workweeks of family/medical leave for this reason.

If an employee cites his/her own serious health condition as a reason for leave, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
			Reviewed/Revised
			11/25/08
			Reviewed/Revised
			04/07/09

- Probable duration of the condition; and
- Inability of the employee to work at all or perform any one or more of the essential functions of his/her position because of the serious health condition.

Ararat Home will require certification by the employee's health care provider that the employee is fit to return to his or her job.

Failure to provide certification by the health care provider of the employee's fitness to return to work will result in denial of reinstatement for the employee until the certificate is obtained.

### **Leave Related to Military Service**

A leave taken due to a "qualifying exigency" related to military service must be supported by a certification of its necessity. A leave taken due to the need to care for a service member shall be supported by a certification by the service member's health care provider.

### **Health and Benefit Plans**

An employee taking family medical leave will be allowed to continue participating in any health and welfare benefit plans in which he/she was enrolled before the first day of the leave (for a maximum of 12 workweeks) at the level and under the conditions of coverage as if the employee had continued in employment for the duration of such leave. Ararat Home will continue to make the same premium contribution as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under Family and Medical Leave Act (i.e. for pregnancy disability leaves) or under the Family and Medical Leave Act/California Family Rights Act (i.e. for all other family care and medical leaves). In some instances, the organization may recover from an employee premiums paid to maintain health coverage if the employee fails to return to work following family/medical leave.

Employees on family/medical leave who are not eligible for continued paid coverage may continue their group health insurance coverage through Ararat Home in conjunction with the federal COBRA guidelines by making monthly payments to the health insurance provider for the amount of the applicable premium. Employees should contact their supervisor for further information.

Payment is due when it would be made by payroll deduction.

### **Reinstatement**

Under most circumstances, upon return from family/medical leave, an employee will be reinstated to his or her original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if he or she had been continuously employed rather than on leave. For example, if an employee on family/medical leave would have been laid off had he or she not gone on leave, or if the employee's job is eliminated during the leave and no

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
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			Reviewed/Revised
			04/07/09

equivalent or comparable job is available, then the employee would not be entitled to reinstatement. In addition, an employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned before using family/medical leave.

Reinstatement after family/medical leave may be denied to certain salaried "key" employees under the following conditions:

- An employee requesting reinstatement was among the highest-paid 10 percent of salaried employees employed within 75 miles of the work site at which the employee worked at the time of the leave request;
- The refusal to reinstate is necessary because reinstatement would cause
- substantial and grievous economic injury to the organization's operations;
- The employee is notified of the organization's intent to refuse reinstatement at the
- time the organization determines the refusal is necessary; and
- If leave has already begun, the organization gives the employee a reasonable opportunity to return to work following the notice described previously.

For additional information about eligibility for family/medical leave, contact the Executive Director, Administrator or his/her designee.

### Time Accrual

Employees on Family and Medical Leave Act/California Family Rights Act leave **will not** continue to accrue **paid time off** during unpaid Family and Medical Leave Act/California Family Rights Act leave.

### Carryover

Leave granted under any of the reasons provided by state and federal law will be counted as family/medical leave and will be considered as part of the 12-workweek entitlement in a 12-month period. The 12-month period is measured forward from the date any employee's first Family and Medical Leave Act leave begins. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended. No carryover of unused leave from one 12-month period to the next 12-month period is permitted.

### Intermittent Leave

Employees may take Family and Medical Leave Act/California Family Rights Act leave intermittently (in blocks of time, or by reducing their normal weekly or daily work

Subject	Wages and Benefits		
Policy #	4.06	Original #	4.08
Title	Family Medical Leave Act	Original Date	Revision Date
			12/31/04
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			11/25/08
			Reviewed/Revised
			04/07/09

schedule) if the leave is for the serious health condition of the employee's child, parent, or spouse, or of the employee, and the reduced leave schedule is medically necessary as determined by the health care provider of the person with the serious health condition. The smallest increment of time that can be used for such leave [is one week](#).



## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.07	Original #	Page 1 of 2
Title	Pregnancy Disability Leave	Original Date 09/30/08	Revision Date 09/30/08

### **Title**

Pregnancy Disability Leave

### **Policy Statement**

Pregnancy, childbirth, or related medical conditions will be treated like any other disability, and an employee on leave will be eligible for temporary disability benefits in the same amount and degree as any other employee on leave.

### **Procedure**

Any female employee planning to take pregnancy disability leave should advise the immediate supervisor as early as possible. The individual should make an appointment with the payroll person and their immediate supervisor to discuss the following conditions:

- Employees who need to take pregnancy disability must inform Ararat Home when a leave is expected to begin and how long it will likely last. If the need for a leave or transfer is foreseeable, employees must provide notification at least 30 days before the pregnancy disability leave or transfer is to begin. Employees must consult with the payroll person and immediate supervisor regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the organization. Any such scheduling is subject to the approval of the employee's health care provider;
- If 30 days' advance notice is not possible, notice must be given as soon as practical;
- Upon the request of an employee and recommendation of the employee's physician, the employee's work assignment may be changed if necessary to protect the health and safety of the employee and her child;
- Requests for transfers of job duties will be reasonably accommodated if the job and security rights of others are not breached;
- Temporary transfers due to health considerations will be granted when possible. However, the transferred employee will receive the pay that accompanies the job, as is the case with any other temporary transfer due to temporary health reasons;
- Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide the immediate supervisor with a certification from a

Subject	Wages and Benefits		
Policy #	4.07	Original #	Page 1 of 2
Title	Pregnancy Disability Leave	Original Date 09/30/08	Revision Date 09/30/08

- health care provider. The certification indicating disability should contain:
  - The date on which the employee became disabled due to pregnancy;
  - The probable duration of the period or periods of disability; and
  - A statement that, due to the disability, the employee is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons.
- Leave returns will be allowed only when the employee's physician sends a release;
- An employee will be allowed to use accrued PTO during a pregnancy disability leave; and
- Duration of the leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months. Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care.

Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave may be taken in increments of a day.

Under most circumstances, upon submission of a medical certification that an employee is able to return to work from a pregnancy disability leave, an employee will be reinstated to her same position held at the time the leave began or to an equivalent position, if available. An employee returning from a pregnancy disability leave has no greater right to reinstatement than if the employee had been continuously employed.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.08	Original #	Page 1 of 1
Title	Coordination of PDL with FMLA	Original Date 04/14/09	Revision Date 04/14/09

### **Title**

Coordination of Pregnancy Disability Leave (PDL) with Family/Medical Leave

### **Policy Statement**

If you take pregnancy disability leave (PDL) and are eligible under the federal or state family and medical leave laws, Ararat Home will maintain group health insurance coverage for up to a maximum of 12 workweeks (of such insurance was provided before the leave was taken) on the same terms as if you had continued to work.

### **Procedure**

Leave taken under the pregnancy disability policy runs concurrently with family and medical leave under federal law, but not family and medical leave under California Law.

If you are ineligible under the federal and state family and medical leave laws, while on pregnancy disability you will receive continued paid coverage on the same basis as other medical leave that the organization may provide and for which you are eligible. In some instances, the organization may recover premiums it paid to maintain health coverage for you if you fail to return to work following pregnancy disability leave.

If you are on pregnancy disability leave and are not eligible for continued paid coverage, or if paid coverage ceases after 12 workweeks, you may continue your group health insurance coverage through Ararat Home in conjunction with federal COBRA guidelines by making monthly payments to the Health Insurance Provider for the amount of the relevant premium. Contact the personnel manager for further information.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.09	Original # 4.10/4.06	Page 1 of 1
Title	Jury Duty	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/23/08
			Reviewed/Revised 04/14/09

### **Title**

Jury Duty

### **Policy Statement**

Ararat Home does not compensate financially the days absent for jury duty.

### **Procedure**

Ararat Home believes jury duty is a privilege and responsibility of every citizen, and encourages employees to use PTO so they may honor this privilege.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.10	Original #	4.05
Title	Bereavement Leave	Original Date	06/01/04
		Revision Date	12/31/04
		Reviewed Revised	05/12/09
		Reviewed Revised	07/01/11

### **Subject**

Bereavement Leave

### **Policy Statement**

Ararat Home grants employees funeral/bereavement leave as set forth below.

### **Procedure**

Full status employees, may be granted up to three (3) days of leave time, with pay, in the event of a death in the employee's immediate family. Note: for purpose of this policy, "immediate family" is defined as a current spouse, registered domestic partner, child, parent, legal guardian, brother, sister, grandparent or grandchild, mother-in-law and father-in-law. An employee with such a death in the family may take up to 3 days consecutive scheduled workdays off with pay with the approval of the organization. The employee's supervisor may approve additional unpaid time off.

Requests for funeral/bereavement leave must be made to the employee's supervisor.

Should an employee need more time to make funeral arrangement or to travel to and from the funeral because of distance, the employee by be provided with the three (3) days funeral/bereavement leave and permitted to utilize PTO days or placed on unpaid LOA for the remaining time needed.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.11	Original # 4.10/4.14/4.09/4.07	Page 1 of 2
Title	Payroll Deductions Payday/Garnishments	Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/23/08
		Reviewed/Revised	04/14/09

### **Subject**

Payroll Deductions/Payday/Garnishments

### **Policy Statement**

Ararat Home has established regular pay periods, to comply with all Federal and State tax and withholding tax laws, and also to authorize additional payroll deductions when warranted.

### **Procedure**

Ararat Home shall withhold from each employee's salary/wages, all state and federally mandated tax withholdings. All employees shall complete the necessary forms for payroll deductions at the time of hiring. It is the responsibility of the employee to notify the Business Office of any change in withholding deductions.

Additional payroll deductions may be made for: Health insurance coverage for dependents, tax sheltered annuity plans. Arrangements shall be made through the Department Supervisor and Payroll Personnel for processing these deductions.

All withholdings and deductions shall be noted on the employee's paycheck stub as record.

Ararat Home will deduct from the employee's paycheck, any court or state ordered garnishment for an employee's debt, as required by law.

The employee shall be notified **in writing** that the facility has received a court ordered claim against his/her wages.

Salary/wages withheld to cover garnishment shall be noted on the employee's paycheck stub.

Ararat Home pay period begins on Monday and ends at midnight on Sunday, two weeks later.

Subject	Wages and Benefits		
Policy #	4.11	Original # 4.10/4.14/4.09/4.07	Page 2 of 2
Title	Payroll Deductions Payday/Garnishments	Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/23/08
		Reviewed/Revised	04/14/09

Paychecks are distributed on the Thursday following the end of the pay period, after 11:00 a.m.

Each employee shall be required to pick up his/her own paycheck in person, and to sign his/her time card. Paychecks that are not distributed during the scheduled time shall be left with the Resident Care Coordinator on each shift until distribution has been made. If an employee wishes the check to be mailed, a stamped self-addressed envelope should be left with the business office at least one day in advance of the payday.

Direct Deposits are available and all employees are encouraged to avail themselves of this program.

Any employee who requests a separate check (i.e. for PTO hours) will be charged a fee for the amount the facility is charged.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.12	Original # 4.13/4.10	Page 1 of 1
Title	Employee Handbook	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/23/08
			Reviewed/Revised 04/14/09

### **Title**

Employee Handbook

### **Policy Statement**

Ararat Home will maintain and update an employee handbook, which shall be provided to each employee to facilitate a mutual understanding of Ararat Home Personnel Policy and Procedure.

### **Procedure**

The Executive Director shall oversee updating of the employee handbook, in accordance with Personnel Policy and Procedure.

The Executive Director, Administrator or their designee is responsible for providing an employee handbook to each new employee. During orientation, the new employee shall read through the handbook from cover to cover, have the opportunity for question and answer, and then sign a statement that they have read and understood the policy and procedures of the Ararat Home. The statement shall be maintained in the employee's Personnel file.

If the employee is unable to read the handbook, it will be read to him/her, and explained. This shall be noted on the orientation check list when the employee signs.

The Executive Director, Administrator or their designee is responsible for providing updated versions of the employee handbook to all employees. Handbook changes shall also be discussed with employees, to guarantee complete understanding of policy changes.



## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.13	Original # 4.13/4.11	Page 1 of 2
Title	Group Health Care Benefit Plan	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/30/08
			Reviewed/Revised 04/14/09
			Reviewed/Revised 01/05/10

### **Title**

Group Health Care Benefit Plan

### **Policy Statement**

It is the policy of Ararat Home to participate in a group health care benefit plan, which includes medical, vision, dental, and retirement plans to offer coverage to full status employees and their qualified dependents.

### **Procedure**

Ararat Home shall offer the health care benefit plan to full status licensed and supervisory employees who have reached their benefit date. The health care benefit coverage will be effective the 1<sup>st</sup> day of the next month following their benefit date. If the employee chooses not to participate he/she will not be eligible to participate until the next scheduled open enrollment date for the facility.

Employees shall be required to provide documentation and complete paperwork as required by the health care benefit provider, in order to receive benefits.

Ararat Home reserves the right to change insurance carriers as deemed necessary by the Board of Trustees or their Designee.

If Ararat Home offers multiple health care plans as part of its benefit package, employees may switch plans only on the open enrollment date. Open enrollment will be held annually, and scheduled by the Administrator/ Executive Director.

After 3 months of appraisal period, Ararat Home will pay 100% of the premium for Registered Nurses and Licensed Vocational Nurses. Non-licensed full time employees may participate in the health care plan as desired; Ararat Home will pay 50% of the premium cost. If the employee wishes to have dependent coverage as well, the employee is responsible for the entire cost of dependent coverage. Employee premium payments for any insurance costs will be withheld from the employee's paycheck. Upon completion of ten years of service Ararat Home will pay 100% of the premium of the health care plan for all full time employees.

Subject	Wages and Benefits		
Policy #	4.13	Original # 4.13/4.11	Page 2 of 2
Title	Group Health Care Benefit Plan	Original Date 06/17/88	Revision Date 12/31/04
			Reviewed/Revised 09/30/08
			Reviewed/Revised 04/14/09
			Reviewed/Revised 01/05/10

Health care insurance benefits and coverage will cease on the date of an employee's termination or end of the month of termination. An employee may elect to continue coverage through the COBRA program, in accordance with the law, and would therefore be required to complete necessary paperwork and pay the required 100% of the full premium cost.

The Executive Director or the Administrator of Ararat Home is responsible for health care insurance program administration. Any questions or problems should be directed to the Executive Director, Administrator or their designee.

## **Ararat Home of Los Angeles, Inc.**

Subject	Wages and Benefits		
Policy #	4.14	Original #	Page 1 of 1
Title	Voting Time Off	Original Date 05/19/09	Revision Date

### **Title**

Voting Time Off

### **Policy Statement**

It is the policy of Ararat Home to allow personnel time off to vote.

### **Procedure**

It is the right of every person to vote. Our organization encourages all personnel to exercise this right.

Voting stations open early and close late. Therefore, we request that employees schedule their voting time so as not to interfere with their work time.

Personnel required to work during voting hours will be given time off, with pay, to vote. Such requests must be approved by the department director and noted on the employee's time card.

Personnel authorized to take time off to vote will be permitted to arrive at work one (1) hour late or to leave work one (1) hour early. The department director must initial the employee's time card to indicate that such leave time was for voting time. The employee will be paid for the full shift. (NOTE: The organization reserves the right to verify whether or not the employee voted.)

## **Ararat Home of Los Angeles, Inc.**

Subject	Safety		
Policy #	5.00	Original # 5.03/5.02	Page 1 of 3
Title: Workers Compensation and Industrial Injury		Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/30/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

### **Title**

Workers Compensation and Industrial Injury

### **Policy Statement**

Ararat Home in accordance with state law provides insurance coverage for employees in case of work-related injury. This may include: Medical care, indemnities payments, to replace lost wages, and assistance to help qualified injured employees return to suitable employment.

### **Procedure**

To ensure that you receive any workers' compensation benefits to which you may be entitled, you will need to:

- Immediately report any work-related injury to your supervisor;
- Seek medical treatment and follow-up care if required;
- Complete a written Employee's Claim Form (DWC Form 1) and return it to the Administrator/Executive Director or his/her designee and provide the supervisor or his/her designee with a certification from your health care provider regarding the need for workers' compensation disability leave, and as well as your eventual ability to return to work from the leave.

Upon submission of a medical certification that an employee is able to return to work after a workers' compensation leave, the employee under most circumstances will be reinstated to his or her same position held at the time the leave began, or to an equivalent position, if available. An employee returning from a workers' compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on workers' compensation leave would have been laid off had he or she not gone on leave, or if the employee's position has been eliminated or filled in order to avoid undermining the organization's ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

Policy # 5.00	Original # 5.03/5.02	Page 2 of 3	
Title: Workers Compensation and Industrial Injury	Original Date 06/17/88	Revision Date	12/31/04
		Reviewed/Revised	09/30/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

An employee's return depends on his or her qualifications for any existing openings. If, after returning from a workers' compensation disability leave, an employee is unable to perform the essential functions of his or her job because of a physical or mental disability, the organization's obligations to the employee may include reasonable accommodation, as governed by the Americans with Disabilities Act.

### **Organization-Provided Physician**

Ararat Home provides medical treatment for work-related injuries through a medical provider network, which the organization has chosen to provide medical care to injured employees because of their experience in treating work-related injuries.

The law requires Ararat Home to notify the workers' compensation insurance company of any concerns of false or fraudulent claims.

### **Workers' Compensation and FMLA/CFRA**

Employees who are ill or injured as a result of a work-related incident, and who are eligible for family and medical leave under state and federal law (Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)), will be placed on FMLA/CFRA during the time they are disabled and not released to return to work. The leave under these laws runs concurrently, and eligible employees will be on FMLA/CFRA for a maximum of 12 weeks in a 12-month period

All employees must report all work related injuries within 24 hours of occurrence of the injury. Failure to do so will automatically result in a written warning to be placed in the employee's file.

### **Paid Time Off and Worker's Compensation Benefits**

Paid time off is a benefit that also covers absences for work-related illness or injury. Employees who have a work-related illness or injury are covered by workers' compensation insurance. However, workers' compensation benefits usually do not cover absences for medical treatment. When you report a work-related illness or injury, you will be sent for medical treatment, if treatment is necessary. You will be paid your regular wages for the time you spend seeking initial medical treatment.

Any further medical treatment will be under the direction of the health care provider. Any absences from work for follow-up treatment, physical therapy or other prescribed appointments will not be paid as time worked. If you have accrued PTO, the additional absences from work will be paid with the use of PTO.

An employee injured while on duty at the facility shall be compensated according to the schedule of payments defined in the Worker's Compensation Act, for time lost provisions of the Act.

The facility Executive Director or Administrator shall be responsible for compliance with the Workman's Compensation Law.

Subject	Safety		
Policy #	5.00	Original # 5.03/5.02	Page 3 of 3
Title: Workers Compensation and Industrial Injury		Original Date 06/17/88	Revision Date 12/31/04
		Reviewed/Revised	09/30/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

The Executive Director or Administrator and/or their designee shall be responsible for conducting investigations.

Employees are allowed to cash out their PTO while on Worker's Compensation and/or disability.

The facility will pay up to ninety (90) days of the employee's part of group health insurance or until his/her return to work, whichever is less.

Employees' do not accrue PTO while on leave.

Modified duty assignment is available, but is not to exceed for more than 45 days. (Refer to our safety manual policy # 7 for more details).

## **Ararat Home of Los Angeles, Inc.**

Subject    Safety		
Policy #    5.01	Original #	Page 1 of 1
Title: Incident Report	Original Date 05/19/09	Revision Date
		Reviewed/Revised

### **Title**

Incident Report

### **Policy Statement**

It is the policy of Ararat Home to complete and retain written incident reports to document all accidents, injuries, or unusual occurrences.

### **Procedure**

In the event of any accident, injury or unusual occurrence involving any employee or resident of Ararat Home, an incident report form must be completed and turned in to the Administrator or his/her designee.

The Supervisor or individual responsible for the organization at the time of the incident or injury is responsible for completion of the written incident report form. This form shall be completed as soon as possible after the occurrence, and submitted to the Nursing Administration's office by the end of the shift.

The Executive Director/Administrator or his/her designee shall investigate each incident. Corrective actions will be communicated to the immediate supervisors for implementation.

## **Ararat Home of Los Angeles, Inc.**

Subject	Health Examination/Health Records		
Policy #	6.00	Original #	6.01
Title: Pre-Employment/Annual Examinations		Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	04/14/09
		Reviewed/Revised	09/01/09

### **Title**

Pre-Employment (within 3 months, or 5 days after hire) and Annual Health & Physical Examinations

### **Policy Statement**

Ararat Home requires all employees to obtain a pre-employment health evaluation and an annual health review thereafter, by a physician.

### **Procedure**

At the time of hire, every new employee shall be informed that he/she must complete a health questionnaire, and obtain a pre-employment health evaluation.



## Ararat Home of Los Angeles, Inc.

Subject	Health Examination/Health Records		
Policy #	6.01	Original #	6.02
Title:	Health Records	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	07/01/11

### Title

Health Records

### Policy Statement

Ararat Home will maintain a health record for each employee that shall contain all the information required by law.

### Procedure

All health records required by State and Federal law shall be kept in the employee's Personnel File.

Health records for terminated employees shall be maintained in the facility for seven (7) years following the date of termination.

The health records of employees shall be checked annually by the Executive Director, or the Administrator to assure there is a complete, up-to-date health record for each employee.

Thirty (30) days prior to the anniversary date of hire, each employee shall be notified by their immediate supervisor that he/she has 30 days to obtain a health examination and shall be given the required report forms. Their supervisor is also notified that the annual health examination is due for the employee.

If an employee has not obtained the annual health examination required by law by the anniversary date, the employee's supervisor shall inform **the employee in writing that** he/she must obtain the health evaluation within 30 days, or he/she will be informed about the disciplinary process of not obtaining a health evaluation.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.00	Original #	7.01
Title:	Standards of Conduct	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	04/14/09
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

### **Title**

Standards of Conduct

### **Policy Statement**

All employees' of Ararat Home shall conduct themselves in a manner that is fitting and appropriate of Resident Rights.

### **Procedure**

All employees shall receive in their employee handbook at the time of hire, and the Standards of Conduct Policy.

At the time of the employee's orientation, the rights of our residents shall be discussed and clearly understood by all new employees.

Immediate termination may result if any of the following offenses of Standards of Conduct occur:

- A. Insubordination
- B. Use of profane or abusive language, or excessively loud voice.
- C. Fighting or attempting bodily injury.
- D. Embezzlement and/or theft of company property, or of property of resident's, employees, or others.
- E. Falsification of time cards, employment applications or other company records.
- F. Giving out confidential information to unauthorized persons.
- G. Willful destruction of company property.
- H. Sleeping on the job while on duty.
- I. Gambling on company premises.
- J. Conduct which violates common decency or morality.
- K. State of health dangerous to other employees or patients.
- L. Possession of illegal weapons on premises.
- M. Any type of abuse to a resident.
- N. Introduction, possession, removal, sale or use on the job of drugs and/or intoxicating substances; or being intoxicated when reporting to work.

Subject	General Policies		
Policy #	7.00	Original #	7.01
Title:	Standards of Conduct	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	09/01/09
		Reviewed/Revised	07/01/11

- O. Operating company-owned equipment without permission or using it for purposes other than company business.
- P. Leaving during working hours without permission of the supervisor.
- Q. Potential fraud and abuse
- R. Solicitation by employees on premises
- S. Any other gross violation of conduct not mentioned.

Violations of this policy shall be brought to the attention of the employee's immediate supervisor. The supervisor will call the employee to a conference.

Based upon the facts, a warning notice shall be given by the immediate supervisor for any breach of this policy. Employment may be terminated without notice depending upon the severity of the infraction.

The investigative process will be reported to the Executive Director or the Administrator.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.01	Original #	7.02
Title:	Grooming Standards	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	August 2009
		Reviewed/Revised	07/01/11

### **Title**

Grooming Standards

### **Policy Statement**

Ararat Home requires each employee to dress professionally and wear an Id badge for his/her position.

### **Procedure**

The facility shall not pay or reimburse employees for any uniforms or for the cleaning of uniforms.

All employees shall be informed of grooming standards.

All employees may wear color coordinated uniforms (pastel colored are preferred) or white uniforms.

A non compliant employee will undergo the disciplinary process.

### ***Uniforms Acceptable***

### ***Uniforms Not Acceptable***

White, uniforms and /or scrubs	Navy blue jeans, corduroys, crushed denim
Pastel colored or pastel colored stripes, designs, patterns	Suspender overalls, flamboyant cuffs or ruffles
Long pants	Neckline high enough to cover chest or ruffles
White jeans	Neckline high enough to cover chest T-shirts
No Sleeveless	Black cover tops
Skirt length not to exceed 1 inch above the knee or below midcalf	Exposed midriff when arms are raised
	Tight fitting pants, knit pants, corduroy pants, sweat pants elastic leg pant bottoms

Subject	General Policies		
Policy #	7.01	Original #	7.02
Title:	Grooming Standards	Original Date	06/17/88
		Revision Date	12/31/04
		Reviewed/Revised	10/07/08
		Reviewed/Revised	August 2009
		Reviewed/ Revised	07/01/11

***Socks/Stockings Acceptable***

Nylon or sock to match outfit	Patterns
White socks to be worn only under pants	Patterns/designs

***Socks/Stockings Not Acceptable***

***Shoes Acceptable***

White duty style (nursing)	Black Tennis Shoes
Tennis Shoes	Colored
Clogs with straps	
Cotton Shoes	

***Shoes Not Acceptable***

***Hair Acceptable***

If longer than shoulder length, will be pulled back and secured	Extreme hair style Extreme hair color (red, purple, green, blue, orange)
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***Hair Not Acceptable***

***Make up Acceptable***

Light, complimentary	Bizarre, excessive (i.e. black or blue lipstick)
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***Make up Not Acceptable***

***Nails Acceptable***

Clean and short	Dark, bright, fluorescent
Nail length not to exceed 1/3 inch beyond tip of finger	Metallic colors
Polish bright, red, skin tone, pink	Charms/designs
	Pastel
	Acrylic (Care Givers)

***Nails Not Acceptable***

***Jewelry Acceptable***

Earrings only one pair	
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***Jewelry Not Acceptable***

***Personal Hygiene Acceptable***

Appropriate personal hygiene	Body odor
Light scent	Strong perfume

***Personal Hygiene Not Acceptable***

***Male Nurses Acceptable***

Small beard (trimmed properly)	Earrings
Trimmed mustache	Tied hair

***Male Nurses Not Acceptable***

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.02	Original #	Page 1 of 1
Title:	Attitude/Courtesy	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

Attitude/Courtesy

### **Policy Statement**

Ararat Home requires all employees to maintain good attitude toward their job position, co-workers, residents, and visitors and to treat them with utmost respect, kindness, and dignity.

### **Procedure**

All employees should be alert to their surrounding and helpful at all times.

All employees are expected to be kind and considerate of residents, visitors, and other company employees.

Problems should be reported to the immediate supervisor if the employee is unable to resolve a complaint.

Telephones must be answered properly by identifying the name of the company, and the name of the speaker. If at all possible caller should not be on hold for more than 60 seconds.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.03	Original #	Page 1 of 1
Title:	Gossip	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

Gossip

### **Policy Statement**

Ararat Home prohibits the spreading of rumors and/or gossip.

### **Procedure**

The spreading of rumors, falsehoods, gossip, etc. by employees, residents, and/or visitors is strictly prohibited.

Activities of this nature cast unfounded doubts and may cause harm to an individual.

Violations of this policy may result in disciplinary action by the immediate supervisor.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.04	Original #	7.03
Title:	Identification Badges	Original Date	06/17/88
		Revision Date	12/31/04

### **Title**

Identification Badges

### **Policy Statement**

Ararat Home requires all employees to wear identification badges to provide means for proper identification and to improve residents/family, public communication with staff.

### **Procedure**

The office personnel will be responsible for providing all identification badges on orientation day.

Employees will wear their identification badges at all times while on the premises. The badge must be worn where it is easily visible.

If an employee changes his/her name or position, the office personnel must be notified, and a new badge will be ordered.



## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.05	Original #	Page 1 of 1
Title:	Employee Lockers	Original Date 12/31/04	Revision Date 12/31/04
			Revision Date 11/04/08

### **Title**

Employee Lockers

### **Policy Statement**

Ararat Home provides a locker for the employees' personal use.

### **Procedure**

This facility will provide a locker for employees use at no cost to the employee, for safekeeping of his/her personal items.

Employees must provide their own locks.

Lockers must be maintained in a clean and sanitary manner and kept free from accumulation of food and trash.

The facility does not assume responsibility for the loss or theft of personal property.

The organization has the right to inspect the lockers and their contents at anytime.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.06	Original #	7.04
Title:	Change of Employee Info.	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Change of Employee Information

### **Policy Statement**

Ararat Home maintains current and accurate information on each employee to be included in his/her health record and Personnel file.

### **Procedure**

All employees shall inform the immediate supervisor of any change in his/her name, address, phone number. All employees shall inform the Business Office of any change in number of dependents.

The Business Office shall complete any necessary changes in the facility records, including tax records, payroll records, etc., noting the new information.

Ararat Home shall not be responsible for any problems in the employee's tax records, etc., due to the failure of the employee to submit necessary changes in information.

## Ararat Home of Los Angeles, Inc.

Subject	General Policies		
Policy #	7.07	Original #	7.05
Title:	Smoking and Eating	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	09/01.09

### Title

Smoking and Eating

### Policy Statement

Ararat Home employees shall smoke or eat only in the designated areas.

### Procedure

At the time of the employee's orientation, he/she shall be informed of the facility policy regarding smoking or eating on the premises.

Smoking is only allowed in designated smoking area. Smoking shall not be allowed inside the facility.

Consuming of food shall not be permitted in the residents' rooms, or nursing stations. Eating is allowed in the employee dining room, or in **employees' offices provided the door is locked.**

On special occasions, the resident dining rooms may be used for serving and eating food.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.08	Original #	Page 1 of 1
Title:	Parking	Original Date	12/31/04
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Parking

### **Policy Statement**

Ararat Home would like employees to follow all guidelines established in this policy.

### **Procedure**

Every effort will be made to provide a parking place for all employees.

Designated parking spaces have been assigned for executives, and persons with handicaps.

Ararat Home assumes no responsibility for any damage to, or theft of any non company owned vehicle or any personal property in the vehicle while on our premises.

Employees must use caution while driving on our premises. Employees may not exceed 5 miles per hour while driving on our premises.

Violations may result in disciplinary action.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.09	Original #	7.10
Title:	Nepotism	Original Date	06/17/98
		Revision Date	12/31/04

### **Title**

Nepotism

### **Policy Statement**

Ararat Home permits the hiring of relatives.

### **Procedure**

The hiring of relatives and friends is not prohibited by our organization. However, certain requirements must be met.

Relatives will not be permitted to work in the same services, nor be assigned to an area, where a relative is a supervisor. A relative is defined as a son, daughter, father, mother, sister, brother, husband, wife, registered domestic partner or son in-law, daughter in-law, father in-law, mother in-law, sister in-law, brother in-law.

All relatives and friends recommended by employees must meet the same employment requirements as other persons applying for the same positions.

All employees hired before 6/17/98 are grandfathered from this policy.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.10	Original #	7.11
Title	Gifts, Gratuities, Payments	Original Date	09/25/05
		Revision Date	05/01/11

### **Title**

Gifts, Gratuities, Payments

### **Policy Statement**

Ararat Home prohibits any employee from receiving or giving any gift, gratuity, or payment for services rendered; the making of any promise(s) on behalf of the organization; or engaging in any activity, practice, or act which conflicts with the interest of the organization or its residents.

### **Procedure**

Employees are not allowed to accept any monetary gifts from any of the residents/families.

If families approach an employee to accept monetary gifts, employees must direct them to the supervisor.

Gifts may be accepted towards special events for employees (i.e. pizza party, equipment they may be need, etc), with the approval of the DNS(Director of Nursing Services)/DCS(Director of Clinical Services) , or Executive Director, and or the Administrator. Thank you letters will be sent out on behalf of Ararat.

If any acceptance of monetary gifts are accepted this may result in disciplinary action and even termination of employment.

If requests are made to residents for monetary gain in return to provide care, this will result in automatic termination.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.11	Original #	7.12
Title	Preventing Health Care Fraud	Original Date	11/21/06
		Revision Date	07/27/09

### **Title**

Preventing Health Care Fraud

### **Policy Statement**

Ararat Home will ensure that all employees understand the process of reporting possible Medicaid/Medi-Cal or Medicare fraud. Under the Deficit Reduction Act 2005, all employees must understand the laws regarding false claims, as well as their rights to report any attempts to defraud the government.

### **Procedure**

#### **Federal False Claims Act**

The False Claims Act allows any person, who discovers that a government contractor or organization is fraudulently receiving funds from the government, to report the fraud and possibly file a complaint on behalf of the government.

Any health care agency that seeks and received reimbursement from the government for Medi-Cal or Medicare funds are considered government contractors, and are therefore subject to the False Claims Act. There are a number of ways that a health care provider can violate the False Claims Act, including, but not limited to:

- a. Knowingly billing for a service that was not rendered;
- b. Knowingly including an item of cost in a "cost report" that was not incurred or cannot be justified;
- c. Misrepresenting the types of goods and services that were rendered;
- d. Misrepresenting the nature of the recipient's illness or condition; or,
- e. Providing care of such a substandard nature that it is the equivalent of a "worthless service."

#### **Filing A Complaint**

When a private citizen brings a claim on behalf of the government, it is known as a qui tam lawsuit. The False Claims Act does not require a person to report the fraud to the government before filing a lawsuit. If the government or another private citizen already filed a qui tam lawsuit, then you are barred from filing a lawsuit.

Subject	General Policies		
Policy #	7.11	Original #	7.12
Title	Preventing Health Care Fraud	Original Date	11/21/06
		Revision Date	07/27/09

If a private citizen chooses to file a qui tam complaint, it must be done in a federal district court, and a copy of the complaint must be sent to the Attorney General of the United States. The most important part of filing a qui tam complaint is that it must be done under seal.

Confidentiality with false claims is extremely important. The complaint cannot be served on the defendant until the court grants permission to do so. Although the complaint remains under seal, the identity of the complainant is revealed to the government at the time that the complaint is filed. The identity of the complainant is not revealed to the defendant until the complaint is unsealed.

Once a qui tam lawsuit is filed, the government can choose not to proceed with the action, but even if this occurs, the private citizen can continue with this offer suit against the defendant.

### **Penalties**

If a provider violated the federal False Claims Act, it is required to pay three times the amount of damages that the government incurred an not less than \$5,500 and not more than \$11,000 in civil penalties. This amount is for each claim.

A whistleblower that brings a qui tam lawsuit for a False Claims Act violation may also collect a monetary award. He or she will only collect a monetary award if the government recovers money from the defendant.

### **California State False Claims Law**

California has its own version of the False Claims Act that is specifically modeled after federal law. As with the federal False Claims Act, California's False Claims law permits any person who discovers that a government contractor or operator is fraudulently receiving funds from the state government to report the fraud and file a complaint on behalf of the government.

Any health care company that seeks and receives reimbursement from the state government for Medi-Cal funds is considered government contractor, and is therefore subject to the state false claims laws. There are a different of ways that an organization can violate state law, including; each of the examples referred to above on the federal False Claims Act.



Subject	General Policies		
Policy #	7.11	Original #	7.12
Title	Preventing Health Care Fraud	Original Date	11/21/06
		Revision Date	07/27/09

## **Filing a Complaint**

As with the federal False Claims Act, if a private citizen brings a claim on behalf of the state government, it is also known as a qui tam lawsuit. When a private citizen chooses to file such a lawsuit for health care fraud on behalf of the state government under state law, it must be done in a state Superior Court, and a copy of the complaint must be sent to the Attorney General of the State of California. As with the federal False Claims Act, the identity of the complainant is not revealed to the defendant. The government can choose not to proceed with the action, but even if this occurs, the private citizen can continue with his or her suit against the defendant.

## **Penalties**

California law provides that a violator of its false claims act if is required to pay three times the amount in damages that the state government incurred. It also provides for civil money penalties up to \$10,000 for each false claim submitted as well as the costs of the suit. As with federal law, a whistleblower bringing a qui tam may also collect a monetary award but only if the government recovers money.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.12	Original # 7.13	Page 1 of 2
Title:	Detecting Fraud, Waste, and Abuse	Original Date 11/21/06	Revision Date

### **Title**

Detecting Fraud, Waste, and Abuse

### **Policy Statement**

Ararat Home has a zero tolerance policy for fraud, waste and abuse. Due to the severe legal and monetary consequences that can result from a violation of any false claims laws, Ararat Home will implement a strict policy that applies to all employees. Ararat Home will provide the government with truthful information regarding the services that are rendered. Ararat Home will not allow its employees or agents to fraudulently misrepresent to the government about the services that it provides.

### **Procedure**

All employees are required to report to the Executive Director, Administrator or his/her designee about any possible fraud, waste or abuse as soon as he or she becomes aware of them.

All reports of fraud, waste or abuse will be handled as confidentially as possible.

Reporting possible fraud, waste or abuse to Ararat Home will not preclude the employee from directly reporting it to the government. However, Ararat Home would prefer to handle the matter internally before getting outside entities involved.

An employee who reports possible fraud will be contacted during the investigation and corrective action will be taken where appropriate.

Every report of perceived fraud, waste or abuse will be fully investigated and corrective action will be taken where appropriate.

Violation of this policy will result in disciplinary action.

Ararat Home will not allow any form of retaliation against employees who report possible fraud or false claims to the Executive Director, Administrator or his/her designee or who cooperation the investigation of such reports.

If an employee chooses to report the abuse directly to the government, she/he will not be retaliated or discriminated against any way by Ararat Home.

Subject	General Policies		
Policy #	7.12	Original #	7.13
Title:	Detecting Fraud, Waste, and Abuse	Original Date	11/21/06
		Revision Date	

If an employee feels he or she is subjected to retaliatory action by Ararat Home for reporting the false claim the False Claims Act and California law provide for relief including: reinstatement, back pay or compensation for any damages that an employee may incur, including any litigation costs and attorneys' fee, should the employee bring an action against Ararat Home.

An employee who is retaliated against for reporting any fraudulent health care claims or being part of any proceedings related to false claims can bring an action in court to receive any of the relief that is listed above.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.13	Original #	Page 1 of 1
Title:	HIPAA Compliance	Original Date 05/19/09	Revision Date

### **Title**

HIPAA (Health Insurance Portability and Accountability Act)

### **Policy Statement**

It is the policy of Ararat Home to protect resident information from access to unauthorized use, or release.

### **Procedure**

*Ararat Convalescent and Ararat Nursing Facility* – Facilities will not condone the access to, unauthorized use, or release of protected resident information as defined by current HIPAA rules and regulations.

Personnel who suspect or who have knowledge of violations of the HIPAA policies and procedures must promptly report such information to the HIPAA Compliance Officer or the Executive Director, Administrator or his/her designee.

Polices and procedures governing the protection of resident information are outlined in the HIPAA Compliance Manual.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.14	Original #	7.15
Title:	Care and Use of Organization	Original Date	05/19/09
Property		Revision Date	6/23/11
		Reviewed/Revised	07/01/11

### **Title**

Care and Use of Organization Property

### **Policy Statement**

It is the Policy of Ararat Home to insist that all personnel appropriately use and care for its property, equipment, and supplies.

### **Procedure**

All employees are expected and required to exercise due care and safety in the use of all organization property, equipment, and supplies.

Property, equipment, and supplies may be used only for the purpose for which they were intended.

Deliberate misuse, abuse, or damage to the organization's property, equipment, or supplies will be grounds for disciplinary action.

Employees will be required to pay for any organization property, equipment, or supplies damaged or destroyed.

The removal of organization property from the premises and/or the conversion of organization property to personal use are prohibited.

The organization assumes no responsibility for the damage or loss of personal property of an employee.

Administrator/Executive Director may allow requests for the temporary use of assistance devices such as cane, wheelchair, walker, etc.

## **Ararat Home of Los Angeles, Inc.**

Subject	General Policies		
Policy #	7.15	Original #	Page 1 of 1
Title:	FACTA Red Flags	Original Date 05/28/09	Revision Date

### **Title**

FACTA Red Flags (Fair and Accurate Credit Transactions Act)

### **Policy Statement**

Ararat Home has a zero tolerance policy for identity theft.

### **Procedure**

Ararat Home will recognize and report immediately to their immediate supervisor any of the following if and when the Ararat Home becomes aware of them:

Documents, applications, or photo identification that appear to have been altered or forged, or give the appearance of having been destroyed and reassembled.

Receive personal identifying information that is inconsistent when compared to other such information on file with the financial institution or creditor or provided by the resident and/or responsible party, or otherwise inconsistent when compared against external information sources used by the financial institution or creditor.

The Social Security number, address or telephone number that is provided is the same and consistent with the information provided by residents and/or their responsible party.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Personnel Files		
Policy #	8.00	Original #	8.01
Title:	Employee Personnel Files	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	10/28/08

### **Title**

Employee Personnel Files

### **Policy Statement**

Ararat Home maintains a personnel record for each employee containing all information required by law.

### **Procedure**

When a new employee is hired, the Executive Director, Administrator, and/or the In-Service Educator, Dietary Supervisor, and Plant Manager shall prepare a Personnel file for the employee. This will include three (3) separate files, personnel, educational, health files.

Personnel file will include:

- The employee's full name
- Social security number
- Documentation for citizenship or immigration status
- Copy of completed INS employment eligibility form
- Copy of professional license
- Completed application form
- Copies of any resumes and letters of recommendation
- Emergency contact information

Educational File will include:

- Documentation of evidence of orientation
- Letter of appointment with job description
- Employee orientation signoff sheet

Health File will include:

- Health record
- Report of pre-employment interview/testing results

The following information will be added to the personnel, educational and health files during the course of employment:

- Evidence of annual health examination
- Any completed performance evaluation
- Documentation for any salary step increases, status changes, or promotions.

Subject	Employee Personnel Files		
Policy #	8.00	Original #	8.01
Title:	Employee Personnel Files	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	10/28/08

Copies of any new job description of promotions  
 Copies of any written warning forms  
 Notes from any verbal warning  
 Employee accident/incident reports  
 Documentation of all benefits received  
 Documentation of sick leave time  
 Documentation of continuing education courses  
 Documentation of grievances  
 Exceptional performance, including Citations for outstanding effort

The immediate supervisor will maintain and update the personnel files, educational, and health files. All files will be kept in the supervisor's office in designated file cabinets and shall be accessible only to authorized persons. Personnel files for terminated employees are kept separately from current employment records.

If an employee has questions regarding his/her files, a request may be made to his/her immediate supervisor to inspect it. The employee may not remove any information from the file, but may inform the supervisor of any information he/she believes inaccurate, or contest any information kept within through normal grievance procedure.

All other authorized persons wishing to see personnel files, shall request permission from the Executive Director/ Administrator. The Business Office staff does not have authority to grant such requests. In general, authorized persons shall include: The Executive Director/Administrator, the Board of Trustees and their representatives, and representatives of the Department of Health or other government agencies required by law to have access to such files.

All employee personnel files shall be retained in the facility for a minimum of seven (7) years following the last dated entry.



## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Personnel Files		
Policy #	8.01	Original #	Page 1 of 1
Title:	E-Mail	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

E-Mail

### **Policy Statement**

Ararat Home allows employees to use electronic mail (E-Mail), both internally and externally, to more efficiently communicate the facility's business needs.

### **Procedure**

Immediate supervisors delegate the education of employees about the proper use of the E-Mail system.

The company's E-Mail system is to be used for business purposes. Therefore, under normal circumstances, an employee should not use the company's E-Mail system for personal purposes.

E-Mail messages received and transmitted by company employees on company equipment are the property of the company. Therefore, the company has the right to access and monitor any such messages. Each employee whose E-Mail messages may be accessed or monitored by the company will be requested to sign a consent form which authorizes the company to access and monitor that employee's messages.

An employee may be disciplined for using the company's E-Mail system in an improper way. Improper use of the E-Mail system includes, but is not limited to, using the system for personal purposes; using the system for harassing, insulting, offending, or threatening purposes; and using the system for any unlawful purpose.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Personnel Files		
Policy #	8.02	Original #	Page 1 of 1
Title:	Personal Calls and Cellular Phone Usage	Original Date 12/31/04	Revision Date 12/31/04

### **Title**

Personal Calls and Cellular Phone Usage

### **Policy Statement**

Ararat Home allows employees to keep their cellular phones accessible to them. Personal phone calls are a privilege and discouraged unless in case of emergencies.

### **Procedure**

Cellular phones are only to be used to receive any emergency calls from family members (or from children's schools).

If the phone is carried on one's person it should be on the "vibrate" mode so that resident's or employees are not disturbed.

Outgoing calls can be made during meal periods/breaks.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education In-Service		
Policy #	9.00	Original #	9.01
Title:	Staff In-Service Training	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Subject**

Staff In-Service Training

### **Policy Statement**

Ararat Home will provide regularly scheduled in-service training classes for all employees in accordance with all Federal and State regulations.

### **Procedure**

A record of each in-service training session shall be completed the record shall include: date, names of attendees, length of session and the lesson plan. This record will be maintained in the employee's educational file.

In-service training classes will be scheduled and posted in a place easily accessible to all employees.

All in-service classes are scheduled during working hours at a time that allows for optimum attendance. Classes are scheduled for all employees of all shifts who are expected to attend when assigned by their immediate supervisor.

In addition to individual department classes, the educator plans and conducts in-service training for mandatory classes.

All employees on duty at the time of any Drill activity are required to participate.

All records of in-service training shall be retained by Ararat Home for a minimum period of four (4) years. It is the employee's responsibility to keep records of the in-services attended.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education of In-Service		
Policy #	9.01	Original #	9.02
Title:	Continuing Education	Original Date	06/17/88
Requirements		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Continuing Education Requirements

### **Policy Statement**

It is the policy of this facility to grant leave of absences for full-time employees' to complete courses necessary to retain their professional license or certification, or to obtain knowledge in the field directly related to the profession of the employee.

### **Procedure**

Continuing education courses may be taken for the purpose of acquiring knowledge in relation to the position. Time off may be granted for courses covering other related areas, after submission of a course syllabus to the immediate supervisor for approval.

Time off may be granted to Registered Nurses for a total of 30 hours every two years, and to licensed Administrators for a total of 40 hours every two years

The immediate supervisor shall approve all requests for time off for continuing education seminars or workshops.

Upon return, the employee may be subjected to submit a concise written report which will be filed in their personnel file.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education In-Service		
Policy #	9.02	Original #	9.03
Title:	Continuing Education Reimbursement	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Continuing Education Reimbursement

### **Policy Statement**

Ararat Home may grant leave of absences, and to contribute to the cost of continuing education coursework when employees attend job-related educational programs. This must be approved by department heads.

### **Procedure**

For the purpose of continuing education reimbursements, all requests shall be considered by the Administrator/Executive Director or their designee.

Employees are eligible for time off without pay, for continuing education not required by law, that's solely for employee enrichment. Prior approval procedure must be followed and the employee's time card marked appropriately.

Prior approval for reimbursement should include:

- The course title and purpose
- The name of the educational institution or agency sponsoring the course
- The date(s), time, and length of the course
- The location at which the course will be taught
- The cost of the course
- The signature and title of the person making the request

Ararat Home shall reimburse the employees mentioned above reasonable expenses for continuing education coursework upon satisfactory completion. All receipts must also be submitted within 30 days.

## **Ararat Home of Los Angeles, Inc.**

Subject	Education In-Service		
Policy #	9.03	Original #	9.04
Title:	Scholarship Fund	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Scholarship Fund

### **Policy Statement**

Ararat Home may grant scholarships to staff for the improvement of their professional skills.

### **Procedure**

Applicant must have a minimum two (2) years of work experience at Ararat Home.

Applicant must be recommended by their immediate supervisor.

Applicant must submit the application within the designated time frame.

The scholarship recipient will be required to submit receipts for the use of scholarship money which can only be used toward the cost of tuition, textbooks and related expenses. (Maximum benefit is \$1,000/calendar year).

Subject	Education In-Service		
Policy #	9.03a	Original #	9.04
Title:	Scholarship Application	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

Name of Applicant:

Date:

Employed at:

Current Position/Shift:

Date of Hire:

CNA's or RNA's with a goal as LVN:

Describe the program that you will pursue by indicating:

- Total length of program to obtain LVN
- Educational institution
- Description of classes
- Estimate of cost of tuition and textbooks
- Scholarship assistance requested

LVN's with a goal as RN:

Length of LVN experience:

Describe the program to obtain RN

- Total length of program to obtain RN
- Educational institution and description of classes
- Description of classes
- Estimate of cost of tuition and textbooks
- Scholarship assistance requested

I understand that this application is no guarantee that Ararat Home will provide any or all funds needed to achieve my educational goals. I understand that I must meet all eligibility requirements for my application to be considered. Further, I understand that if a financial scholarship is provided, I will have further obligations of grades and employment as described in the Ararat Scholarship Fund Policy of which I acknowledge receiving a copy.

Applicant Signature

Director of Nursing Services Signature

Administrator Signature

Date

Date

Date

## **Ararat Home of Los Angeles, Inc.**

Subject	Grievances/Terminations		
Policy #	10.0	Original #	10.1
Title	Employee Grievances	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08
		Revision Date	07/06/09

### **Title**

Grievances/Terminations

### **Policy Statement**

Ararat Home provides a grievance procedure to allow employees adequate and just recourse in airing grievances, and achieve prompt resolution.

### **Procedure**

Employees must comply with each step of this procedure in order to have their grievance reviewed.

Employees shall initially discuss grievances with their immediate supervisor.

If there is still no resolution, the employee may bring their grievance through the levels of management at Ararat Home up to the level of Executive Director/Administrator. All relevant notes and materials shall be maintained in the employee's personnel file.

If there is still no resolution, the employee's final recourse is with the Human Resources Committee of the Board of Trustees. The Committee will hear all relevant testimony and evidence, from the employee and staff. The decision of the Committee will be final.



## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Grievances		
Policy #	10.1	Original #	10.2
Title	Disciplinary Action	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08
		Revision Date	06/23/11

### **Title**

Disciplinary Action

### **Policy Statement**

It is the policy of Ararat Home is to enforce disciplinary action if the policy, procedures, or standards of conduct are violated by an employee.

### **Procedure**

Disciplinary action can take several forms, depending upon the severity of the infraction or multiple occurrences of the offense.

Verbal Notification: An employee may be called into conference with his/her supervisor, and the matter discussed and policy or conduct reviewed. Three verbal reprimands will constitute a written reprimand.

Notice of Disciplinary Action: Formal written notice given to an employee including a description of the misconduct and corrective action plan shall constitute a Notice of Disciplinary Action. One copy shall be delivered to the employee, and a second copy shall be retained in the employee's file. The employee shall sign copies to formally acknowledge receipt of the written Notice of Disciplinary Action. Three written Notice of Disciplinary Actions may warrant a suspension or termination based upon the outcome of the 3<sup>rd</sup> written Notice of Disciplinary Action.

Suspension: An employee, who has not complied with a policy or procedural requirement of the Ararat Home, may be suspended, or placed on mandatory leave of absence without pay, until the policy or procedural requirement is fulfilled.

Termination: Employment may be terminated as a final disciplinary action, if warnings have not resulted in improved performance and corrective action by the employee, or if the nature of an employee's infraction of a policy, procedure, or code of conduct is severe enough to warrant such action.

In addition, any employee who does not report to duty as scheduled, without former knowledge of the assigned unit (No Show), may be terminated automatically.

## **Ararat Home of Los Angeles, Inc.**

Subject	Employee Grievances		
Policy #	10.2	Original #	10.3
Title	Terminations & Resignations	Original Date	06/17/88
		Revision Date	12/31/04
		Revision Date	11/04/08

### **Title**

Terminations Voluntary/ Involuntary & Resignations

### **Policy Statement**

Ararat Home has defined procedures to be followed in the event of an employee termination, to protect the rights of both the employee and organization. Ararat Home shall comply with all fair employment practices with regard to the termination of employees.

### **Procedure**

Termination shall comply with the following procedure:

Resignation: Occurs when an employee resigns his/her position with the Ararat Home.

The employee shall submit a formal letter of resignation and shall indicate his/her last day of work. Ararat Home requires at least 2 weeks notice of intent to resign. If 2 weeks notice is not given the employee is not eligible for rehire.

Employees resigning shall be paid the balance of salary due within 48 hours of the last day worked. The employee shall receive an accounting of any accrued PTO benefits, and shall receive payment for benefit time included in the last pay check.

It is not the policy of Ararat Home to pay severance pay to resigned employees. Special exception may be made with the approval of the Executive Director and/or the Administrator.

Involuntary termination: Occurs when an employee's conduct or performance has warranted three disciplinary actions. Involuntary termination shall occur when repeated verbal and written warnings have failed to show marked improvement in the areas of deficiency.

A supervisor shall recommend termination to the Executive Director/Administrator, who shall review the case and take the disciplinary action.

Subject	Employee Grievances		
Policy #	10.2	Original #	10.3
Title	Terminations & Resignations	Original Date	06/17/88
		Revision Date	12/31/04

Terminated employees shall receive a written notice of termination, and shall receive the balance of salary due at the time of termination. The employee shall also receive their accrued PTO at the time of termination.

Any employee who feels they have been wrongfully terminated has recourse through the grievance procedure of Ararat Home.

All terminated employees shall return all Ararat Home material, including Id badge, keys, etc. Materials not returned shall result in salary withholdings to cover the cost incurred by the Ararat Home as a result of the employee's failure to do so. In the case of keys and security clearance materials, the employee's final paycheck shall be held until the return of materials.

Immediate termination may occur following proof of sexual harassment, abuse or fraud.

Terminated employee, previously receiving medical insurance coverage through the Ararat Home may elect to continue coverage by following the procedures policies under COBRA.

## **Ararat Home of Los Angeles, Inc.**

Subject	Consultants		
Policy #	11.0	Original #	11.0
Title	Consultants	Original Date	06/17/88
		Revision Date	12/31/04

### **Title**

Consultants

### **Policy Statement**

It is the policy of Ararat Home to hire consultants when necessary.

### **Procedure**

All consultants shall be retained by the Ararat Home only after they have a valid signed contract, specifying the terms of their working relationship with the Ararat Home.

Each facility will keep a current file on consultants, worker's compensation and liability insurance.

***Ararat Nursing Facility***

Job Description #2.01	Title: Life Enrichment Coordinator
Immediate Supervisor: Life Enrichment Team Leader	Original Date: 06/18/88 Revision Date: 06/01/04, 12/31/04, May-2007/January 2011/ October 2011

***Purpose of Position:***

To involve residents in daily recreational, social, intellectual, emotional, and spiritual programs in accordance with the resident's assessment and care plan, as may be directed by Life Enrichment Team Leader, and Executive Director.

***Duties and Responsibilities; Life Enrichment Coordinator:***

- Report any significant change in resident's behavior or attendance.
- Record attendance and participation in activity program, including responses to the programs.
- Provide opportunity for meaningful activity programs to take place as scheduled (i.e. group activities, individual room activity, religious services, and activities of special interests and needs.).
- Assist in preparation of bulletin boards.
- Assist in scheduling movies, planning parties, and providing games/activities for residents.
- Supervise activities as necessary.
- Participate and assist in PIQI projects as assigned.
- Assist in moving/arranging of equipment/supplies to assure that activity areas are ready for scheduled activity functions.
- Assist in cleaning up activity areas after completing activity functions.
- Implement activity procedures as directed by the Life Enrichment Team Leader by creating decorations, setting up necessary equipment, and escorting residents to and from activity area.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, a high school diploma or its equivalent.

### ***Ararat Nursing Facility***

Job Description #2.02	Title: Life Enrichment Team Leader
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04- May – 2007/ October 2011

#### ***Purpose of Position:***

To plan, implement, and evaluate recreational, social, intellectual, emotional, and spiritual programs in accordance with the resident's assessment and care plan, as may be directed by Executive Director.

#### ***Duties and Responsibilities; Life Enrichment Team Leader:***

- Evaluate each resident according to his background, interests, abilities, physical limitations and needs for the purpose of planning a meaningful program.
- Complete MDS for each individual resident as scheduled.
- Develop individualized care plans that involve resident in activities daily.
- Report any significant change in resident's behavior or attendance.
- Attend and participate in Interdisciplinary Care Conferences.
- Develop appropriate records which indicate resident's attendance and participation in the program, including responses to the programs.
- Maintain an appropriate budget as delegated by the Executive Director in order to implement an effective activity program.
- Carry out a meaningful activity program including group activities, individual room activity programs, outside entertainment, religious services, activities away from the facility, and activities of special interests and needs.
- Establish an active volunteer program which includes screening, recruiting, training, and supervision of volunteers.
- Interpret to residents, other staff members, and the outside community about the purpose and achievement of the activity program.
- Maintain a liaison between the facility and community resources, including the development of an effective public relations program.
- Include the effective utilization of community resources
- Prepare a work schedule and conduct meetings with Life Enrichment team members.
- Attend and participate in meetings as requested.
- Attend and participate in PIQI meetings as directed.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).

- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, high school diploma or its equivalent.
- Activity course certification.
- Good verbal skills.

### *Ararat Nursing Facility*

Job Description #2.03	Title: Administrator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 03/01/07 Revision Date: 05/27/08 Revision Date: 07/19/09

#### ***Purpose of Position:***

To supervise the day-to-day operations of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern long-term care facilities and as directed by the Executive Director to assure that the highest degree of quality care is maintained at all times.

#### ***Duties and Responsibilities; Administrator:***

- Assist in planning, developing, organizing, implementing, directing and monitoring the day-to-day functions of the facility, its programs and activities.
- Assist in developing and implementing written policies and procedures that govern the operation of the facility.
- Assist in developing and maintaining written job descriptions for each staff position in accordance with the Americans with Disabilities Act, OSHA, and other pertinent laws governing job positions.
- Assist department directors in the development and use of departmental policies and procedures, and establish a rapport in and among departments so that each can realize the importance of team work.
- Review the facility's policies and procedures periodically, at least annually, and make recommendations to assure continued compliance with current regulations.
- Interpret the facility's policies and procedures to employees, residents, family members, visitors, government agencies, etc., as necessary.
- Ensure that public information (policy manuals, etc.) describing the services provided in the facility is accurate and fully descriptive.
- Ensure that all employees, residents, visitors, and the general public follow established policies and procedures.
- Represent the facility in dealings with outside agencies, including governmental agencies and third party payers, or delegate a representative of the facility when unable to attend such meetings.
- Make written and oral reports/recommendations to the Executive Director concerning the operation of the facility.
- Recommend to the Executive Director changes in the overall organizational structure.
- Assist in reviewing and approving the implementing of new procedures and organizational plans within each department.
- Actively participate in facility surveys (inspections) made by authorized regulatory government agencies.



- Review and develop a plan of correction for deficiencies noted during survey inspections and provide a written copy of such plan to the appropriate governmental agency and the Executive Director.
- Maintain liaison with families and residents.
- Maintain a good public relations program that serves the best interest of the facility and community alike.
- Serve on various committees of the facility (i.e., Infection Control, PIQI, Safety, etc., and provide written/oral reports).
- Recruit and select competent staff.
- Delegate responsibility, and accountability to staff as deemed necessary to perform their assigned duties.
- Work with the facility's consultants as necessary and implement recommended changes as approved by the Executive Director.
- Attend and participate in workshops, seminars, etc., to keep abreast of current changes in the long-term care field, as well as to maintain a professional status.
- Report to the Executive Director information/knowledge obtained in seminars/meetings.
- Create and maintain an atmosphere of warmth, personal interest, and positive relationship, as well as a calm environment throughout the facility.
- Assist in preparing an annual operating budget.
- Review and interpret monthly financial statements and provide feedback to the Executive Director.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess as a minimum of Bachelor of Arts/Science degree in Business, Health Care Management, or Nursing.
- Must possess a minimum two years of experience in long term care setting.
- Must have a current license as a Nursing Home Administrator with the California State Board.

### *Ararat Nursing Facility*

Job Description #2.41	Title: Business Services Coordinator
Immediate Supervisor: Executive Director	Original Date: 07/18/05 Revision Date: August -2009

***Purpose of Position:***

To coordinate and maintain accurate financial records (organizational, local, state and federal) by performing all billing and payroll functions.

***Duties and Responsibilities; the Business Services Coordinator:***

- Prepare and maintain financial records for the facility, including itemized income, and expenditures, payroll, Medical/Medicare and other 3<sup>rd</sup> party payor reports.
- Prepare and maintain health insurance enrollment for employees.
- Prepare accounts payable invoices, collate and calculate them accurately. Input data into the system, print reports and checks, and file invoices.
- Prepare accounts receivables, write receipts and mark deposits, enter cash receipts and bill private insurance, Medical, and type Medicare and CIF claims.
- Maintain other reports as required by immediate supervisor, local, state or federal agencies.
- Prepare checks for Executive Director/Board signatures for facility accounts, consultants' fees, and other expenses.
- Prepare payroll including computations on timecards, distribution of paychecks, computation of salary withholding of paychecks, assess issues/concerns/problems and implement correct interventions.
- Prepare Medical and Medicare A&B billing, including initiation of all forms on admission, MC-171, TAR's, RFP's co-insurance and crossover billing, statements for all residents, and complete census control sheets.
- Prepare other billing records such as statements for share of cost and private residents, all adjustment invoices, and resident refunds.
- Follow up and report on resident eligibility regarding Medical and changes in share of cost and address all issues on billing from residents and/or responsible parties.
- Receive payments from residents and/or responsible parties, write receipts, prepare bank deposits and cash distribution records.
- Prepare Medical, Medicare and private agency aging reports and follow through on delinquencies as directed by the immediate supervisor.
- Actively participate in PIQI process as related to business services performance criteria.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field as related to business services and report as requested.
- Attend and participate in meetings as directed.
- May work other than normal working hours and on weekends and holidays when necessary.

- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain utmost confidentiality of all data related to resident care, human resources, payroll and any other business services.
- Any other duties assigned by supervisor.

***Qualifications:***

- High school diploma required.
- Accounting and business experience preferred.
- One-year minimum experience as a bookkeeper in another health facility or related institution.
- Knowledgeable in accounts payable/receivable, Medical and Medicare A & B billing, personnel record keeping and payroll experience are highly desirable.
- Ability to complete forms and records accurately and legibly.
- Ability to understand instructions in English and complete assigned tasks promptly.
- Ability to answer telephone and greet the public graciously.
- Ability to type, file and use the calculator and photocopier.

### *Ararat Nursing Facility*

Job Description #2.07	Title: Certified Nursing Assistant
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 Jan. 2011

#### ***Purpose of Position:***

To provide each assigned resident with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as directed by the team leader, and Resident Care Coordinator.

#### ***Duties and Responsibilities; Certified Nursing Assistant:***

- Identify residents before administering care, serving meals, etc., as necessary.
- Record all entries in an informative and descriptive manner on flow sheets, notes, chart, and all other necessary forms. Use only authorized abbreviations established by the facility when recording information.
- Report all changes in the resident's condition or any accidents observed as soon as possible to the Nurse Supervisor/Resident Care Coordinator. Report all allegations of resident abuse and/or misappropriation of resident property.
- Follow work assignments, and/or work schedules in completing and performing assigned tasks. Perform all assigned tasks in accordance with facility established policies and procedures and as guided by supervisor.
- Report all complaints and grievances made by the resident immediately to the Director of Clinical Services.
- Follow established policies concerning exposure to blood/body fluids. Report any occupational exposures to blood, body fluids, infectious materials, and hazardous chemicals to supervisor.
- Attend and participate in appropriate in-service training programs.
- Keep the nurses' call system within easy reach of the resident. Immediately notify the Nurse Supervisor/Resident Care Coordinator of any resident leaving/missing from the facility.
- Report any communicable or infectious disease to the Director of Clinical Services.
- Wear and/or use safety equipment and supplies (i.e., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Review and follow each individualized care plan daily to determine if changes in the resident's daily care routine have been made. Honor the resident's refusal of treatment request. Report such requests to supervisor.
- Assist residents with activities of daily living.
- Maintain the confidentiality of personnel as well as all resident care information.
- May work other than normal working hours, on weekends and holidays, and in other positions temporarily, when called upon.
- Is subject to call-back during emergency conditions (i.e., severe weather,

- evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be a current licensed Certified Nursing Assistant in accordance with laws of this state.
- Must be able to read, write, speak, and understand the English language.

***Ararat Nursing Facility***

Job Description #2.46	Title: Certified Nursing Assistant/Life Enrichment
Immediate Supervisor: Director of Clinical Services	Original Date: Jan. 2011 Revision Date: October 2011

***Purpose of Position:***

To provide each assigned resident with routine daily nursing care and therapeutic activities in accordance with the resident's assessment and care plan, and as directed by the team leader, and Resident Care Coordinator.

***Duties and Responsibilities; Certified Nursing Assistant/Life Enrichment:***

- Identify residents before administering care, serving meals, etc., as necessary.
- Report all changes in the resident's condition or any accidents observed as soon as possible to the Nurse Supervisor/Resident Care Coordinator. Report all allegations of resident abuse and/or misappropriation of resident property.
- Follow work assignments, and/or work schedules in completing and performing assigned tasks. Perform all assigned tasks in accordance with facility established policies and procedures and as guided by supervisor.
- Report all complaints and grievances made by the resident immediately to the Team Leader.
- Follow established policies concerning exposure to blood/body fluids. Report any occupational exposures to blood, body fluids, infectious materials, and hazardous chemicals to supervisor.
- Attend and participate in appropriate in-service training programs.
- Report any communicable or infectious disease to the Team Leader.
- Wear and/or use safety equipment and supplies (i.e., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Review and follow each individualized care plan preferably daily to determine if changes in the resident's daily care routine have been made. Honor the resident's refusal of treatment request. Report such requests to supervisor.
- Assist residents with activities of daily living.
- Record all entries in an informative and descriptive manner on flow sheets, notes, chart, and all other necessary forms. Use only authorized abbreviations established by the facility when recording information.
- Provide opportunity for meaningful activity programs to take place as scheduled (i.e. group activities, individual room activity, religious services, and activities of special interests and needs.).
- Assist in moving/arranging of equipment/supplies to assure that activity areas are ready for scheduled activity functions.
- Maintain the confidentiality of personnel as well as all resident care information.
- May work other than normal working hours, on weekends and holidays, and in other positions temporarily, when called upon.
- Is subject to call-back during emergency conditions (i.e., severe weather,

- evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be a current licensed Certified Nursing Assistant in accordance with laws of this state.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.08	Title: Certified Nursing Assistant Team Leader
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – May - 2007

#### ***Purpose of Position:***

To provide each assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as directed by the team leader, and/or Resident Care Coordinator. Complete scheduling with peers in a timely manner according to our policies.

#### ***Duties and Responsibilities; Certified Nursing Assistant Team Leader:***

- Prepare work schedules.
- Identify residents before administering care, serving meals, etc., as necessary.
- Record all entries in an informative and descriptive manner on flow sheets, notes, chart, and all other necessary forms. Use only authorized abbreviations established by the facility when recording information.
- Report all changes in the resident's condition or any accidents observed as soon as possible to the Nurse Supervisor/Resident Care Coordinator. Report all allegations of resident abuse and/or misappropriation of resident property.
- Follow work assignments, and/or work schedules in completing and performing assigned tasks. Perform all assigned tasks in accordance with facility established policies and procedures and as guided by supervisor.
- Report all complaints and grievances made by the resident immediately to the Director of Clinical Services.
- Follow established policies concerning exposure to blood/body fluids. Report any occupational exposures to blood, body fluids, infectious materials, and hazardous chemicals to supervisor.
- Attend and participate in appropriate in-service training programs.
- Keep the nurses' call system within easy reach of the resident. Immediately notify the Nurse Supervisor/Resident Care Coordinator of any resident leaving/missing from the facility.
- Report any communicable or infectious disease to the Director of Clinical Services.
- Wear and/or use safety equipment and supplies (i.e., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Review and follow each individualized care plan daily to determine if changes in the resident's daily care routine have been made. Honor the resident's refusal of treatment request. Report such requests to immediate supervisor.
- Follow-up with refreshment records, charting gaps.
- Float in assigned work as necessary.
- Assist residents with activities of daily living.
- Maintain the confidentiality of all resident care information.



- May work other than normal working hours, on weekends and holidays, and in other positions temporarily, when called upon.
- Is subject to call-back during emergency conditions (i.e., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be a current licensed Certified Nursing Assistant in accordance with laws of this state.
- Must have been a licensed CNA for at least 1 year.
- Must be able to read, write, speak, and understand the English language.

***Ararat Nursing Facility***

Job Description #2.10	Title: Compliance Officer
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04 Revision Date: 03/01/07 Revision Date: 07/08/08

***Purpose of Position:***

To ensure compliance with state and federal laws governing the privacy and confidentiality of protected health information and compliance with the facility's Privacy Policies and Procedures.

***Duties and Responsibilities; Compliance Officer:***

- Organize and maintain a program for compliance with state and federal laws concerning the privacy of residents' protected health information.
- Work with management to develop and implement privacy policies and procedures that regulate the disclosure and protect the confidentiality of residents' protected health information and that respect residents' rights with respect to their protected health information.
- Develop forms necessary to implement the privacy policies and procedures.
- Monitor compliance with privacy policies and procedures.
- Develop, implement, and monitor privacy policies and procedures regarding the maintenance and destruction of records containing protected health information.
- Develop and implement a privacy training program designed to ensure that workforce members receive instruction on privacy policies and procedures, on relevant state and federal legal requirements, and on residents' rights with respect to the confidentiality and disclosure of protected health information.
- Develop and update facility policies and procedures, job descriptions as necessary.
- Advise, and assist facility needs on Human Resource and Worker's Compensation issues.
- Periodically review and revise the privacy compliance program, including privacy policies and procedures to match changes in state and federal law and in best practices.
- Assist the information technology department with development and implementation of an information infrastructure, establishing confidential guidelines.
- Provide strategic guidance to corporate officers regarding privacy resources and technology.
- Serve as an information privacy consultant for employees and departments.
- Provide status reports about the privacy compliance program to PIQI on a quarterly basis.

- Attend and participate in professional associations, and programs to keep abreast of current regulations and guidelines, as well as learn new skills.
- Maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a Bachelor's degree preferably in Health Care Services Management.
- Must have knowledge and experience of state and federal laws concerning privacy of medical information and individual rights with respect to such information.
- Management, leadership and communication skills.
- Computer proficiency.

***Ararat Nursing Facility***

Job Description #2.11	Title: Cook
Immediate Supervisor: Food and Nutrition Supervisor	Original Date: 06/18/88 Revision Date: 12/31/04- May - 2007

***Purpose of Position:***

To prepare food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures, and as may be directed by the Food and Nutrition Supervisor, to assure that quality food service is provided at all times.

***Duties and Responsibilities; Cook:***

- Review and follow menus prior to preparation of food. Inspect special diet trays to assure that the correct diet is served to the resident.
- Perform administrative requirements such as completing necessary forms, reports, etc., and submit to the Food and Nutrition Supervisor.
- Coordinate dietary service with other departments as necessary.
- Ensure that all dietary procedures are followed in accordance with established policies.
- Assist in establishing food service production line, etc., to assure that meals are prepared on time.
- Process diet changes and new diets as received from Nursing Services.
- Prepare food in accordance with sanitary regulations as well as facility established policies and procedures.
- Ensure that safety regulations and precautions are followed at all times by all dietary personnel.
- Follow established Infection Control and Universal Precautions Policies and procedures when performing daily tasks.
- Assist/direct daily or scheduled cleaning duties in accordance with established policies and procedures.
- Ensure that the department is maintained in a clean and safe manner by assuring that necessary equipment and supplies are maintained.
- Report all hazardous conditions/equipment to the Food and Nutrition Supervisor immediately.
- Report all accidents/incidents as established by department policies. Fill out and file reports as directed.
- Assist in maintaining food storage areas in a clean and properly arranged manner at all times.
- Dispose of food and waste in accordance with established policies.
- Report missing/illegible labels or MSDSs to the Food and Nutrition Supervisor.
- Attend and participate in annual training programs and as directed.
- May work other than normal working hours and on weekends and holidays when necessary.

- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.
- One (1) year dietary experience in a hospital, skilled nursing care facility, or other related medical facility preferred (but not necessary).
- Must be able to cook a variety of foods in large quantities.
- Must be able to read, write, speak, and understand the English language.
- Must be knowledgeable of dietary procedures.
- Must be able to follow oral and written instructions.
- Must maintain the care and use of supplies, equipment, the appearance of work areas, and perform regular inspections of food service areas for sanitation, order, safety and proper performance of assigned duties.

### *Ararat Nursing Facility*

Job Description #2.13	Title: Director of Clinical Services
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 10/03/05 - May 2011

***Purpose of Position:***

To plan, organize, develop and direct Nursing Services in accordance with current federal state, and local standards, guidelines, and regulations that govern our facility, and as may be directed by the Executive Director, to ensure that the highest degree of quality care is maintained at all times.

***Typical Duties and Responsibilities; Director of Clinical Services:***

- Develop, maintain, and periodically update the Nursing Services Manual and nursing service objectives and philosophy.
- Determine staffing needs and assure scheduling is done accordingly.
- Employ nursing personnel and conduct performance appraisals.
- Ensure that departmental disciplinary action is administered without regard to race, color, creed, national origin, age, sex, religion, handicap, or marital status.
- Provide leadership for Nursing Services.
- Provide the Executive Director with information relative to the needs of residents.
- Review complaints and grievances made by the resident/family and make a written/oral report of the investigation results to the Executive Director.
- Attend IDT care conferences.
- Participate in PIQI activities.
- Coordinate medical staff grand rounds and assure that they are conducted in a timely and professional manner.
- Make recommendations for terminations.
- Attend and participate in professional associations and programs to keep abreast of current regulations and guidelines as well as learn new skills.
- Maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights and HIPAA requirements.
- Build and maintain positive relationships with residents, family, and staff.
- Conduct performance appraisals of nursing personnel.
- Communicate with families and follow up with resident care related issues.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by Supervisor.

***Qualifications:***

- Must possess an active Registered Nurse license in California.
- Must possess the ability to plan, organize, develop, implement, and monitor the programs, goals, objectives, policies and procedures, etc., that are necessary for providing quality care.
- Minimum two years of experience in nursing management in a health care facility.

***Qualifications:***

- Must possess a Nursing Degree from an accredited college or university. Must possess an active Registered Nurse license in California.
- Must possess the ability to plan, organize, develop, implement, and monitor the programs, goals, objectives, policies and procedures, etc., that are necessary for providing quality care.
- A minimum of one year of experience in nursing administration/supervision in a health care facility.

### *Ararat Nursing Facility*

Job Description #2.14	Title: Environmental Service Aide (Housekeeping)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 Revision Date: 03/01/07 – August 2009

#### ***Purpose of Position:***

To perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a clean, safe, and comfortable manner.

#### ***Duties and Responsibilities; Environmental Services (Housekeeping):***

- Ensure that work/cleaning schedules are followed as closely as practical.
- Report all accidents/incidents to the supervisor no matter how minor they may be. (NOTE: such occurrences must be reported on the shift in which they occur).
- Report all hazardous conditions or equipment to the Administrator.
- Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or recreational areas.
- Attend, and participate in staff meetings as directed
- Perform specific tasks in accordance with daily work assignments.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving heavy objects. Follow all safety policies and procedures.
- Ensure that assigned work areas are maintained in a clean, safe, comfortable, and attractive manner.
- Keep work/assignment areas free of hazardous objects (i.e. protruding mop/broom handles, unnecessary equipment, supplies, etc.).
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used for cleaning. Refer to manufacturer's instructions when necessary. Use MSDS labels.
- Ensure that established infection control and universal precautions practices are maintained when performing housekeeping procedures.
- Use appropriate personal protective equipment and supplies when handling infectious materials and/or hazardous wastes or chemicals. Dispose of infectious wastes into proper containers as established by facility policies.
- Ensure that an adequate supply of housekeeping supplies to perform daily tasks is maintained in the utility/janitorial closets.
- Assist others in lifting heavy equipment, supplies, etc., as directed or requested.
- Clean work/supply carts, equipment, etc., as necessary or directed.
- Ensure that equipment is cleaned and properly stored at the end of the shift.
- Perform day-to-day housekeeping functions as assigned.



- Perform specific tasks in accordance with daily work assignments.
- Empty and sanitize ash trays daily. (NOTE: ash trays must be emptied into appropriate metal containers with self-closing cover devices.)
- Clean/polish furnishings, fixtures, ledges, room heating/cooling units, etc., in resident rooms, recreational areas, etc., daily as instructed.
- Clean, bathrooms, windows, mirrors, recreational areas, and entrance/exit ways. Clean floors, (NOTE: ensure that appropriate caution/safety signs are properly set up prior to performing such duties.) Clean carpets, walls and ceilings, hallways, stairways and elevators.
- Ensure that work/assignment areas are clean and that equipment, tools, supplies, etc., are properly stored at all times, as well as before leaving such areas for breaks, meal times, and at the end of the work day.
- Turn in all found articles to the supervisor.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.15	Title: Environmental Services Team Leader (Housekeeping)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04-August 2009

#### ***Purpose of Position:***

To perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a clean, safe, and comfortable manner.

#### ***Duties and Responsibilities; Environmental Services Team Leader (Housekeeping):***

- Ensure that work/cleaning schedules are followed as closely as practical.
- Report all accidents/incidents to your supervisor no matter how minor they may be. (NOTE: Such occurrences must be reported on the shift in which they occur).
- Report all hazardous conditions or equipment to Administrator.
- Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or recreational areas.
- Attend, and participate in departmental, PIQI, and RCC meetings as directed.
- Perform specific tasks in accordance with daily work assignments.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving heavy objects. Follow all safety policies and procedures.
- Ensure that assigned work areas are maintained in a clean, safe, comfortable, and attractive manner.
- Keep work/assignment areas free of hazardous objects (i.e. protruding mop/broom handles, unnecessary equipment, supplies, etc.).
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used for cleaning. Refer to manufacturer's instructions when necessary. Use MSDs labels.
- Ensure that established infection control and universal precautions practices are maintained when performing housekeeping procedures.
- Use appropriate personal protective equipment and supplies when handling infectious materials and/or hazardous wastes or chemicals. Dispose of infectious wastes into proper containers as established by our policies.
- Ensure that an adequate supply of housekeeping supplies to perform daily tasks is maintained in utility/janitorial closets.
- Assist others in lifting heavy equipment, supplies, etc., as directed or requested.
- Clean work/supply carts, equipment, etc., as necessary or directed.
- Ensure that equipment is cleaned and properly stored at the end of the shift.
- Perform day-to-day housekeeping functions as assigned.
- Perform specific tasks in accordance with daily work assignments.

- Empty and sanitize ash trays daily. (NOTE: Ash trays must be emptied into appropriate metal containers with self-closing cover devices.)
- Clean/polish furnishings, fixtures, ledges, room heating/cooling units, etc., in resident rooms, recreational areas, etc., daily as instructed.
- Clean, bathrooms, windows, mirrors, recreational areas, and entrance/exit ways. Clean floors, (NOTE: Ensure that appropriate caution/safety signs are properly set up prior to performing such duties.) Clean carpets, walls and ceilings, hallways, stairways and elevators.
- Ensure that work/assignment areas are clean and that equipment, tools, supplies, etc., are properly stored at all times, as well as before leaving such areas for breaks, meal times, and end of the work day.
- Complete staff scheduling and assignments with team members of Environmental Services.
- Orient new employees to his/her job position and duties.
- Turn in all found articles to your supervisor.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8th grade education.
- On-the-job training provided.
- Must be able to read, write, speak, and understand the English language.

***Ararat Nursing Facility***

Job Description #2.16	Title: Environmental Services Aide (Laundry)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04- August 2009

***Purpose of Position:***

To perform all laundry functions to ensure that the facility laundry areas are clean and laundry needs are met.

***Duties and Responsibilities; Environmental Services Aide (Laundry):***

- Perform day to day laundry functions.
- Ensure that an adequate supply of laundry and linen is maintained.
- Pick up dirty linens from linen storage areas and transport (covered) to laundry room as necessary.
- Sort, wash and dry facility linen according to established procedures.
- Remove clean linens from dryer; fold, stack and transport to clean linen storage area according to established facility procedures.
- Clean laundry room, linen storage area, and soiled linen barrels daily according to established facility procedures, including floors, counters, sinks, machines, folding tables, carts, etc.
- Fold, count, stock, hang and distribute clean laundry, linen, garments to residents.
- Report all accidents/incident to the supervisor no matter how minor they may be. Such occurrences must be reported on the shift that they occur.
- Wear and/or use safety equipment and supplies (i.e. back brace, mechanical lifts etc.) when lifting or moving heavy objects.
- Follow all established guidelines regarding safety and sanitation procedures.
- Ensure that work areas are maintained in a clean, safe, and sanitary manner.
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used in the work area.
- Use appropriate universal precautions when handling infectious materials.
- Follow established hand washing procedures.
- Turn in all found articles to your supervisor.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Experience in working in a laundry in another health facility, hospital, or related institution is desirable but not mandatory.
- Ability to maintain a schedule for linen processing on a day-to-day basis.
- Ability to read posted instructions for use of washers and dryer.

***Ararat Nursing Facility***

Job Description #2.17	Title: Environmental Services Team Leader (Laundry)
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 – August 2009

***Purpose of Position:***

To perform the day-to-day activities of the Laundry Department in accordance with current federal, state, and local standards, guidelines, and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a clean, safe and sanitary manner, and that an adequate supply of linen is on hand at all times to meet the needs of the residents.

***Duties and Responsibilities; Environmental Services Team Leader (Laundry):***

- Perform day to day laundry functions.
- Ensure that an adequate supply of laundry and linen is maintained.
- Pick up dirty linens from linen storage areas and transport (covered) to laundry room as necessary.
- Sort, wash and dry facility linen according to established procedures.
- Remove clean linens from dryer; fold, stack and transport to clean linen storage area according to established facility procedures.
- Clean laundry room, linen storage areas and soiled linen barrels daily according to established facility procedures, including floors, counters, sinks, machines, folding tables, carts, etc.
- Fold, count, stock, hang and distribute clean laundry, linen, garments to residents.
- Attend administrative meetings to ensure coordination of activities with facility supervisors.
- Complete scheduling and assignments with team members of Environmental Staff.
- Ensure proper stocking levels of supplies is maintained in laundry/linen closets to meet the daily needs of the residents.
- Report all accidents/incidents to supervisor no matter how minor they may be. Such occurrences must be reported on the shift that they occur.
- Wear and/or use safety equipment and supplies (i.e. back brace, mechanical lifts etc.) when lifting or moving heavy objects.
- Follow all established guidelines regarding safety and sanitation procedures.
- Ensure that work areas are maintained in a clean, safe, and sanitary manner.
- Follow proper techniques when mixing chemicals, disinfectants, and solutions used in the work area.
- Use appropriate universal precautions when handling infectious materials.
- Follow established hand washing procedures.
- Turn in all found articles to your supervisor.
- Attend and participate in appropriate in-service training programs.

- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Experience in working in a laundry in another health facility, hospital, or related institution is desirable but not mandatory.
- Ability to maintain a schedule for linen processing on a day-to-day basis.
- Ability to read posted instructions for use of washers and dryer.

### *Ararat Nursing Facility*

Job Description #2.43	Title: Executive Director
Immediate Supervisor: Chair, Board of Trustees	Original Date: 10/2005 Revision Date: 06/19/07/ May -2008 October 2009

#### ***Purpose of Position:***

To plan, organize, develop and direct the overall operation of the Ararat Nursing Facility (ANF) in accordance with current federal, state, and local standards, guidelines, and regulations and to ensure that the highest degree of quality care, quality life, and quality of services are maintained at all times with the approved budget, policies and procedures.

#### ***Typical Duties and Responsibilities; Executive Director:***

- To develop, implement and maintain job descriptions for all positions in accordance with ADA, OSHA and other applicable laws governing job positions.
- To develop and maintain written policies and procedures which govern the operation and provision of resident centered care services in accordance with regulatory agencies and policies/procedures.
- To recruit, hire, train, supervise and evaluate administration staff and managers in the completion of their organizational responsibilities in accordance with ANF policies, procedures and budget.
- To recruit, supervise and evaluate providers in the performance of contracted duties and obligations.
- To review various consultants' reports and follow up with the recommendations.
- To supervise Accounting system to assure effective and efficient processing of accounts payables, accounts receivables, payroll/employee benefits and trust accounts.
- To establish and maintain a good guest relations program that serves the best interest of Ararat Home and community alike.
- To supervise an effective medical health record system, including proper cataloging of files and information.
- To assure each resident is assessed according to individualized needs utilizing the approved Minimum Data Set (MDS) and appropriate Resident Assessment Profile(RAP).
- To conduct daily clinical and management rounds to observe:
  - a. Resident Centered Care (RCC) Team in their performance.
  - b. Physical plant/equipment/supplies are clean, organized and in good operating order.
  - c. Environment is safe.
  - d. Residents and their relationships with RCC Team.
- To provide leadership training essential for management to effectively carry their responsibilities.
- To plan and implement the operational budgetary process.



- To interpret standards of care and standards of practice to residents, families, public and the RCC Team.
- To enforce resident rights as determined by policies and procedures.
- To interview families/residents in the selection of residents for admission.
- To conduct daily and weekly meetings with administration staff and management to review operations, seek input and assure that goals/objectives are being met.
- To supervise Social Services and Activities to assure that psycho social needs and therapeutic activities are provided.
- To delegate administrative authority, responsibility and accountability to the Department Heads as deemed necessary to perform their assigned duties.
- To serve as liaison to medical staff and direct the entire admission process.
- To assure a stock level of supplies, equipment and medications are maintained adequately at all times.
- To ensure that the RCC Team, residents, families, guests, etc. follow established safety regulations.
- To build and maintain positive relationships with residents, families, team members, and volunteers and board members.
- To develop and direct methods for coordination and monitoring of all RCC Services.
- To develop, direct, implement, and maintain an ongoing Performance Improvement Quality Improvement (PIQI) program.
- To chair the Interdisciplinary Care Team (IDT) Care Conferences to assure that a realistic, measurable and meaningful resident centered care plan is developed and implemented.
- To ensure personnel policies and disciplinary actions by supervising staff are administered fairly and objectively.
- To supervise orientation and staff development of all employees.
- To review all plans of correction for deficiencies noted during survey inspections before a written copy is sent to DHS.
- To review and interpret monthly financial statements.
- To prepare the operational budget based upon the annual needs assessment.
- To delegate authority to administrative and management personnel the responsibility and accountability necessary to perform their assigned duties.
- To build and maintain strong internal organization in which systems, team productivity and morale and team work improve and thrive.
- To conduct performance appraisals.
- To ensure that departmental disciplinary action is administered without regard to race, color, creed, national origin, age, sex, religion, handicap, or marital status.
- To terminate staff in accordance with the disciplinary policies and procedures.
- To assure that all In-Service Programs meet the continuing education requirements which allow licensed and certified personnel to keep their licenses and certifications on an active status.
- To communicate with the Chairman of the Board of Trustees in an effective and efficient manner.

- To attend and participate in professional associations and programs to keep abreast of current regulations and guidelines as well as learn new skills.
- To maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights and Health Insurance Portability and Accountability Act (HIPAA) requirements.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by the Chairman of the Board of Trustees.

***Qualifications:***

- Must possess a Bachelor's Degree from an accredited college or university. Must possess an active Registered Nurse license in California.
- Master's Degree in Health Care Administration is preferred.
- Ability to plan, organize, develop, implement, and monitor systems, programs, goals, objectives, policies and procedures, etc., that are necessary for providing quality resident centered care.
- A minimum of three year of experience in administration/supervision in a health care facility.
- Able to read, write and speak effectively in the English language
- Ability to plan and organize work and co-ordinate input by others.
- Ability to analyze facts and solve problems.
- Ability to lead and maintain an environment of excellence.
- Ability to mentor and coach and make independent decisions when circumstances warrant such action.
- Ability to plan, organize, develop, implement systems, goals and objectives.
- Ability to demonstrate stability under pressure
- Ability to be cost-conscious by making wise use of resources.

*Ararat Nursing Facility*

Job Description #2.18	Title: Food and Nutrition Services Aide
Immediate Supervisor: Dietary Supervisor	Original Date: 06/18/88 Revision Date: 12/31/04

***Purpose of Position:***

To provide assistance in all dietary functions as directed/instructed and in accordance with established dietary policies and procedures.

***Duties and Responsibilities; Food and Nutrition Services Aide:***

- Work with Dietary Supervisor as necessary and implement recommended changes as required.
- Ensure that all dietary procedures are followed in accordance with established guidelines.
- Perform other duties as deemed necessary and appropriate, or as may be directed.
- Serve meals that are palatable and appetizing in appearance.
- Assist in serving meals as necessary and on a timely basis.
- Serve food in accordance with established portion control procedures.
- Assist in daily or scheduled cleaning duties, in accordance with established policies and procedures.
- Clean work tables, meat blocks, refrigerators/freezers, etc.
- Sweep and mop floors as directed.
- Carry soiled utensils, etc., to wash area.
- Return clean utensils to proper storage areas.
- Wash and clean utensils as directed.
- Carry out garbage and keep work areas clean, dry and free of hazardous equipment, supplies, etc.
- Set up meal trays, food carts, dining room, etc., as instructed.
- Assist cook in preparing meals.
- Distribute and collect menus as necessary.
- Obtain food supplies for next meal.
- Assist in checking diet trays before distribution.
- Deliver food carts, trays, etc., to designated areas.
- Transport food in dining rooms as instructed.
- Perform dishwashing/cleaning procedures. Assure that utensils, etc., are readily available for next meal.
- Remove food trays from carts, dining rooms, etc., and take to dishwashing area.
- Prepare and deliver snacks, etc., as instructed.
- Attend and participate in appropriate in-service training programs.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).

- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

### *Ararat Nursing Facility*

Job Description #2.12	Title: Food and Nutrition Supervisor
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 August 2009

#### ***Purpose of Position:***

To plan, organize, develop and direct the overall operation of the Food and Nutrition (Dietary) Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, to assure that quality nutritional services are provided on a daily basis and that the dietary department is maintained in a clean, safe, and sanitary manner.

#### ***Typical Duties and Responsibilities; Food and Nutrition Supervisor:***

- Make written and oral reports to the Administrator concerning the operation of the Food and Nutrition Department.
- Keep abreast of economic conditions/situations and make written or oral reports to the Administrator to make adjustments in dietary services that assure the continued ability to provide daily dietary services.
- Prepare meal menus and plan modifications as required by diet orders with guidance from the Dietician.
- Purchase food and supplies according to the dietary budget. Maintain a record of expenditures, and deliveries, meal count and other pertinent records.
- Supervise preparation and service of food. Ensure that dietary service work areas are maintained in a clean and sanitary manner.
- Complete necessary forms, reports, evaluations, studies to assure control of equipment and supplies.
- Report accident/incident reports to the In-service Educator within twenty-four (24) hours of their occurrence.
- Participate in the selection of personnel, orient, terminate and conduct performance evaluations of dietary personnel.
- Coordinate dietary services activities with all related departments (i.e. RCC team).
- Prepare work schedule, conduct staff meetings and in-service education.
- Make daily rounds. Visit with residents to evaluate the quality of meals served, likes and dislikes, etc.
- Assist in developing resident's comprehensive plan of care. Update as scheduled and necessary.
- Attend and participate in facility meetings such as care plan, PIQI etc.
- Review and develop a plan of correction for dietary deficiencies noted during survey inspections and provide a written copy of such to the Executive Director.
- Attend meetings, in-service education and continue professional growth to maintain license on a current status through current literature and attendance of workshops and seminars.

- Maintain employee's personnel records. Assure all personnel follow established departmental policies and procedures, including appropriate dress codes, fire safety and disaster preparedness drills.
- Maintain the confidentiality of personnel as well as all resident care information. Comply with Resident Rights and HIPAA requirements.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency condition (i.e. severe weather, evacuation, post-disaster, etc.)
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, a high school diploma. Be a graduate of an accredited course in dietetic training approved by the American Dietetic Association.
- Must have, as a minimum, 2 year(s) experience in a supervisory capacity in a hospital, skilled nursing care facility, or other related medical facility.

***Ararat Nursing Facility***

Job Description #2.39	Title: Guest Relations Coordinator
Immediate Supervisor: Executive Director	Original Date: 5/31/05 Revision Date: August 2009/ October 2011

***Purpose of Position:***

To implement the guest relations program and perform clerical support in an efficient manner in accordance with established procedures, and as directed by the Executive Director.

***Duties and Responsibilities; Guest Relations Coordinator:***

- Greet visitors. Direct to the appropriate office and/or resident room.
- Give directions/information to visitors, guests, residents, sales representatives, etc.
- Offer hospitality services to visitors waiting for administrative personnel, as appropriate.
- Report suspicious persons/information to supervisor immediately.
- Operate paging/telephone system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or services.
- Receive request from within the facility and locate personnel through paging system.
- Maintain a current file/listing of residents by name and room number, emergency phone numbers of on-call personnel, department extensions, key personnel, etc.
- Receive, sort, and distribute mail as directed.
- Operate copier, office machines, etc., as directed.
- Operate computer as directed.
- Maintain Resident's ID bands as requested.
- Prepare clothing Labels upon admission and when requested.
- Arrange resident's personal telephone requests.
- Participate in PIQI Activities.
- Prepare TARs.
- Verify medical eligibility status of residents upon admission.
- Assist with administrative duties as directed. (Includes typing, filing, posting accounts, etc.)
- Follow all established safety procedures and precautions when operating office equipment.
- Report equipment malfunctions or breakdowns to supervisor as soon as possible.
- Use office supplies in an efficient manner to avoid waste.
- Ensure that work/assignment areas are neat, clean, and office equipment is covered before leaving such areas on breaks, end of work day, etc.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.

- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- High School diploma.
- Must be able to read, write, speak, and understand the English language.
- Computer and telephone proficiency preferred.



### *Ararat Nursing Facility*

Job Description #2.19	Title: Information Systems Nurse
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04-May 2007 Revision Date: 07/22/08

#### ***Purpose of Position:***

To process assigned information through an electronic system of computers and related equipment in an efficient manner, and in accordance with ANF's established policies and procedures.

#### ***Duties and Responsibilities; Information Systems Nurse:***

- Assist in planning, developing, organizing, implementing and evaluating the facility's Information System.
- Assist in developing and maintaining written policies and procedures that govern the computer and data processing functions of the facility. Review computer and data processing policies and procedures, at least annually, and make recommendations to the Executive Director.
- Run monthly cycles of all orders.
- Enter all orders.
- Train personnel involved in computer and data processing functions.
- Prepare assigned information for input into the computer systems. Log in-coming documents as directed. (i.e., number, date, time, assign batch totals, etc.)
- Make written and oral reports/recommendations to the Executive Director concerning computer and data processing functions.
- Ensure that computer software is handled, guarded and stored in accordance with recommended regulations and guidelines for such equipment.
- Participate in departmental meetings.
- Attend and participate in workshops, seminars, etc., to keep abreast of current changes in the long-term care field, as well as to maintain a professional status in computer technology, and software.
- Report needs to supervisor.
- Follow established safety procedures when using computer/data processing equipment and supplies.
- Correct and repair I.S. problems. Call for I.T. support as necessary.
- Carry out the typing duties of Nursing Administration.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain confidentiality of personnel as well as resident care information.
- Any other duties assigned by supervisor.

***Qualifications:***

- Minimum 5 years of long term care experience as Team Leader C.N.A. or R.N.A. Team Leader.
- Minimum two years of LVN or RN experience in long term care (preferred).
- Must demonstrate computer literacy.

### *Ararat Nursing Facility*

Job Description #2.20	Title: In-Service Educator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04- August 2009

#### ***Purpose of Position:***

To plan, organize, develop, and direct all in-service educational programs throughout all departments in the facility in accordance with current applicable federal, state, and local standards, guidelines and regulations, and as may be directed by the Executive Director, to assure that the highest degree of quality resident care can be maintained at all times.

#### ***Duties and Responsibilities; In-Service Educator:***

- Develop, evaluate and control the quality of in-service educational programs in accordance with established policies and procedures.
- Secure, develop and maintain records, reports, instructional manuals, reference materials, etc., pertinent to in-service educational programs.
- Perform administrative requirements such as completing necessary forms, reports, class attendance and subject records, etc.
- Make written and oral reports/recommendations to the Executive Director concerning in-service training programs.
- Develop, schedule, and lead orientation programs that orient newly hired personnel to their position for all services.
- Ensure that copies of lesson plans, instructor's qualifications, etc., are filed in accordance with the facility's policies and procedures and regulatory mandates.
- Process documentation of accidents and incidents and any other occurrences in accordance with the facility's workers' compensation policy and procedures.
- Ensure that individual employee training records are maintained and filed in the employee's educational record.
- Complete CNA performance appraisals.
- Participate in performance appraisals as directed.
- Attend and participate in meetings as required by supervisor.
- Attend and participate in continuing educational programs designed to keep abreast of changes in profession, and to maintain license.
- May work other than normal working hours and on weekends and holidays when necessary, as well as in other positions as needed.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintains confidentiality of personnel as well as resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess, as a minimum an active LVN license in the state California.
- State DSD certification is required.
- Must have, as a minimum, 2 year(s) experience in long term care.
- Must possess skills in leadership, supervision, communication, training critical thinking and problem solving.

*Ararat Home of Los Angeles*

Job Description #2.45	Title: Maintenance Department Clerk
Immediate Supervisor: Plant Manager	Original Date: 06/27/10 Revision Date:

***Purpose of Position:***

To assist the Plant Manager to maintain accurate records and perform clerical support in an efficient manner in accordance with established procedures of the maintenance department , and as directed by the Plant Manager.

***Duties and Responsibilities; Maintenance Department Clerk:***

- Operate paging/telephone system as required.
- Answer telephone; determine nature of call and assist as necessary.
- Receive request from within the facility and locate personnel through paging system.
- Update and inform Plant Manager of all pertinent information. (i.e. follow-up calls).
- Keep a current record of all insurance permits (boiler equipment, compressor, pressure vessel, char broilers, emergency generator, etc.).
- Maintain an accurate and accessible account of records for the review of State Surveyors, Fire Inspectors, Health and Safety Inspectors, etc.
- Update and maintain information on contract records of supply houses, manufacturers, and warranty policies. etc.
- Keep a current record of transactions/agreements with various outside and in-house parties.
- Communicate with departments in regards to invoices and deliver authorized payables (signed by the Plant Manager).
- Maintain communication on e-mail, inter-office correspondences. Convey all necessary messages to Plant Manager of all and any issues.
- Maintain a current file/listing of residents by name and room number, emergency phone members of on-call personnel, department extensions, key personnel, etc.
- Receive, sort, and distribute mail as directed.
- Pick up parts from various locations as necessary (document pick up and drop offs).
- Operate copier, office machines, etc., as directed.
- Operate computer as directed.
- Follow all established safety procedures and precautions when operating office equipment.
- Report equipment malfunctions or breakdowns to supervisor as soon as possible.
- Use office supplies in an efficient manner to avoid waste.
- Ensure that work/assignment areas are neat, clean, and office equipment is covered before leaving such areas on breaks, end of work day, etc.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.

- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- High School diploma.
- Must be able to read, write, speak, and understand the English language.
- Computer and telephone proficiency preferred.

***Ararat Nursing Facility***

Job Description #2.21	Title: Maintenance Services (Mechanical Technician HVAC Specialist)
Immediate Supervisor: Plant Manager	Original Date: 06/18/88 Revision Date: 12/31/04

***Purpose of Position:***

To ensure and maintain proper operation of the machinery and mechanical equipment specifically the HVAC system.

***Duties and Responsibilities; Maintenance Services (Mechanical Technician HVAC Specialist):***

- Heating and Air Conditioning: Inspects all air conditioning units, makeup air, exhaust fans and boilers. Maintains constant temperature as necessary throughout the facility. Monitors and maintains proper operation of the cooling tower and all heat pumps. Lubricate, changes belts, and fluids as necessary on all units.
- Assist in planning and making revisions to existing HVAC systems, renovations and special projects.
- Plumbing: maintain proper hot water temperature throughout facility.
- Locate sources of problems and remove defective parts. Determine changes in dimensional requirements of parts. Adjust functional parts of devices and control instruments. Fabricates repair parts. Maintains equipment, parts and supplies inventories.
- Monitor and control the building's temperature, humidity, and energy levels through the use of the building automation systems.
- Develop a working knowledge of in house mechanical, electrical, and plumbing.
- Perform preventative maintenance procedures, lubrication instructions, and maintenance schedule for all mechanical equipment, and plumbing.
- Maintain, troubleshoot and give instruction on repairs, plant electrical/mechanical systems such as boiler, and cooling towers.
- Investigate service requests and ensure proper response.
- Perform preventive maintenance for all mechanical equipment, and plumbing.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Ability to work overtime or special days based on work requirements. Respond to any emergencies at nights as needed for heating/ air conditioning, fire alarm, and plumbing.
- Demonstrates knowledge of HVAC System.



***Ararat Nursing Facility***

Job Description #2.22	Title: Maintenance Services (Mechanical Technician Apprentice)
Immediate Supervisor: Plant Manager	Original Date: 06/18/88 Revision Date: 12/31/04

***Purpose of Position:***

To assist in the operations of building maintenance, fire and safety issues.

***Duties and Responsibilities; Maintenance Services (Mechanical Technician Apprentice):***

- Perform tests to smoke and duct detectors, manual pull stations, and emergency generator.
- Provide limited service to elevators and respond to all emergency calls.
- Adjust and repair fire doors, closers, actuators, and door locks as needed.
- Clean all floor/storm drains.
- Perform tenant improvement when a room is vacant. This includes repair/replacement of faucets, toilets, door lock mechanism, light fixtures, patch and paint throughout the facility as needed.
- Develop working knowledge of in house mechanical, electrical, plumbing, fire sprinkler and control systems.
- Perform preventative maintenance procedures, lubrication instructions and maintenance schedule for all mechanical equipment, plumbing and fire sprinkler systems.
- Investigate service requests and insure proper response.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information and personnel information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Ability to work overtime or on special days based on work requirements. Respond to any emergencies at nights as needed.
- Demonstrate knowledge of fire and safety maintenance.

***Ararat Nursing Facility***

Job Description #2.44	Title: Medical Director
Immediate Supervisor: Board of Directors	Original Date: 02/16/10 Revision Date:

***Purpose of Position:***

Ararat Nursing Facility shall retain a qualified physician as its medical director to coordinate medical care and to help identify, create, implement and review resident care policies.

***Duties and Responsibilities; Medical Director;***

- Clarify physician responsibilities in the following:
  - Accepting responsibility for each resident's care
  - Supporting resident transfers/discharges
  - Making at least once a month clinical visits
  - Providing appropriate care
  - Providing adequate coverage
  - Providing appropriate and timely medical orders
  - Providing appropriate and timely and pertinent documentation
- Help develop policies and procedures related to resident care and regulatory compliance.
- In conjunction with the staff, identify clinical conditions and risks pertinent to facility population (i.e. ADR, fall risks, decline in function and medical status exacerbation of heart failure, etc...).
- Educate staff about Geriatrics practices and help incorporate such information into standards of practice.
- Guide nursing team/management about when to contact him.
- Intervene directly in the care of other physician's residents or give orders if another physician's performance is considered to be jeopardizing the residents' life, health or safety.
- Attend PIQI (Performance Improvement Quality Improvement meetings by:
  - Reviewing the PIQI program and its activities
  - Acting upon quality of care and quality of life issues
  - Advising staff about clinical risk management (i.e. falls, med errors, and ADR's)
  - Reviewing monitored data and helping identify address trends, failures and root causes
  - Advising management on employee health and infection control issues
  - Addressing underlying causes of survey deficiencies

#### Reviewing quality indicators/measures and thresholds

- Conduct clinical rounds with the Director of Clinical Services and discuss resident care issues as presented at IDT (Interdisciplinary Care Conferences) meetings.
- Periodically, meet with Executive Director/Administrator to discuss issues of mutual interest and concern related to quality care and quality of life of residents
- Be available during annual surveys to consult and help respond to surveyor questions about medical care and physician issues.

#### *Qualifications:*

- Current MD License in the state of California
- Minimum 5 years in Geriatric or Long Term Care
- AMDA Certificate is preferred

***Ararat Nursing Facility***

Job Description #2.23	Title: Medical Records
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 May 2011

***Purpose of Position:***

To maintain medical records in accordance with federal and state guidelines, as well as in accordance with established policies and procedures, to assure that a complete medical records program is maintained.

***Duties and Responsibilities; Medical Records:***

- Receive and follow work schedule/instructions from the supervisor and as outlined in facility established policies and procedures.
- Develop and maintain a good working rapport with inter-department personnel, as well as other departments within the facility, to assure that medical records can be properly maintained and accessed.
- Collect, assemble, check and file resident charts as required.
- Ensure that incomplete records/charts are returned to nursing service for correction.
- Assist in developing procedures to ensure records are properly completed, coded, signed, indexed, etc., before filing.
- Establish a procedure to ensure charts/records do not leave the section except as authorized in facility policies and procedures.
- Maintain a record of authorized information taken from charts/records, i.e., type information, name of recipient, date, department, etc.
- Abstract information from records as authorized/required for insurance companies, Medicare, Medicaid, VA, etc.
- Maintain the register for admission and discharge of residents.
- Collect charts, assemble them in proper order, and inspect them for completion.
- Purge medical records files on a yearly basis.
- Perform miscellaneous duties pertaining to medical records and assist business office personnel as required/directed.
- Assist in admission, transfer and discharge procedures as necessary.
- Answer telephone inquiries concerning medical records functions.
- Retrieve medical records when requested by authorized personnel (i.e., physicians, nurses, government agencies and personnel, etc.)
- Assure that medical records taken from the department are signed out and signed in upon return to the department.
- File active and inactive records in accordance with established policies.
- Other related duties and responsibilities that may become necessary or appropriate to meet the administrative needs of the facility.
- Perform secretarial duties as directed.

- Collect and assemble/compile records for committee review, as requested, and prepare reports for staff/other committees as directed.
- Attend and participate in workshops, seminars, etc., to keep abreast of current changes in the health care field as approved.
- Report all unsafe/hazardous conditions, defective equipment, breakdowns etc., to the supervisor immediately.
- Ensure supplies have been replenished in work areas as necessary.
- Assure that work/assignment areas are clean and records, files, etc., are properly stored before leaving such areas on breaks, end of work day, etc.
- Assure that medical charts are stored under lock and key.
- Attend and participate in meetings as necessary and as directed.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess, as a minimum, a high school diploma.
- On-the-job training provided in medical record procedures.
- Must be able to read, write, speak, and understand the English language.
- Must possess the ability to deal tactfully with personnel, residents, visitors and the general public.
- Must be knowledgeable of medical terminology.

### *Ararat Nursing Facility*

Job Description #2.42	Title: Modified Duty (CNA & Activities)
Immediate Supervisor: Executive Director	Original Date: 10/16/06 Revision Date: May -2007

#### ***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

#### ***Duties and Responsibilities; Modified Duty (CNA & Activities);***

- Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.
- Ensure that all facility policies and procedures are followed in accordance with established guideline.
- Serve meals, pass water, and nourishment.
- Feed residents per Resident Care Coordinators/supervisors instructions.
- Provide wheelchair rides from dining room to patio/outside, from room to dining room.
- Operate nursing call light system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or department.
- Provide small group activities as instructed i.e. reading, storytelling, reminiscence, olfactory stimulation, sensory olympics, card games, backgammon.
- Conduct PIQI as delegated: Monitor denture cups, residents' nails, magnetic alarms, and thickened liquids.
- Ensure that work/assignment areas are neat, clean.
- Assist co-workers within your modified duty limitations as instructed by the supervisor.
- Clean activity items (i.e. toys, dolls etc.).
- Report all accidents/incidents and any unusual occurrences immediately as established by department policies.
- Attend and participate in appropriate in-service training programs.
- May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor within your modified duty limitations.

#### ***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

*Ararat Nursing Facility*

Job Description #2.37	Title: Modified Duty (Dietary)
Immediate Supervisor: Administrator	Original Date: 01/25/05 Revision Date: August 2009

***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

***Duties and Responsibilities; Modified Duty (Dietary);***

Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.

Ensure that all dietary procedures are followed in accordance with established guideline.

Prepare food in accordance with sanitary regulations as well as facility established policies and procedures.

Check storage, freezer, and refrigerators to assure all leftovers are properly labeled and dated. Dispose of food in accordance with established guidelines.

Set-up meal trays with napkins, utensils, diet cards, salt, pepper etc. as instructed.

Prepare and cover fluids as instructed for the following shift and place them in designated refrigerators.

Prepare milkshakes, Ararat recipes, sandwiches, and applesauces's and place them in designated refrigerators.

Review menus for the following day and assist co-workers by chopping, washing, items that may be prepared ahead of time. Ensure proper labeling of these items.

Assist co-workers in preparation of meals within your modified duty limitations as instructed by the supervisor.

Report all accidents/incidents immediately as established by department policies.

Attend and participate in appropriate in-service training programs.

May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.

Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).

Maintain the confidentiality of all resident care information.

Any other duties assigned by supervisor within your modified duty limitations.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.



*Ararat Nursing Facility*

Job Description #2.38	Title: Modified Duty (Environmental Services)
Immediate Supervisor: EVS Team Leader	Original Date: 02/02/05 Revision Date: August 2009

***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

***Duties and Responsibilities; Modified Duty (Environmental Services);***

Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.

Ensure that all environmental service procedures are followed in accordance with established guideline.

Clean with designated cleaning solutions all hand rails throughout the facility as assigned.

Clean toilet bowls with designated disinfectants and brush throughout the facility as assigned.

Follow all safety and infection control policies and procedures.

Report to the immediate supervisor all accidents/incidents immediately as established by department policies.

Attend and participate in appropriate in-service training programs.

May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.

Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).

Maintain the confidentiality of all resident care information.

Any other duties assigned by supervisor within your modified duty limitations.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

### *Ararat Nursing Facility*

Job Description #2.40	Title: Modified Duty (RCC Team)
Immediate Supervisor: Director of Clinical Services	Original Date: 08/09/05 Revision Date:

#### ***Purpose of Position:***

To allow a work related injured employee to perform assigned tasks that allow them to continue medical recovery while returning to work.

#### ***Duties and Responsibilities; Modified Duty (RCC Team);***

- Stop work and report immediately any discomfort or pain during the time of duty to the supervisor.
- Ensure that all facility policies and procedures are followed in accordance with established guideline.
- Operate nursing call light system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or department.
- Receive request from within the facility and locate personnel through paging system.
- Ensure that work/assignment areas are neat, clean.
- Assist co-workers within your modified duty limitations as instructed by the supervisor.
- Assist in feeding residents as assigned.
- Conduct therapeutic activities to residents by (playing cards, backgammon, ball toss, etc.).
- Copy and file as assigned by your supervisor.
- Prepare and pass fresh water to residents.
- Clean activity items (i.e. toys, dolls etc.).
- Clean and dust designated nursing stations drawers, and chart racks.
- Assist in the transportation of wheelchairs on weekly basis for deep cleaning.
- Report all accidents/incidents immediately as established by department policies.
- Attend and participate in appropriate in-service training programs.
- May work other than normal working hours to accommodate for modified duty and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor within your modified duty limitations.

#### ***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education.

### *Ararat Nursing Facility*

Job Description #2.24	Title: Nurse Supervisor
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – 06/01/04 May – 2007/ August 2009

#### ***Purpose of Position:***

To supervise the day-to-day nursing activities of the facility during duty of shift. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern facility, and as may be required by the Director of Clinical Services, to ensure that the highest degree of quality care is maintained at all times.

#### ***Duties and Responsibilities; Nurse Supervisor:***

- Make written and oral reports/recommendations to the Director of Clinical Services as necessary/required concerning the operation of the nursing service department.
- Coordinate nursing services with other resident services to ensure the continuity of the residents' total regimen of care.
- Participate in facility surveys (inspections) made by authorized government agencies as requested by the Director of Clinical Services.
- May cover responsibilities of a Resident Care Coordinator.
- Admit, transfer, and discharge residents as required.
- Complete accident/incident reports as necessary.
- Perform administrative duties such as completing medical forms, end of shift reports, evaluations, studies, charting, etc., as necessary.
- Attend and provide information to various committee meetings (i.e. PIQI) of the facility as assigned by Director of Clinical services.
- Develop work assignments, and/or assist in completing and performing such tasks.
- Conduct clinical rounds.
- Ensure that all nursing service personnel are performing their work assignments in accordance with acceptable standards of care and practice.
- Meet with shift personnel on a regularly scheduled basis to assist in identifying and correcting problem areas and/or to assist in the improvement of services.
- Participate in employee performance evaluations, determining your shift's staffing requirements, and making recommendations to the Director of Clinical Services concerning employee dismissals, transfers, etc.
- Inform nursing service personnel of new admissions, their expected time of arrival, room assignment, etc.
- Make rounds with physicians as necessary.
- Visit residents on a daily basis in order to observe and evaluate each resident's physical and emotional status.
- Review nurses' notes to ensure that they are informative and descriptive of the

- nursing care being provided, that they reflect the resident's response to the care, and that such care is provided in accordance with the resident's wishes.
- Provide direct nursing care as necessary.
  - Assist the Resident Care Coordinator in monitoring seriously ill residents.
  - Ensure that all staff complies with written policies and procedures.
  - Review medication cards for completeness of information, accuracy in the transcription of physician orders, and adherence to stop order policies.
  - Inspect the nursing service treatment areas daily to ensure that they are maintained in a clean and safe manner.
  - Ensure that residents who are unable to call for help are checked frequently.
  - Meet with residents, and/or family members, as necessary.
  - Ensure that nursing service work areas (i.e., nurses' stations, medicine preparation rooms, etc.) and resident care rooms are maintained in a clean and sanitary manner.
  - Ensure that an adequate stock level of medications, medical supplies, equipment, etc., is maintained on premises at all times to meet the needs of the resident's.
  - Monitor nursing procedures to ensure that nursing service supplies are used in an efficient manner to avoid waste.
  - Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
  - Maintain the confidentiality of all resident care information.
  - May work other than normal working hours and on weekends and holidays when necessary.
  - Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
  - Any other duties assigned by supervisor.

***Qualifications:***

- Must have, as a minimum, 2 year(s) of experience as a supervisor in a hospital, long-term care facility, or other related health care facility.
- Must possess a current, active license to practice as an RN in the state of California.
- Must possess the ability to make independent decisions when circumstances warrant such action.

Non-active Jan 2012

*Ararat Nursing Facility*

Job Description #2.25	Title: Physical Therapy Aide, Senior Team Leader
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/ August 2009

***Purpose of Position:***

To assist in the activities of the RNA team, and organize restorative care services, as well as its programs and activities, in accordance with current rules, regulations, and guidelines that govern the long-term care facility.

***Duties and Responsibilities; Physical Therapy Aide Senior Team Leader:***

- To perform restorative nursing procedures that maximize the resident's existing abilities, emphasize independence, and minimize the negative effects of disability with an attitude of realistic optimism under the supervision of Executive Director.
- Assist and participate in the PIQI committee in developing, implementing, and maintaining an ongoing quality assurance program, and action to correct any identified deficiencies for restorative care services.
- Maintain a current file of residents treated, treatment records, resident files, and progress notes as required.
- Make written and oral reports/recommendations to Executive Director as necessary/required, concerning restorative care services.
- Participate in the development and implementation of resident assessments (MDS) and care plans, including quarterly reviews, as they relate to restorative care.
- Instruct, supervise, and reassure resident before and during restorative therapy. Remaining alert for resident safety during any/all therapy or treatments.
- Ensure that all restorative care notes are informative and descriptive of the treatment provided and of the resident's response to the care.
- Orient new employees to his/her job position and duties.
- Ensure that the therapy area is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services. Recommend to the Executive Director the equipment and supply needs of the department.
- Ensure that all personnel operate equipment in a safe manner and supplies are used in an efficient manner to avoid waste.
- Assist in developing restorative care plans for individual residents in coordination and conjunction with the resident assessment (MDS). Participate in the development and implementation of care plans, including quarterly reviews.
- Prepare and complete work schedules and assignments with team members of Restorative Services.
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- **Non-active-Jan 2012**

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- Attend and participate in, workshops, in-service training seminars, to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, an 8<sup>th</sup> grade education or its equivalent. (High school diploma is preferred).
- Minimum 2 years of CNA experience. Must be able to read, write, speak, and understand the English language.

*Ararat Nursing Facility*

Job Description #2.26	Title: PIQI Nurse
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – 02/27/07 February 2011- November 2011

***Purpose of Position:***

To assist Resident Care Coordinator in providing direct nursing care by implementing Performance Improvement and Quality Improvement activities in with current applicable federal, state, and local standards, guidelines and regulations, and as may be directed by the Executive Director, to assure that the highest degree of continuous quality resident care and safety can be maintained at all times.

***Duties and Responsibilities; PIQI Nurse:***

- Conduct clinical rounds to assure that resident rights are implemented.
- Meet with Resident Care Coordinator to support the team in planning the shift's services
- Ensure that an adequate supply of floor stock medications, supplies and equipment are on hand.
- Ensure that E-Kits are accurate and documentation complete.
- Make observations and notify the resident's attending physician and next of kin when there is a change in the resident's condition.
- Monitor nursing procedures to assume that resident care standards are implemented.
- Follow up with pharmacy consultant's recommendations.
- Report and investigate all allegations of resident abuse.
- Participate in annual surveys.
- Assure all laboratory tests and results are completed on a timely manner.
- Assist in developing and implementing appropriate plans and follow-up actions to correct identified deficiencies related to resident care.
- Monitor the in house Quality Indicators and report results to Director of Clinical Services.
- Maintain tracking systems and report outcome.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Participate in meetings as directed. Attend other committees of the facility as directed by Executive Director.
- May work other than normal working hours and on weekends and holidays when necessary to provide resident care.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintain the confidentiality of all resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess, as a minimum, a current LVN license in the state of California.
- Minimum two years of experience as a LVN in long term care.



### *Ararat Nursing Facility*

Job Description #2.27	Title: Plant Manager
Immediate Supervisor: Board of Directors	Original Date: 06/18/88 Revision Date: 12/31/04 – May 2008

#### ***Purpose of Position:***

To plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state and local standards, guidelines, and regulations governing the facility, and as may be directed by the Administrator, to assure that the facility is maintained in a safe and comfortable manner.

#### ***Duties and Responsibilities; Plant Manager:***

- Plan, develop, organize, implement, evaluate, and direct the Maintenance Department, its programs and activities.
- Develop and maintain written maintenance policies and procedures.
- Assist the maintenance staff in the development and use of departmental policies, procedures, equipment, supplies, etc.
- Review the department's policies, procedure manuals, job descriptions, etc., at least annually for revisions and make recommendations to the Administrator.
- Interpret the department's policies and procedures to employees, residents, visitors, government agencies, etc.
- Coordinate maintenance services and activities with other related departments.
- Make written /oral reports/recommendations to the Administrator as necessary/required concerning the operation of the Maintenance Department.
- Assist in establishing a preventive maintenance program.
- Submit accident/incident reports to the In- Service Educator and Business Office within twenty-four (24) hours after their occurrence.
- Participate in facility surveys (inspections) made by authorized government agencies.
- Review and develop a plan of correction for maintenance deficiencies noted during survey inspections and provide a written copy of such to the Administrator.
- Keep abreast of economic conditions/situations and recommend to the Administrator adjustments in maintenance services that assure the continued ability to provide a clean, safe and comfortable environment.
- Perform administrative duties such as completing necessary forms, reports, evaluations, studies, etc., to assure control of equipment and supplies.
- Ensure that outside services are properly supervised in accordance with contracts/work orders.
- Delegate a responsible staff member to act on your behalf when you are absent from the facility.

- Attend and participate in department head meetings, PIQI or other meetings as directed.
- Determine departmental staffing requirements necessary to meet the maintenance department's needs. Assist in the recruitment, interviewing, and selection of maintenance personnel. Maintain maintenance personnel records.
- Schedule department work hours (including vacation and holiday schedules), personnel, work assignments, etc., to expedite work.
- Counsel/discipline maintenance personnel as requested or as necessary.
- Provide complaint/grievance reports to the Administrator as required or as may be necessary.
- Conduct departmental performance evaluations in accordance with the facility's policies and procedures.
- Make daily rounds to assure that maintenance personnel are performing required duties and to assure that appropriate maintenance procedures are being rendered to meet the needs of the facility.
- Supervise safety and fire protection and prevention programs by inspecting work areas and equipment at least weekly.
- Ensure that maintenance personnel follow established safety regulations in the use of equipment and supplies and universal precautions at all times.
- Assist in preparing and planning the Maintenance Department's budget for equipment, supplies, and labor and submit to the Administrator for review, recommendations, and approval.
- Maintain current written records of department expenditures and assure that adequate financial records and cost reports are submitted to the Administrator upon request or as necessary.
- Make weekly inspections of all maintenance functions to assure proper operation on an ongoing basis, including structures, roofs, parking lots, fire protection system and all utilities systems.
- Be prepared to handle emergencies.
- Maintain the upkeep of the entire facility inside and outside, including lighting and parking. Evaluate suitability of areas as for air circulation, lighting, and safety.
- Monitor various contracts with outside vendors such as ground keeping, building maintenance, janitorial, water treatment, and air conditioning for continuous compliance of written agreements.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information and personnel information.
- Chair Safety Committee.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (i.e. severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess, as a minimum, a 8th grade education or its equivalent.
- Must have, as a minimum, 2 year(s) experience in a supervisory capacity, in all aspects of facility maintenance i.e. electrical, plumbing, HVAC, landscaping etc.
- Must be knowledgeable about boilers, compressors, generators, etc., as well as various mechanical, electrical and plumbing systems.
- Must have the ability to read and interpret blueprints.
- Must be knowledgeable in building codes and safety regulations.
- Must possess the ability to make independent decisions when circumstances warrant such action.

### *Ararat Nursing Facility*

Job Description #2.09	Title: RCC Coordinator
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007 May 2011

#### ***Purpose of Position:***

To provide direct nursing care to the residents, and to supervise the day-to-day care giver activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Clinical Services or Nurse Supervisor to ensure that the highest degree of quality care is maintained at all times.

#### ***Duties and Responsibilities; RCC Coordinator:***

- Meet with assigned nursing staff, support personnel, in planning the shifts' services, programs, and activities.
- Ensure that the Nursing Service Procedures Manual is current and reflects the day-to-day nursing procedures performed by personnel in this facility.
- Cooperate with other resident services when coordinating nursing services to ensure that the resident's total regimen of care is maintained.
- Participate in the facility's quality assurance program for the nursing service department.
- Participate in facility surveys (inspections) made by authorized government agencies as may be requested.
- Admit, transfer, and discharge residents as required. Complete all necessary forms.
- Perform administrative duties such as completing medical forms, reports, evaluations, studies, charting, etc., as necessary.
- Administer medications to residents safely and responsibly.
- Chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the resident's response to the care.
- Fill out and complete accident/incident reports. Submit to Director as required.
- Ensure that an adequate supply of floor stock medications, supplies, and equipment are on hand. Report needs.
- Ensure that narcotic records are accurate for the areas of responsibility at the beginning and end of shift. Any discrepancy is to be reported immediately to supervisor.
- Participate in employee performance evaluations.
- Report absentee to appropriate personnel.
- Make daily rounds of station, provide leadership to nursing personnel.
- Receive/give the nursing report upon reporting in and ending shift duty hours.
- Make rounds and follow-up with physicians as necessary.
- Notify the resident's attending physician and next-of-kin when there is a change in the resident's condition.

- Provide basic nursing care.
- Inform family members of the death of the resident.
- Ensure that all personnel wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Monitor nursing procedures to ensure that nursing service supplies are used in an efficient manner to avoid waste.
- Review care plans daily to ensure that appropriate care is being rendered. Inform the Resident Care Planner of any changes that need to be made on the care plan.
- Ensure that nurses' notes reflect that the care plan is being followed when administering nursing care or treatment.
- Review resident care plans for appropriate resident goals, problems, approaches, and revisions based on nursing needs.
- Schedule and monitor performance of CNAs assigned.
- Monitor nursing care to ensure that all residents are treated fairly, and with kindness, dignity, and respect.
- Report and investigate all allegations of resident abuse and/or misappropriation of resident property.
- Ensure that nursing staff personnel honor the resident's refusal of treatment request.
- Attend and participate in continuing education programs designed to keep you abreast of changes in profession, as well as to maintain your license on a current status.
- May work other than normal working hours and on weekends and holidays when necessary, as well as in other positions as needed.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Maintains confidentiality of personnel as well as resident care information.
- Any other duties assigned by supervisor

***Qualifications:***

- Must possess a current, active license to practice as an RN or /LVN in the state of California.
- Must be able to read, write, speak, and understand the English language.

### *Ararat Nursing Facility*

Job Description #2.06	Title: RCC/Resident Care Planner
Immediate Supervisor: Administrator	Original Date: 06/18/88 Revision Date: 12/31/04 – May – 2007- Feb - 2011

#### ***Purpose of Position:***

To provide direct care to residents and to conduct and coordinate the development and completion of the resident care plan in collaboration with Interdisciplinary Team in accordance with current rules/regulations/guidelines that govern MDS 3.0/CATS and collaboration with Interdisciplinary Team.

#### ***Duties and Responsibilities; RCC/Resident Care Planner***

- Meet with assigned nursing team to support personnel in planning resident centered care plans.
- Maintain and periodically participate in written policies and procedures that govern the development, use, and implementation of the care plan.
- Work with the Interdisciplinary Care Plan Team in the timely development of a comprehensive resident centered assessment and care plan for each resident.
- Participate in facility surveys (inspections) made by authorized government agencies.
- Serve on, participate in, and attend various other committees of the facility as assigned. Provide written and/or oral reports of the resident assessment/care plan functions as requested or directed by committees or supervisor.
- Work with the Interdisciplinary Care Plan Team in developing a comprehensive care plan for each resident.
- Develop in a timely manner a written plan of care (preliminary and comprehensive) for each resident that identifies the problems/needs of the resident, indicates the care to be given, goals to be accomplished, and which professional service is responsible for each element of care.
- Meet with families to identify resident's life style issues/needs for the initiation of an individualized care plan.
- Inform all assessment team members of the requirements for accuracy and completion of the resident care plan.
- Assist the nursing staff in encouraging the resident and his/her family to participate in the development and review of the resident's plan of care.
- Conduct weekly clinical rounds with the psychiatrist and communicate the effectiveness of Behavioral Management Interventions as identified at IDT meetings.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Assist Resident Assessment Coordinator with CATs (Care Area Triggers) completion.

- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a current, active license to practice as a LVN in the state of California.
- Must have, as a minimum, 2 year(s) of experience as a charge nurse in a hospital, long-term care facility, or other related health care facility.

### *Ararat Nursing Facility*

Job Description #2.29	Title: Receptionist
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/August 2009

***Purpose of Position:***

To perform clerical support in an efficient manner in accordance with established procedures, and as directed by your supervisor.

***Duties and Responsibilities; Receptionist:***

- Operate paging/telephone system as required.
- Answer telephone; determine nature of call and direct caller to appropriate individual or department.
- Receive request from within the facility and locate personnel through paging system.
- Maintain a current file/listing of residents by name and room number, emergency phone numbers of on-call personnel, department extensions, key personnel, etc.
- Greet visitors. Direct to the appropriate office and/or resident room.
- Give directions/information to visitors, guests, residents, sales representatives, etc.
- Offer beverages to visitors waiting for administrative personnel, as appropriate.
- Report suspicious persons/information to supervisor immediately.
- Assist with administrative duties as directed. (Includes typing, filing, posting accounts, etc.)
- Receive, sort, and distribute mail as directed.
- Operate copier, office machines, etc., as directed.
- Operate computer as directed.
- Follow all established safety procedures and precautions when operating office equipment.
- Report equipment malfunctions or breakdowns to supervisor as soon as possible.
- Use office supplies in an efficient manner to avoid waste.
- Ensure that work/assignment areas are neat, clean, and office equipment is covered before leaving such areas on breaks, end of work day, etc.
- Attend and participate in appropriate in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- High School diploma.
- Must be able to read, write, speak, and understand the English language.
- Computer and telephone proficiency preferred.



### *Ararat Nursing Facility*

Job Description #2.30	Title: Resident Assessment Coordinator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04 August 2009 May 2011/ October 2011

#### ***Purpose of Position:***

To conduct and coordinate the development and completion of the resident assessment (MDS) in accordance with current rules, regulations, and guidelines that governs the resident assessment, including the implementation of Care Area Triggers (CATs).

#### ***Duties and Responsibilities; Resident Assessment Coordinator:***

- Coordinate the entire MDS assessment process.
- Maintain and periodically update written policies and procedures that govern the development, use, and implementation of the resident assessment (MDS) and care plan.
- Perform MDS duties such as completing medical forms, reports, evaluations, studies, etc, as necessary.
- Participate in facility surveys (inspections) made by authorized government agencies.
- Serve on, participate in, and attend various other committees of the facility as assigned. Provide written and/or oral reports of the resident assessment/care plan functions as requested or directed by committees.
- Work with the Interdisciplinary Care Plan Team in developing a comprehensive resident assessment and care plan for each resident. Conduct and schedule the Interdisciplinary Team Care Conferences.
- Assist in the timely development of a written plan of care (preliminary and comprehensive) for each resident that identifies the problems/needs of the resident, indicates the care to be given, goals to be accomplished, and which professional service is responsible for each element of care.
- Inform all assessment team members of the requirements for accuracy and completion of the resident assessment.
- Assist the nursing staff in encouraging the resident and his/her family to participate in the development and review of the resident's plan of care.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a current, active license to practice as a LVN/RN in the state of California. MDS certification is preferable.
- Must have, as a minimum, 2 year(s) of experience as a supervisor in a hospital, long-term care facility, or other related health care facility.
- Must have, as a minimum, 3 months training experience in rehabilitative and restorative nursing practices.

### *Ararat Nursing Facility*

Job Description #2.31	Title: Restorative Nursing Assistant
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04/August 2009/ October 2011

#### ***Purpose of Position:***

To perform restorative nursing procedures that maximize the resident's existing abilities, emphasize independence, and minimize the negative effects of disability with an attitude of realistic optimism under the supervision of the Director of Clinical Services and in accordance with federal state and local standards, guidelines and regulations.

#### ***Duties and Responsibilities; Restorative Nursing Assistant:***

- Provide restorative nursing care as directed and ordered (i.e. feeding, active and passive range of motion, ambulation, and transfers).
- Provide activities of daily living (bathing, showering, grooming, toileting, etc.)
- Provide a safe environment for residents during exercises and assist in designing living environment to provide optimum comfort and safety.
- Prepare resident for treatment by dress/position and provide exercises as ordered.
- Assist in transporting resident to and from therapy room/area. Perform exercises in the resident's room if necessary.
- Reassure resident before and during exercise session and provide instruction and supervision during exercise.
- Report and document any changes in resident's condition and/or severity of limitations to senior team leader immediately.
- Complete weekly restorative summaries. Ensure that all RNA notes are informative and descriptive of the care provided and of the resident's response to the care.
- Identify faulty restorative devices and report to the RNA Team Leader immediately.
- Report residents' condition at interdisciplinary care conferences.
- Function as CNA when requested by immediate supervisor.
- Administer first aid measures as initiated by the Resident Care Coordinator.
- Participate in departmental studies and projects as assigned or that may become necessary.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Follow established infection control procedures and universal precautions when performing duties.
- Ensure that the therapy area is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services.
- Utilize all department equipment and supplies in an efficient manner that promotes desired outcomes and minimizes waste.

- Attend and participate in in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must be able to read, write, speak, and understand the English language.
- Must possess the ability to deal tactfully with personnel, residents, family members, visitors, government agencies/personnel, and the general public.
- Must possess a current Certified Nursing Assistant license.

*Ararat Nursing Facility*

Job Description #2.32	Title: Restorative Nursing Assistant (Team Leader)
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 / August 2009/ October 2011

***Purpose of Position:***

To perform restorative nursing procedures that maximize the resident's existing abilities, emphasize independence, and minimize the negative effects of disability with an attitude of realistic optimism under the supervision of the Executive Director and in accordance with federal state and local standards, guidelines and regulations.

***Duties and Responsibilities; Restorative Nursing Assistant Team Leader:***

- Provide restorative nursing care as directed and ordered (i.e. feeding, active and passive range of motion, ambulation).
- Provide a safe environment for residents during exercises and assist in designing living environment to provide optimum comfort and safety.
- Prepare resident for treatment by dress/position and provide exercises as ordered.
- Assist in transporting resident to and from therapy room/area. Perform exercises in the resident's room if necessary.
- Reassure resident before and during exercise session and provide instruction and supervision during exercise.
- Report and document any changes in resident's condition and or severity of limitations to senior team leader immediately.
- Complete weekly restorative summaries. Ensure that all RNA notes are informative and descriptive of the care provided and of the resident's response to the care.
- Identify faulty restorative devices and report to the Executive Director immediately.
- Report residents' condition at interdisciplinary care conferences.
- Function as CNA when requested by immediate supervisor.
- Administer first aid measures as initiated by the Resident Care Coordinator.
- Provide guidance and training for new employees.
- Ensure that all residents are in good and comfortable position while participating in activities.
- Ensure all wheelchairs are clean and labeled correctly.
- Participate in departmental studies and projects as assigned or that may become necessary.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when lifting or moving residents.
- Follow established infection control procedures and universal precautions when performing duties.

- Ensure that the therapy area is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services.
- Utilize all department equipment and supplies in an efficient manner that promotes desired outcomes and minimizes waste.
- Attend and participate in in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must be able to read, write, speak, and understand the English language.
- Must possess the ability to deal tactfully with personnel, residents, family members, visitors, government agencies/personnel, and the general public.
- Must possess a current Certified Nursing Assistant license.

*Ararat Nursing Facility*

Job Description #2.33	Title: Senior Team Leader
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/ August 2009/ October 2011

***Purpose of Position:***

To provide support to CNAs throughout their assignments, support the staffing coordinator as directed by the Executive Director, and assist the Executive Director in daily tasks as necessary.

***Duties and Responsibilities; Senior Team Leader:***

- Provide resident care as needed.
- Implement solutions to issues in consultation with RCC Coordinators.
- Label resident's belongings (i.e. dentures and eyeglasses)
- Assist in CNA clinical orientation.
- Follow up with lost articles and report outcomes.
- Participate in PIQI activities.
- Assist in weighing residents weekly and monthly.
- Follow up with CNA incomplete chartings.
- Maintain the orderliness and neatness of all bulletin boards.
- Maintain accuracy of the CNA clipboard data.
- Update and maintain the Assignment Books.
- Duplicate and distribute memos and articles as directed by the Executive Director.
- Disseminate information as directed by the Executive Director.
- Ensure sufficient quantity of medical nursing forms.
- Maintain hallways free from clutter.
- Assist CNAs in daily activities as needed.
- Assist CNA team leaders in problem solving and making schedules and assignments.
- Organize staff activities as directed.
- Assist the Staffing Coordinator as directed by the Executive Director.
- Attend in-service training classes.
- Attend and participate in in-service training programs.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Current CNA license.
- At least 3 years of CNA experience.
- High School graduate.
- Ability to understand and carry out instructions.
- Ability to organize task effectively and efficiently.
- Ability to follow up in a timely manner.
- Good verbal skills.



### *Ararat Nursing Facility*

Job Description #2.34	Title: Social Service Designee
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04/August 2009/ October 2011

#### ***Purpose of Position:***

To assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis in accordance with current existing federal, state, and local standards, as well as the facility established policies and procedures.

#### ***Duties and Responsibilities; Social Service Designee:***

- Conduct admission interviews to gather pertinent social and emotional information about resident applicants.
- Record pertinent social history on residents' charts in a timely manner, including plans for meeting any needs that have been assessed.
- Document appropriate problems, goals and plans on resident care plans.
- When necessary, implement plans to meet medically related social needs.
- Reassess all residents quarterly after admission, carrying out documented programs.
- Seek assistance from the social work consultant as necessary, as well as staff members and community resources.
- Develop and carry out a discharge plan for each resident, assessing home situation, financial resources, medical needs and community resources. Make appropriate referrals to community resources to ensure continuity of care.
- Participate in regularly scheduled resident care conferences. Serve as an advocate in the protection of resident's rights.
- Coordinate social services on behalf of the resident with nursing, restorative care, and activities via informal communications as well as resident care conferences.
- Provide assistance to families regarding the medically related social needs of residents.
- Perform other functions as identified and delegated by the social work consultant and/or Executive Director within facility policies.
- Label all television, or radios and other electrical devices according to the facility policies.
- Follow-up with lost and found/misplaced personal belongings of residents.
- Schedule and follow-up with optometry, dental, and audio logy consultations.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).

- Any other duties assigned by supervisor.

***Qualifications:***

- High School graduate. College courses or degree in social work preferred.
- Ability to handle confidential data appropriately.
- Ability to accept and utilize professional supervision, consultation and in-service training. Ability to relate appropriately and effectively with patients and their families, with other staff members, and personnel of community agencies.
- Ability to effectively assess medically related social and emotional problems of patients and to utilize facility and community resources.

***Ararat Nursing Facility***

Job Description #2.35	Title: Staffing Coordinator
Immediate Supervisor: Executive Director	Original Date: 06/18/88 Revision Date: 12/31/04/ August 2009

***Purpose of Position:***

To provide support to the Executive Director in daily tasks as necessary and perform assigned administrative duties in accordance with established procedures, and as directed by the Executive Director, to assure that hours per resident day are not lower than 3.2.

***Duties and Responsibilities; Staffing Coordinator:***

- Prepare work schedules; assure sufficient coverage for all shifts.
- Compute and post resident care hours daily.
- Collect and prepare time card hours
- Distribute paychecks as assigned.
- Maintain current information of personnel files including evaluations.
- Maintain a current list of employee phone numbers and birthdays for the facility.
- Place absentee reports in personnel files.
- Participate in PIQI activities.
- Duplicate and distribute memos and articles as directed by the Executive Director.
- Disseminate information as directed by the Executive Director.
- Organize staff activities as directed.
- Assist the Senior Team Leader as directed by Executive Director.
- Attend and participate in in-service training classes.
- Maintain the confidentiality of all resident care and personnel information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Current CNA license.
- High School graduate.
- Ability to understand and carry out instructions.
- Ability to organize tasks effectively and efficiently.
- Ability to follow up in a timely manner.
- Good verbal skills.

### *Ararat Nursing Facility*

Job Description #2.36	Title: Treatment Nurse
Immediate Supervisor: Director of Clinical Services	Original Date: 06/18/88 Revision Date: 12/31/04 May 2011

#### ***Purpose of Position:***

To provide primary skin care to residents under the medical direction and supervision of the residents' attending physicians, the Director of Clinical Services, or the Medical Director of the facility, with an emphasis on treatment and therapy of skin disorders. This position will also assist in modifying the treatment regimen to meet the physical and psychosocial needs of the resident, in accordance with established medical practices, the requirements of the state and the policies and goals of the facility.

#### ***Duties and Responsibilities; Treatment Nurse:***

- Report to the Director of Clinical Services or designee regarding dermatologic disorders of residents in the facility.
- Consult with the Care Planning Team concerning assessment evaluations and assist in planning and developing the skin care treatment to be performed for the resident.
- Initiate requests for consultation or referral. Respond to requests from the resident, physician, or nursing staff.
- Examine the resident and his/her records and charts, and discriminate between normal and abnormal findings, in order to recognize when to refer the resident to a physician for evaluation, supervision, or directions.
- Complete medical forms, reports, evaluations, studies, charting, etc.
- Implement and maintain established policies and procedures relative to skin care treatments.
- Make written and oral reports/recommendations to the attending physician, Medical Director, or the Director of Clinical Services concerning the status and care of the residents.
- Work with the Interdisciplinary Care Plan Team in developing a comprehensive assessment and care plan for assigned residents.
- Provide written and/or oral status reports of residents that you are treating.
- Identify, manage, and treat specific skin disorders and primary and secondary lesions, such as skin abrasions, foot problems such as corns and callouses, decubitus ulcers, bacterial, parasitic and viral skin infections, scaling papular diseases, and benign tumors.
- Perform an assessment evaluation using techniques including observation, inspection, and palpation.
- Ensure that residents with decubitus ulcers receive appropriate prophylaxis and treatment, such as daily inspection, turning and activity, a well-planned diet, and maintaining a clean, dry bed.
- Provide techniques to prevent skin impairments.

- Assist in monitoring the inventory of medications, medical supplies, and equipment to ensure that adequate supplies of skin care products are on hand to meet the needs of residents.
- Be familiar with and use as appropriate all items of personal protective equipment and universal precautions at all times.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when moving or lifting residents.
- Follow all universal infection control procedures.
- Attend and participate in workshops and seminars to keep abreast of current changes in the health care field.
- Maintain the confidentiality of all resident care information.
- May work other than normal working hours and on weekends and holidays when necessary.
- Is subject to call-back during emergency conditions (e.g., severe weather, evacuation, post-disaster, etc.).
- Any other duties assigned by supervisor.

***Qualifications:***

- Must possess a current, active license to practice as an LVN/RN in this state.
- Must have, as a minimum, 2 year(s) of experience as an LVN/RN.

**APPENDIX A**

**Ararat Home Meal Break Waiver**

Employee Name \_\_\_\_\_

I am scheduled to work a shift of 6 hours or less on:

Date(s) \_\_\_\_\_

From hours of \_\_\_\_\_ a.m./p.m.to \_\_\_\_\_ a.m./ p.m.

I understand that:

1. I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. In order for this waiver to be valid, the Executive Director, or Administration must also authorize the waiver in writing by signing below.
3. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature \_\_\_\_\_ Date submitted \_\_\_\_\_

REVOCATION: I hereby revoke this waiver

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

For Employer Use Only:

Check one:

☐ Your meal break waiver request has been approved and submitted.

☐ Your meal break waiver request has been denied.

Singature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Attachment A**

## **Appendix D**

### **Ararat Home Leave of Absence**

Name:

Date:

Service:

Requesting LOA (please check all that apply)

Medical                      Duration:

Educational                  Duration:

FMLA                         Duration:

Other (specify)              Duration:

The LOA was explained to me                  Yes                  No

I have received a copy of LOA Policy                  Yes                  No

If I do not inform my immediate Supervisor about my condition, by the end of my LOA, my position will be terminated.

Signature of Employee

Signature of Supervisor

Approved                      Date to Begin                      Date to End

Disapproved                      Will continue work                      Automatic termination

I have read and fully understand Policy # 1.01 Titled “At Will Employment” My signature acknowledges my knowledge and understanding of this policy.

Signature of employee\_\_\_\_\_

Date\_\_\_\_\_

Signature of Immediate Supervisor\_\_\_\_\_

Date\_\_\_\_\_



Ararat Nursing Facility  
15099 Mission Hills Road  
Mission Hills, CA 91345



## COVID-19 Mitigation Plan

Last Revised: 01/24/2022

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## **Applicable Policies**

### Infection Control Manual

- IC – 01 – Infection Control Program
- IC – 09 – Communicable Diseases – Outbreak
- IC – 10 – Reportable Diseases
- IC – 11 – Hand Hygiene
- IC – 23 – Standard Precautions
- IC – 24 – Visitation – Infection Control
- IC – 25 – Resident Isolation – Categories of Transmission-Based Precautions
- IC – 26 – Resident Isolation – Initiating Transmission-Based Precautions
- IC – 27 – Resident Isolation – Use of Equipment and Supplies
- IC – 28 – Resident Isolation – Discontinuance
- IC – 31 – Cleaning & Disinfection of Environmental Surfaces
- IC – 32 – Cleaning & Disinfection of Resident Care Equipment

### Operations Manual – Volume 2

- AP – 12 – Unusual Occurrence Reporting
- EDP – 16 – Use of Volunteers During an Emergency
- EDP – 17 – 1135 Waiver
- EDP – 22 – Surge Staffing During Emergencies

### Emergency Operations Plan

## **Purpose**

In addition to the Infection Prevention and Control Program required by 42 CFR § 483.80(a) and the Emergency Operations Plan required by 42 CFR § 483.73, Ararat Nursing Facility (the “Facility”) has developed this COVID-19 Mitigation Plan to address the unique challenges presented by the current public health emergency (PHE) declared on January 31, 2020, in relation to the COVID-19 pandemic. We will use our existing policies, the processes outlined herein, and guidance issued by state and federal agencies to mitigate the risks posed to our residents, health care personnel (HCP), and our greater community by the spread of COVID-19.

## **Testing and Cohorting**

### **Point of Prevalence Survey (PPS)**

The Centers for Disease Control (CDC) notes that early experience from nursing homes with COVID-19 cases suggests that when residents and/or HCP with COVID-19 are identified, there are often asymptomatic residents and/or HCP with SARS-CoV-2 present as well. Therefore, if testing capacity allows, facility-wide PPSs of all residents and HCP will be utilized. Use of PPSs of all residents and HCP in the Facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility.

- If testing capacity is not sufficient for facility-wide PPS, performing PPSs on units with symptomatic residents will be prioritized.
- If testing capacity is not sufficient for unit-wide PPS, testing will be prioritized for symptomatic residents and other high-risk residents, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services.

After initial PPS has been performed for residents and HCP, the Facility will test weekly or biweekly (depending on the community outbreak numbers and the zone that the facility is in, as well as any additional state, county, or city guidance) and consider additionally retesting under the following circumstances:

- Retest any resident or HCP who develops symptoms consistent with COVID-19.
- Retest HCP prior to permitting infected individuals from returning to work.
- If testing capacity permits, retest all residents and HCP who previously tested negative at least weekly to detect those with a newly developed infection.
- If testing capacity is not sufficient for retesting all residents, retest those residents who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates).
- If testing capacity is not sufficient for retesting all HCP, the Facility will prioritize retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.

## Resident Screening and Testing

The Facility has an arrangement with Primex Lab & Radiology, Core Lab & Radiology, and Avellino Labs to process tests. The test used will be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly. Antibody test results will not be used to diagnose someone with an active SARS-CoV-2 infection.

As practicable, the Facility will request that residents admitted or readmitted from the hospital be tested prior to admission or readmission. Upon admission, the Facility will screen new admissions and readmissions for fever<sup>1</sup> and symptoms<sup>2</sup> of COVID-19 and will test for COVID-19 if such test was not performed prior to admission or readmission. As space restrictions permit, the Facility may place newly admitted or readmitted residents whose COVID-19 status is unknown in a single-person occupancy room for observation prior to placement in a multiple-person occupancy room. If available, residents in *observation rooms* will be quarantined for fourteen (14) days and retested for COVID-19 prior to placement in multiple-person occupancy rooms. If testing is not available, but utilizing space for observation is, residents will be transferred to multiple-person occupancy rooms if they remain afebrile and without symptoms for fourteen (14) days after admission/readmission.

During each shift residents will be screened for vitals, fever and signs and symptoms of respiratory illness and COVID-19. If positive for fever or symptoms, the Facility will implement transmission-based precautions and implement vital sign checks and symptom monitoring twice per shift.

Residents who become symptomatic or become exposed to an individual who has tested positive for COVID-19 during their stay will be tested for COVID-19 as soon as possible. If the resident is residing in a multiple-person occupancy room, either the symptomatic resident or roommate will be moved to a single-person occupancy room until test results are received, if space permits. The Facility will closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents in a shared space with potentially exposed residents until such exposed residents can be tested. Exposed

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<sup>1</sup> Fever is either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever. Note: Fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations.

<sup>2</sup> Symptoms consistent with COVID-19 are cough, shortness of breath or difficulty breathing, fever, chills, sore throat, muscle aches, and *new* loss of taste or smell. Note: Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.

residents who test negative for COVID-19 post-exposure but are still within 14 days of exposure will be retested if they exhibit fever or symptoms.

COVID-19 test results will be communicated to residents or their responsible parties in the same manner that the Facility communicates other test results. Such notifications will be documented in the residents' medical records.

Residents who are symptomatic but refuse or are unable to be tested will be placed in rooms with other symptomatic residents who are either awaiting test results or have declined testing. The Facility will request that the refusing resident will wear a mask for source control, if not contraindicated. Residents who refuse testing will be counseled regarding the risks posed to themselves and others by not testing.

Serial testing will be used as long as the Facility has one or more residents or HCP with confirmed COVID-19. Serial retesting of all residents who test negative upon initial testing will be performed every seven (7) days until no new cases are identified in two (2) sequential rounds of testing, as testing supplies permit. Testing more frequently than every seven (7) days may be considered for residents who frequently leave the Facility for dialysis or other services. After two (2) sequential rounds without additional cases of COVID-19 identified, we will resume our regular surveillance testing schedule. Residents who have tested positive should not participate in serial testing.

### **HCP Screening & Testing**

HCP have been educated to regularly monitor themselves for fever and symptoms of COVID-19. HCP have been instructed to stay home when they are ill. At the beginning of their shift, all HCP are screened for fever and symptoms consistent with COVID-19 by taking their temperature and documenting the absence of symptoms consistent with COVID-19. If HCP develop fever or symptoms consistent with COVID-19 while at work, they will keep their cloth face covering or facemask on, inform their supervisor, and leave the workplace.

HCP who are symptomatic and refuse testing will be excluded from in accordance with the criteria outlined below in *Return to Work for HCP*. HCP who are asymptomatic and refuse to be tested will be required to wear a mask at all times while at the Facility for source control and may be limited to non-resident care duties.

Serial testing will be used as long as the Facility has one or more residents or HCP with confirmed COVID-19. Serial retesting of all HCP who test negative upon initial testing will be performed every seven (7) days or more frequently (if mandated by County based on community spread) as per CMS guidelines. If HCP work in more than one healthcare setting, HCP may utilize testing results from another employer within the last seven (7) days to satisfy the serial testing policy.

### **Cohorting of Residents**

Based on the number of suspected or confirmed cases of COVID-19 positive residents, the Facility will consider designating entire units, with dedicated HCP, to care for residents with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these residents during their shift. Cohorting applies to asymptomatic and symptomatic residents with confirmed COVID-19.

Only residents with the same respiratory pathogen will be housed in the same room. For example, a resident with COVID-19 will not be housed in the same room as another resident with an undiagnosed respiratory infection. Residents who are symptomatic and *suspected* to have COVID-19 should not be cohorted in the same room with COVID-19 positive residents until after testing results are received and the COVID-19 infection is confirmed. To the extent possible, residents with known or suspected COVID-19 will be housed in the same room for the duration of their stay in the Facility.

To the extent possible, residents who have tested negative but are within fourteen (14) days of exposure to a COVID-19 positive individual, will be cohorted together. The exposed residents without COVID-19 positive tests will not be placed in rooms with COVID-19 positive residents.

The Facility will limit transport and movement of residents with suspected or confirmed COVID-19 outside of the room to medically essential purposes.

The Facility will use the following guidelines for determining when residents with COVID-19 can be moved out of COVID-19 units.

#### Symptomatic Residents with Confirmed COVID-19

- *Symptom-based strategy.* Remain on COVID-19 Unit Until:
  - At least 1 day (24 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and
  - At least twenty (20) days have passed *since symptoms first appeared*.

#### Asymptomatic Residents with Laboratory-Confirmed COVID-19

- *Time-based strategy.* Remain on COVID-19 Unit Until:
  - Fourteen (14) days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
  - If the resident develops symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these residents are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

## Return to Work for HCP

HCP with suspected or confirmed COVID-19 will be excluded from work. The Facility will use the following guidelines for determining when HCP with suspected or confirmed COVID-19 may return to work.

### Symptomatic HCP with Suspected or Confirmed COVID-19

- *Symptom-based strategy*. Exclude from work until:
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and
  - At least ten (10) days have passed *since symptoms first appeared*.

### Asymptomatic HCP with Laboratory-Confirmed COVID-19

- HCP who test positive and are asymptomatic can continue to work as long as they are **only** caring for residents with confirmed COVID-19, preferably in a cohort setting, and maintain separation from other HCP as much as possible and wear a facemask for source control at all times while in the Facility.
  - Asymptomatic positive HCP may not care for residents who have not tested COVID-19 positive until at least 10 days from the date of their positive test.
  - If the Facility cannot maintain adequate separation of asymptomatic COVID-19 positive HCP from other HCP, the Facility will exclude asymptomatic COVID-19 positive HCP from work and follow the time-based strategy.
- *Time-based strategy*. Exclude from work until:
  - Ten (10) days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
  - If the HCP develops symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

A non-punitive sick leave policy has been established to address Covid-19 related leaves of absence. All employees will be provided with a DCW-1 form to address any unpaid time through an opportunity to apply for Worker's Compensation coverage.

## Infection Prevention and Control

### Infection Preventionist

The Facility employs a full-time individual that serves as the Infection Preventionist (IP). The Facility's IP is Zovinar Bolkorjian who has the following experience and training to demonstrate her competency in this role:

- RN with associate degree in Nursing
- Certified Director of Staff Development
- Certified Infection Preventionist
- 9 + years of experience in a skilled nursing facility

In addition to our facility-based IP, the Facility contracts with Dolly Greene of DRG IC Consulting to provide clinical consulting support, which includes oversight of our Infection Prevention and Control Program. Dolly's qualifications for consulting services relevant to addressing the current PHE include:

- Director of Clinical Services & Education – Diagnostic Labs & Radiology
- Director of Infection Control Programs – Rockport Healthcare
- Infection Preventionist at Expert Stewardship, Inc.

### **HCP Education**

In response to the PHE, the Facility has increased the in-services for HCP to mitigate the effects of the COVID-19 pandemic. The Facility is implementing the most current guidance from state and federal agencies related to early identification and prevention of the spread of COVID-19. The Facility is providing on-going education during the PHE on the following topics:

- Hand Hygiene
- Signs & Symptoms of COVID-19
- Reporting Changes of Condition
- Transmission-Based Precautions
- Resident Isolation
- Proper Use of Personal Protective Equipment
- Extended Use of Personal Protective Equipment
- Sick time policy – extended pay
- Change of uniforms if working in other facilities

During this PHE, training frequency has increased to weekly and more frequently as needed, and has been focused on aspects of COVID-19, with increased redundancy on topics that we feel are pertinent to our facility status. Additionally, training is now conducted in smaller groups (at stations, in departments), with ample time for demonstration and questions if needed. Trainings are provided by DSD/IP and supplemented by DON, and Department Managers.

PPE Coaches will be designate to increase the efforts and efficacy of donning/doffing training and observation on every shift. PPE Coaches will be designated as: Infection



Preventionist/DSD, Assistant DSD, Director of Clinical Services, Administrator, and RN Supervisors on every shift.

## Personal Protective Equipment

The Facility is licensed for 254 beds. Based on current patient needs, the Facility averages 130 HCP across all three shifts daily. Anticipating the donning and doffing of personal protective equipment (PPE) for HCP and use of PPE by residents and visitors, we have determined that the following par levels for each category of PPE are required to maintain safe infection control practices consistent with guidance from the Centers for Disease Control (CDC) for optimal use of PPE during the PHE. The duration that the PPE will last is based on The National Institute for Occupation Safety and Health's (NIOSH) application<sup>3</sup> that calculates the average PPE consumption rate or "burn rate."

Category of PPE	Par Level	Duration Par Will Last
Gowns	9,360	Approx. 14 to 21 days
Gloves	10,000	Approx. 14 to 21 days +
Surgical Masks	9,360	Approx. 14 to 21 days +
Respirator Masks	3640	Approx. 14 days +
Face Shields	130 reusable headbands with disposable shields	Approx. 14 days +
Eyewear	75	Approx. 14 + days

The Facility has a contract with TwinMed. PPE deliveries are scheduled weekly. Orders will be placed to maintain the above identified par levels, at a minimum. Additional ongoing orders are being placed with Direct Supply, Medline, and Skilled Nursing Pharmacy (Ancillary Provider Services division) for additional PPE stock.

If at any time the Facility is low on supply of PPE in any category, we will follow CDC guidance regarding prioritized use, extended use, and reuse for such PPE as indicated.

## Staffing Shortages

### Preparation for Staffing Shortages Needs

The Facility has a contract with CareerStaff, Go RN, and Clipboard Health to provide additional HCP in the event of an emergency situation. The staffing agency is responsible for completing verification of licenses, background checks, competencies and exclusion screening for all agency staff.

If indicated, the Facility may also collaborate with other local healthcare providers who are not impacted by current PHE (e.g., physician practices, elective surgery practices, etc.) to provide emergency support services. These individuals may provide service as a volunteer in accordance with the Facility's emergency volunteer policy or under an

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<sup>3</sup> <https://www.cdc.gov/niosh/ppe/ppeapp.html>

independent contractor or employment agreement. Such individuals will have licenses, background checks and exclusion screening verified by the Facility prior to the staffing shortage for immediate mobilization when necessary. Periodically the Facility will update this information as indicated.

The Facility will determine adequate staffing levels based on the needs of the resident population. The process for evaluating adequacy of staffing ratios is outlined in the Facility Assessment. The Facility will utilize our staffing tools to estimate staffing needs at increased frequencies during the PHE and in response to sudden changes in the resident population.

### **Responding to Staffing Needs and Shortage**

HCP in regular and temporary or contracted positions, appropriate with their role, must contact the Director of Staff Development or immediate supervisor if they are unable to report to duty as scheduled. HCP have been advised that approved paid time off (PTO) days during the current PHE may be cancelled at the discretion of the Administrator.

Specific staff will be designated to zones (green, yellow, red) and all efforts will be made to prevent sharing, socializing, or usage of common areas by staff of different units.

If we identify a potential staffing shortage as the result of the current PHE, the Administrator or designee is responsible for contacting off-duty HCP to report for duty and follow the Facility's surge staffing policy to track availability of off-duty HCP. The Administrator or designee will collaborate with the Director of Staff Development to ensure that HCP are scheduled accordingly to meet resident care needs. HCP that are contacted may be asked to report for duty immediately or be scheduled for future shifts as determined by the Director of Staff Development or designee.

If the Facility is unable to meet staffing needs by contacting off-duty HCP, the Administrator will initiate alternate staffing protocols, including:

- Utilizing appropriately licensed administrative staff to perform direct resident care; and/or
- Utilizing agency staffing; and/or
- Utilizing contracted local HCP who work in setting not impacted by the PHE; and/or
- Utilizing volunteers; and/or
- Identifying additional HCP to work in the Facility pursuant to state emergency waivers; and/or

All temporary HCP will receive orientation to emergency related precautions specific to the current PHE and their responsibilities.

As indicated, the Administrator may provide or arrange for transportation or housing solutions for HCP whose ability to report to work may be impacted by such factors. Such accommodations will be determined on a case-by-case basis.

If the Facility experiences a sudden spike in staff absenteeism or attrition, creating an urgent staffing shortage that jeopardizes the health and safety of residents, the Administrator will report such incident in compliance with unusual occurrence reporting requirements.

### **Continued Work for Asymptomatic HCP with Unprotected Exposure**

Whenever possible, HCP who have had unprotected exposure to COVID-19 will be tested to rule out infection prior to continuing to be scheduled. If such testing is unavailable and the Facility is experiencing a crisis related to staffing shortages, we may permit such exposed asymptomatic HCP to continue to work to address crisis staffing shortages if such HCP wear a mask for source control for 14 days post-exposure. A facemask instead of a cloth face covering will be used by these HCP for source control during this time period while in the facility, unless an N95 or higher-level respirator (or other PPE) is indicated, including for the care of residents with suspected or confirmed COVID-19.

If exposed HCP develop even mild symptoms consistent with COVID-19, they must notify their supervisor and cease resident care activities. These individuals will be prioritized for testing and will be excluded from work until they meet the requirements for returning to work outlined above. Exposed HCP who test negative for COVID-19 post-exposure but are still within 14 days of exposure will be retested if they exhibit fever or symptoms.

### **Designation of Space**

Based on the number of suspected or confirmed COVID-19 cases, we will evaluate the need and feasibility of designating either a unit or section of contiguous rooms for residents under observation awaiting COVID-19 test results and a unit or section of contiguous rooms residents with confirmed COVID-19 infection. Residents with the same respiratory pathogen will be housed in the same room as outlined above in the “Cohorting of Residents” section of this Mitigation Plan To minimize the movement of HCP between COVID-19 dedicated spaces and the remainder of the Facility, specific HCP will be assigned to these rooms and not be required to provide care to residents in other areas of the Facility. If possible, HCP working in a COVID-19 designated space will have a restroom, break room and nursing station separate from HCP working in other areas of the Facility. To the extent possible, non-nursing HCP will not access the COVID-19 designated area.

COVID-19 designated “red” areas will have signage at the entrance that instructs HCP to wear eye protection and an N95 or higher-level respirator, or a facemask if a respirator is not available, at all times while on the unit. Gowns and gloves should be added when entering resident rooms. To the extent possible, COVID-19 designated areas will also have dedicated resident care equipment (e.g., vitals machine). Cleaning and disinfection of shared equipment should be performed between residents and the

equipment should not leave the COVID-19 designated area. All residents in the Covid-19 designated “red” zone will be alone in a room as space permits. If not, residents who are asymptomatic may be cohorted together if needed, until further space is available. Residents who are symptomatic will remain alone in a room.

In the event that we cannot meet the above outlined plan for designating space to suspected or confirmed COVID-19 cases, the Administrator will notify CDPH and the local public health department, and assess the appropriateness of transferring residents with suspected or confirmed COVID-19 to alternate care sites. The Administrator will coordinate with the Medical Health Operational Area Coordinator (MHOAC) before initiating a transfer to an alternate care site.

## **Communication**

The Administrator is responsible for communication with HCP, residents and their families regarding the status and impact of COVID-19. In the event that the Administrator becomes unavailable, the Director of Nursing will assume responsibility for such communication.

The Facility is reporting information to CDPH regarding staffing levels, the number suspected and confirmed COVID-19 residents, equipment availability, and other needs of the Facility by 12:00 P.M. Pacific Time daily via an online survey.

Our COVID-19 communication plan also includes electronically reporting information about COVID-19 in a standardized format specified by the Secretary of the Department of Health and Human Services (DHHS). This report must include but is not limited to:

- Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19;
- Total deaths and COVID-19 deaths among residents and staff;
- Personal protective equipment and hand hygiene supplies in the facility;
- Ventilator capacity and supplies in the facility;
- Resident beds and census;
- Access to COVID-19 testing while the resident is in the facility;
- Staffing shortages; and
- Other information specified by DHHS.

Such information will be reported no less than weekly to the CDC’s National Healthcare Safety Network through rights being conferred to CDPH for reporting.

Additionally, we will inform residents, their representatives, and families of those residing in facilities within 12 hours of the occurrence of either a single confirmed infection of COVID-19, or three or more residents or HCP with new-onset of respiratory symptoms occurring within 72 hours of each other. This information will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered, and availability

of PPE for staff. Unless there is a newly confirmed infection of COVID-19 or three or more residents or HCP with new onset of respiratory symptoms occur within 72 hours of each other, this information must be reported to residents, their representatives, and families no less than weekly. Information disclosed to residents, their representatives and families will not include individually identifiable information.

When a COVID-19 positive resident is transferred to another congregate setting, the receiving entity will be informed of the resident's COVID-19 positive status prior to the transfer to confirm that the receiving provider has the capability to care for the resident.

## **Attestation**

By signing below, I attest that I have reviewed the above detailed COVID-19 Mitigation Plan. This Mitigation Plan will be reviewed not less than monthly as part of the Facility's Quality Assessment and Performance Improvement Program. I understand that as additional guidance becomes available that this Mitigation Plan may need to be updated.

**Signature**

**Date**

\_\_\_\_\_  
Administrator

\_\_\_\_\_

# **Ararat Nursing Facility Quality Improvement, Performance Improvement (PIQI) Plan**

Last Revised: February 20, 2019

WINDSOR 004751

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## SECTION 1 – INTRODUCTION

### A. Definitions

“Facility” means Ararat Nursing Facility.

“PIQI” means Performance Improvement, Quality Improvement. PIQI is synonymous with “QAPI” – Quality Assurance, Performance Improvement.

“PIQI Plan” means this document in its entirety.

"Staff Members" means all employees and volunteers. This also includes owners of the Facility and the Governing Board.

### B. Background

In March 2010, Congress passed the Affordable Care Act (ACA). A provision of the ACA required that the Centers for Medicare and Medicaid Services (CMS) establish and implement a Quality Assurance Performance Improvement program. In October 2016, CMS issued new Requirements of Participation for Long-term Care Facilities, which included the QAPI provisions mandated by the ACA. The QAPI regulations (42 C.F.R. §483.75) outline the requirement for facilities to develop, implement and maintain an effective, comprehensive, data driven QAPI program that focuses on the outcomes of resident care and quality of life. In Ararat Nursing Facility, QAPI is known as “PIQI” – Performance Improvement, Quality Improvement, and this program has been in place since 1997, though throughout time, it has been modified and changed to meet the changing regulatory environment for the betterment of the system and the quality of care provided at the facility.

### C. Mission Statement

Our mission statement is “Ararat Nursing Facility exists to provide ‘resident centered’ nursing care primarily for the Armenian Community, regardless of individuals’ financial status, and to promote Armenian heritage and culture in America.” Our vision statement is, “Ararat Nursing Facility will continue its quest for excellence in a culture of compassion through the continued employment of best practices, innovative care models, and state-of-the-art facilities.”

### D. Purpose of this PIQI Plan

The Facility’s written PIQI plan sets forth the basis and goals of our Facility’s overall quality improvement program. PIQI principles will drive the decision making within our Facility. Decisions will be made to promote excellence in quality of care, quality of life, resident choice and resident centered care. Focus areas will include areas from our Quality Measures and Satisfaction Surveys, and all areas that affect the quality of life for persons living and working in our Facility. Our goal is to continuously improve



organizational performance and resolve problems, concerns or issues as identified through the PIQI implementation process.

E. PIQI Philosophy

We believe that we can certainly improve quality of care and life when we focus on our core values and when we continuously measure and improve our performance, primarily, the performance of our organizations systems, processes and outcomes through a systematic manner of data collection, analysis, decision making, implementation, intervention, and evaluation. Our Quality Improvement Plan is called PIQI (Performance Improvement Quality Improvement). PIQI program is a structured, process-outcome oriented system for the entire RCC (Resident Centered Care) team and its services. The program's focus is on root cause analysis, continuous improvement, employee empowerment, proactive approach, human resource excellence and compassionate care. PIQI does not bear any negative connotation. It is a life style of our culture.

F. Review and Revision

The Executive Director (Administrator) will assure that the PIQI Plan is reviewed no less than annually, or as needed by the PIQI Committee. Revisions will be made to the PIQI Plan on an as needed basis, to reflect our current practices and goals. When conducting the annual review of the PIQI Plan, the Administrator will consider whether previous goals were met, if outcomes were maintained, and identify obstacles to achievement that need to be resolved. Revisions to the PIQI Plan will be communicated as they occur to board members, residents, families and staff through meetings, mailers, and/or postings.

## **SECTION 2 – SCOPE**

PIQI activities will be integrated across all of the care service areas of our Facility. Staff Members will work together to identify opportunities for improvement across our continuum of care to better meet the needs of the residents living in our Facility. On an annual basis, and as needed, the Facility is required to conduct a Facility Assessment (42 C.F.R. § 483.70(e)) which will include a review of the services and care areas that are provided by Facility Staff. Any new service areas or changes in resident population identified during the Facility Assessment will be included in our PIQI plan.

The PIQI Program includes, but is not limited to, the continuous monitoring of the following services and issues:

1. Nursing Services
2. Comprehensive Resident Care Planning
3. Resident Assessments
4. Restorative Nursing
5. Therapeutic Activity Services / Life enrichment
6. Social Services
7. Food and Nutritional Services
8. Infection Prevention
9. Administration
10. Physician Services
11. Environmental Services/Laundry Services
12. Pharmaceutical Services/ Drug Utilization
13. Business Services
14. Medical Records
15. Human Resources
16. Contract Services (Lab, Pharmacy, Ambulance, Dental, etc.)
17. Staff Education/Orientation/Training (Annual Mandatory)
18. Unusual Occurrences/Incident/Accidents
19. Grievances
20. Plant Management
21. Staff Turnover
22. Survey Deficiencies
23. Staffing Patterns (Consistent Assignments, Flexibility)

24. Resident/Family Satisfaction Surveys
25. Guest Relations
26. Minutes of Various Meeting (Staff, Resident and Family Council, Safety, IDT, etc.)
27. Employee Recognition
28. State and Federal Regulatory Standards
29. RN/LVN Practice Act
30. CMS Quality Indicator/Measures
31. Resident Liaison Committee
32. Rehabilitation Services

Our Responsibility:

1. Establish a policy to implement the plan
2. Determine the objective of the plan
3. Establish PIQI Committee and meet at least quarterly
4. Assign authority for implementing the plan
5. Support and supervise the implementation process
6. Protect the confidentiality of the PIQI data
7. Assist with the development and/or revision of the PIQI program
8. Assist with the development of PIQI activities
9. Identify trends/patterns and act upon them
10. Review quarterly data and make recommendations for corrective action plans

PIQI Committee membership shall consist of:

1. Executive Director
2. Medical Director/ and/or UR Physician
3. Director of Clinical Services
4. PIQI Nurses
5. Human Resources
6. Resident Assessment Coordinators
7. Resident Care Planners
8. Business Services Coordinators

9. Director of Staff Development
10. Social Services Director and/or Designee
11. Staffing Coordinator
12. Life Enrichment Team Leaders
13. RNA Team Leader
14. Director of Food and Nutritional Services
15. Director of Environmental Services - Housekeeping
16. Director of Environmental Services – Laundry
17. Director of Rehabilitation Services
18. Representative/Medical Records
19. Representative/CNAs
20. Representative/LVNs
21. Plant Manager and/or Designee
22. Consultant/Laboratory and Diagnostic Services
23. Consultant/Pharmaceutical Services
24. Consultant/Infection Prevention and Control

Our service areas include:

- Long-Term Care;
- Rehabilitation Services; and

Our PIQI Plan establishes the policies and procedures used to:

- Establish goals and thresholds for our performance measurement;
- Identify and use data to monitor our performance;
- Utilize resident, staff and family input;
- Identify and prioritize problems and opportunities for improvement;
- Develop corrective action or performance improvement activities; and
- Systematically analyze underlying causes of problems and adverse events.

The principles of PIQI will be taught to board members through annual Governing Board reports and to staff through in-services.

Problem Identification:

Our Facility will partner with residents, their families and/or advocates to achieve their individualized goals and provide care that respects their autonomy, preferences and choices through IDT meetings, feedback from Satisfaction Surveys, and our suggestion box. When an unmet need is identified, we will implement corrective action plans or Performance Improvement Projects to improve processes, systems, outcomes, and satisfaction.

Problems will be identified and prioritized by continuous monitoring of all aspects of the Scope of Care. The entire organization will be involved in this process utilizing the following:

1. Philosophy of PIQI program
2. Unusual Trends (repetitive repairs, high turnover, frequent refusal for treatments by residents, unresolved behavior patterns by resident, physician unavailability, Medi-Cal/Medicare/HMO denials, etc.)
3. Unusual occurrences (accidents, injuries, medication errors, etc.)
4. Grievances (resident, family, guest, employee)
5. Medical Records Requests and Monitoring
6. Consultant Report and Recommendations
7. Facility Policies And Procedures
8. Regulatory Agency (State, Federal) Standards
9. RCC Meetings
10. Any problem/issue/concern submitted by any person, be it anonymous or signed.

The following three basic questions will be asked every time a problem/issue/concern is identified:

1. Is it knowledge deficit?
2. Is it lack of system design?
3. Is it behavioral?

The resolution will be based upon the validity of the data collected and root cause analysis.

Performance Improvement Indicators:

Monitoring will include indicators and specific criteria with pre-established thresholds to aspects of the Scope of Care.

Data Collection:

All levels of RCC team will be involved in data collection. Services Supervisor/Team Leader/Director is responsible for the accurate collection and analysis of the data.

Analysis of Data:

The Executive Director will review the data collected from each service to determine trends, patterns, issues, concerns, and/or problems. The data and recommendations for resolution of the problem/concern will be presented to the PIQI Committee.

Development of Action Plan:

1. Problem Identification (Root Cause Analysis)
2. Corrective Action Plan
3. Implementation of the Corrective Action Plan
4. Evaluation of the Corrective Action Plan
5. Re-evaluation of the Corrective Action Plan

Communication of the Action Plan:

The entire process of the above (1-4 steps) will be communicated to all services involved through their supervisor/team leader.

Confidentiality:

1. All data relating to activities of Performance Improvement/Quality Improvement are immune from discovery and not admissible into a court of law.
2. The minutes of PIQI committee are confidential and not subject to review unless approved by the governing board.
3. Custody of PIQI files is the responsibility of the governing board, the Executive Director, and they will be retained for a period of not less than seven (7) years.

Our Facility strives to employ evidence based practices related to performance excellence in all management practices, clinical care, and resident and family satisfaction. We will solicit and utilize staff, resident and family input into our PIQI program. The Facility will utilize data including, but not limited to the following: PEPPER Report, Satisfaction Surveys, Resident Council, and Quality Measures.

The PIQI Committee will review acquired data on a quarterly basis to assure systems are adequately monitored and performance levels are maintained to achieve the highest level of quality for our organization.

### **SECTION 3 – GOVERNANCE AND LEADERSHIP**

#### **A. Oversight and Governing Body Involvement**

The Executive Director/Administrator, Director of Clinical Services, and Medical Director will provide the framework or structure for PIQI in our Facility. The PIQI Committee will communicate and coordinate PIQI activities by focus areas. The Facility will appoint the Administrator to facilitate discussion of PIQI activities at the quarterly PIQI Committee meeting. Input will be solicited from all staff members on PIQI activities. The Facility will communicate PIQI activities to the governing board through annual meetings so that all current projects and outcomes can be reviewed.

The Administrator is responsible and accountable for reporting to the governing body and ensuring that PIQI is implemented throughout our Facility. The Administrator is also responsible for assuring that all PIQI activities and required documentation are provided to the governing body.

**B. Staff Member Training and Collaboration**

Our Facility will ensure that Staff Members receive training on PIQI principles through annual in-services. This PIQI Plan will be provided to new hires during the orientation process. At least annually, revisions to the PIQI Plan will be discussed with Staff Members and copies of the updated PIQI Plan will be available upon request.

Our Facility adheres to the practices and principles of a fair and just culture. The promote staff involvement in improving quality. All Staff Members are encouraged to bring concerns, issues, and opportunities for improvement to any supervisor/manager by promoting retaliation our Open-Door Policy and an atmosphere of non-retaliation. Department managers will respond in a consistent manner to encourage, and not discourage, transparency and open communication to learn from incidents and make systemic changes to prevent recurrences. Facility Staff Members will be held accountable for their behavioral choices and noncompliant behavior will not be tolerated. Our Facility's goal is to improve the systems that drive our actions.

**C. Commitment of Resources**

The Administrator and governing body will establish a budget to ensure that PIQI activities are supported. These expenses may include, but are not limited to: Staff Member time for being involved in Performance Improvement Projects and meetings, monies needed for improvement projects, investment in Staff Member training and education, etc. This budget will be reviewed by the Administrator and governing board, and revised as necessary.

## **SECTION 4 – DATA SYSTEMS, MONITORING AND FEEDBACK**

### **A. Identification of PIQI Priorities**

Our Facility recognizes that all aspects of resident care and quality of life are essential to our operations. As part of the Facility's annual review of the PIQI Plan, the PIQI Committee will identify priority service areas and collect data pertaining specifically to our Facility's priorities. Our current areas of focus include: Gradual Dose Reduction and appropriate use of antipsychotics. Our Facility identifies specific areas of focus to produce the most meaningful improvement to resident care and quality of life.

### **B. Data Analysis**

Our Facility utilizes a systematic approach to determining problems, their cause, and the implication of a change. The Facility demonstrates proficiency of Root Cause Analysis (RCA), which is a term used to describe a systematic process for identifying contributing causal factors that underlie variations in performance. The structured method of analysis is designed to get to the underlying cause of a problem that helps identify systemic (i.e., indicative of a large problem) and isolated issues, indicating when a PIP(s) should be implemented to make improvements.

Our Facility has systems in place to monitor the identified focus areas through multiple data sources, such as Quality Measures, Quality Indicators, CASPER Reports, and Satisfaction Surveys, that are reviewed on a quarterly basis. The data collected by the PIQI Committee is assessed by the Administrator, Director of Clinical Services and Medical Director on a quarterly basis.

Our Facility will use benchmarking to compare outcomes against state and national data. The results of benchmarking analysis will aid the facility in identifying opportunities for changes in processes and systems to improve outcomes. The results will also be communicated to staff during annual in-services as well as during the PIQI Committee meetings.

### **C. Monitoring Performance**

Our Facility's monitoring systems include processes to prevent adverse events through IDT and staff meetings. Our Facility also includes tracking, investigating, and monitoring adverse events that are investigated as they occur. Action plans are implemented to prevent recurrences. Additionally, the PIQI Committee utilizes performance indicators to monitor a wide range of care processes and outcomes. The PIQI Committee reviews findings against benchmarks and/or targets our Facility has established for performance measurement.

### **D. Feedback**



Reviewing data through reports is a static process. Our Facility is committed to a dynamic process that recognizes the value of real time feedback from Staff Members, residents and families. The Facility feedback systems incorporate information obtained from staff, residents, families and others as appropriate, through IDT meetings, staff meetings, and Resident Council meetings.

## **SECTION 5 – PREFORMANCE IMPROVEMENT PROJECTS**

Our Facility will conduct Performance Improvement Projects (PIPs) that are designed to take a systematic approach to revise and improve care or services in the areas that we identify need attention. We conduct PIPs that will lead to changes across all departments. Our PIPs have an impact on the quality of life and quality of care for residents living in our Facility, which impact resident, family, and Staff Member satisfaction.

### **A. Identification of PIPs**

The PIQI Committee will use the PIQI forms and Prioritizing worksheets available at all nursing stations, charting areas, and common areas for Performance Improvement Projects to prioritize PIPs. This tool will assist in identifying which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Priority will be given to areas we define as high-risk to residents and Staff Members, high-prevalence, or high-volume areas, and areas that are problem-prone that affect health outcomes, quality of care and services, and areas that affect Staff Member safety and retention. (See Attachment 1). Not all areas identified by the PIQI Committee for data analysis and monitoring will become PIPs. The PIQI Committee may identify a specific issue requiring immediate intervention and resolution and act accordingly. Alternatively, isolated incidents are not ideal for on-going PIP activities.

### **B. Defining the Scope of the PIP and Teams**

A charter will be developed for each PIP at the beginning of the project that clearly establishes the goals, scope, timing, milestones, team roles, and responsibilities. (See Attachment 2) The PIP charter will be developed by the PIQI committee. Refer to Section 6 for more information regarding systemic analysis and goal setting to assist with the development of the PIP charter. The process for assembling PIP teams to work on specific PIPs is based on the skill-set and job function of staff. When chosen to participate on a PIP team, Staff Members with direct care responsibilities will be replaced so that the needs of residents continue to be met. A team leader, who has the ability to coordinate, organize, and direct the work, will be selected. The PIP teams will report findings to the PIQI Committee during quarterly meetings.

The PIP teams considers each PIP a learning opportunity. Anticipated training needs are be discussed, as well as other resources to complete the PIPs. The team follows steps and processes that are needed for any quality improvement project. The responsibilities of the PIP teams are to utilize problem solving models and report findings to PIQI committee. The PIP team will use RCA to ensure that the root cause and contributing factors are identified. When determining and implementing interventions, PDSA cycles (Plan-Do-Study- Act) will be used. (See Attachment 3) The team selects and/or creates measurement tools to ensure that the corrective actions they are implementing have the desired effect.

The PIP team schedules routine meeting times. During the meeting, the PIP team reviews assigned duties/tasks, results of assigned work, plan progress, lessons learned and a project timeline. A designated member of the PIP team is responsible for documenting the meeting minutes. A copy of these minutes is provided to the PIQI Committee.

C. PIP Progress Reporting

The PIQI Committee documents milestones, PDSAs, outcomes and other lessons learned through utilizing our PIP Worksheets and PIQI Minutes.

Information about PIPs is shared to all residents, families, and Staff Members through IDT meetings, staff meetings, Resident Council meetings, letters from Administrator, and small group and one-on-one meetings.

## **SECTION 6 – SYSTEMATIC ANALYSIS AND SYSTEMIC ACTION**

Our Facility uses a systematic approach to determine when in-depth analysis is needed to fully understand identified problems, causes of the problems, and implications of a change. To get at the underlying cause(s) of issue, we bring teams together to identify the root cause and contributing factors using incident reports, investigations, and the “5 Whys.”

Our Facility also uses SMART formula to establish appropriate goals for individual measures and also for PIPs. By utilizing the SMART formula, our Facility ensures that goals are specific, measurable, attainable, relevant and met timely (See Attachment 4).

To prevent future events and promote sustained improvement our Facility establishes preventative measures and communication with different departments to monitor and correct any discrepancies.

To ensure the planned changes/interventions are implemented and effective in measuring progress and sustaining improvement, our Facility will continuously track and trend outcomes and report to the PIQI Committee.

Our overall Facility goal is to make changes that will result in lasting improvement by avoiding quick and weak actions.

ATTACHMENT 1

Prioritization Worksheet for Performance Improvement Projects



*Directions:* This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

1 = very low	2 = low	3 = medium	4 = high	5 = very high
--------------	---------	------------	----------	---------------

Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column. Potential improvement areas with a higher score indicate a higher priority.

POTENTIAL AREAS FOR IMPROVEMENT Consider areas identified through: Dashboard(s) Feedback from staff, families, residents, other incidents, near misses, unsafe conditions Survey deficiencies	PREVALENCE The frequency at which this issue arises in our organization.	RISK The level to which this issue poses a risk to the well-being of our residents.	COST The cost incurred by our organization each time this issue occurs.	RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care.	RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff.	FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources.	CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE TALLY

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

## Ararat Nursing Facility

Additional factors to take into account:

1. What existing standards or guidelines are available to provide direction for this initiative?
2. What measures can be used to monitor progress?
3. Is the topic publicly reported on Nursing Home Compare and/or is it a goal of the Advancing Excellence in America's Nursing Homes campaign?
4. Which type of changes primarily will be involved (i.e., system changes, environmental changes, staffing changes)?
5. Which staff will be most affected by the initiative? What training needs will this initiative present?
6. Is there an identified champion(s) for this initiative?

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

## ATTACHMENT 2



### Performance Improvement Plan

Location: Facility Name	Unit or population:		Date:	Team Members	
Concern (Use data)					
Root Cause Analysis (ask the five why's):					
Goals & Objectives (Specific, Measurable, Attainable, Realistic, Time-Bound)					
PLAN		DO			STUDY AND ACT
Action Items (corresponding to Root Cause Analysis)	Responsible Team Member(s)	Start Date	Estimated Completion Date	Actual Completion Date	Comments

CONFIDENTIAL FOR QA PURPOSES ONLY



Performance Improvement Plan

STUDY AND ACT					
BENCHMARKS/METRICS How will we measure progress?	Baseline Date	First Measurement Date	Second Measurement Date	Final Measurement Date	Comments

CONFIDENTIAL FOR QA PURPOSES ONLY



## ATTACHMENT 3

## PDSA Cycle Template

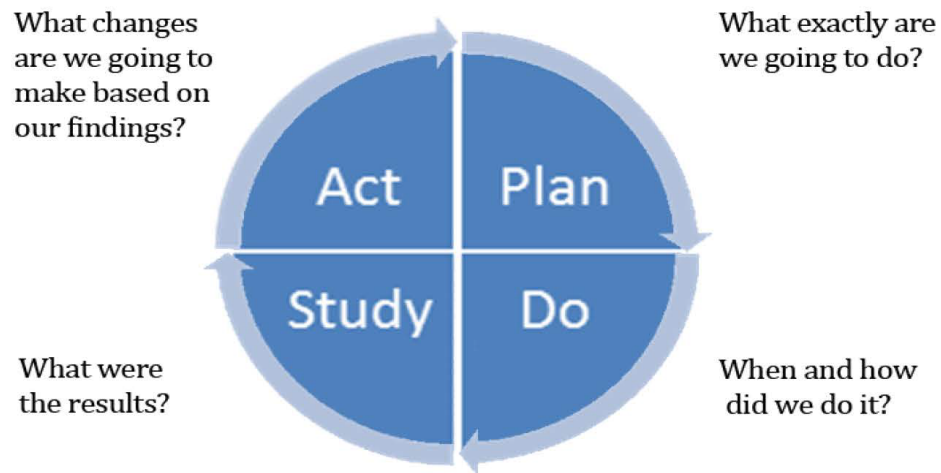


**Directions:** Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established the goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for your PIP. Then as you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.

**Model for Improvement: Three questions for improvement**

<p><b>1. What are we trying to accomplish (aim)?</b> State your aim (review your PIP charter – and include your bold aim that will improve resident health outcomes and quality of care)</p>
<p><b>2. How will we know that change is an improvement (measures)?</b> Describe the measureable outcome(s) you want to see</p>
<p><b>3. What change can we make that will result in an improvement?</b></p> <p><b>Define the processes currently in place; use process mapping or flow charting</b></p> <p><b>Identify opportunities for improvement that exist</b> (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):</p> <ul style="list-style-type: none"> <li>▪ Points where breakdowns occur</li> <li>▪ “Work-a-rounds” that have been developed</li> <li>▪ Variation that occurs</li> <li>▪ Duplicate or unnecessary steps</li> </ul> <p><b>Decide what you will change in the process; determine your intervention based on your analysis</b></p> <ul style="list-style-type: none"> <li>▪ Identify better ways to do things that address the root causes of the problem</li> <li>▪ Learn what has worked at other organizations (copy)</li> <li>▪ Review the best available evidence for what works (literature, studies, experts, guidelines)</li> <li>▪ Remember that solution doesn’t have to be perfect the first time</li> </ul>

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.



<p><b>Plan</b></p> <p>What change are you testing with the PDSA cycle(s)?          What do you predict will happen and why?          Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff.          Plan a small test of change.          How long will the change take to implement?          What resources will they need?          What data need to be collected?</p>	<p><b>List your action steps along with person(s) responsible and time line.</b></p>
<p><b>Do</b></p> <p>Carry out the test on a small scale.          Document observations, including any problems and unexpected findings.          Collect data you identified as needed during the “plan” stage.</p>	<p><b>Describe what actually happened when you ran the test.</b></p>

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

<b>Study</b> Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	<b>Describe the measured results and how they compared to the predictions.</b>
<b>Act</b> Based on what was learned from the test: Adapt – modify the changes and repeat PDSA cycle. Adopt – consider expanding the changes in your organization to additional residents, staff, and units. Abandon – change your approach and repeat PDSA cycle.	<b>Describe what modifications to the plan will be made for the next cycle from what you learned.</b>

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## ATTACHMENT 4

## Goal Setting Worksheet



**Directions:** Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help QAPI teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does **not** involve describing what steps will be taken to achieve the goal.

**Describe the business problem to be solved:**

--

**Use the SMART formula to develop a goal:**

**SPECIFIC**

Describe the goal in terms of 3 'W' questions:

What do we want to accomplish?
Who will be involved/affected?
Where will it take place?

**MEASURABLE**

Describe how you will know if the goal is reached:

What is the measure you will use?
What is the current data figure (i.e., count, percent, rate) for that measure?
What do you want to increase/decrease that number to?

---

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### ATTAINABLE

Defend the rationale for setting the goal measure above:

Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark?
Is the goal measure set too low that it is not challenging enough?
Does the goal measure require a stretch without being too unreasonable?

### RELEVANT

Briefly describe how the goal will address the business problem stated above.
---

### TIME-BOUND

Define the timeline for achieving the goal:

What is the target date for achieving this goal?
--

Goal Setting Worksheet

Write a goal statement, based on the SMART elements above. The goal should be descriptive, yet concise enough that it can be easily communicated and remembered.

[**Example:** Increase the number of long-term residents with a vaccination against both influenza and pneumococcal disease documented in their medical record from 61 percent to 90 percent by December 31, 2011.]

**Tip:** It's a good idea to post the written goal somewhere visible and regularly communicate the goal during meetings in order to stay focused and remind caregivers that everyone is working toward the same aim.

---

Disclaimer: Use of this tool is not mandated by CMS for regulatory compliance nor does its completion ensure regulatory compliance.

**ATTACHMENT 5**

**QAPI COMMITTEE AGENDA**

---

**Date:**

**Location of Meeting:**

**Committee Members:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**The Meeting to be called to order at:**

- A. Review and approve previous month's minutes (i.e., sign previous minutes)
- B. Old Business (i.e., prior QAPI Action Plans/PIPs and their outcomes)
- C. Topics for discussion (i.e., new identified issues)
- D. Determine Actions Needed
- E. Status of Active PIP Committees (i.e., report on committee findings, actions, etc.,)
- F. Summary (i.e., review and development of next meeting agenda, date, and time)

**Meeting Adjourn:**

**Minutes approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 999.5(d)(9)**

**3) Endorsed Filed Articles of Incorporation**

## State of California



SECRETARY OF STATE

2/1  
1 page

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

*IN WITNESS WHEREOF*, I execute this certificate and affix the Great Seal of the State of California this

MAR 06 1998

*Bill Jones*

Secretary of State



CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION

AUS00077  
ENDORSED - FILED  
IN THE OFFICE OF THE  
SECRETARY OF STATE  
OF THE STATE OF CALIFORNIA

MAR -4 1998

BILL JONES, SECRETARY OF STATE

Arthur Arutian and Charles Hintlian certify that:

1. They are the Chairman/Chief Executive Officer and Secretary, respectively of Ararat Home of Los Angeles, a California nonprofit public benefit corporation.

2. FIRST of the Articles of Incorporation of the corporation is amended to read as follows:

"The name of this corporation is

Ararat Home of Los Angeles, Inc."

3. FOURTH of the Articles of Incorporation of the corporation is amended to read as follows:

"The management of the affairs of the corporation shall be vested in a Board of Trustees, the number of which shall be specified in the corporation's bylaws.

4. The foregoing Amendment of Articles of Incorporation has been duly approved by the Board of Trustees.

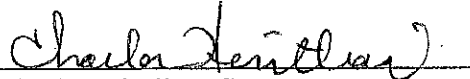
5. The foregoing Amendment of Articles of Incorporation has been duly approved by the required vote of members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: February 27, 1998



Arthur Arutian, Chairman  
Chief Executive Officer



Charles Hintlian, Secretary



COMPOSITE OF  
ARTICLES OF INCORPORATION  
AS OF MARCH 5, 1998

FIRST: That the name of said corporation shall be:  
ARARAT HOME OF LOS ANGELES, INC.

SECOND: That it is a nonprofit corporation organized solely for general charitable and eleemosynary purposes under section 606 of the Civil Code of California.

THIRD: That the County in the State of California where the principal office for the transaction of the business of this corporation is to be located is Los Angeles County.

FOURTH: The management of the affairs of said corporation shall be vested in a Board of eighteen (18) trustees to be elected by a majority vote of the members present or by proxy at annual meetings;

Six (6) trustees shall be elected as aforesaid each year and the trustees so elected shall hold office for a period of three (3) years and until their successors are elected and qualify.

Paragraph 4A: That this corporation is not organized or operated for profit and does not contemplate the distribution of gains, profits or dividends to the members and no part of the net earnings enures to the benefit of any member or individual;

That the property or properties used by it as a home for the aged shall not be used or operated by it or by any other person for profit regardless of the purposes for which the profit is devoted or so as to benefit any officer, trustee, director, shareholder, member, employee, contributor or bondholder of this corporation, or any other person, through the distribution of profits, payment of excessive charges, or compensation or the more advantageous pursuit of their business or profession; nor shall it be used for fraternal or lodge purposes, or for social club purposes except where such use is clearly incidental to the primary charitable purposes for which it is formed and said property so used shall be used exclusively for, and is irrevocably dedicated to, charitable purposes, and upon the liquidation,

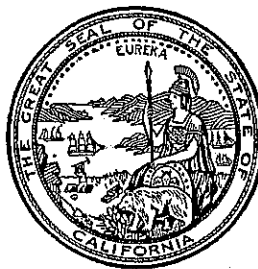
dissolution or abandonment of this corporation, it will not inure to the benefit of any private person except a fund, foundation or corporation organized and operated for such charitable purposes.

FIFTH: The names and residences of the members of the first Board of Trustees are respectively as follows:

Avedick H. Poladian	2670 Clyde Avenue. Los Angeles 16, Cal.
George J. Abajian	2325 Sixth Avenue, Los Angeles 16, Cal.
Maurice Kadjian	1426 Victoria Avenue, Los Angeles 6, Cal.
Haig Zavattjian	2426½ Hauser Blvd., Los Angeles 16, Cal.
Atoosiag Jarahian	1556 South Carmona Ave., Los Angeles 25, Cal.
Ervant OHannesian	1240 Crenshaw Blvd., Los Angeles 6, Cal.
Harry Kazanjian	897 N. Hill Ave., Pasadena 7, Cal.
Marie Pilibossian	814½ S. Mariposa St., Los Angeles 5, Cal.
Hetoun Balian	3761 East Olympic Blvd., Los Angeles 23, Cal.
John Moomjian	1181 Mullen Ave., Los Angeles 6, Cal.
Isabel Poladian	2760 Clyde Ave., Los Angeles 16, Cal.
Ghevent Cherbajian	2123 West Blvd., Los Angeles 16, Cal.
Sam Ishkanian	4114 Cumberland Ave., Los Angeles 27, Cal.
Nazenig Arjanian	1556 S. Carmona Ave., Los Angeles 25, Cal.
Margaret Hoogasian	1690 West Blvd., Los Angeles 16, Cal.
Other members and organizers:	
Dr. Sooran S. Alexander	1101 Redondo Blvd., Los Angeles 35, Cal.
Alice Ohannesian	1240 Crenshaw Blvd., Los Angeles 6, Cal.
Satenig Kadjian	1426 Victoria Ave., Los Angeles 6, Cal.
Berjoughie Simonian	3607½ W. Washington Blvd., Los Angeles 16, Cal.
Charles Jarahian	1556 S. Carmona Ave., Los Angeles 35, Cal.

SIXTH: Notwithstanding any other provision contained herein the corporation is authorized to enter into a contract (Regulatory Agreement) with the Federal Housing Commissioner and shall be bound by the terms thereof to enable the Commissioner to carry out the provisions of Title II, Section 207(b)(2) of the National Housing Act, as amended. Upon execution the contract (Regulatory Agreement") shall be binding upon the corporation, its successors and assigns, so long as a mortgage is outstanding, unpaid, and insured or held by the Federal Housing Commissioner.

# STATE OF CALIFORNIA



## OFFICE OF THE SECRETARY OF STATE

I, **EDMUND G. BROWN JR.**, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the RECORD on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

MAY 15 1974



*Edmund G. Brown Jr.*  
Secretary of State

ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

MAY 10 1974

EDMUND G. BROWN, Secretary of State

By JAMES E. HARRIS  
Deputy

CERTIFICATE OF AMENDMENT  
OF ARTICLES OF INCORPORATION  
ARARAT HOME OF LOS ANGELES, INC.

The undersigned, ARTHUR AGAJANIAN and ARMINE JANEVESIAN, do hereby certify that they are respectively, and have been at all times herein mentioned, the duly elected and acting Chairman and Secretary of the Board of Trustees of the Ararat Home of Los Angeles, ~~INC.~~, a California non-profit corporation, and further that:

At the annual meeting of the Board of Trustees of said corporation, held at its principal office for the transaction of business at 3730 West 27th Street, Los Angeles, California, on the 24th day of March, 1974, at which meeting there was at all times present and acting a quorum of the members of said Board of Trustees, the following resolution was duly adopted:

WHEREAS, The Articles of Incorporation, paragraph FOURTH, as amended by Certificate filed September 21, 1966, of said corporation, provides as follows:

"FOURTH: The management of the affairs of said corporation shall be vested in a Board of fifteen (15) trustees to be elected by a majority vote of the members present or by proxy at annual meetings;

Five (5) trustees shall be elected as aforesaid each year and the trustees so elected shall hold office for a period of three (3) years, and until their successors are elected and qualify."

WHEREAS, it is deemed by the Board of Trustees of the corporation to be to the best interests of the corporation and to the best interests of its members that its Articles of Incorporation be amended as hereinafter provided:

NOW, THEREFORE, BE IT RESOLVED that paragraph FOURTH of the Articles of Incorporation be amended to read as follows:

"FOURTH: The management of the affairs of said corporation shall be vested in a Board of eighteen (18) trustees to be elected by a majority vote of the members present or by proxy at annual meetings:

Six (6) trustees shall be elected as aforesaid each year and the trustees so elected shall hold office for a period of three (3) years, and until their successors are elected and qualify."

RESOLVED FURTHER that the Chairman and Secretary of this corporation be, and they are hereby authorized and directed to procure the adoption and approval of the foregoing amendment by the vote or written consent of the members of this corporation holding at least a majority of the voting power; and thereafter to sign and verify by their oaths and to file a certificate in the form and manner required by Section 3672 of the Corporation Code of the State of California, and in general to do any and all things necessary to effect said amendment in accordance with the law made and provided therefore.

At the annual meeting of said corporation duly held at its principal office for the transaction of business, on the same day, the 24th day of March, 1974, at the hour of 4:00 P.M., there were

present fifty (50) members, thereby constituting a quorum, which by the By-Laws of this corporation requires only twenty-five (25) members to be present, the foregoing resolution was unanimously adopted and approved by the affirmative vote of said fifty (50) members for the approval and adoption of said resolution, no vote having been cast against.

The total number of members entitled to vote or consent to the adoption of such amendment is two hundred fifty (250).

The offices of Chairman and Secretary of the Board of Trustees of this corporation are equivalent to those of President and Secretary of the ordinary corporation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment this 30th day of April, 1974.

/s/ Arthur Agajanian  
ARTHUR AGAJANIAN, Chairman  
Board of Trustees of Ararat  
Home of Los Angeles, Inc.

/s/ Armine Janevesian  
ARMINE JANEVESIAN, Secretary  
Board of Trustees of Ararat  
Home of Los Angeles, Inc.

STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES) \*\*.

ARTHUR AGAJANIAN and ARMINE JANEVESIAN being first duly sworn, each for himself, deposes and says:

That ARTHUR AGAJANIAN is, and was at all times mentioned in the foregoing Certificate of Amendment, the Chairman of the Board of Trustees of the Ararat Home of Los Angeles, Inc., the California corporation named therein, and ARMINE JANEVESIAN is and was at all of said times, the Secretary of said Board of Trustees; that each has read said Certificate and that the statements therein made are true of his own knowledge, and that the said signatures purporting to be the signatures of said Chairman and Secretary thereto are genuine signatures of said Chairmand and Secretary respectively.

/s/ Arthur Agajanian  
ARTHUR AGAJANIAN

/s/ Armine Janevesian  
ARMINE JANEVESIAN

Subscribed and sworn to before me this 30th day of April, 1974.

/s/ Kathleen A. Hall

(Notary Seal)

Notary Public

WINDSOR 004785



# STATE OF CALIFORNIA



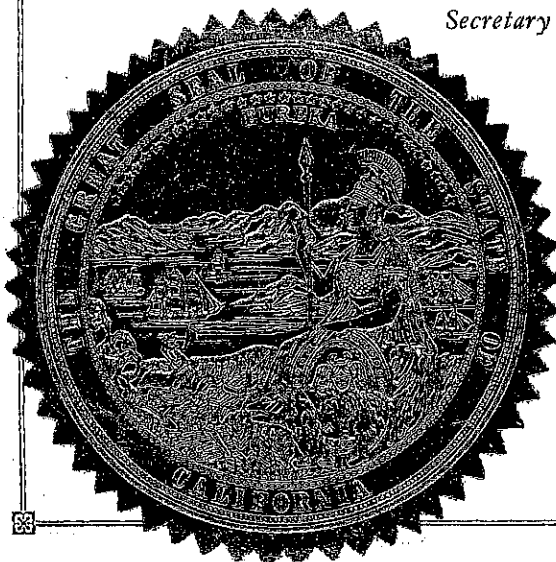
## DEPARTMENT OF STATE

*To all whom these presents shall come, Greetings:*

*I, FRANK M. JORDAN, Secretary of State of the State of California, hereby certify:*

That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct..

In testimony whereof, I, FRANK M. JORDAN,  
Secretary of State, have hereunto caused the Great  
Seal of the State of California to be  
affixed and my name subscribed, at  
the City of Sacramento, in the State  
of California,  
this \_\_\_\_\_ MAY 15 1969



*Frank M. Jordan*  
Secretary of State

By *W.P. Sullivan*  
Assistant Secretary of State

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ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

MAY 14 1969

CERTIFICATE OF AMENDMENT

OF

ARMENIAN SENIOR CITIZENS HOME AT LOS ANGELES

FRANK M. JORDAN, Secretary of State  
By P. C. VANCE,  
Deputy

The undersigned, ARTHUR AGAJANIAN and ARMINE JANEVESIAN, do hereby certify that they are respectively, and have been at all times herein mentioned, the duly elected and acting Chairman and Secretary of the Board of Trustees of Armenian Senior Citizens Home At Los Angeles, a California non-profit corporation, and further that:

At a special meeting of the Board of Trustees of said corporation held at its principal office for the transaction of business at 2730 West 27th Street, Los Angeles, California, at 2:00 P.M., on the 14th day of January, 1969, at which meeting there was at all times present and acting a quorum of the members of said Board of Trustees, the following resolution was duly adopted:

WHEREAS, The Articles of Incorporation, paragraph FIRST, as amended by Certificate filed September 21, 1966, of said corporation, provides as follows:

"FIRST: That the name of said corporation shall be: ARMENIAN SENIOR CITIZENS HOME AT LOS ANGELES."

WHEREAS, it is deemed by the Board of Trustees of the corporation to be to the best interests of the corporation and to the best interests of its members that its Articles of Incorporation be amended as hereinafter provided:

NOW, THEREFORE, BE IT RESOLVED that paragraph

(6)

FIRST of the Articles of Incorporation be amended to read as follows:

"That the name of said corporation shall be: ARARAT HOME OF LOS ANGELES".

RESOLVED FURTHER that the Chairman and Secretary of this corporation be, and they are hereby authorized and directed to procure the adoption and approval of the foregoing amendment by the vote or written consent of the members of this corporation holding at least a majority of the voting power; and thereafter to sign and verify by their oaths and to file a certificate in the form and manner required by Section 3672 of the Corporation Code of the State of California, and in general to do any and all things necessary to effect said amendment in accordance with the law made and provided therefore.

At a special general meeting of said corporation duly held at its principal office for the transaction of business at 8:00 P.M., on the 19th day of January, 1969, forty (40) members were present thereby constituting a quorum, which by the By-Laws of this corporation requires only twenty-five (25) members to be present, the foregoing resolution was duly adopted and approved by the affirmative vote of said forty (40) members and eighty (80) absentee members voting for said resolution by proxy, or a total of one hundred twenty (120) votes for the approval and adoption of said resolution, no vote having been cast against.

The total number of members entitled to vote or consent to the adoption of such amendment is one hundred ninety (190).

The offices of Chairman and Secretary of the Board of Trustees of this corporation are equivalent to those of President and Secretary of the ordinary corporation.

(C)

IN WITNESS WHEREOF, the undersigned have executed  
this Certificate of Amendment this 12th day of May, 1969.

/s/ Arthur Agajanian  
ARTHUR AGAJANIAN, Chairman  
of Board of Trustees of Armenian  
Senior Citizens Home at Los Angeles

/s/ Armine Janevesian  
ARMINE JANEVESIAN, Secretary of  
Board of Trustees of Armenian Senior  
Citizens Home at Los Angeles

STATE OF CALIFORNIA       )  
                                  ) ss.  
COUNTY OF LOS ANGELES )

ARTHUR AGAJANIAN and ARMINE JANEVESIAN being  
first duly sworn, each for himself, deposes and says:

That ARTHUR AGAJANIAN is, and was at all times  
mentioned in the foregoing Certificate of Amendment, the Chairman of  
the Board of Trustees of Armenian Senior Citizens Home at Los Angeles,  
the California corporation named therein, and ARMINE JANEVESIAN is,  
and was at all of said times, the Secretary of said Board of Trustees;  
that each has read said Certificate and that the statements therein made  
are true of his own knowledge, and that the said signatures purporting  
to be the signatures of said Chairman and Secretary thereto are genuine  
signatures of said Chairman and Secretary respectively.

/s/ Arthur Agajanian  
ARTHUR AGAJANIAN

/s/ Armine Janevesian  
ARMINE JANEVESIAN

Subscribed and sworn to before  
me this 12th day of May, 1969

/s/ Leon Leonian  
Notary Public

(Notary Seal)

WINDSOR 004789

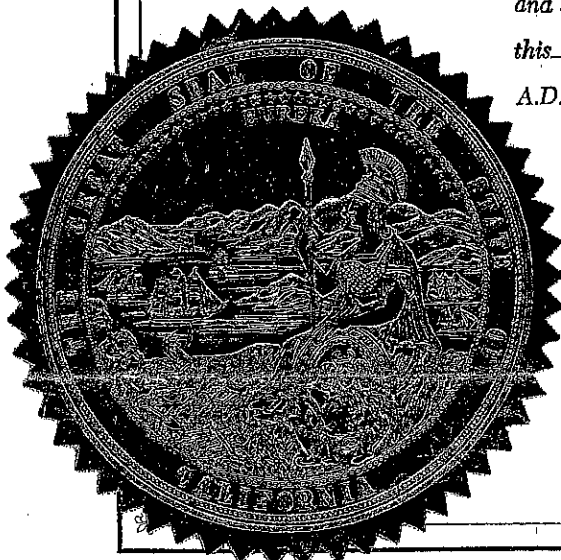


I, FRANK M. JORDAN, Secretary of State of the State of California, do hereby certify that the name \_\_\_\_\_

"ARARAT HOME OF LOS ANGELES"

is not one which is likely to mislead the public and is not the same as, and does not resemble, so closely as to tend to deceive, the name of a corporation formed under the laws of this State, or the name of a corporation not incorporated under the laws of this State which is authorized to transact intrastate business in this State, or a name which is under reservation, as provided in Section 310 of the Corporations Code of said State, and that said name is hereby reserved for a period of thirty days from the date hereof for the exclusive use of the applicant for this certificate.

IN WITNESS WHEREOF, I hereunto set my hand  
and affix the Great Seal of the State of California,  
this 10th day of December  
A.D. 19<sup>68</sup>.



*Frank M. Jordan*  
Secretary of State

By *[Signature]*  
Assistant Secretary of State

jm

# STATE OF CALIFORNIA



## DEPARTMENT OF STATE

*To all whom these presents shall come, Greetings:*

*I, FRANK M. JORDAN, Secretary of State of the State of California, hereby certify:*

*That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct.*

In testimony whereof, I, FRANK M. JORDAN,  
Secretary of State, have hereunto caused the Great  
Seal of the State of California to be  
affixed and my name subscribed, at  
the City of Sacramento, in the State  
of California,  
this SEP 21 1968



*Frank M. Jordan*  
Secretary of State

By *Arthur J. [Signature]*  
Assistant Secretary of State

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ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

SEP 21 1966

FRANK M. JORDAN, Secretary of State

By F. G. VOGEL  
Deputy

CERTIFICATE OF AMENDMENT

OF

LOS ANGELES HOME FOR THE ARMENIAN AGED

The undersigned, JACK DANELIAN and ARMINE JANE VESIAN, do hereby certify that they are respectively, and have been at all times herein mentioned, the duly elected and acting Chairman and Secretary of the Board of Trustees of Los Angeles Home For The Armenian Aged, a California non-profit corporation and further that:

The Articles of Incorporation, as amended by Certificate filed April 16, 1956, paragraph FOURTH, of said corporation, provide as follows:

"FOURTH: The management of the affairs of this corporation shall be vested in a board of nine (9) trustees to be elected by a majority vote of the members present or by proxy at annual meetings as follows:

Three (3) trustees shall be elected as aforesaid each year and the trustees so elected shall hold office for a period of three (3) years, and until their successors are elected and qualify."

At a special meeting of the Board of Trustees of said corporation held at its principal office for the transaction of business at 3730 West 27th Street, Los Angeles, California, at 8 o'clock P.M. on the 28th day of February, 1965, at which meeting there was at all times present and acting a quorum of the members of said Board of Trustees, the following resolution was duly adopted:

WHEREAS, paragraph FOURTH of the Articles of Incorporation of Los Angeles Home For The Armenian Aged provides that the management of the affairs of said corporation shall be vested in a Board of nine (9) trustees to be elected by a majority vote of the members present or by proxy at annual

1 meetings, and further that three (3) trustees shall be elected in each year and  
2 shall all hold office for three (3) years; and

3 WHEREAS, it is deemed by the Board of Trustees of the corporation to  
4 be to the best interests of the corporation and to the best interests of its  
5 members that its Articles of Incorporation be amended as hereinafter provided:

6 NOW, THEREFORE, BE IT RESOLVED that paragraph FOURTH of the  
7 Articles of Incorporation be amended to read as follows:

8 "The management of the affairs of said corporation shall be vested in a  
9 Board of fifteen (15) trustees to be elected by a majority vote of the members  
10 present or by proxy at annual meetings:

11 Five (5) trustees shall be elected as aforesaid each year and the trustees  
12 so elected shall hold office for a period of three (3) years, and until their  
13 successors are elected and qualify."

14 RESOLVED FURTHER that the Chairman and Secretary of this corporation  
15 be, and they are hereby authorized and directed to procure the adoption and  
16 approval of the foregoing amendment by the vote or written consent of the  
17 members of this corporation holding at least a majority of the voting power;  
18 and thereafter to sign and verify by their oaths and to file a certificate in the  
19 form and manner required by Section 3672 of the Corporation Code of the  
20 State of California, and in general to do any and all things necessary to effect  
21 said amendment in accordance with the law made and provided therefore.

22 The Articles of Incorporation, paragraph FIRST, of said corporation  
23 provide as follows:

24 "FIRST: That the name of said corporation shall be:

25 LOS ANGELES HOME FOR THE ARMENIAN AGED.

26 At a special meeting of the Board of Trustees of said corporation held at  
27 its principal office for the transaction of business at 3730 West 27th Street,  
28 Los Angeles, California, at 8 o'clock P.M. on the 28th day of February, 1965,  
29 at which meeting there was at all times present and acting a quorum of the  
30 members of said Board of Trustees, the following resolution was duly adopted:

31 WHEREAS, paragraph FIRST of the Articles of Incorporation of Los  
32 Angeles Home For The Armenian Aged provides that the name of this corporation



1 shall be, LOS ANGELES HOME FOR THE ARMENIAN AGED; and

2 WHEREAS, it is deemed by the Board of Trustees of the corporation to  
3 be to the best interests of the corporation and to the best interests of its  
4 members that its Articles of Incorporation be amended as hereinafter provided:

5 NOW, THEREFORE, BE IT RESOLVED that paragraph FIRST of the  
6 Articles of Incorporation be amended to read as follows:

7 "That the name of said corporation shall be: ARMENIAN SENIOR  
8 CITIZENS HOME AT LOS ANGELES."

9 RESOLVED FURTHER that the Chairman and Secretary of this corporation  
10 be, and they are hereby authorized and directed to procure the adoption and  
11 approval of the foregoing amendment by the vote or written consent of the  
12 members of this corporation holding at least a majority of the voting power;  
13 and thereafter to sign and verify by their oaths and to file a certificate in the  
14 form and manner required by Section 3672 of the Corporation Code of the  
15 State of California, and in general to do any and all things necessary to effect  
16 said amendment in accordance with the law made and provided therefore.

17 At a special general meeting of said corporation duly held at its principal  
18 office for the transaction of business at 2:30 P.M. on the 28th of March, 1965,  
19 fifty (50) members were present thereby constituting a quorum, which by the  
20 By-Laws of this corporation requires only twenty-five (25) members to be present,  
21 the foregoing resolutions were duly adopted and approved by the affirmative  
22 vote of said fifty (50) members and seventy-five (75) absentee members voting  
23 for said resolutions by proxy, or a total of one hundred twenty-five (125) votes  
24 for approval and adoption of said resolutions, no vote having been cast against.

25 The total number of members entitled to vote or consent to the adoption  
26 of such amendment is one hundred ninety (190).

27 The offices of Chairman and Secretary of the Board of Trustees of this  
28 corporation are equivalent to those of President and Secretary of the ordinary  
29 corporation.  
30

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(d)

1           IN WITNESS WHEREOF, the undersigned have executed this Certificate  
2 of Amendment this 13th day of September, 1966.

3  
4                               /s/ Jack Danelian  
5 JACK DANELIAN, Chairman of  
6 Board of Trustees of Los Angeles  
7 Home For The Armenian Aged

8                               /s/ Armine Janevesian  
9 ARMINE JANEVESIAN, Secretary  
10 of Board of Trustees of Los Angeles  
11 Home For The Armenian Aged

12       STATE OF CALIFORNIA       )  
13                                        ) ss.  
14       COUNTY OF LOS ANGELES )

15           JACK DANELIAN and ARMINE JANEVESIAN being first duly sworn,  
16 each for himself, deposes and says:

17           That JACK DANELIAN is, and was at all times mentioned in the fore-  
18 going Certificate of Amendment, the Chairman of the Board of Trustees of Los  
19 Angeles Home For The Armenian Aged, the California corporation named  
20 therein, and ARMINE JANEVESIAN is, and was at all of said times, the  
21 Secretary of said Board of Trustees; that each has read said Certificate and  
22 that the statements therein made are true of his own knowledge, and that the  
23 said signatures purporting to be the signatures of said Chairman and Secretary  
24 thereto are genuine signatures of said Chairman and Secretary respectively.

25                               /s/ Jack Danelian  
26 JACK DANELIAN

27                               /s/ Armine Janevesian  
28 ARMINE JANEVESIAN

29   (Corporate Seal)

30       Subscribed and sworn to before me  
31 this 15 day of September, 1966

32       /s/ Leon Lequian  
Notary Public in and for said County  
and State

(Notary Seal)

# STATE OF CALIFORNIA



## DEPARTMENT OF STATE

*To all to whom these presents shall come, Greetings:*

I, FRANK M. JORDAN, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct.

In testimony whereof, I, FRANK M. JORDAN, Secretary of State, have hereunto caused the Great Seal of the State of California to be affixed and my name subscribed, at the City of Sacramento, in the State of California, this 16th day of April, 1956

  
*Frank M. Jordan*  
Secretary of State

By *W. J. [Signature]*  
Assistant Secretary of State

ENDORSED  
FILED

In the Office of the Secretary of State  
of the State of California

APR 16 1956

FRANK M. JORDAN, Secretary of State  
By RALPH E. MARTIN  
Deputy

CERTIFICATE OF AMENDMENT

OF

LOS ANGELES HOME FOR THE ARMENIAN AGED.

The undersigned, Haig Zavattian and Alex Phillian,  
do hereby certify that they are respectively, and have been  
at all times herein mentioned, the duly elected and acting  
Chairman and Secretary of the Board of Trustees of Los Angeles  
Home For The Armenian Aged, a California non-profit corporation,  
and further that:

The Articles of Incorporation, paragraph FOURTH,  
of said corporation, provide as follows:

"FOURTH: The management of the affairs of said  
corporation shall be vested in a board of 15 trustees to be  
elected by a majority vote of the members present or by proxy  
at annual meetings. The trustees hereinafter named shall hold  
office for a period of 30 days from and after the date of  
filing of these Articles of Incorporation in the office of the  
Secretary of State of the State of California and until their  
successors are elected and qualify. Within said period, said  
trustees will call a members' meeting to adopt a form of  
corporation by-laws. The first Board of Trustees shall be  
elected by the incorporators, five members for one year,  
five members for two years, and five members for three years.  
Thereafter all vacancies in the Board occurring through  
expirations of terms or otherwise, shall be filled by the  
remaining members of the Board, and the trustees elected at

1 the expiration of the terms of members of the first Board and  
2 thereafter shall hold office for three years. Vacancies in the  
3 Board occurring through death or resignation shall be filled for  
4 the unexpired term. The executive officers of said corporation  
5 shall consist of a chairman, a vice-chairman, secretary and  
6 treasurer, and such other officers or assistants as the by-laws  
7 may provide, and shall be annually elected by and from the Board  
8 of Trustees, and hold their respective offices until their  
9 successors are elected and qualified. The membership fee will  
10 be fixed by the Board of Trustees. All persons having qualified  
11 by payment of the membership fee shall have the right to vote."

12 At a special meeting of the Board of Trustees  
13 of said corporation held at its principal office for the tran-  
14 saction of business at 3730 West 27th Street, Los Angeles, Cali-  
15 fornia, at 8 o'clock P.M. on the 13th day of February, 1956,  
16 at which meeting there was at all times present and acting a  
17 quorum of the members of said Board of Trustees, the following  
18 resolution was duly adopted:

19 WHEREAS, paragraph FOURTH of the Articles of  
20 Incorporation of Los Angeles Home For The Armenian Aged provides  
21 that the management of the affairs of said corporation shall  
22 be vested in a Board of Fifteen (15) Trustees to be elected by  
23 a majority vote of the members present or by proxy at annual  
24 meetings, and further that five (5) Trustees shall be elected  
25 in each year and shall hold office for three (3) years; and

26 WHEREAS, it is deemed by the Board of Trustees of  
27 the corporation to be to the best interests of the corporation  
28 and to the best interests of its members that its Articles of  
29 Incorporation be amended as hereinafter provided:

30 NOW, THEREFORE, BE IT RESOLVED that paragraph FOURTH  
31 of the Articles of Incorporation be amended to read as follows:

32 "The management of the affairs of this corporation

(C)

1 shall be vested in a Board of nine (9) Trustees to be elected  
2 by a majority vote of the members present or by proxy at  
3 annual meetings as follows:

4 Three (3) Trustees shall be elected as aforesaid each  
5 year and the Trustees so elected shall hold office for a period  
6 of three (3) years, and until their successors are elected and  
7 qualify."

8 RESOLVED FURTHER that the Chairman and Secretary  
9 of this corporation be, and they are hereby authorized and  
10 directed to procure the adoption and approval of the foregoing  
11 amendment by the vote or written consent of the members of this  
12 corporation holding at least a majority of the voting power;  
13 and thereafter to sign and verify by their oaths and to file  
14 a certificate in the form and manner required by Section 3672  
15 of the Corporation Code of the State of California, and in  
16 general to do any and all things necessary to effect said  
17 amendment in accordance with the law made and provided therefor.

18 At a special general meeting of the members of  
19 said corporation duly held at its principal office for the  
20 transaction of business at 3:00 P.M. on the 8th day of April,  
21 1956, the foregoing resolutions were duly adopted and approved  
22 by the affirmative vote of 21 members, being all the members  
23 present at said meeting, and 24 absentee members voting for  
24 said resolutions by proxy, or a total of 45 votes for approval  
25 and adoption of said resolutions, no vote having been cast  
26 against.

27 The total number of members entitled to vote or  
28 consent to the adoption of such amendment is 62.

29 The offices of Chairman and Secretary of the Board  
30 of Trustees of this corporation are equivalent to those of  
31 President and Secretary of the ordinary corporation.

32 IN WITNESS WHEREOF, the undersigned have executed

(d)

1 this Certificate of Amendment this 9th day of April, 1956.

2

3 Haig Zavattjian  
4 Chairman of Board of Trustees of  
Los Angeles Home For The Armenian Aged.

5

6 Alex Phillian  
7 Secretary of Board of Trustees of  
Los Angeles Home For The Armenian Aged.

7

8 STATE OF CALIFORNIA }  
9 COUNTY OF LOS ANGELES } SS.

10 HAIG ZAVATTJIAN and ALEX PHILLIAN being first duly  
11 sworn, each for himself, deposes and says:

12 That Haig Zavattjian is, and was at all times  
13 mentioned in the foregoing Certificate of Amendment, the  
14 Chairman of the Board of Trustees of Los Angeles Home For The  
15 Armenian Aged, the California corporation named therein, and  
16 Alex Phillian is, and was at all of said times, the Secretary  
17 of said Board of Trustees; that each has read said Certificate  
18 and that the statements therein made are true of his own  
19 knowledge, and that the signatures purporting to be the  
20 signatures of said chairman and secretary thereto are genuine  
21 signatures of said chairman and secretary respectively.

22 Haig Zavattjian  
23 Haig Zavattjian

24 Alex Phillian  
25 Alex Phillian

26 Subscribed and sworn to before  
27 me this 9th day of April, 1956.

28 Edna G. Parker  
29 Notary Public in and for said  
30 County and State.  
31 My commission expires 7/22/58.



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I, FRANK M. JORDAN, *Secretary of State of the State of California*, hereby certify:

*That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct.*

IN WITNESS WHEREOF, I hereunto set my hand and  
affix the Great Seal of the State of California, at  
Sacramento, this 13th day of April, 1953



*Frank M. Jordan*  
Secretary of State

By *Chas. J. Hayes*  
Assistant Secretary of State



(F)  
ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

*Jun 5 - 1952*  
FRANK M. JORDAN, Secretary of State  
By STACY H. ASPEY  
Deputy

CERTIFICATE OF AMENDMENT

OF

LOS ANGELES HOME FOR THE ARMENIAN AGED.

The undersigned, George J. Abajian and Zorah S. Sassabian, do hereby certify that they are, respectively, and have been at all times herein mentioned, the duly elected and acting President and Secretary of Los Angeles Home For The Armenian Aged, a California non-profit corporation and further that:

At a special meeting of the Board of Trustees of said corporation duly held at its principal office for the transaction of business at 3730 West 27th Street, Los Angeles, California, at 8 o'clock P.M. on the 25th day of April, 1952, at which meeting there was at all times present and acting a quorum of the members of said Board of Trustees, the following resolution was duly adopted:

Whereas, it is deemed by the Board of Trustees of this corporation to be to the best interests of the corporation and to the best interests of its members, that its Articles of Incorporation be amended to qualify this corporation for the "welfare exemption" as provided by Section 214 of the Revenue and Taxation Code of the State of California, and that its Articles of Incorporation be amended as hereinafter provided;

NOW, THEREFORE, BE IT RESOLVED that Paragraph 4A be added to the Articles of Incorporation of this corporation as follows:

1 Paragraph 4A: That this corporation is not organized or  
2 operated for profit and does not contemplate the distribution of  
3 gains, profits or dividends to the members and no part of the net  
4 earnings enures to the benefit of any member or individual;

5 That the property or properties used by it as a home for  
6 the aged shall not be used or operated by it or by any other person  
7 for profit regardless of the purposes for which the profit is  
8 devoted or so as to benefit any officer, trustee, director, share-  
9 holder, member, employee, contributor or bondholder of this cor-  
10 poration, or any other person, through the distribution of profits,  
11 payment of excessive charges, or compensations or the more advan-  
12 tageous pursuit of their business or profession; nor shall it be  
13 used for the fraternal or lodge purposes, or for social club purposes  
14 except where such use is clearly incidental to the primary chari-  
15 table purposes for which it is formed and said property so used  
16 shall be used exclusively for, and is irrevocably dedicated to,  
17 charitable purposes, and upon the liquidation, dissolution or  
18 abandonment of this corporation, it will not inure to the benefit  
19 of any private person except a fund, foundation or corporation  
20 organized and operated for such charitable purposes;

21 RESOLVED FURTHER, that the Board of Trustees of this  
22 corporation hereby adopts and approves said amendment to its  
23 Articles of Incorporation; and

24 RESOLVED FURTHER that the Chairman and the Secretary of  
25 this corporation be, and they are hereby authorized and directed,  
26 to procure the adoption and approval of the foregoing amendment  
27 by the vote or written consent of the members of this corporation  
28 holding at least a majority of the voting power; and thereafter  
29 to sign and verify by their oaths and to file a certificate in  
30 the form and manner required by Section 3672 of the Corporation  
31 Code of the State of California, and in general to do any and all  
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(H)

1 things necessary to effect said amendment in accordance with the  
2 law made and provided therefor.

3 TWO. At a special general meeting of the members of said  
4 corporation duly held at said principal office for the transaction  
5 of business at 8 o'clock P.M. on the 7th day of May, 1952, the  
6 following resolutions were duly adopted:

7 WHEREAS, the Board of Trustees of this corporation  
8 at a special meeting duly held on the 25th day of April, 1952, at  
9 the principal office of the corporation located at 3730 West  
10 27th Street, Los Angeles, California, adopted and approved by  
11 resolution of said Board an amendment to the Articles of Incorporation by adding thereto Paragraph 4A as follows:

12 Paragraph 4A: That this corporation is not organized or operated  
13 for profit and does not contemplate the distribution of gains,  
14 profits or dividends to the members and no part of the net earnings  
15 accrues to the benefit of any member or individual;

16 That the property or properties used by it as a home for  
17 the aged shall not be used or operated by it or by any other person  
18 for profit regardless of the purposes for which the profit is devoted  
19 or so as to benefit any officer, trustee, director, shareholder,  
20 member, employee, contributor or bondholder of this corporation,  
21 or any other person, through the distribution of profits, payment  
22 of excessive charges, or compensation or the more advantageous  
23 pursuit of their business or profession; nor shall it be used for  
24 fraternal or lodge purposes, or for social club purposes except  
25 where such use is clearly incidental to the primary charitable  
26 purposes for which it is formed and said property so used shall  
27 be used exclusively for, and is irrevocably dedicated to, charitable  
28 purposes, and upon the liquidation, dissolution or abandonment  
29 of this corporation, it will not inure to the benefit of any private  
30 person except a fund, foundation or corporation organized and  
31  
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1 operated for such charitable purposes.

2 NOW, THEREFORE, BE IT RESOLVED that the foregoing  
3 amendment of the Articles of Incorporation be, and the same is  
4 hereby, adopted and approved by the members of this corporation  
5 and that said added Paragraph 4A as herein set forth be added to  
6 said Articles of Incorporation.

7 Three. The foregoing amendment was adopted and approved  
8 at said meeting of the members by the affirmative vote of forty  
9 members, being all the members present at said meeting.

10 Four. The total number of members entitled to vote or  
11 consent to the adoption of such amendment is sixty-ones.

12 IN WITNESS WHEREOF, the undersigned have executed this  
13 Certificate of Amendment this 22nd day of May, 1952.

14 George J. Abajian  
15 Chairman of Board of Trustees of  
Los Angeles Home For The Armenian Aged.

16 Zorah S. Cassabian (Seal)  
17 Secretary of Board of Trustees of  
Los Angeles Home For The Armenian Aged.

18 STATE OF CALIFORNIA }  
19 COUNTY OF LOS ANGELES } ss.

20 GEORGE J. ABAJIAN and ZORAH S. CASSABIAN being first duly  
21 sworn, each for himself, deposes and says:

22 That George J. Abajian is, and at all times mentioned in  
23 the foregoing Certificate of Amendment, the Chairman of the Board of  
24 Trustees of Los Angeles Home For The Armenian Aged, the California  
25 corporation named therein, and Zorah S. Cassabian is, and was at all  
26 of said times, the Secretary of said corporation; that each has  
27 read said Certificate and that the statements therein made are true  
28 of his own knowledge, and that the signatures purporting to be the  
29 signatures of said chairman and secretary thereto are the genuine  
30 signatures of said chairman and secretary respectively.

31 Subscribed and sworn to before George J. Abajian  
32 me this 22nd day of May, 1952.

Agnes Libarian Zorah S. Cassabian  
Notary Public in and for said County  
and State.

Seal My commission Expires December 13, 1953

ENDORSED  
FILED

In the office of the Secretary of State  
of the State of California

SEP 29 1949  
FRANK M. JORDAN, Secretary of State  
By STACY H. ASPEY  
Deputy

ARTICLES OF INCORPORATION  
OF

LOS ANGELES HOME FOR THE ARMENIAN AGED

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, have voluntarily associated ourselves together for the purpose of forming a nonprofit corporation under and pursuant to the laws of the State of California, and we do hereby certify:

FIRST: That the name of said corporation shall be:

LOS ANGELES HOME FOR THE ARMENIAN AGED.

SECOND: That it is a nonprofit corporation organized solely for general charitable and eleemosynary purposes under section 606 of the Civil Code of California.

THIRD: That the County in the State of California where the principal office for the transaction of the business of this corporation is to be located is Los Angeles County.

FOURTH: The management of the affairs of said corporation shall be vested in a board of 15 trustees to be elected by a majority vote of the members present or by proxy at annual meetings. The trustees hereinafter named shall hold office for a period of 30 days from and after the date of filing of these Articles of Incorporation in the office of the Secretary of State of the State of California and until their successors are elected and qualify. Within said period, said trustees will call a members' meeting to adopt a form of corporation by-laws. The first Board of Trustees shall be elected by the incorporators, five members for one year, five members for two years, and five members for three years. Thereafter all vacancies in the Board occurring through expirations of terms or otherwise, shall be filled by the remaining members of the Board, and the trustees elected at the expiration of the terms of members of the first Board and thereafter shall hold office for three years. Vacancies in the Board occurring through death or

1 resignation shall be filled for the unexpired term. The executive  
2 officers of said corporation shall consist of a chairman, a vice  
3 chairman, secretary and treasurer, and such other officers or  
4 assistants as the by-laws may provide, and shall be annually elected  
5 by and from the Board of Trustees, and hold their respective offices  
6 until their successors are elected and qualified. The membership  
7 fee will be fixed by the Board of Trustees. All persons having  
8 qualified by payment of the membership fee shall have the right to  
9 vote.

10 FIFTH: The names and residences of the members of the  
11 first Board of Trustees are respectively as follows:

12	Avedick H. Poladian	2670 Clyde Ave. Los Angeles 16, Cal.
13	George J. Abajian	2325 Sixth Avenue Los Angeles 16, Cal.
14	Maurice Kadjian	1426 Victoria Avenue, Los Angeles 6, Cal.
15	Haig Zavattjian	2426 1/2 Hauser Blvd. Los Angeles 16, Cal.
16	Atcoosig Jarahian	1556 South Carmona Ave. Los Angeles 25, Cal.
17	Ervant Ohannessian	1240 Crenshaw Blvd. Los Angeles 6, Cal.
18	Harry Hazanjan	897 N. Hill Ave. Pasadena 7, Cal.
19	Maria Filibossian	814 1/2 S. Mariposa St. Los Angeles 5, Cal.
20	Hetoun Balian	3761 East Olympic Blvd. Los Angeles 23, Cal.
21	John Meomjian	1181 Mullen Avenue, Los Angeles 6, Cal.
22	Isabel Poladian	2760 Clyde Avenue, Los Angeles 16, Cal.
23	Ghevent Cherbajian	2123 West Blvd. Los Angeles 16, Cal.
24	Sam Ishkanian	4114 Cumberland Ave. Los Angeles 27, Cal.
25	Nazenig Arjanian	1556 So. Carmona Ave. Los Angeles 25, Cal.
26	Margaret Hoogasian	1690 West Blvd. Los Angeles 16, Calif.
27	Other members and organizers:	
28	Dr. Sooran S. Alexander	1101 Redondo Blvd. Los Angeles 35, Calif.
29	Alice Ohannessian	1240 Crenshaw Blvd. Los Angeles 6, Calif.
30	Satenig Kadjian	1426 Victoria Ave. Los Angeles 6, Cal.
31	Berjoubie Simonian	3607 1/2 W. Washington Blvd. Los Angeles 16, Cal.
32	Charles Jarahian	1556 S. Carmona Ave. Los Angeles 35, Calif.

(c)

1 STATE OF CALIFORNIA }  
2 COUNTY OF LOS ANGELES } SS  
3

4 On this 26th day of September, 1949, before me the  
5 undersigned, a Notary Public in and for said County and State,  
6 residing therein, duly commissioned and sworn, personally  
7 appeared Avedick H. Poladian, Maurice Kadjian, Haig Zavattian,  
8 Arcosig Jarahian, Ervant Ohannesian, Harry Kazanjian, Marie A.S.  
9 Pilibossian, Hetoun Balian, John Moomjian, Isabel Poladian, Chevent A.S.  
10 Cherbejian, Sam Ishkanian, Nazenig Arjanian, Margaret Hoogasian,  
11 Dr. Sooren S. Alexander, Alice Ohannesian, Satenig Kadjian,  
12 Bergouhie Simonian, Charles Jarahian, Harry Hoogasian, Bergouhie  
13 Khantsian, Laura Ansoorian, Margaret Kurajian, Rachel Adams,  
14 Satenig Mourachanian, Alice J. Alexander, Arax Zavattian, Leo  
15 Kurajian,  
16 known to me to be the persons whose names are subscribed to the  
17 within Instrument and acknowledged to me that they executed the same.

18 IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
19 my official seal the day in this certificate first above written.

20 Alexander Skenderian  
21 Notary Public in and for the County  
22 of Los Angeles, State of California.

23 My Commission Expires July 5, 1953.  
24 (Seal)  
25  
26  
27  
28  
29  
30  
31  
32

(d)

- |    |   |   |
|----|---|---|
| 1  | Harry Hoogasian   | 1690 West Blvd. Los Angeles 16, Calif.          |
| 2  | Bergouhie Khantazian                                      | 2429 Harcourt Ave. Los Angeles 16, Calif.       |
| 3  | Laura Ansoorian   | 2431 S. Bronson Ave. Los Angeles 16, Calif.     |
| 4  | Margaret Kurajian   | 4508 1/2 W. 23rd Street, Los Angeles 16, Calif. |
| 5  | Rachel Adams  | 1933 S. Spaulding Ave. Los Angeles 16, Calif.   |
| 6  | Satenig Mourachanian                                      | 1656 S. Fairfax Ave. Los Angeles 35, Calif.     |
| 7  | Alice J. Alexander  | 1101 Redondo Blvd. Los Angeles 35, Cal.         |
| 8  | Arax Zavattjian   | 2426 1/2 Hauser Blvd. Los Angeles 16, Calif.    |
| 9  | IN WITNESS WHEREOF the persons named herein have hereunto |   |
| 10 | set their hands.  |   |
| 11 | <u>Avedick H. Poladian</u>                                | <u>Dr. Sooren S. Alexander</u>                  |
| 12 | <u>George J. Abajian</u>                                  | <u>Alice Ohannesian</u>                         |
| 13 | <u>Maurice Kadjian</u>                                    | <u>Satenig Kadjian</u>                          |
| 14 | <u>Haig Zavattjian</u>                                    | <u>Bergouhie Simonian</u>                       |
| 15 | <u>Arcoosing Jarahian</u>                                 | <u>Charles Jarahian</u>                         |
| 16 | <u>Erveant Ohannesian</u>                                 | <u>Harry Hoogasian</u>                          |
| 17 | <u>Harry G. Kazanjian</u>                                 | <u>Bergouhie Khantzian</u>                      |
| 18 | <u>Marie Filibossian</u>                                  | <u>Laura Ansoorian</u>                          |
| 19 | <u>Hetoun Ballian</u>                                     | <u>Margaret Kurajian</u>                        |
| 20 | <u>John Moonjian</u>                                      | <u>Rachel Adams</u>                             |
| 21 | <u>Isabel Poladian</u>                                    | <u>Satenig Mourachanian</u>                     |
| 22 | <u>Ghevent Chorbajian</u>                                 | <u>Alice J. Alexander</u>                       |
| 23 | <u>Sam Ishkanian</u>                                      | <u>Arax Zavattjian</u>                          |
| 24 | <u>Nazanig Arjanian</u>                                   | <u>Leo Kurajian</u>                             |
| 25 | <u>Margaret Hoogasian</u>                                 |   |
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| 32 |   |   |



(2)

STATE OF CALIFORNIA     )  
                              )   SS.  
COUNTY OF LOS ANGELES )

On this 27th day of September, 1949, before me the undersigned,  
a Notary Public, in and for the said County and State, residing therein,  
duly commissioned and sworn, personally appeared George J. Ahajian,  
Ghevant Charbajian, known to me to be the persons whose names are subscribed  
to the within Instrument and acknowledged to me that they executed the  
same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official  
seal the day in this certificate first above written.

(NOTRIAL SEAL)

Alexander Skenderian  
Notary Public in and for the County  
of Los Angeles, State of California  
My Commission Expires July 5, 1953

**SECTION 999.5(d)(9)**

**4) Certified Bylaws**

***BY-LAWS***  
***ARARAT HOME***  
***OF***  
***LOS ANGELES, INC.***

***A NON-PROFIT CORPORATION***

INCORPORATED 1949  
Amended  
April 1, 2008

**BY-LAWS OF  
ARARAT HOME OF LOS ANGELES, INC.  
A NON-PROFIT CORPORATION**

**ARTICLE I  
OFFICES**

Section 1. **PRINCIPAL OFFICE:** The principal office of Ararat Home of Los Angeles, Inc. (the Corporation) shall be located in the CITY of LOS ANGELES, COUNTY of LOS ANGELES, State of California.

**ARTICLE II  
PURPOSE**

Section 1. **GENERAL PURPOSES:**

(a) The general purposes and powers of the Corporation shall be to exercise all rights and powers conferred on nonprofit public benefit organizations under the laws of the State of California exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code") and the corresponding provisions of California tax law and any subsequent provisions of federal tax law, and not for the private gain of any person.

(b) The Ararat Home of Los Angeles, Inc., exists to provide assisted living and nursing/convalescent care facilities primarily for the Armenian Community, regardless of their financial status, and to promote Armenian heritage and culture in America.

Section 2. **SPECIFIC PURPOSES:**

(a) To provide high quality assisted living services in a tranquil, familiar yet stimulating environment, which includes cultural events for the residents' participation and enjoyment;

(b) To provide nursing facility care for those residents who are unable to care for themselves while recognizing that the residents possess a wealth of character and much to share with each other and with the community;

(c) To provide community volunteers and professional resources effectively and prudently in fund raising, administration and direct assistance to the residents and areas of need;

(d) To provide a dignified, non-denominational chapel appropriate for religious services;

(e) To provide a major banquet hall and auxiliary facilities appropriate for gatherings in serving the Armenian-American community at large;

(f) To provide a cultural museum containing artifacts, historical documents and research library chronicling the history and culture of the Armenian people;

(g) To provide cooperation and partnership with other charitable, cultural and social organizations whose assistance is helpful toward meeting the above stated mission;

(h) To acquire, manage, and hold funds, real estate and personal property by gift, devise, bequest, or purchase.

Section 3. **Nonpartisan Activities:** No substantial part of the activities of the Corporation shall consist of the publication or dissemination of materials with the purpose of attempting to influence legislation, except as

provided in section 501(h) of the Code, and the Corporation shall not participate or intervene in any political campaign on behalf of any candidate for public office or for or against any cause or measure being submitted to the people for a vote. The Corporation shall not, except in an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes described above.

### **ARTICLE III MEMBERS**

Section 1. CLASSES OF MEMBERS: This Corporation shall have four (4) classes of members. The designation of such classes and the qualifications and rights of the members of such class shall be as follows;

(a) Founders; Founder members are all members of the Corporation who are signatories to the Certificate of Incorporation.

(b) Life Members; Life members are members of the Corporation who shall have paid the life membership fee fixed by the Board of Trustees.

(c) Active Members; Active Members are all members of the Corporation who shall have paid annual dues fixed by the Board of Trustees.

(d) Associate Members; Associate members shall be individuals of such Board approved organized and established associations or societies, who wish to become members as a group to create and sustain interest in this Corporation and pay annual dues as fixed by their respective associations or societies.

Section 2. MEMBERSHIP APPLICATION: Applications for membership shall be delivered to the principal office of the Corporation on forms approved by the Board of Trustees, accompanied by the proper membership fee. Completion of an application for membership and payment of dues will be considered as an acceptance of membership and an agreement by the candidate to abide by the By-Laws and Rules of the Corporation.

Section 3. VOTING RIGHTS: Founder, Life, Active and individual Associate members who have been members of the Corporation for at least six (6) months at the time of voting shall have the exclusive right to vote. Any member who is in arrears in payment of his or her dues shall not be entitled to vote at the annual meeting or any specially called meeting.

Section 4. TERMINATION OF MEMBERSHIP: Membership in this Corporation may be terminated by the Board of Trustees:

(a) By voluntary resignation in writing, addressed to the Board of Trustees

(b) For failure to pay dues as provided in these By-Laws

(c) By a vote of three-fourths (3/4) of the Board of Trustees and referred to the next Membership meeting for final determination by majority vote. Upon written request signed by the former member and filed with the Secretary, the Board of Trustees, by the affirmative vote of two-thirds of the members of the Board, may reinstate such former member to membership on such terms as the Board of Trustees may deem appropriate.

Section 5. TRANSFER OF MEMBERSHIP: Membership in this Corporation is not transferable or assignable.

## **ARTICLE IV**

### **DUES**

Section 1. **ANNUAL DUES:** The Board of Trustees shall determine the annual dues payable to the Corporation by members of each class.

Section 2. The dues of all classes of members shall be due and payable beginning in the month of March of each year. Failure to make payment of dues on the date fixed by the Board of Trustees may render the individual's membership null and void at the discretion of the Board of Trustees.

## **ARTICLE V**

### **MEETINGS OF MEMBERS**

Section 1. **ANNUAL MEETING:** An annual meeting of the members shall be held on the last Sunday of February of each year at a time to be determined by the Board of Trustees. In the event of a legal holiday, or other reasonable cause, the annual membership meeting can be postponed, but must be held before the end of March of any such year and notice sent to every member thereof, as provided by these By-Laws. At such annual meeting there shall be an election of Trustees and the transaction of such other business as may come before the meeting. Each member shall be entitled to one vote on each matter on which a vote is taken and in the election of trustees, no member shall vote for more names than the number of vacancies required to be filled.

Section 2. **SPECIAL MEETINGS:** Special meetings of the members may be called by the Board of Trustees, its Chairman, or by not less than one-tenth of the members having voting rights.

Section 3. **PLACE OF MEETING:** The Board of Trustees may designate any place, either within or without the State of California, as the place for any annual meeting or for any special meeting called by the Board of Trustees. If no designation is made or if a special meeting be otherwise called, the place of the meeting shall be the registered office of the Corporation in the State of California.

Section 4. **NOTICE OF MEETING:** Written or printed notice stating the place, day and hour of any meeting of members shall be delivered to each member, not less than fifteen (15) nor more than ninety (90) days before the date of such meeting, by or at the direction of the Chairman, or the Secretary, or the officers or persons calling the meeting. In case of a special meeting or when required by statute or by these By-Laws, the purpose or purposes for which the meeting is called shall be stated in the notice. The notice of a meeting shall be deemed to be delivered when deposited in the United States mail addressed to the member at his address as it appears on the records of the Corporation, with postage thereon prepaid by First Class Mail.

Section 5. **QUORUM:** A quorum shall consist of not less than one hundred (100) members eligible to vote. If a quorum is not present at any meeting of the members, the presiding officer shall adjourn the meeting for two weeks without further notice and should there be no quorum at such second meeting, then notice shall be provided for a new meeting as required by Section 4 above.

## **ARTICLE VI**

### **BOARD OF TRUSTEES**

Section 1. **GENERAL POWERS:** The affairs of the Corporation shall be managed by its Board of Trustees. Trustees must be members of the Corporation.

Section 2. **NUMBER AND TENURE:** Subject to the following sentence, the number of trustees shall be twenty-four (24) who shall be elected by the members of the Corporation at their annual meeting. Up to three (3) additional Trustees may be elected by a three-fourths (3/4) vote of all the members of the Board of Trustees. Each Trustee elected by the members shall hold office for a period of three (3) years from their election. The election

of trustees shall be staggered so as to elect no more than one-third (1/3) of the Board of Trustees at one time. Trustees elected by the Board shall hold office until the next annual membership meeting.

Section 3. DUTIES: The duties of the Board of Trustees shall be to establish general policies and to oversee the management of the Corporation and to oversee the care and protection of its operations and properties.

(a) At a minimum those duties shall include:

- (1) Fundraising
- (2) Long-range planning
- (3) Approve an annual budget and establish fiscal policies for the corporation
- (4) Publish and conduct the Annual meeting
- (5) Community relations
- (6) Employ, set goals and review corporate officers who report to the Board of Trustees
- (7) Approve the terms and conditions upon which all persons shall be admitted to the Corporate facilities pursuant to the Corporate policies and procedures, and the laws, regulations and statutes of the Federal, State, County and City governments

(b) The duties may be periodically reviewed and updated by the Board of Trustees

Section 4. REGULAR MEETINGS: An annual meeting of the Board of Trustees shall be held without other notice than these By-Laws immediately after, and at the same place as, the annual meeting of the members. Pursuant to Section 16(b) below, at the annual meeting of the Board of Trustees, officers of the Board shall be elected and a schedule and locations of additional meetings shall be approved.

Section 5. SPECIAL MEETINGS: Special meetings of the Board of Trustees may be called by or at the request of the Chairman or any two Trustees. The person or persons authorized to call special meetings of the Board may fix any place, within California, as the place for holding any special meeting of the Board called by them. Written notice shall be given to all Board members at least five days and no more than twenty days before any special meeting.

Section 6. QUORUM: A majority of the Board of Trustees shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than a majority of the Trustees are present at said meeting, the Chairman must adjourn the meeting without further notice.

Section 7. MANNER OF ACTING: The act of a majority of the Trustees present at a meeting at which a quorum is present shall be the act of the Board of Trustees, unless the act of a greater number is required by law or by these By-Laws.

Section 8. VACANCIES: Any vacancy occurring in the Board of Trustees be filled by the Board of Trustees. A nominee for Trustee to fill a vacancy, meeting all of the qualifications as described in Sections 10(b) and 10(c) of this Article, shall be elected for the unexpired term of his predecessor in office. Such nominee shall be elected by an affirmative vote of three-fourths (3/4) of all the members of the Board of Trustees.

Section 9. TERMINATION OF TRUSTEESHIP: The Board of Trustees, by affirmative vote of three-fourths (3/4) of all of the members of the Board may expel a Board member after an appropriate hearing before the Board and after reasonable advanced notice of the hearing to all members of said Board.

Section 10. COMPENSATION: Trustees shall not be entitled to receive, and shall not accept, any compensation for their services provided to the Corporation.

## Section 11. NOMINATIONS

(a) Notice of Nomination: The Nomination Committee shall deliver to the Secretary of this Corporation at least thirty (30) days prior to the annual meeting a final list of candidates for Trustees to be elected at the annual meeting.

(b) Qualifications of Nominees: Each nominee as Trustee shall be, and for a period of at least one year prior to the date of nomination shall have been, a member of the Corporation. Nominees shall be a current member of the Corporation. Each nominee shall, for at least one year, have served on a committee or sub-committee as described in Article VIII, or been an Associate Member as described in Article III; and shall have demonstrated competence, work ethics and the willingness to become involved in the activities and objectives of the Board of Trustees; and shall provide an experienced background that will be beneficial to the Board of Trustees in the objectives of the Corporation.

(c) Restriction of Nominees: A son, daughter, father, mother, sister, brother, husband or wife of a Trustee shall not serve on the Board of Trustees at the same time as the Trustee, unless there is no nominee having the same qualifications and expertise as this individual, the nominee otherwise qualifies, is nominated by the Nomination Committee and is approved by a three-quarters vote of the Board of Trustees.

### (d) Procedures to Nominate:

(1) Nominated by the Board appointed Nomination Committee.

(2) No later than ninety (90) days prior to the annual meeting, the Nomination Committee shall send to all individuals who have been members for at least six months a notice of annual meeting and commencement of the nomination process and a Board proposed slate of candidates to serve on the Board of Trustees of the Ararat Home, Inc. The notice shall specify the date of the annual meeting and shall invite members to write in a nomination and specify that any such nomination shall include the nominee's consent to run and a description of the proposed nominee's background and qualifications to run for the position of Trustee. The notice shall specify that all nominations and any information relating to a proposed nominee shall be returned to the Nomination Committee not later than sixty (60) days prior to the date set for the annual meeting. The name and qualifications of any candidate so nominated and meeting the required qualifications, as verified by the Nomination Committee, shall be included in the list of candidates mailed to the membership at large.

(3) Nominated by the Board appointed Nomination Committee to fill a vacancy on the Board of Trustees.

Section 12. ABSENTEEISM: The Board of Trustees Secretary shall keep an attendance record of all regular meetings making note of any absence and include them in the minutes of that meeting. Upon the absence of any Board Member for three (3) consecutive meetings or of non-attendance of six (6) meetings in one year, the Secretary shall notify the Board of Trustees Chairman who then shall notify the Nomination Committee for their review and recommendation to the Board of Trustees.

Section 13. ORDER OF BUSINESS: The order of business shall be as follows; (a) roll call (b) minutes of the last meeting (c) report of officers (d) report of committees (e) unfinished business (f) new business.

Section 14. ADVISORY BOARD: The Board of Trustees may establish an Advisory Board for the Corporation. Appointments to the Advisory Board shall be with the prior approval of the Board of Trustees. The composition, responsibility, rights, powers and duties of such Advisory Board shall be determined by the Board of Trustees.

Section 15. OPEN MEETINGS: All meetings of the Board of Trustees and its Committees shall be open to members of the Corporation. Closed meetings may be called when necessary to discuss subjects of a confidential nature.



## Section 16: OFFICERS:

(a) **OFFICERS:** The officers of the Board of Trustees shall be; Chairman, First Vice-Chairman, Second Vice-Chairman, Secretary, Treasurer Assistant, Secretary and Assistant Treasurer and such other officers as may be elected or appointed in accordance with the provisions of this Article. The Board of Trustees may elect or appoint such other officers as it shall deem advisable. Such officers to have the authority and perform the duties prescribed to them, by the Board of Trustees. Any two or more offices may be held by the same person except the offices of Chairman and Secretary.

(b) **ELECTION AND TERM OF OFFICE:** The officers of the Board shall be elected annually by the Board of Trustees at the regular annual meeting of the Board of Trustees. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently possible. New offices may be created and filled at any meeting of the Board of Trustees. No individual shall serve as Chairman for more than three (3) successive years.

(c) **REMOVAL:** Any officer elected or appointed by the Board of Trustees may be removed by a majority vote of all members of the Board of Trustees whenever in its judgment, the best interest of the Corporation would be served thereby.

(d) **VACANCIES:** A vacancy in any office, because of the death, resignation, removal, disqualification, or otherwise, may be filled by a majority vote of all members of the Board of Trustees for the unexpired portion of the term.

(e) **CHAIRMAN:** The Chairman shall be the principal officer of the Board of Trustees. shall preside at all meetings of the members and of the Board of Trustees. He may sign, with the secretary or any other Board or Corporate officer, authorized by the Board of Trustees, any deeds, mortgages, bonds, contracts, or other instruments that the Board of Trustees have authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Trustees or by these By-Laws or by statute to some other officer or agent of the Corporation. He shall perform all duties incident to the office of Chairman and such other duties, both as may be prescribed by the Board of Trustees.

(f) **VICE-CHAIRMEN:** The Board of Trustees shall elect two Vice-Chairmen. In the absence of the Chairman, or in the event of his inability or refusal to act, the First Vice-Chairman shall perform the duties of the Chairman, and when so acting, shall have all powers of, and be subject to all the restrictions upon, the Chairman. The Vice-Chairmen shall perform such other duties as may be assigned to them by the Chairman or by the Board of Trustees. In the absences of both the Chairman and the First Vice-Chairman, the Second Vice-Chairman shall perform the duties of the Chairman.

(g) **TREASURER:** He shall have charge and custody of and be responsible for all funds and securities of the Corporation; receive and give receipts for moneys due and payable to the Corporation from any source whatsoever, and deposit all such moneys in the name of the Corporation in such banks, trust companies, or other depositories as shall be selected by the Board of Trustees. He shall perform all the duties of Treasurer and such other duties as may be assigned to him by the Chairman or by the Board of Trustees. He shall not pay out or disburse any of the money of the Corporation except in such manner and for such purposes as shall be approved by the proper officers of the Board or Corporate officers whose approval shall be authorized by resolution of the Board of Trustees. At each meeting of the Board of Trustees, the Treasurer shall present a statement of the financial condition of the Corporation. At the annual meeting of the Corporation, the Treasurer shall present a report of the financial condition of the Corporation for the preceding fiscal-year. The Treasurer shall present at the first Board of Trustees meeting following April 30, the previous fiscal-year end audited financial reports. Under the control of the Treasurer, these audited reports shall be available for review at the headquarters of the Corporation by any member of the Corporation.

(h) **SECRETARY:** The Secretary shall keep the minutes of the meetings of the members and of the Board of Trustees, and see that all notices are duly given in accordance with the provisions of these By-Laws or as required by law. He shall be custodian of the corporate records and of the seal of the Corporation and see that the seal of the Corporation is affixed to all documents, the execution of which on behalf of the Corporation, under its seal, is duly authorized in accordance with the provisions of these By-Laws. He shall keep a register of the post office address of each member which shall be furnished to the Secretary by such member; He shall perform all duties incident to the office of Secretary and such other duties as may be assigned to him by the Chairman or the Board of Trustees.

(i) **ASSISTANT TREASURER AND ASSISTANT SECRETARY.** The assistant treasurer and secretary shall perform such duties as shall be assigned to them by the treasurer or the secretary or by the Chairman or the Board of Trustees, and be subject to all the restrictions upon, the Treasurer and Secretary.

## **ARTICLE VII CORPORATE OFFICERS**

Section 1. The officers of the Corporation, at a minimum, shall be President and Chief Executive Officer, Chief Financial Officer and Secretary.

(a) The President and Chief Executive Officer shall report to the Board of Trustees. He shall be responsible for the day-to-day operations of the entire organization as defined by the Board of Trustees. Such duties shall include total profit and loss responsibilities for each operational unit individually and collectively; hiring, supervision and scheduling of employees of the Corporation; monitoring and compliance for all federal, state and local laws pertaining to the licenses held; and participation on committees as designated by the Board of Trustees. These duties may be changed at the discretion of the Board. The President and Chief Executive Officer shall not be a member of the Board of Trustees.

(b) The Treasurer of the Board of Trustees shall act as Chief Financial Officer of the Corporation.

(c) The Secretary of the Board of Trustees shall act as Secretary of the Corporation.

## **ARTICLE VIII COMMITTEES**

Section 1. **STANDING COMMITTEES:** The Board of Trustees shall have the following standing committees which shall have the function indicated by their name and as further supplemented or defined by the Board of Trustees: (a) By-Laws and Organization; (b) Executive; (c) Finance; (d) Fund Raising & Community Relations; (e) Human Resources; (f) Legal; (g) Membership/Balloting; (h) Ararat Home, Inc./Eskijian Museum Associates; (i) Nominations; and (j) Long-Range Planning.

(1) The Chairmen of the Standing Committees shall be appointed by the Chairman of the Board of Trustees, subject to the concurrence or ratification of the Board of Trustees, except that the Chairman of the Board of Trustees shall be the Chairman of the Executive Committee as described in Section 1(6) below.

(2) The Chairmen of these Standing Committees may appoint other voting members of their Standing Committee, who do not have to be Trustees, but must be members of the Corporation.

(3) The Board of Trustees may assign to each Standing Committee, one or more Sub-Committees, whose function shall be as defined by the Board of Trustees.

(4) The Chairman of any Sub-Committee shall be appointed by the Chairman of the respective Standing Committee, subject to the concurrence or ratification of the voting members of the respective Standing Committee.

(5) The Chairmen of the Sub-Committees may appoint other voting members, who do not have to be Trustees, but must be members of the Corporation. They may also appoint other non-voting members who do not have to be members of the Corporation.

(6) The Executive Committee shall, at a minimum, consist of the elected officers of the Board of Trustees and all preceding Chairmen of the Board of Trustees. Only Past Chairmen who are currently Trustees shall be eligible to vote on the Executive Committee.

- (i) It shall exercise the authority and powers of the Board of Trustees only in emergency situations if and when needed between meetings of Trustees;
- (ii) It shall conduct an annual performance evaluation of the President and Chief Executive Officer and recommend his salary compensation to be ratified by the Board of Trustees;
- (iii) All decisions and recommendations by the Executive Committee must be presented to the Board of Trustees for approval, at the next regular meeting.

(7) The Fund Raising and Community Relations Committee may include, but not be limited to, the following Sub-Committees: (a) Annual Fund; (b) Banquet; (c) Bricks, Tiles and Plaques; (d) Gift Shop; (e) Grant Writing; (f) Mailing List; (g) Newsletter; (h) Picnic; (i) Publicity and Printing.

(8) The Membership / Balloting Committee shall receive and count the Proxy votes and report the results at the Annual Meeting and shall monitor the voting procedures at the Annual Meeting.

(9) No member of the Nominations Committee shall serve concurrently on the Membership / Balloting Committee.

Section 2. COMMITTEES OF THE BOARD OF TRUSTEES: The Board of Trustees, by resolution adopted by a majority of the trustees in office, may designate one or more committees, in addition to the above Standing Committees, each of which consist of one or more Trustees.

(1) The Chairman of a Committee of the Board of Trustees shall be appointed by the Chairman of the Board of Trustees, subject to the concurrence or ratification of the Board of Trustees.

(2) The Chairmen of the Committees of the Board of Trustees may appoint other voting members, who do not have to be Trustees, but must be members of the Corporation. They may also appoint other non-voting members who do not have to be members of the Corporation.

(3) The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Trustees, or any individual trustee, of any responsibility imposed on it or him by law.

Section 3. REMOVAL: Any member of a Committee may be removed by the person, or persons authorized to appoint such member, or by resolution adopted by a majority of the trustees in office whenever in their judgment the best interests of the Corporation shall be served by such removal.

Section 4. VACANCIES: Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

Section 5. QUORUM: Unless otherwise provided in the resolution of the Board of Trustees designating a committee, a majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

Section 6. QUALIFICATIONS OF COMMITTEE MEMBERS: Except as otherwise provided for in these By-laws, each member of a committee shall be an active member of the Corporation; shall have demonstrated competence, work ethics and willingness to serve on the particular committee to which he or she is appointed; and shall provide an experienced background that will be beneficial to the work of such committee and to the objectives of the Board of Trustees.

Section 7. TASK FORCES: Task Forces, their function and composition, may be designated by a resolution adopted by a majority of the Trustees present at a meeting at which a quorum is present. Except as otherwise provided in such resolution, members of each such Task Force shall be members of the Corporation.

## **ARTICLE IX CONTRACTS AND FINANCE**

Section 1. FISCAL YEAR: The fiscal year of this Corporation shall commence on January 1<sup>st</sup> and end on December 31<sup>st</sup> of each year.

Section 2. AUDITING: An Independent Certified Public Accounting firm shall be appointed by the Board of Trustees which shall audit the annual Financial Statements of the Corporation and express an opinion on these Financial Statements based on their audit. The Auditors shall not be a Member of the Board of Trustees.

Section 3. CONTRACTS: The Board of Trustees may authorize any officer or officers or agents of the Corporation, in addition to the officers so authorized by these By-Laws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and an authority may be general or confined to specific instances.

Section 4. CHECKS, DRAFTS, OR MONEY ORDERS FOR PAYMENTS: All checks, drafts, or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation shall be signed by two of those individuals who shall be determined by resolution of the Board of Trustees

Section 5. DEPOSITS: All funds of the Corporation shall be deposited to the credit of the Corporation in such banks, trust companies, or depositories as the Board of Trustees may select.

Section 6. BILLS: All bills shall be approved showing the approval of the individuals authorized to purchase the merchandise or engage the services referred to therein, before presentation of such bill to the individual authorized to make payments.

Section 7. GIFTS: The Board of Trustees may accept on behalf of the Corporation any contribution, gift, bequest or devise for the general purposes or for any special purposes of the Corporation.

Section 8. ENDOWMENT FUND: The Board of Trustees may create an Endowment Fund and appoint a committee to manage the fund pursuant to Article VIII, Section 2.

## **ARTICLE X MISCELLANEOUS**

Section 1. BOOKS AND RECORDS: The Corporation shall keep correct and complete books and records at the Corporate office.

Section 2. CORPORATION SEAL: The Board of Trustees shall provide a corporate seal consisting of the following words and figures: ARARAT HOME OF LOS ANGELES, INC., 1949 CALIFORNIA.

Section 3. **WAIVER OF NOTICE:** Whenever any notice is required to be given under the provisions of the general non-profit Corporation law or under the provisions of the Articles of Incorporation or the By-Laws of the Corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 4. **AUXILIARY ORGANIZATIONS:** The Board of Trustees may approve auxiliary, associate or affiliate groups or organizations to assist the Corporation in its work under such terms, conditions, and for such periods, as specified in the charter for such organizations provided by the Board of Trustees. Chairman or members of such organizations or groups shall not be Trustees unless elected or appointed as Trustees of this Corporation.

Section 5. **CONDUCT OF INDIVIDUALS:** The officers, employees and members of the Corporation shall interact with each other and the general public and shall perform their duties with loyalty, in confidence and in a manner to safeguard the best interests of the Corporation at all times.

Section 6. **CONDUCT OF MEETINGS:** Conduct of all meetings of the Board of Trustees and the Corporation shall be in accordance with the current edition of "Roberts Rules of Order unless specified otherwise in these By-Laws.

Section 7. **GENDER REFERENCE:** Use of a term reflecting gender is for reference and convenience only. Use of a masculine term or pronoun shall refer to and mean both a man and/or a woman. Similarly, use of a feminine term or pronoun shall refer to and mean both a woman and/or a man.

## **ARTICLE XI AMENDMENTS**

Section 1. In addition to the method of amending By-Laws as provided by the laws of the State of California, these By-Laws may be amended or repealed or new By-Laws may be adopted by a two-thirds (2/3) vote of members present at its annual meeting, or at a special meeting called for that purpose, provided that notice of the proposed amendments shall be sent to all members by the Secretary no later than three weeks prior to the Annual Meeting or Special Meeting and posted in a conspicuous place at the Corporate office at least one week before the date of the meeting.

## **ARTICLE XII EMEGENCY PROVISIONS**

Section 1. **General:** The provisions of this Article XIII shall be operative only during a national emergency declared by the President of the United States or the person performing the President's functions, or in the event of a nuclear, atomic or other attack on the United States or a disaster making it impossible or impractical for the Corporation to conduct its business without recourse to the provisions of this Article XIII. Said provisions in such event shall override all other Bylaws of the Corporation in conflict with any provisions of this Article XIII, and shall remain operative as long as it remains impossible or impracticable to continue the business of the Corporation otherwise, but thereafter shall be inoperative: provided that all actions taken in good faith pursuant to such provisions shall thereafter remain in full force and effect unless and until revoked by action taken pursuant to the provisions of the Bylaws other than those contained in the Article XIII.

Section 2. **Unavailable Trustees:** All Trustees of the Corporation who are not available to perform their duties as Trustees by reason of physical or mental incapacity or for any other reason or whose whereabouts are unknown shall automatically cease to be Trustees, with the effect as if such persons had resigned as Trustees, so long as such unavailability continues.

Section 3. Authorized Number of Trustees: The authorized number of Trustees shall be the number of Trustees remaining after eliminating those who have ceased to be Trustees pursuant to Section 2 of this Article XIII.

Section 4. Quorum: The number of Trustees necessary to constitute a quorum shall be the number bearing the same proportional relationship to the number of Trustees remaining pursuant to Section 2 of this Article XIII as the quorum established in Article VI, Section 6 bears to the authorized number of Trustees set forth in Article VI, Section 6 hereof.

### **ARTICLE XIII DISSOLUTION**

Section 1. IRREVOCABLE DEDICATION: The property of this Corporation is irrevocably dedicated to charitable purposes, and no part of the net income or assets of this Corporation shall ever inure to the benefit of any director, officer, or member of this Corporation, or to the benefit of any private individual.

Section 2. DISPOSITION OF ASSETS: Upon winding up and dissolution of this Corporation, and after payment of all legal obligations of the Corporation, the remaining assets of the Corporation shall be distributed to other non-profit federal and state tax-exempt facilities and/or organizations, selected by the Board of Trustees, that are operated exclusively for charitable purposes and whose primary purposes is to care for the Armenian elderly.

**SECTION 999.5(d)(9)**

**5) California Secretary of State Certificate of Status**

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ARARAT HOME OF LOS ANGELES, INC. (239383)

Request Certificate

Initial Filing Date	09/29/1949
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	CALIFORNIA
Entity Type	Nonprofit Corporation - CA - Public Benefit
Principal Address	15105 MISSION HILLS RD MISSION HILLS, CA 91345
Mailing Address	15105 MISSION HILLS ROAD LOS ANGELES, CA 91345
Statement of Info Due Date	09/30/2023
Agent	Individual 762237 DERIK G. GHOOKASIAN 15105 MISSION HILLS RD. MISSION HILLS, CA 91345

View History

Request Access

Business Search

The California Business Search provides access to available information for **corporations**, **limited liability companies** and **limited partnerships** of record with the California Secretary of State, with **free PDF copies** of over 17 million imaged business entity documents, including the most recent imaged Statements of Information filed for Corporations and Limited Liability Companies.

Currently, information for Limited Liability Partnerships (e.g. law firms, architecture firms, engineering firms, public accountancy firms, and land survey firms), General Partnerships, and other entity types are **not contained** in the California Business Search. If you wish to obtain information about LLPs and GPs, submit a Business Entities Order paper form to request copies of filings for these entity types. Note: This search is not intended to serve as a name reservation search. To reserve an entity name, select Forms on the left panel and select Entity Name Reservation ? Corporation, LLC, LP.

Basic Search

A Basic search can be performed using an entity name or entity number. When conducting a search by an entity number, where applicable, **remove "C"** from the entity number. Note, **a basic search** will search **only ACTIVE entities** (Corporations, Limited Liability Companies, Limited Partnerships, Cooperatives, Name Reservations, Foreign Name Reservations, Unincorporated

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allows for a ?starts with? filter. To search entities that have a status other than active or to refine search criteria, use the **Advanced** search feature.

Advanced Search

An Advanced search is required when searching for publicly traded disclosure information or a status other than active.

An Advanced search allows for searching by specific entity types (e.g., Nonprofit Mutual Benefit Corporation) or by entity groups (e.g., All Corporations) as well as searching by ?begins with? specific search criteria.

**Disclaimer:** Search results are limited to the 500 entities closest matching the entered search criteria. If your desired search result is not found within the 500 entities provided, please refine the search criteria using the Advanced search function for additional results/entities. The California Business Search is updated as documents are approved. The data provided is not a complete or certified record.

Although every attempt has been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from reliance on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locate an entity using the search; (2)select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

ARARAT HOME OF LOS ANGELES, INC. (239383)

Request Certificate

Initial Filing Date

Status

Standing - SOS

Standing - FTB

Standing - Agent

Standing - VCFCF

Formed In

Entity Type

Principal Address

Mailing Address

Statement of Info Due Date

Agent

09/29/1949

Active

Good

Good

Good

Good

CALIFORNIA

Nonprofit Corporation - CA - Public Benefit

15105 MISSION HILLS RD  
MISSION HILLS, CA 91345

15105 MISSION HILLS ROAD  
LOS ANGELES, CA 91345

09/30/2023

Individual  
762237  
DERIK G. GHOOKASIAN  
15105 MISSION HILLS RD.  
MISSION HILLS, CA 91345

View History

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ARARAT HOME OF LOS ANGELES, INC. (239383)

Results: 1

Entity Information

Initial Filing Date

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ARARAT HOME OF LOS ANGELES, INC. (239383)

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09/29/1949

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Request Certificate

Initial Filing Date

09/29/1949

Status

Active

Standing - SOS

Good

Standing - FTB

Good

Standing - Agent

Good

Standing - VCFCF

Good

Formed In

CALIFORNIA

Entity Type

Nonprofit Corporation - CA - Public Benefit

Principal Address

15105 MISSION HILLS RD  
MISSION HILLS, CA 91345

Mailing Address

15105 MISSION HILLS ROAD  
LOS ANGELES, CA 91345

Statement of Info Due Date

09/30/2023

Agent

Individual  
762237  
DERIK G. GHOOKASIAN  
15105 MISSION HILLS RD.  
MISSION HILLS, CA 91345

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**SECTION 999.5(d)(9)**

**6) IRS Tax-Exempt Determination Letter**

Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2350 Los Angeles, Calif. 90053

Ararat Home of Los Angeles, Inc.  
15105 Mission Hills Road  
Mission Hills, CA 91345

Person to Contact:  
Barbara S. Cowans  
Telephone Number:  
(213) 894-2336  
Refer Reply to:  
EO (0429) 93  
Date:  
June 22, 1993

RE: Ararat Home of Los Angeles, Inc.  
EIN: 95-1809572

Gentlemen: -

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in May 1953 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in May 1953 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

*Barbara S. Cowans* mk

BARBARA S. COWANS  
Disclosure Assistant

**SECTION 999.5(d)(9)**

**7) Audited financial statement for fiscal year 2021**



**Ararat Home of Los Angeles, Inc.**

**Financial Statements and  
Independent Auditors' Report**

**December 31, 2021 and 2020**

**Ararat Home of Los Angeles, Inc.**  
**Financial Statements**  
**December 31, 2021 and 2020**

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## **Independent Auditors' Report**

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To the Board of Trustees  
Ararat Home of Los Angeles, Inc.  
Mission Hills, California

We have audited the accompanying financial statements of Ararat Home of Los Angeles, Inc. (the "Organization" or the "Home"), which comprise the statement of financial position as of December 31, 2021, the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Ararat Home of Los Angeles, Inc., and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Ararat Home of Los Angeles, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Other Matter**

The financial statements of Ararat Home of Los Angeles, Inc. for the year ended December 31, 2020 were audited by Martini Akpovi Partners, LLC, who joined with WithumSmith+Brown, PC on February 1, 2022 and expressed an unmodified opinion on those statements dated June 14, 2021.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



## Independent Auditors' Report (continued)

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In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*WithumSmith+Brown, PC*

Los Angeles, California  
March 21, 2022

**Ararat Home of Los Angeles, Inc.**  
**Statements of Financial Position**  
**December 31, 2021 and 2020**

---

	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 12,993,273	\$ 11,812,211
Accounts receivable	5,416,208	3,007,542
Investments	5,757,380	5,273,544
Prepaid expenses and other current assets	685,819	1,830,634
Current portion of assets limited as to use	-	278,348
<b>Total Current Assets</b>	<u>24,852,680</u>	<u>22,202,279</u>
Endowment fund investments	19,820,208	17,386,704
Capital replacement fund investments	246,672	246,632
Assets limited as to use, net of current portion	-	301,735
Property and equipment, net	<u>44,589,786</u>	<u>45,470,755</u>
<b>Total Assets</b>	<u><u>\$ 89,509,346</u></u>	<u><u>\$ 85,608,105</u></u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 836,848	\$ 591,904
Current maturities of long-term debt, net of discount	-	412,498
Accrued expenses	1,990,644	1,681,033
Paycheck Protection Program loan	-	1,109,312
<b>Total Liabilities</b>	<u>2,827,492</u>	<u>3,794,747</u>
<b>Contingencies</b>		
<b>Net Assets</b>		
Without donor restrictions:		
Board-designated	20,066,880	17,633,336
Undesignated	<u>64,676,933</u>	<u>61,621,055</u>
Total net assets without donor restrictions	84,743,813	79,254,391
With donor restrictions	<u>1,938,041</u>	<u>2,558,967</u>
<b>Total Net Assets</b>	<u><u>86,681,854</u></u>	<u><u>81,813,358</u></u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 89,509,346</u></u>	<u><u>\$ 85,608,105</u></u>

The Accompanying Notes are an Integral Part of These Financial Statements

**Ararat Home of Los Angeles, Inc.**  
**Statements of Activities**  
**For the Years Ended December 31, 2021 and 2020**

	<b>2021</b>	<b>2020</b>
<b>Changes in Net Assets Without Donor Restrictions</b>		
Revenues and other support without donor restrictions		
Patient care and resident revenue	\$ 35,132,593	\$ 32,495,025
Donations	358,369	1,668,070
Donations - quasi-endowment fund	569	1,034
Special events, net of expenses of \$10,182 and \$41,779 for 2021 and 2020, respectively	109,129	107,683
Provider relief fund contributions	-	1,921,479
Net assets released from restrictions:		
Satisfaction of program restrictions	620,926	450,806
Total revenues and other support without donor restrictions	36,221,586	36,644,097
Program expenses		
Skilled nursing	29,461,912	28,352,512
Assisted living	4,723,264	4,527,768
Total program expenses	34,185,176	32,880,280
Management and general expenses	480,988	460,437
Fundraising expenses	116,958	157,599
Total expenses	34,783,122	33,498,316
Operating income	1,438,464	3,145,781
Other income (expense)		
Net realized and unrealized gains on investments	1,699,799	1,712,927
Interest expense	(15,545)	(34,397)
Interest income	119,704	101,579
Gain on extinguishment of Paycheck Protection Program Loan	1,109,312	-
Interest and dividends - endowment fund	1,105,349	650,495
Other income	32,339	-
Net other income	4,050,958	2,430,604
<b>Change in Net Assets Without Donor Restrictions</b>	5,489,422	5,576,385
<b>Changes in Net Assets With Donor Restrictions</b>		
Net assets released from restrictions	(620,926)	(450,806)
<b>Changes in Total Net Assets</b>	4,868,496	5,125,579
<b>Net Assets, Beginning of Year</b>	81,813,358	76,687,779
<b>Net Assets, End of Year</b>	\$ 86,681,854	\$ 81,813,358

The Accompanying Notes are an Integral Part of These Financial Statements

**Ararat Home of Los Angeles, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2021**

	Program Expenses			Supporting Services	
	Skilled Nursing - Mission Hills	Skilled Nursing - Eagle Rock	Assisted Living	Management and General	Fundraising
					Total
Salaries and benefits	\$ 17,743,571	\$ 2,859,967	\$ 1,943,172	\$ 245,688	\$ 44,671
Supplies and ancillary services	3,652,941	374,057	401,639	35,701	8,925
Taxes and licenses	1,351,725	175,883	8,456	972	292
Depreciation and amortization	769,835	53,974	912,454	81,107	20,277
Utilities	775,712	4,839	179,645	19,961	-
Purchased services	869,534	170,436	319,859	13,468	3,367
Insurance	335,347	55,005	551,009	55,101	6,122
Administration	108,181	12,671	74,337	1,549	1,549
Events	-	-	-	-	25,668
Property costs	72,160	10,452	273,896	24,346	6,087
Professional fees	34,158	31,464	58,797	3,095	-
<b>Total</b>	<b>\$ 25,713,164</b>	<b>\$ 3,748,748</b>	<b>\$ 4,723,264</b>	<b>\$ 480,988</b>	<b>\$ 116,958</b>
					<b>\$34,783,122</b>

**Ararat Home of Los Angeles, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2020**

	Program Expenses			Supporting Services	
	Skilled Nursing - Mission Hills	Skilled Nursing - Eagle Rock	Assisted Living	Management and general	Fundraising
					Total
Salaries and benefits	\$ 16,889,032	\$ 2,923,784	\$ 1,888,435	\$ 238,768	\$ 43,412
Supplies and ancillary services	3,381,466	279,176	397,398	35,324	8,831
Taxes and licenses	1,468,628	208,481	8,554	983	295
Depreciation and amortization	767,382	60,371	877,286	77,981	19,495
Utilities	784,617	65,865	170,277	18,920	-
Purchased services	773,659	218,629	309,319	13,024	3,256
Insurance	195,007	23,488	457,457	45,746	5,083
Administration	125,916	38,852	70,868	1,476	1,476
Events	-	-	-	-	69,690
Property costs	86,894	9,331	272,766	24,246	6,061
Professional fees	24,549	27,385	75,408	3,969	-
<b>Total</b>	<b>\$ 24,497,150</b>	<b>\$ 3,855,362</b>	<b>\$ 4,527,768</b>	<b>\$ 460,437</b>	<b>\$ 157,599</b>
					<b>\$33,498,316</b>

**Ararat Home of Los Angeles, Inc.**  
**Statements of Cash Flows**  
**For the Years Ended December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 4,868,496	\$ 5,125,579
Adjustments to reconcile the change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,837,647	1,802,515
Amortization of discount on debt	2,502	13,289
Net realized and unrealized gains on investments	(1,699,799)	(1,712,927)
Allowance for doubtful accounts	(52,952)	70,000
Gain on extinguishment of Paycheck Protection Program Loan	(1,109,312)	-
Changes in assets and liabilities:		
Accounts receivable	(2,355,714)	70,533
Prepaid expenses and other current assets	1,144,815	(1,038,881)
Accounts payable	244,944	(262,859)
Accrued expenses	309,611	343,570
<b>Net Cash Provided by Operating Activities</b>	<u>3,190,238</u>	<u>4,410,819</u>
<b>Cash Flows from Investing Activities</b>		
Net purchase of investments	(1,217,582)	(752,760)
Purchase of property and equipment	(956,677)	(711,390)
Net change in assets limited as to use	580,083	(42,896)
<b>Net Cash Used by Investing Activities</b>	<u>(1,594,176)</u>	<u>(1,507,046)</u>
<b>Cash Flow from Financing Activities</b>		
Principal payments on long-term debt	(415,000)	(400,000)
Proceeds from Paycheck Protection Program Loan	-	1,109,312
<b>Net Cash Provided (Used ) by Financing Activities</b>	<u>(415,000)</u>	<u>709,312</u>
<b>Net Increase in Cash and Cash Equivalents</b>	1,181,062	3,613,085
<b>Cash and Cash Equivalents, Beginning of Year</b>	11,812,211	8,199,126
<b>Cash and Cash Equivalents, End of Year</b>	<u>\$ 12,993,273</u>	<u>\$ 11,812,211</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Interest paid	<u>\$ 10,209</u>	<u>\$ 21,108</u>

The Accompanying Notes are an Integral Part of These Financial Statements

# **Ararat Home of Los Angeles, Inc.**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

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#### **Note 1 – Summary of Significant Accounting Policies**

##### Nature of Operations

Ararat Home of Los Angeles, Inc. (the "Organization or the "Home") is a non-profit and non-denominational organization founded in 1949 to care for elderly Armenians in Southern California. Since its early inception, the Home has expanded in both size and scope. Today, the Home exists to provide assisted living, skilled nursing and convalescent care facilities, primarily for the Armenian community, and to promote Armenian heritage and culture in America. The Board of Trustees oversees the management of the Home.

##### Standards of Accounting and Financial Reporting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). According to U.S. GAAP, the Home is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions, and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations. The only limits on the use of net assets without donor restrictions are the amounts designated by the board to be held for specific purposes. Net assets with donor restrictions are resources that are restricted by a donor for the use for a particular purpose or in a particular future period.

##### Functional Allocation of Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries and benefits, supplies and ancillary services, utilities and depreciation which are allocated on the basis of estimates of time, effort and usage.

Salaries and related expenses are allocated based on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting services, are allocated based on the best estimates of management.

##### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Significant estimates and assumptions made by management are used for, but not limited to, the estimated useful lives of long-lived assets, the allowance for doubtful accounts and the functional allocation of expenses. Actual results could differ from those estimates.

# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

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#### Note 1 – Summary of Significant Accounting Policies (continued)

##### Operating Indicator

The Home's operating income (operating indicator) includes all revenue and expenses for the reporting period, except for any gain on forgiveness of debt, investment income, interest income and interest expense. These amounts are added to operating income to arrive at change in net assets in the accompanying statements of activities.

##### Patient Care and Resident Revenue

The Home provides a comprehensive range of health care services to residents. Patient care revenue consists of the following categories:

##### Skilled Nursing:

The most significant portion of the home's operations is the operation of the skilled nursing facilities at the Mission Hills and Eagle Rock campuses. Caregivers provide residents with comprehensive, individualized care 24 hours a day. In addition, the facilities provide licensed therapy services, quality nutrition services, social services, activities, and housekeeping and laundry services.

##### Assisted Living:

The Home's assisted living facility provides personal care services and assistance with general activities of daily living such as dressing, bathing, meal preparation and medication management. Resident assessments are performed to determine what services are desired or required and residents are encouraged to participate in a range of activities.

During the years ended December 31, 2021 and 2020 patient care and resident revenue consisted of the following:

	<b>2021</b>	<b>2020</b>
Skilled nursing revenues	\$ 32,643,520	\$ 29,724,723
Assisted living revenues	2,433,622	2,724,857
Ancillary revenues	55,451	45,445
	<u>\$ 35,132,593</u>	<u>\$ 32,495,025</u>

The Home recognizes revenue as its performance obligations are completed. The performance obligations are satisfied over time as the resident simultaneously receives and consumes the benefits of the healthcare services provided. Additionally, there may be ancillary services which are not included in the daily rates for routine services, but instead are treated as separate performance obligations satisfied at a point in time when those services are rendered.



# **Ararat Home of Los Angeles, Inc.**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

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#### **Note 1 – Summary of Significant Accounting Policies (continued)**

##### Patient Care and Resident Revenue (continued)

Skilled nursing and assisted living revenues are based on services rendered at amounts equal to established rates. Amounts paid for residents under the Medi-Cal, HMO, Medicare and Medicaid programs are generally based on fixed rates per patient day, adjusted prospectively. All amounts earned under these, and other governmental programs are subject to review by the third-party payers. Any differences between estimated settlements and final determination are reflected in operations in the year finalized.

During the years ended December 31, 2021 and 2020, the Home received approximately 90% of its skilled nursing and assisted living revenues from federal and state sponsored programs, and approximately 10% from private pay sources.

##### Donations

Donations are recognized at fair value when the donor makes an unconditional promise to give and are reported as donor support without restrictions unless they are received with donor stipulations that limit the use of the donated assets. Donations received with donor stipulations are reported as donor support with restrictions. When donor restrictions are satisfied, net assets are released and reported as an increase in net assets without donor restrictions.

Donated goods are recognized at their fair values at the dates of donation. Contributed services are also recognized at fair value when they are received, if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not donated. The Home receives substantial contributed services from constituents, the general public and the members of the Board of Trustees who give their time and expertise to the Home in a wide variety of areas. These contributions, despite their considerable value to the mission of the Home, are not recorded in the accompanying financial statements unless the services meet the requirements for recognition.

##### Fair Value of Financial Instruments

The accompanying statements of financial position included the following financial instruments as of December 31, 2021 and 2020: accounts receivable, prepaid expenses and other current assets, accounts payable and accrued expenses. The Home expects to realize the current assets, and to pay the current liabilities, within a short period of time. Therefore, the carrying amounts of these financial instruments approximate fair value.

# **Ararat Home of Los Angeles, Inc.**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

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#### **Note 1 – Summary of Significant Accounting Policies (continued)**

##### Cash and Cash Equivalents

The Home considers all highly liquid investments purchased with maturities of three months or less at the time of purchase to be cash equivalents. The Home maintains cash in bank deposit accounts which, at times, may exceed federally insured limits. The Home has not experienced any losses and does not believe it is exposed to any significant risk of loss on cash and cash equivalents.

##### Accounts Receivable

Substantially all of the Home's accounts receivable are related to providing assisted living, skilled nursing and convalescent care to patients. The accounts receivable is reduced by an estimated implicit price concessions by each major payor type based on historical experience of collections and contractual write downs. Management regularly reviews data about these major payors in evaluating the sufficiency of the estimate for price concession. For receivables associated with services provided to patients with third-party coverage, the Home analyzes contractually due amounts and provides an allowance, if necessary (for example, for payors who are known to be having financial difficulties that make the collection of receivables unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Home estimates uncollectible amounts based on its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. These amounts are considered implicit price concessions and are recorded as a reduction to revenue.

As of December 31, 2021 and 2020, the allowance for price concession was \$55,077 and \$108,029, respectively. Account balances are charged against the allowance after reasonable collection efforts have been exhausted and the potential for recovery is considered remote. Interest is not charged on past due amounts. Beginning balances of accounts receivable at January 1, 2020 was \$8,199,126.

##### Assets Limited as to Use

Assets limited as to use at December 31, 2020 included assets held by a bank pursuant to the Home's insured refunding revenue bonds, discussed in Note 3. Amounts required to meet current liabilities of the Home were included in current assets.

# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

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#### Note 1 – Summary of Significant Accounting Policies (continued)

##### Property and Equipment

Property and equipment are recorded at cost and depreciated over their estimated useful lives using the straight-line method of depreciation. The Home estimates the useful lives of the respective classes of property and equipment as follows:

Buildings and improvements	10 – 40 years
Furniture and equipment	5 – 20 years
Transportation equipment	5 – 15 years

Expenditures for maintenance and repairs are charged to operations when incurred.

##### Impairment

The Home reviews its long-lived assets whenever events or circumstances indicate that the carrying amounts of such assets may not be recoverable. Impairment is evaluated by comparing the carrying value of the assets with the estimated future net undiscounted cash flows expected to result from the use of the assets, including cash flows from disposition. Should the sum of the expected future net cash flows be less than the carrying value, the Home would recognize an impairment loss at that date for the amount by which the carrying amount of the asset exceeds its fair value. Management has determined that no such impairment currently exists.

##### Investments and Investment Income

The Home's investment portfolio consists primarily of money market mutual funds and marketable debt and equity securities that are measured at fair value in the statements of financial position. Investment income or losses, including net realized and unrealized gains and losses, are included in the statements of activities.

##### Fair Value Measurements

Certain assets are measured at fair value per Accounting Standards Codification Topic 820, *Fair Value Measurement and Disclosures* ("ASC Topic 820"), which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under ASC Topic 820 are described below:

Level 1: Quoted market prices (unadjusted) in active markets for identical assets or liabilities that the entity has the ability to access at the measurement date.

Level 2: Observable inputs or unobservable inputs that are corroborated by market data.

# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

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#### **Note 1 – Summary of Significant Accounting Policies (continued)**

##### Fair Value Measurements (continued)

Level 3: Unobservable inputs that are not corroborated by market data.

The assets or liabilities fair value measurement level, within the fair value hierarchy, is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

##### Discount on Debt

Debt issuance costs are presented in the statements of financial position as a direct deduction from the carrying value of the associated debt liability and amortized as interest expense over the term of the related debt. Unamortized debt issuance costs at December 31, 2021 and 2020 were \$0 and \$2,502, respectively. Amortization expense, recorded as interest expense, during the years ended December 31, 2021 and 2020 were \$5,336 and \$13,289 respectively.

##### Income Taxes

The Home is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. However, the Home is subject to federal income tax on any unrelated business taxable income. The Home applies the income tax standard for uncertain tax positions. This standard prescribes recognition and measurement of tax positions taken, or expected to be taken, on a tax return that are not certain to be realized.

The Home's income tax returns are subject to review and examination by federal, state and local authorities. The Home is not aware of any activities that would jeopardize its tax-exempt status. The Home is not aware of any activities that are subject to tax on unrelated business income or excise or other taxes. The home is subject to routine audits by taxing and other jurisdictions, however, there are no such audits currently in progress.

##### Subsequent Events

The Home has considered subsequent events through March 21, 2022, the date the financial statements were available to be issued, in preparing the financial statements and notes thereto.

#### **Note 2 – Availability of Financial Assets**

The following table reflects the Home's financial assets as of December 31, 2021 and 2020, reduced by amounts not available for general use because of donor-imposed restrictions within one-year. Amounts not available include amounts set aside for long-term investing in the endowment and capital replacement fund that could be drawn upon if the board of trustees approves that action.

# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

#### Note 2 – Availability of Financial Assets (continued)

	<u>2021</u>	<u>2020</u>
Financial assets, as of December 31	\$ 44,233,741	\$ 38,306,716
Less: net assets subject to satisfaction of donor restrictions	(1,938,041)	(2,558,967)
Board designations:		
Endowment fund, primarily for long-term investing	(19,820,208)	(17,386,704)
Capital replacement fund	(246,672)	(246,632)
Assets limited as to use	-	(580,083)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 22,228,820</u>	<u>\$ 17,534,330</u>

As part of the Home's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Home invests cash in excess of immediate requirements in interest-bearing checking, mutual funds, money market and investment accounts.

#### Note 3 – Assets Limited as to Use

Pursuant to insured refunding revenue bonds (see note 7), the Home is required to hold certain funds in trust that are restricted by the terms of the indenture agreement. As of December 31, 2021 and 2020, assets limited as to use were comprised of cash and cash equivalents contained in the following funds:

	<u>2021</u>	<u>2020</u>
Interest fund	\$ -	\$ 2,832
Principal fund	-	275,516
Debt service reserve fund	-	301,735
Total assets limited as to use	-	580,083
Less: current portion	-	(278,348)
Long term portion	<u>\$ -</u>	<u>\$ 301,735</u>

#### Note 4 – Fair Value Measurements

As of December 31, 2021 and 2020, all of the Home's investments, including fixed income securities, mutual funds and stocks, were all measured using level 1 inputs. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Home believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies, or assumptions, to determine the fair value of certain financial instruments could result in a different fair value measurement at December 31, 2021 and 2020.

# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

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#### Note 4 – Fair Value Measurements (continued)

At December 31, 2021 and 2020, the Home's investments consisted of the following:

	2021	2020
Quasi-Endowment Fund		
Short-term cash funds	\$ 186,698	\$ 817,826
Domestic corporate bonds	-	338,028
Common stocks	191,332	72,120
Real estate investment trusts	313,226	143,893
Exchange traded funds	-	265,907
US Government backed securities	1,655	102,067
Mutual funds		
Large-cap funds	8,030,954	7,227,287
Income funds	4,734,602	3,645,957
Mid-cap funds	4,721,695	3,326,469
Small-cap funds	1,312,982	1,226,251
Other funds	327,064	220,899
	<u>19,820,208</u>	<u>17,386,704</u>
Capital Investment Fund		
Short-term cash funds	725	246,082
US Government backed securities	245,947	550
	<u>246,672</u>	<u>246,632</u>
Investments		
Short-term cash funds	572,586	2,908,824
Mutual funds	4,207,705	1,527,653
Domestic Corporate Common Stocks	977,089	837,067
	<u>5,757,380</u>	<u>5,273,544</u>
Total	<u>\$ 25,824,260</u>	<u>\$ 22,906,880</u>

# **Ararat Home of Los Angeles, Inc.**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

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#### **Note 5 – Endowment and Capital Replacement Funds**

The Home maintains investments in two funds set aside for specific purposes. The Home relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Pursuant to these objectives, the Home has adopted a policy for their investment funds that attempts to provide a balance of maintenance of adequate cash reserves and the preservation of principal and growth within reasonable and prudent levels of risk.

##### Endowment Fund

The endowment fund investments consist of assets designated by the Board of Trustees to be invested in perpetuity for the purpose of generating income to support the Home's operations. Although the designated assets of the endowment fund are intended to be invested in perpetuity, the Board retains the discretion to utilize the endowment fund to support the Home's operations should the need arise. Since the board retains this discretion, the endowment fund is, therefore, more properly described as a "quasi-endowment fund".

##### Interpretation of Relevant Law

The Board of Trustees, in concurrence with the advice of legal counsel, has interpreted the California adopted Uniform Prudent Management of Institutional Funds Act ("UPMIFA") as requiring a long-term investment strategy designed to preserve the fair value of the endowment fund. In accordance with California UPMIFA, the organization considers the following factors in deciding to appropriate or invest endowment funds:

- (1) The duration and preservation of the fund.
- (2) The purposes of the Home and the donor-restricted endowment fund.
- (3) General economic conditions.
- (4) The possible effect of inflation and deflation.
- (5) The expected total return from income and the appreciation of investments.
- (6) Other resources of the Home.
- (7) The investment policies of the Home.

##### Endowment Investment and Spending Policies

The Home has adopted investment and spending policies for endowment assets that attempt to maintain the long-term purchasing power of the endowment assets. The endowment assets are invested in a manner that is intended to produce results that provide a reasonable balance between the quest for growth and the need to protect principal. The investment policy calls for a diversified portfolio utilizing various asset classes with a goal of reducing portfolio volatility and risk.

# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

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#### Note 5 – Endowment and Capital Replacement Funds (continued)

The Home uses a total investment return methodology for determining its spending policy each year. The portfolio's total returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The spending policy calculates the cumulative amount of money available for distribution from the endowment to support operations.

The spending policy is reviewed annually in light of changing market assumptions, investment returns and the rate of inflation. Accordingly, over the long term, the Home expects current spending policy to allow its endowment assets to grow.

Changes in endowment net assets for the years ended December 31, 2021 and 2020 were as follows:

	<b>2021</b>	<b>2020</b>
Endowment, beginning of year	\$ 17,386,704	\$ 15,466,269
Contributions	569	1,034
Total investment income	2,432,935	1,919,401
Endowment, end of year	<u>\$ 19,820,208</u>	<u>\$ 17,386,704</u>

#### Capital Replacement Fund

The Capital Replacement fund is composed of Board-designated investments for the acquisition of new or the replacement of obsolete or worn-out equipment, the performance of major repairs and construction of additions to, or improvements of, the Home's facilities.

#### Note 6 – Property and Equipment

Property and equipment consisted of the following:

	<b>2021</b>	<b>2020</b>
Land and land improvements	\$ 13,774,643	\$ 13,774,643
Building and building improvements	52,419,576	51,783,298
Furniture, equipment and vehicles	5,135,815	4,956,372
	71,330,034	70,514,313
Less: accumulated depreciation	<u>(28,723,657)</u>	<u>(26,899,567)</u>
	42,606,377	43,614,746
Construction in progress	1,983,409	1,856,009
	<u>\$ 44,589,786</u>	<u>\$ 45,470,755</u>

As of December 31, 2021 and 2020, construction in progress of \$1,983,409 and \$1,856,009, respectively, relates to the preparation of raw land acquired adjacent to the Home's Assisted Living Facility in Mission Hills, California.



# Ararat Home of Los Angeles, Inc.

## Notes to Financial Statements

### December 31, 2021 and 2020

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#### Note 7 – Long-Term Debt

In April 1998, the Home entered into an agreement with the California Statewide Communities Development Authority pursuant to which the insured refunding revenue bonds (the “Bonds”) were issued. On November 27, 2012, the Home refinanced the 1998 Bonds with new Bonds. The refinanced Bonds are due in annual principal payments and semi-annual payments of interest rates ranging from 2.00% to 3.00%. Principal payments are made annually and continued through June 1, 2021. The Bonds are collateralized by a pledge and assignment agreement of the Home’s revenues and a security interest in substantially all of the Home’s assets. The Bonds are redeemable at the option of the Home. The Bond agreement requires the Home to comply with certain covenants including the maintenance of certain financial ratios, restrictions on capital expenditures and disposals and restrictions on additional indebtedness. During May 2021, the Organization paid off its remaining Bond balance and has not entered into any new Bond agreements.

#### Note 8 – Contingencies

##### Laws and Regulations

The health care industry is subject to numerous laws and regulations of Federal, State and Local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, governmental health care program participation requirements, reimbursement for patient services and Medi-Cal, Medicare and Medicaid fraud and abuse rules. Violations of these laws and regulations could result in expulsion from governmental health care programs together with the imposition of significant fines and penalties, as well as repayments for patient services previously billed. Management believes that the Home is in compliance with all applicable laws and regulations.

##### Litigation

From time to time, in the ordinary course of business, the Home is named in various legal proceedings. In management’s opinion, all such matters are adequately provided for, covered by insurance or, if not so covered or provided for, are without merit.

##### General Uninsured Losses

The Home carries comprehensive liability, fire, flood, environmental, and other insurance with policy specifications, limits, and deductibles that management believes are adequate and appropriate under the circumstances given the relative risk of loss, the cost of such coverage, and industry practice. There are certain types of losses that may be either uninsurable or not economically insurable. Should an uninsured loss occur, the Home could lose assets, anticipated profits and cash flows from its operations.

# **Ararat Home of Los Angeles, Inc.**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

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#### **Note 8 – Contingencies (continued)**

##### Insurance

The Organization bears insurance risk as a member of a group captive insurance entity for certain workers' compensation insurance programs. The Organization records estimated liabilities for its insurance programs based on information provided by the third-party plan administrators, historical claims experience, expected costs of claims incurred but not paid and expected costs to settle unpaid claims. The Organization monitors its estimated insurance related liabilities on a regular basis. As facts change, it may become necessary to make adjustments that could be material to the Organization's results of operations and financial condition. Through issuance date of these financial statements, no material claim has been made against the Home and management is not aware of any event that would result to a future material claim. The Home has a medical malpractice insurance policy in the amount of \$4,000,000. The Organization believes that its present insurance coverage is adequate.

#### **Note 9 – Net Assets with Donor Restrictions and Donations with Donor Restrictions**

Net assets with donor restrictions consist of cash and artwork donated to the Home having an aggregate fair value of \$290,000. As a condition of receiving these donations, the Home agreed to promote and exhibit the artwork and provide art scholarships. Costs incurred to fulfill this obligation during the years ended December 31, 2021 and 2020 were \$10,000 and \$7,500, respectively.

In 2019, the Home received donations of \$3,180,000 to a building fund to be used to acquire, construct and repair land and facilities. Costs incurred to fulfill this obligation during the years ended December 31, 2021 and 2020 were \$610,926 and \$443,306, respectively.

#### **Note 10 – Pension Plan**

The Home has a 403(b) defined contribution plan covering substantially all employees who are age 21 and older. The plan requires that an employee provide at least 1,000 hours of service in any twelve consecutive month period to be eligible for participation. The Home matches 100% of participant contributions up to 3% of employee compensation, as defined. During the years ended December 31, 2021 and 2020, the Home made matching contributions of \$150,872 and \$167,731, respectively.

# **Ararat Home of Los Angeles, Inc.**

## **Notes to Financial Statements**

### **December 31, 2021 and 2020**

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#### **Note 11 – Coronavirus**

In December 2019, a novel strain of coronavirus (“COVID-19”) surfaced. The spread of COVID-19 around the world has caused significant volatility in the U.S. and the international markets. There is significant uncertainty around the breadth and duration of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies. As of the date of the issuance of these financial statements, the Organization continues to assess and respond, wherever they may deem necessary, to the impact of COVID-19 to its operations.

In May 2020, the Organization entered into a Paycheck Protection Program Loan (“PPP Loan”) under the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) and applicable regulations CARES Act. Under the PPP Loan, the Organization borrowed \$1,109,312. The outstanding balance on the PPP Loan at December 31, 2020 was \$1,109,312. In October 2021, the Organization received confirmation from the Small Business Administration (“SBA”) that the full amount of the PPP Loan has been approved for forgiveness. Accordingly, the Company has recorded a gain on extinguishment of Paycheck Protection Program Loan in the accompanying statement of activities for the year ended December 31, 2021.

In 2020, the Organization received \$1,921,479 of Provider Relief Fund under the CARES Act. Provider Relief Fund proceeds are to be used for economic support of health care entities in connection with health care-related expenses or lost revenues attributable to COVID-19 and treatment of uninsured COVID-19 patients. During the year ended December 31, 2020, the Organization utilized all of the Provider Relief Fund to pay for qualified expenses in full satisfaction of the conditions for the contribution. Accordingly, Provider Relief Fund Contribution in the amount of \$1,921,479 were included in the Organization’s total revenues and other support without donor restrictions for the year ended December 31, 2020.

## **SECTION 999.5(d)(10)**

- (10) The written notice of any proposed agreement or transaction set forth in section 999.5(a)(1) shall include a description of the applicant's efforts to inform local governmental entities, professional staff and employees of the health facility or facility that provides similar health care services and the general public of the proposed transaction. This description shall include any comments or reaction to this effort.**

HumanGood SoCal announced the proposed sale of Windsor to Ararat Home of Los Angeles, Inc. to its internal management team and residents on July 15, 2022. Since announcing the sale of the facility, the Chief Operating Officer of Ararat Home of Los Angeles has met with the residents and staff of Windsor several times to answer questions from residents and staff. During these meetings, participants discussed the rationale for the transaction, the transaction's effect on employees and residents, and the management team's role in improving and expanding the Windsor community.

On March 24, 2022, the board of HumanGood SoCal formally approved the transaction. The organization officially announced the transaction via written notice and email. Notice letters announcing the transaction were sent to all Windsor residents and staff (sample letters attached).

HumanGood SoCal and Ararat Home of Los Angeles have also given several Town Hall Presentations regarding this transition to both Windsor employees and residents.

The following documents are attached to this Section:

1. Letter to Windsor Residents Advising of Sale of Windsor to Ararat Home of Los Angeles dated July 15, 2022.
2. Letter to Windsor Employees Advising of Sale of Windsor to Ararat Home of Los Angeles dated July 15, 2022.
3. Letter to HumanGood Communities Advising of Sale of Windsor to Ararat Home of Los Angeles dated July 15, 2022.
4. Frequently Asked Questions Document sent to Windsor Residents on July 15, 2022.
5. Frequently Asked Questions Document sent to Windsor Employees on July 15, 2022.
6. Frequently Asked Questions Document sent to HumanGood Communities on July 15, 2022.
7. Powerpoint Presentation for Windsor Residents Town Hall Meeting with Ararat Home of Los Angeles conducted on July 15, 2022.
8. Powerpoint Presentation for Windsor Employees Town Hall Meeting with Ararat Home of Los Angeles conducted on July 15, 2022.

9. Windsor Website Intranet Post regarding the sale to Ararat Home of Los Angeles.

**SECTION 999.5(d)(10)**

**1) Letter to Windsor Residents Advising of Sale of Windsor to Ararat Home of Los Angeles dated July 15, 2022**

July 15, 2022

To Windsor residents and family members,

Since 1937, Windsor has been a valued member of the HumanGood (previously be.group/Southern California Presbyterian Homes) family of senior living communities. HumanGood cherishes this history and is honored to have served so many residents at Windsor.

Due to changing demographics and other market forces, however, HumanGood has determined that the Windsor community would benefit from an owner and operator with a fresh approach and deep ties to the local community.

After carefully considering Windsor's needs and the attributes essential to its governance and management, HumanGood and Ararat Home of Los Angeles, Inc. (Ararat Home) have come to an agreement for the transfer of Windsor to Ararat Home.

Ararat Home is a highly respected, non-profit, non-denominational organization founded in 1949, which operates three residential care and nursing facilities on two campuses in the Los Angeles area.

The sale of Windsor to Ararat Home will help promote a future of growth for one of HumanGood's smallest life plan communities. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by Newsweek magazine in 2021. The organization's deep ties to the local market will help Windsor retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area.

HumanGood and Ararat Home are currently working together to obtain licensing and regulatory approvals of the agreed-upon sale. Both parties hope to close the sale before the end of 2022.

We understand that you may have questions about the sale and Ararat Home and attached is a Frequently Asked Questions document with additional details on this change. You can also reach out to me directly with questions.

Sincerely,  
Greg Bearce  
Executive Director

**SECTION 999.5(d)(10)**

**2) Letter to Windsor Employees Advising of Sale of Windsor to Ararat Home of Los Angeles dated July 15, 2022**



July 15, 2022

To Windsor team members,

Since 1937, Windsor has been a valued member of the HumanGood (previously be.group/Southern California Presbyterian Homes) family of senior living communities. HumanGood cherishes this history and is honored to have served so many residents at Windsor.

Due to changing demographics and other market forces, however, HumanGood has determined that the Windsor community would benefit from an owner and operator with a fresh approach and deep ties to the local community.

After carefully considering Windsor's needs and the attributes essential to its governance and management, we are pleased to announce that HumanGood and Ararat Home of Los Angeles, Inc. (Ararat Home) have come to an agreement for the transfer of Windsor to Ararat Home.

This transition will help promote a future of growth for our community and a chance for Ararat Home to build upon the foundation established by HumanGood and continue to inspire a rich and rewarding life for residents.

There will be no immediate changes to day-to-day operations and services for Windsor team members or residents. Team members will keep their current job without lapse in benefits and will be offered a retention bonus for transitioning to the Ararat Home family.

We are in the process of working with Ararat Home to obtain licensing and regulatory approvals of the agreed-upon sale and hope to close the sale before the end of 2022.

We understand that you may have questions about the sale and Ararat Home, and we encourage you to join us for a town hall meeting on July 15. Also attached is a **Frequently Asked Questions** document with additional details on this change.

#### **About Ararat Home of Los Angeles, Inc.**

Ararat Home is a highly respected, non-profit, non-denominational organization founded in 1949, which operates three residential care and nursing facilities on two campuses in the Los Angeles area.

Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by Newsweek magazine in 2021. The organization's deep



ties to the local market will help Windsor retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area.

We encourage you to join us for our town hall meeting if you have additional questions, or you can reach out to me directly.

Sincerely,

Greg Bearce  
Executive Director

**SECTION 999.5(d)(10)**

**3) Letter to HumanGood Communities Advising of Sale of Windsor to Ararat Home of Los Angeles dated July 15, 2022**



July 15, 2022

To our HumanGood family,

I want to share news about Windsor, our life plan community in Glendale, CA.

At HumanGood, we consistently explore opportunities that are in the best interest of our communities, team members and residents. As such, today we are announcing that HumanGood and Ararat Home of Los Angeles have been working together to transition the Windsor life plan community to the Ararat Home family of senior living communities.

Ararat Home of Los Angeles is a highly respected, non-profit, non-denominational organization founded in 1949 which operates three residential care and nursing facilities on two campuses in the Los Angeles area. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by Newsweek magazine in 2021

Ararat Home also has deep ties to the local market, which will help Windsor retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area.

We are confident the transition will bring a bright and promising future for the community, as Ararat Home will employ all Windsor team members, honor resident contracts and remain committed to building upon the already strong foundation established by HumanGood.

To all the team members of Windsor, thank you for your outstanding work and dedication to HumanGood. We know each of you will continue to inspire rich and rewarding lives for residents. We hope the rest of the organization will join us in wishing our Windsor family all the best.

We understand many of you may have questions about this transition, so we are also sharing a **Frequently Asked Questions** document.

Thank you to all for your support and thank you to our team members for all that you do on behalf of our residents and each other.

Sincerely,  
John Cochrane & Dan Ogus



**SECTION 999.5(d)(10)**

**4) Frequently Asked Questions Document sent to Windsor Residents  
on July 15, 2022**



## HumanGood and Ararat Home: FAQs for Windsor residents and family

HumanGood and Ararat Home of Los Angeles, Inc. are working together to help the Windsor life plan community (LPC) join the Ararat Home family of senior care facilities.

### Frequently Asked Questions (FAQs)

#### What's changing?

Windsor will join the Ararat Home family of care facilities—upon receipt of all necessary governmental approvals and licensing—promoting a bright and promising future for Windsor's residents and team members.

#### Who is Ararat Home of Los Angeles, Inc.?

Ararat Home is a highly-respected, non-profit, non-denominational organization founded in 1949, which operates three residential care and nursing facilities on two campuses in the Los Angeles area. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by [Newsweek](#) magazine in 2021.

#### Why is HumanGood working with Ararat Home on this sale?

Historically, Ararat Home has deep ties to Windsor's local market, thereby helping retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area. We are confident that this sale will promote a bright and promising future for Windsor's residents and team members.

#### How will the sale affect Windsor's residents?

Residents have always been our absolute top priority. HumanGood and Ararat Home will work closely to ensure a smooth transition, so Windsor residents can be assured that their valued high-quality, personalized services will remain in place. Ararat Home will assume and honor all resident contracts.

#### What will happen to Windsor team members?

Current Windsor team members will be offered the opportunity to stay within the community and transition to the Ararat Home team. Once the sale is finalized, they will be hired by Ararat Home.

#### When will the sale occur?

HumanGood and Ararat Home are currently working together on finalizing the sale with regulatory agencies and we hope to close the sale by late Fall 2022. We will continue to provide updates throughout the transition.

#### How will the sale work?

Before the sale is finalized, it is subject to approval by multiple government agencies and Ararat Home must obtain appropriate licensing. Plus, advance notice must be given to various parties, including Windsor residents.

This approval process and notice period spans at least 120 days, and may take longer. That's why



we anticipate the sale to close by late Fall 2022, and we'll continue to provide updates throughout the process.

**What happens next?**

HumanGood and Ararat Home will work closely during the sale to ensure a smooth transition for Windsor's residents. Current Windsor team members will be offered the opportunity to stay within the community and transition to the Ararat Home team.

**What does this sale mean for residents' residential living contracts?**

Ararat Home will assume and honor all resident contracts.

**Will this sale affect Windsor's services/programs?**

We expect Ararat Home to continue to offer services/programs that engage residents to live rich and rewarding lives.

**What happens to Windsor's HumanGood branding?**

Once the sale is finalized, Windsor's community materials will be updated with Ararat Home's name and branding. We will continue to provide updates throughout the transition.

**If I have questions about this sale, who should I ask?**

Please direct your questions to Greg Bearce, executive director.

**SECTION 999.5(d)(10)**

**5) Frequently Asked Questions Document sent to Windsor Employees  
on July 15, 2022**



## HumanGood and Ararat Home: FAQs for Windsor team members

HumanGood and Ararat Home of Los Angeles, Inc. are working together to help the Windsor life plan community (LPC) join the Ararat Home family of senior care facilities.

### Frequently Asked Questions (FAQs)

#### What's changing?

Windsor will join the Ararat Home family of care facilities—upon receipt of all necessary governmental approvals and licensing—promoting a bright and promising future for Windsor's residents and team members. Ararat Home will build upon the foundation established by HumanGood and continue to inspire rich and rewarding lives for residents.

#### Who is Ararat Home of Los Angeles, Inc.?

Ararat Home is a highly-respected, non-profit, non-denominational organization founded in 1949, which operates three residential care and nursing facilities on two campuses in the Los Angeles area. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by [Newsweek](#) magazine in 2021.

#### Why is HumanGood working with Ararat Home on this sale?

Ararat Home has deep ties to Windsor's local market, thereby helping retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area. We are confident that this sale will promote a bright and promising future for Windsor's residents and team members.

#### When will the sale occur?

HumanGood and Ararat Home are currently working together on finalizing the sale with regulatory agencies and we are hoping to close the sale by late Fall 2022. We will continue to provide updates throughout the transition.

#### How will the sale work?

Before the sale is finalized, it is subject to approval by multiple government agencies and Ararat Home must obtain appropriate licensing. Plus, advance notice must be given to various parties, including Windsor residents.

This approval process and notice period spans at least 120 days, and may take longer. That's why we anticipate the sale to close by late Fall 2022, and we'll continue to provide updates throughout the process.

#### What happens next?

HumanGood and Ararat Home will work closely during the sale to ensure a smooth transition for Windsor's residents. Current Windsor team members will be offered the opportunity to stay within the community and transition to the Ararat Home team.



### **What does this sale mean for me, my pay and my benefits?**

During the transition period, all Windsor team members will keep their current jobs, pay and benefits (subject to terminations for cause). HumanGood team members at Windsor will be offered a retention bonus for transitioning to the Ararat Home family. Once the sale is finalized, they will be hired by Ararat Home, and will not experience any lapse in pay or benefits.

More specifics about the Ararat Home transition and benefit programs will be provided at a later date.

### **Will there be layoffs or job cuts? If so, will there be severance?**

No, there will not be layoffs or job cuts due to the sale. All current HumanGood Windsor team members who wish to receive a retention bonus will sign a letter with details on transitioning to the Ararat Home family.

### **Will I need to reapply to my job after the sale?**

No, Windsor team members will not need to reapply to their jobs. Once the sale is finalized, HumanGood team members at Windsor will be hired by Ararat Home, and will not experience any lapse in pay or benefits.

### **How will the sale affect Windsor's residents?**

Residents have always been our absolute top priority. We expect Ararat Home to continue to offer services/programs that engage residents to live rich and rewarding lives.

HumanGood and Ararat Home will work closely to ensure a smooth transition, so Windsor residents can be assured that their valued high-quality, personalized services will remain in place. Ararat Home will assume and honor all resident contracts.

### **What happens to Windsor's HumanGood branding?**

Once the sale is finalized, Windsor's community materials will be updated with Ararat Home's name and branding. We will continue to provide updates throughout the transition.

### **If I have questions about this sale, who should I ask?**

Please direct your questions to Greg Bearce, executive director.

### **What should I do if I'm contacted by the media about this sale?**

All media or other inquiries should be sent to Greg Bearce, who will work with the HumanGood Communications team to respond.

**SECTION 999.5(d)(10)**

**6) Frequently Asked Questions Document sent to HumanGood Communities on July 15, 2022**



## HumanGood and Ararat Home: FAQs

HumanGood and Ararat Home of Los Angeles, Inc. are working together to help the Windsor life plan community (LPC) join the Ararat Home family of senior care facilities.

### Frequently Asked Questions (FAQs)

#### Who is Ararat Home of Los Angeles, Inc.?

Ararat Home is a highly respected, non-profit, non-denominational organization founded in 1949, which operates three residential care and nursing facilities on two campuses in the Los Angeles area. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by [Newsweek](#) magazine in 2021.

#### What's changing?

The Windsor life plan community in Glendale, California, will join the Ararat Home family of care facilities—upon receipt of all necessary governmental approvals and licensing—promoting a bright and promising future for Windsor's residents and team members. Ararat Home will build upon the foundation established by HumanGood and continue to inspire rich and rewarding lives for residents.

#### Why is HumanGood working with Ararat Home on this sale?

Ararat Home has deep ties to Windsor's local market, thereby helping retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area. We are confident that this sale will promote a bright and promising future for Windsor's residents and team members.

#### When will the sale occur?

HumanGood and Ararat Home are currently working together on finalizing the sale with regulatory agencies and we hope to close the sale by late Fall 2022. We will continue to provide updates to Windsor residents and team members throughout the transition.

#### How will the sale work?

Before the sale is finalized, it is subject to approval by multiple government agencies and Ararat Home must obtain appropriate licensing. Plus, advance notice must be given to various parties, including Windsor residents.

This approval process and notice period spans at least 120 days, and may take longer. That's why we anticipate the sale to close by late Fall 2022 and we'll continue to provide updates throughout the process.

#### What will happen to Windsor team members?





Current Windsor team members will be offered the opportunity to stay within the community and transition to the Ararat Home team. Once the sale is finalized, they will be hired by Ararat Home.

**How will the sale affect Windsor's residents?**

Residents have always been our absolute top priority. We expect Ararat Home to continue to offer services/programs that engage residents to live their best lives. HumanGood and Ararat Home will work closely to ensure a smooth transition, so Windsor residents can be assured that their valued high-quality, personalized services will remain in place.

**Is HumanGood a financially strong organization?**

Yes, HumanGood is a financially healthy organization. All financial documentation is readily available at [www.humangood.org/disclosures](http://www.humangood.org/disclosures).

**Are there plans for more community sales?**

There are no additional sales planned. As always, we will keep you updated with the latest information as it becomes available.

**If I have questions about the Windsor sale, who should I ask?**

Please direct your questions to your community leadership.



**SECTION 999.5(d)(10)**

**8) Powerpoint Presentation for Windsor Employees Town Hall  
Meeting with Ararat Home of Los Angeles conducted on July 15, 2022**



# Windsor: Team member town hall

July 15, 2022

# Agenda

- **Welcome and introductions**
- **Who is Ararat Home of Los Angeles**
  - Ararat Home COO Derik Ghookasian
- **What to expect and when**
- **Q&A**



# Windsor is joining Ararat Home of Los Angeles

- **Reasons for our transition**
- **What will happen and when**
  - Retention letters will be discussed in the next few workdays
  - Windsor operations will remain the same until the business transfer happens (business as usual)
    - Team members will perform duties as always and are subject to our normal performance requirements
      - Current rules regarding employment and termination will stay the same
    - All HumanGood Policies remain intact until the transition
    - New team members will be hired according to our needs and recruiting will not change
    - At transition all team members will receive a termination letter and final pay will include regular hours, PTO balance and the retention payment

# Introducing Ararat Home of Los Angeles

- COO Derik Ghookasian
- What will change and what stays the same?
- What to look forward to with Ararat Home



# Q&A



**SECTION 999.5(d)(10)**

**7) Powerpoint Presentation for Windsor Residents Town Hall Meeting  
with Ararat Home of Los Angeles conducted on July 15, 2022**



# Windsor: Resident town hall

July 15, 2022

# Agenda

- **Welcome and introductions**
- **Who is Ararat Home of Los Angeles**
  - Ararat Home COO Derik Ghookasian
- **Q&A**

# Windsor is joining Ararat Home of Los Angeles

- Reasons for our transition
- What will happen and when



# Introducing Ararat Home of Los Angeles

- COO Derik Ghookasian
- What will change and what stays the same?
- What to look forward to with Ararat Home



# Q&A



**SECTION 999.5(d)(10)**

**9) Windsor Website Intranet Post regarding the sale to Ararat Home of Los Angeles**

## Message from John Cochrane and Dan Ogus: News about our Windsor life plan community

HumanGood | 15 July 2022 by JAMES PARK • Dan Ogus, john cochrane, Windsor, Ararat



*HumanGood and Ararat Home of Los Angeles are working together on the sale of Windsor to the Ararat Home family of senior living communities.*

To our HumanGood family,

We want to share news about Windsor, our life plan community in Glendale, CA.

At HumanGood, we consistently explore opportunities that are in the best interest of our communities, team members and residents. As such, today we are announcing that HumanGood and Ararat Home of Los Angeles have been working together to transition the Windsor life plan community to the Ararat Home family of senior living communities.

Ararat Home of Los Angeles is a highly respected, non-profit, non-denominational organization founded in 1949 which operates three residential care and nursing facilities on two campuses in the Los Angeles area. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by Newsweek magazine in 2021.

Ararat Home also has deep ties to the local market, which will help Windsor retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area.

We are confident the transition will bring a bright and promising future for the community, as Ararat Home will employ all Windsor team members, honor resident contracts and remain committed to building upon the already strong foundation established by HumanGood.

To all the team members of Windsor, thank you for your outstanding work and dedication to HumanGood. We know each of you will continue to inspire rich and rewarding lives for residents. We hope the rest of the organization will join us in wishing our Windsor family all the best.

We understand many of you may have questions about this transition, so we are also sharing a [Frequently Asked Questions](#) document, which is also copied below.

Thank you to all for your support and thank you to our team members for all that you do on behalf of our residents and each other.

Sincerely,

John Cochrane & Dan Ogus

## **FAQ**

### **Who is Ararat Home of Los Angeles, Inc.?**

Ararat Home is a highly respected, non-profit, non-denominational organization founded in 1949, which operates three residential care and nursing facilities on two campuses in the Los Angeles area. Ararat Home has received numerous recognitions, including its Nursing Facility being ranked as the #1 nursing home in California by Newsweek magazine in 2021.

### **What's changing?**

The Windsor life plan community in Glendale, California, will join the Ararat Home family of care facilities—upon receipt of all necessary governmental approvals and licensing—promoting a bright and promising future for Windsor's residents and team members. Ararat Home will build upon the foundation established by HumanGood and continue to inspire rich and rewarding lives for residents.

### **Why is HumanGood working with Ararat Home on this sale?**

Ararat Home has deep ties to Windsor's local market, thereby helping retain and improve its reputation as a leading provider of senior living and healthcare services in the Glendale area. We are confident that this sale will promote a bright and promising future for Windsor's residents and team members.

### **When will the sale occur?**

HumanGood and Ararat Home are currently working together on finalizing the sale with regulatory agencies and anticipate closing the sale by late Fall 2022. We will continue to provide updates to Windsor residents and team members throughout the transition.

### **How will the sale work?**

Before the sale is finalized, it is subject to approval by multiple government agencies and Ararat Home must obtain appropriate licensing. Plus, advance notice must be given to various parties, including Windsor residents. This approval process and notice period spans at least 120 days, and may take longer. That's why we anticipate the sale to close by late Fall 2022 and we'll continue to provide updates throughout the process.

### **What will happen to Windsor team members?**

Current Windsor team members will be offered the opportunity to stay within the community and transition to the Ararat Home team. Once the sale is finalized, they will be hired by Ararat Home.

### **How will the sale affect Windsor's residents?**

Residents have always been our absolute top priority. This sale will not impact the quality service and care that Windsor provides, and we expect Ararat Home to continue to offer services/programs that engage residents to live their best lives. HumanGood and Ararat Home will work closely to ensure a smooth transition, so Windsor residents can be assured that their valued high-quality, personalized services will remain in place.

### **Is HumanGood a financially strong organization?**

Yes, HumanGood is a financially healthy organization. All financial documentation is readily available at [www.humangood.org/disclosures](http://www.humangood.org/disclosures).

### **Are there plans for more community sales?**

There are no additional sales planned. As always, we will keep you updated with the latest information as it becomes available.

### **If I have questions about the Windsor sale, who should I ask?**

Please direct your questions to your community leadership.

Attachment: Gen\_FAQ\_fin.pdf

## **SECTION 999.5(d)(11)(A)**

**(A) Any board minutes or other documents relating or referring to consideration by the board of directors of the applicant and any related entity, or any committee thereof of the agreement or transaction or of any other possible transaction involving any of the health facilities or facilities that provide similar health care services that are the subject of agreement or transaction.**

1. Meeting Minutes from HumanGood SoCal Board Meeting dated April 21, 2022.
2. Board Resolution from HumanGood SoCal Board approving the Sale of Windsor dated March 24, 2022.
3. Powerpoint Presentation to HumanGood SoCal Requesting Approval of the Sale of Windsor to Ararat Home of Los Angeles dated March 24, 2022.
4. Meeting Minutes from HumanGood SoCal Board Meeting dated March 24, 2022.
5. A copy of the Executive Session Meeting Minutes from HumanGood SoCal Board Meeting concerning the Letter of Intent received from Solheim Lutheran Homes dated December 10, 2021 has been submitted to the Attorney General's office under separate cover.
6. Meeting Minutes from HumanGood Strategic Planning Committee Meeting dated December 9, 2021.

\*Please note that any information pertaining to matters unrelated to the sale of Windsor have been redacted from the HumanGood SoCal meeting minutes.

**SECTION 999.5(d)(11)(A)**

**1) Meeting Minutes from HumanGood SoCal Board Meeting dated April 21, 2022**



**MINUTES OF MEETING OF BOARD OF DIRECTORS  
HUMANGOOD NORCAL  
THE HYATT REGENCY HOTEL  
LA JOLLA, CALIFORNIA  
APRIL 21, 2022  
12:30 PM**

A meeting of the Board of Directors (the “Board”) of HumanGood NorCal (the “Corporation”) was held on April 21, 2022, in La Jolla, California. Board members present, constituting a quorum, were: Mr. Randall Stamper (Chair), Mr. Al Kelley (Vice-Chair), Mr. Declan Brown (Secretary), Ms. Judith Baker, Mr. William Battison, and Rev. Michelle Holmes. Ms. Irene Feller, and Ms. Sharon Roth participated via Zoom.

Other Board members in attendance on Zoom were: HumanGood Fresno board members Ms. Pamela Claassen and Ms. Gloria Kunz.

Staff members in attendance were: Mr. John Cochrane (President and CEO), Mr. Dan Ogus (Chief Operating Officer), Mr. Andrew McDonald (Chief Financial Officer), Mr. James Park (Senior Vice President, Communications), Ms. Lisa Holland (Senior Vice President, Experience), Mr. Dennis Gradillas (Senior Vice President, Revenue) and Ms. Jennifer Kappen (Senior Vice President, Affordable Housing)

Staff members on Zoom were: Ms. Bethany Ghassemi (General Counsel) and Ms. Roxanne Chase (Governance Board Relations Manager), taking minutes.

Mr. Stamper called the meeting to order at 12:33 p.m. and Mr. Kelley provided the opening prayer.

Mr. Ogus reported that management is engaging a national search firm for the senior vice president human resource position. He introduced Mr. Gradillas, Ms. Holland, Mr. Park, and Ms. Kappen to the Board as the new senior vice presidents and explained their respective roles. Mr. Ogus stated that the new organizational structure would position the organization to grow and provide a unified strategy and better coordination with the C-suite executives.

**FOLLOW UP:** Mr. Stamper requested at the next HumanGood Affordable Housing board meeting that the Board receive a more in-depth state of the affordable housing industry and to include what the challenges and concerns are for Ms. Kappen.

**Update on Windsor:** Mr. Ogus stated that the Purchase and Sale Agreement with Ararat has been going back and forth with comments received back from Ararat's attorneys. Ms. Ghassemi is not concerned with the comments received as the team works through the practicality of the transition. There is a call scheduled on April 22, 2022, to continue to iron out the agreement's details. The Purchase and Sale Agreement potentially be signed next week. Ms. Ghassemi noted that the California Attorney General will require every record and note of the meetings regarding this sale.

Ms. Ghassemi stated that since every single aspect of the record must be sent to the California Attorney General she wanted to correct the record relating to residents' rights.

She stated that at the last meeting she presented the following RCFE contract resident's rights. See below.

**Original Slide: Windsor Residents**

- 120-day notice must provide options available to any depositor or resident who does not wish to have his or her contract assumed by a new provider.
  - We would assign contracts to new provider pursuant to an Assignment and Assumption Agreement.
  - If resident doesn't want to assign contract to new owner, we'd need to offer alternative options such as buyout, placement at another CCRC, etc.
- Note: we are looking for buyers who will assume resident contracts. DSS would be resistant to a buyer who did not agree to assume resident contracts.
- RCFE Residents don't have a right to alternatives. After giving notice, we would simply assign contracts to the new provider.

Ms. Ghassemi reported that after further research, she discovered that because this is a sale and not a closure, the above-stated residents' rights do not apply. She requested the Board ratify its prior approval of the purchase and Sale agreement with Ararat noting the change in Windsor contracted residents' rights indicated in the slide below.

**Revised Slide: Windsor Residents**

- 120-day notice must provide options available to any depositor or resident who does not wish to have his or her contract assumed by a new provider.
  - We would assign contracts to new provider pursuant to an Assignment and Assumption Agreement.
  - Residents who do not want their contracts assumed by Ararat can terminate their contracts and receive any refund, rebate or repayment due thereunder.
- Note: we are looking for buyers who will assume resident contracts. DSS would be resistant to a buyer who did not agree to assume resident contracts.
- RCFE Residents: After giving notice, we would simply assign contracts to the new provider.

Ms. Ghassemi addressed inquiries that the purchase price should not change if residents decide to relocate and stated that the definition of what is a "material adverse event" was being negotiated.

**ACTION TAKEN:** Upon a motion made and seconded, the Board ratified its prior actions approving the Purchase and Sale Agreement with Ararat subject to the corrected change as it relates to Windsor resident rights stated above.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Mr. Stamper adjourned the meeting at 1:27 p.m.

---

H. Declan Brown, Secretary of HumanGood  
NorCal, a California nonprofit public benefit  
corporation

**SECTION 999.5(d)(11)(A)**

**2) Board Resolution from HumanGood SoCal Board approving the Sale of Windsor dated March 24, 2022**

## **HUMANGOOD SOCAL**

### **APPROVAL OF SALE DISCUSSIONS AND AUTHORIZING THE EXECUTION OF A PURCHASE AND SALE AGREEMENT WITH ARARAT HOME OF LOS ANGELES, INC.**

DULY ADOPTED ON MARCH 24, 2022

WHEREAS, HumanGood SoCal is a California nonprofit public benefit corporation (the “Corporation”) that owns and operates, a continuing care retirement community (“CCRC”) located at 1230 E Windsor Rd, Glendale, CA 91205 known as “Windsor” and previously, “Windsor Manor” (the “Community”);

WHEREAS, each of the Corporation and its sole member, HumanGood, holds, in its capacity as a co-provider, a continuing care certificate of authority (the “COA”) and a residential care facility for the elderly (“RCFE”) license, and the Corporation holds a skilled nursing facility license (“SNF License”), for the Community;

WHEREAS, over several years, the Corporation has experienced both operational and financial challenges operating the Community as a senior care community, including declining sales, low SNF census, and difficulties recruiting sufficient staff;

WHEREAS, the Corporation has sought to improve the operational and financial stability and raise the profile of the Community in the local community by expanding and enhancing the scope and extent of services provided to the Community's senior residents;

WHEREAS, despite the Corporation's efforts, the Community has continued to struggle both financially and operationally;

WHEREAS, in an effort to address these challenges, the Corporation began exploring a potential sale of the Community and in doing so obtained an Appraisal Report from CBRE, Inc. (“CBRE”), an experienced appraiser of senior care communities, and valuations from two investment banking firms with deep experience and connections in the senior living space, Ziegler Investment Banking (“Ziegler”) and Herbert J. Sims & Co., Inc. (“HJ Sims”);

WHEREAS, the CBRE appraisal appraised the Community at a value of \$16,800,000, Ziegler issued a preliminary valuation of \$10,000,000 to \$14,000,000, and HJ Sims issued a preliminary valuation of \$12,902,184;

WHEREAS, as previously authorized by the Board, the Corporation initially engaged in discussions with a prospective nonprofit buyer for the purchase of the Community, but after evaluating an informal offer from such prospective buyer that was lower than CBRE’s appraised value of the Community and upon learning from such prospective buyer that it might desire to delicense and close the skilled nursing facility at the Community in the future, the Corporation decided to stay in the market with the hope of identifying a better matched buyer;

WHEREAS, the Corporation identified and subsequently engaged in discussions with Ararat Home of Los Angeles, Inc., a California nonprofit public benefit corporation (“Ararat”) for the purchase of the Community;

WHEREAS, the Corporation thoroughly evaluated an offer from Ararat to purchase the Community for \$14,800,000 in cash, which offer includes the commitment to assume all active resident contracts (the “Sale Price”);

WHEREAS, the Corporation believes that Ararat is a strong candidate as a potential owner/operator of the Community because it is a nonprofit with strong ties to the local community, it is an experienced operator of a continuing care retirement community that serves a senior population similar to those residing at the Community, it has a strong licensing compliance record, and it plans to maintain and potentially increase the number of licensed beds at the Community's skilled nursing facility;

WHEREAS, the Corporation also believes that Ararat's proposed purchase offer is fair and consistent with the appraised value assigned by CBRE, given that the CBRE Appraisal Report does not reflect the cash resources needed to rehabilitate the Community in light of the current and long lasting operational and financial challenges it has been experiencing;

WHEREAS, the Corporation is in the process of conducting due diligence, determining any necessary review and approval by state regulatory and licensing agencies, and preparing documents, including a purchase and sale agreement, in order to further evaluate and proceed with effectuating Ararat's purchase offer; and

WHEREAS, having considered the foregoing, the Board of Directors of the Corporation desires to authorize the sale of the Community to Ararat for the Sale Price (the “Transaction”), which authorization shall include the authorization of (1) such actions as are necessary or desirable to obtain regulatory approval of the Transaction, (2) the execution of a purchase and sale agreement in the form reviewed and approved by management of the Corporation and legal counsel to the Corporation (the “Purchase and Sale Agreement”), (3) the execution of other documents and the taking of such actions as are necessary or desirable to further the Transaction, and (4) the ratification of such actions or activities pertaining to the Transactions taken prior to the date of this resolution.

NOW THEREFORE, IT IS:

RESOLVED, that the Corporation approves the Transaction and the execution of the Purchase and Sale Agreement by the President and Chief Executive Officer of the Corporation in the form approved by management of the Corporation and legal counsel to the Corporation;

RESOLVED FURTHER, the President and Chief Executive Officer, Chief Operating Officer, Chief Financial Officer and General Counsel of the Corporation (“Authorized Officers”), each acting alone, are hereby authorized and directed to prepare and execute any other documents to which the Corporation is a party in connection with the Purchase and Sale Agreement and/or sale of the Community;

RESOLVED FURTHER, that the Corporation is authorized to provide all necessary notices to residents and regulatory and licensing agencies and receive approvals from all regulatory and licensing agencies as needed for the proposed sale of the Community;

RESOLVED FURTHER, that the Corporation is authorized, but not required, to file a change of manager application for the RCFE License, COA, and SNF License in order to have Ararat begin managing the Community on the Corporation's behalf in anticipation of Ararat receiving the necessary regulatory and licensing approvals regarding its purchase of the Community;

RESOLVED FURTHER, that the Corporation will cooperate with Ararat to obtain all necessary regulatory, licensing, and certification change of ownership approvals of the Community and meet any other conditions of closing as described in the Purchase and Sale Agreement; and

RESOLVED FURTHER, the acts of the Authorized Officers of the Corporation and of any person or persons and authorized to act by any such officer of the Corporation, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolution, are hereby separately ratified, confirmed, approved and adopted as acts in the name of and on behalf of the Corporation.

#### **CERTIFICATION**

I, H. Declan Brown, Secretary of HumanGood SoCal, a California nonprofit public benefit corporation (the "Corporation"), do hereby certify and declare that the foregoing is a full, true and correct copy of the resolution duly passed and adopted the Board of Directors of the Corporation at a meeting of the Board of Directors of the Corporation duly called special meeting, noticed and held on March 24, 2022; that said resolutions are now in full force and effect; that there is no provision in the Articles of Incorporation or Bylaws of the Corporation limiting the powers of the Board of Directors of the Corporation to pass the foregoing resolutions and that such resolutions are in conformity with the provisions of such Articles of Incorporation and Bylaws of the Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand as of March 24, 2022.



H. Declan Brown,  
Secretary of HumanGood SoCal,  
a California nonprofit public benefit corporation

**SECTION 999.5(d)(11)(A)**

**3) Powerpoint Presentation to HumanGood SoCal Requesting  
Approval of the Sale of Windsor to Ararat Home of Los Angeles dated  
March 24, 2022**





# Request for Approval of Sale of Windsor to Ararat Home of Los Angeles, Inc.

March 24, 2022

# Proposed Sale of Windsor: where we are

- Ziegler and Sims provided preliminary valuations ranging from \$10-\$14MM
- COG Boards approved LOI with Solheim December 10, 2021
- Solheim proposed \$13,250,000 (combination of land and cash) but did not sign LOI
- Solheim and HumanGood agreed to obtain an appraisal to better assess the value of the Community
- Ararat Home of Los Angeles, Inc. (“Ararat”) offered \$14MM cash
- CBRE Appraisal valued community at \$17MM
- Ararat increased offer to \$14.8MM

# Why Sell Windsor?

- Windsor has experienced sustained operational challenges and significant and growing financial losses
- All initiatives to date have not been successful in improving financial performance

## Windsor Financial Performance Summary

	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Operating Revenue	\$8,089	\$8,391	\$8,148	\$8,897	\$8,938
Total Employee Cost	\$5,086	\$5,322	\$5,741	\$6,512	\$6,721
Non Wage Expenses	\$3,737	\$3,244	\$3,663	\$3,894	\$4,367
<b>Operating Margin</b>	<b>(\$733)</b>	<b>(\$175)</b>	<b>(\$1,256)</b>	<b>(\$1,509)</b>	<b>(\$2,150)</b>
Net Cash from Turnover Entrance Fees	\$811	\$796	\$415	(\$18)	(\$8)
<b>Net Cash Production</b>	<b>\$78</b>	<b>\$621</b>	<b>(\$841)</b>	<b>(\$1,527)</b>	<b>(\$2,158)</b>
Capital Spending	\$978	\$792	\$901	\$814	\$1,235
Debt Principal	\$28	(\$64)	\$8	(\$95)	\$12
Interest Expense	\$122	\$119	\$96	\$59	\$58
<b>Net Cash Flow</b>	<b>(\$1,051)</b>	<b>(\$225)</b>	<b>(\$1,846)</b>	<b>(\$2,306)</b>	<b>(\$3,463)</b>

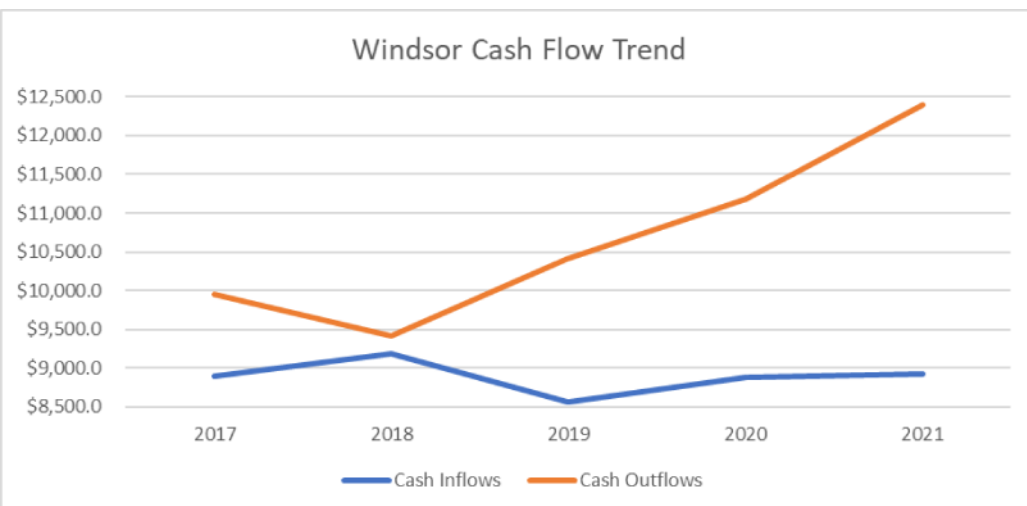
\$8.9M cash flow loss over last 5 years



# Why Sell Windsor?

- Sale will provide meaningful financial improvement to the HG COG

Windsor Cash Flow Trend



## COG RATIOS IF WINDSOR WAS SOLD ON JANUARY 1, 2021

### Debt Service Coverage Ratio

	12/31/2021	Less: WI	12/31 Adj
Income Available For Debt Service	\$87,687	\$2,158	\$89,845
Maximum Annual Debt Service	\$27,523	\$0	\$27,523
DSCR	<b>3.19</b>		<b>3.26</b>

### Days Cash on Hand

Cash & Investments	\$361,227	\$17,729	\$378,956
Operating Expenses	\$261,122	(\$10,354)	\$250,768
Interest Expense	\$11,364	\$0	\$11,364
<b>Expenses</b>	<b>\$272,486</b>	<b>(\$10,354)</b>	<b>\$262,132</b>
Daily Expenses	\$746.54		\$718.17

DCOH	<b>484</b>		<b>528</b>
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# Why Ararat?

- Nonprofit with strong ties to the local community
- Experienced operator of a continuing care retirement community (holds Certificate of Authority from DSS) with excellent RCFE licensing compliance record
- Serves a senior population similar to the Community's current residents
- Plans to maintain and potentially increase the number of licensed beds at the Community's skilled nursing facility
- All cash offer (no financing contingency) includes agreement to assume resident contracts

# Why \$14.8MM is a Good Price

- CBRE appraised value of \$16.8M plus \$1M for excess land assumes a material improvement in operating results
- Valuation assumes a stabilized and improving cash flow
- We cannot charge for results not achieved...sold at \$2M discount to stabilized value

Period	1	2	3	4	5	6	7	8	9	10	Reversion
Period Date (Begin)	Mar-22	Mar-23	Mar-24	Mar-25	Mar-26	Mar-27	Mar-28	Mar-29	Mar-30	Mar-31	Mar-32
Net Income	\$1,291,080	\$1,598,795	\$1,648,381	\$1,699,488	\$1,752,160	\$1,806,447	\$1,862,396	\$1,920,060	\$1,979,489	\$2,040,737	\$2,083,989

MARKET VALUE CONCLUSIONS			
Appraisal Premise	Interest Appraised	Date of Value	Value Conclusion
Current Value Conclusions			
As Is - Going Concern	Fee Simple Estate	February 17, 2022	\$16,800,000
Excess Land Value	Fee Simple Estate	February 17, 2022	\$1,050,000
Prospective Value Conclusions			
Upon Completion - Going Concern	Fee Simple Estate	March 17, 2022	\$17,100,000
Upon Stabilization - Going Concern	Fee Simple Estate	March 17, 2023	\$19,400,000
Compiled by CBRE			

# Selling a CCRC in California

- Documents governing the real estate transaction, assumption of contracts to provide care and residence, and ongoing relationship post-closing:
  - Letter of Intent (LOI)- non-binding but makes relationship exclusive
  - Purchase and Sale Agreement (PSA)- commits buyer and seller to transfer the property subject to satisfaction of conditions, including regulatory approvals
  - Assignment and Assumption Agreement
  - Operations Transfer Agreement/Interim Leaseback and Management Agreement for SNF
- Primary regulatory agencies that must approve:
  - Continuing Care Contracts Branch of DSS (DSS/CCCB)
  - CCLD Division of DSS (DSS/CCLD)
  - CDPH (State Agency that regulates SNF)
  - CMS (Federal Agency responsible for administering Medicare/Medi-Cal)
  - California Attorney-General

# Selling a CCRC in California: overview of regulatory requirements for Change of Ownership (“CHOW”)

- CHOW Notices and approvals required:
  - 120-day to DSS/CCCB (REQUIRES **DSS APPROVAL**)
  - 60-Day notice to DSS/CCLD (REQUIRES **DSS APPROVAL**)
  - 120-day notice to Residents
  - 90-day Notice to California AG (REQUIRES **AG APPROVAL**)
- All of the above must be accomplished prior to closing the sale. DSS does not permit sale/leaseback arrangements.
- **CDPH/CMS approval** of CHOW and licensing of new SNF takes 9 months to a year. Approval is typically accomplished post-closing via a sale/leaseback.



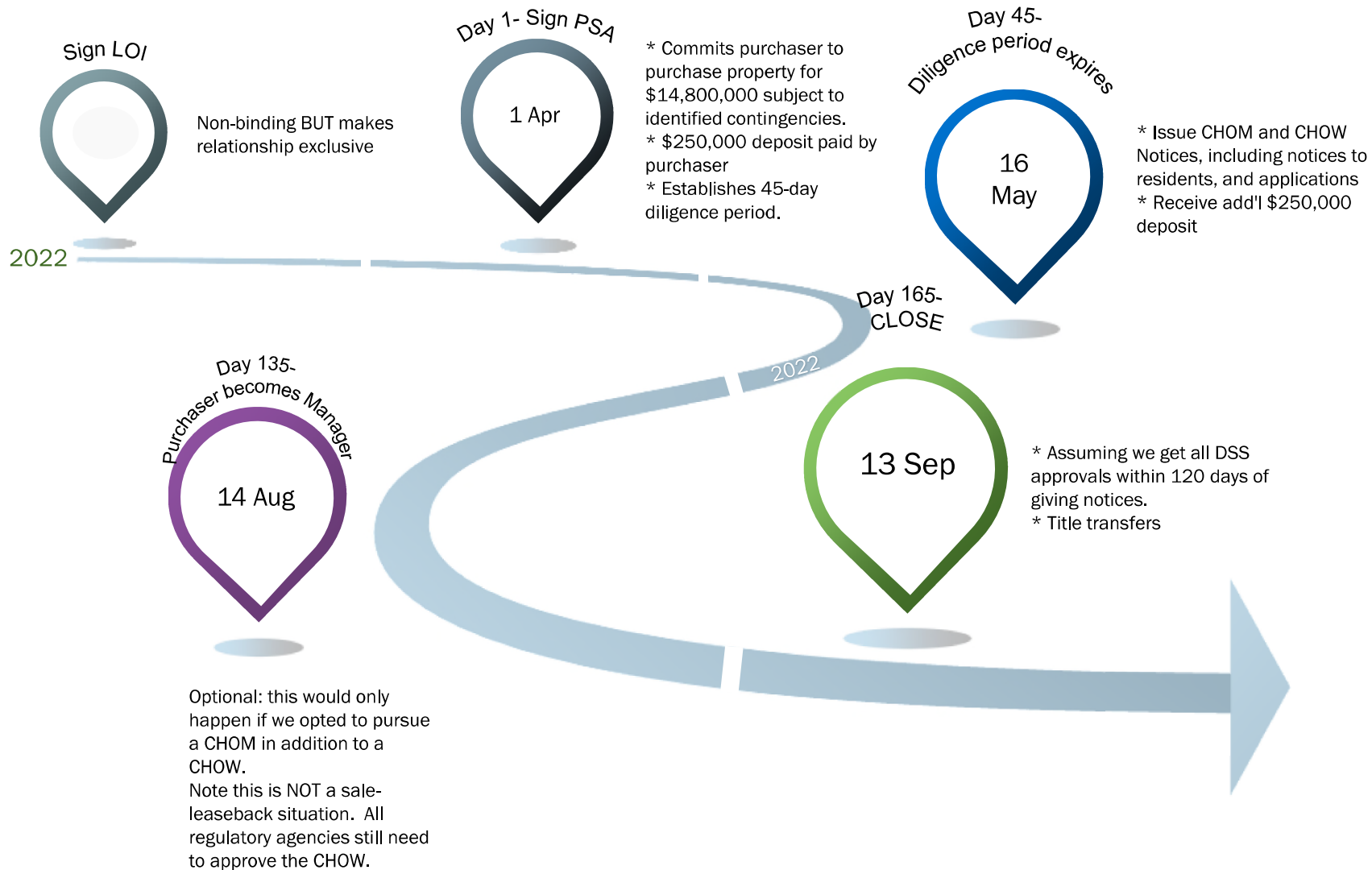
## Optional: In order to install purchaser as manager during the lengthy waiting period, pursue a Change of Manager (“CHOM”)

- CHOM Notices and Applications:
  - 30-Day notice to RCFE residents
  - 60-Day notice to DSS/CCCCB; application must be made available for review to CCRC residents within 10 days of submission of notice to DSS
  - **DSS (CCLD and CCCC) must approve**; estimated 60 days for approval if all is well
  - 90-day advance Notice to SNF residents
  - **CDPH must approve**; estimated 90 days for approval

# Obtaining approvals: agency priorities

- California AG approval:
  - Ensuring this is the best buyer, including that FMV will be paid
    - AG likes seeing alternatives explored- i.e. going to market, valuations from brokers
    - No reduction in SNF beds
    - AG will impose on purchaser agreement not to sell SNF and maintain Medicare/Medi-Cal availability for five years post-closing
- DSS/CCLD
  - Conducts extremely thorough review of new owners/managers. If history is problematic, consider other buyers/work closely with DSS before issuing notices to residents.
- DSS/CCCB focused on assumption of resident contracts.
- CDPH- also performs licensing compliance review. See above re diligence.

Prior to signing LOI perform diligence on purchaser to assess compliance history [Approach DSS]



# Windsor Residents

- 120-day notice must provide options available to any depositor or resident who does not wish to have his or her contract assumed by a new provider.
  - We would assign contracts to new provider pursuant to an Assignment and Assumption Agreement.
  - If resident doesn't want to assign contract to new owner, we'd need to offer alternative options such as buyout, placement at another CCRC, etc.
- Note: we only interested in a buyer who will assume resident contracts. DSS would be resistant to a buyer who did not agree to assume resident contracts.
- RCFE Residents don't have a right to alternatives. After giving notice, we would simply assign contracts to the new provider.

## Post-closing SNF concerns

- Under Medicare rules, HumanGood must remain the provider at the SNF until Medicare CHOW is approved by CMS (typically about 1 year, so 9 months after closing). Indemnification provisions under PSA and OTA are crucial.
- After closing, the buyer will use HG SoCal's NPI and PTAN to continue to bill Medicare and Medi-Cal for services provided at the SNF.
- Per the OTA, when Medicare/Medi-Cal pays for those services, payment goes into HumanGood's bank account. For first 90 days after closing, HumanGood would do a reconciliation of bank accounts and sweep money to the purchaser daily. After 90 days, both parties have joint access to a bank account, and purchaser performs the reconciliation and allocation.
- Bottom line: for about 9 months post-closing, (1) we are on the hook for purchaser's liabilities (adverse event could potentially trigger actions by CMS that affect ability to provide skilled nursing at other HG SoCal SNFs), and (2) we will have an ongoing financial relationship with the purchaser.

**SECTION 999.5(d)(11)(A)**

**4) Meeting Minutes from HumanGood SoCal Board Meeting dated  
March 24, 2022**

**CONFIDENTIAL MINUTES OF MEETING OF BOARD OF DIRECTORS OF  
HUMANGOOD FRESNO  
BY ZOOM  
MARCH 24, 2022  
12:30 PM**

A meeting of the Board of Directors (the “Board”) of HumanGood Fresno (the “Corporation”) was held on March 24, 2022 by Zoom. Board members present, constituting a quorum, were: Mr. Randy Stamper (Chair), Mr. Al Kelley (Vice Chair), Mr. Declan Brown (Secretary), Ms. Judith Baker, Mr. Alan Griffith, Mr. William Battison, Ms. Gloria Kuntz and Ms. Pamela Claassen.

Other LPC Governing Board members present were: Ms. Sharon Roth, and Ms. Irene Feller.

Staff present were: Mr. Dan Ogus (Chief Operating Officer), Mr. Andrew McDonald (Chief Financial Officer), Ms. Bethany Ghassemi (General Counsel), Mr. James Park (Senior Vice President Communications), and Ms. Roxanne Chase (Governance Board Relations Manager), taking minutes.

Mr. Stamper called the meeting to order at 12:31 p.m.

**Windsor Sale:** Ms. Ghassemi reported that this Board had previously approved HumanGood SoCal’s non-binding Letter of Intent to sell Windsor to Solheim, for \$14 million. She stated that Solheim never signed the Letter of Intent and responded with an offer constituting a combination of land and cash in the amount of \$13.25 million. Solheim and HumanGood SoCal then agreed to obtain an appraisal of the property, and HumanGood SoCal engaged CBRE to perform an appraisal. Thereafter, Ararat Home of Los Angeles, Inc. (“Ararat”) expressed interest in buying the property and offered HumanGood SoCal \$14 million in cash. The CBRE appraisal valued the community at \$17.8 million. After reviewing the appraisal with HumanGood management, Ararat increased its cash offer to \$14.8 million.

Mr. McDonald described HumanGood’s reasons for selling the community. He noted that it has lost over \$5.5 million in the last two years and \$9 million over five years. He explained that management has undertaken several initiatives to improve the community’s performance, including converting from an entry fee model to month-to-month rental model and making capital improvements, but despite these interventions, the community continues to experience sustained operational challenges. Mr. McDonald explained that one benefit of the sale would be to increase the HumanGood California Obligated Group’s Debt Service Coverage Ratio from 3.19 to 3.26 and its Days Cash on Hand from 484 to 528.

Ms. Ghassemi explained that in addition to offering what management believes to be a good price for the community, Ararat is an attractive buyer because it has strong ties to the wider Glendale community, is a nonprofit, holds a Certificate of Authority from DSS, has a stellar RCFE licensing record, will assume resident contracts, and plans to maintain or increase the number of licensed skilled nursing beds at the community.

In response to inquiries, management explained the following:

- The debt associated with the community is \$2 million with a book value of \$6 million. The amount of the proceeds related to the debt would be redeployed toward tax-exempt capital purposes in the California Obligated Group to meet the tax requirements.
- The city of Glendale, and particularly the neighborhood around Windsor, is predominantly Armenian. Ararat, an Armenian organization, has a significant waiting list for its RCFE and SNF beds, ample cash, fundraises, and is dedicated to serving the surrounding community through an active outreach approach.
- Regarding the difference between the appraised value and the \$14.8 million offered by Ararat: CBRE's appraisal reflected positive cash flows that have not actually been achieved. Another appraiser might appraise the community at a lower value, which would not be a desired outcome for HumanGood. HumanGood believes that because Ararat will need to subsidize losses while it helps the community achieve a positive margin, the \$14.8 million price is fair and reasonable.

Mr. Ogus stated that if the sale goes forward, he will be work with Ararat during the transitional period to enable a transfer that is smooth for residents and employees. He noted that it may take through the rest of the year to get the regulatory approvals required to close the transaction. He noted that the sale is confidential, and he is working with Human Resources on a plan to retain current community team members until the sale is final.

Ms. Ghassemi went over the process of selling a continuing care retirement community, referring to the materials provided. She a brief description of the approval process and the rights of the residents currently living at Windsor following the announcement of the transfer.

**FOLLOW-UP:** Ms. Ghassemi offered to do a recorded Webinar on the process of selling a CCRC, including notices and resident rights.

Ms. Ghassemi presented resolutions authorizing the execution of the letter intent and purchase and sale agreement with Ararat and the completion of all regulatory and non-regulatory actions needed to close the transaction.

**ACTION TAKEN:** Upon a motion made and seconded, the Board approved the resolutions of HumanGood SoCal authorizing the sale of Windsor to Ararat Home of Los Angeles, Inc.

The meeting was adjourned at 12:52 p.m.

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H. Declan Brown, Secretary of HumanGood  
Fresno, a California nonprofit benefit  
corporation



## **HUMANGOOD SOCIAL**

### **APPROVAL OF SALE DISCUSSIONS AND AUTHORIZING THE EXECUTION OF A PURCHASE AND SALE AGREEMENT WITH ARARAT HOME OF LOS ANGELES, INC.**

DULY ADOPTED ON MARCH 24, 2022

WHEREAS, HumanGood SoCal is a California nonprofit public benefit corporation (the “Corporation”) that owns and operates, a continuing care retirement community (“CCRC”) located at 1230 E Windsor Rd, Glendale, CA 91205 known as “Windsor” and previously, “Windsor Manor” (the “Community”);

WHEREAS, each of the Corporation and its sole member, HumanGood, holds, in its capacity as a co-provider, a continuing care certificate of authority (the “COA”) and a residential care facility for the elderly (“RCFE”) license, and the Corporation holds a skilled nursing facility license (“SNF License”), for the Community;

WHEREAS, over several years, the Corporation has experienced both operational and financial challenges operating the Community as a senior care community, including declining sales, low SNF census, and difficulties recruiting sufficient staff;

WHEREAS, the Corporation has sought to improve the operational and financial stability and raise the profile of the Community in the local community by expanding and enhancing the scope and extent of services provided to the Community's senior residents;

WHEREAS, despite the Corporation's efforts, the Community has continued to struggle both financially and operationally;

WHEREAS, in an effort to address these challenges, the Corporation began exploring a potential sale of the Community and in doing so obtained an Appraisal Report from CBRE, Inc. (“CBRE”), an experienced appraiser of senior care communities, and valuations from two investment banking firms with deep experience and connections in the senior living space, Ziegler Investment Banking (“Ziegler”) and Herbert J. Sims & Co., Inc. (“HJ Sims”);

WHEREAS, the CBRE appraisal appraised the Community at a value of \$16,800,000, Ziegler issued a preliminary valuation of \$10,000,000 to \$14,000,000, and HJ Sims issued a preliminary valuation of \$12,902,184;

WHEREAS, as previously authorized by the Board, the Corporation initially engaged in discussions with a prospective nonprofit buyer for the purchase of the Community, but after evaluating an informal offer from such prospective buyer that was lower than CBRE’s appraised value of the Community and upon learning from such prospective buyer that it might desire to delicense and close the skilled nursing facility at the Community in the future, the Corporation decided to stay in the market with the hope of identifying a better matched buyer;

WHEREAS, the Corporation identified and subsequently engaged in discussions with Ararat Home of Los Angeles, Inc., a California nonprofit public benefit corporation (“Ararat”) for the purchase of the Community;

WHEREAS, the Corporation thoroughly evaluated an offer from Ararat to purchase the Community for \$14,800,000 in cash, which offer includes the commitment to assume all active resident contracts (the “Sale Price”);

WHEREAS, the Corporation believes that Ararat is a strong candidate as a potential owner/operator of the Community because it is a nonprofit with strong ties to the local community, it is an experienced operator of a continuing care retirement community that serves a senior population similar to those residing at the Community, it has a strong licensing compliance record, and it plans to maintain and potentially increase the number of licensed beds at the Community's skilled nursing facility;

WHEREAS, the Corporation also believes that Ararat's proposed purchase offer is fair and consistent with the appraised value assigned by CBRE, given that the CBRE Appraisal Report does not reflect the cash resources needed to rehabilitate the Community in light of the current and long lasting operational and financial challenges it has been experiencing;

WHEREAS, the Corporation is in the process of conducting due diligence, determining any necessary review and approval by state regulatory and licensing agencies, and preparing documents, including a purchase and sale agreement, in order to further evaluate and proceed with effectuating Ararat's purchase offer; and

WHEREAS, having considered the foregoing, the Board of Directors of the Corporation desires to authorize the sale of the Community to Ararat for the Sale Price (the “Transaction”), which authorization shall include the authorization of (1) such actions as are necessary or desirable to obtain regulatory approval of the Transaction, (2) the execution of a purchase and sale agreement in the form reviewed and approved by management of the Corporation and legal counsel to the Corporation (the “Purchase and Sale Agreement”), (3) the execution of other documents and the taking of such actions as are necessary or desirable to further the Transaction, and (4) the ratification of such actions or activities pertaining to the Transactions taken prior to the date of this resolution.

NOW THEREFORE, IT IS:

RESOLVED, that the Corporation approves the Transaction and the execution of the Purchase and Sale Agreement by the President and Chief Executive Officer of the Corporation in the form approved by management of the Corporation and legal counsel to the Corporation;

RESOLVED FURTHER, the President and Chief Executive Officer, Chief Operating Officer, Chief Financial Officer and General Counsel of the Corporation (“Authorized Officers”), each acting alone, are hereby authorized and directed to prepare and execute any other documents to which the Corporation is a party in connection with the Purchase and Sale Agreement and/or sale of the Community;

RESOLVED FURTHER, that the Corporation is authorized to provide all necessary notices to residents and regulatory and licensing agencies and receive approvals from all regulatory and licensing agencies as needed for the proposed sale of the Community;

RESOLVED FURTHER, that the Corporation is authorized, but not required, to file a change of manager application for the RCFE License, COA, and SNF License in order to have Ararat begin managing the Community on the Corporation's behalf in anticipation of Ararat receiving the necessary regulatory and licensing approvals regarding its purchase of the Community;

RESOLVED FURTHER, that the Corporation will cooperate with Ararat to obtain all necessary regulatory, licensing, and certification change of ownership approvals of the Community and meet any other conditions of closing as described in the Purchase and Sale Agreement; and

RESOLVED FURTHER, the acts of the Authorized Officers of the Corporation and of any person or persons and authorized to act by any such officer of the Corporation, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolution, are hereby separately ratified, confirmed, approved and adopted as acts in the name of and on behalf of the Corporation.

### **CERTIFICATION**

I, H. Declan Brown, Secretary of HumanGood SoCal, a California nonprofit public benefit corporation (the "Corporation"), do hereby certify and declare that the foregoing is a full, true and correct copy of the resolution duly passed and adopted the Board of Directors of the Corporation at a meeting of the Board of Directors of the Corporation duly called special meeting, noticed and held on March 24, 2022; that said resolutions are now in full force and effect; that there is no provision in the Articles of Incorporation or Bylaws of the Corporation limiting the powers of the Board of Directors of the Corporation to pass the foregoing resolutions and that such resolutions are in conformity with the provisions of such Articles of Incorporation and Bylaws of the Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand as of March 24, 2022.

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H. Declan Brown,  
Secretary of HumanGood SoCal,  
a California nonprofit public benefit corporation

**SECTION 999.5(d)(11)(A)**

**6) Meeting Minutes from HumanGood Strategic Planning Committee  
Meeting dated December 9, 2021**

**MINUTES OF THE MEETING OF HUMANGOOD STRATEGIC PLANNING  
COMMITTEE MEETING  
MARRIOTT HOTEL, MARINA DEL REY, CALIFORNIA  
DECEMBER 9, 2021  
1 PM PT**

A meeting of the HumanGood Strategic Planning Committee (the “Committee”) was held on December 9, 2021, in Marina del Rey, California. Committee members present, constituting a quorum were Mr. Randall Stamper, Mr. Albert Kelley, Mr. Declan Brown, Mr. William Battison, Ms. Judith Baker, Rev. Michelle Holmes, and Mr. Alan Griffith.

Staff members present were: Mr. Dan Ogus (Executive Vice President and Chief Operating Officer) Mr. Andrew McDonald (Chief Financial Officer), Mr. James Park (VP Communications), Mr. Daniel Chen (IT Administrator), and Ms. Roxanne Chase (Governance and Board Relations Manager), taking minutes.

Staff members on Zoom were: Mr. John Cochrane (President and CEO), Ms. Lisa Holland (Vice President, Operations) Mr. Fleming Meng (Chief Information Officer), and Ms. Bethany Ghassemi.

The meeting was called to order at 12:57 a.m. by Mr. Stamper and Ms. Baker provided opening prayer.

**Chair report:** Mr. Stamper outlined the schedule and agenda for the Board and guests for the two days. Mr. Stamper reported that there would be two executive sessions where board members will have the opportunity to raise any issues on any topics.

**ACTION TAKEN:** Upon a motion made and seconded, the July 13, 2021, minutes were approved.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I [REDACTED]

I [REDACTED]

I [REDACTED]

[REDACTED]

I [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Other Updates:**

- Windsor Update: Mr. Ogus reported on that HumanGood SoCal will be voting on approval of a nonbinding LOI with Solheim Lutheran. He stated that this community is losing \$2 million annually, and due to its size and staffing, it is not sustainable. For HumanGood's and residents' best interest the preference is to sell to a not for profit. He stated that he would like for their board to meet members of the HumanGood Board. If the decision is to move forward, the HumanGood Board and HumanGood SoCal Board would have to approve.

[REDACTED]

[REDACTED]

The Committee went into Executive Session at 4:49 p.m. and ended its session at 5:15 p.m.

Respectfully submitted,

Roxanne Chase  
Governance and Board Relations Manager

## **SECTION 999.5(d)(11)(B)**

**(B) Copies of all documents relating or referring to the reasons why any potential transferee was excluded from further consideration as a potential transferee for any of the health facilities or facilities that provide similar health care services that are the subject of the agreement or transaction.**

HumanGood SoCal received two offers for Windsor. Although Solheim initially expressed interest in the facility in February 2022, Solheim did not sign the initial LOI and indicated that they were no longer interested in purchasing the facility in January of 2021.

1. Email Communications Between Solheim and HumanGood Confirming Waiver of NDA dated August 18, 2022.
2. Revised NDA signed by Solheim dated January, 18, 2022

Copies of additional communications between HumanGood SoCal and Solheim have been submitted to the Attorney General's office under separate cover.



**SECTION 999.5(d)(11)(B)**

**1) Email Communications Between Solheim and HumanGood Confirming Waiver of NDA dated August 18, 2022**

**From:** Adam Yarian <AYarian@solheimsenior.org>

**Sent:** Thursday, August 18, 2022 12:56 PM

**To:** Bethany Ghassemi <Bethany.Ghassemi@HumanGood.org>; Samuel Oden <SOden@solheimsenior.org>; Dan Ogus <Dan.Ogus@HumanGood.org>

**Subject:** RE: NDA

**Caution:** This email originated from outside of the HumanGood organization. Before opening attachments or clicking on links, please confirm you recognize the sender.

---

Received, thanks!

\*\*\*

**Adam Yarian** | Director of Operations and General Counsel

Solheim Senior Community | 2236 Merton Avenue, Los Angeles, CA 90041 | (323) 257-7518 x235

[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org) | [www.SolheimSenior.org](http://www.SolheimSenior.org)

*NOTICE: This email message and/or any attachment(s) may contain privileged and/or confidential information, including patient and/or resident information protected by federal and state privacy laws, that is for the sole use of the intended recipient. If you are not the intended recipient, you are hereby put on notice that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please promptly notify the original sender of this email of your receipt of this communication, and then destroy all copies in your possession. Thank you for your understanding and cooperation.*

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**From:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Sent:** Thursday, August 18, 2022 12:55 PM  
**To:** Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>; Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Subject:** RE: NDA

[EXTERNAL EMAIL]

Thank you very much, Adam. HumanGood confirms its agreement to mutually waive the NDA between Solheim and HumanGood.

Best regards,  
Bethany

**Bethany Ghassemi** (she/her/hers) | General Counsel  
**HumanGood** | 1900 Huntington Drive, Duarte, CA 91010 | 925-924-7239  
[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org) | [HumanGood.org](http://HumanGood.org)

-

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**From:** Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>  
**Sent:** Thursday, August 18, 2022 12:51 PM  
**To:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>; Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Subject:** RE: NDA

<p><b>Caution:</b> This email originated from outside of the HumanGood organization. Before opening attachments or clicking on links, please confirm you recognize the sender.</p>
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Bethany,

Following up on our conversation yesterday, this email confirms that Solheim is fine with a full mutual waiver of the NDA provision that is currently in effect between Solheim and HumanGood – subject to and effective immediately upon HumanGood also confirming, in writing, that it also agrees to fully mutually waive that NDA provision.

Happy to discuss via telephone if there's anything else that you think we should address regarding this or any other issues.

Thanks,  
Adam

\*\*\*

**Adam Yarian** | Director of Operations and General Counsel  
Solheim Senior Community | 2236 Merton Avenue, Los Angeles, CA 90041 | (323) 257-7518 x235

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**From:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Sent:** Thursday, August 11, 2022 3:13 PM  
**To:** Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>; Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Subject:** RE: NDA

[EXTERNAL EMAIL]

Hi Adam, just so I can give you some context, would you have some time to discuss this afternoon?  
Best,  
Bethany

**Bethany Ghassemi** (she/her/hers) | General Counsel  
**HumanGood** | 1900 Huntington Drive, Duarte, CA 91010 | 925-924-7239  
[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org) | [HumanGood.org](http://HumanGood.org)

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**From:** Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>  
**Sent:** Tuesday, August 9, 2022 7:48 PM  
**To:** Adam Yarian <[AYarian@solheimsenior.org](mailto:AYarian@solheimsenior.org)>; Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>; Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Subject:** Fwd: NDA

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Received.

Thanks Dan. I will follow up with you shortly once Adam has returned from PTO.

Thanks,

**Sam Oden** | Chief Executive Officer

Solheim Senior Community | 2236 Merton Avenue, Los Angeles, CA 90041 | [\(323\) 257-7518](tel:(323)257-7518)  
[soden@solheimsenior.org](mailto:soden@solheimsenior.org) | [www.SolheimSenior.org](http://www.SolheimSenior.org)

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**From:** Dan Ogus <[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org)>  
**Sent:** Tuesday, August 9, 2022 7:41:43 PM  
**To:** Samuel Oden <[SOden@solheimsenior.org](mailto:SOden@solheimsenior.org)>  
**Cc:** Bethany Ghassemi <[Bethany.Ghassemi@HumanGood.org](mailto:Bethany.Ghassemi@HumanGood.org)>  
**Subject:** NDA

[EXTERNAL EMAIL]

Hello Sam,

It was nice to catch up. Pursuant to our conversation yesterday, HumanGood agrees to terminate the attached NDA between Solheim and HumanGood and to the release by each party of the other party from any obligation imposed by the NDA, including any obligation to keep confidential communications between the parties relating to Solheim's offer to purchase the Windsor community. Please confirm Solheim's agreement to these terms. HumanGood will consider this confirmation sufficient to terminate the NDA.

Thank you,  
Dan

**Dan Ogus** (he/him/his) | Executive VP & COO  
**HumanGood** | 1900 Huntington Drive, Duarte, CA 91010 | 818-247-0420  
[Dan.Ogus@HumanGood.org](mailto:Dan.Ogus@HumanGood.org) | [HumanGood.org](http://HumanGood.org)

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**SECTION 999.5(d)(11)(B)**

**2) Revised NDA signed by Solheim dated January, 18, 2022**



January 18, 2022

HumanGood SoCal

Dan Ogus, CEO

VIA EMAIL

Re: Windsor Community, 1230 E Windsor Rd, Glendale, CA 91205

Dear Dan:

This letter of intent ("Letter of Intent") will set forth the proposal by Solheim Lutheran Home dba Solheim Senior Community, a California nonprofit public benefit corporation ("Buyer"), to purchase the above-referenced Senior Living Community from HumanGood SoCal, a California nonprofit public benefit corporation ("Seller") (jointly, the "Parties"). **Except for Sections 3.3 and 8, which are intended to be legally binding, this Letter of Intent is not intended to be nor shall it be construed as a legally enforceable agreement.** This Letter of Intent is meant only for the mutual convenience of the Parties in the course of negotiating in good faith to enter into a further and formal Purchase Agreement (as defined below), in accordance with the following terms and provisions:

1. Description of Assets.

Buyer proposes to purchase, and Seller proposes to sell, all of the assets of a certain Senior Living Community located at 1230 E Windsor Rd, Glendale, CA 91205, commonly known as the "Windsor". The assets of the Facilities ("Assets") to be purchased and sold under the Purchase Agreement consist of the following:

- (a) All of Seller's right, title and interest to the real property and in the Facilities, including without limitation, all improvements, fixtures leases, rights, privileges, easements, development rights, land use entitlements, building permits, licenses, permits, certificates, utilities, air rights, water rights, rights of way, and all other appurtenances of any kind in connection with the beneficial use and enjoyment of the real property thereon (collectively, all "Real Property").

- (b) All of Seller's right, title and interest in any intangible property rights pertaining to the Facility, including operating materials and methods, trade secrets, service marks, any associated logos, any and all attendant state and/or federal service mark registrations, telephone numbers, facsimile numbers, websites, and the goodwill and going concern of the business of the Facility (collectively, all "Intangible Property").
- (c) All of Seller's personal property at the Facility, including without limitation, furniture and furnishings, equipment, and inventory used at the Facilities (collectively, all "Personal Property").

## 2. Purchase Price.

2.1 Price. Subject to further good faith negotiations between the Parties to arrive at an exact price, at the time of the signing of this Letter of Intent, the Parties currently anticipate that the purchase price ("Purchase Price") for the Facility shall be in the range of \$13,250,000. The Parties also contemplate that some portion of that Purchase Price may be satisfied via a separate transfer and sale (from Buyer to Seller) of all of the assets and interest that Buyer currently holds in a second property which is located at 2223 Fair Park Avenue, Los Angeles, CA 90041. The Parties shall also determine, at a later date and via further negotiations in good faith, whether the purchase of this second property located at 2223 Fair Park Avenue shall also occur pursuant to the terms of Section 6, below, or whether it shall occur pursuant to other and different terms which shall then be negotiated with respect to this second real estate transaction.

2.2 Deposit. Within two (2) business days following execution of a definitive and binding Purchase Agreement (as defined below), Buyer will deposit the sum of \$250,000 (the "Initial Deposit") with Commonwealth Land Title ("Title Company"). An additional deposit of \$250,000 (the "Second Deposit," and together with the Initial Deposit, comprising the full "Deposit") will be required upon completion of the Due Diligence Period set forth in Section 3 hereof. The Deposit shall be held by Title Company in an interest-bearing account designated by Buyer with all accrued interest for the benefit of Buyer.

## 3. Due Diligence.

3.1 Due Diligence Period. For a period of ninety (90) days from and after the execution and delivery of this Letter of Intent (the "Due Diligence Period"), Buyer, at Buyer's expense, shall be entitled to review and investigate the physical and environmental condition of the subject property, the character, quality, and general utility of the Assets, the zoning, land use, environmental and building requirements, and restrictions applicable to the Real Property and its development, the state of title to the Assets, any leases or other agreements effecting the Assets, all applicable licensing matters and all other matters Buyer feels are necessary to evaluate all Assets and determine its acceptability to Buyer. If, during the Due Diligence Period, Buyer determines that the Assets are not acceptable for any reason in Buyer's discretion, Buyer shall have the right, by giving written notice to Seller on or before the last day of the Due Diligence Period, to



terminate this letter of intent. If Buyer does not exercise the right to terminate this Letter of Intent in accordance with this Section, then this Letter of Intent shall continue in full force and effect.

3.2 Cooperation. Seller hereby grants to Buyer and Buyer's representatives the right to enter onto the Real Property during the Due Diligence Period to conduct inspections for its due diligence and to inspect and copy the files of Seller relating to the Assets. Seller shall deliver to Buyer any and all due diligence information reasonably requested by Buyer within ten (10) business days of Buyer's request. Buyer shall defend, indemnify, and hold Seller harmless against any losses, damages, costs and expenses, including reasonable attorney's fees and disbursements, arising from any entry on the Real Property by Buyer or any of its representatives to conduct due diligence (other than the discovery of pre-existing conditions).

3.3 Confidentiality. Buyer agrees to keep all such information confidential and not to disclose any such information to any third party except the extent necessary to carry out their responsibilities to assist Buyer in its due diligence pursuant to this Section 3 and in the consummation of the purchase contemplated hereby.

4. Title and Condition of the Property.

4.1 Title. Seller shall convey to Buyer all of Seller's right, title, and interest into the Assets by grant deed free and clear of all liens, encumbrances, claims, easements, restrictions, covenants, and conditions except the following exceptions ("Permitted Exceptions"): (i) the lien of supplementary taxes; (ii) real property taxes not yet due; (iii) any existing leases approved by Buyer, if any; (iv) easements, restrictions and rights of way and other exceptions shown in the preliminary report approved in writing by Buyer; and (v) exceptions shown by a survey approved by Buyer.

5. Conditions Precedent to Closing. The obligations of Buyer to purchase the Assets or any portion of it shall be subject to such conditions as are specified in a future and further Purchase Agreement (as defined below), including without limitation:

- (a) Approvals. All consents, approvals, and other authorizations of any governmental agencies and third parties required for the Buyer's intended use of the Assets will have been obtained, without the imposition of conditions unsatisfactory to Buyer.
- (b) Title Insurance. Title Company's issuance to Buyer of Title Company's ALTA Owner's Policy of Title Insurance together with all endorsements required by Buyer ("Title Policy") in the amount of the applicable Purchase Price, subject only to the Permitted Exceptions.
- (c) Licensure of Buyer. To the extent required by applicable regulatory authorities, Buyer will have been licensed by the State of California to operate the Senior Living Community with the same authorization, right, and privileges that Seller currently holds (collectively, "Licenses") as of the Closing Date. It is the intention of the parties,

however, to enter into an arrangement at Closing providing for continued operation of the Facility for Buyer's benefit pending issuance of the Licenses to the extent permitted by applicable regulatory authorities. Buyer shall use its commercially reasonable efforts to obtain the Licenses.

6. Title Company, Closing, Prorations and Expenses.

6.1 Closing. The purchase of the Assets ("Closing") shall occur through an escrow with Commonwealth Land Title ("Title Company") at 4100 Newport Place Drive, Suite 120 Newport Beach, CA 92660, on a date specified by Buyer, which date is to be no more than one hundred and twenty (120) days after expiration of the Due Diligence Period ("Closing Date"), subject to extension to a specified outside closing date if required to obtain (i) any required permitting or regulatory approvals (to the extent the applicable regulatory authorities do not permit a leaseback arrangement), or (ii) the attorney general's approval of the sale transaction, to be further addressed in the Purchase Agreement. Prior to the Closing Date, Seller and Buyer each shall give appropriate written escrow instructions.

6.2 Title Policy. On the Closing Date, Title Company shall be obligated to issue and shall issue to Buyer a Title Policy in an amount equal to the total Purchase Price for the Assets, subject only to the Permitted Exceptions. Seller shall transfer possession of the Assets to Buyer on the Closing Date.

6.3 Closing Costs. For each closing contemplated hereunder, Seller shall pay 50% of escrow charges, any transfer taxes, and the base premium for the Title Policy. Buyer shall pay 50% of escrow charges, any lender's policy, and any extended coverage and all endorsements to the Title Policy. All other closing costs shall be allocated in accordance with the custom in Los Angeles County.

6.4 Prorations. At the Closing on the Closing Date, the current installment of real property taxes and assessments, rent, if any, and all current operating expenses of the Assets shall be prorated between Seller and Buyer as of such date on the basis of a 30-day month.

7. Purchase Agreement.

The parties agree to negotiate in good faith a future and further standard purchase agreement ("Purchase Agreement") in accordance with the above business terms. All references herein to this Agreement shall also be applicable to that Purchase Agreement.

8. Exclusivity.

The Parties agree that during the Due Diligence Period, Seller will not solicit, offer, discuss, accept, or permit any representative to solicit, offer, discuss, or accept from any person or entity the sale of all or any portion of the Assets.

9. Brokers.

Each Party shall be responsible for all broker's fees or other commissions payable to any broker or any other person engaged by it in connection with the proposed transaction. Each Party shall also indemnify, defend, and hold harmless the other party from and against any and all claims for amounts owed in connection with the consummation of the proposed transaction made by any broker or other person through whom any such broker or finder makes a claim.

10. Expiration of Offer.

This offer will remain open until 5:00 p.m. Pacific Standard Time on January 21, 2022, at which time, unless accepted in writing, it will terminate automatically.

I am authorized to make this offer on behalf of Buyer. If the above correctly sets forth our understanding, please execute a copy of this letter and return it to me.

Very truly yours,

---

Sam Oden  
Chief Executive Officer, Solheim Senior Community

**AGREED TO BY HUMANGOOD SOCAL:**

---

**By:**

**SECTION 999.5(d)(11)(C)**

**(C) Copies of all Requests for Proposal sent to any potential transferee, and all responses received thereto.**

HumanGood SoCal did not prepare any formal Requests for Proposals regarding the sale of Windsor. However, we have submitted copies of all communications between HumanGood SoCal and the interested parties to the Attorney General's office under separate cover.

**SECTION 999.5(d)(11)(D)**

**(D) All documents reflecting the deliberative process used by the applicant and any related entity in selecting the transferee as the entity to participate in the proposed agreement or transaction.**

Copies of communications outlining the deliberative process of HumanGood SoCal in selecting Ararat Home have been submitted to the Attorney General's office under separate cover.

## **SECTION 999.5(d)(11)(E)**

**(E) Copies of each Proposal received by the applicant from any potential transferee suggesting the terms of a potential transfer of applicant's health facilities or facilities that provide similar health care services, and any analysis of each such Proposal.**

As noted above, HumanGood SoCal received two expressions of interest regarding the sale of the Windsor community from Solheim and Ararat Home. However, Solheim never signed the Letter of Intent that they initially submitted.

Copies of email communications between HumanGood SoCal and the potential buyers have been submitted to the Attorney General's office under separate cover.

**SECTION 999.5(d)(11)(F)**

**(F) The applicant's prior two annual audited financial statements, the applicant's most current unaudited financial statement, business projection data and current capital asset valuation data.**

Attached is the following financial information for HumanGood SoCal :

1. FY 2022 current unaudited financial statements, as of April 2022;
2. FY 2021 audited consolidated financial statements;
3. FY 2020 audited consolidated financial statements.

**SECTION 999.5(d)(11)(F)**

**1) FY 2022 current unaudited financial statements, as of April 2022**



Summary Income Statement - Prior Year  
Windsor  
Current Year through 4/1/2022

	Month to Date				Year to Date			
	Apr 2022	Apr 2021	Variance	Variance %	Apr 2022	Apr 2021	Variance	Variance %
	MTD	Prior Year	Variance	Variance %	YTD	Prior Year	Variance	Variance %
<b>Revenue</b>								
Residential Living	239,085	229,984	9,101	4.0 %	937,720	942,350	(4,630)	(0.5)%
Assisted Living	215,885	199,479	16,405	8.2 %	837,550	822,850	14,700	1.8 %
Personal Care			-				-	
Memory Care			-				-	
Health Center	275,386	284,009	(8,622)	(3.0)%	1,047,138	1,130,170	(83,033)	(7.3)%
Wellness			-				-	
Home Care	7,850	8,627	(776)	(9.0)%	32,931	29,232	3,699	12.7 %
	MTD	Prior Year			YTD	Prior Year		
Professional Services Income			-				-	
Other Service Income	10,613	12,582	(1,968)	(15.6)%	23,207	31,697	(8,489)	(26.8)%
Bequests & Charitable Giving	1,253	744	509	68.4 %	5,013	2,976	2,037	68.4 %
Affordable Housing Fees and Rents			-				-	
Entry Fee Amortization	10,893	50,979	(40,086)	(78.6)%	136,726	131,678	5,048	3.8 %
<b>Total Revenue</b>	<b>760,966</b>	<b>786,403</b>	<b>(25,437)</b>	<b>(3.2)%</b>	<b>3,020,284</b>	<b>3,090,952</b>	<b>(70,668)</b>	<b>(2.3)%</b>
<b>Expenses</b>								
Salaries and Wages	521,439	448,504	(72,936)	(16.3)%	2,033,722	1,721,974	(311,748)	(18.1)%
Fringe Benefits	128,279	125,688	(2,590)	(2.1)%	517,942	496,311	(21,631)	(4.4)%
<b>Total Employee Cost</b>	<b>649,718</b>	<b>574,192</b>	<b>(75,526)</b>	<b>(13.2)%</b>	<b>2,551,664</b>	<b>2,218,285</b>	<b>(333,379)</b>	<b>(15.0)%</b>
Supplies	71,404	106,585	35,181	33.0 %	288,344	438,597	150,253	34.3 %
Ancillary Services Expense	27,488	26,714	(774)	(2.9)%	90,829	108,527	17,698	16.3 %
Repair and Maintenance	22,558	34,735	12,176	35.1 %	130,549	91,160	(39,390)	(43.2)%
Marketing	16,775	15,557	(1,218)	(7.8)%	67,100	75,089	7,990	10.6 %
Purchased Services	43,520	49,437	5,917	12.0 %	206,662	177,558	(29,104)	(16.4)%
Group Management Fees	63,031	61,204	(1,827)	(3.0)%	252,124	244,816	(7,308)	(3.0)%
Utilities	42,345	41,447	(898)	(2.2)%	170,557	169,986	(571)	(0.3)%
Travel and Related	4,046	3,762	(283)	(7.5)%	18,438	17,230	(1,208)	(7.0)%
Rentals and Leases	1,141	3,766	2,625	69.7 %	5,938	8,643	2,706	31.3 %
Insurance	16,579	15,613	(966)	(6.2)%	65,459	60,984	(4,475)	(7.3)%
Other Operating Expenses	77,305	(41,401)	(118,706)	(286.7)%	109,214	77,903	(31,311)	(40.2)%
<b>Operating Expenses</b>	<b>1,035,910</b>	<b>891,610</b>	<b>(144,299)</b>	<b>(16.2)%</b>	<b>3,956,877</b>	<b>3,688,779</b>	<b>(268,098)</b>	<b>(7.3)%</b>
<b>Subtotal</b>	<b>(274,944)</b>	<b>(105,208)</b>	<b>(169,736)</b>	<b>(161.3)%</b>	<b>(936,593)</b>	<b>(597,826)</b>	<b>(338,767)</b>	<b>(56.7)%</b>
<b>Other Income (Expense)</b>								

Realized Gain (Loss)			-				-	
Unrealized Gain (Loss)			-				-	
Investment Income		2,231	(2,231)	(100.0)%		2,231	(2,231)	(100.0)%
Interest Expense - Servicing Debt	(5,072)	(4,870)	(201)	(4.1)%	(20,289)	(19,480)	(808)	(4.1)%
Depreciation Expense	(1,641)	(59,359)	57,718	97.2 %	(6,566)	(245,313)	238,747	97.3 %
<b>GAAP Net Income</b>	<b>(281,657)</b>	<b>(167,206)</b>	<b>(114,451)</b>	<b>(68.4)%</b>	<b>(963,447)</b>	<b>(860,388)</b>	<b>(103,059)</b>	<b>(12.0)%</b>
Contributed Capital		14,175	(14,175)	(100.0)%		14,175	(14,175)	(100.0)%
Interest Rate Swap			-				-	
Other Changes in Net Assets			-				-	
<b>Change in Unrestricted Assets</b>	<b>(281,657)</b>	<b>(153,031)</b>	<b>(128,626)</b>	<b>(84.1)%</b>	<b>(963,447)</b>	<b>(846,213)</b>	<b>(117,234)</b>	<b>(13.9)%</b>
<b>Total Change in Net Assets</b>	<b>(281,657)</b>	<b>(153,031)</b>	<b>(128,626)</b>	<b>(84.1)%</b>	<b>(963,447)</b>	<b>(846,213)</b>	<b>(117,234)</b>	<b>(13.9)%</b>
<b>Operating Margin</b>	<b>(285,837)</b>	<b>(156,187)</b>	<b>(129,650)</b>	<b>(83.0)%</b>	<b>(1,073,319)</b>	<b>(729,504)</b>	<b>(343,815)</b>	<b>(47.1)%</b>
Operating Margin %	(38.1)%	(21.2)%	(16.9)%	(79.4)%	(37.2)%	(24.7)%	(12.6)%	(51.0)%
<b>COM</b>	<b>(290,909)</b>	<b>(161,057)</b>	<b>(129,852)</b>	<b>(80.6)%</b>	<b>(1,093,607)</b>	<b>(748,985)</b>	<b>(344,623)</b>	<b>(46.0)%</b>
COM %	(38.8)%	(21.9)%	(16.9)%	(77.1)%	(37.9)%	(25.3)%	(12.6)%	(49.8)%

**SECTION 999.5(d)(11)(F)**

**2) FY 2021 audited consolidated financial statements**

# **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

Combined Financial Statements and  
Combining Supplementary Information

December 31, 2021 and 2020

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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December 31, 2021 and 2020

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## **Independent Auditors' Report**

To the Boards of Directors of  
HumanGood California Obligated Group & Foundation Affiliates

### **Opinion**

We have audited the combined financial statements of the HumanGood California Obligated Group & Foundation Affiliates (the Corporations), which comprise the combined balance sheets as of December 31, 2021 and 2020, and the related combined statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the financial position of the Corporations as of December 31, 2021 and 2020 and the results of their operations, and changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the Corporations and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Combined Financial Statements**

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporations' ability to continue as a going concern within one year after the date that the combined financial statements are issued.

### **Auditors' Responsibilities for the Audit of the Combined Financial Statements**

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporations' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporations' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

#### **Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The combining information on pages 45 to 68 is presented for purposes of additional analysis of the combining financial statements rather than to present the financial position, changes in net deficit and cash flows of the individual organizations, and it is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The combining information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

*Baker Tilly US, LLP*

Philadelphia, Pennsylvania  
April 28, 2022

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combined Balance Sheets  
December 31, 2021 and 2020  
(In Thousands)

	2021	2020		2021	2020
<b>Assets</b>			<b>Liabilities and Net Assets</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and cash equivalents	\$ 52,624	\$ 23,013	Accounts payable and accrued expenses	\$ 37,845	\$ 35,755
Resident accounts receivable, less allowances for doubtful accounts of \$3,853 in 2021 and \$3,769 in 2020	13,017	12,682	Deposits	3,157	2,871
Other receivables	10,594	7,789	Accrued interest	3,509	2,349
Current portion of restricted investments	4,728	3,665	Current portion of notes and bonds payable	9,524	9,149
Intercompany advances due	8,644	7,675	Entrance fee rebates payable	215	431
Prepaid expenses, deposits and other assets	7,495	8,905			
			Total current liabilities	54,250	50,555
Total current assets	97,102	63,729	<b>Notes and Bonds Payable, Net</b>	460,728	338,981
<b>Restricted Cash</b>	5,106	5,105	<b>Rebatable Entrance Fees Due</b>	174,492	178,166
<b>Investments</b>	211,792	226,580	<b>Entrance Fees Subject to Refund</b>	79,974	75,827
<b>Designated Investments</b>	130,957	123,966	<b>Entrance Fees Nonrefundable</b>	199,606	187,787
<b>Investment in HumanGood Nevada Bonds</b>	43,819	4,242	<b>Revocable Trusts</b>	251	275
<b>Restricted Investments</b>	201,330	74,690	<b>Obligations Under Annuity Agreements</b>	3,854	3,399
<b>Subordinated Notes Receivable, Net</b>	15,607	12,572	<b>Retirement Liabilities</b>	4,625	3,991
<b>Land, Buildings and Equipment, Net</b>	466,861	474,624	<b>Workers' Compensation Liability</b>	18,086	16,112
<b>Interest and Management Fees Due From Affiliates</b>	477	2,679	<b>Advances Subject to Refund</b>	21,060	-
<b>Other Noncurrent Assets</b>	10,492	5,766	<b>Other Liabilities</b>	1,915	7,462
			Total liabilities	1,018,841	862,555
			<b>Net Assets</b>		
			Without donor restrictions	123,817	93,789
			With donor restrictions	40,885	37,609
			Total net assets	164,702	131,398
Total assets	\$ 1,183,543	\$ 993,953	Total liabilities and net assets	\$ 1,183,543	\$ 993,953

See notes to combined financial statements



# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Combined Statements of Operations and Changes in Net Assets  
Years Ended December 31, 2021 and 2020  
(In Thousands)

	2021	2020
<b>Changes in Net Assets Without Donor Restrictions</b>		
Operating revenues:		
Residential living	\$ 109,963	\$ 107,674
Assisted living	34,943	34,053
Health center	92,387	85,293
Memory care	14,557	13,854
Other residential services	3,964	3,757
Amortization of entrance fees	43,034	44,275
COVID relief funding	1,174	8,338
Other operating revenues	10,469	7,692
Net assets released from restrictions	4,408	4,125
Unrestricted contributions	811	1,333
Total operating revenues	315,710	310,394
Operating expenses:		
Salaries and wages	137,937	129,105
Employee benefits	35,295	34,592
Supplies	23,340	23,113
Ancillary services	12,907	12,178
Repairs and maintenance	4,777	4,682
Marketing and advertising	4,367	3,916
Purchased services	15,477	15,819
Utilities	13,057	12,313
Travel and related	1,335	1,030
Leases and rents	1,758	1,884
Insurance	4,742	4,072
Other operating expenses	10,396	8,156
Total operating expenses	265,388	250,860
Income before other operating income (expense)	50,322	59,534
Other operating income (expense):		
Realized gains (losses) on investments, net	14,198	(2,543)
Realized gain on investment in HumanGood Nevada Bonds	8,834	-
Change in unrealized gains on investments, net	1,895	19,817
Unrealized loss on investment in HumanGood Nevada Bonds	-	(535)
Investment income, net	5,598	6,612
Mortgage interest	(11,288)	(12,946)
Depreciation and amortization	(41,760)	(42,461)
Loss on early retirement of debt	-	(7,620)
Gains on disposal of fixed assets, net	4,927	-
Income from operations	32,726	19,858

See notes to combined financial statements

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combined Statements of Operations and Changes in Net Assets  
Years Ended December 31, 2021 and 2020  
(In Thousands)

	<u>2021</u>	<u>2020</u>
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>		
Other changes in net assets without donor restrictions:		
Change in minimum pension liability	\$ (104)	\$ (875)
Other affiliate distributions and equity transfers	(4,241)	(5,142)
Forgiveness of indebtedness to affiliate	(2,000)	-
Unrealized gains on interest rate swaps and caps	3,647	808
	<u>30,028</u>	<u>14,649</u>
Change in net assets without donor restrictions	<u>30,028</u>	<u>14,649</u>
<b>Changes in Net Assets With Donor Restrictions</b>		
Dividend and interest income	909	698
Unrealized gains on investments with donor restrictions, net	1,323	2,039
Restricted equity contributions	-	456
Contributions	5,858	5,875
Net assets released from restrictions for benevolence	(169)	(227)
Contractual payments to beneficiaries	(1,328)	(1,558)
Realized gains (losses) on investments, net	1,205	(688)
Contractual liability adjustments	(283)	498
Net assets released from restrictions for special project funds	(4,239)	(3,898)
	<u>3,276</u>	<u>3,195</u>
Change in net assets with donor restrictions	<u>3,276</u>	<u>3,195</u>
Change in net assets	33,304	17,844
<b>Net Assets, Beginning</b>	<u>131,398</u>	<u>113,554</u>
<b>Net Assets, Ending</b>	<u><u>\$ 164,702</u></u>	<u><u>\$ 131,398</u></u>

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combined Statements of Cash Flows  
Years Ended December 31, 2021 and 2020  
(In Thousands)

	<u>2021</u>	<u>2020</u>
<b>Cash Flows From Operating Activities</b>		
Cash received for resident services	\$ 253,795	\$ 245,689
Cash received from nonrebatable entrance fees from reoccupancy	66,418	43,923
Cash received from advances subject to refund	21,060	-
Cash received from COVID relief funding	1,023	8,489
Cash received from other operating activities	6,403	5,879
Cash received from bequests and trust maturities	811	1,333
Cash earnings realized from investments	5,598	4,011
Cash paid for employee salaries	(126,298)	(118,407)
Cash paid for employee benefits	(33,660)	(32,646)
Cash paid for temporary labor	(11,250)	(9,920)
Cash paid to vendors	(88,070)	(80,369)
Cash paid for interest	(10,872)	(14,622)
Net cash provided by operating activities	<u>84,958</u>	<u>53,360</u>
<b>Cash Flows From Investing Activities</b>		
Acquisition of land, buildings and equipment	(37,589)	(35,322)
Proceeds from sale of fixed assets	6,216	-
Net purchases of unrestricted investments	(6,639)	(8,968)
Net (purchases) sales of restricted investments	(4,461)	1,351
Cash (paid to) received from intercompany and affiliate transactions	(969)	1,047
Net cash used in investing activities	<u>(43,442)</u>	<u>(41,892)</u>
<b>Cash Flows From Financing Activities</b>		
Proceeds from rebatable entrance fees	12,991	16,406
Refunds of deposits and entrance fees	(23,845)	(25,143)
Proceeds from issuance of notes and bonds payable	133,481	2,043
Principal payments on notes and bonds payable	(9,149)	(8,551)
Cash paid for bond issuance costs	(1,464)	(1,633)
Cash paid for interest rate cap	-	(223)
Cash paid for other trust activity	(3,475)	(5,166)
Affiliate cash distributions	(4,241)	(5,142)
Cash received from restricted contributions	5,858	5,864
Net cash provided by (used in) financing activities	<u>110,156</u>	<u>(21,545)</u>
Increase (decrease) in cash, cash equivalents and restricted cash	151,672	(10,077)
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	<u>68,501</u>	<u>78,578</u>
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	<u><u>\$ 220,173</u></u>	<u><u>\$ 68,501</u></u>

See notes to combined financial statements

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Combined Statements of Cash Flows  
Years Ended December 31, 2021 and 2020  
(In Thousands)

	<u>2021</u>	<u>2020</u>
<b>Noncash Disclosures</b>		
Long-term debt repaid with proceeds from Series 2020 Bonds	<u>\$ -</u>	<u>\$ 79,470</u>
Forgiveness of indebtedness to affiliate	<u>\$ 2,000</u>	<u>\$ -</u>
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash to Combined Balance Sheets</b>		
Cash and cash equivalents	\$ 52,624	\$ 23,013
Restricted cash included in restricted investments	162,443	40,383
Restricted cash	<u>5,106</u>	<u>5,105</u>
Total cash, cash equivalents and restricted cash	<u>\$ 220,173</u>	<u>\$ 68,501</u>

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2021 and 2020

## 1. Business and Organization

HumanGood (Parent Organization) is a California nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for seniors through its Life Plan Communities (LPCs) and affordable housing communities owned by its subsidiaries. HumanGood is the sole member of HumanGood NorCal (NorCal), HumanGood SoCal (SoCal), HumanGood Fresno (dba Terraces at San Joaquin Gardens, TSJG) and HumanGood Cornerstone (Cornerstone). NorCal is the sole member of HumanGood Foundation West (Foundation West) and SoCal is the sole member of HumanGood Foundation South (Foundation South). NorCal, SoCal and TSJG, which collectively form the HumanGood California Obligated Group, share the common parent entity of HumanGood, and together with Foundation West and Foundation South, constitute the HumanGood California Obligated Group & Foundation Affiliates (collectively, the Corporations).

### HumanGood California Obligated Group

On August 1, 2019, concurrent with the date of issuance of the Series 2019A Tax-Exempt Revenue and Refunding Bonds and the Series 2019B Taxable Bonds, the HumanGood California Obligated Group (COG) was formed (see Note 6).

### HumanGood NorCal

NorCal is a California nonprofit public benefit tax-exempt corporation which owns, operates and manages LPCs in which housing, health care and supportive services are provided for seniors. Seven of NorCal's nine directors are HumanGood's directors. The executive officers of HumanGood also serve as executive officers of NorCal. As of December 31, 2021, the following LPCs were owned and operated by NorCal:

Terraces at Los Altos  
Grand Lake Gardens  
Piedmont Gardens  
Plymouth Village

Valle Verde  
Rosewood  
Terraces of Los Gatos

### HumanGood SoCal

SoCal is a California nonprofit public benefit tax-exempt corporation which owns, operates and manages LPCs in which housing, health care and supportive services are provided for seniors. Seven of SoCal's nine directors are HumanGood's directors. The executive officers of HumanGood also serve as executive officers of SoCal. As of December 31, 2021, the following LPCs were owned and operated by SoCal:

Royal Oaks  
White Sands La Jolla  
Windsor

Regents Point  
Westminster Gardens  
Redwood Terrace

### HumanGood Fresno

TSJG is a California nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for seniors in Fresno, California, through its LPC. Seven of TSJG's nine directors are HumanGood's directors. The executive officers of HumanGood also serve as executive officers of TSJG.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

### **HumanGood Foundation West**

Foundation West is a California nonprofit public benefit tax-exempt corporation whose primary purpose is to develop, invest and administer funds to provide housing and care on behalf of certain residents. Foundation West's principal activity is to administer such funds under donor agreements. NorCal is the sole member of Foundation West, and therefore, elects the directors of Foundation West. As a result, NorCal has control over Foundation West, and therefore, Foundation West is included in these combined financial statements. Foundation West guarantees the NorCal Series 2015 bond obligation. Foundation West's obligations under the guaranty agreement are limited to Foundation West's income earned on its net assets without donor restrictions (see Note 6).

### **HumanGood Foundation South**

Foundation South is a California nonprofit public benefit tax-exempt corporation whose primary purpose is to develop, invest and administer funds to provide housing and care on behalf of certain residents. Foundation South's principal activity is to administer such funds under donor agreements. SoCal is the sole member of Foundation South, and therefore, elects the directors of Foundation South. As a result, SoCal has control over Foundation South, and therefore, Foundation South is included in these combined financial statements.

### **HumanGood Cornerstone and Related Enterprises**

HumanGood Cornerstone, an affiliate of the Corporations, is a California nonprofit public benefit tax-exempt corporation and, as the sole member, exercises its direction and control through the appointment of the Board of Directors of HumanGood Arizona, Inc. (dba Terraces of Phoenix, TOP), HumanGood Washington (dba Judson Park, JP), HumanGood Nevada (dba Las Ventanas), HumanGood Idaho (dba The Terraces of Boise, Boise), HumanGood Properties (formerly known as Seniority Properties), HumanGood East, HumanGood Affordable Housing and Beacon Development Group, LLC (BDG) and in conjunction with an affiliation, effective in February 2022, West Valley Nursing Homes, Inc., dba Living Care Retirement Community. HumanGood Arizona, Inc. and HumanGood Washington together constitute an obligated group (HumanGood National Obligated Group). In March 2021, HumanGood Cornerstone approved a resolution to transfer BDG to HumanGood Affordable Housing as its sole member.

HumanGood and HumanGood Cornerstone's Boards are composed of the same seven directors.

### **HumanGood Affordable Housing**

HumanGood Affordable Housing (HGAH) is a California nonprofit public benefit tax-exempt corporation. HGAH serves as the sole or majority General Partner and controlling organization for 22 tax-credit affordable housing communities, serves as the sole or majority member and controlling organization for 27 additional affordable housing communities and provides management services to ten affordable housing communities.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

On January 1, 2015, NorCal purchased BDG for a combination of cash and a \$2,000,000 note and simultaneously assigned its rights thereto to HGAH. NorCal then entered into a \$2,350,000 affiliate note with BDG to assign the cost of purchase to the acquired entity.

Simultaneous with this January 1, 2015 purchase, NorCal transferred all operational activities, assets and liabilities associated with NorCal's affordable housing line of business to HGAH in exchange for a noninterest bearing affiliate note with NorCal for \$2,242,000 and a noninterest bearing contingent note with NorCal for \$1,364,000, which is payable upon HGAH's ability to achieve certain operating performance metrics. These notes receivable are included in subordinated notes receivable, net on NorCal's balance sheet included in the supplementary combining balance sheets.

### **Beacon Development Group, LLC**

Beacon Development Group, LLC (BDG) is a professional services firm that consults primarily in the development and construction of affordable housing communities. BDG provides services to affiliates of the Corporations and other nonprofits and housing authorities. In March 2021, HumanGood Cornerstone approved a resolution to transfer BDG to HumanGood Affordable Housing as its sole member.

### **HumanGood Arizona, Inc.**

HumanGood Arizona, Inc. is an Arizona nonprofit tax-exempt corporation providing housing, health care and supportive services for seniors in Phoenix, Arizona through its LPC, Terraces of Phoenix. Prior to September 29, 2003, TOP was a controlled affiliate of NorCal. The funds previously advanced by NorCal to support TOP's operating and capital needs were retained in the form of a subordinated note receivable from TOP. The note has been recorded as part of subordinated notes receivable, net in the accompanying combined balance sheets at the estimated net realizable value of \$4,315,000 as of December 31, 2021 and 2020.

NorCal manages TOP under a multiyear management agreement at a management fee of 8.5 percent of budgeted cash revenues, with half of this amount subject to subordination upon noncompliance with certain covenants. The agreement automatically renews annually unless terminated.

### **HumanGood Washington**

HumanGood Washington is a Washington nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for seniors in Washington through its LPC, Judson Park. On May 30, 2012, NorCal entered into a ten-year management agreement, at a base fee of 8.5 percent of budgeted cash revenues, with half of this amount subject to subordination upon noncompliance with certain covenants. The agreement automatically renews at the end of the term unless terminated.

### **HumanGood Nevada**

HumanGood Nevada is a California nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for seniors in the Las Vegas, Nevada area, through its LPC, Las Ventanas. On July 1, 2004, NorCal began providing oversight management services to Las Ventanas. On January 1, 2010, NorCal began providing full management services to Las Ventanas. Under the current agreement, management fees accrue at 3.0 percent of total cash revenues, with payment deferred until certain operating metrics have been met as laid out in the agreement. The paydown of deferred fees cannot cause the total fees paid in any one year to exceed 5.0 percent of total revenues.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

On September 12, 2012, Las Ventanas, its bondholders and NorCal executed a restructuring agreement of Las Ventanas' debt, ground lease and other key obligations, which involved the exchanging of existing bonded indebtedness for three new series of tax-exempt bonds. NorCal contributed capital and released its interests in the Las Ventanas ground lease and construction loan, and forgave all previously accrued management fees in exchange for interests in the newly issued Las Ventanas Series 2012 A-2, Series B-2, Series B-3 and Series C-2 Bonds.

As a result of the aforementioned restructuring, NorCal received \$16,414,000 (par value) of HumanGood Nevada Bonds, which were classified as investments in HumanGood Nevada Bonds in the accompanying combined balance sheet for the year ended December 31, 2020. Annual revaluations of the investments have resulted in unrealized mark-to-market losses on the Bonds of \$8,834,000 as of December 31, 2020.

On February 19, 2019, HumanGood Nevada filed a voluntary public disclosure announcing its intent to explore various options related to tendering, purchasing, refinancing or restructuring all, or portions, of its Series 2012 Bonds. On February 12, 2021, an additional disclosure was filed detailing that NorCal had refined this exploration to potentially contacting holders of the Series 2012B-1 and C-1 Bonds to purchase all or a portion of those bonds with a current expectation to hold such Series 2012B-1 and C-1 Bonds within its investment portfolio in anticipation of a possible refinancing of the Series 2012 Bonds in the future. On February 18, 2021, NorCal purchased \$4,922,000 par amount of the Series 2012B-1 and \$9,136,000 par amount of the Series 2012C-1 Bonds at a discount of \$7,230,000.

On November 16, 2021, HumanGood Nevada filed a public disclosure informing bondholders that it intended to call for redemption the entirety of its outstanding Series 2012 Bonds. On December 16, 2021, using a combination of \$22,540,000 of NorCal cash, \$11,851,000 of HumanGood Nevada cash and an exchange of \$28,262,000 of Series 2012 Bonds held by NorCal, HumanGood Nevada retired, at a 1.0 percent premium, its Series 2012 Bonds in exchange for the issuance to NorCal of a CUSIP-bearing \$43,819,000 Series 2021 senior secured note bearing interest at a fixed rate of 4.0 percent over 35 years, which is included in investments in HumanGood Nevada Bonds on the accompanying combined balance sheet at December 31, 2021. Concurrent with the issuance of the Series 2021 interfacility note, HumanGood Nevada paid to NorCal \$2,412,000 of outstanding management fees owing, which NorCal recorded as other operating revenue in the accompanying combined statements of operations and changes in net assets.

In connection with this financing transaction, NorCal recognized a realized gain of \$8,834,000 of previous unrealized mark-to-market loss on its Series 2012 A-2, B-2, B-3 and C-2 bond holdings which is included in realized gain on investment in HumanGood Nevada Bonds in the accompanying combined statement of operations and changes in net assets. Additionally, NorCal exchanged its HumanGood Nevada Series 2012 B-1 and C-1 Bonds at their discounted value, as described above, for an equivalent amount of HumanGood Nevada Series 2021 notes received. As a result of this exchange, HumanGood Nevada recognized a gain on debt redemption of \$7,230,000.



## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

### **HumanGood Idaho**

HumanGood Idaho is a California nonprofit public benefit tax-exempt corporation, which has been providing housing, health care and supportive services for seniors in Boise, Idaho, through its LPC, the Terraces of Boise, since 2015.

To support Boise's Series 2014 financing, NorCal provided \$3,000,000 in equity along with \$1,000,000 of funded liquidity support and an additional \$1,250,000 of unfunded liquidity support. At the same time, Boise purchased the parcel of land upon which the Terraces of Boise is built from NorCal for cash and a \$2,000,000 interest bearing subordinated note receivable. On March 18, 2020, Boise entered into a Second Supplemental Master Trust Indenture for which one of the amendments caused NorCal to fund its remaining liquidity support obligation of \$1,250,000 with the Master Trustee on March 31, 2020.

Effective February 2021, NorCal succeeded Greystone Management Services Company Idaho, LLC as manager. Under the terms of the management agreement, NorCal receives a base fee of 5 percent of budgeted cash revenues, with 3 percent deferred and payable only from cash balances greater than 150 days. No such payments have been received in 2021 and deferred amounts of \$416,000 are included in interest and management fees due from affiliates on the accompanying combined balance sheet at December 31, 2021.

On July 26, 2021, HumanGood Idaho filed an EMMA notice stating that the company had entered into a debt restructuring term sheet agreement with the majority of the holders of its 2014 Bonds. On October 6, 2021, HumanGood Idaho issued \$75,045,000 of Series 2021A Bonds and \$4,170,000 of Series 2021B Bonds in exchange for the outstanding Series 2014 Bonds. NorCal contributed \$6,500,000 in working capital in exchange for subordinated Series 2021C Bonds and forgave previous unsecured amounts owing in exchange for \$2,250,000 of junior subordinated Series 2021 Direct Obligation No. 4, both included in subordinates notes receivable, net in the accompanying combined balance sheet as of December 31, 2021. Amounts forgiven include the \$2,000,000 land purchase subordinated note and \$597,000 of related interest, and \$1,212,000 of intercompany amounts owing. The accrued interest and intercompany amounts owing were fully reserved on NorCal's accompanying combined balance sheet at December 31, 2020, whereas the forgiveness of the subordinated land note gave rise to a forgiveness of indebtedness to affiliate in the accompanying statement of operations and changes in net assets for the year ended December 31, 2021.

### **HumanGood Properties (formerly known as Seniority Properties)**

HumanGood Properties is a California for-profit corporation, which was formed in February 2014 for the purpose of holding equity interests in developed and acquired senior housing communities and other similar investments.

On September 1, 2015, HumanGood Properties, through a subsidiary LLC, purchased a 49 percent equity interest, and later, through a purchase option, an additional 1 percent interest in a memory care senior housing community in Oklahoma.

### **HumanGood East**

HumanGood East is a Pennsylvania nonprofit tax-exempt corporation providing housing, health care and supportive services for seniors through its three LPCs, 17 owned and managed affordable housing communities and 21 additional affordable housing communities managed for unrelated entities.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

## **Basis of Presentation and Principles of Combination**

The accompanying combined financial statements combine the accounts of NorCal, SoCal, TSJG, Foundation West and Foundation South (HumanGood California Obligated Group & Foundation Affiliates) in accordance with accounting principles generally accepted in the United States of America (GAAP). All entities except Foundation West and Foundation South share a common parent, HumanGood, which has the sole corporate membership and controlling financial interest in each of these organizations, and Foundation West and Foundation South are affiliates of NorCal and SoCal, respectively.

All interaffiliate transactions between the Corporations eliminate in combination.

## **2. Summary of Significant Accounting Policies**

### **Use of Estimates**

The preparation of the combined financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reported periods. Significant items subject to such estimates and assumptions include the fair values of interest rate swaps and caps assets and liabilities; allowances for contractual and uncollectible accounts receivable; fair values of notes receivable; fair values of investments; future service benefit obligations; rebatable entrance fees due; entrance fees subject to refund; entrance fees nonrefundable; liabilities for self-insured workers' compensation; self-insured health insurance; liabilities for pension and retirement plans; and valuation of split-interest agreements. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

Cash and cash equivalents are defined as cash on hand, demand deposits with financial institutions and overnight investments considered to be cash equivalents. For the purposes of the combined statements of cash flows, cash, cash equivalents and restricted cash include investments purchased with an initial maturity of three months or less.

### **Restricted Cash**

Restricted cash is defined as cash and cash equivalents, which are restricted in their use by debt agreements.

### **Resident Accounts Receivable**

The Corporations assess collectability on all resident accounts prior to providing services. An allowance for uncollectible accounts is recognized to reduce accounts receivable to its net realizable value for impairment of revenues for changes in resident credit worthiness. The allowance is estimated by management based on factors such as aging of the accounts receivable (outstanding balances over 150 days are fully reserved), and anticipated collection of the consideration. Accounts are written off through bad debt expense when the Corporations have exhausted all collection efforts and accounts are deemed uncollectible.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

### **Investments**

Investments include certain cash equivalents held by investment managers, mutual funds, equity securities, exchange-traded funds and closed-end funds, domestic corporate debt, U.S. and foreign government securities and certain cash equivalents and securities held by trustees for capital project expenditures and debt service, and are stated at fair value in the accompanying combined balance sheets.

Investment income or loss (including interest, dividends and fees), realized gains and losses and unrealized gains and losses on investments are included in income from operations and changes in net assets without donor restrictions. Interest income is measured as earned on the accrual basis. Dividends are measured based on the ex-dividend date. Purchases and sales of securities and realized gains and losses are recorded on a trade-date basis.

The Corporations' investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair value reported is subject to various risks, including changes in the equity markets, the interest rate environment and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported could change materially in the near term.

### **Restricted Investments**

Certain investments are restricted as assets held in trust. These include assets held by trustees in accordance with the indentures relating to debt agreements and assets set aside in accordance with various trust agreements with third parties, including donors. Assets held in trust as well as assets managed with donor restrictions are classified as restricted investments in the accompanying combined balance sheets (see Note 4).

### **Designated Investments**

Designated investments of \$130,957,000 and \$123,966,000 as of December 31, 2021 and 2020, respectively, are designated by the Board of Directors primarily for future capital projects, to advance strategic corporate initiatives and for Foundation West Board-designated benevolence funds (see Note 4).

### **Investments in HumanGood Nevada Bonds**

Investments in HumanGood Nevada Bonds as of December 31, 2020 included holdings in three tranches of the Las Ventanas Series 2012 Bonds (see HumanGood Nevada Subsection in Note 1). As of December 31, 2021, as part of the aforementioned HumanGood Nevada Series 2012 debt redemption, investments in HumanGood Nevada Bonds as of December 31, 2021 consist of a \$43,819,000 Series 2021 senior secured note bearing interest at a fixed rate of 4.0 percent over 35 years. These investments are recorded at fair market value as of December 31, 2021 and 2020, in the accompanying combined balance sheets.

Changes in fair market value are included in unrealized loss on investments in HumanGood Nevada Bonds in the accompanying combined statements of operations and changes in net assets.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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### Subordinated Notes Receivable, Net

Subordinated notes receivable, net as of December 31, 2021 and 2020 are comprised of the following (in thousands):

	2021	2020
Subordinated note receivable from the Terraces of Phoenix	\$ 4,315	\$ 4,315
Subordinated note receivable from the Terraces of Boise	6,500	4,250
Junior subordinated note receivable from the Terraces of Boise	2,250	-
Notes receivable related to HGAH and BDG acquisition	2,542	4,007
Total	<u>\$ 15,607</u>	<u>\$ 12,572</u>

All subordinated notes receivable are further described in HumanGood Cornerstone Related Enterprises Subsection in Note 1.

### COG Member Subordinated Notes Receivable, Net

Subordinated notes amongst members of the affiliated Corporations included in COG are included in the accompanying supplemental combining balance sheets but eliminated in the accompanying combined financial statements.

Prior to September 26, 2012, TSJG was one of eight LPCs constituting NorCal's Obligated Group. Effective September 26, 2012, by vote of the NorCal Board of Directors, and consistent with the rights and abilities granted in NorCal's Master Trust Indenture, sole corporate membership and control of TSJG was transferred from NorCal to Cornerstone, and subsequently to HumanGood, in conjunction with the issuance of the TSJG Series 2012 Bonds. Furthermore, at this time, the portion of NorCal's Series 2006 Bonds previously allocated to TSJG was replaced with a \$23,336,000 variable rate subordinated note, and a portion of NorCal's Series 2010 Bonds previously allocated to TSJG was replaced with a \$6,438,000 fixed rate subordinated note. Debt service payments on these subordinated notes were contingent upon TSJG being in compliance with certain performance metrics. These subordinated notes receivable from TSJG are included in NorCal's subordinated notes receivable in the accompanying supplemental combining balance sheets as of December 31, 2020. Both subordinated notes payable are included in TSJG's notes and bonds payable, net in the accompanying supplemental combining balance sheet as of December 31, 2020.

Concurrent with the 2012 financing, NorCal and TSJG entered into a ten-year management agreement at a base fee of 8.5 percent of budgeted cash revenues, with half of this fee subject to subordination. The agreement automatically renews at the end of the term unless terminated.

Upon meeting certain performance criteria, interest payments of \$4,150,000 were made to NorCal for the year ended 2020, for interest expense that had been deferred in previous fiscal years, and principal payments of \$1,634,000 were made in 2020. Interest expense of \$804,000 at December 31, 2020, related to these notes was accrued but not fully paid. All amounts related to these notes and their debt service payments eliminate in the accompanying combined financial statements.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Effective December 31, 2021, the Boards of Directors of TSJG and NorCal approved the retirement of the \$23,336,000 and \$6,438,000 subordinated notes in exchange for a direct allocation of NorCal Series 2015 and COG Series 2019 Bonds to TSJG. Additionally, the Boards of Directors approved the management agreement be amended and restated to remove terms restricting the timely payment of management fees owed from TSJG to NorCal. As a result of these actions, the total debt allocated to TSJG was lowered by \$8,526,000, and previously owed amounts for management fees and interest expense on the aforementioned subordinated notes of \$8,567,000 were released from payment restrictions, giving rise to a subsequent payment from TSJG to NorCal of \$17,093,000 in 2022 to satisfy all amounts formerly owed.

At December 31, 2020, \$6,396,000 of management fees were accrued but not paid and are included in other liabilities in the accompanying supplemental combining balance sheet of TSJG and are eliminated in the accompanying combined financial statement at December 31, 2020. There were no accrued but unpaid management fees at December 31, 2021.

### **Land, Buildings and Equipment, Net**

Land, buildings and equipment are recorded at cost, or fair value when received, if donated. The cost basis includes any interest, finance charges and other related costs capitalized during construction. Maintenance and repair costs are charged to operations when incurred.

Depreciation of buildings and equipment is computed on the straight-line method using estimated useful lives of 3 to 40 years. When assets are retired or otherwise disposed of, the cost of the asset and its related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized in income for the period.

### **Asset Impairment**

The Corporations periodically evaluate the carrying value of their long-lived assets for impairment. The evaluations address the estimated recoverability of the assets' carrying value, which is principally determined based on projected undiscounted cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds estimated recoverability, an asset impairment is recognized. No asset impairment was recorded during the years ended December 31, 2021 and 2020.

### **Other Noncurrent Assets**

Other noncurrent assets are primarily comprised of membership interests in Caring Communities, a Reciprocal Risk Retention Group (CCrRRG), limited partner interests in Ziegler's Longevity Funds and capitalized contract acquisition costs.

### **Deferred Debt Issuance Costs**

Expenses incurred in connection with the issuance of debt are deferred and are amortized over the term of the related financing agreements using the interest method. These unamortized amounts are presented in the combined balance sheets as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. Amortization expense, which is included as a component of mortgage interest, in the accompanying combined statements of operations and changes in net assets was \$283,000 in 2021 and \$255,000 in 2020.

### **Revocable Trusts**

Revocable trusts are trust agreements that are revocable by trustors at any time, with specific terms for each agreement. Consequently, a liability is reflected in revocable trusts in the accompanying combined balance sheets equal to those related trust assets in restricted investments in the accompanying combined balance sheets.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
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### **Obligations Under Annuity Agreements**

In conjunction with certain giving arrangements, Foundation West and Foundation South are required to pay a certain sum of money to the donor or a designated beneficiary, and, consequently, a liability is reflected in obligations under annuity agreements in the accompanying combined balance sheets.

These types of arrangements are summarized as follows:

#### **Gift Annuities Fund**

As consideration for gifts made to Foundation West and Foundation South, the Foundations enter into agreements to pay fixed annual payments to the donors or their beneficiaries for life. In accordance with Section 11521 of the California Insurance Code, a liability has been established for the future payments under the outstanding annuity contracts. The annual computation of the restricted amount of the gift is based upon the 2012 Individual Annuity Reserving Mortality Table, with an interest assumption at 2.75 percent per annum. Assets in excess of liabilities, if any, related to these annuities are available for the use of the Foundations with the approval of the California Department of Insurance.

#### **Annuity Trusts**

Annuity trusts are trust agreements that provide for a fixed annual payment of not less than 6 percent of the initial value of trust assets to one or more income beneficiaries, with an irrevocable remainder interest contributed to charity. The annual payment never varies, regardless of trust income or the appreciation or depreciation in the value of trust assets.

#### **Unitrusts**

Unitrusts are trust agreements that are similar to annuity trusts, except that the annual payout generally is a fixed percentage, ranging from 5 percent to 7 percent, of the value of the trust assets valued annually. In general, the unitrust beneficiary payment amounts rise and fall in proportion to the value of trust assets. In certain cases, the payout from unitrusts may be tied to trust income.

### **Obligation to Provide Future Services**

If the present value of future outflows to provide future healthcare services to current contracted residents, adjusted for certain noncash items, exceeds the present value of future cash in-flows, a liability is recognized. Management engages an actuary to periodically calculate the obligation to provide future health care services to current contracted residents. Based upon the last calculations performed using a discount rate of 5 percent, the present value of future outflows to provide future services, adjusted for certain noncash items, did not exceed the present value of future cash in-flows. Based upon these calculations, and analysis of management, no liability for the obligation to provide future services has been recorded at December 31, 2021 and 2020.

### **Types of Entrance Fees**

The care and residence agreements between the Corporations and the residents provide for the payment of an entrance fee. Entrance fees received by the Corporations are categorized into two types: initial entrance fees and entrance fees from reoccupancy, and are recorded as either rebatable entrance fees due, entrance fees subject to refund or entrance fees nonrefundable. Initial entrance fees, which are the initial fees on new or expanded facilities, are used to provide funds for acquisition and construction of physical facilities, debt retirement and to defray anticipated deficits in the operations of new homes for a period of time. Entrance fees from reoccupancy in existing homes are used for general purposes, including capital expenditures, support of operations (including benevolence), new development and funding of reserves.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
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### Refund Policy on Entrance Fees

The current care and residence agreement provides the resident with the right to a refund of the entrance fee, less 2.0 percent for each month of residency for 41 months after an initial reduction to the original fee after 90 days of the contract, under certain circumstances. In certain cases, upon the move out of a resident, the unamortized balance of the entrance fee on a contractual basis is payable to the resident.

The Corporations had nonrefundable entrance fees of \$199,606,000 and \$187,787,000 as of December 31, 2021 and 2020, respectively, related to entrance fees received that will be recognized as revenues in future years. Additionally, the Corporations had entrance fees subject to refund of \$79,974,000 and \$75,827,000 as of December 31, 2021 and 2020, respectively, which will be recognized as revenues in future years unless refunded.

The Corporations have offered contract options whereby a specified percentage between 50 percent and 100 percent of the entrance fee is rebatable at termination of the contract and subsequent reoccupancy of their apartment. As of December 31, 2021, and 2020, respectively, \$174,707,000 and \$178,597,000 of the entrance fees related to these types of contracts are contractually rebatable and are included in rebatable entrance fees due and entrance fee rebates payable in the accompanying combined balance sheets.

Actual refunds and rebates of entrance fees were \$23,845,000 and \$25,143,000 for the years ended December 31, 2021 and 2020, respectively. Based on historical experience, management expects to pay refunds in future years of approximately \$23,000,000 per year.

### Interest Rate Swaps and Caps

The Corporations use interest rate swaps and caps as part of its overall debt management policy. The Corporations account for interest rate swaps and caps in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 815, *Derivatives and Hedging*. The topic requires that all derivatives be carried at fair value and are included in noncurrent assets in the accompanying combined balance sheets (see Note 7).

### Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

**Net Assets Without Donor Restrictions** - Net assets available for use in general operations and not subject to donor restrictions. All revenues not restricted by donors and donor-restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

**Net Assets With Donor Restrictions** - Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and are included in net assets released from restrictions in the accompanying combined statement of operations and changes in net assets.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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Also included in net assets with donor restrictions are assets held in trust under life annuity gifts. The assets are valued at fair value in accordance with the requirements of the specific trust agreements. Foundation West and Foundation South are required to pay a certain portion of the annual income from these assets to the donor or a designated beneficiary for the life of the donor or the beneficiary. Such amounts have been estimated and are reflected as obligations under annuity agreements in the accompanying combined balance sheets. The remaining assets will revert to the Foundations at the donor or beneficiary's death. The portion of assets received in excess of that required to meet the annuity's obligations has been recognized as a contribution at the time received.

Assets received from external trusts that are controlled by third-party trustees are recognized at the present value of the estimated future distributions to be received by the Corporations over the term of the agreement.

Net assets with donor restrictions for the years ended December 31, 2021 and 2020 are comprised of the following (in thousands):

	2021	2020
Benevolence	\$ 12,956	\$ 10,550
Purpose restricted	16,452	15,416
Funds held by trustee	5,795	5,971
Restricted in perpetuity	5,682	5,672
Total	<u>\$ 40,885</u>	<u>\$ 37,609</u>

### Endowment Funds

Foundation South's endowment funds consist of approximately 16 individual donor-restricted funds established primarily for benevolence and are recorded in net assets with donor restrictions in the accompanying combined balance sheets.

Foundation South has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Foundation South classifies net assets with donor restrictions of the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. The investment earnings of the donor-restricted endowment funds are classified as donor-restricted until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

The changes in endowment net assets with donor restriction for the years ended December 31, 2021 and 2020, are as follows (in thousands):

Endowment net assets, December 31, 2019	\$ 8,258
Contributions	6
Net investment returns	373
Disbursements	<u>(332)</u>
Endowment net assets, December 31, 2020	8,305
Contributions	10
Net investment returns	1,039
Disbursements	<u>(644)</u>
Endowment net assets, December 31, 2021	<u>\$ 8,710</u>



## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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The endowment net assets with donor restrictions were comprised of the following as of December 31, 2021 and 2020 (in thousands):

	2021	2020
Endowment gains with donor restrictions	\$ 3,028	\$ 2,633
Endowment funds held in perpetuity, the portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by UPMIFA	5,682	5,672
Total	<u>\$ 8,710</u>	<u>\$ 8,305</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires Foundation South to retain as a fund of perpetual duration. There were no deficiencies of this nature as of December 31, 2021 and 2020.

Foundation South has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk.

To satisfy its long-term rate of return objectives, Foundation South relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Foundation South targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints.

### Net Resident Service Revenues

Net resident service revenues are reported at the amount that reflects the consideration the Corporations expect to receive in exchange for the services provided. These amounts are due from residents or third-party payors and include variable consideration for retroactive adjustments, if any, under reimbursement programs. Performance obligations are determined based on the nature of the services provided. Net resident service revenues are recognized as performance obligations are satisfied.

Payment terms and conditions for the Corporations' resident contracts vary by contract type and payor source. Net resident service revenues for recurring and routine monthly services are generally billed monthly in advance. Net resident service revenues for ancillary services are generally billed monthly in arrears. Additionally, entrance fees are generally billed and collected in advance of move-in.

Net resident service revenues are primarily comprised of the following revenues streams:

#### Health Center

Health center revenues are primarily derived from providing nursing services to residents at a stated daily fee, net of any explicit and implicit price concessions. The Corporations have determined that health center services are considered one performance obligation, which is satisfied over time as services are provided. Therefore, health center revenues are recognized on a daily basis as services are rendered.

Health center revenues, including monthly service fees, ancillary and other services fees are reported at the estimated net realizable amounts from residents, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
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The Corporations receive revenues for services under third-party payor programs, including Medicare, MediCal and other third-party payors. Nursing and ancillary services provided to Medicare and MediCal beneficiaries are paid at prospectively determined rates per day. These rates vary according to a resident-specific classification system that is based on clinical, diagnostic and other factors and the reimbursement methodology is subject to various limitations and adjustments. The determination of these rates is partially based on the Corporations' clinical assessment of their residents. The Corporations are required to clinically assess its residents at predetermined time periods throughout the year. The documented assessments are subject to review and adjustment by Medicare and MediCal. The basis for payment to the Corporations for other payor agreements includes prospectively determined rates per day or discounts from established charges. Laws and regulations governing the Medicare and MediCal programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and MediCal programs.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing resident care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor and the Corporations' historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenues recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price were not significant in 2021 or 2020.

### **Assisted Living and Memory Care**

Assisted living and memory care revenues are primarily derived from providing housing and personal care services to residents at a stated monthly fee. The Corporations have determined that the services included in the monthly fee have the same timing and pattern of transfer and are a series of distinct services that are considered one performance obligation for each of these levels of care, which is satisfied over time as services are provided. Therefore, assisted living and memory care revenues are recognized on a month-to-month basis.

### **Residential Living**

Residential living revenues are primarily derived from providing housing and services to residents. The Corporations have determined that the services included in the monthly fee have the same timing and pattern of transfer and are a series of distinct services that are considered one performance obligation, which is satisfied over time as services are provided. Therefore, residential living monthly fees are recognized on a month-to-month basis.

Entrance fees collected from residents in advance are recognized as deferred revenues from entrance fees until performance obligations are satisfied and are included in entrance fees nonrefundable in the accompanying combined balance sheets. The Corporations recognized amortization income of \$43,034,000 and \$44,275,000 in 2021 and 2020, respectively. The Corporations apply the practical expedient in ASC 606, and therefore, do not disclose amounts for remaining performance obligations that have original expected durations of one year or less.

The guaranteed refund component of entrance fees is not amortized to income and is classified as rebatable entrance fees due in the accompanying combined balance sheets.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
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For residents with Type B contracts, revenues from entrance fees other than rebatable entrance fees received are recognized through amortization using the straight-line method over annually adjusted estimated life expectancies of the residents, which approximates the period of time the goods and services under the agreements are expected to be transferred to residents. Amortization of entrance fees other than rebatable entrance fees is included as amortization of entrance fees in the accompanying combined statements of operations and changes in net assets.

### **Benevolence**

The Corporations provide services to residents who meet certain criteria under their benevolence policy without charge or at amounts less than its established rates. Partial payments to which the Corporations are entitled from public assistance programs on behalf of residents that meet the Corporations' benevolence criteria are reported as revenues. Because the Corporations do not normally pursue collection of amounts determined to qualify as benevolence, they are not reported as revenues. For the years ended December 31, 2021 and 2020, benevolence recorded was \$1,973,000 and \$1,969,000, respectively.

### **Contractual Allowances**

A portion of the Corporations' health center revenues are subject to explicit price concessions (contractual allowances) under contracts with third-party payors. These price concessions, were \$3,395,000 and \$8,774,000 for the years ended December 31, 2021 and 2020, respectively.

### **COVID Relief Funding**

COVID relief funding in the accompanying combined statements of operations and changes in net assets is comprised of amounts received from federal and state funding sources related to the COVID-19 pandemic. The Corporations account for this funding in accordance with FASB ASC 958-605 guidance for conditional contributions and accordingly, revenues are measured and recognized when barriers are substantially met, which occurs when the Corporations comply with the terms and conditions related to the purpose of the grant rather than those that are administrative in nature.

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund (PRF) to provide financial support for healthcare providers. In accordance with the terms and conditions of PRF, the Corporations could apply the funding against lost revenues and eligible expenses not reimbursed from other sources. The Corporations received PRF funding payments of \$994,000 in 2021 and \$9,089,000 in 2020. The Corporations also received other COVID relief funding of \$29,000 during 2021.

The Corporations incurred lost revenues and eligible expenses sufficient to allow them, in accordance with the terms of the respective funding sources, to recognize PRF revenues and other COVID relief funding revenues of \$1,145,000 and \$29,000 in 2021, respectively (including \$151,000 of deferred revenue from funds received in 2020) and \$8,338,000 in 2020. These amounts were recognized and included in COVID relief funding in the accompanying statement of operations and changes in net assets. During 2020, \$600,000 of CARES Act funding received was transferred to Terraces of Phoenix, an affiliated organization with a common parent, HumanGood, as allowed under the CARES Act Provider Relief Fund terms and conditions.

COVID-19 testing expenses of \$3,277,000 in 2021 and \$2,187,000 in 2020 are included in other operating expenses in the accompanying statements of operations and changes in net assets. Other costs due to the pandemic, such as increased personal protective equipment usage, are included in supplies in the accompanying statements of operations and changes in net assets.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
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The Corporations' methodology for calculating lost revenues, considered an alternate reasonable method due to the standard timing of budget approvals for the Corporations, was calculated using the difference between budgeted resident care revenues and actual resident care revenues for quarterly periods in 2021 and 2020. The Corporations' budgeting process is consistent, rigorous, and represents the Corporations' best estimate of actual results given the current environments and known circumstances. Budget variances in operating revenues for 2020 and 2021 were attributable to fluctuations in occupancy due to the COVID-19 pandemic and as such an alternate reasonable method mirroring the budget revenue method was deemed a reasonable approach by the Corporations in establishing how lost revenues were attributable to the coronavirus pandemic.

The majority of the funding received is subject to future reporting and audit requirements. Noncompliance with the terms and conditions of the funding sources could result in repayment of some or all of the support, which can be subject to government review and interpretation. An estimate of the possible effects of these matters cannot be made as of the date these combined financial statements were issued.

### **Paycheck Protection Program**

In May 2021, the Corporations received proceeds in the amount of \$21,060,000 under the Paycheck Protection Program (PPP) which was established as part of the CARES Act (as amended by the Economic Aid Act (EAA) on December 27, 2020) and is administered through the Small Business Administration (SBA). The PPP provides loans to qualifying nonprofit organizations in amounts up to 2.5 times their average monthly payroll expenses and was designed to provide a direct financial incentive for qualifying nonprofit organizations to keep their workforce employed during the Coronavirus crisis. PPP loans are uncollateralized and guaranteed by the SBA. Advances from the PPP are forgivable after a "covered period" (of eight to twenty-four weeks) as long as the borrower maintains its payroll levels and uses the proceeds for eligible expenses, including payroll, benefits, mortgage interest, rent, and utilities. The forgiveness amount will be reduced if the borrower terminates employees or reduces salaries and wages more than 25 percent during the covered period. The Corporations initially recorded the funds as an advance subject to refund and will record the forgiveness in accordance with guidance for conditional contributions when there is no longer a measurable performance or other barrier and a right of return of the PPP loan, or when such conditions are explicitly waived.

As of December 31, 2021, the Corporations had expended all of the PPP funds received on qualified expenses but continue to work with counsel to confirm that there are no barriers to recognition. As such, no grant revenue is recorded within the accompanying statement of operations and changes in net assets for the year ended December 31, 2021. The full amount of \$21,060,000 of PPP funds received is included as advances subject to refund in the Corporations' accompanying balance sheet at December 31, 2021.

The SBA reserves the right to audit any PPP loan, regardless of size. These audits may occur after forgiveness has been granted. In accordance with the CARES Act (as amended by the EAA), the Corporations are required to maintain their PPP loan documentation for six years after the PPP loan is forgiven or repaid in full and to provide that documentation to the SBA upon request. The Corporations do not believe the results of any audits or reviews by the SBA would have a material impact on the combined financial statements.

### **Performance Indicator**

Income from operations as reflected in the accompanying combined statements of operations and changes in net assets is the performance indicator. Income from operations includes all changes in net assets without donor restrictions other than changes in minimum pension liability, other affiliate distributions and equity transfers, forgiveness of indebtedness to affiliate, and unrealized gains on interest rate swap and caps.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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## Tax-Exempt Status

The Corporations are comprised of several California nonprofit corporations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and have been granted tax-exempt status by the Internal Revenue Service and the California Franchise Tax Board.

The Corporations assess uncertain tax positions in accordance with the provisions of the FASB ASC Topic 740-10, *Income Taxes*. The Corporations recognize the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The Corporations recognize interest and penalties related to income tax matters in operating expenses. As of December 31, 2021, and 2020, and for the year ended December 31, 2021, there were no such uncertain tax positions.

## Future Accounting Standards

During March 2020, the FASB issued Accounting Standards Update (ASU) No. 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting*. ASU No. 2020-04 provides optional expedients and exceptions for applying GAAP to contracts, hedging relationships, and other transactions that reference LIBOR or another reference rate expected to be discontinued because of reference rate reform, if certain criteria are met. Entities may elect the optional expedients and exceptions included in ASU No. 2020-04 as of March 12, 2020 and through December 31, 2022. The Corporations have not elected the optional expedients and exceptions included in ASU No. 2020-04 as of December 31, 2021.

## 3. Liquidity and Availability of Resources

The Corporations have financial assets available for utilization within one year of the combined balance sheets date, which consist of the following as of December 31, 2021 and 2020 (in thousands):

	2021	2020
Cash and cash equivalents	\$ 52,624	\$ 23,013
Resident accounts receivable	13,017	12,682
Entrance fee notes receivable	1,047	870
Investments	211,792	226,580
Total	<u>\$ 278,480</u>	<u>\$ 263,145</u>

The Corporations have investments, which are available for utilization within one year in the normal course of operations. Accordingly, these assets have been included above.

The Corporations have other assets held by trustee under trust indenture, and assets reserved for future gift annuity payments and donor-restricted purposes. Additionally, certain other Board-designated assets are internally designated for long-term purposes and an operating reserve. These investments, which are more fully described in Note 4 are not used for general expenditure within the next year; however, the Board-designated amounts could be made available, if necessary.

As part of the Corporations' liquidity management plan, cash in excess of daily requirements is invested in short-term investments and money market funds. These funds may be drawn upon, if necessary, to meet unexpected liquidity needs.

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## 4. Investments, Designated Investments, Restricted Investments and Fair Value Measurements

The composition of investments, designated investments and restricted investments is set forth in the following table (in thousands):

	<u>2021</u>	<u>2020</u>
Investments (including designated investments and investments in HumanGood Nevada Bonds):		
Cash and cash equivalents	\$ 20,125	\$ 13,783
Mutual funds	104,770	119,506
Equity securities	75,458	68,916
Exchange-traded funds and closed-end funds	43,107	38,509
Domestic corporate debt	43,098	50,270
U.S. government securities	33,398	42,428
Municipal bonds	11,070	13,314
Foreign government securities	3,038	1,496
Alternative investments	8,685	2,324
Investments in HumanGood Nevada Bonds	43,819	4,242
	<u>386,568</u>	<u>354,788</u>
Total investments (including designated investments and investments in HumanGood Nevada Bonds):		
Restricted investments:		
Cash and cash equivalents	162,443	40,383
Mutual funds	11,290	9,390
Equity securities	1,989	1,672
Exchange-traded funds and closed-end funds	16,850	15,356
Domestic corporate debt	4,774	4,583
U.S. government securities	5,030	4,437
Municipal bonds	1,489	1,667
Foreign government securities	185	116
Alternative investments	2,008	751
	<u>206,058</u>	<u>78,355</u>
Total restricted investments		
Total investments, designated investments and restricted investments	<u>\$ 592,626</u>	<u>\$ 433,143</u>

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Investments held as of December 31, 2021 and 2020 were comprised of the following (at fair value)  
(in thousands):

	2021	2020
Restricted investments:		
Principal, interest and other reserves held in trust under bond indenture or mortgage agreements	\$ 7,932	\$ 6,716
Undrawn funds held for LPC construction projects	155,253	31,931
Donor-restricted investments, including investments held in trust under revocable trust, gift annuity, annuity trust or unitrust agreements	42,873	39,708
Total restricted investments	206,058	78,355
Investments in HumanGood Nevada Bonds	43,819	4,242
Investments, unrestricted	211,792	226,580
Investments, designated	130,957	123,966
Total investments, designated investments and restricted investments	\$ 592,626	\$ 433,143

The following disclosure is made pursuant to Section 1790(a)(3) of the California Health and Safety Code. The Corporations have identified certain corporate initiatives and contingencies listed below to which assets without restriction may be exposed, and therefore, have designated reserves as a safeguard against such contingencies. Although not restricted in accordance with FASB ASC Topic 958, *Not-for-Profit Entities*, the designations are as follows (in thousands):

	2021	2020
Designated for Benevolence	\$ 65,829	\$ 59,013
Designated for Retirement	5,301	4,953
Designated for Innovation	10,000	10,000
Designated for Capital Projects	49,827	50,000
Total designations	\$ 130,957	\$ 123,966

### Investment Return

Investment return for the years ended December 31, 2021 and 2020 is as follows (in thousands):

	2021	2020
Total dividend, interest and other investment income, net of expense	\$ 6,507	\$ 7,310
Total realized gains (losses) on investments	15,403	(3,231)
Total net change in unrealized gains on investments	3,218	21,856
Unrealized loss on investment in HumanGood Nevada Bonds	-	(535)
Realized gain from investment in HumanGood Nevada Bonds	8,834	-
Total	\$ 33,962	\$ 25,400

Investment income is net of investment expenses of \$1,307,000 and \$1,123,000 for the years ended December 31, 2021 and 2020, respectively.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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## Fair Value Measurements

FASB ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or net asset value (NAV) per share (or its equivalent) with the ability to redeem the investments in the near term.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying combined financial statements, as well as the general classification of such instruments pursuant to the valuation hierarchy:

- Mutual funds - Mutual funds registered with the U.S. Securities and Exchange Commission as mutual funds under the Investment Company Act of 1940 are valued based on quoted market prices, which represent the NAV of shares, and are categorized as Level 1.
- Equities, exchange-traded funds and closed-end funds - Equity securities that are actively traded on a securities exchange are valued based on quoted prices from the applicable exchange and are categorized as Level 1.
- Corporate debt (domestic and foreign) - Investment-grade bonds are valued using inputs and techniques which include third-party pricing vendors, dealer quotations and recently executed transactions in securities of the issuer or comparable issuers. To the extent that these inputs are observable and timely, the values are categorized as Level 2.
- Government securities (U.S. and foreign) - Government securities are valued based on prices provided by third-party vendors that obtain feeds from a number of live data sources, including active market makers and interdealer brokers. To the extent that these inputs are observable and timely, values are categorized as Level 2.
- Municipal bonds - Municipal bonds are valued using inputs and techniques which include identification of similar issues and market activity. To the extent that these inputs are observable and timely, values are categorized as Level 2.
- Investments in HumanGood Nevada Bonds - The fair value is estimated by a third-party using a small sample of sales comparables of other nonrelated LPC fixed rate bonds. Due to a lack of available Level 1 and Level 2 inputs, the investments have been classified as Level 3.
- Alternative investments valued at NAV - Primarily hedge funds are valued at NAV per share of the underlying investment fund. In accordance with ASU No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate NAV per Share (or Its Equivalent)*, investments are not categorized within the fair value hierarchy.
- Interest rate swaps and caps agreements - The fair value is estimated by a third-party using inputs that are observable or that can be corroborated by observable market data and, therefore, are classified as Level 2.



# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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The following table presents the fair value measurements of financial instruments recognized in the accompanying combined balance sheets measured at fair value on a recurring basis and the level within the FASB ASC Topic 820 fair value hierarchy in which the fair value measurements fall as of December 31, 2021 and 2020 (in thousands):

	2021			
	Level 1	Level 2	Level 3	Total
Investments, designated investments and restricted investments:				
Mutual funds:				
Equity	\$ 27,181	\$ -	\$ -	\$ 27,181
Fixed income	63,669	-	-	63,669
Open funds	25,210	-	-	25,210
Equity securities	77,447	-	-	77,447
Exchange-traded funds and closed-end funds	59,957	-	-	59,957
Domestic corporate debt	-	47,872	-	47,872
U.S. government securities	-	38,428	-	38,428
Municipal bonds	-	12,559	-	12,559
Foreign government securities	-	3,223	-	3,223
Investments in HumanGood Nevada Bonds	-	-	43,819	43,819
Total investments, designated investments and restricted investments measured at fair value	<u>\$ 253,464</u>	<u>\$ 102,082</u>	<u>\$ 43,819</u>	399,365
Alternative investments valued at NAV				10,693
Cash and cash equivalents				<u>182,568</u>
Total investments, designated investments and restricted investments				<u>\$ 592,626</u>
Interest rate swaps and caps measured at fair value	<u>\$ -</u>	<u>\$ 4,658</u>	<u>\$ -</u>	<u>\$ 4,658</u>

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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	2020			
	Level 1	Level 2	Level 3	Total
Investments, designated investments and restricted investments:				
Mutual funds:				
Equity	\$ 18,879	\$ -	\$ -	\$ 18,879
Fixed income	92,671	-	-	92,671
Open funds	17,346	-	-	17,346
Equity securities	70,588	-	-	70,588
Exchange-traded funds and closed-end funds	53,865	-	-	53,865
Domestic corporate debt	-	54,853	-	54,853
U.S. government securities	-	46,865	-	46,865
Municipal bonds	-	14,981	-	14,981
Foreign government securities	-	1,612	-	1,612
Investments in HumanGood Nevada Bonds	-	-	4,242	4,242
Total investments, designated investments and restricted investments measured at fair value	<u>\$ 253,349</u>	<u>\$ 118,311</u>	<u>\$ 4,242</u>	375,902
Alternative investments valued at NAV				3,075
Cash and cash equivalents				<u>54,166</u>
Total investments, designated investments and restricted investments				<u>\$ 433,143</u>
Interest rate swaps and caps measured at fair value	<u>\$ -</u>	<u>\$ 1,011</u>	<u>\$ -</u>	<u>\$ 1,011</u>

The following table reconciles the beginning and ending balances of recurring fair value measurements recognized in the accompanying combined financial statements using significant unobservable (Level 3) inputs (in thousands):

Balance, December 31, 2019	\$ 5,018
Purchases, issuances and settlements	(241)
Unrealized loss on investment in HumanGood Nevada Bonds	<u>(535)</u>
Balance, December 31, 2020	4,242
Purchases, issuances and settlements	30,743
Realized gains on investment in HumanGood Nevada Bonds	<u>8,834</u>
Balance, December 31, 2021	<u>\$ 43,819</u>

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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### 5. Land, Buildings and Equipment, Net

Land, buildings and equipment, net at cost as of December 31, 2021 and 2020, consisted of the following (in thousands):

	2021	2020
Land	\$ 18,108	\$ 19,674
Land improvements	17,978	16,553
Buildings and improvements	764,122	762,074
Furnishings, equipment and automotive	76,506	74,172
Total	876,714	872,473
Accumulated depreciation	(450,194)	(423,882)
Total	426,520	448,591
Construction in progress	40,341	26,033
Land, Buildings and equipment, net	\$ 466,861	\$ 474,624

Depreciation expense for the years ended December 31, 2021 and 2020, respectively, was \$41,629,000 and \$42,461,000.

Fully depreciated assets of \$15,360,000 and \$16,227,000 were disposed of during the years ended 2021 and 2020, respectively.

Effective May 15, 2021, SoCal sold its corporate office building with a net book value of \$3,456,000 to an unrelated party, for \$9,000,000, less selling costs, for a gain of \$5,021,000 which is included in gains on disposal of fixed assets in the accompanying combined statement of operations and changes in net assets as of December 31, 2021.

The Corporations have entered into negotiations to sell operating assets to unrelated parties. Management evaluated the accounting treatment of the land and building based on ASC Topic 360, *Property, Plant and Equipment*, and met the criteria for assets held for sale as of December 31, 2021 and is being accounted for at the lower of cost or net realizable value. No impairment loss has been recorded in the accompanying combined statement of operations for the year ended December 31, 2021, as the fair value exceeds the net book value of the property. The carrying amount of the assets held for sale was \$5,949,000 as of December 31, 2021 and is included land, buildings and equipment, net in the accompanying combined balance sheets.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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## 6. Notes and Bonds Payable, Net

A summary of the Corporations' notes and bonds payable as of December 31, 2021 and 2020, is as follows (in thousands):

	2021	2020
<b>Secured</b>		
Bonds used to refinance existing debt and renovate HumanGood California Obligated Group communities, all secured under a Master Trust Indenture by HumanGood California Obligated Group's gross revenues pledged with certain others secured by the HumanGood California Obligated Group's assets:		
NorCal Series 2015 Tax-Exempt Revenue Bonds issued by the California Statewide Communities Development Authority (dated May 28, 2015). Serial certificates in the aggregate amount of \$30,550 maturing annually through 2028 with annual principal payable commencing on October 1, 2016, in varying amounts ranging from \$1,885 to \$3,080 through 2028; interest at fixed rates ranging from 2.0% to 5.0%, payable semiannually on April 1 and October 1. Term bond in the amount of \$21,530 with annual principal payments commencing on October 1, 2037, in varying amounts ranging from \$345 to \$4,780 through 2045; interest at the fixed rate of 5.0%, payable semiannually on April 1 and October 1. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's assets and gross revenues pledge and a Foundation West limited guaranty.	\$ 40,455	\$ 42,710
SoCal Series 2015 Tax-Exempt Revenue Bonds issued by the California Municipal Finance Authority in December 2015 and maturing in December 2036 to refund existing Series 2006 Bonds as well as to support additional construction projects at White Sands La Jolla and Westminster Gardens. Annual principal payable in varying amounts ranging from \$0 to \$990 through 2020, and amounts ranging from \$1,045 to \$5,130 through 2036; interest at variable rate of the current index, 65.1% of the one-month LIBOR, plus 1.5%, which was 1.59% at December 31, 2021.	42,210	43,255
Series 2019A Tax-Exempt Revenue and Refunding Bonds issued by the California Municipal Finance Authority (dated August 1, 2019) to refund existing NorCal Series 2010 and SoCal Series 2009 Bonds and as well as to support additional construction projects for COG communities, with annual principal payable commencing on October 1, 2028, in varying amounts ranging from \$2,865 to \$5,370 through 2036, and \$11,810 to \$13,370 through 2044, interest at fixed rate of 4% through 2039 and ranging from 4.00% to 5.00% through 2044, payable annually on October 1.	141,705	141,705

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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	2021	2020
Series 2019B Taxable Bonds issued concurrently with Series 2019A in August 2019 and maturing in 2028 with annual principal payable in varying amounts ranging from \$2,995 in 2020 to \$3,415 in 2027 and \$650 in 2028; interest at fixed rate of 3% through 2028, payable annually on October 1.	\$ 19,745	\$ 22,615
Series 2020A Tax-Exempt Revenue and Refunding Bonds issued by the California Municipal Finance Authority (dated October 1, 2020) and subsequently sold and delivered to Washington Federal Bank to refund existing NorCal Series 2012A Bonds in a tax-exempt variable rate mode with interest payable monthly based on the sum of one-month LIBOR, plus a bank credit spread multiplied by a factor of 79%. Interest rate at December 31, 2021 was 1.21%. Principal payments are payable annually commencing on October 1, 2021, in varying amounts ranging from \$770 to \$1,125 through 2036. In connection with the issuance of the Series 2020A Bonds, an interest rate cap was purchased with an "all in" strike price of 3.50% and an expiration of November 1, 2035. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's gross revenues pledge.	14,710	15,480
Series 2020B Taxable Revenue and Refunding Bonds issued by the California Municipal Finance Authority (dated October 1, 2020) and subsequently sold and delivered to Washington Federal Bank to refund existing NorCal Series 2013A Bonds and TSJG Series 2012A Bonds, initially in a taxable variable rate mode with interest payable monthly based on one-month LIBOR, plus a bank credit spread, convertible to a tax-exempt variable rate mode after August 1, 2022 with interest payable monthly based on the sum of one-Month LIBOR, plus a bank credit spread multiplied by a factor of 79%. Interest rate at December 31, 2021 was 1.50%. Principal payments on the Series 2020B Bonds are payable annually commencing on October 1, 2021, through 2047. In connection with the Series 2020B Bonds, an interest rate cap was purchased with an "all in" strike price of 1.6% and an expiration of August 1, 2022 and a forward starting swap was entered into, beginning August 1, 2022 at a fixed rate of 0.768% and expiring November 1, 2035. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's gross revenues pledge.	63,270	64,765

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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	2021	2020
Series 2020 Taxable Bank Loan for \$33,755, with loan draws available over the initial 24 months subsequent to issuance, issued directly to HumanGood California Obligated Group (dated October 1, 2020) by Washington Federal Bank in a taxable variable rate mode with interest payable monthly based on one-month LIBOR plus a bank credit spread. Principal payments are payable monthly, commencing December 1, 2022 in varying amounts ranging from \$90 to \$190 through October 1, 2047. In connection with the Series 2020 Taxable Loan, a forward starting swap for the full loan amount was entered into, beginning November 1, 2022 at a fixed rate of 0.996% and expiring November 1, 2035. Interest rate at December 31, 2021 was 1.51%.	\$ 2,110	\$ 2,110
Series 2021 Tax-Exempt Revenue Bonds issued by the California Municipal Finance Authority (dated September 1, 2021) and maturing in 2049 with annual principal payable in varying amounts ranging from \$85 in 2024 to \$26,610 in 2049; interest at fixed rates ranging from 3% to 5% for the various tranches of the debt, payable annually on October 1.	120,000	-
<b>Other Secured Obligations</b>		
Piedmont Gardens Elevator Construction Loan issued in December 2016 and maturing in December 2023. Monthly principal and interest payments in the amount of \$46 began upon completion of construction; interest at a fixed rate of 2.89%. The Elevator Construction Loan is secured by the respective elevator.	1,070	1,584
<b>Total</b>	<b>445,275</b>	<b>334,224</b>
<b>Unsecured</b>		
Note payable to individual bearing interest at 4.5%	800	1,000
<b>Total</b>	<b>446,075</b>	<b>335,224</b>
Less current portion of notes and bonds payable	(9,524)	(9,149)
Add unamortized bond premium	30,206	17,754
Less unamortized bond issuance costs, net	(6,029)	(4,848)
<b>Notes and bonds payable, net</b>	<b>\$ 460,728</b>	<b>\$ 338,981</b>

Scheduled maturities of notes and bonds payable are as follows (in thousands):

Years ending December 31:	
2022	\$ 9,524
2023	10,761
2024	11,135
2025	11,520
2026	11,705
Thereafter	391,430
<b>Total</b>	<b>\$ 446,075</b>

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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The Corporations are subject to financial covenants on debt, which include debt service coverage ratios and minimum days of cash-on-hand requirements.

On September 29, 2021, HumanGood California Obligated Group completed a \$120,000,000 financing at a premium of \$13,481,000 and a 2.89% yield to maturity with proceeds intended to fund on-going capital and infrastructure needs.

### Loss on Early Retirement of Debt

During October 2020, HumanGood California Obligated Group completed a financing transaction and closed \$125,000,000 of bank capital with Washington Federal Bank, which was comprised of:

- \$15,480,000 Series 2020A Tax-Exempt Revenue and Refunding Bonds, refunding the existing Tax-Exempt Series 2012 Private Placement Bonds with PNC Bank;
- \$64,765,000 Series 2020B Taxable Revenue and Refunding Bonds (through a so-called Cinderella Financing), which used taxable proceeds to legally defease the existing Tax-Exempt Series 2012A and 2013A Bonds, and then is convertible to tax-exempt bonds subsequent to the advanced refunding of the defeased bonds.
- \$33,755,000 Taxable Term Loan with the loan draws available over the initial 24 months subsequent to issuance; and
- \$11,000,000 million Taxable Revolving Line of Credit with a five-year term and a taxable variable rate with interest payable monthly based on one-month LIBOR plus a bank credit spread.

The majority of the proceeds were used to refund the NorCal Series 2012 Bonds, and to defease the NorCal Series 2013 and HumanGood Fresno Series 2012 Bonds. In conjunction with this transaction, the HumanGood California Obligated Group recorded a loss on early retirement of debt that is included in the combined statement of operations and changes in net assets.

The loss consists of the following (in thousands):

Deposit to escrow deposit fund	\$ 86,476
NorCal Series 2012 Bonds outstanding	(15,275)
NorCal Series 2013 Bonds outstanding	(19,140)
Fresno 2012 Bonds outstanding	(45,055)
Accrued interest	(292)
Subtotal	6,714
Unamortized debt issuance costs	2,233
Unamortized bond issuance premiums	(1,327)
Total	<u>\$ 7,620</u>

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
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### 7. Interest Rate Caps and Swaps

On December 1, 2015, HumanGood SoCal entered into an interest rate cap agreement with a counterparty to extend the management of interest rate risk on \$25,000,000 of its Series 2015 Tax-Exempt Variable Rate Revenue Bonds from December 1, 2015 to December 1, 2025. The agreement establishes that when 65.1 percent of the one-month LIBOR rate exceeds 2.50 percent, SoCal is reimbursed for the excess by the counterparty to the transaction.

On October 16, 2020, in conjunction with the aforementioned Series 2020 financing, NorCal, as an Obligated Group representative, entered into four derivative agreements with two counterparties. The first agreement is an interest rate cap agreement with a counterparty to extend the management of interest rate risk on the \$15,480,000 Tax-Exempt Series 2020A Variable Rate Bonds from October 28, 2020 to October 1, 2035. The agreement establishes that when 79 percent of the one-month LIBOR rate exceeds 2.394 percent, NorCal is reimbursed for the excess by the counterparty to the transaction. The second agreement is an interest rate cap agreement with a counterparty to extend the management of interest rate risk on the \$64,675,000 Series 2020B Variable Rate Bonds during the anticipated period that the bonds would be taxable from October 28, 2020 to August 1, 2022. The agreement establishes that when the one-month LIBOR rate exceeds 1.6 percent, NorCal is reimbursed for the excess by the counterparty to the transaction. The third agreement is a forward-starting interest rate swap agreement with a counterparty to extend the management of interest rate risk on the outstanding \$63,270,000 Series 2020B Variable Rate Bonds during the anticipated period that the bonds would be tax-exempt from August 1, 2022 to October 1, 2035. The agreement establishes that when 79 percent of the one-month LIBOR rate exceeds 0.768 percent, NorCal is reimbursed for the excess by the counterparty to the transaction and conversely when 79 percent of the one-month LIBOR rate is less than 0.768 percent, NorCal pays the shortfall to the counterparty. The fourth agreement is a forward-starting interest rate swap agreement with a counterparty to extend the management of interest rate risk on the \$33,755,000 Series 2020 taxable variable rate bank loan from November 1, 2022 to October 1, 2035. The agreement establishes that when the one-month LIBOR rate exceeds 0.9957 percent, NorCal is reimbursed for the excess by the counterparty to the transaction and conversely when the one-month LIBOR rate is less than 0.9957 percent, NorCal pays the shortfall to the counterparty.

For the years ended December 31, 2021 and 2020, the aforementioned floating interest rates for the cap and swap agreements failed to exceed the respective cap and strike rates, and thus none of the aforementioned cap and swap agreements had an impact on interest expense.

The fair value of the interest rate caps and swaps was \$4,658,000 and \$1,011,000 as of December 31, 2021 and 2020, respectively. The unrealized gain from mark-to-market of floating to fixed rate interest rate caps was \$3,647,000 and \$808,000 for the years ended December 31, 2021 and 2020, respectively.



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## 8. Employee Benefit Plans

### Defined Benefit Pension Plan

HumanGood SoCal has a defined benefit retirement plan (the Plan) which, prior to being frozen, provided retirement benefits through a noncontributory defined benefit retirement plan for substantially all full-time SoCal employees. On October 22, 2009, the Board of Directors of SoCal froze the Plan, whereby effective October 31, 2009, further accrual of benefits ceased for participants in the Plan. SoCal has not taken action to terminate the Plan.

Prior to October 31, 2009, the benefits were based upon years of service and the employee's compensation during the years of employment. SoCal's funding policy, at a minimum, was to contribute amounts to the Plan sufficient to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974, plus additional amounts deemed to be appropriate.

The plan assets include separate investment accounts with underlying mutual funds invested in fixed-income and equity securities whose values are subject to fluctuations of the securities markets. Changes in these values attributable to the differences between actual and assumed returns on plan assets were deferred as unrecognized gains or losses and were included in the determination of the net pension expense over time.

A summary of the components of net periodic pension cost as of the date of the actuarial valuation for the years ended December 31, 2021 and 2020 is as follows (in thousands):

	2021	2020
Changes in projected benefit obligation:		
Projected benefit obligation, January 1	\$ 42,719	\$ 40,083
Service cost	-	-
Interest cost	1,088	1,314
Settlement gain	(511)	-
Benefits paid	(1,221)	(1,173)
Settlement payments	(1,983)	(1,544)
Actuarial loss	2,278	4,039
Projected benefit obligation, December 31	42,370	42,719
Changes in plan assets:		
Fair value of plan assets, January 1	41,719	40,303
Actual return on plan assets	1,463	3,227
Employer contributions	1,083	1,000
Expenses	-	(94)
Settlement payments	(1,983)	(1,544)
Benefits paid	(1,221)	(1,173)
Fair value of plan assets, December 31	41,061	41,719
Funded status	\$ (1,309)	\$ (1,000)
Accumulated benefit obligation	\$ (42,370)	\$ (42,719)
Amounts recognized in retirement liabilities in the accompanying combined balance sheets	\$ (1,309)	\$ (1,000)

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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	2021	2020
Components of net periodic benefit cost:		
Interest cost	\$ 1,088	\$ 1,314
Expected return on plan assets	(1,610)	(1,561)
Net loss amortization	1,233	1,152
Net periodic benefit cost	711	905
Settlement charge	576	441
Total benefit expense	\$ 1,287	\$ 1,346
Net losses recognized in net assets without donor restrictions	\$ (104)	\$ (875)
Amounts not yet reflected in periodic benefit costs and recognized in accumulated net assets without donor restrictions, net actuarial loss	\$ 12,313	\$ 12,209
Total accumulated charge to net assets without donor restrictions	\$ 12,313	\$ 12,209

In 2021 and 2020, SoCal offered lump sum payouts for certain terminated vested participants. Approximately \$1,983,000 and \$1,544,000 was paid out during the 2021 and 2020 plan years, respectively, under this program.

Weighted-average assumptions used to determine benefit obligations as of December 31, 2021 and 2020, are as follows:

	2021	2020
Discount rate	2.66 %	2.67 %
Rate of compensation	N/A	N/A

Weighted-average assumptions used to determine net periodic pension cost for the years ended December 31, 2021 and 2020, are as follows:

	2021	2020
Discount rate	2.67 %	3.43 %
Expected long-term rate of return on plan assets	4.00	4.00
Rate of compensation	N/A	N/A

SoCal determines the estimates of expected long-term rate of return on assets. These estimates are primarily driven by actual historical asset class returns and advice from external actuarial firms, while incorporating specific asset class risk factors. For the years ended December 31, 2021 and 2020, the expected long-term rate of return used in determining net periodic pension cost was 4.00 percent.

The Plan invests primarily in asset categories to permit conservative investments with minimal risk of loss of principal. The Plan invests in asset categories that provide diversification benefits and are easily measured. Maximum and minimum holding ranges for each of these asset categories are set by the investment committee and defined in an investment policy. The current target allocations for equity and fixed income are 20 percent and 80 percent, respectively, for the years ended December 31, 2021 and 2020. Actual asset allocation within these approved ranges is based on a variety of economic and market conditions and consideration of specific asset category risk. To assess the Plan's investment performance, a long-term asset allocation policy benchmark has been established. The Plan's assets are invested in separate accounts which are considered Level 2 securities and the asset allocation was in line with the target allocations as of December 31, 2021 and 2020.

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SoCal expects to contribute approximately \$1,000,000 to the Plan during the year ending December 31, 2022. SoCal estimates that benefit payments will be paid over the next ten years as follows (in thousands):

Years ending December 31:	
2022	\$ 3,115
2023	2,402
2024	2,857
2025	3,244
2026	2,682
2027 - 2031	<u>12,065</u>
Total	<u>\$ 26,365</u>

Actuarial losses of \$789,000 related to the Plan are expected to be recognized as a component of the change in minimum pension liability during the year ending December 31, 2022. Management has included the net periodic pension cost in SoCal's 2022 operating budget.

### Supplemental Retirement Income Plan Agreements

Certain NorCal management employees or retirees of NorCal participate in supplemental retirement income plans, and have individually entered into agreements with NorCal whereby the employees will be provided specific amounts of annual retirement income for the balance of their lifetime following retirement. During 2005, accrued benefits for active participants in the supplemental retirement income plan were transferred into a new nonqualified plan under IRC 457(f) that distributes a lump-sum payment at age 65. On October 2, 2015, the plan was frozen to new entrants. On December 1, 2017, the HumanGood Board of Directors elected to terminate the plan and, in 2018, final termination payouts of \$2,143,000 were made. Subsequent to the termination and payout of the IRC 457(f) plan, the remaining NorCal frozen supplemental retirement income plan had a present value of future payments to participants of \$1,485,000 and \$1,680,000 as of December 31, 2021 and 2020, respectively and are included in retirement liabilities in the accompanying combined balance sheets. Assets available for benefits to this remaining pool of participants are subject to the claims of the NorCal's creditors. The assets are included in designated investments in the accompanying combined balance sheets and amounted to \$5,301,000 and \$4,953,000 as of December 31, 2021 and 2020, respectively.

In 2020, a separate IRC 457(f) plan was established for certain key executive leadership whereby the plan will fund based on predetermined annual contributions and earn a return equal to the Consumer Price Index rate plus 2.5 percent with a cap of 6.0 percent, with a present value of future anticipated participant distributions of \$674,000 and \$318,000 as of December 31, 2021 and 2020, respectively, which is included in retirement liabilities in the accompanying combined balance sheets.

### Defined Contribution Plan

The Corporations also participate in a defined contribution retirement plan covering all eligible employees. The Corporations' contribution is a match of employee contributions up to 4 percent of eligible earnings in a calendar year. Annual expenses incurred under the plan for the years ended December 31, 2021 and 2020, respectively, were approximately \$3,219,000 and \$3,294,000.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

### **9. Self-Insured Programs**

#### **Workers' Compensation Plan**

The Corporations are self-insured to a stipulated retention amount followed by a commercial policy with a major insurance company providing benefits up to state statutory limits for 2021 and 2020. Claims are accrued under the plan as the incidents that give rise to them occur. The estimate of incurred but not reported claims is based on actuarial projections of the ultimate cost of settlement, including claim settlement expenses, using the Corporations' historical claim payment experience. The estimated liability is continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. The Corporations have recorded a total liability for claims payable of \$18,086,000 and \$16,112,000, including an estimate of incurred but not reported claims as of December 31, 2021 and 2020, respectively. The estimated insurance recovery receivables of \$6,034,000 and \$4,948,000 are recorded under other receivables in the accompanying combined balance sheets as of December 31, 2021 and 2020, respectively. As required by the insurer, the Corporations have obtained a letter of credit for \$1,108,000 in connection with this program, subject to annual renewal, with the next scheduled renewal date on September 30, 2022.

Given the inherent variability of such estimates, the actual liability could differ significantly from the estimates. While the ultimate payments of self-insured workers' compensation claims are dependent upon future developments, management believes that the recorded liability is adequate.

#### **Health Insurance Plan**

Effective in 2019, the Corporations are self-insured for health insurance claims for eligible active employees with certain self-insured retention limits. Based on claims incurred through December 31, an estimated liability for claims incurred, but not paid of \$2,162,000 and \$2,074,000 is included in accounts payable and accrued expenses in the accompanying combined balance sheets as of December 31, 2021 and 2020, respectively. The estimate of incurred but not paid claims is based on actuarial projections using the Corporations' historical claim payment experience and previous patterns of payments. While estimates are based on the information and data available at a point in time, management believes that the recorded liability has been properly accounted for and accrued at December 31, 2021 and 2020.

#### **Professional Liability Insurance**

The Corporations have secured claims-made policies for malpractice and general liability insurance with certain self-insured retentions. The Corporations have accrued liabilities of \$709,000 and \$1,375,000 as its best estimate of the cost of known claims incurred prior to December 31, 2021 and 2020, respectively. Related insurance recovery receivables of \$150,000 and \$765,000 as of December 31, 2021 and 2020, respectively, are recorded under other receivables in the accompanying combined balance sheets. In addition, the Corporations have accrued liabilities of \$2,308,000 as of December 31, 2021 and 2020, as its best estimate of the cost of claims incurred but not yet reported. These liabilities are included in accounts payable and accrued expenses in the accompanying combined balance sheets.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2021 and 2020

## 10. Net Resident Service Revenues

The Corporations disaggregate revenues from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of their revenues and cash flows as affected by economic factors. Resident services and patient revenues consist of the following for the years ended December 31, 2021 and 2020 (in thousands):

	2021				
	Residential Living	Assisted Living	Health Center	Memory Care	Total
Private (contract)	\$ 103,622	\$ 23,897	\$ 12,977	\$ 9,796	\$ 150,292
Private (noncontract)	6,341	11,046	10,742	4,761	32,890
Medicare (Part A)	-	-	38,354	-	38,354
Medicare (Part B)	-	-	2,034	-	2,034
MediCal	-	-	17,006	-	17,006
Managed care	-	-	11,274	-	11,274
Subtotal	<u>\$ 109,963</u>	<u>\$ 34,943</u>	<u>\$ 92,387</u>	<u>\$ 14,557</u>	251,850
Amortization of entrance fees					43,034
Total					<u>\$ 294,884</u>

	2020				
	Residential Living	Assisted Living	Health Center	Memory Care	Total
Private (contract)	\$ 101,138	\$ 24,066	\$ 15,315	\$ 9,305	\$ 149,824
Private (noncontract)	6,536	9,987	11,549	4,549	32,621
Medicare (Part A)	-	-	29,139	-	29,139
Medicare (Part B)	-	-	1,540	-	1,540
MediCal	-	-	16,038	-	16,038
Managed care	-	-	11,712	-	11,712
Subtotal	<u>\$ 107,674</u>	<u>\$ 34,053</u>	<u>\$ 85,293</u>	<u>\$ 13,854</u>	240,874
Amortization of entrance fees					44,275
Total					<u>\$ 285,149</u>

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2021 and 2020

## 11. Functional Expenses

The Corporations provide housing, healthcare and other related services to residents within their geographic location. Financial statements report certain expense categories that are attributable to more than one program service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Expenses relating to providing these services are approximately as follows at December 31, 2021 and 2020 (in thousands):

	2021		
	Residential Services	General and Administrative	Total
Salaries and wages	\$ 112,234	\$ 25,703	\$ 137,937
Employee benefits	27,763	7,532	35,295
Supplies	21,147	2,193	23,340
Ancillary services	12,907	-	12,907
Repairs and maintenance	4,766	11	4,777
Marketing and advertising	4,321	46	4,367
Purchased services	10,432	5,045	15,477
Utilities	11,733	1,324	13,057
Travel and related	846	489	1,335
Leases and rents	725	1,033	1,758
Insurance	4,742	-	4,742
Other operating expenses	7,156	3,240	10,396
Depreciation and amortization	41,760	-	41,760
Mortgage interest	11,288	-	11,288
Total expenses	<u>\$ 271,820</u>	<u>\$ 46,616</u>	<u>\$ 318,436</u>

	2020		
	Residential Services	General and Administrative	Total
Salaries and wages	\$ 106,469	\$ 22,636	\$ 129,105
Employee benefits	27,895	6,697	34,592
Supplies	22,296	817	23,113
Ancillary services	12,178	-	12,178
Repairs and maintenance	4,678	4	4,682
Marketing and advertising	3,869	47	3,916
Purchased services	9,371	6,448	15,819
Utilities	10,990	1,323	12,313
Travel and related	651	379	1,030
Leases and rents	715	1,169	1,884
Insurance	4,072	-	4,072
Other operating expenses	6,817	1,339	8,156
Depreciation	42,461	-	42,461
Mortgage interest	12,946	-	12,946
Total expenses	<u>\$ 265,408</u>	<u>\$ 40,859</u>	<u>\$ 306,267</u>

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2021 and 2020

### 12. Transactions With Affiliates

The Corporations manage rental housing communities and LPCs (see Note 1) under management agreements whereby the Corporations and its affiliates provide administrative and management services to all communities and sales management services to the LPCs.

Management fees for providing these services for the years ended December 31, 2021 and 2020, are included in other operating revenues earned by the Corporations in the accompanying combined statements of operations and changes in net assets and are as follows (in thousands):

	2021	2020
HumanGood LPCs Management Fee:		
Terraces of Phoenix	\$ 1,826	\$ 1,968
Judson Park	1,857	1,888
Las Ventanas	2,952	612
Terraces of Boise	277	-
HumanGood Affordable Housing Cost Allocation	300	300
Total	<u>\$ 7,212</u>	<u>\$ 4,768</u>

During the year ended December 31, 2021, in conjunction with the debt restructuring of Las Ventanas (see Note 1), Las Ventanas paid to NorCal \$2,412,000 in deferred management fees. Interest and management fees due from affiliates in the accompanying combined balance sheets include deferred management fees due from Las Ventanas in the amounts of \$0 and \$2,662,000, deferred management fees due from the Terraces of Boise in the amounts of \$416,000 and \$0, as well as interest income receivable from Beacon Development Group, related to the outstanding purchase note described further in Note 1, in the amounts of \$61,000 and \$17,000 as of December 31, 2021 and 2020, respectively.

Amounts due from affiliates for management fees and cost recoveries for other services such as dining, purchase cards, payroll, benefits and insurance are included in intercompany advances due as of December 31, 2021 and 2020 in the accompanying combined balance sheets, and are as follows (in thousands):

	2021	2020
Due from HumanGood Affordable Housing and Affiliates	\$ 3,988	\$ 2,600
Due from HumanGood SoCal Affordable Housing Communities	841	873
Due from HumanGood Washington	2,250	3,326
Due from (to) HumanGood Arizona, Inc.	242	(337)
Due from HumanGood Idaho	214	76
Due from HumanGood Nevada	320	755
Due from HumanGood East	901	289
Due (to) from HumanGood Cornerstone and certain affiliates	(112)	93
Total	<u>\$ 8,644</u>	<u>\$ 7,675</u>

These balances are settled in the normal course of operations with no fixed repayment terms.

Other affiliate distributions and equity transfers in the accompanying combined statements of operations and changes in net assets is primarily comprised of cash distributions of \$5,050,000 and \$5,000,000 from NorCal and SoCal to Cornerstone for the years ended December 31, 2021 and 2020, respectively.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

### 13. Commitments and Contingencies

The Corporations are party to various claims and legal actions in the normal course of business. In the opinion of management, based upon current facts and circumstances the resolution of these matters is not expected to have a material adverse effect on the financial position of the Corporations.

The Corporations are aware of the existence of asbestos in certain of its buildings. The Corporations have not recorded a liability for any asbestos abatement costs because the cost cannot be reasonably estimated at this time. At such time in the future that plans are made to make changes to structures with asbestos and the related asbestos removal cost estimates are completed, the Corporations will record an estimate of the costs of the required asbestos abatement.

For the tax-credit financed affordable housing communities in which HGAH serves as a General Partner (see Note 1), NorCal and HGAH, as co-guarantors, have issued on-going guarantees to cover operating deficits and guarantees to ensure compliance with certain on-going aspects of the Limited Partnership Agreement (LPA). NorCal periodically evaluates the potential exposure from these on-going guarantees. NorCal has not provided support under these guarantees in the past and based on the current evaluation, management believes they cumulatively do not constitute a material future financial risk exposure for NorCal.

In addition to operating deficit and LPA guarantees, NorCal and HGAH, as co-guarantors, also issue, unconditional project completion guarantees for tax-credit financed affordable housing communities in which HGAH serves as a General Partner (see Note 1). NorCal has not provided support under these guarantees in the past and based on the current evaluation, management believes they cumulatively do not constitute a material future financial risk exposure for NorCal.

### Senior Living Services Industry

The senior living services industry is subject to numerous laws, regulations and administrative directives of federal, state and local governments and agencies. Compliance with these laws, regulations and administrative directives is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for resident services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future effects of this matter on the Corporations, if any, are not presently determinable.

### COVID-19

The spread of COVID-19 around the world has caused significant volatility in U.S. and international markets, supply chains and businesses. The Corporations' evaluation of the effects of these events is ongoing as of the date the accompanying combined financial statements were issued. COVID-19 may impact various parts of the Corporations' 2022 operations and financial performance, including but not limited to additional costs for emergency preparedness, disease control and containment, COVID testing and vaccinations, potential shortages of personnel, supply chain disruption, declines in revenue related to decreases in occupancy or volumes of certain revenue streams. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions. Throughout the pandemic, the Corporations have provided up to date information on their COVID-19 response through a dedicated page on the Corporations' website.



## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2021 and 2020

### **14. Concentrations of Credit Risk**

The Corporations grant credit without collateral to their residents, some of whom are insured under third-party payor arrangements.

The Corporations maintain cash accounts, which, at times, may exceed federally insured limits. The Corporations have not experienced any losses from maintaining cash accounts in excess of federally insured limits. Management believes it is not subject to any significant credit risk on its cash accounts.

### **15. Subsequent Events**

Subsequent events are events or transactions that occur after the combined balance sheet date but before the combined financial statements are issued. The Corporations recognize in the combined financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the combined balance sheet, including the estimates inherent in the process of preparing the combined financial statements. The Corporations' combined financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the combined balance sheet but arose after the combined balance sheet date and before the combined financial statements are issued.

The Corporations have evaluated subsequent events through April 28, 2022, which is the date the combined financial statements were issued.

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Balance Sheet Schedule  
December 31, 2021  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Assets</b>										
<b>Current Assets</b>										
Cash and cash equivalents	\$ 42,226	\$ 3,367	\$ 5,269	\$ -	\$ 50,862	\$ 917	\$ 845	\$ 1,762	\$ -	\$ 52,624
Resident accounts receivable, net	7,954	4,227	836	-	13,017	-	-	-	-	13,017
Other receivables	3,477	6,485	-	-	9,962	632	-	632	-	10,594
Current portion of restricted investments	4,728	-	-	-	4,728	-	-	-	-	4,728
Intercompany advances due	31,807	(5,513)	(17,421)	-	8,873	(337)	108	(229)	-	8,644
Prepaid expenses, deposits and other assets	5,823	1,394	278	-	7,495	-	-	-	-	7,495
Total current assets	96,015	9,960	(11,038)	-	94,937	1,212	953	2,165	-	97,102
<b>Restricted Cash</b>	-	5,106	-	-	5,106	-	-	-	-	5,106
<b>Investments</b>	77,799	107,481	15,853	-	201,133	-	10,659	10,659	-	211,792
<b>Designated Investments</b>	51,192	13,936	-	-	65,128	65,829	-	65,829	-	130,957
<b>Investments in HumanGood Nevada Bonds</b>	43,819	-	-	-	43,819	-	-	-	-	43,819
<b>Restricted Investments</b>	158,453	-	4	-	158,457	13,587	29,286	42,873	-	201,330
<b>Subordinated Notes Receivable, Net</b>	15,607	-	-	-	15,607	-	-	-	-	15,607
<b>Land, Buildings and Equipment, Net</b>	228,822	160,374	77,665	-	466,861	-	-	-	-	466,861
<b>Interest and Management Fees Due From Affiliates</b>	477	-	-	-	477	-	-	-	-	477
<b>Other Noncurrent Assets</b>	6,761	3,678	53	-	10,492	-	-	-	-	10,492
Total assets	\$ 678,945	\$ 300,535	\$ 82,537	\$ -	\$ 1,062,017	\$ 80,628	\$ 40,898	\$ 121,526	\$ -	\$ 1,183,543

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Balance Sheet Schedule  
December 31, 2021  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Liabilities and Net Assets (Deficit)</b>										
<b>Current Liabilities</b>										
Accounts payable and accrued expenses	\$ 29,415	\$ 6,722	\$ 1,561	\$ -	\$ 37,698	\$ 66	\$ 81	\$ 147	\$ -	\$ 37,845
Deposits	1,695	1,368	94	-	3,157	-	-	-	-	3,157
Accrued interest	3,394	115	-	-	3,509	-	-	-	-	3,509
Current portion of notes and bonds payable	3,378	4,035	2,111	-	9,524	-	-	-	-	9,524
Entrance fee rebates payable	84	-	131	-	215	-	-	-	-	215
Total current liabilities	37,966	12,240	3,897	-	54,103	66	81	147	-	54,250
<b>Notes and Bonds Payable, Net</b>	297,348	102,110	61,270	-	460,728	-	-	-	-	460,728
<b>Rebatable Entrance Fees Due</b>	98,002	45,673	30,817	-	174,492	-	-	-	-	174,492
<b>Entrance Fees Subject to Refund</b>	38,865	34,607	6,502	-	79,974	-	-	-	-	79,974
<b>Entrance Fees Nonrefundable</b>	118,288	63,170	18,148	-	199,606	-	-	-	-	199,606
<b>Revocable Trusts</b>	-	-	-	-	-	251	-	251	-	251
<b>Obligations Under Annuity Agreements</b>	-	-	-	-	-	2,170	1,684	3,854	-	3,854
<b>Retirement Liabilities</b>	2,899	1,726	-	-	4,625	-	-	-	-	4,625
<b>Workers' Compensation Liability</b>	9,061	9,025	-	-	18,086	-	-	-	-	18,086
<b>Advances Subject to Refund</b>	10,000	9,246	1,814	-	21,060	-	-	-	-	21,060
<b>Other Liabilities</b>	1,871	1	43	-	1,915	-	-	-	-	1,915
Total liabilities	614,300	277,798	122,491	-	1,014,589	2,487	1,765	4,252	-	1,018,841
<b>Net Assets (Deficit)</b>										
Without donor restrictions	64,645	22,737	(39,954)	-	47,428	65,481	10,908	76,389	-	123,817
With donor restrictions	-	-	-	-	-	12,660	28,225	40,885	-	40,885
Total net assets (deficit)	64,645	22,737	(39,954)	-	47,428	78,141	39,133	117,274	-	164,702
Total liabilities and net assets (deficit)	\$ 678,945	\$ 300,535	\$ 82,537	\$ -	\$ 1,062,017	\$ 80,628	\$ 40,898	\$ 121,526	\$ -	\$ 1,183,543

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2021

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 57,488	\$ 41,021	\$ 11,454	\$ -	\$ 109,963	\$ -	\$ -	\$ -	\$ -	\$ 109,963
Assisted living	16,900	14,106	3,937	-	34,943	-	-	-	-	34,943
Health center	55,865	28,448	8,074	-	92,387	-	-	-	-	92,387
Memory care	9,420	3,065	2,072	-	14,557	-	-	-	-	14,557
Other residential services	1,697	2,189	78	-	3,964	-	-	-	-	3,964
Amortization of entrance fees	24,016	14,663	4,355	-	43,034	-	-	-	-	43,034
COVID relief funding	699	365	110	-	1,174	-	-	-	-	1,174
Other operating revenues	17,520	1,126	302	(8,479)	10,469	-	-	-	-	10,469
Net assets released from restrictions	-	-	-	-	-	2,534	1,874	4,408	-	4,408
Unrestricted contributions	-	-	-	-	-	811	-	811	-	811
Foundation community benefit	699	185	258	-	1,142	-	-	-	(1,142)	-
Total operating revenues	184,304	105,168	30,640	(8,479)	311,633	3,345	1,874	5,219	(1,142)	315,710
Operating expenses:										
Salaries and wages	77,525	50,046	9,872	-	137,443	259	235	494	-	137,937
Employee benefits	19,606	13,100	2,492	-	35,198	45	52	97	-	35,295
Supplies	12,024	8,715	2,598	-	23,337	3	-	3	-	23,340
Ancillary services	8,087	3,504	1,316	-	12,907	-	-	-	-	12,907
Repairs and maintenance	2,401	1,974	399	-	4,774	3	-	3	-	4,777
Marketing and advertising	1,865	1,850	652	-	4,367	-	-	-	-	4,367
Purchased services	7,905	6,629	886	-	15,420	39	18	57	-	15,477
Corporate allocations	-	-	2,084	(2,084)	-	-	-	-	-	-
Utilities	6,324	5,191	1,540	-	13,055	1	1	2	-	13,057
Travel and related	772	444	98	-	1,314	12	9	21	-	1,335
Leases and rents	1,149	482	127	-	1,758	-	-	-	-	1,758
Insurance	2,379	1,949	414	-	4,742	-	-	-	-	4,742
Foundation community distributions	-	-	-	-	-	957	185	1,142	(1,142)	-
Other operating expenses	3,852	2,034	741	-	6,627	2,394	1,375	3,769	-	10,396
Total operating expenses	143,889	95,918	23,219	(2,084)	260,942	3,713	1,875	5,588	(1,142)	265,388
Income (loss) before other operating income (expense)	40,415	9,250	7,421	(6,395)	50,691	(368)	(1)	(369)	-	50,322
Other operating income (expense):										
Realized gains (losses) on investments, net	5,294	6,263	49	-	11,606	2,217	375	2,592	-	14,198
Realized gain on investment in HumanGood Nevada Bonds	8,834	-	-	-	8,834	-	-	-	-	8,834
Change in unrealized gains (losses) on investments, net	(2,041)	248	(177)	-	(1,970)	3,305	560	3,865	-	1,895
Investment income, net	4,357	1,980	80	(2,172)	4,245	1,159	194	1,353	-	5,598
Mortgage interest	(7,332)	(3,207)	(2,116)	1,367	(11,288)	-	-	-	-	(11,288)
Depreciation and amortization	(19,823)	(17,225)	(4,712)	-	(41,760)	-	-	-	-	(41,760)
(Loss) gains on disposal of fixed assets	(100)	5,027	-	-	4,927	-	-	-	-	4,927
Income (loss) from operations	29,604	2,336	545	(7,200)	25,285	6,313	1,128	7,441	-	32,726

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2021

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Change in minimum pension liability	\$ -	\$ (104)	\$ -	\$ -	\$ (104)	\$ -	\$ -	\$ -	\$ -	\$ (104)
Other affiliate distributions and equity transfers	(4,872)	610	21	-	(4,241)	-	-	-	-	(4,241)
Forgiveness of indebtedness to affiliate	(2,000)	-	-	-	(2,000)	-	-	-	-	(2,000)
Unrealized gains on interest rate swaps and caps	3,625	22	-	-	3,647	-	-	-	-	3,647
Change in net assets without donor restrictions	26,357	2,864	566	(7,200)	22,587	6,313	1,128	7,441	-	30,028
<b>Changes in Net Assets With Donor Restrictions</b>										
Dividend and interest income	-	-	-	-	-	211	698	909	-	909
Unrealized gains on investments with donor restrictions, net	-	-	-	-	-	236	1,087	1,323	-	1,323
Contributions	-	-	-	-	-	3,208	2,650	5,858	-	5,858
Net assets released from restrictions for benevolence	-	-	-	-	-	-	(169)	(169)	-	(169)
Contractual payments to beneficiaries	-	-	-	-	-	(370)	(958)	(1,328)	-	(1,328)
Realized gains on investments, net	-	-	-	-	-	391	814	1,205	-	1,205
Contractual liability adjustments	-	-	-	-	-	(228)	(55)	(283)	-	(283)
Net assets released from restrictions for special project funds	-	-	-	-	-	(2,534)	(1,705)	(4,239)	-	(4,239)
Change in net assets with donor restrictions	-	-	-	-	-	914	2,362	3,276	-	3,276
Change in net assets	26,357	2,864	566	(7,200)	22,587	7,227	3,490	10,717	-	33,304
<b>Net Assets (Deficit), Beginning</b>	38,288	19,873	(40,520)	7,200	24,841	70,914	35,643	106,557	-	131,398
<b>Net Assets (Deficit), Ending</b>	<u>\$ 64,645</u>	<u>\$ 22,737</u>	<u>\$ (39,954)</u>	<u>\$ -</u>	<u>\$ 47,428</u>	<u>\$ 78,141</u>	<u>\$ 39,133</u>	<u>\$ 117,274</u>	<u>\$ -</u>	<u>\$ 164,702</u>

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2021  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Cash Flows From Operating Activities</b>										
Cash received for resident services	\$ 139,642	\$ 88,958	\$ 25,195	\$ -	\$ 253,795	\$ -	\$ -	\$ -	\$ -	\$ 253,795
Cash received from nonrebatable entrance fees from reoccupancy	37,040	23,710	5,668	-	66,418	-	-	-	-	66,418
Cash received from advances subject to refund	10,000	9,246	1,814	-	21,060	-	-	-	-	21,060
Cash received from COVID relief funding	699	214	110	-	1,023	-	-	-	-	1,023
Cash received from other operating activities	41,468	1,328	560	(36,074)	7,282	5	-	5	(884)	6,403
Cash received from bequests and trust maturities	-	-	-	-	-	811	-	811	-	811
Cash earnings realized from investments	4,357	1,980	80	(2,172)	4,245	1,159	194	1,353	-	5,598
Cash paid for employee salaries	(70,718)	(45,901)	(9,271)	-	(125,890)	(228)	(180)	(408)	-	(126,298)
Cash paid for employee benefits	(18,101)	(12,970)	(2,492)	-	(33,563)	(45)	(52)	(97)	-	(33,660)
Cash paid for temporary labor	(5,878)	(4,745)	(627)	-	(11,250)	-	-	-	-	(11,250)
Cash paid to vendors	(47,482)	(32,955)	(16,614)	8,738	(88,313)	(923)	282	(641)	884	(88,070)
Cash paid for interest	(5,916)	(3,464)	(2,859)	1,367	(10,872)	-	-	-	-	(10,872)
Net cash provided by (used in) operating activities	85,111	25,401	1,564	(28,141)	83,935	779	244	1,023	-	84,958
<b>Cash Flows From Investing Activities</b>										
Acquisition of land, buildings and equipment	(18,054)	(17,212)	(2,323)	-	(37,589)	-	-	-	-	(37,589)
Proceeds from sale of fixed assets	-	6,216	-	-	6,216	-	-	-	-	6,216
Net (purchases) sales of unrestricted investments	(3,318)	(1,812)	(93)	-	(5,223)	(1,293)	(123)	(1,416)	-	(6,639)
Net (purchases) sales of restricted investments	(27)	(114)	-	-	(141)	(631)	(3,689)	(4,320)	-	(4,461)
Cash (paid for) received from intercompany and affiliate transactions	(34,850)	(1,112)	6,810	28,141	(1,011)	169	(127)	42	-	(969)
Net cash (used in) provided by investing activities	(56,249)	(14,034)	4,394	28,141	(37,748)	(1,755)	(3,939)	(5,694)	-	(43,442)
<b>Cash Flows From Financing Activities</b>										
Proceeds from rebatable entrance fees	9,059	1,829	2,103	-	12,991	-	-	-	-	12,991
Refunds of deposits and entrance fees	(9,559)	(9,605)	(4,681)	-	(23,845)	-	-	-	-	(23,845)
Proceeds from issuance of notes and bonds payable	133,481	-	-	-	133,481	-	-	-	-	133,481
Principal payments on notes and bonds payable	(6,513)	(2,620)	(16)	-	(9,149)	-	-	-	-	(9,149)
Cash paid for bond issuance costs	(1,464)	-	-	-	(1,464)	-	-	-	-	(1,464)
Cash paid for other trust activity	-	-	-	-	-	(2,156)	(1,319)	(3,475)	-	(3,475)
Affiliate cash distributions	(4,872)	610	21	-	(4,241)	-	-	-	-	(4,241)
Cash received from restricted contributions	-	-	-	-	-	3,209	2,649	5,858	-	5,858
Net cash (used in) provided by financing activities	120,132	(9,786)	(2,573)	-	107,773	1,053	1,330	2,383	-	110,156
(Decrease) increase in cash, cash equivalents and restricted cash	148,994	1,581	3,385	-	153,960	77	(2,365)	(2,288)	-	151,672
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	53,377	6,892	1,888	-	62,157	2,287	4,057	6,344	-	68,501
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	\$ 202,371	\$ 8,473	\$ 5,273	\$ -	\$ 216,117	\$ 2,364	\$ 1,692	\$ 4,056	\$ -	\$ 220,173

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2021  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Noncash Disclosures</b>										
Forgiveness of indebtedness to affiliate	\$ 2,000	\$ -	\$ -	\$ -	\$ 2,000	\$ -	\$ -	\$ -	\$ -	\$ 2,000
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash to Combining Balance Sheet</b>										
Cash and cash equivalents	\$ 42,226	\$ 3,367	\$ 5,269	\$ -	\$ 50,862	\$ 917	\$ 845	\$ 1,762	\$ -	\$ 52,624
Restricted cash included in restricted investments	160,145	-	4	-	160,149	1,447	847	2,294	-	162,443
Restricted cash	-	5,106	-	-	5,106	-	-	-	-	5,106
Total cash, cash equivalents and restricted cash	\$ 202,371	\$ 8,473	\$ 5,273	\$ -	\$ 216,117	\$ 2,364	\$ 1,692	\$ 4,056	\$ -	\$ 220,173

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2021

(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 7,519	\$ 3,919	\$ 8,502	\$ 7,396	\$ 14,405	\$ 4,072	\$ 11,675	\$ -	\$ -	\$ 57,488
Assisted living	2,985	-	4,463	2,000	2,197	1,677	3,578	-	-	16,900
Health center	7,038	-	13,062	3,743	10,597	9,363	12,062	-	-	55,865
Memory care	1,862	-	1,605	575	2,093	1,299	1,986	-	-	9,420
Other residential services	68	146	551	213	262	145	312	-	-	1,697
Amortization of entrance fees	3,482	282	2,890	2,202	8,010	763	6,387	-	-	24,016
COVID relief funding	70	-	154	87	143	127	118	-	-	699
Other operating revenues	180	144	130	197	1,020	184	137	27,064	(11,536)	17,520
Foundation community benefit	122	61	69	187	156	76	28	-	-	699
<b>Total operating revenues</b>	<b>23,326</b>	<b>4,552</b>	<b>31,426</b>	<b>16,600</b>	<b>38,883</b>	<b>17,706</b>	<b>36,283</b>	<b>27,064</b>	<b>(11,536)</b>	<b>184,304</b>
Operating expenses:										
Salaries and wages	8,138	2,004	13,442	6,987	12,689	7,830	12,348	14,087	-	77,525
Employee benefits	1,901	502	3,463	1,641	3,185	2,020	2,988	3,906	-	19,606
Supplies	1,378	459	2,039	1,508	2,818	1,497	2,127	198	-	12,024
Ancillary services	991	9	1,278	640	1,118	1,707	2,344	-	-	8,087
Repairs and maintenance	288	20	468	259	550	233	578	5	-	2,401
Marketing and advertising	251	167	317	450	241	252	178	9	-	1,865
Purchased services	879	285	1,003	780	1,195	998	1,192	1,573	-	7,905
Corporate allocations	1,528	352	2,270	1,252	2,397	1,506	2,231	-	(11,536)	-
Utilities	686	456	1,169	803	1,333	593	1,098	186	-	6,324
Travel and related	44	30	40	99	115	42	71	331	-	772
Leases and rents	77	27	145	140	124	50	87	499	-	1,149
Insurance	292	81	450	298	462	335	461	-	-	2,379
Foundation community distributions	-	-	-	-	-	-	-	-	-	-
Other operating expenses	248	200	819	704	889	1,097	954	(1,059)	-	3,852
<b>Total operating expenses</b>	<b>16,701</b>	<b>4,592</b>	<b>26,903</b>	<b>15,561</b>	<b>27,116</b>	<b>18,160</b>	<b>26,657</b>	<b>19,735</b>	<b>(11,536)</b>	<b>143,889</b>
<b>Income (loss) before other operating income (expense)</b>	<b>6,625</b>	<b>(40)</b>	<b>4,523</b>	<b>1,039</b>	<b>11,767</b>	<b>(454)</b>	<b>9,626</b>	<b>7,329</b>	<b>-</b>	<b>40,415</b>
Other operating income (expense):										
Realized gains (losses) on investments, net	-	-	-	-	-	-	-	5,294	-	5,294
Realized gain on investment in HumanGood Nevada Bonds	-	-	-	-	-	-	-	8,834	-	8,834
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	-	(2,041)	-	(2,041)
Investment income, net	-	-	-	-	-	-	-	4,357	-	4,357
Mortgage interest	(860)	(130)	(410)	(368)	(737)	(393)	(1,206)	(3,228)	-	(7,332)
Depreciation and amortization	(3,854)	(681)	(2,334)	(2,456)	(4,810)	(1,336)	(3,712)	(640)	-	(19,823)
Gain (loss) on disposal of fixed assets	-	-	-	-	3	-	-	(103)	-	(100)
<b>Income (loss) from operations</b>	<b>1,911</b>	<b>(851)</b>	<b>1,779</b>	<b>(1,785)</b>	<b>6,223</b>	<b>(2,183)</b>	<b>4,708</b>	<b>19,802</b>	<b>-</b>	<b>29,604</b>



**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2021

(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Other affiliate distributions and equity transfers	\$ -	\$ 49	\$ -	\$ 33	\$ 81	\$ -	\$ 15	\$ (5,050)	\$ -	\$ (4,872)
Forgiveness of indebtedness to affiliate	-	-	-	-	-	-	-	(2,000)	-	(2,000)
Unrealized gains on interest rate swaps and caps	-	-	-	-	-	-	-	3,625	-	3,625
Change in net assets without donor restrictions	1,911	(802)	1,779	(1,752)	6,304	(2,183)	4,723	16,377	-	26,357
<b>Net Assets (Deficit), Beginning</b>	2,538	(10,748)	40,962	2,919	63,848	(20,905)	51,557	(91,883)	-	38,288
<b>Net Assets (Deficit), Ending</b>	<u>\$ 4,449</u>	<u>\$ (11,550)</u>	<u>\$ 42,741</u>	<u>\$ 1,167</u>	<u>\$ 70,152</u>	<u>\$ (23,088)</u>	<u>\$ 56,280</u>	<u>\$ (75,506)</u>	<u>\$ -</u>	<u>\$ 64,645</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2021  
(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions</b>									
Operating revenues:									
Residential living	\$ 7,576	\$ 10,688	\$ 2,815	\$ 10,606	\$ 4,701	\$ 4,635	\$ -	\$ -	\$ 41,021
Assisted living	1,884	2,859	2,381	3,372	1,589	2,021	-	-	14,106
Health center	6,562	4,708	3,509	6,123	-	7,546	-	-	28,448
Memory care	-	866	-	743	684	772	-	-	3,065
Other residential services	579	219	114	1,032	116	129	-	-	2,189
Amortization of entrance fees	2,349	4,713	302	4,612	1,396	1,291	-	-	14,663
COVID relief funding	51	110	35	57	55	57	-	-	365
Other operating revenues	129	124	73	235	128	138	7,564	(7,265)	1,126
Foundation community benefit	-	44	12	1	55	73	-	-	185
Total operating revenues	19,130	24,331	9,241	26,781	8,724	16,662	7,564	(7,265)	105,168
Operating expenses:									
Salaries and wages	8,671	8,599	5,304	10,523	3,403	7,904	5,642	-	50,046
Employee benefits	2,332	2,422	1,417	2,850	853	2,188	1,038	-	13,100
Supplies	1,826	1,782	964	2,158	592	1,287	106	-	8,715
Ancillary services	905	73	368	745	13	1,400	-	-	3,504
Repairs and maintenance	535	428	328	309	259	112	3	-	1,974
Marketing and advertising	328	308	241	356	291	322	4	-	1,850
Purchased services	1,074	1,249	597	1,425	399	887	998	-	6,629
Corporate allocations	1,328	1,559	734	1,834	582	1,228	-	(7,265)	-
Utilities	885	1,114	509	1,189	491	891	112	-	5,191
Travel and related	60	36	55	55	19	51	168	-	444
Leases and rents	45	14	26	65	7	114	211	-	482
Insurance	334	410	194	423	173	380	35	-	1,949
Other operating expenses	646	521	351	536	193	185	(398)	-	2,034
Total operating expenses	18,969	18,515	11,088	22,468	7,275	16,949	7,919	(7,265)	95,918
Income (loss) before other operating income (expense)	161	5,816	(1,847)	4,313	1,449	(287)	(355)	-	9,250
Other operating income (expense):									
Realized gains (losses) on investments, net	-	-	-	-	-	-	6,263	-	6,263
Realized gain on investment in HumanGood Nevada Bonds									
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	248	-	248
Investment income, net	-	-	2	-	-	-	1,978	-	1,980
Mortgage interest	(786)	(1,651)	(58)	(569)	(143)	-	-	-	(3,207)
Depreciation and amortization	(2,955)	(5,711)	(748)	(3,071)	(1,509)	(2,630)	(601)	-	(17,225)
Gain on disposal of fixed assets	-	-	-	-	-	-	5,027	-	5,027
Income (loss) from operations	(3,580)	(1,546)	(2,651)	673	(203)	(2,917)	12,560	-	2,336

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2021  
(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>									
Other changes in net assets without donor restrictions:									
Change in minimum pension liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (104)	\$ -	\$ (104)
Other affiliate distributions and equity transfers	187	161	18	9	212	23	-	-	610
Unrealized gains on interest rate swaps and caps	-	20	-	-	2	-	-	-	22
Change in net assets without donor restrictions	(3,393)	(1,365)	(2,633)	682	11	(2,894)	12,456	-	2,864
<b>Net Assets (Deficit), Beginning</b>	(7,040)	(22,230)	(3,216)	40,219	6,797	(17,274)	22,617	-	19,873
<b>Net Assets (Deficit), Ending</b>	<u>\$ (10,433)</u>	<u>\$ (23,595)</u>	<u>\$ (5,849)</u>	<u>\$ 40,901</u>	<u>\$ 6,808</u>	<u>\$ (20,168)</u>	<u>\$ 35,073</u>	<u>\$ -</u>	<u>\$ 22,737</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2021

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>								
Operating revenues:								
Residential living	\$ 11,454	\$ -	\$ 109,963	\$ -	\$ -	\$ -	\$ -	\$ 109,963
Assisted living	3,937	-	34,943	-	-	-	-	34,943
Health center	8,074	-	92,387	-	-	-	-	92,387
Memory care	2,072	-	14,557	-	-	-	-	14,557
Other residential services	78	-	3,964	-	-	-	-	3,964
Amortization of entrance fees	4,355	-	43,034	-	-	-	-	43,034
COVID relief funding	110	-	1,174	-	-	-	-	1,174
Other operating revenues	302	(8,479)	10,469	-	-	-	-	10,469
Net assets released from restrictions	-	-	-	2,534	1,874	4,408	-	4,408
Unrestricted contributions	-	-	-	811	-	811	-	811
Foundation community benefit	258	-	1,142	-	-	-	(1,142)	-
Total operating revenues	30,640	(8,479)	311,633	3,345	1,874	5,219	(1,142)	315,710
Operating expenses:								
Salaries and wages	9,872	-	137,443	259	235	494	-	137,937
Employee benefits	2,492	-	35,198	45	52	97	-	35,295
Supplies	2,598	-	23,337	3	-	3	-	23,340
Ancillary services	1,316	-	12,907	-	-	-	-	12,907
Repairs and maintenance	399	-	4,774	3	-	3	-	4,777
Marketing and advertising	652	-	4,367	-	-	-	-	4,367
Purchased services	886	-	15,420	39	18	57	-	15,477
Corporate allocations	2,084	(2,084)	-	-	-	-	-	-
Utilities	1,540	-	13,055	1	1	2	-	13,057
Travel and related	98	-	1,314	12	9	21	-	1,335
Leases and rents	127	-	1,758	-	-	-	-	1,758
Insurance	414	-	4,742	-	-	-	-	4,742
Foundation community distributions	-	-	-	957	185	1,142	(1,142)	-
Other operating expenses	741	-	6,627	2,394	1,375	3,769	-	10,396
Total operating expenses	23,219	(2,084)	260,942	3,713	1,875	5,588	(1,142)	265,388
Income (loss) before other operating income (expense)	7,421	(6,395)	50,691	(368)	(1)	(369)	-	50,322
Other operating income (expense):								
Realized gains (losses) on investments, net	49	-	11,606	2,217	375	2,592	-	14,198
Realized gain on investment in HumanGood Nevada Bonds	-	-	8,834	-	-	-	-	8,834
Change in unrealized gains (losses) on investments, net	(177)	-	(1,970)	3,305	560	3,865	-	1,895
Investment income, net	80	(2,172)	4,245	1,159	194	1,353	-	5,598
Mortgage interest	(2,116)	1,367	(11,288)	-	-	-	-	(11,288)
Depreciation and amortization	(4,712)	-	(41,760)	-	-	-	-	(41,760)
Gain on disposal of fixed assets, net	-	-	4,927	-	-	-	-	4,927
Income (loss) from operations	545	(7,200)	25,285	6,313	1,128	7,441	-	32,726

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2021

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>								
Other changes in net assets without donor restrictions:								
Change in minimum pension liability	\$ -	\$ -	\$ (104)	\$ -	\$ -	\$ -	\$ -	\$ (104)
Other affiliate distributions and equity transfers	21	-	(4,241)	-	-	-	-	(4,241)
Forgiveness of indebtedness to affiliate	-	-	(2,000)	-	-	-	-	(2,000)
Unrealized gains on interest rate swaps and caps	-	-	3,647	-	-	-	-	3,647
Change in net assets without donor restrictions	566	(7,200)	22,587	6,313	1,128	7,441	-	30,028
<b>Changes in Net Assets With Donor Restrictions</b>								
Dividend and interest income	-	-	-	211	698	909	-	909
Unrealized gains on investments with donor donor restrictions, net	-	-	-	236	1,087	1,323	-	1,323
Contributions	-	-	-	3,208	2,650	5,858	-	5,858
Net assets released from restrictions for benevolence	-	-	-	-	(169)	(169)	-	(169)
Contractual payments to beneficiaries	-	-	-	(370)	(958)	(1,328)	-	(1,328)
Realized losses on investments, net	-	-	-	391	814	1,205	-	1,205
Contractual liability adjustments	-	-	-	(228)	(55)	(283)	-	(283)
Net assets released from restrictions for special project funds	-	-	-	(2,534)	(1,705)	(4,239)	-	(4,239)
Change in net assets with donor restrictions	-	-	-	914	2,362	3,276	-	3,276
Change in net assets	566	(7,200)	22,587	7,227	3,490	10,717	-	33,304
<b>Net Assets (Deficit), Beginning</b>	(40,520)	7,200	24,841	70,914	35,643	106,557	-	131,398
<b>Net Assets (Deficit), Ending</b>	<u>\$ (39,954)</u>	<u>\$ -</u>	<u>\$ 47,428</u>	<u>\$ 78,141</u>	<u>\$ 39,133</u>	<u>\$ 117,274</u>	<u>\$ -</u>	<u>\$ 164,702</u>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Combining Balance Sheet Schedule

December 31, 2020

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Assets</b>										
<b>Current Assets</b>										
Cash and cash equivalents	\$ 17,771	\$ 1,787	\$ 1,884	\$ -	\$ 21,442	\$ 721	\$ 850	\$ 1,571	\$ -	\$ 23,013
Resident accounts receivable, net	7,575	4,580	523	-	12,678	4	-	4	-	12,682
Other receivables	3,033	4,118	5	-	7,156	633	-	633	-	7,789
Current portion of restricted investments	3,661	-	4	-	3,665	-	-	-	-	3,665
Intercompany advances due	10,276	(1,150)	(1,264)	-	7,862	(168)	(19)	(187)	-	7,675
Prepaid expenses, deposits and other assets	6,234	1,350	1,321	-	8,905	-	-	-	-	8,905
Total current assets	48,550	10,685	2,473	-	61,708	1,190	831	2,021	-	63,729
<b>Restricted Cash</b>	-	5,105	-	-	5,105	-	-	-	-	5,105
<b>Investments</b>	102,124	98,966	15,889	-	216,979	-	9,601	9,601	-	226,580
<b>Designated Investments</b>	51,017	13,936	-	-	64,953	59,013	-	59,013	-	123,966
<b>Investments in HumanGood Nevada Bonds</b>	4,242	-	-	-	4,242	-	-	-	-	4,242
<b>Restricted Investments</b>	34,982	-	-	-	34,982	12,839	26,869	39,708	-	74,690
<b>Subordinated Notes Receivable, Net</b>	40,713	-	-	(28,141)	12,572	-	-	-	-	12,572
<b>Land, Buildings and Equipment, Net</b>	230,823	163,754	80,047	-	474,624	-	-	-	-	474,624
<b>Interest and Management Fees Due From Affiliates</b>	9,879	-	-	(7,200)	2,679	-	-	-	-	2,679
<b>Other Noncurrent Assets</b>	2,687	3,079	-	-	5,766	-	-	-	-	5,766
Total assets	<u>\$ 525,017</u>	<u>\$ 295,525</u>	<u>\$ 98,409</u>	<u>\$ (35,341)</u>	<u>\$ 883,610</u>	<u>\$ 73,042</u>	<u>\$ 37,301</u>	<u>\$ 110,343</u>	<u>\$ -</u>	<u>\$ 993,953</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Balance Sheet Schedule  
December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Liabilities and Net Assets (Deficit)</b>										
<b>Current Liabilities</b>										
Accounts payable and accrued expenses	\$ 26,932	\$ 6,812	\$ 8,295	\$ (6,396)	\$ 35,643	\$ 83	\$ 29	\$ 112	\$ -	\$ 35,755
Deposits	1,983	766	122	-	2,871	-	-	-	-	2,871
Accrued interest	2,225	124	804	(804)	2,349	-	-	-	-	2,349
Current portion of notes and bonds payable	5,894	2,206	1,049	-	9,149	-	-	-	-	9,149
Entrance fee rebates payable	-	233	198	-	431	-	-	-	-	431
Total current liabilities	37,034	10,141	10,468	(7,200)	50,443	83	29	112	-	50,555
<b>Notes and Bonds Payable, Net</b>	183,202	112,285	71,635	(28,141)	338,981	-	-	-	-	338,981
<b>Rebatable Entrance Fees Due</b>	94,877	50,537	32,752	-	178,166	-	-	-	-	178,166
<b>Entrance Fees Subject to Refund</b>	34,265	35,016	6,546	-	75,827	-	-	-	-	75,827
<b>Entrance Fees Nonrefundable</b>	113,160	57,140	17,487	-	187,787	-	-	-	-	187,787
<b>Revocable Trusts</b>	-	-	-	-	-	275	-	275	-	275
<b>Obligations Under Annuity Agreements</b>	-	-	-	-	-	1,770	1,629	3,399	-	3,399
<b>Retirement Liabilities</b>	2,652	1,339	-	-	3,991	-	-	-	-	3,991
<b>Workers' Compensation Liability</b>	7,072	9,040	-	-	16,112	-	-	-	-	16,112
<b>Other Liabilities</b>	14,467	154	41	(7,200)	7,462	-	-	-	-	7,462
Total liabilities	486,729	275,652	138,929	(42,541)	858,769	2,128	1,658	3,786	-	862,555
<b>Net Assets (Deficit)</b>										
Without donor restrictions	38,288	19,873	(40,520)	7,200	24,841	59,168	9,780	68,948	-	93,789
With donor restrictions	-	-	-	-	-	11,746	25,863	37,609	-	37,609
Total net assets (deficit)	38,288	19,873	(40,520)	7,200	24,841	70,914	35,643	106,557	-	131,398
Total liabilities and net assets (deficit)	\$ 525,017	\$ 295,525	\$ 98,409	\$ (35,341)	\$ 883,610	\$ 73,042	\$ 37,301	\$ 110,343	\$ -	\$ 993,953

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 55,956	\$ 40,417	\$ 11,301	\$ -	\$ 107,674	\$ -	\$ -	\$ -	\$ -	\$ 107,674
Assisted living	16,706	13,467	3,880	-	34,053	-	-	-	-	34,053
Health center	51,572	26,429	7,292	-	85,293	-	-	-	-	85,293
Memory care	8,491	3,125	2,238	-	13,854	-	-	-	-	13,854
Other residential services	1,755	1,933	69	-	3,757	-	-	-	-	3,757
Amortization of entrance fees	24,457	15,979	3,839	-	44,275	-	-	-	-	44,275
COVID relief funding	4,529	2,873	936	-	8,338	-	-	-	-	8,338
Other operating revenues	8,424	1,248	182	(2,162)	7,692	-	-	-	-	7,692
Net assets released from restrictions	-	-	-	-	-	2,515	1,610	4,125	-	4,125
Unrestricted contributions	-	-	-	-	-	1,338	(5)	1,333	-	1,333
Foundation community benefit	841	265	255	-	1,361	-	-	-	(1,361)	-
Total operating revenues	172,731	105,736	29,992	(2,162)	306,297	3,853	1,605	5,458	(1,361)	310,394
Operating expenses:										
Salaries and wages	71,955	47,546	9,243	-	128,744	206	155	361	-	129,105
Employee benefits	18,294	13,856	2,347	-	34,497	50	45	95	-	34,592
Supplies	11,789	8,814	2,492	-	23,095	1	17	18	-	23,113
Ancillary services	7,912	2,850	1,416	-	12,178	-	-	-	-	12,178
Repairs and maintenance	2,385	1,910	387	-	4,682	-	-	-	-	4,682
Marketing and advertising	1,831	1,510	575	-	3,916	-	-	-	-	3,916
Purchased services	8,577	6,165	1,023	-	15,765	40	14	54	-	15,819
Corporate allocations	-	-	2,162	(2,162)	-	-	-	-	-	-
Utilities	5,896	4,970	1,445	-	12,311	1	1	2	-	12,313
Travel and related	589	393	35	-	1,017	12	1	13	-	1,030
Leases and rents	1,334	402	148	-	1,884	-	-	-	-	1,884
Insurance	2,290	1,414	368	-	4,072	-	-	-	-	4,072
Foundation community distributions	-	-	-	-	-	1,096	265	1,361	(1,361)	-
Other operating expenses	1,458	2,687	587	-	4,732	2,312	1,112	3,424	-	8,156
Total operating expenses	134,310	92,517	22,228	(2,162)	246,893	3,718	1,610	5,328	(1,361)	250,860
Income (loss) before other operating income (expense)	38,421	13,219	7,764	-	59,404	135	(5)	130	-	59,534
Other operating income (expense):										
Realized (losses) gains on investments, net	(2,434)	1,946	356	-	(132)	(2,072)	(339)	(2,411)	-	(2,543)
Change in unrealized gains (losses) on investments, net	6,561	8,848	(94)	-	15,315	3,876	626	4,502	-	19,817
Unrealized losses on investment in HumanGood Nevada Bonds	(535)	-	-	-	(535)	-	-	-	-	(535)
Investment income, net	6,817	2,433	284	(4,150)	5,384	1,043	185	1,228	-	6,612
Mortgage interest	(6,984)	(3,562)	(3,806)	1,406	(12,946)	-	-	-	-	(12,946)
Depreciation	(20,165)	(17,538)	(4,758)	-	(42,461)	-	-	-	-	(42,461)
Losses on early retirement of debt	(1,774)	-	(5,846)	-	(7,620)	-	-	-	-	(7,620)
Income (loss) from operations	19,907	5,346	(6,100)	(2,744)	16,409	2,982	467	3,449	-	19,858



**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Change in minimum pension liability	\$ -	\$ (875)	\$ -	\$ -	\$ (875)	\$ -	\$ -	\$ -	\$ -	\$ (875)
Other affiliate distributions and equity transfers	(3,886)	(806)	6	-	(4,686)	-	(456)	(456)	-	(5,142)
Unrealized gains on interest rate swaps and caps	754	54	-	-	808	-	-	-	-	808
Change in net assets without donor restrictions	16,775	3,719	(6,094)	(2,744)	11,656	2,982	11	2,993	-	14,649
<b>Changes in Net Assets With Donor Restrictions</b>										
Dividend and interest income	-	-	-	-	-	224	474	698	-	698
Unrealized gains on investments with donor restrictions, net	-	-	-	-	-	577	1,462	2,039	-	2,039
Restricted equity contributions	-	-	-	-	-	-	456	456	-	456
Contributions	-	-	-	-	-	2,914	2,961	5,875	-	5,875
Net assets released from restrictions for benevolence	-	-	-	-	-	-	(227)	(227)	-	(227)
Contractual payments to beneficiaries	-	-	-	-	-	(359)	(1,199)	(1,558)	-	(1,558)
Realized losses on investments, net	-	-	-	-	-	(35)	(653)	(688)	-	(688)
Contractual liability adjustments	-	-	-	-	-	151	347	498	-	498
Net assets released from restrictions for special project funds	-	-	-	-	-	(2,515)	(1,383)	(3,898)	-	(3,898)
Change in net assets with donor restrictions	-	-	-	-	-	957	2,238	3,195	-	3,195
Change in net assets	16,775	3,719	(6,094)	(2,744)	11,656	3,939	2,249	6,188	-	17,844
<b>Net Assets (Deficit), Beginning</b>	21,513	16,154	(34,426)	9,944	13,185	66,975	33,394	100,369	-	113,554
<b>Net Assets (Deficit), Ending</b>	<u>\$ 38,288</u>	<u>\$ 19,873</u>	<u>\$ (40,520)</u>	<u>\$ 7,200</u>	<u>\$ 24,841</u>	<u>\$ 70,914</u>	<u>\$ 35,643</u>	<u>\$ 106,557</u>	<u>\$ -</u>	<u>\$ 131,398</u>

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Cash Flows From Operating Activities</b>										
Cash received for resident services	\$ 135,641	\$ 84,810	\$ 25,238	\$ -	\$ 245,689	\$ -	\$ -	\$ -	\$ -	\$ 245,689
Cash received from nonrebatable entrance fees from reoccupancy	25,441	15,866	2,616	-	43,923	-	-	-	-	43,923
Cash received from COVID relief funding	4,680	2,873	936	-	8,489	-	-	-	-	8,489
Cash received from other operating activities	6,314	1,477	602	(1,052)	7,341	(116)	15	(101)	(1,361)	5,879
Cash received from bequests and trust maturities	-	-	-	-	-	1,338	(5)	1,333	-	1,333
Cash earnings realized from investments	4,351	4,352	640	(4,150)	5,193	(1,028)	(154)	(1,182)	-	4,011
Cash paid for employee salaries	(67,102)	(42,181)	(8,599)	-	(117,882)	(317)	(208)	(525)	-	(118,407)
Cash paid for employee benefits	(17,586)	(12,618)	(2,347)	-	(32,551)	(50)	(45)	(95)	-	(32,646)
Cash paid for temporary labor	(4,563)	(4,827)	(530)	-	(9,920)	-	-	-	-	(9,920)
Cash paid to vendors	(42,376)	(29,880)	(10,904)	2,162	(80,998)	(919)	187	(732)	1,361	(80,369)
Cash paid for interest	(5,098)	(3,819)	(7,111)	1,406	(14,622)	-	-	-	-	(14,622)
Net cash provided by (used in) operating activities	39,702	16,053	541	(1,634)	54,662	(1,092)	(210)	(1,302)	-	53,360
<b>Cash Flows From Investing Activities</b>										
Acquisition of land, buildings and equipment	(20,927)	(12,546)	(1,849)	-	(35,322)	-	-	-	-	(35,322)
Net (purchases) sales of unrestricted investments	(5,448)	(4,356)	(499)	-	(10,303)	1,048	287	1,335	-	(8,968)
Net (purchases) sales of restricted investments	(1,423)	258	(734)	-	(1,899)	1,001	2,249	3,250	-	1,351
Cash (paid for) received from intercompany and affiliate transactions	(6,332)	6,747	290	-	705	263	79	342	-	1,047
Net cash (used in) provided by investing activities	(34,130)	(9,897)	(2,792)	-	(46,819)	2,312	2,615	4,927	-	(41,892)
<b>Cash Flows From Financing Activities</b>										
Proceeds from rebatable entrance fees	12,235	3,432	739	-	16,406	-	-	-	-	16,406
Refunds of deposits and entrance fees	(11,096)	(10,421)	(3,626)	-	(25,143)	-	-	-	-	(25,143)
Proceeds from issuance of notes and bonds payable	2,043	-	-	-	2,043	-	-	-	-	2,043
Principal payments on notes and bonds payable	(5,645)	(2,201)	(2,339)	1,634	(8,551)	-	-	-	-	(8,551)
Cash paid for bond issuance costs	(1,633)	-	-	-	(1,633)	-	-	-	-	(1,633)
Cash paid for interest rate cap	(223)	-	-	-	(223)	-	-	-	-	(223)
Cash paid for other trust activity	-	-	-	-	-	(2,696)	(2,470)	(5,166)	-	(5,166)
Affiliate cash distributions	(3,886)	(806)	6	-	(4,686)	-	(456)	(456)	-	(5,142)
Cash received from restricted contributions	-	-	-	-	-	2,904	2,960	5,864	-	5,864
Net cash (used in) provided by financing activities	(8,205)	(9,996)	(5,220)	1,634	(21,787)	208	34	242	-	(21,545)
(Decrease) increase in cash, cash equivalents and restricted cash	(2,633)	(3,840)	(7,471)	-	(13,944)	1,428	2,439	3,867	-	(10,077)
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	56,010	10,732	9,359	-	76,101	859	1,618	2,477	-	78,578
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	<u>\$ 53,377</u>	<u>\$ 6,892</u>	<u>\$ 1,888</u>	<u>\$ -</u>	<u>\$ 62,157</u>	<u>\$ 2,287</u>	<u>\$ 4,057</u>	<u>\$ 6,344</u>	<u>\$ -</u>	<u>\$ 68,501</u>

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Noncash Disclosures</b>										
Long-term debt repaid with proceeds from Series 2020 Bonds	\$ 34,415	\$ -	\$ 45,055	\$ -	\$ 79,470	\$ -	\$ -	\$ -	\$ -	\$ 79,470
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash to Combining Balance Sheet</b>										
Cash and cash equivalents	\$ 17,771	\$ 1,787	\$ 1,884	\$ -	\$ 21,442	\$ 721	\$ 850	\$ 1,571	\$ -	\$ 23,013
Restricted cash included in restricted investments	35,606	-	4	-	35,610	1,566	3,207	4,773	-	40,383
Restricted cash	-	5,105	-	-	5,105	-	-	-	-	5,105
Total cash, cash equivalents and restricted cash	\$ 53,377	\$ 6,892	\$ 1,888	\$ -	\$ 62,157	\$ 2,287	\$ 4,057	\$ 6,344	\$ -	\$ 68,501

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2020  
(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 7,028	\$ 4,037	\$ 8,733	\$ 7,086	\$ 13,875	\$ 4,000	\$ 11,197	\$ -	\$ -	\$ 55,956
Assisted living	2,903	-	4,058	2,207	2,072	1,940	3,526	-	-	16,706
Health center	5,300	-	12,444	4,370	10,348	8,927	10,183	-	-	51,572
Memory care	1,738	-	1,469	445	1,904	1,156	1,779	-	-	8,491
Other residential services	66	139	654	226	233	145	292	-	-	1,755
Amortization of entrance fees	4,522	369	3,498	2,222	6,627	607	6,612	-	-	24,457
COVID relief funding	486	-	844	581	885	763	970	-	-	4,529
Other operating revenues	174	132	113	169	834	140	166	18,573	(11,877)	8,424
Foundation community benefit	111	42	60	187	301	140	-	-	-	841
Total operating revenues	22,328	4,719	31,873	17,493	37,079	17,818	34,725	18,573	(11,877)	172,731
Operating expenses:										
Salaries and wages	7,264	1,964	12,871	6,882	12,142	7,649	11,696	11,487	-	71,955
Employee benefits	1,748	469	3,396	1,746	3,118	1,966	2,754	3,097	-	18,294
Supplies	1,217	506	2,075	1,539	2,754	1,393	1,972	333	-	11,789
Ancillary services	900	6	1,386	757	1,124	1,922	1,817	-	-	7,912
Repairs and maintenance	296	32	477	275	560	253	473	19	-	2,385
Marketing and advertising	257	163	244	454	241	286	182	4	-	1,831
Purchased services	859	258	956	662	862	892	1,248	2,840	-	8,577
Corporate allocations	1,607	372	2,394	1,335	2,354	1,605	2,210	-	(11,877)	-
Utilities	665	408	1,091	852	1,150	585	945	200	-	5,896
Travel and related	21	23	39	74	84	31	51	266	-	589
Leases and rents	86	18	147	159	101	44	83	696	-	1,334
Insurance	245	61	388	259	439	306	381	211	-	2,290
Other operating expenses	534	145	670	535	574	497	713	(2,210)	-	1,458
Total operating expenses	15,699	4,425	26,134	15,529	25,503	17,429	24,525	16,943	(11,877)	134,310
Income (loss) before other operating income (expense)	6,629	294	5,739	1,964	11,576	389	10,200	1,630	-	38,421
Other operating income (expense):										
Realized (losses) gains on investments, net	-	-	-	-	-	-	-	(2,434)	-	(2,434)
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	-	6,561	-	6,561
Unrealized losses on investment in HumanGood Nevada Bonds	-	-	-	-	-	-	-	(535)	-	(535)
Investment income, net	-	-	-	-	-	-	-	6,817	-	6,817
Mortgage interest	(845)	(132)	(429)	(310)	(742)	(389)	(1,222)	(2,915)	-	(6,984)
Depreciation	(3,893)	(769)	(2,354)	(2,737)	(4,942)	(1,331)	(3,862)	(277)	-	(20,165)
Losses on early retirement of debt	179	-	-	-	14	-	-	(1,967)	-	(1,774)
Income (loss) from operations	2,070	(607)	2,956	(1,083)	5,906	(1,331)	5,116	6,880	-	19,907

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Other affiliate distributions and equity transfers	\$ -	\$ 14	\$ 16	\$ 44	\$ 12	\$ -	\$ -	\$ (3,972)	\$ -	\$ (3,886)
Unrealized gains on interest rate swaps and caps	-	-	-	-	-	-	-	754	-	754
Change in net assets without donor restrictions	2,070	(593)	2,972	(1,039)	5,918	(1,331)	5,116	3,662	-	16,775
<b>Net Assets (Deficit), Beginning</b>	468	(10,155)	37,990	3,958	57,930	(19,574)	46,441	(95,545)	-	21,513
<b>Net Assets (Deficit), Ending</b>	<u>\$ 2,538</u>	<u>\$ (10,748)</u>	<u>\$ 40,962</u>	<u>\$ 2,919</u>	<u>\$ 63,848</u>	<u>\$ (20,905)</u>	<u>\$ 51,557</u>	<u>\$ (91,883)</u>	<u>\$ -</u>	<u>\$ 38,288</u>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions</b>									
Operating revenues:									
Residential living	\$ 7,185	\$ 10,385	\$ 3,000	\$ 10,817	\$ 4,453	\$ 4,577	\$ -	\$ -	\$ 40,417
Assisted living	1,763	2,856	2,441	3,346	1,456	1,605	-	-	13,467
Health center	5,538	4,650	2,944	5,910	-	7,387	-	-	26,429
Memory care	-	933	-	730	737	725	-	-	3,125
Other residential services	353	164	73	949	217	177	-	-	1,933
Amortization of entrance fees	2,796	5,054	466	4,604	1,391	1,668	-	-	15,979
COVID relief funding	626	285	373	842	113	634	-	-	2,873
Other operating revenues	132	156	60	387	99	95	7,299	(6,980)	1,248
Foundation community benefit	27	47	5	20	77	89	-	-	265
<b>Total operating revenues</b>	<b>18,420</b>	<b>24,530</b>	<b>9,362</b>	<b>27,605</b>	<b>8,543</b>	<b>16,957</b>	<b>7,299</b>	<b>(6,980)</b>	<b>105,736</b>
Operating expenses:									
Salaries and wages	7,931	8,309	5,053	10,320	3,283	7,711	4,939	-	47,546
Employee benefits	2,388	2,485	1,459	3,048	834	2,363	1,279	-	13,856
Supplies	1,600	1,857	978	2,208	639	1,397	135	-	8,814
Ancillary services	495	60	316	637	16	1,326	-	-	2,850
Repairs and maintenance	581	317	229	458	184	133	8	-	1,910
Marketing and advertising	300	306	200	246	222	234	2	-	1,510
Purchased services	1,249	1,073	497	1,213	307	1,125	701	-	6,165
Corporate allocations	1,289	1,473	709	1,748	562	1,199	-	(6,980)	-
Utilities	779	1,084	460	1,134	466	899	148	-	4,970
Travel and related	43	23	64	56	24	75	108	-	393
Leases and rents	39	17	24	35	8	102	177	-	402
Insurance	250	280	150	331	113	253	37	-	1,414
Other operating expenses	361	350	266	684	180	397	449	-	2,687
<b>Total operating expenses</b>	<b>17,305</b>	<b>17,634</b>	<b>10,405</b>	<b>22,118</b>	<b>6,838</b>	<b>17,214</b>	<b>7,983</b>	<b>(6,980)</b>	<b>92,517</b>
<b>Income (loss) before other operating income (expense)</b>	<b>1,115</b>	<b>6,896</b>	<b>(1,043)</b>	<b>5,487</b>	<b>1,705</b>	<b>(257)</b>	<b>(684)</b>	<b>-</b>	<b>13,219</b>
Other operating income (expense):									
Realized (losses) gains on investments, net	4	-	1	-	-	-	1,941	-	1,946
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	8,848	-	8,848
Investment income, net	-	16	-	-	1	-	2,416	-	2,433
Mortgage interest	(800)	(1,936)	(59)	(579)	(169)	-	(19)	-	(3,562)
Depreciation	(2,856)	(5,901)	(812)	(3,148)	(1,597)	(2,549)	(675)	-	(17,538)
<b>Income (loss) from operations</b>	<b>(2,537)</b>	<b>(925)</b>	<b>(1,913)</b>	<b>1,760</b>	<b>(60)</b>	<b>(2,806)</b>	<b>11,827</b>	<b>-</b>	<b>5,346</b>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2020  
(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>									
Other changes in net assets without donor restrictions:									
Change in minimum pension liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (875)	\$ -	\$ (875)
Other affiliate distributions and equity transfers	104	327	3	214	80	42	(1,576)	-	(806)
Unrealized gains on interest rate swaps and caps	-	49	-	-	5	-	-	-	54
Change in net assets without donor restrictions	(2,433)	(549)	(1,910)	1,974	25	(2,764)	9,376	-	3,719
<b>Net Assets (Deficit), Beginning</b>	(4,607)	(21,681)	(1,306)	38,245	6,772	(14,510)	13,241	-	16,154
<b>Net Assets (Deficit), Ending</b>	<u>\$ (7,040)</u>	<u>\$ (22,230)</u>	<u>\$ (3,216)</u>	<u>\$ 40,219</u>	<u>\$ 6,797</u>	<u>\$ (17,274)</u>	<u>\$ 22,617</u>	<u>\$ -</u>	<u>\$ 19,873</u>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>								
Operating revenues:								
Residential living	\$ 11,301	\$ -	\$ 107,674	\$ -	\$ -	\$ -	\$ -	\$ 107,674
Assisted living	3,880	-	34,053	-	-	-	-	34,053
Health center	7,292	-	85,293	-	-	-	-	85,293
Memory care	2,238	-	13,854	-	-	-	-	13,854
Other residential services	69	-	3,757	-	-	-	-	3,757
Amortization of entrance fees	3,839	-	44,275	-	-	-	-	44,275
COVID relief funding	936	-	8,338	-	-	-	-	8,338
Other operating revenues	182	(2,162)	7,692	-	-	-	-	7,692
Net assets released from restrictions	-	-	-	2,515	1,610	4,125	-	4,125
Unrestricted contributions	-	-	-	1,338	(5)	1,333	-	1,333
Foundation community benefit	255	-	1,361	-	-	-	(1,361)	-
Total operating revenues	29,992	(2,162)	306,297	3,853	1,605	5,458	(1,361)	310,394
Operating expenses:								
Salaries and wages	9,243	-	128,744	206	155	361	-	129,105
Employee benefits	2,347	-	34,497	50	45	95	-	34,592
Supplies	2,492	-	23,095	1	17	18	-	23,113
Ancillary services	1,416	-	12,178	-	-	-	-	12,178
Repairs and maintenance	387	-	4,682	-	-	-	-	4,682
Marketing and advertising	575	-	3,916	-	-	-	-	3,916
Purchased services	1,023	-	15,765	40	14	54	-	15,819
Corporate allocations	2,162	(2,162)	-	-	-	-	-	-
Utilities	1,445	-	12,311	1	1	2	-	12,313
Travel and related	35	-	1,017	12	1	13	-	1,030
Leases and rents	148	-	1,884	-	-	-	-	1,884
Insurance	368	-	4,072	-	-	-	-	4,072
Foundation community distributions	-	-	-	1,096	265	1,361	(1,361)	-
Other operating expenses	587	-	4,732	2,312	1,112	3,424	-	8,156
Total operating expenses	22,228	(2,162)	246,893	3,718	1,610	5,328	(1,361)	250,860
Income (loss) before other operating income (expense)	7,764	-	59,404	135	(5)	130	-	59,534
Other operating income (expense):								
Realized (losses) gains on investments, net	356	-	(132)	(2,072)	(339)	(2,411)	-	(2,543)
Change in unrealized gains (losses) on investments, net	(94)	-	15,315	3,876	626	4,502	-	19,817
Unrealized losses on investment in HumanGood Nevada Bonds	-	-	(535)	-	-	-	-	(535)
Investment income, net	284	(4,150)	5,384	1,043	185	1,228	-	6,612
Mortgage interest	(3,806)	1,406	(12,946)	-	-	-	-	(12,946)
Depreciation	(4,758)	-	(42,461)	-	-	-	-	(42,461)
Losses on early retirement of debt	(5,846)	-	(7,620)	-	-	-	-	(7,620)
Income (loss) from operations	(6,100)	(2,744)	16,409	2,982	467	3,449	-	19,858



**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>								
Other changes in net assets without donor restrictions:								
Change in minimum pension liability	\$ -	\$ -	\$ (875)	\$ -	\$ -	\$ -	\$ -	\$ (875)
Other affiliate distributions and equity transfers	6	-	(4,686)	-	(456)	(456)	-	(5,142)
Unrealized gains on interest rate swaps and caps	-	-	808	-	-	-	-	808
Change in net assets without donor restrictions	(6,094)	(2,744)	11,656	2,982	11	2,993	-	14,649
<b>Changes in Net Assets With Donor Restrictions</b>								
Dividend and interest income	-	-	-	224	474	698	-	698
Unrealized gains on investments with donor restrictions, net	-	-	-	577	1,462	2,039	-	2,039
Restricted equity contributions	-	-	-	-	456	456	-	456
Contributions	-	-	-	2,914	2,961	5,875	-	5,875
Net assets released from restrictions for benevolence	-	-	-	-	(227)	(227)	-	(227)
Contractual payments to beneficiaries	-	-	-	(359)	(1,199)	(1,558)	-	(1,558)
Realized losses on investments, net	-	-	-	(35)	(653)	(688)	-	(688)
Contractual liability adjustments	-	-	-	151	347	498	-	498
Net assets released from restrictions for special project funds	-	-	-	(2,515)	(1,383)	(3,898)	-	(3,898)
Change in net assets with donor restrictions	-	-	-	957	2,238	3,195	-	3,195
Change in net assets	(6,094)	(2,744)	11,656	3,939	2,249	6,188	-	17,844
<b>Net Assets (Deficit), Beginning</b>	(34,426)	9,944	13,185	66,975	33,394	100,369	-	113,554
<b>Net Assets (Deficit), Ending</b>	<u>\$ (40,520)</u>	<u>\$ 7,200</u>	<u>\$ 24,841</u>	<u>\$ 70,914</u>	<u>\$ 35,643</u>	<u>\$ 106,557</u>	<u>\$ -</u>	<u>\$ 131,398</u>

**SECTION 999.5(d)(11)(F)**

**3) FY 2020 audited consolidated financial statements**

# **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

Combined Financial Statements and  
Combining Supplementary Information

December 31, 2020 and 2019

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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December 31, 2020 and 2019

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## **Independent Auditors' Report**

To the Boards of Directors of  
HumanGood California Obligated Group & Foundation Affiliates

### **Report on the Financial Statements**

We have audited the accompanying combined financial statements of the HumanGood California Obligated Group & Foundation Affiliates (the Corporations), which comprise the combined balance sheets as of December 31, 2020 and 2019, and the related combined statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the combined financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with the accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the combined financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Corporations as of December 31, 2020 and 2019, and the results of their operations and changes in net assets and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information is presented for the purpose of additional analysis rather than to present the financial position, results of operations and changes in net assets and cash flows of the individual entities and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with the auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

*Baker Tilly US, LLP*

Philadelphia, Pennsylvania  
April 30, 2021

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combined Balance Sheets  
December 31, 2020 and 2019  
(In Thousands)

	2020	2019		2020	2019
<b>Assets</b>			<b>Liabilities and Net Assets</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and cash equivalents	\$ 23,013	\$ 33,220	Accounts payable and accrued expenses	\$ 35,755	\$ 33,803
Resident accounts receivable, less allowances for doubtful accounts of \$3,769 in 2020 and \$3,897 in 2019	12,682	15,026	Deposits	2,871	2,363
Other receivables	7,789	6,155	Accrued interest	2,349	3,385
Current portion of restricted investments	3,665	9,776	Current portion of notes and bonds payable	9,149	8,551
Intercompany advances due	7,675	8,720	Entrance fee rebates payable	431	1,563
Prepaid expenses, deposits and other assets	8,905	6,232			
			Total current liabilities	50,555	49,665
Total current assets	63,729	79,129	<b>Notes and Bonds Payable, Net</b>	338,504	346,337
<b>Restricted Cash</b>	5,105	5,088	<b>Rebatable Entrance Fees Due</b>	178,166	179,133
<b>Investments</b>	226,580	200,927	<b>Entrance Fees Subject to Refund</b>	75,827	89,811
<b>Designated Investments</b>	123,966	121,046	<b>Entrance Fees Nonrefundable</b>	187,787	181,180
<b>Investments in HumanGood Nevada Bonds</b>	4,242	5,018	<b>Revocable Trusts</b>	275	315
<b>Restricted Investments</b>	74,690	73,170	<b>Obligations Under Annuity Agreements</b>	3,399	3,362
<b>Subordinated Notes Receivable, Net</b>	12,572	12,785	<b>Retirement Liabilities</b>	3,991	2,720
<b>Land, Buildings and Equipment, Net</b>	474,624	482,351	<b>Workers' Compensation Liability</b>	16,112	14,379
<b>Interest and Management Fees Due From Affiliates</b>	2,679	2,941	<b>Other Liabilities</b>	6,927	4,236
<b>Other Noncurrent Assets</b>	4,754	2,237			
			Total liabilities	861,543	871,138
			<b>Net Assets</b>		
			Without donor restrictions	93,789	79,140
			With donor restrictions	37,609	34,414
			Total net assets	131,398	113,554
Total assets	\$ 992,941	\$ 984,692	Total liabilities and net assets	\$ 992,941	\$ 984,692

See notes to combined financial statements

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combined Statements of Operations and Changes in Net Assets  
Years Ended December 31, 2020 and 2019  
(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Changes in Net Assets Without Donor Restrictions</b>		
Operating revenues:		
Residential living	\$ 107,674	\$ 106,681
Assisted living	34,053	33,364
Health center	85,293	93,741
Memory care	13,854	14,089
Other residential services	3,757	1,627
Amortization of entrance fees	44,275	43,129
COVID relief funding	8,338	-
Other operating revenues	7,692	9,531
Net assets released from restrictions	4,125	4,485
Unrestricted contributions	1,333	2,633
	<u>310,394</u>	<u>309,280</u>
Total operating revenues		
Operating expenses:		
Salaries and wages	129,105	132,661
Employee benefits	34,592	32,017
Supplies	23,113	21,548
Ancillary services	12,178	15,248
Repairs and maintenance	4,682	4,443
Marketing and advertising	3,916	3,352
Purchased services	15,819	14,348
Utilities	12,313	11,905
Travel and related	1,030	2,735
Leases and rents	1,884	1,798
Insurance	4,072	3,677
Other operating expenses	8,156	6,461
	<u>250,860</u>	<u>250,193</u>
Total operating expenses		
Income before other operating income (expense)	59,534	59,087
Other operating income (expense):		
Realized (losses) gains on investments, net	(2,543)	4,751
Change in unrealized gains on investments, net	19,817	20,583
Unrealized (losses) gains on investment in		
HumanGood Nevada Bonds	(535)	412
Investment income, net	6,612	8,512
Mortgage interest	(12,946)	(17,411)
Depreciation	(42,461)	(41,633)
Losses on early retirement of debt	(7,620)	(7,564)
Losses on disposal of fixed assets	-	(90)
	<u>19,858</u>	<u>26,647</u>
Income from operations		

See notes to combined financial statements



**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Combined Statements of Operations and Changes in Net Assets  
Years Ended December 31, 2020 and 2019  
(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>		
Other changes in net assets without donor restrictions:		
Change in minimum pension liability	\$ (875)	\$ (2,567)
Other affiliate distributions and equity transfers	(5,142)	(9,343)
Unrealized gains (losses) on interest rate swaps and caps	<u>808</u>	<u>(157)</u>
Change in net assets without donor restrictions	<u>14,649</u>	<u>14,580</u>
<b>Changes in Net Assets With Donor Restrictions</b>		
Dividend and interest income	698	1,331
Unrealized gains on investments with donor restrictions, net	2,039	2,869
Restricted equity contributions	456	2,033
Contributions	5,875	5,662
Net assets released from restrictions for benevolence	(227)	(286)
Contractual payments to beneficiaries	(1,558)	(1,662)
Realized (losses) gains on investments, net	(688)	135
Contractual liability adjustments	498	444
Net assets released from restrictions for special project funds	<u>(3,898)</u>	<u>(4,199)</u>
Change in net assets with donor restrictions	<u>3,195</u>	<u>6,327</u>
Change in net assets	17,844	20,907
<b>Net Assets, Beginning</b>	<u>113,554</u>	<u>92,647</u>
<b>Net Assets, Ending</b>	<u><u>\$ 131,398</u></u>	<u><u>\$ 113,554</u></u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combined Statements of Cash Flows  
Years Ended December 31, 2020 and 2019  
(In Thousands)

	<u>2020</u>	<u>2019</u>
<b>Cash Flows From Operating Activities</b>		
Cash received for resident services	\$ 245,689	\$ 244,662
Cash received from nonrebatable entrance fees from reoccupancy	43,923	54,159
Cash received from COVID relief funding	8,489	-
Cash received from other operating activities	5,879	10,415
Cash received from bequests and trust maturities	1,333	2,633
Cash earnings realized from investments	4,011	13,259
Cash paid for employee salaries	(118,407)	(118,868)
Cash paid for employee benefits	(32,646)	(29,741)
Cash paid for temporary labor	(9,920)	(11,275)
Cash paid to vendors	(80,369)	(82,489)
Cash paid for interest	(14,622)	(17,378)
	<u>53,360</u>	<u>65,377</u>
Net cash provided by operating activities		
<b>Cash Flows From Investing Activities</b>		
Acquisition of land, buildings and equipment	(35,322)	(32,918)
Net purchases of unrestricted investments	(8,968)	(20,569)
Net sales of restricted investments	1,351	5,849
Cash received from intercompany and affiliate transactions	1,047	3,687
	<u>(41,892)</u>	<u>(43,951)</u>
Net cash used in investing activities		
<b>Cash Flows From Financing Activities</b>		
Proceeds from rebatable entrance fees	16,406	12,684
Refunds of deposits and refundable entrance fees	(25,143)	(13,187)
Proceeds from issuance of notes and bonds payable	2,043	13,408
Principal payments on notes and bonds payable	(8,551)	(5,479)
Cash paid for bond issuance costs	(1,633)	(2,211)
Cash paid for interest rate cap	(223)	-
Cash paid for other trust activity	(5,166)	(4,327)
Affiliate cash distributions	(5,142)	(9,344)
Cash received from restricted contributions	5,864	5,635
	<u>(21,545)</u>	<u>(2,821)</u>
Net cash used in financing activities		
(Decrease) increase in cash, cash equivalents and restricted cash	(10,077)	18,605
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	<u>78,578</u>	<u>59,973</u>
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	<u><u>\$ 68,501</u></u>	<u><u>\$ 78,578</u></u>

See notes to combined financial statements

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Combined Statements of Cash Flows  
Years Ended December 31, 2020 and 2019  
(In Thousands)

	2020	2019
<b>Noncash Disclosures</b>		
Long-term debt repaid with proceeds from Series 2019 Bonds	\$ -	\$ 168,110
Long-term debt repaid with proceeds from Series 2020 Bonds	\$ 79,470	\$ -
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash to Combined Balance Sheets</b>		
Cash and cash equivalents	\$ 23,013	\$ 33,220
Restricted cash included in restricted investments	40,383	40,270
Restricted cash	5,105	5,088
Total cash, cash equivalents and restricted cash	\$ 68,501	\$ 78,578

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2020 and 2019

## 1. Business and Organization

HumanGood (Parent Organization) is a California nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for the elderly through its Life Plan Communities (LPCs) and affordable housing communities owned by its subsidiaries. HumanGood is the sole member of HumanGood NorCal (NorCal), HumanGood SoCal (SoCal), HumanGood Fresno (dba Terraces at San Joaquin Gardens, TSJG) and HumanGood Cornerstone (Cornerstone). NorCal is the sole member of HumanGood Foundation West (Foundation West) and SoCal is the sole member of HumanGood Foundation South (Foundation South). NorCal, SoCal and TSJG, which collectively form the HumanGood California Obligated Group, share the common parent entity of HumanGood, and together with Foundation West and Foundation South, constitute the HumanGood California Obligated Group & Foundation Affiliates (collectively, the Corporations).

### HumanGood California Obligated Group

On August 1, 2019, concurrent with the date of issuance of the Series 2019A Tax-Exempt Revenue and Refunding Bonds and the Series 2019B Taxable Bonds, the HumanGood California Obligated Group (COG) was formed (Note 6).

### HumanGood NorCal

NorCal is a California nonprofit public benefit tax-exempt corporation which owns, operates and manages LPCs in which housing, health care and supportive services are provided for the elderly. Seven of NorCal's nine directors are HumanGood's directors. The executive officers of HumanGood also serve as executive officers of NorCal. As of December 31, 2020, the following LPCs were owned and operated by NorCal:

Terraces at Los Altos  
Grand Lake Gardens  
Piedmont Gardens  
Plymouth Village

Valle Verde  
Rosewood  
Terraces of Los Gatos

### HumanGood SoCal

SoCal is a California nonprofit public benefit tax-exempt corporation which owns, operates and manages LPCs in which housing, health care and supportive services are provided for the elderly. Seven of SoCal's nine directors are HumanGood's directors. The executive officers of HumanGood also serve as executive officers of SoCal. As of December 31, 2020, the following LPCs were owned and operated by SoCal:

Royal Oaks  
White Sands La Jolla  
Windsor

Regents Point  
Westminster Gardens  
Redwood Terrace

Until 2019, Westminster Gardens and Redwood Terrace were affiliates of SoCal and NorCal that also shared HumanGood as their sole corporate member. Westminster Gardens and Redwood Terrace were legally merged into SoCal during 2019.

### HumanGood Fresno

TSJG is a California nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for the elderly in Fresno, California, through its LPC. Seven of TSJG's nine directors are HumanGood's directors. The executive officers of HumanGood also serve as executive officers of TSJG.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### **HumanGood Foundation West**

Foundation West is a California nonprofit public benefit tax-exempt corporation whose primary purpose is to develop, invest and administer funds to provide housing and care on behalf of certain residents. Foundation West's principal activity is to administer such funds under donor agreements. NorCal is the sole member of Foundation West, and therefore, elects the directors of Foundation West. As a result, NorCal has control over Foundation West, and therefore, Foundation West is included in these combined financial statements. Foundation West guarantees certain of the NorCal bond obligations. Foundation West's obligations under the guaranty agreement are limited to Foundation West's income earned on its net assets without donor restrictions (see Note 6).

### **HumanGood Foundation South**

Foundation South is a California nonprofit public benefit tax-exempt corporation whose primary purpose is to develop, invest and administer funds to provide housing and care on behalf of certain residents. Foundation South's principal activity is to administer such funds under donor agreements. SoCal is the sole member of Foundation South, and therefore, elects the directors of Foundation South. As a result, SoCal has control over Foundation South, and therefore, Foundation South is included in these combined financial statements.

### **HumanGood Cornerstone and Related Enterprises**

HumanGood Cornerstone, an affiliate of the Corporations, is a California nonprofit public benefit tax-exempt corporation and, as the sole member, exercises its direction and control through the appointment of the Board of Directors of HumanGood Arizona, Inc. (dba Terraces of Phoenix, TOP), HumanGood Washington (dba Judson Park, JP), HumanGood Nevada (dba Las Ventanas), HumanGood Idaho (dba The Terraces of Boise, Boise), Seniority Properties (dba HumanGood Properties), and in conjunction with an affiliation effective June 30, 2019, HumanGood East (formerly Philadelphia Presbytery Homes and Services for the Aging, dba Presby's Inspired Life). In conjunction with finalizing transfer agreements in 2019, Cornerstone is the sole member and exercises its direction and control through the appointment of the Board of Directors of HumanGood Affordable Housing (HGAH) and the managers of Beacon Development Group, LLC (BDG). HumanGood and HumanGood Cornerstone's Boards are composed of the same seven directors. In March 2021, HumanGood Cornerstone approved a resolution to transfer BDG to HumanGood Affordable Housing as its sole member.

### **HumanGood Affordable Housing**

HumanGood Affordable Housing (HGAH) is a California nonprofit public benefit tax-exempt corporation. As described above, during 2019, Cornerstone became the sole member of HGAH, by means of a membership transfer from NorCal.

HGAH serves as the sole or majority General Partner and controlling organization for 21 tax-credit affordable housing communities, serves as the sole or majority member and controlling organization for 28 additional affordable housing communities and provides management services to 11 affordable housing communities.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

On January 1, 2015, NorCal purchased for \$350,000 in cash and a \$2,000,000 note all of the outstanding membership interests in BDG and simultaneously assigned its rights thereto to HGAH. NorCal then entered into a \$2,350,000 affiliate note with BDG to assign the cost of purchase to the acquired entity.

Simultaneous with this January 1, 2015 purchase, NorCal affordable housing employees became employees of HGAH. All operational activities, assets and liabilities associated with NorCal's affordable housing line of business were also transferred to HGAH. In late fiscal year 2015, following United States Department of Housing and Urban Development (HUD) approval, NorCal transferred its sole memberships in all of its owned affordable housing communities as well as the management agreements for all of its owned and managed communities to HGAH.

In exchange for this transfer of affordable housing related assets and liabilities, HGAH entered into a noninterest bearing affiliate note with NorCal for \$2,242,000 as well as a noninterest bearing contingent note with NorCal for \$1,364,000, which is payable upon HGAH's ability to achieve certain levels of cash flow and operating margin. These notes receivable are included in subordinated notes receivable, net on the combined balance sheets of NorCal. The remaining \$1,542,000 of assets transferred was recorded as a capital contribution from NorCal to HGAH.

In 2019, HUD approval to transfer SoCal's sole memberships and management agreements for all of its seven low-income senior housing tax-credit communities and 20 owned and managed affordable housing communities to HGAH was finalized.

### **Beacon Development Group, LLC**

Beacon Development Group, LLC (BDG) is a professional services firm that consults primarily in the development and construction of affordable housing communities. BDG provides services to affiliates of the Corporations, other nonprofits and housing authorities. In conjunction with transfer agreements finalized in 2019, Cornerstone is the sole member of BDG. In March 2021, HumanGood Cornerstone approved a resolution to transfer BDG to HumanGood Affordable Housing as its sole member.

### **HumanGood Arizona, Inc.**

HumanGood Arizona, Inc. is an Arizona nonprofit tax-exempt corporation providing housing, health care and supportive services for the elderly in Phoenix, Arizona through its LPC, Terraces of Phoenix. Prior to September 29, 2003, TOP was a controlled affiliate of NorCal. The funds previously advanced by NorCal to support TOP's operating and capital needs were retained in the form of a subordinated note receivable from TOP. The note has been recorded as part of subordinated notes receivable, net in the accompanying combined balance sheets at the estimated net realizable value of \$4,315,000 as of December 31, 2020 and 2019.

NorCal manages TOP under a multiyear management agreement at a management fee of 8.5 percent of budgeted cash revenues, with half of this amount subject to subordination upon noncompliance with certain covenants.

### **HumanGood Washington**

HumanGood Washington is a Washington nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for the elderly in Washington through its LPC, Judson Park. On May 30, 2012, NorCal entered into a ten-year management agreement at a base fee of 8.5 percent of budgeted cash revenues, with half of this amount subject to subordination upon noncompliance with certain covenants.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### **HumanGood Nevada**

HumanGood Nevada is a California nonprofit public benefit tax-exempt corporation providing housing, health care and supportive services for the elderly in the Las Vegas, Nevada area, through its LPC, Las Ventanas. On July 1, 2004, NorCal began providing oversight management services to Las Ventanas. On January 1, 2010, NorCal began providing full management services to Las Ventanas. Under the current agreement, management fees accrue at 3.0 percent of total cash revenues, with payment deferred until certain operating metrics have been met as laid out in the agreement. The paydown of deferred fees cannot cause the total fees paid in any one year to exceed 5.0 percent of total revenues.

On September 12, 2012, Las Ventanas, its bondholders and NorCal executed a restructuring agreement of Las Ventanas' debt, ground lease and other key obligations, which involved the exchanging of existing bonded indebtedness for three new series of tax-exempt bonds. NorCal contributed capital and released its interests in the Las Ventanas ground lease and construction loan, and forgave all previously accrued management fees in exchange for interests in the newly issued Las Ventanas Series 2012 A-2, Series B-2, Series B-3 and Series C-2 Bonds. Additionally, NorCal provided an unfunded \$2,000,000 debt service support agreement for the Las Ventanas Series A-1 Bonds, with any resulting funded amounts triggering the issuance to NorCal of an equal amount of the Las Ventanas Series B-4 Bonds, comparable in structure to the Las Ventanas Series B-3 Bonds.

As a result of the aforementioned restructuring, NorCal received \$16,414,000 (par value) of HumanGood Nevada Bonds, which are classified as investments in HumanGood Nevada Bonds in the accompanying combined balance sheets. Annual revaluations of the investments have resulted in unrealized mark-to-market losses on the Bonds, with an aggregate unrealized loss on investments in HumanGood Nevada Bonds of \$8,834,000 and \$8,299,000 as of December 31, 2020 and 2019, respectively.

On February 19, 2019, HumanGood Nevada filed a voluntary public disclosure through the Electronic Municipal Market Access website announcing its intent to explore various options related to tendering, purchasing, refinancing or restructuring all, or portions, of its Series 2012 Bonds. On February 12, 2021, an additional disclosure was filed detailing that NorCal had refined this exploration to potentially contacting holders of the Series 2012B-1 and C-1 Bonds to purchase all or a portion of those Bonds with a current expectation to hold such Series 2012B-1 and C-1 Bonds within its investment portfolio in anticipation of a possible refinancing of the Series 2012 Bonds in the future. On February 18, 2021, NorCal purchased \$4,922,000 par amount of the Series 2012B-1 and \$9,136,000 par amount of the Series 2012C-1 Bonds at a discount.

### **HumanGood Idaho**

HumanGood Idaho is a California nonprofit public benefit tax-exempt corporation, which leased, and subsequently purchased from NorCal, a site in Boise, Idaho, upon which the Terraces of Boise was constructed and began operations in July 2015, with the community fully operational in all levels of care on June 1, 2016. The obligations of Boise are nonrecourse to NorCal.

To support the Boise financing, in 2014 NorCal provided \$3,000,000 in equity at financing along with \$1,000,000 of funded liquidity support and an additional \$1,250,000 of unfunded liquidity support. At the same time, Boise purchased the parcel of land upon which the Terraces of Boise is built from NorCal for \$5,000,000. This purchase price consisted of \$3,000,000 in cash and a \$2,000,000 interest bearing subordinated note receivable. On March 18, 2020, Boise entered into a Second Supplemental Master Trust Indenture for which one of the amendments required NorCal to deposit \$1,250,000 with the Master Trustee by March 31, 2020 in full satisfaction of the previously unfunded liquidity support obligation. The funds were timely deposited consistent with requirements.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

Boise had a Sales and Marketing Oversight Services Agreement with NorCal. Additionally, under Boise's Development Administration Services Agreement, NorCal was entitled to a Development Administrative Support Services Fee equal to \$17,000 per month for each month that Greystone Development Corporation (GDC) was entitled to a management fee during the term.

On May 31, 2017, the Sales and Marketing Oversight Services and Development Administration Service Agreements were terminated, thus ending the accrual of further amounts owing. These fees are subject to subordination under the Boise master trust indenture, and as such, NorCal has fully reserved the accrual of this revenue.

Effective February 2021, NorCal succeeded Greystone Management Services Company Idaho, LLC and entered into a management fee agreement with Boise at a base fee of \$32,000 monthly through May 2021 and 5 percent of budgeted cash revenues thereafter.

### **Seniority Properties dba HumanGood Properties**

HumanGood Properties is a California for-profit corporation, which was formed in February 2014 for the purpose of holding equity interests in developed and acquired senior housing communities and other similar investments.

On September 1, 2015, HumanGood Properties, through a subsidiary LLC, purchased a 49 percent equity interest, and later, through a purchase option, an additional 1 percent interest in a memory care senior housing community in Oklahoma.

### **HumanGood East**

HumanGood East (formerly Philadelphia Presbytery Homes and Services for the Aging dba Presby's Inspired Life) is a Pennsylvania nonprofit tax-exempt corporation providing housing, health care and supportive services for the elderly through its three LPCs, 17 owned and managed affordable housing communities and 19 additional affordable housing communities managed for unrelated entities. On June 30, 2019, in conjunction with the HumanGood and Presby's Inspired Life affiliation, Cornerstone became the sole member of Presby's Inspired Life. On June 30, 2019, amendments to the articles of incorporation of Presby's Inspired Life took effect and the Presby's Inspired Life corporation name was changed to HumanGood East.

### **Basis of Presentation and Principles of Combination**

The accompanying combined financial statements combine the accounts of NorCal, SoCal, TSJG, Foundation West and Foundation South (HumanGood California Obligated Group & Foundation Affiliates) in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). All entities except Foundation West and Foundation South share a common parent, HumanGood, which has the sole corporate membership and controlling financial interest in each of these organizations, and Foundation West and Foundation South are affiliates of NorCal and SoCal, respectively.

All interaffiliate transactions between the Corporations eliminate in combination.



# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

## 2. Summary of Significant Accounting Policies

### Use of Estimates

The preparation of the combined financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reported periods. Significant items subject to such estimates and assumptions include the fair values of interest rate swaps and caps assets and liabilities; allowances for contractual and uncollectible accounts receivable; fair values of notes receivable; fair values of investments; future service benefit obligations; rebatable entrance fees due; entrance fees subject to refund; entrance fees nonrefundable; liabilities for self-insured workers' compensation; self-insured health insurance; liabilities for pension and retirement plans; and valuation of split-interest agreements. Actual results could differ from those estimates.

### Cash and Cash Equivalents

Cash and cash equivalents are defined as cash on hand, demand deposits with financial institutions and overnight investments considered to be cash equivalents. For the purposes of the combined statements of cash flows, cash, cash equivalents and restricted cash include investments purchased with an initial maturity of three months or less.

### Restricted Cash

Restricted cash is defined as cash and cash equivalents, which are restricted in their use by debt agreements.

### Resident Accounts Receivable

The Corporations assess collectability on all resident accounts prior to providing services. An allowance for uncollectible accounts is recognized to reduce accounts receivable to its net realizable value for impairment of revenues for changes in resident credit worthiness. The allowance is estimated by management based on factors such as aging of the accounts receivable (outstanding balances over 150 days are fully reserved), and anticipated collection of the consideration. Accounts are written off through bad debt expense when the Corporations have exhausted all collection efforts and accounts are deemed impaired.

### Investments

Investments include certain cash equivalents held by investment managers, mutual funds, commodities and structure products, equity securities, corporate debt, U.S. and foreign government securities and certain cash equivalents and securities held by trustees for capital project expenditures and debt service, and are stated at fair value in the accompanying combined balance sheets.

Investment income or loss (including interest, dividends and fees), realized gains and losses and unrealized gains and losses on investments are included in income from operations and changes in net assets without donor restrictions. Interest income is measured as earned on the accrual basis. Dividends are measured based on the ex-dividend date. Purchases and sales of securities and realized gains and losses are recorded on a trade-date basis.

The Corporations' investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair value reported is subject to various risks, including changes in the equity markets, the interest rate environment and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported could change materially in the near term.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### **Restricted Investments**

Certain investments are restricted as assets held in trust. These include assets held by trustees in accordance with the indentures relating to debt agreements and assets set aside in accordance with various trust agreements with third parties, including donors. Assets held in trust as well as assets managed with donor restrictions are classified as restricted investments in the accompanying combined balance sheets (see Note 4).

### **Designated Investments**

Other investments of \$123,966,000 and \$121,046,000 as of December 31, 2020 and 2019, respectively, are designated by the Board of Directors primarily for future capital projects, to advance strategic corporate initiatives and for Foundation West Board-designated benevolence funds (see Note 4).

### **Investments in HumanGood Nevada Bonds**

Investments include holdings in three tranches of the Las Ventanas Series 2012 Bonds (see HumanGood Nevada Subsection in Note 1). These investments are recorded at fair market value as of December 31, 2020 and 2019, in the accompanying combined balance sheets. Changes in fair market value are included in unrealized (losses) gains on investments in HumanGood Nevada Bonds in the accompanying combined statements of operations and changes in net assets.

### **Subordinated Notes Receivable, Net**

Subordinated notes receivable, net as of December 31, 2020 and 2019 include the interest bearing subordinated note from Boise for \$2,000,000, the \$4,315,000 note receivable from Terraces of Phoenix, the liquidity support funded to Boise of \$2,250,000 and \$1,000,000 at December 31, 2020 and 2019, respectively, and the notes related to the BDG purchase and the HGAH assets and liability transfers from NorCal. All subordinated notes receivable are further described in HumanGood Cornerstone Related Enterprises Subsection in Note 1.

Subordinated notes amongst members of the affiliated Corporations are included in the accompanying supplemental combining balance sheets but eliminated in the accompanying combined financial statements.

Prior to September 26, 2012, TSJG was one of eight LPCs constituting NorCal's Obligated Group. Effective September 26, 2012, by vote of the NorCal Board of Directors, and consistent with the rights and abilities granted in NorCal's Master Trust Indenture, sole corporate membership and control of TSJG was transferred from NorCal to Cornerstone, in conjunction with the issuance of the TSJG Series 2012 Bonds. Furthermore, at this time, the portion of NorCal's Series 2006 Bonds previously allocated to TSJG was replaced with a \$23,336,000 variable rate subordinated note, and a portion of NorCal's Series 2010 Bonds previously allocated to TSJG was replaced with a \$6,438,000 fixed rate subordinated note. Debt service payments on these subordinated notes are contingent upon TSJG being in compliance with certain performance metrics. These subordinated notes receivable from TSJG are included in NorCal's subordinated notes receivable in the accompanying supplemental combining balance sheets as of December 31, 2020 and 2019. Both subordinated notes payable are included in TSJG's notes and bonds payable in the accompanying supplemental combining balance sheets as of December 31, 2020 and 2019, respectively. Upon meeting certain performance criteria, interest payments of \$4,150,000 and \$900,000 were made to NorCal for the years ended 2020 and 2019, respectively, for interest expense that had been deferred in previous fiscal years, and principal payments of \$1,634,000 were made in 2020. Interest expense of \$804,000 and \$3,548,000 at December 31, 2020 and 2019, respectively, related to these notes was accrued but not fully paid. All amounts related to these notes and their debt service payments eliminate in the accompanying combined financial statements.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

Concurrent with the 2012 financing, NorCal and TSJG entered into a ten-year management agreement at a base fee of 8.5 percent of budgeted cash revenues, with half of this fee subject to subordination. During 2019, the recognition \$1,020,000 of TSJG management fee revenues were deferred by NorCal, with collection pending achievement of certain TSJG operating performance criteria. No amounts were deferred in 2020.

At December 31, 2020 and 2019, \$6,396,000 of management fees have been accrued but not paid and are included in other liabilities in the accompanying supplemental combining balance sheets of TSJG and are eliminated in the accompanying combined financial statements.

### **Land, Buildings and Equipment, Net**

Land, buildings and equipment are recorded at cost, or fair value when received, if donated. The cost basis includes any interest, finance charges and other related costs capitalized during construction. Maintenance and repair costs are charged to operations when incurred.

Depreciation of buildings and equipment is computed on the straight-line method using estimated useful lives of 3 to 40 years. When assets are retired or otherwise disposed of, the cost of the asset and its related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized in income for the period.

### **Asset Impairment**

The Corporations periodically evaluate the carrying value of their long-lived assets for impairment. The evaluations address the estimated recoverability of the assets' carrying value, which is principally determined based on projected undiscounted cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds estimated recoverability, an asset impairment is recognized. No asset impairment was recorded during the years ended December 31, 2020 and 2019.

### **Other Noncurrent Assets**

Other noncurrent assets are primarily comprised of membership interests in Caring Communities, a Reciprocal Risk Retention Group (CCrRRG) and limited partner interests in Ziegler's Longevity Funds.

### **Deferred Debt Issuance Costs**

Expenses incurred in connection with the issuance of debt are deferred and are amortized over the term of the related financing agreements using the interest method. These unamortized amounts are presented in the combined balance sheets as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. Amortization expense, which is included as a component of mortgage interest, in the accompanying combined statements of operations and changes in net assets was \$311,000 in 2020 and \$427,000 in 2019.

### **Revocable Trusts**

Revocable trusts are trust agreements that are revocable by trustors at any time, with specific terms for each agreement. Consequently, a liability is reflected in revocable trusts in the accompanying combined balance sheets equal to those related trust assets in restricted investments in the accompanying combined balance sheets.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### **Obligations Under Annuity Agreements**

In conjunction with certain giving arrangements, Foundation West and Foundation South are required to pay a certain sum of money to the donor or a designated beneficiary, and, consequently, a liability is reflected in obligations under annuity agreements in the accompanying combined balance sheets.

These types of arrangements are summarized as follows:

#### **Gift Annuities Fund**

As consideration for gifts made to Foundation West and Foundation South, the Foundations enter into agreements to pay fixed annual payments to the donors or their beneficiaries for life. In accordance with Section 11521 of the California Insurance Code, a liability has been established for the future payments under the outstanding annuity contracts. The annual computation of the restricted amount of the gift is based upon the 2000 Group Annuity Mortality Table, with an interest assumption at 5 percent per annum. Assets in excess of liabilities, if any, related to these annuities are available for the use of the Foundations with the approval of the California Department of Insurance.

#### **Annuity Trusts**

Annuity trusts are trust agreements that provide for a fixed annual payment of not less than 6 percent of the initial value of trust assets to one or more income beneficiaries, with an irrevocable remainder interest contributed to charity. The annual payment never varies, regardless of trust income or the appreciation or depreciation in the value of trust assets.

#### **Unitrusts**

Unitrusts are trust agreements that are similar to annuity trusts, except that the annual payout generally is a fixed percentage, of not less than 6 percent, of the value of the trust assets valued annually. In general, the unitrust beneficiary payment amounts rise and fall in proportion to the value of trust assets. In certain cases, the payout from unitrusts may be tied to trust income.

### **Obligation to Provide Future Services**

If the present value of future outflows to provide future services, adjusted for certain noncash items, exceeds the present value of future cash in-flows, a liability is recognized. An evaluation of the future service obligation for residents indicated a liability was not considered necessary as of December 31, 2020 or 2019. The discount rate used to calculate the obligation to provide future service is 5 percent for the years ended December 31, 2020 and 2019.

### **Types of Entrance Fees**

The Care and Residence Agreements between the Corporations and the residents provide for the payment of an entrance fee. Entrance fees received by the Corporations are categorized into two types: initial entrance fees and entrance fees from reoccupancy, and are recorded as either rebatable entrance fees due, entrance fees subject to refund or entrance fees nonrefundable. Initial entrance fees, which are the initial fees on new or expanded facilities, are used to provide funds for acquisition and construction of physical facilities, debt retirement and to defray anticipated deficits in the operations of new homes for a period of time. Entrance fees from reoccupancy in existing homes are used for general purposes, including capital expenditures, support of operations (including benevolence), new development and funding of reserves.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### Refund Policy on Entrance Fees

The current Care and Residence Agreement provides the resident with the right to a refund of the entrance fee, less 2 percent for each month of residency for 44 months after an initial reduction to the original fee, under certain circumstances. For a majority of contracts, upon the move out of a resident, the unamortized balance of the entrance fee becomes the property of the Corporations and is included in amortization of entrance fees in the combined statements of operations and change in net assets.

The Corporations had nonrefundable entrance fees of \$187,787,000 and \$181,180,000 as of December 31, 2020 and 2019, respectively, related to entrance fees received that will be recognized as revenues in future years. Additionally, the Corporations had entrance fees subject to refund of \$75,827,000 and \$89,811,000 as of December 31, 2020 and 2019, respectively, which will be recognized as revenues in future years unless refunded.

The Corporations have offered contract options whereby a specified percentage between 50 percent and 100 percent of the entrance fee is rebatable at termination of the contract and subsequent reoccupancy of their apartment. As of December 31, 2020 and 2019, respectively, \$178,597,000 and \$180,696,000 of the entrance fees related to these types of contracts are contractually rebatable and are included in rebatable entrance fees due and entrance fee rebates payable in the accompanying combined balance sheets.

Actual refunds and rebates of entrance fees were \$25,143,000 and \$13,187,000 for the years ended December 31, 2020 and 2019, respectively. Based on historical experience, management expects to pay refunds in future years of approximately \$19,000,000 per year.

### Interest Rate Swaps and Caps

The Corporations use interest rate swaps and caps as part of its overall debt management policy. The Corporations account for interest rate swaps and caps in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 815, *Derivatives and Hedging*. The topic requires that all derivatives be carried at fair value in the combined balance sheets (see Note 7).

### Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

**Net Assets Without Donor Restrictions** - Net assets available for use in general operations and not subject to donor restrictions. All revenues not restricted by donors and donor-restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

**Net Assets With Donor Restrictions** - Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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Also included in net assets with donor restrictions are assets held in trust under life annuity gifts. The assets are valued at fair value in accordance with the requirements of the specific trust agreements. Foundation West and Foundation South are required to pay a certain portion of the annual income from these assets to the donor or a designated beneficiary for the life of the donor or the beneficiary. Such amounts have been estimated and are reflected as obligations under annuity agreements in the accompanying combined balance sheets. The remaining assets will revert to the Foundations at the donor or beneficiary's death. The portion of assets received in excess of that required to meet the annuity's obligations has been recognized as a contribution at the time received.

Assets received from external trusts that are controlled by third-party trustees are recognized at the present value of the estimated future distributions to be received by the Corporations over the term of the agreement.

Net assets with donor restrictions for the years ended December 31, 2020 and 2019 are comprised of the following:

	2020	2019
Benevolence	\$ 10,550	\$ 9,067
Purpose restricted	15,416	13,965
Funds held by trustee	5,971	5,716
Restricted in perpetuity	5,672	5,666
Total	<u>\$ 37,609</u>	<u>\$ 34,414</u>

### Endowment Funds

Foundation South's endowment funds consist of approximately 16 individual donor-restricted funds established primarily for benevolence and are recorded in net assets with donor restrictions in the accompanying combined balance sheets.

Foundation South has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Foundation South classifies net assets with donor restrictions of the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. The investment earnings of the donor-restricted endowment funds are classified as donor-restricted until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

The changes in endowment net assets with donor restriction for the years ended December 31, 2020 and 2019, are as follows (in thousands):

Endowment net assets, December 31, 2018	\$ 7,700
Contributions	222
Net investment returns	553
Disbursements	<u>(217)</u>
Endowment net assets, December 31, 2019	8,258
Contributions	6
Net investment returns	373
Disbursements	<u>(332)</u>
Endowment net assets, December 31, 2020	<u>\$ 8,305</u>

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The endowment net assets with donor restrictions were comprised of the following as of December 31, 2020 and 2019 (in thousands):

	2020	2019
Endowment gains with donor restrictions	\$ 2,633	\$ 2,592
Endowment funds held in perpetuity, the portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by UPMIFA	5,672	5,666
Total	<u>\$ 8,305</u>	<u>\$ 8,258</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires Foundation South to retain as a fund of perpetual duration. There were no deficiencies of this nature as of December 31, 2020 and 2019.

Foundation South has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk.

To satisfy its long-term rate of return objectives, Foundation South relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Foundation South targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints.

### Net Resident Service Revenues

Net resident service revenues are reported at the amount that reflects the consideration the Corporations expect to receive in exchange for the services provided. These amounts are due from residents or third-party payors and include variable consideration for retroactive adjustments, if any, under reimbursement programs. Performance obligations are determined based on the nature of the services provided. Net resident service revenues are recognized as performance obligations are satisfied.

Payment terms and conditions for the Corporations' resident contracts vary by contract type and payor source, although terms generally include payment to be made within 30 days. Net resident service revenues for recurring and routine monthly services are generally billed monthly in advance. Net resident service revenues for ancillary services are generally billed monthly in arrears. Additionally, entrance fees are generally billed and collected in advance of move-in.

Net resident service revenues are primarily comprised of the following revenues streams:

### Health Center

Health center revenues are primarily derived from providing nursing services to residents at a stated daily fee, net of any explicit and implicit price concessions. The Corporations have determined that health center services are considered one performance obligation, which is satisfied over time as services are provided. Therefore, health center revenues are recognized on a daily basis as services are rendered.

Health center revenues, including monthly service fees, ancillary and other services fees are reported at the estimated net realizable amounts from residents, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

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The Corporations receive revenues for services under third-party payor programs, including Medicare, MediCal and other third-party payors. Nursing and ancillary services provided to Medicare and MediCal beneficiaries are paid at prospectively determined rates per day. These rates vary according to a resident-specific classification system that is based on clinical, diagnostic and other factors and the reimbursement methodology is subject to various limitations and adjustments. The determination of these rates is partially based on the Corporations' clinical assessment of their residents. The Corporations are required to clinically assess its residents at predetermined time periods throughout the year. The documented assessments are subject to review and adjustment by Medicare and MediCal. The basis for payment to the Corporations for other payor agreements includes prospectively determined rates per day or discounts from established charges. Laws and regulations governing the Medicare and MediCal programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and MediCal programs.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing resident care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor and the Corporations' historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenues recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or no longer subject to such audits, reviews and investigations. Adjustments arising from a change in the transaction price were not significant in 2020 or 2019.

### **Assisted Living and Memory Care**

Assisted living and memory care revenues are primarily derived from providing housing and personal care services to residents at a stated monthly fee. The Corporations have determined that the services included in the monthly fee have the same timing and pattern of transfer and are a series of distinct services that are considered one performance obligation for each of these levels of care, which is satisfied over time as services are provided. Therefore, assisted living and memory care revenues are recognized on a month-to-month basis.

### **Residential Living**

Residential living revenues are primarily derived from providing housing and services to residents. The Corporations have determined that the services included in the monthly fee have the same timing and pattern of transfer and are a series of distinct services that are considered one performance obligation, which is satisfied over time as services are provided. Therefore, residential living monthly fees are recognized on a month-to-month basis.

Entrance fees collected from residents in advance are recognized as deferred revenues from entrance fees until performance obligations are satisfied and are included in entrance fees nonrefundable in the accompanying combined balance sheets. The Corporations recognized amortization income of \$44,275,000 and \$43,129,000 in 2020 and 2019, respectively. The Corporations apply the practical expedient in ASC 606, and therefore, do not disclose amounts for remaining performance obligations that have original expected durations of one year or less.

The guaranteed refund component of entrance fees is not amortized to income and is classified as rebatable entrance fees due in the accompanying combined balance sheets.



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For residents with Type B contracts, revenues from entrance fees other than rebatable entrance fees received are recognized through amortization using the straight-line method over annually adjusted estimated life expectancies of the residents, which approximates the period of time the goods and services under the agreements are expected to be transferred to residents. Amortization of entrance fees other than rebatable entrance fees is included as amortization of entrance fees in the accompanying combined statements of operations and changes in net assets.

### Contractual Allowances

A portion of the Corporations' health center revenues are subject to explicit price concessions (contractual allowances) under contracts with third-party payors. These price concessions, were \$8,774,000 and \$13,552,000 for the years ended December 31, 2020 and 2019, respectively.

### COVID Relief Funding

COVID relief funding includes amounts received from federal and state funding sources related to the COVID-19 pandemic. The Corporations account for this funding in accordance with the FASB ASC Topic 958-605 guidance for conditional contributions and, accordingly, revenues are measured and recognized when barriers are substantially met, which occurs when the Corporations comply with the terms and conditions related to the purpose of the grant rather than those that are administrative in nature.

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law to combat the financial effects of COVID-19. The CARES Act created a Provider Relief Fund to provide financial support for hospitals and other healthcare providers. The Corporations received approximately \$9,089,000 in the year ended December 31, 2020 related to this funding. In accordance with the terms and conditions in place at December 31, 2020, the Corporations could apply the funding first against eligible expenses, and then lost revenues, which the Corporations' methodology for calculating lost revenues was the difference between 2020 budgeted and 2020 actual patient care revenues. \$600,000 of CARES Act funding was transferred to Terraces of Phoenix, an affiliated organization with a common parent, HumanGood, as allowed under the CARES Act Provider Relief Fund terms and conditions.

Noncompliance with the terms and conditions could result in repayment of some or all of the support, which can be subject to government review and interpretation. The Department of Health and Human Services (HHS) has indicated Provider Relief Fund payments are subject to future reporting and audit requirements. These matters could cause reversal or claw-back of amounts previously recognized; however, an estimate of the possible effects cannot be made as of the date these financial statements were issued. In addition, as of the date these combined financial statements were issued, it is unknown whether there will be further developments in the regulatory guidance.

The Corporations have incurred lost revenues and eligible expenses sufficient to allow it, in accordance with the original terms and conditions of the Provider Relief Fund as of December 31, 2020, to recognize revenues of \$8,338,000 which are included in COVID relief funding in the accompanying combined statement of operations and changes in net assets for the year ended December 31, 2020.

COVID-19 related expenses of \$3,687,000, including personal protective equipment and other equipment or supplies, are included in supplies in the combined statement of operations and changes in net assets for the year ended December 31, 2020. COVID-19 testing expenses of \$2,187,000 are included in other operating expenses in the combined statement of operations and changes in net assets for the year ended December 31, 2020. COVID-19 direct team member costs of \$217,000 and \$446,000 are included in salaries and wages and employee benefits, respectively, in the combined statement of operations and changes in net assets for the year ended December 31, 2020.

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## Performance Indicator

Income from operations as reflected in the accompanying combined statements of operations and changes in net assets is the performance indicator. Income from operations includes all changes in net assets without donor restrictions other than changes in minimum pension liability, other affiliate distributions and equity transfers, and unrealized gains (losses) on interest rate swap and caps.

## Tax-Exempt Status

The Corporations are comprised of several California nonprofit corporations as described in Section 501(c)(3) of the Internal Revenue Code and have been granted tax-exempt status by the Internal Revenue Service and the California Franchise Tax Board.

Due to a failure to timely file an annual report with the Attorney General, NorCal received notice in August 2019 that the California Franchise Tax Board revoked the State income tax exemption of NorCal. NorCal reapplied for exempt status in October 2019 and, in June 2020, was granted a retroactive reinstatement of its exempt status. No associated California income taxes, interest or penalties have been levied or paid to date.

The Corporations assess uncertain tax positions in accordance with the provisions of the FASB ASC Topic 740-10, *Income Taxes*. The Corporations recognize the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The Corporations recognize interest and penalties related to income tax matters in operating expenses. As of December 31, 2020 and 2019, and for the year ended December 31, 2020, there were no such uncertain tax positions.

## Reclassifications

Certain items in the 2019 combined financial statements have been reclassified to conform with the 2020 combined financial statements presentation.

## 3. Liquidity and Availability of Resources

The Corporations have financial assets available for utilization within one year of the combined balance sheets date, which consist of the following as of December 31, 2020 and 2019 (in thousands):

	2020	2019
Cash and cash equivalents	\$ 23,013	\$ 33,220
Resident accounts receivable	12,682	15,026
Entrance fee notes receivable	870	368
Investments	226,580	200,927
Total	<u>\$ 263,145</u>	<u>\$ 249,541</u>

The Corporations have investments, which are available for utilization within one year in the normal course of operations. Accordingly, these assets have been included above.

The Corporations have other assets held by trustee under trust indenture, and assets reserved for future gift annuity payments and donor-restricted purposes. Additionally, certain other Board-designated assets are internally designated for long-term purposes and an operating reserve. These investments, which are more fully described in Note 4 are not used for general expenditure within the next year; however, the Board-designated amounts could be made available, if necessary.

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As part of the Corporations' liquidity management plan, cash in excess of daily requirements is invested in short-term investments and money market funds. These funds may be drawn upon, if necessary, to meet unexpected liquidity needs.

### 4. Investments, Designated Investments, Restricted Investments and Fair Value Measurements

The composition of investments, designated investments and restricted investments is set forth in the following table (in thousands):

	2020	2019
Investments (including designated investments and investments in HumanGood Nevada Bonds):		
Cash and cash equivalents	\$ 13,783	\$ 30,001
Mutual funds	119,506	87,588
Equity securities	68,916	57,497
Exchange-traded funds and closed-end funds	38,509	31,272
Domestic corporate debt	50,270	43,508
U.S. government securities	42,428	56,617
Municipal bonds	13,314	14,183
Foreign government securities	1,496	474
Alternative investments	2,324	833
Investments in HumanGood Nevada Bonds	4,242	5,018
Total investments (including designated investments and investments in HumanGood Nevada Bonds):	354,788	326,991
Restricted investments:		
Cash and cash equivalents	40,383	40,270
Mutual funds	9,390	7,515
Equity securities	1,672	2,397
Exchange-traded funds and closed-end funds	15,356	18,983
Domestic corporate debt	4,583	5,092
U.S. government securities	4,437	6,498
Municipal bonds	1,667	848
Foreign government securities	116	872
Alternative investments	751	471
Total restricted investments	78,355	82,946
Total investments, designated investments and restricted investments	\$ 433,143	\$ 409,937

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Investments held as of December 31, 2020 and 2019 were comprised of the following (at fair value)  
(in thousands):

	2020	2019
Restricted investments:		
Principal, interest and other reserves held in trust under bond indenture or mortgage agreements	\$ 6,716	\$ 12,783
Undrawn funds held for LPC construction projects	31,931	32,805
Donor-restricted investments, including investments held in trust under revocable trust, gift annuity, annuity trust or unitrust agreements	39,708	37,358
Total restricted investments	78,355	82,946
Investments in HumanGood Nevada Bonds	4,242	5,018
Investments, unrestricted	226,580	200,927
Investments, designated	123,966	121,046
Total investments, designated investments and restricted investments	\$ 433,143	\$ 409,937

The following disclosure is made pursuant to Section 1790(a)(3) of the California Health and Safety Code. The Corporations have identified certain corporate initiatives and contingencies listed below to which assets without restriction assets may be exposed, and therefore, have designated reserves as a safeguard against such contingencies. Although not restricted in accordance with FASB ASC Topic 958, *Not-for-Profit Entities*, the designations are as follows (in thousands):

	2020	2019
Designated for Endowment	\$ 59,013	\$ 56,185
Designated for Retirement	4,953	4,460
Designated for Innovation	10,000	10,000
Designated for Capital Projects	50,000	50,401
Total designations	\$ 123,966	\$ 121,046

## Investment Return

Investment return for the years ended December 31, 2020 and 2019 is as follows (in thousands):

	2020	2019
Total dividend, interest and other investment income, net of expense	\$ 7,310	\$ 9,843
Total realized (losses) gains on investments	(3,231)	4,886
Total net change in unrealized gains on investments	21,856	23,452
Unrealized (losses) gains on investment in HumanGood Nevada Bonds	(535)	412
Total	\$ 25,400	\$ 38,593

Investment income is net of investment expenses of \$1,123,000 and \$1,113,000 for the years ended December 31, 2020 and 2019, respectively.

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### Fair Value Measurements

FASB ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or net asset value (NAV) per share (or its equivalent) with the ability to redeem the investments in the near term.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying combined financial statements, as well as the general classification of such instruments pursuant to the valuation hierarchy:

- Mutual funds - Mutual funds registered with the Securities and Exchange Commission as mutual funds under the Investment Company Act of 1940 are valued based on quoted market prices, which represent the NAV of shares, and are categorized as Level 1.
- Equities, exchange-traded funds and closed-end funds - Equity securities that are actively traded on a securities exchange are valued based on quoted prices from the applicable exchange and are categorized as Level 1.
- Corporate debt (domestic and foreign) - Investment-grade bonds are valued using inputs and techniques which include third-party pricing vendors, dealer quotations and recently executed transactions in securities of the issuer or comparable issuers. To the extent that these inputs are observable and timely, the values are categorized as Level 2.
- Government securities (U.S. and foreign) - Government securities are valued based on prices provided by third-party vendors that obtain feeds from a number of live data sources, including active market makers and interdealer brokers. To the extent that these inputs are observable and timely, values are categorized as Level 2.
- Municipal bonds - Municipal bonds are valued using inputs and techniques which include identification of similar issues and market activity. To the extent that these inputs are observable and timely, values are categorized as Level 2.
- Investments in HumanGood Nevada Bonds - The fair value is estimated by a third-party using a small sample of sales comparables of other nonrelated LPC fixed rate bonds. Due to a lack of available Level 1 and Level 2 inputs, the investments have been classified as Level 3.
- Alternative investments valued at NAV - Primarily hedge funds are valued at NAV per share of the underlying investment fund. In accordance with Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate NAV per Share (or Its Equivalent)*, investments are not categorized within the fair value hierarchy.
- Interest rate swaps and caps agreements - The fair value is estimated by a third-party using inputs that are observable or that can be corroborated by observable market data and, therefore, are classified as Level 2.

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The following table presents the fair value measurements of financial instruments recognized in the accompanying combined balance sheets measured at fair value on a recurring basis and the level within the FASB ASC Topic 820 fair value hierarchy in which the fair value measurements fall as of December 31, 2020 and 2019 (in thousands):

	2020			
	Level 1	Level 2	Level 3	Total
Investments, designated investments and restricted investments:				
Mutual funds:				
Equity	\$ 18,879	\$ -	\$ -	\$ 18,879
Fixed income	92,671	-	-	92,671
Open funds	17,346	-	-	17,346
Equity securities	70,588	-	-	70,588
Exchange-traded funds and closed-end funds	53,865	-	-	53,865
Domestic corporate debt	-	54,853	-	54,853
U.S. government securities	-	46,865	-	46,865
Municipal bonds	-	14,981	-	14,981
Foreign government securities	-	1,612	-	1,612
Investments in HumanGood Nevada Bonds	-	-	4,242	4,242
Total investments, designated investments and restricted investments measured at fair value	<u>\$ 253,349</u>	<u>\$ 118,311</u>	<u>\$ 4,242</u>	375,902
Alternative investments valued at NAV				3,075
Cash and cash equivalents				<u>54,166</u>
Total investments, designated investments and restricted investments				<u>\$ 433,143</u>
Interest rate swaps and caps measured at fair value	<u>\$ -</u>	<u>\$ 1,011</u>	<u>\$ -</u>	<u>\$ 1,011</u>

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

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	2019			
	Level 1	Level 2	Level 3	Total
Investments, designated investments and restricted investments:				
Mutual funds:				
Equity	\$ 8,889	\$ -	\$ -	\$ 8,889
Fixed income	74,588	-	-	74,588
Open funds	11,626	-	-	11,626
Equity securities	59,894	-	-	59,894
Exchange-traded funds and closed-end funds	50,255	-	-	50,255
Domestic corporate debt	-	48,600	-	48,600
U.S. government securities	-	63,115	-	63,115
Municipal bonds	-	15,031	-	15,031
Foreign government securities	-	1,346	-	1,346
Investments in HumanGood Nevada Bonds	-	-	5,018	5,018
Total investments, designated investments and restricted investments measured at fair value	<u>\$ 205,252</u>	<u>\$ 128,092</u>	<u>\$ 5,018</u>	338,362
Alternative investments valued at NAV				1,304
Cash and cash equivalents				<u>70,271</u>
Total investments, designated investments and restricted investments				<u>\$ 409,937</u>
Interest rate cap measured at fair value	<u>\$ -</u>	<u>\$ 36</u>	<u>\$ -</u>	<u>\$ 36</u>

The following table reconciles the beginning and ending balances of recurring fair value measurements recognized in the accompanying combined financial statements using significant unobservable (Level 3) inputs (in thousands):

Balance, December 31, 2018	\$ 4,606
Unrealized gains on investment in HumanGood Nevada Bonds	<u>412</u>
Balance, December 31, 2019	5,018
Purchases, issuances and settlements	(241)
Unrealized losses on investment in HumanGood Nevada Bonds	<u>(535)</u>
Balance, December 31, 2020	<u>\$ 4,242</u>

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### 5. Land, Buildings and Equipment, Net

Land, buildings and equipment, net at cost as of December 31, 2020 and 2019, consisted of the following (in thousands):

	2020	2019
Land	\$ 19,674	\$ 19,674
Land improvements	16,553	16,200
Buildings and improvements	762,074	753,881
Furnishings, equipment and automotive	74,172	74,904
Total	872,473	864,659
Accumulated depreciation	(423,882)	(397,654)
Total	448,591	467,005
Construction in progress	26,033	15,346
Total	\$ 474,624	\$ 482,351

Depreciation expense for the years ended December 31, 2020 and 2019, respectively, was \$42,461,000 and \$41,633,000.

Fully depreciated assets of \$16,227,000 and \$20,983,000 were disposed of during the years ended 2020 and 2019, respectively.

### 6. Notes and Bonds Payable, Net

A summary of the Corporations' notes and bonds payable as of December 31, 2020 and 2019, is as follows (in thousands):

	2020	2019
<b>Secured</b>		
Bonds used to refinance existing debt and renovate HumanGood California Obligated Group communities, all secured under a Master Trust Indenture on HumanGood California Obligated Group's gross revenues pledge with certain others secured by the HumanGood California Obligated Group's assets:		
NorCal Series 2015 Tax-Exempt Revenue Bonds issued by the California Statewide Communities Development Authority (dated May 28, 2015). Serial certificates in the aggregate amount of \$30,550 maturing annually through 2028 with annual principal payable commencing on October 1, 2016, in varying amounts ranging from \$1,885 to \$3,080 through 2028; interest at fixed rates ranging from 2.0% to 5.0%, payable semiannually on April 1 and October 1. Term bond in the amount of \$21,530 with annual principal payments commencing on October 1, 2037, in varying amounts ranging from \$345 to \$4,780 through 2045; interest at the fixed rate of 5.0%, payable semiannually on April 1 and October 1. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's assets and gross revenues pledge and a Foundation West limited guaranty.	\$ 42,710	\$ 44,680



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	2020	2019
NorCal Series 2012 Tax-Exempt Revenue Bonds issued by the California Statewide Communities Development Authority and subsequently sold and delivered to PNC Bank. The loan matures on October 1, 2036; interest accrues at tax-exempt LIBOR plus 1.19% (PNC Bank has the option to tender the bonds to NorCal for purchase option upon the 5 <sup>th</sup> , 10 <sup>th</sup> , 15 <sup>th</sup> and 20 <sup>th</sup> anniversary of issuance. The bonds were refunded during the refinancing in October 2020.	\$ -	\$ 15,950
NorCal Series 2013 Revenue Bonds issued by the California Statewide Communities Development Authority (dated February 1, 2013) to finance the costs of acquiring, constructing, expanding, remodeling, renovating, furnishing and equipping Terraces at Los Altos. Annual principal payable in varying amounts ranging from \$420 to \$1,350 through 2043; interest at fixed rates ranging from 2.1% to 5.0%. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's assets and gross revenues pledge and a Foundation West limited guaranty. The bonds were defeased during the refinancing in October 2020.	-	19,580
SoCal Series 2015 Tax-Exempt Revenue Bonds issued by the California Municipal Finance Authority in December 2015 and maturing in December 2036 to refund existing Series 2006 Bonds as well as to support additional construction projects at White Sands La Jolla and Westminster Gardens. Annual principal payable in varying amounts ranging from \$0 to \$990 through 2020, and amounts ranging from \$1,045 to \$5,130 through 2036; interest at variable rate of the current index, 65.1% of the one-month LIBOR, plus 1.5%, which was 1.64% at December 31, 2020.	43,255	44,245
Fresno Series 2012 Tax-Exempt Revenue Bonds issued by the California Statewide Communities Development Authority (dated September 26, 2012), Serial certificates, to fund redevelopment spending at TSJG, with annual principal payable commencing on April 1, 2014, in varying amounts depending on initial entrance fee collections through 2016; interest at fixed rates ranging from 4.00% to 6.00%, payable annually on October 1. The bonds were defeased during the refinancing in October 2020.	-	45,760
Series 2019A Tax-Exempt Revenue and Refunding Bonds issued by the California Municipal Finance Authority (dated August 1, 2019) to refund existing NorCal Series 2010 and SoCal Series 2009 Bonds and as well as to support additional construction projects for COG communities, with annual principal payable commencing on October 1, 2028, in varying amounts ranging from \$2,865 to \$5,370 through 2036, and \$11,810 to \$13,370 through 2044, interest at fixed rate of 4% through 2039 and ranging from 4.00% to 5.00% through 2044, payable annually on October 1.	141,705	141,705

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	2020	2019
Series 2019B Taxable Bonds issued concurrently with Series 2019A in August 2019 and maturing in 2028 with annual principal payable in varying amounts ranging from \$2,995 in 2020 to \$3,415 in 2027 and \$650 in 2028; interest at fixed rate of 3% through 2028, payable annually on October 1.	\$ 22,615	\$ 25,610
Series 2020A Tax-Exempt Revenue and Refunding Bonds issued by the California Municipal Finance Authority (dated October 1, 2020) and subsequently sold and delivered to Washington Federal Bank to refund existing NorCal Series 2012A Bonds in a tax-exempt variable rate mode with interest payable monthly based on the sum of one-month LIBOR, plus a bank credit spread multiplied by a factor of 79%. Interest rate at December 31, 2020 was 1.26%. Principal payments are payable annually commencing on October 1, 2021, in varying amounts ranging from \$770 to \$1,125 through 2036. In connection with the issuance of the Series 2020A Bonds, an interest rate cap was purchased with an "all in" strike price of 3.50% and an expiration of November 1, 2035. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's gross revenues pledge.	15,480	-
Series 2020B taxable Revenue and Refunding Bonds issued by the California Municipal Finance Authority (dated October 1, 2020) and subsequently sold and delivered to Washington Federal Bank to refund existing NorCal Series 2013A Bonds and TSJG Series 2012A Bonds, initially in a taxable variable rate mode with interest payable monthly based on one-month LIBOR, plus a bank credit spread, convertible to a tax-exempt variable rate mode after August 1, 2022 with interest payable monthly based on the sum of one-Month LIBOR, plus a bank credit spread multiplied by a factor of 79%. Interest rate at December 31, 2020 was 1.56%. Principal payments on the Series 2020B Bonds are payable annually commencing on October 1, 2021, through 2047. In connection with the Series 2020B Bonds, an interest rate cap was purchased with an "all in" strike price of 1.6% and an expiration of August 1, 2022 and a forward starting swap was entered into, beginning August 1, 2022 at a fixed rate of 0.768% and expiring November 1, 2035. Bonds are secured under a Master Trust Indenture on HumanGood California Obligated Group's gross revenues pledge.	64,765	-

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2020 and 2019

	2020	2019
Series 2020 Taxable Bank Loan for \$33,755, with loan draws available over the initial 24 months subsequent to issuance, issued directly to HumanGood California Obligated Group (dated October 1, 2020) by Washington Federal Bank in a taxable variable rate mode with interest payable monthly based on one-month LIBOR plus a bank credit spread. Principal payments are payable monthly, commencing December 1, 2022 in varying amounts ranging from \$90 to \$190 through October 1, 2047. In connection with the Series 2020 Taxable Loan, a forward starting swap for the full loan amount was entered into, beginning November 1, 2022 at a fixed rate of 0.996% and expiring November 1, 2035. Interest rate at December 31, 2020 was 1.56%.	2,110	-
<b>Other Secured Obligations</b>		
Terraces of Los Altos equipment loan issued in February 2013 and maturing in February 2020. Monthly principal and interest payments in the amount of \$38 began March 2013; interest at a fixed rate of 2.07%. The Equipment Loan is secured by the respective equipment.	\$ -	\$ 74
Piedmont Gardens Elevator Construction Loan issued in December 2016 and maturing in December 2023. Monthly principal and interest payments in the amount of \$46 began upon completion of construction; interest at a fixed rate of 2.89%. The Elevator Construction Loan is secured by the respective elevator.	1,584	2,083
Total	334,224	339,687
<b>Unsecured</b>		
Note payable to individual bearing interest at 4.5%	1,000	1,200
Total	335,224	340,887
Less current portion of notes and bonds payable	(9,149)	(8,551)
Add unamortized bond premium	17,754	20,043
Less unamortized bond issuance costs, net	(5,325)	(6,042)
Notes and bonds payable, net	\$ 338,504	\$ 346,337

Scheduled maturities of notes and bonds payable are as follows (in thousands):

Years ending December 31:	
2021	\$ 9,149
2022	9,524
2023	10,761
2024	11,050
2025	11,380
Thereafter	283,360
Total	\$ 335,224

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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The Corporations maintain a standby letter of credit with a bank for workers' compensation as discussed in Note 9.

The Corporations are subject to financial covenants on debt, which include debt service coverage ratios and minimum days of cash-on-hand requirements.

### Loss on Early Retirement of Debt

During August 2019, the HumanGood California Obligated Group completed a financing transaction through the issuance of the Series 2019A and Series 2019B Bonds to provide for overall debt service savings and to join the previously separated Obligated Groups into one combined HumanGood California Obligated Group under a common master trust indenture. The majority of the proceeds were used to refund the NorCal Series 2010 Bonds and the HumanGood SoCal Series 2009 Bonds. In conjunction with this transaction, the HumanGood California Obligated Group recorded a loss on early retirement of debt that is included in the combined statement of operations and changes in net assets.

The loss consists of the following (in thousands):

Deposit to escrow deposit fund	\$ 173,103
NorCal Series 2010 Bonds outstanding	(100,130)
SoCal Series 2009 Bonds outstanding	(67,980)
Accrued interest	<u>(3,659)</u>
Subtotal	1,334
Unamortized debt issuance costs	3,157
Unamortized bond issuance discounts	<u>3,073</u>
Total	<u>\$ 7,564</u>

During October 2020, HumanGood California Obligated Group completed a financing transaction and closed \$125,000,000 of bank capital with Washington Federal Bank, which was comprised of:

- \$15,480,000 Series 2020A Tax-Exempt Revenue and Refunding Bonds, refunding the existing Tax-Exempt Series 2012 Private Placement Bonds with PNC Bank;
- \$64,765,000 Series 2020B Taxable Revenue and Refunding Bonds (through a so-called Cinderella Financing), which used taxable proceeds to legally defease the existing Tax-Exempt Series 2012A and 2013A Bonds, and then is convertible to tax-exempt bonds subsequent to the advanced refunding of the defeased bonds.
- \$33,755,000 Taxable Term Loan with the loan draws available over the initial 24 months subsequent to issuance; and
- \$11,000,000 million Taxable Revolving Line of Credit with a five-year term and a taxable variable rate with interest payable monthly based on one-month LIBOR plus a bank credit spread.

The majority of the proceeds were used to refund the NorCal Series 2012 Bonds, and to defease the NorCal Series 2013 and HumanGood Fresno Series 2012 Bonds. In conjunction with this transaction, the HumanGood California Obligated Group recorded a loss on early retirement of debt that is included in the combined statement of operations and changes in net assets.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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The loss consists of the following (in thousands):

Deposit to escrow deposit fund	\$	86,476
NorCal Series 2012 Bonds outstanding		(15,275)
NorCal Series 2013 Bonds outstanding		(19,140)
Fresno 2012 Bonds outstanding		(45,055)
Accrued interest		(292)
Subtotal		6,714
Unamortized debt issuance costs		2,233
Unamortized bond issuance premiums		(1,327)
Total	\$	<u>7,620</u>

### 7. Interest Rate Caps and Swaps

On December 1, 2015, HumanGood SoCal entered into an interest rate cap agreement with a counterparty to extend the management of interest rate risk on \$25,000,000 of its Series 2015 Tax-Exempt Variable Rate Revenue Bonds from December 1, 2015 to December 1, 2025. The agreement establishes that when 65.1 percent of the one-month LIBOR rate exceeds 2.50 percent, SoCal is reimbursed for the excess by the counterparty to the transaction.

On October 16, 2020, in conjunction with the aforementioned Series 2020 financing, NorCal, as an obligated group representative, entered into four derivative agreements with two counterparties. The first agreement is an interest rate cap agreement with a counterparty to extend the management of interest rate risk on the \$15,480,000 Tax-Exempt Series 2020A Variable Rate Bonds from October 28, 2020 to October 1, 2035. The agreement establishes that when 79 percent of the one-month LIBOR rate exceeds 2.394 percent, NorCal is reimbursed for the excess by the counterparty to the transaction. The second agreement is an interest rate cap agreement with a counterparty to extend the management of interest rate risk on the \$64,675,000 Series 2020B Variable Rate Bonds during the anticipated period that the bonds would be taxable from October 28, 2020 to August 1, 2022. The agreement establishes that when the one-month LIBOR rate exceeds 1.6 percent, NorCal is reimbursed for the excess by the counterparty to the transaction. The third agreement is a forward-starting interest rate swap agreement with a counterparty to extend the management of interest rate risk on the outstanding \$63,270,000 Series 2020B Variable Rate Bonds during the anticipated period that the bonds would be tax-exempt from August 1, 2022 to October 1, 2035. The agreement establishes that when 79 percent of the one-month LIBOR rate exceeds 0.768 percent, NorCal is reimbursed for the excess by the counterparty to the transaction and conversely when 79 percent of the one-month LIBOR rate is less than 0.768 percent, NorCal pays the shortfall to the counterparty. The fourth agreement is a forward-starting interest rate swap agreement with a counterparty to extend the management of interest rate risk on the \$33,755,000 Series 2020 taxable variable rate bank loan from November 1, 2022 to October 1, 2035. The agreement establishes that when the one-month LIBOR rate exceeds 0.9957 percent, NorCal is reimbursed for the excess by the counterparty to the transaction and conversely when the one-month LIBOR rate is less than 0.9957 percent, NorCal pays the shortfall to the counterparty.

For the years ended December 31, 2020 and 2019, the aforementioned floating interest rates for the cap and swap agreements failed to exceed the respective cap and strike rates, and thus none of the aforementioned cap and swap agreements had an impact on interest expense.

The fair value of the interest rate caps and swaps was \$1,011,000 and \$36,000 as of December 31, 2020 and 2019, respectively. The unrealized gain (loss) from mark-to-market of floating to fixed rate interest rate caps was \$808,000 and \$(157,000) for the years ended December 31, 2020 and 2019, respectively.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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## 8. Employee Benefit Plans

### Defined Benefit Pension Plan

HumanGood SoCal has a defined benefit retirement plan (the Plan) which, prior to being frozen, provided retirement benefits through a noncontributory defined benefit retirement plan for substantially all full-time SoCal employees. On October 22, 2009, the Board of Directors of SoCal froze the Plan, whereby effective October 31, 2009, further accrual of benefits ceased for participants in the Plan. SoCal has not taken action to terminate the Plan.

Prior to October 31, 2009, the benefits were based upon years of service and the employee's compensation during the years of employment. SoCal's funding policy, at a minimum, was to contribute amounts to the Plan sufficient to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974, plus additional amounts deemed to be appropriate.

The plan assets include separate investment accounts with underlying mutual funds invested in fixed-income and equity securities whose values are subject to fluctuations of the securities markets. Changes in these values attributable to the differences between actual and assumed returns on plan assets were deferred as unrecognized gains or losses and were included in the determination of the net pension expense over time.

A summary of the components of net periodic pension cost as of the date of the actuarial valuation for the years ended December 31, 2020 and 2019 is as follows (in thousands):

	2020	2019
Changes in projected benefit obligation:		
Projected benefit obligation, January 1	\$ 40,083	\$ 35,301
Service cost	-	-
Interest cost	1,314	1,473
Benefits paid	(1,173)	(2,499)
Settlement payments	(1,544)	-
Actuarial loss	4,039	5,808
Projected benefit obligation, December 31	42,719	40,083
Changes in plan assets:		
Fair value of plan assets, January 1	40,303	37,718
Actual return on plan assets	3,227	4,219
Employer contributions	1,000	1,000
Expenses	(94)	(135)
Settlement payments	(1,544)	-
Benefits paid	(1,173)	(2,499)
Fair value of plan assets, December 31	41,719	40,303
Funded status	\$ (1,000)	\$ 220
Accumulated benefit obligation	\$ (42,719)	\$ (40,083)
Amounts recognized in retirement liabilities in the accompanying combined balance sheets	\$ (1,000)	\$ 220

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
December 31, 2020 and 2019

	2020	2019
Components of net periodic benefit cost:		
Interest cost	\$ 1,314	\$ 1,473
Expected return on plan assets	(1,561)	(1,500)
Net loss amortization	1,152	656
Net periodic benefit cost	905	629
Settlement charge	441	-
Total benefit expense	\$ 1,346	\$ 629
Net losses recognized in net assets without donor restrictions	\$ (875)	\$ (2,567)
Amounts not yet reflected in periodic benefit costs and recognized in accumulated net assets without donor restrictions, net actuarial loss	\$ 12,209	\$ 11,334
Total accumulated charge to net assets without donor restrictions	\$ 12,209	\$ 11,334

In 2020, SoCal offered a one-time lump sum payout for certain terminated vested participants. Approximately \$1,544,000 was paid out during the 2020 plan year under this program.

Weighted-average assumptions used to determine benefit obligations as of December 31, 2020 and 2019, are as follows:

	2020	2019
Discount rate	2.67 %	3.43 %
Rate of compensation	N/A	N/A

Weighted-average assumptions used to determine net periodic pension cost for the years ended December 31, 2020 and 2019, are as follows:

	2020	2019
Discount rate	3.43 %	4.26 %
Expected long-term rate of return on plan assets	4.00	4.00
Rate of compensation	N/A	N/A

SoCal determines the estimates of expected long-term rate of return on assets. These estimates are primarily driven by actual historical asset class returns and advice from external actuarial firms, while incorporating specific asset class risk factors. For the years ended December 31, 2020 and 2019, the expected long-term rate of return used in determining net periodic pension cost was 4.00 percent.

The Plan invests primarily in asset categories to permit conservative investments with minimal risk of loss of principal. The Plan invests in asset categories that provide diversification benefits and are easily measured. Maximum and minimum holding ranges for each of these asset categories are set by the investment committee and defined in an investment policy. The current target allocations for equity and fixed income are 20 percent and 80 percent, respectively, for the years ended December 31, 2020 and 2019. Actual asset allocation within these approved ranges is based on a variety of economic and market conditions and consideration of specific asset category risk. To assess the Plan's investment performance, a long-term asset allocation policy benchmark has been established. The Plan's assets are invested in separate accounts which are considered Level 2 securities and the asset allocation was in line with the target allocations as of December 31, 2020 and 2019.

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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SoCal expects to contribute approximately \$1,000,000 to the Plan during the year ending December 31, 2021. SoCal estimates that benefit payments will be paid over the next ten years as follows (in thousands):

Years ending December 31:

2021	\$	3,972
2022		2,741
2023		2,240
2024		2,710
2025		3,759
2026 - 2030		<u>12,097</u>
Total	\$	<u>27,519</u>

Actuarial losses of \$711,000 related to the Plan are expected to be recognized as a component of the net periodic pension cost during the year ending December 31, 2021. Management has included the net periodic pension cost in SoCal's 2021 operating budget.

### Supplemental Retirement Income Plan Agreements

Certain NorCal management employees or retirees of NorCal participate in supplemental retirement income plans, and have individually entered into agreements with NorCal whereby the employees will be provided specific amounts of annual retirement income for the balance of their lifetime following retirement. During 2005, accrued benefits for active participants in the supplemental retirement income plan were transferred into a new nonqualified plan under IRC 457(f) that distributes a lump-sum payment at age 65. On October 2, 2015, the plan was frozen to new entrants. On December 1, 2017, the HumanGood Board of Directors elected to terminate the plan and, in 2018, final termination payouts of \$2,143,000 were made. Subsequent to the termination and payout of the IRC 457(f) plan, the remaining NorCal frozen supplemental retirement income plan had a present value of future payments to participants of \$1,680,000 as of December 31, 2020 and 2019. Assets available for benefits to this remaining pool of participants are subject to the claims of the NorCal's creditors. The assets are included in designated investments and amounted to \$4,953,000 and \$4,460,000 as of December 31, 2020 and 2019, respectively.

In 2020, a separate IRC 457(f) plan was established for certain key executive leadership where the plan will fund based on predetermined annual contributions and earn a return equal to the Barclay's Intermediate Government Credit Index, with a present value of future anticipated participant distributions of \$318,000 as of December 31, 2020.

### Defined Contribution Plan

The Corporations also participate in a defined contribution retirement plan covering all eligible employees. The Corporations' contribution is a match of employee contributions up to 4 percent of eligible earnings in a calendar year. Annual expenses incurred under the plan for the years ended December 31, 2020 and 2019, respectively, were approximately \$3,294,000 and \$2,934,000.



## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### **9. Self-Insured Programs**

#### **Workers' Compensation Plan**

The Corporations are partially self-insured under an occurrence form insurance policy for 2020 and 2019. Claims are accrued under the plan as the incidents that give rise to them occur. The estimate of incurred but not reported claims is based on actuarial projections of the ultimate cost of settlement, including claim settlement expenses, using the Corporations' historical claim payment experience. The estimated liability is continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. The Corporations have recorded a total liability for claims payable of \$16,112,000 and \$14,379,000, including an estimate of incurred but not reported claims as of December 31, 2020 and 2019, respectively. The estimated insurance recovery receivables of \$4,948,000 and \$4,503,000 are recorded under other receivables in the accompanying combined balance sheets as of December 31, 2020 and 2019, respectively. As required by the insurer, the Corporations have obtained a letter of credit for \$1,108,000 in connection with this program, subject to annual renewal, with the next scheduled renewal date on September 30, 2021.

Given the inherent variability of such estimates, the actual liability could differ significantly from the estimates. While the ultimate payments of self-insured workers' compensation claims are dependent upon future developments, management is of the opinion that the recorded liability is adequate.

#### **Health Insurance Plan**

Effective in 2019, the Corporations are self-insured for health insurance claims for eligible active employees with certain self-insured retention limits. Based on claims incurred through December 31, an estimated liability for claims incurred, but not paid of \$2,074,000 and 2,048,000 is included in accounts payable and accrued expenses in the accompanying combined balance sheets as of December 31, 2020 and 2019, respectively. The estimate of incurred but not paid claims is based on actuarial projections using the Corporations' historical claim payment experience and previous patterns of payments. While estimates are based on the information and data available at a point in time, management is of the opinion that the recorded liability has been properly accounted for and accrued at December 31, 2020 and 2019.

#### **Professional Liability Insurance**

The Corporations have secured claims-made policies for malpractice and general liability insurance with certain self-insured retentions. The Corporations have accrued liabilities of \$1,375,000 and \$341,000 as its best estimate of the cost of known claims incurred prior to December 31, 2020 and 2019, respectively. Related insurance recovery receivables of \$765,000 and \$245,000 as of December 31, 2020 and 2019, respectively, are recorded under other receivables in the accompanying combined balance sheets. In addition, the Corporations have accrued liabilities of \$2,308,000 as of December 31, 2020 and 2019, as its best estimate of the cost of claims incurred but not yet reported. These liabilities are included in accounts payable and accrued expenses in the accompanying combined balance sheets.

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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## 10. Net Resident Service Revenues

The Corporations disaggregate revenues from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of their revenues and cash flows as affected by economic factors. Resident services and patient revenues consist of the following for the years ended December 31, 2020 and 2019 (in thousands):

	2020				
	Residential Living	Assisted Living	Health Center	Memory Care	Total
Private (contract)	\$ 101,138	\$ 24,066	\$ 15,315	\$ 9,305	\$ 149,824
Private (noncontract)	6,536	9,987	11,549	4,549	32,621
Medicare (Part A)	-	-	29,139	-	29,139
Medicare (Part B)	-	-	1,540	-	1,540
MediCal	-	-	16,038	-	16,038
Managed care	-	-	11,712	-	11,712
Subtotal	107,674	34,053	85,293	13,854	240,874
Amortization of entrance fees	-	-	-	-	44,275
Total	<u>\$ 107,674</u>	<u>\$ 34,053</u>	<u>\$ 85,293</u>	<u>\$ 13,854</u>	<u>\$ 285,149</u>

	2019				
	Residential Living	Assisted Living	Health Center	Memory Care	Total
Private (contract)	\$ 100,270	\$ 22,654	\$ 15,609	\$ 9,611	\$ 148,144
Private (noncontract)	6,411	10,710	12,832	4,478	34,431
Medicare (Part A)	-	-	37,263	-	37,263
Medicare (Part B)	-	-	1,591	-	1,591
MediCal	-	-	14,541	-	14,541
Managed care	-	-	11,905	-	11,905
Subtotal	106,681	33,364	93,741	14,089	247,875
Amortization of entrance fees	-	-	-	-	43,129
Total	<u>\$ 106,681</u>	<u>\$ 33,364</u>	<u>\$ 93,741</u>	<u>\$ 14,089</u>	<u>\$ 291,004</u>

# HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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## 11. Functional Expenses

The Corporations provide housing, healthcare and other related services to residents within their geographic location. Financial statements report certain expense categories that are attributable to more than one program service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Expenses relating to providing these services are approximately as follows at December 31, 2020 and 2019 (in thousands):

	2020		
	Residential Services	General and Administrative	Total
Salaries and wages	\$ 106,469	\$ 22,636	\$ 129,105
Employee benefits	27,895	6,697	34,592
Supplies	22,296	817	23,113
Ancillary services	12,178	-	12,178
Repairs and maintenance	4,678	4	4,682
Marketing and advertising	3,869	47	3,916
Purchased services	9,371	6,448	15,819
Utilities	10,990	1,323	12,313
Travel and related	651	379	1,030
Leases and rents	715	1,169	1,884
Insurance	4,072	-	4,072
Other operating expenses	6,817	1,339	8,156
Depreciation	42,461	-	42,461
Mortgage interest	12,946	-	12,946
Total expenses	\$ 265,408	\$ 40,859	\$ 306,267

	2019		
	Residential Services	General and Administrative	Total
Salaries and wages	\$ 107,628	\$ 25,033	\$ 132,661
Employee benefits	25,009	7,008	32,017
Supplies	20,646	902	21,548
Ancillary services	15,248	-	15,248
Repairs and maintenance	4,435	8	4,443
Marketing and advertising	3,262	90	3,352
Purchased services	10,264	4,084	14,348
Utilities	10,639	1,266	11,905
Travel and related	1,169	1,566	2,735
Leases and rents	864	934	1,798
Insurance	3,677	-	3,677
Other operating expenses	4,331	2,130	6,461
Depreciation	41,633	-	41,633
Mortgage interest	17,411	-	17,411
Total expenses	\$ 266,216	\$ 43,021	\$ 309,237

## HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)

Notes to Combined Financial Statements  
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### 12. Transactions With Affiliates

The Corporations manage rental housing communities and LPCs (see Note 1) under management agreements whereby the Corporations and its affiliates provide administrative and management services to all communities and sales management services to the LPCs.

Management fees for providing these services for the years ended December 31, 2020 and 2019, are included in other operating revenues earned by the Corporations in the accompanying combined statements of operations and changes in net assets and are as follows (in thousands):

	2020	2019
HumanGood LPCs Management Fee:		
Terraces of Phoenix	\$ 1,968	\$ 1,881
Judson Park	1,888	1,878
Las Ventanas	612	592
HumanGood Affordable Housing Cost Allocation	300	520
Total	<u>\$ 4,768</u>	<u>\$ 4,871</u>

Interest and management fees due from affiliates in the accompanying combined balance sheets includes deferred management fees due from Las Ventanas in the amounts of \$2,662,000 and \$2,412,000 as of December 31, 2020 and 2019, respectively, as well as interest income receivable from Beacon Development Group in the amounts of \$17,000 and \$529,000 as of December 31, 2020 and 2019, respectively, related to the outstanding purchase note described further in Note 1.

Amounts due from affiliates for management fees and cost recoveries for other services such as dining, purchase cards, payroll, benefits and insurance are included in intercompany advances due as of December 31, 2020 and 2019 in the accompanying combined balance sheets, and are as follows (in thousands):

	2020	2019
Due from HumanGood Affordable Housing and Affiliates	\$ 2,600	\$ 4,000
Due from HumanGood SoCal Affordable Housing Communities	873	2,193
Due from HumanGood Washington	3,326	1,906
Due (to) HumanGood Arizona, Inc.	(337)	(49)
Due from HumanGood Idaho	76	277
Due from HumanGood Nevada	755	239
Due from HumanGood East	289	-
Due from HumanGood Cornerstone and certain affiliates	93	154
Total	<u>\$ 7,675</u>	<u>\$ 8,720</u>

These balances are settled in the normal course of operations with no fixed repayment terms.

During the year ended December 31, 2020, affiliate distributions and transfers in the accompanying combined statements of operations and changes in net assets is primarily comprised of cash distributions of \$5,000,000 from NorCal and SoCal to Cornerstone.

During the year ended December 31, 2019, affiliate distributions and transfers in the accompanying combined statements of operations and changes in net assets is primarily comprised of cash distributions of \$8,151,000 from NorCal and SoCal to Cornerstone.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
December 31, 2020 and 2019

### **13. Commitments and Contingencies**

The Corporations are party to various claims and legal actions in the normal course of business. In the opinion of management, based upon current facts and circumstances the resolution of these matters is not expected to have a material adverse effect on the financial position of the Corporations.

The Corporations are aware of the existence of asbestos in certain of its buildings. The Corporations have not recorded a liability for any asbestos abatement costs because the cost cannot be reasonably estimated at this time. At such time in the future that plans are made to make changes to structures with asbestos and the related asbestos removal cost estimates are completed, the Corporations will record an estimate of the costs of the required asbestos abatement.

On September 12, 2012, Las Ventanas closed on the restructuring of its indebtedness. As discussed in Note 1, NorCal provided an unfunded \$2,000,000 debt service support agreement for the Las Ventanas Series A-1 Bonds, with any resulting funded amounts triggering the issuance to NorCal of an equal amount of Las Ventanas Series B-4 Bonds.

For the tax-credit financed affordable housing communities in which HGAH serves as a General Partner (see Note 1), NorCal and HGAH, as co-guarantors, have issued on-going guarantees to cover operating deficits and guarantees to ensure compliance with certain on-going aspects of the Limited Partnership Agreement (LPA). NorCal periodically evaluates the potential exposure from these on-going guarantees. NorCal has not provided support under these guarantees in the past and based on the current evaluation, management believes they cumulatively do not constitute a material future financial risk exposure for NorCal.

In addition to operating deficit and LPA guarantees, NorCal and HGAH, as co-guarantors, also issue, unconditional project completion guarantees for tax-credit financed affordable housing communities in which HGAH serves as a General Partner (see Note 1). NorCal has not provided support under these guarantees in the past and based on the current evaluation, management believes they cumulatively do not constitute a material future financial risk exposure for NorCal.

### **Senior Living Services Industry**

The senior living services industry is subject to numerous laws, regulations and administrative directives of federal, state and local governments and agencies. Compliance with these laws, regulations and administrative directives is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for resident services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future effects of this matter on the Corporations, if any, are not presently determinable.

### **COVID-19**

The spread of COVID-19 around the world has caused significant volatility in U.S. and international markets, supply chains and businesses. The Corporations' evaluation of the effects of these events is ongoing as of the date the accompanying combined financial statements were issued. COVID-19 may impact various parts of the Corporations' 2021 operations and financial performance, including but not limited to additional costs for emergency preparedness, disease control and containment, COVID testing and vaccinations, potential shortages of personnel, supply chain disruption, declines in revenue related to decreases in occupancy or volumes of certain revenue streams. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions. Throughout the pandemic, the Corporations have provided up to date information on their COVID-19 response through a dedicated page on the Corporations' website.

## **HumanGood California Obligated Group & Foundation Affiliates (Members of HumanGood)**

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Notes to Combined Financial Statements  
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### **14. Concentrations of Credit Risk**

The Corporations grant credit without collateral to their residents, some of whom are insured under third-party payor arrangements.

The Corporations maintain cash accounts, which, at times, may exceed federally insured limits. The Corporations have not experienced any losses from maintaining cash accounts in excess of federally insured limits. Management believes it is not subject to any significant credit risk on its cash accounts.

### **15. Subsequent Events**

Subsequent events are events or transactions that occur after the combined balance sheet date but before the combined financial statements are issued. The Corporations recognize in the combined financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the combined balance sheet, including the estimates inherent in the process of preparing the combined financial statements. The Corporations' combined financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the combined balance sheet but arose after the combined balance sheet date and before the combined financial statements are issued.

In April 2021, the Corporations applied and were approved for loans pursuant to the Paycheck Protection Program (PPP), administered by the U.S. Small Business Administration. The Corporations signed agreements with an effective date of April 29, 2021 for HumanGood NorCal, HumanGood SoCal and HumanGood Fresno in the amounts of \$10,000,000, \$9,246,000 and \$1,814,000, respectively. The loans carry no collateral or guarantee requirements. Under the terms of the loans, interest and principal payments are deferred for six months from the date of issuance. The PPP loans bear interest at 1 percent per annum and mature five years after issuance. Subject to certain eligibility and certification requirements under the PPP, some or all of the loan amounts may be forgiven; however, the amount and timing of any forgiveness is uncertain.

The Corporations have evaluated subsequent events through April 30, 2021, which is the date the combined financial statements were issued.

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Combining Balance Sheet Schedule

December 31, 2020

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Assets</b>										
<b>Current Assets</b>										
Cash and cash equivalents	\$ 17,771	\$ 1,787	\$ 1,884	\$ -	\$ 21,442	\$ 721	\$ 850	\$ 1,571	\$ -	\$ 23,013
Resident accounts receivable, net	7,575	4,580	523	-	12,678	4	-	4	-	12,682
Other receivables	3,033	4,118	5	-	7,156	633	-	633	-	7,789
Current portion of restricted investments	3,661	-	4	-	3,665	-	-	-	-	3,665
Intercompany advances due	10,276	(1,150)	(1,264)	-	7,862	(168)	(19)	(187)	-	7,675
Prepaid expenses, deposits and other assets	6,234	1,350	1,321	-	8,905	-	-	-	-	8,905
Total current assets	48,550	10,685	2,473	-	61,708	1,190	831	2,021	-	63,729
<b>Restricted Cash</b>	-	5,105	-	-	5,105	-	-	-	-	5,105
<b>Investments</b>	102,124	98,966	15,889	-	216,979	-	9,601	9,601	-	226,580
<b>Designated Investments</b>	51,017	13,936	-	-	64,953	59,013	-	59,013	-	123,966
<b>Investments in HumanGood Nevada Bonds</b>	4,242	-	-	-	4,242	-	-	-	-	4,242
<b>Restricted Investments</b>	34,982	-	-	-	34,982	12,839	26,869	39,708	-	74,690
<b>Subordinated Notes Receivable, Net</b>	40,713	-	-	(28,141)	12,572	-	-	-	-	12,572
<b>Land, Buildings and Equipment, Net</b>	230,823	163,754	80,047	-	474,624	-	-	-	-	474,624
<b>Interest and Management Fees Due From Affiliates</b>	9,879	-	-	(7,200)	2,679	-	-	-	-	2,679
<b>Other Noncurrent Assets</b>	1,714	3,040	-	-	4,754	-	-	-	-	4,754
Total assets	<u>\$ 524,044</u>	<u>\$ 295,486</u>	<u>\$ 98,409</u>	<u>\$ (35,341)</u>	<u>\$ 882,598</u>	<u>\$ 73,042</u>	<u>\$ 37,301</u>	<u>\$ 110,343</u>	<u>\$ -</u>	<u>\$ 992,941</u>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Combining Balance Sheet Schedule

December 31, 2020

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Liabilities and Net Assets (Deficit)</b>										
<b>Current Liabilities</b>										
Accounts payable and accrued expenses	\$ 26,932	\$ 6,812	\$ 8,295	\$ (6,396)	\$ 35,643	\$ 83	\$ 29	\$ 112	\$ -	\$ 35,755
Deposits	1,983	766	122	-	2,871	-	-	-	-	2,871
Accrued interest	2,225	124	804	(804)	2,349	-	-	-	-	2,349
Current portion of notes and bonds payable	5,894	2,206	1,049	-	9,149	-	-	-	-	9,149
Entrance fee rebates payable	-	233	198	-	431	-	-	-	-	431
Total current liabilities	37,034	10,141	10,468	(7,200)	50,443	83	29	112	-	50,555
<b>Notes and Bonds Payable, Net</b>	182,983	112,027	71,635	(28,141)	338,504	-	-	-	-	338,504
<b>Rebatable Entrance Fees Due</b>	94,877	50,537	32,752	-	178,166	-	-	-	-	178,166
<b>Entrance Fees Subject to Refund</b>	34,265	35,016	6,546	-	75,827	-	-	-	-	75,827
<b>Entrance Fees Nonrefundable</b>	113,160	57,140	17,487	-	187,787	-	-	-	-	187,787
<b>Revocable Trusts</b>	-	-	-	-	-	275	-	275	-	275
<b>Obligations Under Annuity Agreements</b>	-	-	-	-	-	1,770	1,629	3,399	-	3,399
<b>Retirement Liabilities</b>	2,652	1,339	-	-	3,991	-	-	-	-	3,991
<b>Workers' Compensation Liability</b>	7,072	9,040	-	-	16,112	-	-	-	-	16,112
<b>Other Liabilities</b>	13,713	373	41	(7,200)	6,927	-	-	-	-	6,927
Total liabilities	485,756	275,613	138,929	(42,541)	857,757	2,128	1,658	3,786	-	861,543
<b>Net Assets (Deficit)</b>										
Without donor restrictions	38,288	19,873	(40,520)	7,200	24,841	59,168	9,780	68,948	-	93,789
With donor restrictions	-	-	-	-	-	11,746	25,863	37,609	-	37,609
Total net assets (deficit)	38,288	19,873	(40,520)	7,200	24,841	70,914	35,643	106,557	-	131,398
Total liabilities and net assets (deficit)	\$ 524,044	\$ 295,486	\$ 98,409	\$ (35,341)	\$ 882,598	\$ 73,042	\$ 37,301	\$ 110,343	\$ -	\$ 992,941



**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 55,956	\$ 40,417	\$ 11,301	\$ -	\$ 107,674	\$ -	\$ -	\$ -	\$ -	\$ 107,674
Assisted living	16,706	13,467	3,880	-	34,053	-	-	-	-	34,053
Health center	51,572	26,429	7,292	-	85,293	-	-	-	-	85,293
Memory care	8,491	3,125	2,238	-	13,854	-	-	-	-	13,854
Other residential services	1,755	1,933	69	-	3,757	-	-	-	-	3,757
Amortization of entrance fees	24,457	15,979	3,839	-	44,275	-	-	-	-	44,275
COVID relief funding	4,529	2,873	936	-	8,338	-	-	-	-	8,338
Other operating revenues	8,424	1,248	182	(2,162)	7,692	-	-	-	-	7,692
Net assets released from restrictions	-	-	-	-	-	2,515	1,610	4,125	-	4,125
Unrestricted contributions	-	-	-	-	-	1,338	(5)	1,333	-	1,333
Foundation community benefit	841	265	255	-	1,361	-	-	-	(1,361)	-
Total operating revenues	172,731	105,736	29,992	(2,162)	306,297	3,853	1,605	5,458	(1,361)	310,394
Operating expenses:										
Salaries and wages	71,955	47,546	9,243	-	128,744	206	155	361	-	129,105
Employee benefits	18,294	13,856	2,347	-	34,497	50	45	95	-	34,592
Supplies	11,789	8,814	2,492	-	23,095	1	17	18	-	23,113
Ancillary services	7,912	2,850	1,416	-	12,178	-	-	-	-	12,178
Repairs and maintenance	2,385	1,910	387	-	4,682	-	-	-	-	4,682
Marketing and advertising	1,831	1,510	575	-	3,916	-	-	-	-	3,916
Purchased services	8,577	6,165	1,023	-	15,765	40	14	54	-	15,819
Corporate allocations	-	-	2,162	(2,162)	-	-	-	-	-	-
Utilities	5,896	4,970	1,445	-	12,311	1	1	2	-	12,313
Travel and related	589	393	35	-	1,017	12	1	13	-	1,030
Leases and rents	1,334	402	148	-	1,884	-	-	-	-	1,884
Insurance	2,290	1,414	368	-	4,072	-	-	-	-	4,072
Foundation community distributions	-	-	-	-	-	1,096	265	1,361	(1,361)	-
Other operating expenses	1,458	2,687	587	-	4,732	2,312	1,112	3,424	-	8,156
Total operating expenses	134,310	92,517	22,228	(2,162)	246,893	3,718	1,610	5,328	(1,361)	250,860
Income (loss) before other operating income (expense)	38,421	13,219	7,764	-	59,404	135	(5)	130	-	59,534
Other operating income (expense):										
Realized (losses) gains on investments, net	(2,434)	1,946	356	-	(132)	(2,072)	(339)	(2,411)	-	(2,543)
Change in unrealized gains (losses) on investments, net	6,561	8,848	(94)	-	15,315	3,876	626	4,502	-	19,817
Unrealized losses on investment in HumanGood Nevada Bonds	(535)	-	-	-	(535)	-	-	-	-	(535)
Investment income, net	6,817	2,433	284	(4,150)	5,384	1,043	185	1,228	-	6,612
Mortgage interest	(6,984)	(3,562)	(3,806)	1,406	(12,946)	-	-	-	-	(12,946)
Depreciation	(20,165)	(17,538)	(4,758)	-	(42,461)	-	-	-	-	(42,461)
Losses on early retirement of debt	(1,774)	-	(5,846)	-	(7,620)	-	-	-	-	(7,620)
Income (loss) from operations	19,907	5,346	(6,100)	(2,744)	16,409	2,982	467	3,449	-	19,858

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Change in minimum pension liability	\$ -	\$ (875)	\$ -	\$ -	\$ (875)	\$ -	\$ -	\$ -	\$ -	\$ (875)
Other affiliate distributions and equity transfers	(3,886)	(806)	6	-	(4,686)	-	(456)	(456)	-	(5,142)
Unrealized gains on interest rate swaps and caps	754	54	-	-	808	-	-	-	-	808
Change in net assets without donor restrictions	16,775	3,719	(6,094)	(2,744)	11,656	2,982	11	2,993	-	14,649
<b>Changes in Net Assets With Donor Restrictions</b>										
Dividend and interest income	-	-	-	-	-	224	474	698	-	698
Unrealized gains on investments with donor restrictions, net	-	-	-	-	-	577	1,462	2,039	-	2,039
Restricted equity contributions	-	-	-	-	-	-	456	456	-	456
Contributions	-	-	-	-	-	2,914	2,961	5,875	-	5,875
Net assets released from restrictions for benevolence	-	-	-	-	-	-	(227)	(227)	-	(227)
Contractual payments to beneficiaries	-	-	-	-	-	(359)	(1,199)	(1,558)	-	(1,558)
Realized losses on investments, net	-	-	-	-	-	(35)	(653)	(688)	-	(688)
Contractual liability adjustments	-	-	-	-	-	151	347	498	-	498
Net assets released from restrictions for special project funds	-	-	-	-	-	(2,515)	(1,383)	(3,898)	-	(3,898)
Change in net assets with donor restrictions	-	-	-	-	-	957	2,238	3,195	-	3,195
Change in net assets	16,775	3,719	(6,094)	(2,744)	11,656	3,939	2,249	6,188	-	17,844
<b>Net Assets (Deficit), Beginning</b>	21,513	16,154	(34,426)	9,944	13,185	66,975	33,394	100,369	-	113,554
<b>Net Assets (Deficit), Ending</b>	<u>\$ 38,288</u>	<u>\$ 19,873</u>	<u>\$ (40,520)</u>	<u>\$ 7,200</u>	<u>\$ 24,841</u>	<u>\$ 70,914</u>	<u>\$ 35,643</u>	<u>\$ 106,557</u>	<u>\$ -</u>	<u>\$ 131,398</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Cash Flows From Operating Activities</b>										
Cash received for resident services	\$ 135,641	\$ 84,810	\$ 25,238	\$ -	\$ 245,689	\$ -	\$ -	\$ -	\$ -	\$ 245,689
Cash received from nonrebatable entrance fees from reoccupancy	25,441	15,866	2,616	-	43,923	-	-	-	-	43,923
Cash received from COVID relief funding	4,680	2,873	936	-	8,489	-	-	-	-	8,489
Cash received from other operating activities	6,314	1,477	602	(1,052)	7,341	(116)	15	(101)	(1,361)	5,879
Cash received from bequests and trust maturities	-	-	-	-	-	1,338	(5)	1,333	-	1,333
Cash earnings realized from investments	4,351	4,352	640	(4,150)	5,193	(1,028)	(154)	(1,182)	-	4,011
Cash paid for employee salaries	(67,102)	(42,181)	(8,599)	-	(117,882)	(317)	(208)	(525)	-	(118,407)
Cash paid for employee benefits	(17,586)	(12,618)	(2,347)	-	(32,551)	(50)	(45)	(95)	-	(32,646)
Cash paid for temporary labor	(4,563)	(4,827)	(530)	-	(9,920)	-	-	-	-	(9,920)
Cash paid to vendors	(42,376)	(29,880)	(10,904)	2,162	(80,998)	(919)	187	(732)	1,361	(80,369)
Cash paid for interest	(5,098)	(3,819)	(7,111)	1,406	(14,622)	-	-	-	-	(14,622)
Net cash provided by (used in) operating activities	39,702	16,053	541	(1,634)	54,662	(1,092)	(210)	(1,302)	-	53,360
<b>Cash Flows From Investing Activities</b>										
Acquisition of land, buildings and equipment	(20,927)	(12,546)	(1,849)	-	(35,322)	-	-	-	-	(35,322)
Net (purchases) sales of unrestricted investments	(5,448)	(4,356)	(499)	-	(10,303)	1,048	287	1,335	-	(8,968)
Net (purchases) sales of restricted investments	(1,423)	258	(734)	-	(1,899)	1,001	2,249	3,250	-	1,351
Cash (paid for) received from intercompany and affiliate transactions	(6,332)	6,747	290	-	705	263	79	342	-	1,047
Net cash (used in) provided by investing activities	(34,130)	(9,897)	(2,792)	-	(46,819)	2,312	2,615	4,927	-	(41,892)
<b>Cash Flows From Financing Activities</b>										
Proceeds from rebatable entrance fees	12,235	3,432	739	-	16,406	-	-	-	-	16,406
Refunds of deposits and refundable entrance fees	(11,096)	(10,421)	(3,626)	-	(25,143)	-	-	-	-	(25,143)
Proceeds from issuance of notes and bonds payable	2,043	-	-	-	2,043	-	-	-	-	2,043
Principal payments on notes and bonds payable	(5,645)	(2,201)	(2,339)	1,634	(8,551)	-	-	-	-	(8,551)
Cash paid for bond issuance costs	(1,633)	-	-	-	(1,633)	-	-	-	-	(1,633)
Cash paid for interest rate cap	(223)	-	-	-	(223)	-	-	-	-	(223)
Cash paid for other trust activity	-	-	-	-	-	(2,696)	(2,470)	(5,166)	-	(5,166)
Affiliate cash distributions	(3,886)	(806)	6	-	(4,686)	-	(456)	(456)	-	(5,142)
Cash received from restricted contributions	-	-	-	-	-	2,904	2,960	5,864	-	5,864
Net cash (used in) provided by financing activities	(8,205)	(9,996)	(5,220)	1,634	(21,787)	208	34	242	-	(21,545)
(Decrease) increase in cash, cash equivalents and restricted cash	(2,633)	(3,840)	(7,471)	-	(13,944)	1,428	2,439	3,867	-	(10,077)
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	56,010	10,732	9,359	-	76,101	859	1,618	2,477	-	78,578
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	\$ 53,377	\$ 6,892	\$ 1,888	\$ -	\$ 62,157	\$ 2,287	\$ 4,057	\$ 6,344	\$ -	\$ 68,501

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Noncash Disclosures</b>										
Long-term debt repaid with proceeds from Series 2020 Bonds	\$ 34,415	\$ -	\$ 45,055	\$ -	\$ 79,470	\$ -	\$ -	\$ -	\$ -	\$ 79,470
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash to Combining Balance Sheet</b>										
Cash and cash equivalents	\$ 17,771	\$ 1,787	\$ 1,884	\$ -	\$ 21,442	\$ 721	\$ 850	\$ 1,571	\$ -	\$ 23,013
Restricted cash included in restricted investments	35,606	-	4	-	35,610	1,566	3,207	4,773	-	40,383
Restricted cash	-	5,105	-	-	5,105	-	-	-	-	5,105
Total cash, cash equivalents and restricted cash	\$ 53,377	\$ 6,892	\$ 1,888	\$ -	\$ 62,157	\$ 2,287	\$ 4,057	\$ 6,344	\$ -	\$ 68,501

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 7,028	\$ 4,037	\$ 8,733	\$ 7,086	\$ 13,875	\$ 4,000	\$ 11,197	\$ -	\$ -	\$ 55,956
Assisted living	2,903	-	4,058	2,207	2,072	1,940	3,526	-	-	16,706
Health center	5,300	-	12,444	4,370	10,348	8,927	10,183	-	-	51,572
Memory care	1,738	-	1,469	445	1,904	1,156	1,779	-	-	8,491
Other residential services	66	139	654	226	233	145	292	-	-	1,755
Amortization of entrance fees	4,522	369	3,498	2,222	6,627	607	6,612	-	-	24,457
COVID relief funding	486	-	844	581	885	763	970	-	-	4,529
Other operating revenues	174	132	113	169	834	140	166	18,573	(11,877)	8,424
Net assets released from restrictions	-	-	-	-	-	-	-	-	-	-
Unrestricted contributions	-	-	-	-	-	-	-	-	-	-
Foundation community benefit	111	42	60	187	301	140	-	-	-	841
Total operating revenues	22,328	4,719	31,873	17,493	37,079	17,818	34,725	18,573	(11,877)	172,731
Operating expenses:										
Salaries and wages	7,264	1,964	12,871	6,882	12,142	7,649	11,696	11,487	-	71,955
Employee benefits	1,748	469	3,396	1,746	3,118	1,966	2,754	3,097	-	18,294
Supplies	1,217	506	2,075	1,539	2,754	1,393	1,972	333	-	11,789
Ancillary services	900	6	1,386	757	1,124	1,922	1,817	-	-	7,912
Repairs and maintenance	296	32	477	275	560	253	473	19	-	2,385
Marketing and advertising	257	163	244	454	241	286	182	4	-	1,831
Purchased services	859	258	956	662	862	892	1,248	2,840	-	8,577
Corporate allocations	1,607	372	2,394	1,335	2,354	1,605	2,210	-	(11,877)	-
Utilities	665	408	1,091	852	1,150	585	945	200	-	5,896
Travel and related	21	23	39	74	84	31	51	266	-	589
Leases and rents	86	18	147	159	101	44	83	696	-	1,334
Insurance	245	61	388	259	439	306	381	211	-	2,290
Foundation community distributions	-	-	-	-	-	-	-	-	-	-
Other operating expenses	534	145	670	535	574	497	713	(2,210)	-	1,458
Total operating expenses	15,699	4,425	26,134	15,529	25,503	17,429	24,525	16,943	(11,877)	134,310
Income (loss) before other operating income (expense)	6,629	294	5,739	1,964	11,576	389	10,200	1,630	-	38,421
Other operating income (expense):										
Realized (losses) gains on investments, net	-	-	-	-	-	-	-	(2,434)	-	(2,434)
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	-	6,561	-	6,561
Unrealized losses on investment in HumanGood Nevada Bonds	-	-	-	-	-	-	-	(535)	-	(535)
Investment income, net	-	-	-	-	-	-	-	6,817	-	6,817
Mortgage interest	(845)	(132)	(429)	(310)	(742)	(389)	(1,222)	(2,915)	-	(6,984)
Depreciation	(3,893)	(769)	(2,354)	(2,737)	(4,942)	(1,331)	(3,862)	(277)	-	(20,165)
Losses on early retirement of debt	179	-	-	-	14	-	-	(1,967)	-	(1,774)
Income (loss) from operations	2,070	(607)	2,956	(1,083)	5,906	(1,331)	5,116	6,880	-	19,907

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Change in minimum pension liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other affiliate distributions and equity transfers	-	14	16	44	12	-	-	(3,972)	-	(3,886)
Unrealized gains on interest rate swaps and caps	-	-	-	-	-	-	-	754	-	754
Change in net assets without donor restrictions	2,070	(593)	2,972	(1,039)	5,918	(1,331)	5,116	3,662	-	16,775
<b>Changes in Net Assets With Donor Restrictions</b>										
Dividend and interest income	-	-	-	-	-	-	-	-	-	-
Unrealized gains on investments with donor restrictions, net	-	-	-	-	-	-	-	-	-	-
Restricted equity contributions	-	-	-	-	-	-	-	-	-	-
Contributions	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for benevolence	-	-	-	-	-	-	-	-	-	-
Contractual payments to beneficiaries	-	-	-	-	-	-	-	-	-	-
Realized losses on investments, net	-	-	-	-	-	-	-	-	-	-
Contractual liability adjustments	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for special project funds	-	-	-	-	-	-	-	-	-	-
Change in net assets with donor restrictions	-	-	-	-	-	-	-	-	-	-
Change in net assets	2,070	(593)	2,972	(1,039)	5,918	(1,331)	5,116	3,662	-	16,775
<b>Net Assets (Deficit), Beginning</b>	468	(10,155)	37,990	3,958	57,930	(19,574)	46,441	(95,545)	-	21,513
<b>Net Assets (Deficit), Ending</b>	<u>\$ 2,538</u>	<u>\$ (10,748)</u>	<u>\$ 40,962</u>	<u>\$ 2,919</u>	<u>\$ 63,848</u>	<u>\$ (20,905)</u>	<u>\$ 51,557</u>	<u>\$ (91,883)</u>	<u>\$ -</u>	<u>\$ 38,288</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2020  
(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions</b>									
Operating revenues:									
Residential living	\$ 7,185	\$ 10,385	\$ 3,000	\$ 10,817	\$ 4,453	\$ 4,577	\$ -	\$ -	\$ 40,417
Assisted living	1,763	2,856	2,441	3,346	1,456	1,605	-	-	13,467
Health center	5,538	4,650	2,944	5,910	-	7,387	-	-	26,429
Memory care	-	933	-	730	737	725	-	-	3,125
Other residential services	353	164	73	949	217	177	-	-	1,933
Amortization of entrance fees	2,796	5,054	466	4,604	1,391	1,668	-	-	15,979
COVID relief funding	626	285	373	842	113	634	-	-	2,873
Other operating revenues	132	156	60	387	99	95	7,299	(6,980)	1,248
Net assets released from restrictions	-	-	-	-	-	-	-	-	-
Unrestricted contributions	-	-	-	-	-	-	-	-	-
Foundation community benefit	27	47	5	20	77	89	-	-	265
<b>Total operating revenues</b>	<b>18,420</b>	<b>24,530</b>	<b>9,362</b>	<b>27,605</b>	<b>8,543</b>	<b>16,957</b>	<b>7,299</b>	<b>(6,980)</b>	<b>105,736</b>
Operating expenses:									
Salaries and wages	7,931	8,309	5,053	10,320	3,283	7,711	4,939	-	47,546
Employee benefits	2,388	2,485	1,459	3,048	834	2,363	1,279	-	13,856
Supplies	1,600	1,857	978	2,208	639	1,397	135	-	8,814
Ancillary services	495	60	316	637	16	1,326	-	-	2,850
Repairs and maintenance	581	317	229	458	184	133	8	-	1,910
Marketing and advertising	300	306	200	246	222	234	2	-	1,510
Purchased services	1,249	1,073	497	1,213	307	1,125	701	-	6,165
Corporate allocations	1,289	1,473	709	1,748	562	1,199	-	(6,980)	-
Utilities	779	1,084	460	1,134	466	899	148	-	4,970
Travel and related	43	23	64	56	24	75	108	-	393
Leases and rents	39	17	24	35	8	102	177	-	402
Insurance	250	280	150	331	113	253	37	-	1,414
Foundation community distributions	-	-	-	-	-	-	-	-	-
Other operating expenses	361	350	266	684	180	397	449	-	2,687
<b>Total operating expenses</b>	<b>17,305</b>	<b>17,634</b>	<b>10,405</b>	<b>22,118</b>	<b>6,838</b>	<b>17,214</b>	<b>7,983</b>	<b>(6,980)</b>	<b>92,517</b>
<b>Income (loss) before other operating income (expense)</b>	<b>1,115</b>	<b>6,896</b>	<b>(1,043)</b>	<b>5,487</b>	<b>1,705</b>	<b>(257)</b>	<b>(684)</b>	<b>-</b>	<b>13,219</b>
Other operating income (expense):									
Realized (losses) gains on investments, net	4	-	1	-	-	-	1,941	-	1,946
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	8,848	-	8,848
Unrealized losses on investment in HumanGood Nevada Bonds	-	-	-	-	-	-	-	-	-
Investment income, net	-	16	-	-	1	-	2,416	-	2,433
Mortgage interest	(800)	(1,936)	(59)	(579)	(169)	-	(19)	-	(3,562)
Depreciation	(2,856)	(5,901)	(812)	(3,148)	(1,597)	(2,549)	(675)	-	(17,538)
Losses on early retirement of debt	-	-	-	-	-	-	-	-	-
<b>Income (loss) from operations</b>	<b>(2,537)</b>	<b>(925)</b>	<b>(1,913)</b>	<b>1,760</b>	<b>(60)</b>	<b>(2,806)</b>	<b>11,827</b>	<b>-</b>	<b>5,346</b>

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>									
Other changes in net assets without donor restrictions:									
Change in minimum pension liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (875)	\$ -	\$ (875)
Other affiliate distributions and equity transfers	104	327	3	214	80	42	(1,576)	-	(806)
Unrealized gains on interest rate swaps and caps	-	49	-	-	5	-	-	-	54
Change in net assets without donor restrictions	(2,433)	(549)	(1,910)	1,974	25	(2,764)	9,376	-	3,719
<b>Changes in Net Assets With Donor Restrictions</b>									
Dividend and interest income	-	-	-	-	-	-	-	-	-
Unrealized gains on investment with donor restrictions, net	-	-	-	-	-	-	-	-	-
Restricted equity contributions	-	-	-	-	-	-	-	-	-
Contributions	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for benevolence	-	-	-	-	-	-	-	-	-
Contractual payments to beneficiaries	-	-	-	-	-	-	-	-	-
Realized losses on investments, net	-	-	-	-	-	-	-	-	-
Contractual liability adjustments	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for special project funds	-	-	-	-	-	-	-	-	-
Change in net assets with donor restrictions	-	-	-	-	-	-	-	-	-
Change in net assets	(2,433)	(549)	(1,910)	1,974	25	(2,764)	9,376	-	3,719
<b>Net Assets (Deficit), Beginning</b>	(4,607)	(21,681)	(1,306)	38,245	6,772	(14,510)	13,241	-	16,154
<b>Net Assets (Deficit), Ending</b>	<u>\$ (7,040)</u>	<u>\$ (22,230)</u>	<u>\$ (3,216)</u>	<u>\$ 40,219</u>	<u>\$ 6,797</u>	<u>\$ (17,274)</u>	<u>\$ 22,617</u>	<u>\$ -</u>	<u>\$ 19,873</u>



**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2020

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>								
Operating revenues:								
Residential living	\$ 11,301	\$ -	\$ 107,674	\$ -	\$ -	\$ -	\$ -	\$ 107,674
Assisted living	3,880	-	34,053	-	-	-	-	34,053
Health center	7,292	-	85,293	-	-	-	-	85,293
Memory care	2,238	-	13,854	-	-	-	-	13,854
Other residential services	69	-	3,757	-	-	-	-	3,757
Amortization of entrance fees	3,839	-	44,275	-	-	-	-	44,275
COVID relief funding	936	-	8,338	-	-	-	-	8,338
Other operating revenues	182	(2,162)	7,692	-	-	-	-	7,692
Net assets released from restrictions	-	-	-	2,515	1,610	4,125	-	4,125
Unrestricted contributions	-	-	-	1,338	(5)	1,333	-	1,333
Foundation community benefit	255	-	1,361	-	-	-	(1,361)	-
Total operating revenues	29,992	(2,162)	306,297	3,853	1,605	5,458	(1,361)	310,394
Operating expenses:								
Salaries and wages	9,243	-	128,744	206	155	361	-	129,105
Employee benefits	2,347	-	34,497	50	45	95	-	34,592
Supplies	2,492	-	23,095	1	17	18	-	23,113
Ancillary services	1,416	-	12,178	-	-	-	-	12,178
Repairs and maintenance	387	-	4,682	-	-	-	-	4,682
Marketing and advertising	575	-	3,916	-	-	-	-	3,916
Purchased services	1,023	-	15,765	40	14	54	-	15,819
Corporate allocations	2,162	(2,162)	-	-	-	-	-	-
Utilities	1,445	-	12,311	1	1	2	-	12,313
Travel and related	35	-	1,017	12	1	13	-	1,030
Leases and rents	148	-	1,884	-	-	-	-	1,884
Insurance	368	-	4,072	-	-	-	-	4,072
Foundation community distributions	-	-	-	1,096	265	1,361	(1,361)	-
Other operating expenses	587	-	4,732	2,312	1,112	3,424	-	8,156
Total operating expenses	22,228	(2,162)	246,893	3,718	1,610	5,328	(1,361)	250,860
Income (loss) before other operating income (expense)	7,764	-	59,404	135	(5)	130	-	59,534
Other operating income (expense):								
Realized (losses) gains on investments, net	356	-	(132)	(2,072)	(339)	(2,411)	-	(2,543)
Change in unrealized gains (losses) on investments, net	(94)	-	15,315	3,876	626	4,502	-	19,817
Unrealized losses on investment in HumanGood Nevada Bonds	-	-	(535)	-	-	-	-	(535)
Investment income, net	284	(4,150)	5,384	1,043	185	1,228	-	6,612
Mortgage interest	(3,806)	1,406	(12,946)	-	-	-	-	(12,946)
Depreciation	(4,758)	-	(42,461)	-	-	-	-	(42,461)
Losses on early retirement of debt	(5,846)	-	(7,620)	-	-	-	-	(7,620)
Income (loss) from operations	(6,100)	(2,744)	16,409	2,982	467	3,449	-	19,858

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2020  
(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>								
Other changes in net assets without donor restrictions:								
Change in minimum pension liability	\$ -	\$ -	\$ (875)	\$ -	\$ -	\$ -	\$ -	\$ (875)
Other affiliate distributions and equity transfers	6	-	(4,686)	-	(456)	(456)	-	(5,142)
Unrealized gains on interest rate swaps and caps	-	-	808	-	-	-	-	808
Change in net assets without donor restrictions	(6,094)	(2,744)	11,656	2,982	11	2,993	-	14,649
<b>Changes in Net Assets With Donor Restrictions</b>								
Dividend and interest income	-	-	-	224	474	698	-	698
Unrealized gains on investments with donor restrictions, net	-	-	-	577	1,462	2,039	-	2,039
Restricted equity contributions	-	-	-	-	456	456	-	456
Contributions	-	-	-	2,914	2,961	5,875	-	5,875
Net assets released from restrictions for benevolence	-	-	-	-	(227)	(227)	-	(227)
Contractual payments to beneficiaries	-	-	-	(359)	(1,199)	(1,558)	-	(1,558)
Realized losses on investments, net	-	-	-	(35)	(653)	(688)	-	(688)
Contractual liability adjustments	-	-	-	151	347	498	-	498
Net assets released from restrictions for special project funds	-	-	-	(2,515)	(1,383)	(3,898)	-	(3,898)
Change in net assets with donor restrictions	-	-	-	957	2,238	3,195	-	3,195
Change in net assets	(6,094)	(2,744)	11,656	3,939	2,249	6,188	-	17,844
<b>Net Assets (Deficit), Beginning</b>	(34,426)	9,944	13,185	66,975	33,394	100,369	-	113,554
<b>Net Assets (Deficit), Ending</b>	<u>\$ (40,520)</u>	<u>\$ 7,200</u>	<u>\$ 24,841</u>	<u>\$ 70,914</u>	<u>\$ 35,643</u>	<u>\$ 106,557</u>	<u>\$ -</u>	<u>\$ 131,398</u>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Combining Balance Sheet Schedule

December 31, 2019

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Assets</b>										
<b>Current Assets</b>										
Cash and cash equivalents	\$ 18,428	\$ 5,644	\$ 8,338	\$ -	\$ 32,410	\$ 229	\$ 581	\$ 810	\$ -	\$ 33,220
Resident accounts receivable, net	9,349	4,539	1,138	-	15,026	-	-	-	-	15,026
Other receivables	2,357	3,098	164	-	5,619	521	15	536	-	6,155
Current portion of restricted investments	5,169	-	4,607	-	9,776	-	-	-	-	9,776
Intercompany advances due	8,269	369	(72)	-	8,566	95	59	154	-	8,720
Prepaid expenses, deposits and other assets	4,645	1,303	284	-	6,232	-	-	-	-	6,232
Total current assets	48,217	14,953	14,459	-	77,629	845	655	1,500	-	79,129
<b>Restricted Cash</b>	-	5,088	-	-	5,088	-	-	-	-	5,088
<b>Investments</b>	88,433	87,748	15,484	-	191,665	-	9,262	9,262	-	200,927
<b>Designated Investments</b>	50,925	13,936	-	-	64,861	56,185	-	56,185	-	121,046
<b>Investments in HumanGood Nevada Bonds</b>	5,018	-	-	-	5,018	-	-	-	-	5,018
<b>Restricted Investments</b>	35,812	-	-	-	35,812	12,327	25,031	37,358	-	73,170
<b>Subordinated Notes Receivable, Net</b>	42,560	-	-	(29,775)	12,785	-	-	-	-	12,785
<b>Land, Buildings and Equipment, Net</b>	230,655	168,740	82,956	-	482,351	-	-	-	-	482,351
<b>Interest and Management Fees Due From Affiliates</b>	12,885	-	-	(9,944)	2,941	-	-	-	-	2,941
<b>Other Noncurrent Assets</b>	1,224	1,013	-	-	2,237	-	-	-	-	2,237
Total assets	\$ 515,729	\$ 291,478	\$ 112,899	\$ (39,719)	\$ 880,387	\$ 69,357	\$ 34,948	\$ 104,305	\$ -	\$ 984,692

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Balance Sheet Schedule  
December 31, 2019  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Liabilities and Net Assets (Deficit)</b>										
<b>Current Liabilities</b>										
Accounts payable and accrued expenses	\$ 27,030	\$ 5,230	\$ 7,680	\$ (6,396)	\$ 33,544	\$ 164	\$ 95	\$ 259	\$ -	\$ 33,803
Deposits	1,530	723	110	-	2,363	-	-	-	-	2,363
Accrued interest	2,594	193	4,146	(3,548)	3,385	-	-	-	-	3,385
Current portion of notes and bonds payable	5,645	2,201	705	-	8,551	-	-	-	-	8,551
Entrance fee rebates payable	184	1,366	13	-	1,563	-	-	-	-	1,563
Total current liabilities	36,983	9,713	12,654	(9,944)	49,406	164	95	259	-	49,665
<b>Notes and Bonds Payable, Net</b>	193,519	108,934	73,659	(29,775)	346,337	-	-	-	-	346,337
<b>Rebatable Entrance Fees Due</b>	91,082	52,712	35,339	-	179,133	-	-	-	-	179,133
<b>Entrance Fees Subject to Refund</b>	38,793	42,194	8,824	-	89,811	-	-	-	-	89,811
<b>Entrance Fees Nonrefundable</b>	110,649	53,721	16,810	-	181,180	-	-	-	-	181,180
<b>Revocable Trusts</b>	-	-	-	-	-	315	-	315	-	315
<b>Obligations Under Annuity Agreements</b>	-	-	-	-	-	1,903	1,459	3,362	-	3,362
<b>Retirement Liabilities</b>	2,506	214	-	-	2,720	-	-	-	-	2,720
<b>Workers' Compensation Liability</b>	6,811	7,568	-	-	14,379	-	-	-	-	14,379
<b>Other Liabilities</b>	13,873	268	39	(9,944)	4,236	-	-	-	-	4,236
Total liabilities	494,216	275,324	147,325	(49,663)	867,202	2,382	1,554	3,936	-	871,138
<b>Net Assets (Deficit)</b>										
Without donor restrictions	21,513	16,154	(34,426)	9,944	13,185	56,186	9,769	65,955	-	79,140
With donor restrictions	-	-	-	-	-	10,789	23,625	34,414	-	34,414
Total net assets (deficit)	21,513	16,154	(34,426)	9,944	13,185	66,975	33,394	100,369	-	113,554
Total liabilities and net assets (deficit)	\$ 515,729	\$ 291,478	\$ 112,899	\$ (39,719)	\$ 880,387	\$ 69,357	\$ 34,948	\$ 104,305	\$ -	\$ 984,692

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2019  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 55,438	\$ 40,227	\$ 11,016	\$ -	\$ 106,681	\$ -	\$ -	\$ -	\$ -	\$ 106,681
Assisted living	16,210	13,219	3,935	-	33,364	-	-	-	-	33,364
Health center	59,356	26,311	8,074	-	93,741	-	-	-	-	93,741
Memory care	9,307	2,874	1,908	-	14,089	-	-	-	-	14,089
Other residential services	1,487	129	11	-	1,627	-	-	-	-	1,627
Amortization of entrance fees	22,729	16,589	3,811	-	43,129	-	-	-	-	43,129
Other operating revenue	7,795	2,292	464	(1,020)	9,531	-	-	-	-	9,531
Net assets released from restrictions	-	-	-	-	-	2,905	1,580	4,485	-	4,485
Unrestricted contributions	-	-	-	-	-	2,633	-	2,633	-	2,633
Foundation community benefit	702	286	196	-	1,184	-	-	-	(1,184)	-
									-	
Total operating revenues	173,024	101,927	29,415	(1,020)	303,346	5,538	1,580	7,118	(1,184)	309,280
Operating expenses:										
Salaries and wages	73,880	48,285	9,761	-	131,926	473	262	735	-	132,661
Employee benefits	17,498	12,038	2,348	-	31,884	72	61	133	-	32,017
Supplies	11,080	8,008	2,457	-	21,545	1	2	3	-	21,548
Ancillary services	10,300	3,067	1,881	-	15,248	-	-	-	-	15,248
Repairs and maintenance	2,260	1,800	380	-	4,440	3	-	3	-	4,443
Marketing and advertising	1,485	1,292	575	-	3,352	-	-	-	-	3,352
Purchased services	7,099	6,359	842	-	14,300	35	13	48	-	14,348
Corporate allocations	-	-	2,040	(2,040)	-	-	-	-	-	-
Utilities	5,585	5,049	1,267	-	11,901	2	2	4	-	11,905
Travel and related	1,631	962	91	-	2,684	28	23	51	-	2,735
Leases and rents	1,239	401	148	-	1,788	10	-	10	-	1,798
Insurance	1,959	1,398	320	-	3,677	-	-	-	-	3,677
Foundation community distributions	-	-	-	-	-	898	286	1,184	(1,184)	-
Other operating expenses	696	1,815	309	-	2,820	2,709	932	3,641	-	6,461
Total operating expenses	134,712	90,474	22,419	(2,040)	245,565	4,231	1,581	5,812	(1,184)	250,193
Income (loss) before other operating income (expense)	38,312	11,453	6,996	1,020	57,781	1,307	(1)	1,306	-	59,087
Other operating income (expense):										
Realized gains (losses) on investments, net	1,172	3,000	86	-	4,258	501	(8)	493	-	4,751
Change in unrealized gains (losses) on investments, net	7,374	6,234	143	-	13,751	5,577	1,255	6,832	-	20,583
Unrealized gains on investment in HumanGood Nevada Bonds	412	-	-	-	412	-	-	-	-	412
Investment income, net	3,491	3,236	340	-	7,067	1,182	263	1,445	-	8,512
Mortgage interest	(8,155)	(5,557)	(4,383)	684	(17,411)	-	-	-	-	(17,411)
Depreciation	(20,377)	(16,755)	(4,501)	-	(41,633)	-	-	-	-	(41,633)
Losses on early retirement of debt	(4,155)	(3,409)	-	-	(7,564)	-	-	-	-	(7,564)
Gains (losses) on disposal of fixed assets	480	(570)	-	-	(90)	-	-	-	-	(90)
Income (loss) from operations	18,554	(2,368)	(1,319)	1,704	16,571	8,567	1,509	10,076	-	26,647

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2019

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Change in minimum pension liability	\$ -	\$ (2,567)	\$ -	\$ -	\$ (2,567)	\$ -	\$ -	\$ -	\$ -	\$ (2,567)
Other affiliate distributions and equity transfers	(7,309)	(3,107)	12	-	(10,404)	2,980	(1,919)	1,061	-	(9,343)
Unrealized losses on interest rate caps	-	(157)	-	-	(157)	-	-	-	-	(157)
Change in net assets without donor restrictions	11,245	(8,199)	(1,307)	1,704	3,443	11,547	(410)	11,137	-	14,580
<b>Changes in Net Assets With Donor Restrictions</b>										
Dividend and interest income	-	-	-	-	-	779	552	1,331	-	1,331
Unrealized gains on investments with donor restrictions, net	-	-	-	-	-	574	2,295	2,869	-	2,869
Restricted equity contributions	-	-	-	-	-	-	2,033	2,033	-	2,033
Contributions	-	-	-	-	-	2,479	3,183	5,662	-	5,662
Net assets released from restrictions for benevolence	-	-	-	-	-	-	(286)	(286)	-	(286)
Contractual payments to beneficiaries	-	-	-	-	-	(364)	(1,298)	(1,662)	-	(1,662)
Realized gains on investments, net	-	-	-	-	-	16	119	135	-	135
Contractual liability adjustments	-	-	-	-	-	209	235	444	-	444
Net assets released from restrictions for special project funds	-	-	-	-	-	(2,905)	(1,294)	(4,199)	-	(4,199)
Change in net assets with donor restrictions	-	-	-	-	-	788	5,539	6,327	-	6,327
Change in net assets	11,245	(8,199)	(1,307)	1,704	3,443	12,335	5,129	17,464	-	20,907
<b>Net Assets (Deficit), Beginning</b>	10,268	24,353	(33,119)	8,240	9,742	54,640	28,265	82,905	-	92,647
<b>Net Assets (Deficit), Ending</b>	<u>\$ 21,513</u>	<u>\$ 16,154</u>	<u>\$ (34,426)</u>	<u>\$ 9,944</u>	<u>\$ 13,185</u>	<u>\$ 66,975</u>	<u>\$ 33,394</u>	<u>\$ 100,369</u>	<u>\$ -</u>	<u>\$ 113,554</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Combining Statement of Cash Flows Schedule  
Year Ended December 31, 2019  
(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Cash Flows From Operating Activities</b>										
Cash received for resident services	\$ 138,662	\$ 81,367	\$ 24,633	\$ -	\$ 244,662	\$ -	\$ -	\$ -	\$ -	\$ 244,662
Cash received from nonrebatable entrance fees from reoccupancy	23,527	22,781	7,851	-	54,159	-	-	-	-	54,159
Cash received from other operating activities	9,251	2,591	659	(1,019)	11,482	119	-	119	(1,186)	10,415
Cash received from bequests and trust maturities	-	-	-	-	-	2,633	-	2,633	-	2,633
Cash earnings realized from investments	4,663	6,234	425	-	11,322	1,683	254	1,937	-	13,259
Cash paid for employee salaries	(63,421)	(45,650)	(9,239)	-	(118,310)	(355)	(203)	(558)	-	(118,868)
Cash paid for employee benefits	(14,492)	(12,768)	(2,348)	-	(29,608)	(72)	(61)	(133)	-	(29,741)
Cash paid for temporary labor	(5,914)	(4,811)	(550)	-	(11,275)	-	-	-	-	(11,275)
Cash paid to vendors	(42,801)	(31,591)	(9,870)	1,019	(83,243)	(756)	324	(432)	1,186	(82,489)
Cash paid for interest	(7,713)	(6,041)	(3,624)	-	(17,378)	-	-	-	-	(17,378)
Net cash provided by operating activities	41,762	12,112	7,937	-	61,811	3,252	314	3,566	-	65,377
<b>Cash Flows From Investing Activities</b>										
Acquisition of land, buildings and equipment	(15,988)	(13,235)	(3,695)	-	(32,918)	-	-	-	-	(32,918)
Net sales (purchases) of unrestricted investments	(16,193)	2,850	(3,286)	-	(16,629)	(6,104)	2,164	(3,940)	-	(20,569)
Net sales (purchases) of restricted investments	3,532	4,606	(87)	-	8,051	(1,302)	(900)	(2,202)	-	5,849
Cash received from (paid to) intercompany and affiliate transactions	1,930	2,092	(220)	-	3,802	(34)	(81)	(115)	-	3,687
Net cash (used in) provided by investing activities	(26,719)	(3,687)	(7,288)	-	(37,694)	(7,440)	1,183	(6,257)	-	(43,951)
<b>Cash Flows From Financing Activities</b>										
Proceeds from rebatable entrance fees	6,295	3,329	3,060	-	12,684	-	-	-	-	12,684
Refunds of deposits and refundable entrance fees	(4,013)	(6,709)	(2,465)	-	(13,187)	-	-	-	-	(13,187)
Proceeds from issuance of notes and bonds payable	14,577	(1,169)	-	-	13,408	-	-	-	-	13,408
Principal payments on notes and bonds payable	(3,834)	(970)	(675)	-	(5,479)	-	-	-	-	(5,479)
Cash paid for bond issuance costs	(2,211)	-	-	-	(2,211)	-	-	-	-	(2,211)
Cash paid for other trust activity	-	-	-	-	-	(2,154)	(2,173)	(4,327)	-	(4,327)
Affiliate cash distributions	(7,309)	(3,108)	12	-	(10,405)	2,980	(1,919)	1,061	-	(9,344)
Cash received from restricted contributions	-	-	-	-	-	2,452	3,183	5,635	-	5,635
Net cash provided by (used in) financing activities	3,505	(8,627)	(68)	-	(5,190)	3,278	(909)	2,369	-	(2,821)
Increase (decrease) in cash, cash equivalents and restricted cash	18,548	(202)	581	-	18,927	(910)	588	(322)	-	18,605
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	37,462	10,934	8,778	-	57,174	1,769	1,030	2,799	-	59,973
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	\$ 56,010	\$ 10,732	\$ 9,359	\$ -	\$ 76,101	\$ 859	\$ 1,618	\$ 2,477	\$ -	\$ 78,578

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Combining Statement of Cash Flows Schedule

Year Ended December 31, 2019

(In Thousands)

	HumanGood NorCal	HumanGood SoCal	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Noncash Disclosures</b>										
Long-term debt repaid with proceeds from Series 2019 Bonds	\$ 100,130	\$ 67,980	\$ -	\$ -	\$ 168,110	\$ -	\$ -	\$ -	\$ -	\$ 168,110
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash to Combining Balance Sheet</b>										
Cash and cash equivalents	\$ 18,428	\$ 5,644	\$ 8,338	\$ -	\$ 32,410	\$ 229	\$ 581	\$ 810	\$ -	\$ 33,220
Restricted cash included in restricted investments	37,582	-	1,021	-	38,603	630	1,037	1,667	-	40,270
Restricted cash	-	5,088	-	-	5,088	-	-	-	-	5,088
Total cash, cash equivalents and restricted cash	\$ 56,010	\$ 10,732	\$ 9,359	\$ -	\$ 76,101	\$ 859	\$ 1,618	\$ 2,477	\$ -	\$ 78,578



**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule  
Year Ended December 31, 2019  
(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions</b>										
Operating revenues:										
Residential living	\$ 6,888	\$ 4,112	\$ 8,708	\$ 7,085	\$ 13,483	\$ 4,191	\$ 10,971	\$ -	\$ -	\$ 55,438
Assisted living	2,821	-	3,847	2,024	2,089	1,891	3,538	-	-	16,210
Health center	6,976	-	12,731	4,838	10,767	10,891	13,153	-	-	59,356
Memory care	2,034	-	1,473	688	1,834	1,368	1,910	-	-	9,307
Other residential services	81	101	627	96	232	229	121	-	-	1,487
Amortization of entrance fees	3,025	397	3,080	2,433	6,882	710	6,202	-	-	22,729
Other operating revenues	165	138	273	262	990	237	333	16,530	(11,133)	7,795
Net assets released from restrictions	-	-	-	-	-	-	-	-	-	-
Unrestricted contributions	-	-	-	-	-	-	-	-	-	-
Foundation community benefit	66	18	88	178	250	97	5	-	-	702
Total operating revenues	22,056	4,766	30,827	17,604	36,527	19,614	36,233	16,530	(11,133)	173,024
Operating expenses:										
Salaries and wages	8,389	1,953	13,158	7,381	11,643	7,988	11,704	11,664	-	73,880
Employee benefits	1,800	444	3,264	1,581	2,835	1,976	2,644	2,954	-	17,498
Supplies	1,249	482	1,853	1,255	2,605	1,420	1,918	298	-	11,080
Ancillary services	1,392	1	1,594	989	1,398	2,514	2,412	-	-	10,300
Repairs and maintenance	173	24	423	500	558	206	375	1	-	2,260
Marketing and advertising	234	130	220	339	201	203	124	34	-	1,485
Purchased services	860	275	1,009	805	976	970	1,239	965	-	7,099
Corporate allocations	1,493	325	2,270	1,273	2,166	1,559	2,047	-	(11,133)	-
Utilities	414	404	1,004	744	1,200	578	1,040	201	-	5,585
Travel and related	54	39	89	84	191	65	117	992	-	1,631
Leases and rents	57	22	116	151	101	55	56	681	-	1,239
Insurance	202	65	344	257	358	272	328	133	-	1,959
Foundation community distributions	-	-	-	-	-	-	-	-	-	-
Other operating expenses	217	118	429	855	519	270	591	(2,303)	-	696
Total operating expenses	16,534	4,282	25,773	16,214	24,751	18,076	24,595	15,620	(11,133)	134,712
Income (loss) before other operating income (expense)	5,522	484	5,054	1,390	11,776	1,538	11,638	910	-	38,312
Other operating income (expense):										
Realized (losses) gains on investments, net	-	-	-	-	-	-	-	1,172	-	1,172
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	-	7,374	-	7,374
Unrealized gains on investment in HumanGood Nevada Bonds	-	-	-	-	-	-	-	412	-	412
Investment income, net	-	-	-	-	-	-	-	3,491	-	3,491
Mortgage interest	(1,228)	(176)	(573)	(354)	(1,038)	(520)	(1,754)	(2,512)	-	(8,155)
Depreciation	(3,892)	(828)	(2,234)	(2,795)	(5,087)	(1,392)	(3,786)	(363)	-	(20,377)
Losses on early retirement of debt	-	-	-	-	-	-	-	(4,155)	-	(4,155)
Gains (losses) on disposal of fixed assets	-	-	-	-	-	-	-	480	-	480
Income (loss) from operations	402	(520)	2,247	(1,759)	5,651	(374)	6,098	6,809	-	18,554

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2019

(In Thousands)

	Terraces at Los Altos	Grand Lake Gardens	Piedmont Gardens	Plymouth Village	Valle Verde	Rosewood	Terraces of Los Gatos	NorCal Community Support Center	Eliminations	HumanGood NorCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>										
Other changes in net assets without donor restrictions:										
Change in minimum pension liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other affiliate distributions and equity transfers	-	-	99	12	-	21	-	(7,441)	-	(7,309)
Unrealized gains on interest rate caps	-	-	-	-	-	-	-	-	-	-
Change in net assets without donor restrictions	402	(520)	2,346	(1,747)	5,651	(353)	6,098	(632)	-	11,245
<b>Changes in Net Assets With Donor Restrictions</b>										
Dividend and interest income	-	-	-	-	-	-	-	-	-	-
Unrealized gains on investments with donor restrictions, net	-	-	-	-	-	-	-	-	-	-
Restricted equity contributions	-	-	-	-	-	-	-	-	-	-
Contributions	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for benevolence	-	-	-	-	-	-	-	-	-	-
Contractual payments to beneficiaries	-	-	-	-	-	-	-	-	-	-
Realized losses on investments, net	-	-	-	-	-	-	-	-	-	-
Contractual liability adjustments	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for special project funds	-	-	-	-	-	-	-	-	-	-
Change in net assets with donor restrictions	-	-	-	-	-	-	-	-	-	-
Change in net assets	402	(520)	2,346	(1,747)	5,651	(353)	6,098	(632)	-	11,245
<b>Net Assets (Deficit), Beginning</b>	66	(9,635)	35,644	5,705	52,279	(19,221)	40,343	(94,913)	-	10,268
<b>Net Assets (Deficit), Ending</b>	<u>\$ 468</u>	<u>\$ (10,155)</u>	<u>\$ 37,990</u>	<u>\$ 3,958</u>	<u>\$ 57,930</u>	<u>\$ (19,574)</u>	<u>\$ 46,441</u>	<u>\$ (95,545)</u>	<u>\$ -</u>	<u>\$ 21,513</u>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2019

(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions</b>									
Operating revenues:									
Residential living	\$ 7,207	\$ 10,291	\$ 2,845	\$ 10,860	\$ 4,497	\$ 4,527	\$ -	\$ -	\$ 40,227
Assisted living	1,906	2,547	2,604	3,184	1,531	1,447	-	-	13,219
Health center	5,893	3,986	2,588	6,417	-	7,427	-	-	26,311
Memory care	-	860	-	690	565	759	-	-	2,874
Other residential services	54	29	-	46	-	-	-	-	129
Amortization of entrance fees	2,840	4,893	718	4,755	1,561	1,822	-	-	16,589
Other operating revenues	298	489	100	316	160	327	6,853	(6,251)	2,292
Net assets released from restrictions	-	-	-	-	-	-	-	-	-
Unrestricted contributions	-	-	-	-	-	-	-	-	-
Foundation community benefit	24	32	12	30	33	155	-	-	286
<b>Total operating revenues</b>	<b>18,222</b>	<b>23,127</b>	<b>8,867</b>	<b>26,298</b>	<b>8,347</b>	<b>16,464</b>	<b>6,853</b>	<b>(6,251)</b>	<b>101,927</b>
Operating expenses:									
Salaries and wages	7,646	8,316	4,587	10,262	3,192	8,116	6,166	-	48,285
Employee benefits	2,044	2,118	1,154	2,533	711	2,109	1,369	-	12,038
Supplies	1,499	1,693	835	2,081	554	1,180	166	-	8,008
Ancillary services	430	61	200	822	12	1,542	-	-	3,067
Repairs and maintenance	477	537	248	282	151	90	15	-	1,800
Marketing and advertising	245	311	153	158	242	166	17	-	1,292
Purchased services	1,448	1,196	530	1,220	333	1,078	554	-	6,359
Corporate allocations	1,192	1,604	610	1,472	393	980	-	(6,251)	-
Utilities	955	1,108	398	1,088	389	938	173	-	5,049
Travel and related	103	42	74	91	28	135	489	-	962
Leases and rents	39	10	19	28	7	77	221	-	401
Insurance	233	317	140	305	146	238	19	-	1,398
Foundation community distributions	-	-	-	-	-	-	-	-	-
Other operating expenses	(309)	164	454	420	210	413	463	-	1,815
<b>Total operating expenses</b>	<b>16,002</b>	<b>17,477</b>	<b>9,402</b>	<b>20,762</b>	<b>6,368</b>	<b>17,062</b>	<b>9,652</b>	<b>(6,251)</b>	<b>90,474</b>
<b>Income (loss) before other operating income (expense)</b>	<b>2,220</b>	<b>5,650</b>	<b>(535)</b>	<b>5,536</b>	<b>1,979</b>	<b>(598)</b>	<b>(2,799)</b>	<b>-</b>	<b>11,453</b>
Other operating income (expense):									
Realized (losses) gains on investments, net	-	-	-	-	-	-	3,000	-	3,000
Change in unrealized gains (losses) on investments, net	-	-	-	-	-	-	6,234	-	6,234
Unrealized gains on investment in HumanGood Nevada Bonds	-	-	-	-	-	-	-	-	-
Investment income, net	-	25	1	-	2	1	3,207	-	3,236
Mortgage interest	(1,296)	(2,960)	(96)	(938)	(257)	-	(10)	-	(5,557)
Depreciation	(2,610)	(5,759)	(769)	(3,005)	(1,450)	(2,326)	(836)	-	(16,755)
Losses on early retirement of debt	-	-	-	-	-	-	(3,409)	-	(3,409)
Gains (losses) on disposal of fixed assets	-	-	-	-	(34)	-	(536)	-	(570)
<b>Income (loss) from operations</b>	<b>(1,686)</b>	<b>(3,044)</b>	<b>(1,399)</b>	<b>1,593</b>	<b>240</b>	<b>(2,923)</b>	<b>4,851</b>	<b>-</b>	<b>(2,368)</b>

**HumanGood California Obligated Group & Foundation Affiliates**
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2019

(In Thousands)

	Royal Oaks	White Sands La Jolla	Windsor	Regents Point	Westminster Gardens	Redwood Terrace	SoCal Community Support Center	Eliminations	HumanGood SoCal
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>									
Other changes in net assets without donor restrictions:									
Change in minimum pension liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,567)	\$ -	\$ (2,567)
Other affiliate distributions and equity transfers	111	682	3	19	111	81	(4,114)	-	(3,107)
Unrealized losses on interest rate caps	-	(144)	-	-	(13)	-	-	-	(157)
Change in net assets without donor restrictions	(1,575)	(2,506)	(1,396)	1,612	338	(2,842)	(1,830)	-	(8,199)
<b>Changes in Net Assets With Donor Restrictions</b>									
Dividend and interest income	-	-	-	-	-	-	-	-	-
Unrealized gains on investment with donor restrictions, net	-	-	-	-	-	-	-	-	-
Restricted equity contributions	-	-	-	-	-	-	-	-	-
Contributions	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for benevolence	-	-	-	-	-	-	-	-	-
Contractual payments to beneficiaries	-	-	-	-	-	-	-	-	-
Realized losses on investments, net	-	-	-	-	-	-	-	-	-
Contractual liability adjustments	-	-	-	-	-	-	-	-	-
Net assets released from restrictions for special project funds	-	-	-	-	-	-	-	-	-
Change in net assets with donor restrictions	-	-	-	-	-	-	-	-	-
Change in net assets	(1,575)	(2,506)	(1,396)	1,612	338	(2,842)	(1,830)	-	(8,199)
<b>Net Assets (Deficit), Beginning</b>	(3,032)	(19,175)	90	36,633	6,434	(11,668)	15,071	-	24,353
<b>Net Assets (Deficit), Ending</b>	<u>\$ (4,607)</u>	<u>\$ (21,681)</u>	<u>\$ (1,306)</u>	<u>\$ 38,245</u>	<u>\$ 6,772</u>	<u>\$ (14,510)</u>	<u>\$ 13,241</u>	<u>\$ -</u>	<u>\$ 16,154</u>

**HumanGood California Obligated Group & Foundation Affiliates**  
**(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2019

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions</b>								
Operating revenues:								
Residential living	\$ 11,016	\$ -	\$ 106,681	\$ -	\$ -	\$ -	\$ -	\$ 106,681
Assisted living	3,935	-	33,364	-	-	-	-	33,364
Health center	8,074	-	93,741	-	-	-	-	93,741
Memory care	1,908	-	14,089	-	-	-	-	14,089
Other residential services	11	-	1,627	-	-	-	-	1,627
Amortization of entrance fees	3,811	-	43,129	-	-	-	-	43,129
Other operating revenues	464	(1,020)	9,531	-	-	-	-	9,531
Net assets released from restrictions	-	-	-	2,905	1,580	4,485	-	4,485
Unrestricted contributions	-	-	-	2,633	-	2,633	-	2,633
Foundation community benefit	196	-	1,184	-	-	-	(1,184)	-
Total operating revenues	29,415	(1,020)	303,346	5,538	1,580	7,118	(1,184)	309,280
Operating expenses:								
Salaries and wages	9,761	-	131,926	473	262	735	-	132,661
Employee benefits	2,348	-	31,884	72	61	133	-	32,017
Supplies	2,457	-	21,545	1	2	3	-	21,548
Ancillary services	1,881	-	15,248	-	-	-	-	15,248
Repairs and maintenance	380	-	4,440	3	-	3	-	4,443
Marketing and advertising	575	-	3,352	-	-	-	-	3,352
Purchased services	842	-	14,300	35	13	48	-	14,348
Corporate allocations	2,040	(2,040)	-	-	-	-	-	-
Utilities	1,267	-	11,901	2	2	4	-	11,905
Travel and related	91	-	2,684	28	23	51	-	2,735
Leases and rents	148	-	1,788	10	-	10	-	1,798
Insurance	320	-	3,677	-	-	-	-	3,677
Foundation community distribution	-	-	-	898	286	1,184	(1,184)	-
Other operating expenses	309	-	2,820	2,709	932	3,641	-	6,461
Total operating expenses	22,419	(2,040)	245,565	4,231	1,581	5,812	(1,184)	250,193
Income (loss) before other operating income (expense)	6,996	1,020	57,781	1,307	(1)	1,306	-	59,087
Other operating income (expense):								
Realized gains (losses) on investments, net	86	-	4,258	501	(8)	493	-	4,751
Change in unrealized gains (losses) on investments, net	143	-	13,751	5,577	1,255	6,832	-	20,583
Unrealized gains on investment in HumanGood Nevada Bonds	-	-	412	-	-	-	-	412
Investment income, net	340	-	7,067	1,182	263	1,445	-	8,512
Mortgage interest	(4,383)	684	(17,411)	-	-	-	-	(17,411)
Depreciation	(4,501)	-	(41,633)	-	-	-	-	(41,633)
Losses on early retirement of debt	-	-	(7,564)	-	-	-	-	(7,564)
Gains (losses) on disposal of fixed assets	-	-	(90)	-	-	-	-	(90)
Income (loss) income from operations	(1,319)	1,704	16,571	8,567	1,509	10,076	-	26,647

**HumanGood California Obligated Group & Foundation Affiliates  
(Members of HumanGood)**

Supplemental Combining Statement of Operations and Changes in Net Assets Schedule

Year Ended December 31, 2019

(In Thousands)

	HumanGood Fresno	Eliminations	COG	HumanGood Foundation West	HumanGood Foundation South	Combined Foundations	Eliminations	Total
<b>Changes in Net Assets Without Donor Restrictions (Continued)</b>								
Other changes in net assets without donor restrictions:								
Change in minimum pension liability	\$ -	\$ -	\$ (2,567)	\$ -	\$ -	\$ -	\$ -	\$ (2,567)
Other affiliate distributions and equity transfers	12	-	(10,404)	2,980	(1,919)	1,061	-	(9,343)
Unrealized losses on interest rate caps	-	-	(157)	-	-	-	-	(157)
	<u>(1,307)</u>	<u>1,704</u>	<u>3,443</u>	<u>11,547</u>	<u>(410)</u>	<u>11,137</u>	<u>-</u>	<u>14,580</u>
<b>Change in net assets without donor restrictions</b>								
	<u>(1,307)</u>	<u>1,704</u>	<u>3,443</u>	<u>11,547</u>	<u>(410)</u>	<u>11,137</u>	<u>-</u>	<u>14,580</u>
<b>Changes in Net Assets With Donor Restrictions</b>								
Dividend and interest income	-	-	-	779	552	1,331	-	1,331
Unrealized gains on investments with donor restrictions, net	-	-	-	574	2,295	2,869	-	2,869
Restricted equity contributions	-	-	-	-	2,033	2,033	-	2,033
Contributions	-	-	-	2,479	3,183	5,662	-	5,662
Net assets released from restrictions for benevolence	-	-	-	-	(286)	(286)	-	(286)
Contractual payments to beneficiaries	-	-	-	(364)	(1,298)	(1,662)	-	(1,662)
Realized gains on investments, net	-	-	-	16	119	135	-	135
Contractual liability adjustments	-	-	-	209	235	444	-	444
Net assets released from restrictions for special project funds	-	-	-	(2,905)	(1,294)	(4,199)	-	(4,199)
	<u>-</u>	<u>-</u>	<u>-</u>	<u>788</u>	<u>5,539</u>	<u>6,327</u>	<u>-</u>	<u>6,327</u>
<b>Change in net assets without donor restrictions</b>								
	<u>-</u>	<u>-</u>	<u>-</u>	<u>788</u>	<u>5,539</u>	<u>6,327</u>	<u>-</u>	<u>6,327</u>
<b>Change in net assets</b>								
	<u>(1,307)</u>	<u>1,704</u>	<u>3,443</u>	<u>12,335</u>	<u>5,129</u>	<u>17,464</u>	<u>-</u>	<u>20,907</u>
<b>Net Assets (Deficit), Beginning</b>								
	<u>(33,119)</u>	<u>8,240</u>	<u>9,742</u>	<u>54,640</u>	<u>28,265</u>	<u>82,905</u>	<u>-</u>	<u>92,647</u>
<b>Net Assets (Deficit), Ending</b>								
	<u>\$ (34,426)</u>	<u>\$ 9,944</u>	<u>\$ 13,185</u>	<u>\$ 66,975</u>	<u>\$ 33,394</u>	<u>\$ 100,369</u>	<u>\$ -</u>	<u>\$ 113,554</u>

**SECTION 999.5(d)(11)(G)**

**(G) Any requests for opinions to the Internal Revenue Service for rulings attendant to this transaction and any Internal Revenue Service responses thereto.**

No parties to the transaction requested opinions from the Internal Revenue Service for rulings attendant to this transaction.

**SECTION 999.5(d)(11)(H)**

**(H) Pro forma post-transaction balance sheet for the surviving or successor corporation.**

A pro forma post-transaction balance sheet for Ararat Home of Los Angeles has been provided to the Attorney General's office under separate cover.